

Cancer Outcomes and Services Dataset

Colorectal Clinical Leads Workshop
4th May 2011

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Cancer Datasets

- Sept 2012

- Cancer Registration Dataset – *mandated for several years*
- Going Further on Cancer Waits – Jan 2009
- Radiotherapy – April 2009
- *Chemotherapy (SACT) – April 2012*
- *Diagnostics Project – April 2012*
- *Recurrent Breast Cancer – April 2012*
- **Cancer Outcomes and Services Dataset – Sept 2012**
- *(RC Pathology – Professional/Clinical Standards)*
- *(RC Radiology – Professional/Clinical Standards)*
- National Audits

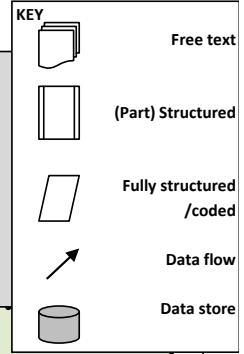
COSD features

- The new national cancer dataset
- Secondary uses
- Components
 - Core (Registration and Cancer Waits)
 - Site specific (cf nat audit)
 - Key pathology (core RCPATH)
- Monthly submission
- Monthly feedback
- Aligned and standardised
- Multiple data sources

COSD Dataset

Dataset Section	COUNT
Core (with additions)	143
Breast	30
CNS	16
Colorectal	30
CTYA	66
Gynae	41
Haematology	60
Head & Neck	44
Lung	19
Sarcoma	16
Skin	70
Upper GI	166
Urology	30
COSD	731

