

TM

The  
Information  
Centre

knowledge for care

# DAHNO 6<sup>th</sup> ANNUAL REPORT

## What does the data tells us so far?

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On behalf of the DAHNO Project team

**NHS**

# Timetable

- 6<sup>th</sup> Annual report released 31.05.2011
  - Report with hyperlinks – easier to read
  - BAHNO standards and CLE highlighted
  - Online repository of more detailed analyses
- Clinical Lines of Enquiry
  - Links to 5 National outputs and will support peer review, with the required actions
- 7<sup>th</sup> collection year in progress
  - 1<sup>st</sup> November 2010 to 31<sup>st</sup> October 2011

## New areas of interest in the 6<sup>th</sup> report

- Pathways of care
  - Variation in managing early larynx cancer
  - Variation in management of oropharynx cancer
    - Oral tongue cancer
- PET scanning
- 1 year crude mortality 5<sup>th</sup> report cohort
- 30 and 90 day crude mortality non surgical treatment

# Is the recording of risk factors improving?

- 6458 diagnoses (15% increase – 95.7% estimate)
- Care Plans in 94%
  - Of which 52% have PS and 40% co-morbidity recorded
- MDT discussion reported as no in 7%
- Histological diagnosis in 79%
- Diagnostic staging in 79% overall (highest yet)
- Post resective staging in 50% surgical cases

## Network submission against estimates

- Network submission rates ranged from 153% of estimate in Surrey West Sussex & Hants to 59% in North West London
- 15 Networks submitted more than 100% of their expected cases
- 5 Networks submitted less than 70% of their estimated cases
- 20 English Networks increased their submissions from the 5<sup>th</sup> Report

## Submission by trust

- 2 trusts identified in returns to CASU as providing head and neck cancer care failed to submit any data on their patients
  - **Heart of England NHS Foundation Trust**
  - **Medway NHS Foundation Trust**

# Post surgical staging

- Three networks are to be congratulated by having exceeded over 85% of surgical cases having post-surgery T and N categories recorded
  - Dorset
  - Pan Birmingham
  - South West London
- Whilst three Networks failed to achieve 16% of T and N recording post-surgery
  - North London
  - South East London
  - Central South Coast.

# Is assurance of multi-professional care improving ?

## Multi-professional care

- Clinical nurse specialist
- Dietetic
- Swallowing
- Surgical Voice Restoration





# Multi-professional care - Clinical Nurse Specialist (CNS)

- **CNS provision by trust** (no info for Wales)
  - 2295 patients recorded as seen by CNS (37%)
  - 69 Trusts in England confirmed some patients seen
  - Of which 12 confirmed over 70% seen by CNS
- **CNS provision in breaking of bad news**
  - 14 Trusts in England had in over 70% cases CNS present at breaking bad news
- **CNS interventions**
  - Report on range of CNS provision along pathway

# CNS interventions

- CNS acting in support role & information giver
- Limited support for CNS to assist with data entry
- 87% of referrals seen same day 96% within 1/52
- Discharge from 22/52 out to 1 year

INTERVENTION -either singly or in combination with other events recorded	NUMBER RECORDED
assessment	2103
information and advice	1168
decision making support	327
psychological support,	884
liaison/referral	311

Clinical nurse specialist interventions

## Multi-professional care - dietetics

- **Dietetic provision by trust (includes Wales)**
  - 1364 patients recorded as seen by dietician (26% of patients with care plan and treatment record)
  - 52 Trusts in England and Wales confirmed some patients seen
  - Of which 12 Trusts confirmed over 60% of patients seen by a dietician

# Multi-professional care (SALT) speech and swallowing / SVR

- **Pre-treatment speech and swallowing assessment** in 10% of those with treatment recorded, being highest in hypopharynx (19%) and oral cavity (12%)
- 27 Trusts in England reported at least some patients seen by SALT
- 5 Trusts confirmed in over 60% of patients
- **SVR 201** patients from 35 Trusts but incomplete records - further work needed

## Pathways of care - early larynx cancer

- Analysis made on use of endolaryngeal resection versus radiotherapy in early larynx cancer (T1 N0 and T2 N0)
- 631 cases – 77% received radiotherapy  
23% received ELR
- Wide variation between Trusts and distribution of treatments
- Challenge - all suitable patients are being offered choice of treatment