COSD

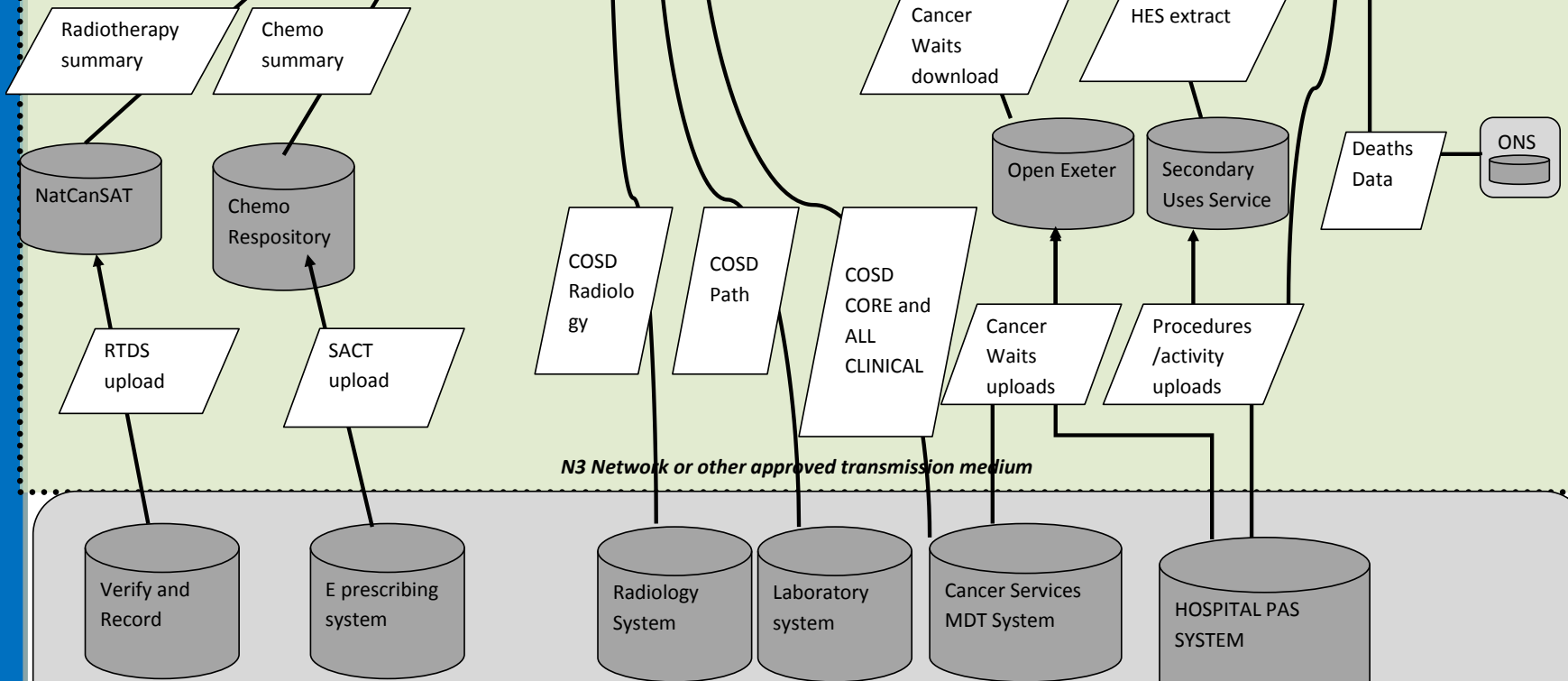


CANCER REGISTRY

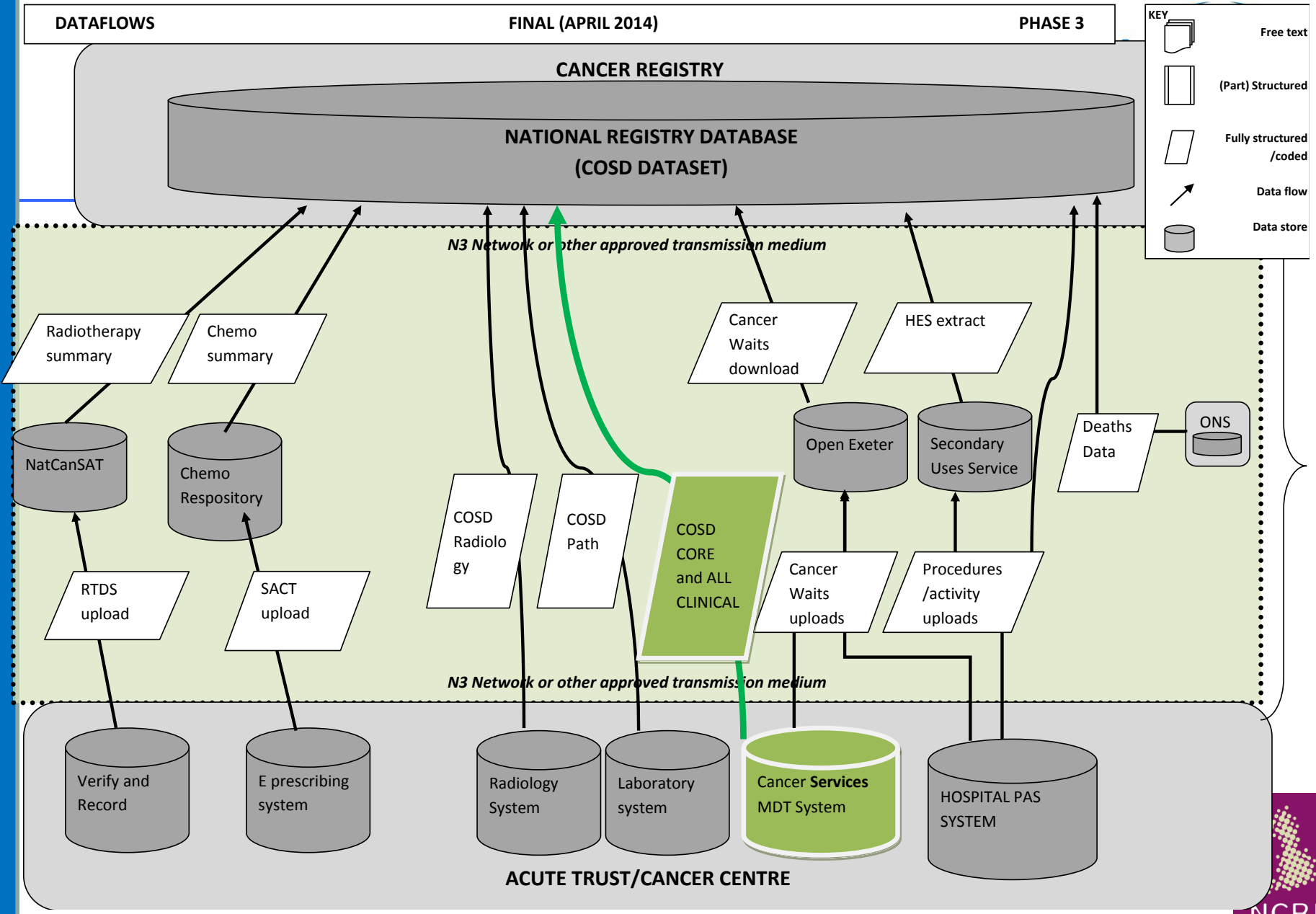
NATIONAL REGISTRY DATABASE (COSD DATASET)

N3 Network or other approved transmission medium

N3 Network or other approved transmission medium



ACUTE TRUST/CANCER CENTRE



Using information to improve quality & choice

The last twelve months

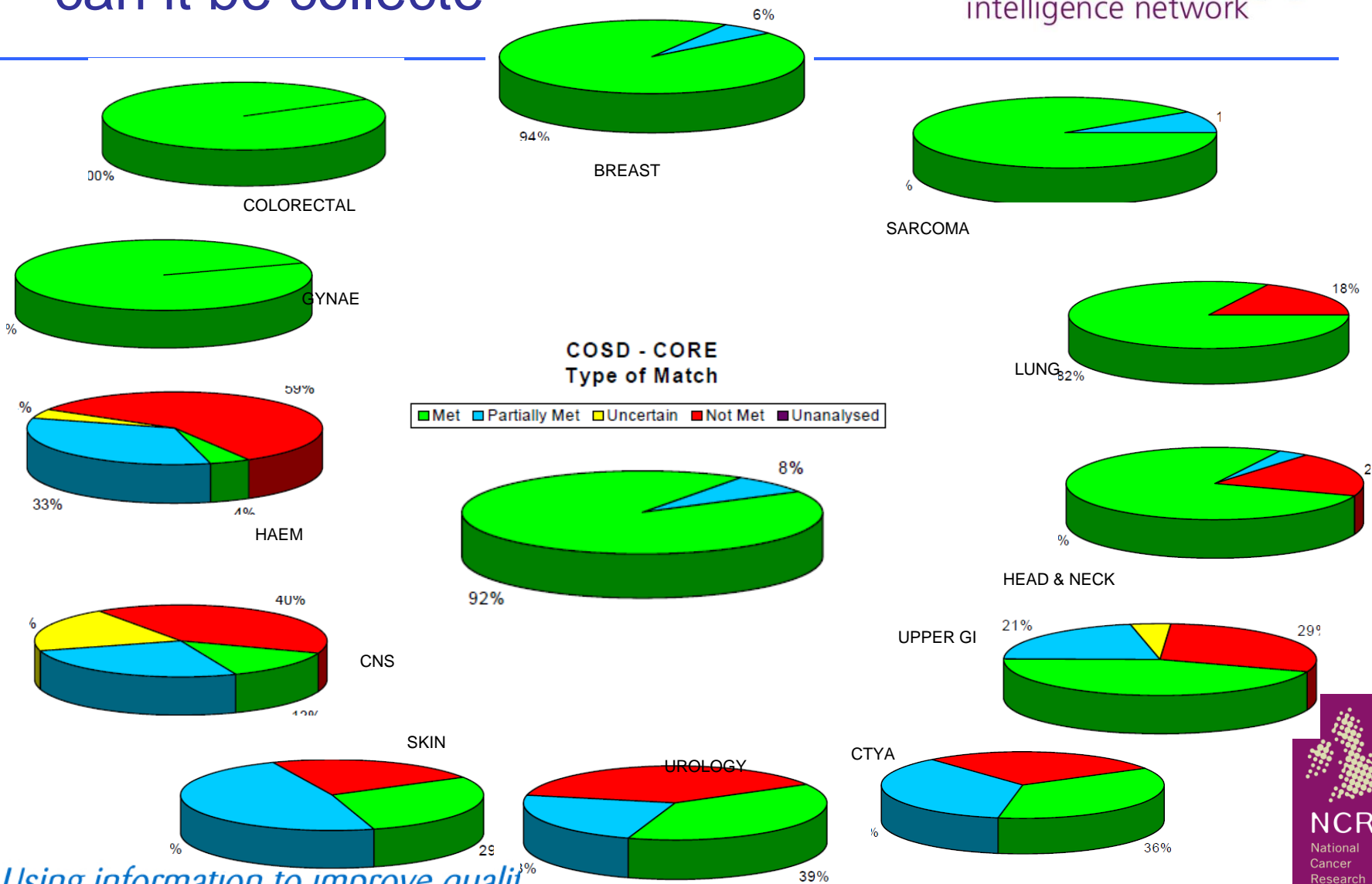
- Core dataset reviewed
- Additional core items identified
- Site specific datasets agreed by Clinical Reference Groups
- MDT Software Suppliers Day
- First draft COSD dataset
- Definitional testing (incl key path for staging)
- Open consultation completed
- Work begun with RC Pathologists and RC Radiologists on clinical content (staging CT and rectal MRI)