## Pathways of care - early larynx cancer

- ENT-UK Head and Neck believe that all patients with early larynx cancer in the UK should be given the choice of radiotherapy or endoscopic surgery for suitable cancers
- Of the 631 cases of early laryngeal cancer submitted, radiotherapy was the predominant treatment (77.3%) compared to endolaryngeal resection (22.7%)
- A wide variation is noted between trusts in the distribution of cases recorded as receiving radiotherapy or endolaryngeal resection

## Pathways of care - early larynx cancer

- In some centres all early larynx cases are recorded as having received radiotherapy, whilst a small number had a greater number treated by endolaryngeal surgery. 10 centres treated 5 or more patients by endolaryngeal resection
- MDTs should examine whether patients are given the choice of either treatment modality in appropriate circumstances, and that local facilities and training are in place to facilitate this

## Pathways of care - oropharynx

- 914 cases with treatment information submitted show equal distribution of surgical versus non surgical first treatment
- Further study needed
  - Is neck dissection preceding chemo-radiotherapy distorting figures?
  - Influence of PET NECK trial on practice
- Wide geographical variation where one treatment appears to pre-dominate



## Pathways of care - oropharynx

- Treatment for oropharynx cancer has shifted towards chemoradiotherapy from open surgery
- Of the 914 cases of oropharynx cancer with treatment information submitted, similar numbers were treated by surgical (50 per cent) and non-surgical means. This is reduction in non surgical treatments from previous reports
- A wide variation is noted between trusts in the distribution of cases recorded as receiving surgery or non-surgical treatment

## Pathways of care - oropharynx

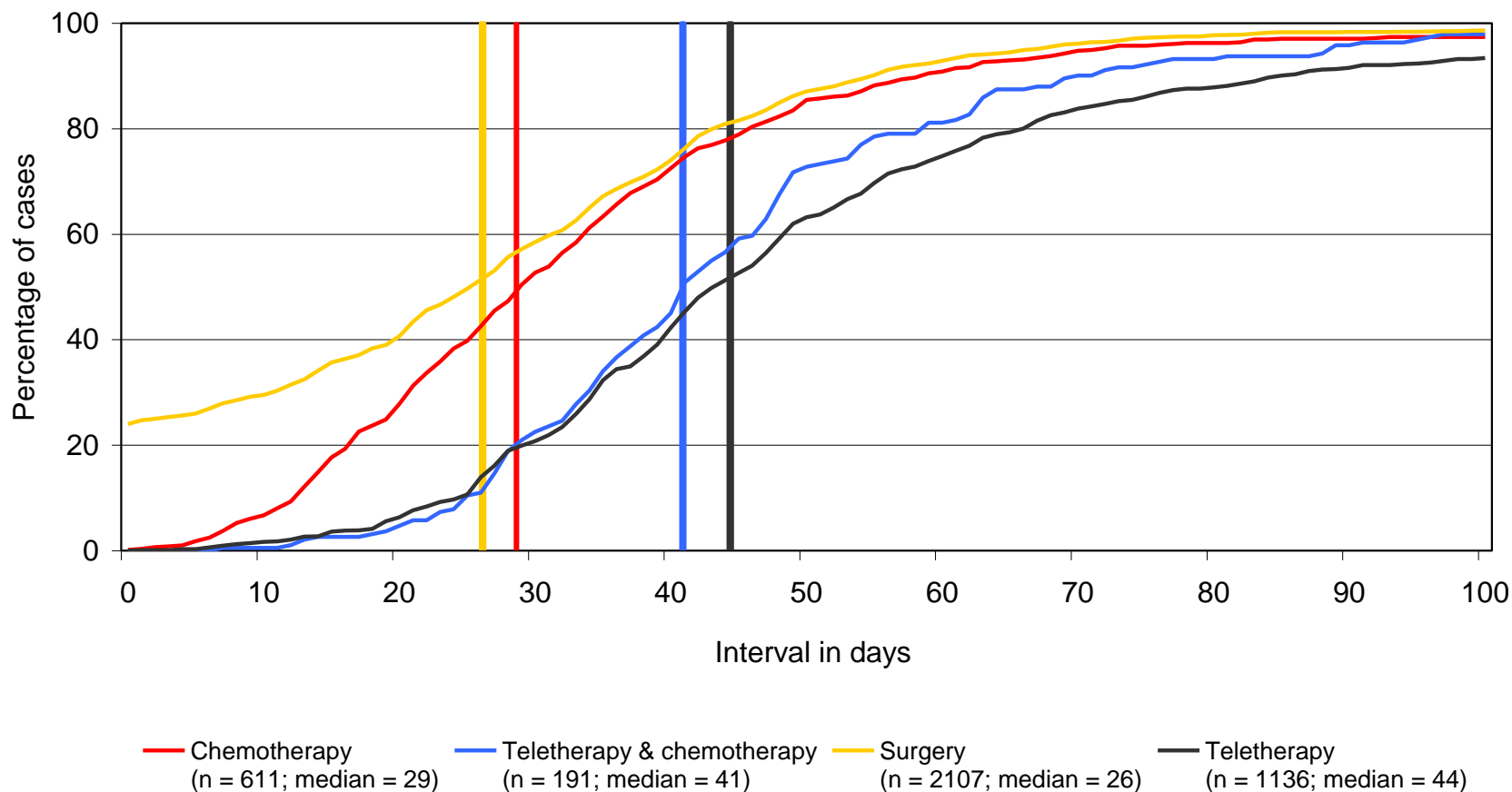
- In a number of networks non-surgical therapy dominates, and of those centres submitting over 10 oropharynx cancer cases 15 centres gave predominantly non surgical treatment
- In centres submitting over 10 cases of oropharynx cancer 17 centres gave predominantly surgery as the first definitive treatment.
- This topic will be revisited in future reports