Definitional testing – general feedback

- Support for
 - cohesive and consistent dataset
 - clear and comprehensive guides
- Concerns
 - increased burden of collection
 - need for clinical involvement

A mixed bag

- can it be collected?



Using information to improve quality & choice

Definitional testing reports – is the data collected?

COSD COLORECTAL - COMPLETENESS (Evidence of Collection)

Date of Report: 29/11/2010

Centre
for health and social care

Number of COSD Colorectal Data Items 28
Number of sites that submitted information 1

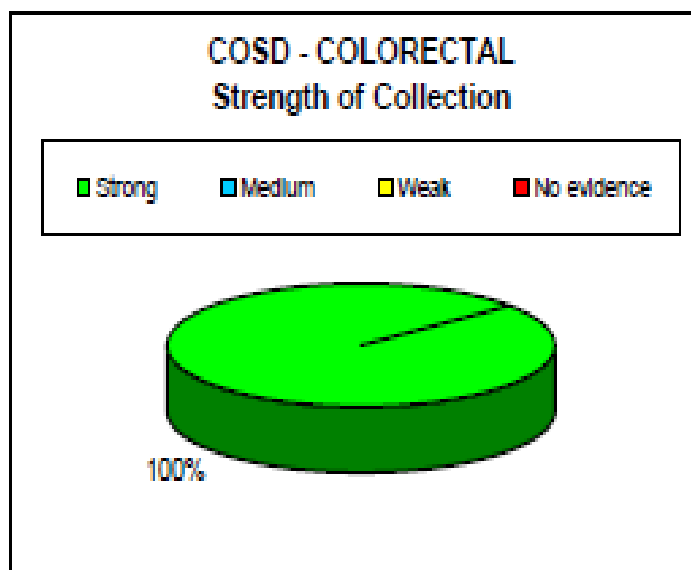
Evidence of Collection		%
Total Evidence of Collection*	28	100%

*Including all categories

Strength of Collection*	No. Data Items	%
Strong	28	100%
Medium	0	0%
Weak	0	0%
No evidence	0	0%
TOTAL NO. DATA ITEMS	28	100%

* Site opinion of collection strength - Highest category of sites analysed

SYSTEMS USED



Definitional testing reports – pathology

- 6 key items – 3 for clarification
 - PLANE OF SURGICAL EXCISION
 - Clarify definition and if essential
 - DISTANCE BEYOND MUSCULARIS PROPRIA
 - Clarify this is essential as no field currently
 - RESPONSE TO PREOPERATIVE THERAPY
 - Clarify if essential as not usually on free text path report?
 - **Can these be recorded/extracted from path reports?**

(Others - Tumour perforation, distance from dentate line, circumferential excision margin)

Consultation feedback

- 90 responses in total
- Colorectal– 10 responses
 - Including surgeon, pathologists, radiologist,
 - managerial and admin
 - Registry
 - software supplier
- Final review with Chair/Registry lead/others as applicable
- Synchronous tumours (Caecum, etc)
 - issues when to record as new primary
- Modified Dukes
 - Confusion over definition and values and why both TNM and Dukes required
- Various issues re alignment with NBOCAP and clarity of definitions and values
- Comprehensive User Guide (incl mapping to NBOCAP)

Consultation feedback – new imaging items?

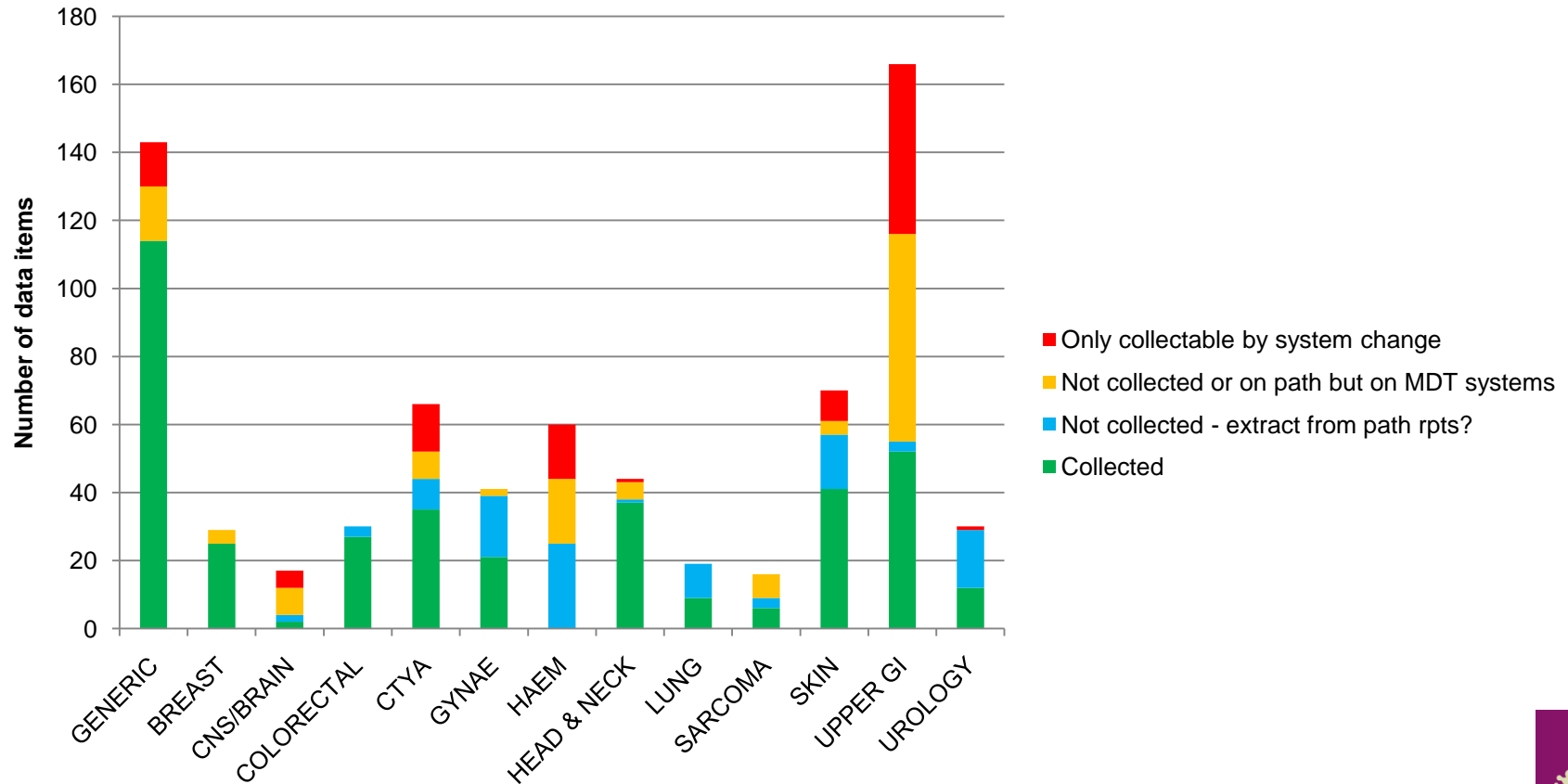
- Liver segments free of disease
- Lung lobes free of disease
- Potential CRM assessment
- Extramural venous invasion
- Pelvic sidewall nodes
- Tumour height above anal verge (imaging)
- **Is this feasible?**

Phased implementation – which approach

- By Trust?
- By Tumour site?
- By data item?

- generic/colorectal items in Phase 1?

Implementation - State of readiness



Using information to improve quality & choice

Phased implementation

- Phase 1: Sept 2012:
 - Collected now (or on path reports) - but monthly
- Phase 2: Sept 2013?
 - Could be collected – changes to process (items on MDT software)
- Phase 3: Sept 2014?
 - Further work needed - Changes to process and software

Contacts



NHS Information Centre (dataset)

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