## Pathways of care - tongue cancer

- 798 cases affecting the oral tongue
- 45% have a record of surgery
- From current data not possible to make clear assessment of procedures carried out
- Head and Neck SSCRG (NCIN) is looking at OPCS coding to better reflect current clinical practice

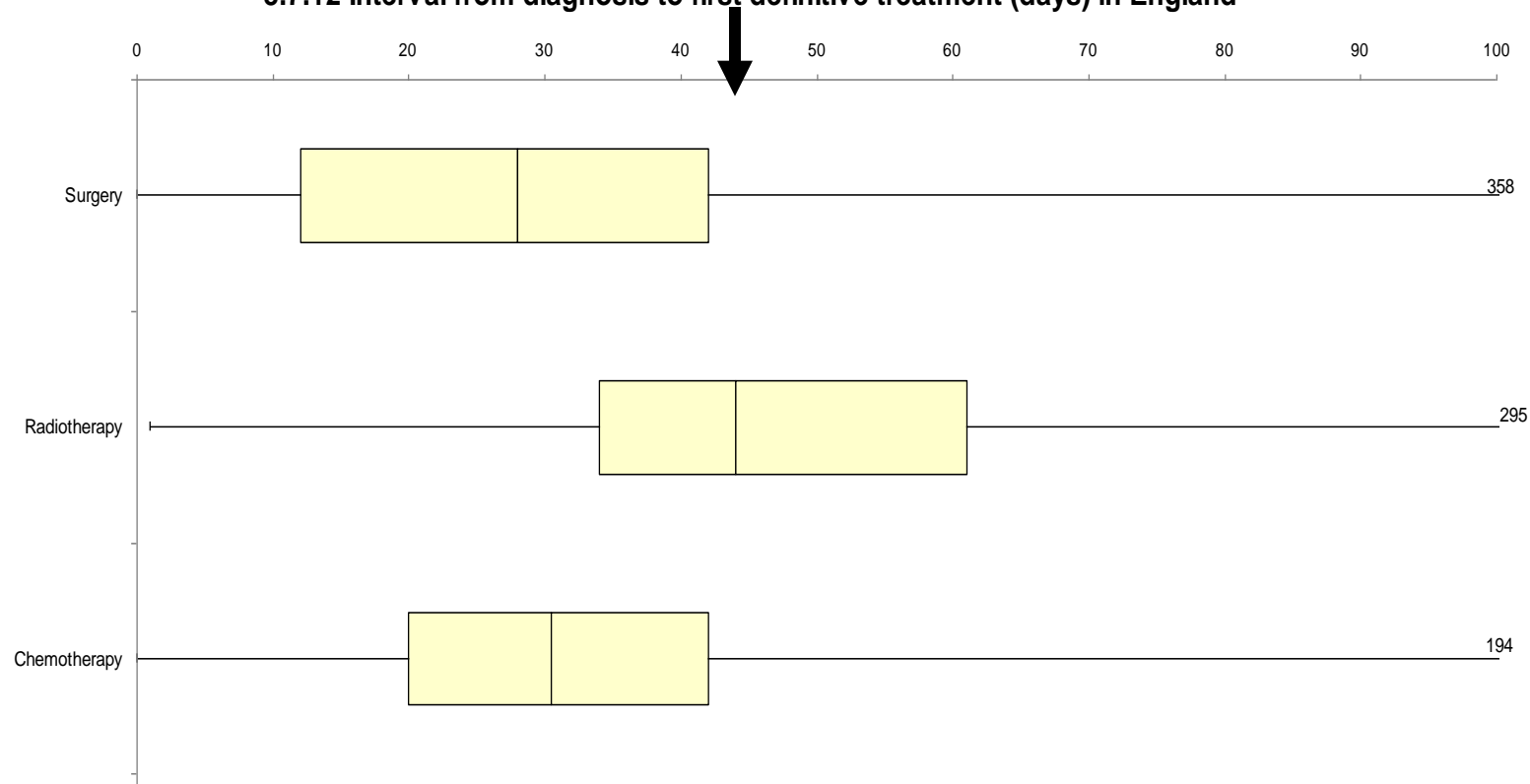
# Diagnosis to first treatment - all sites

Figure 8.7.11 Interval from diagnosis to first definitive treatment - all sites



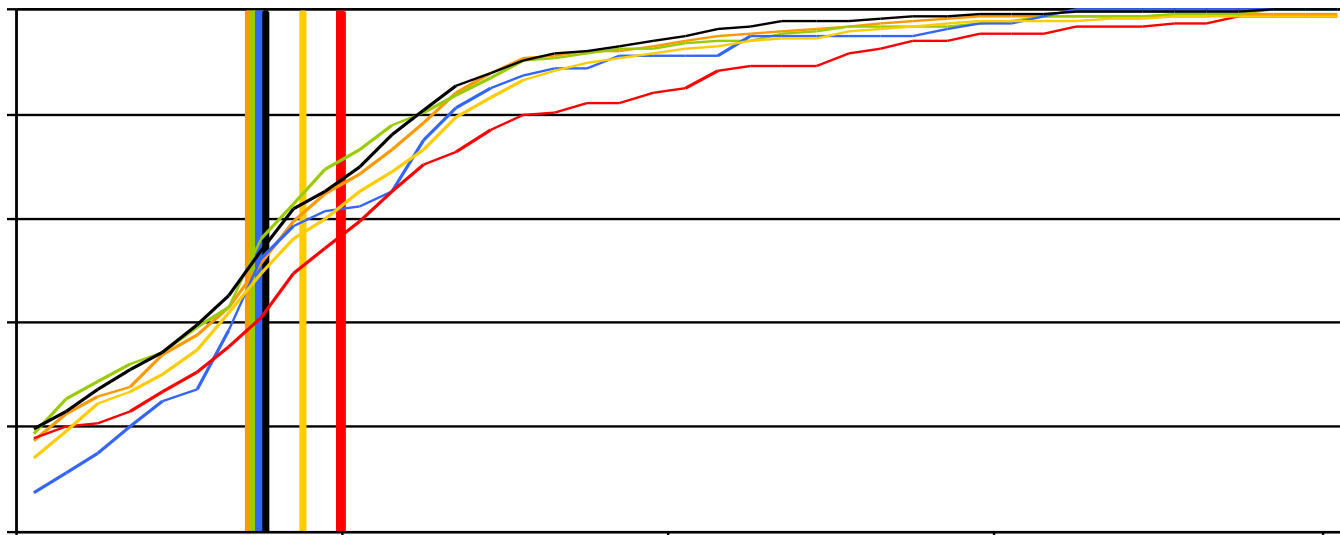
# Diagnosis to first definitive treatment

8.7.12 Interval from diagnosis to first definitive treatment (days) in England



# Imaging

- Further reduction in median from 8 days to 7.5 days



# PET Scanning

- A total of 63 trusts submitted records on PET scanning for their patients with a total of 337 scans being carried out. The largest anatomical group by far receiving PET scans was seen in oropharynx
- It is reassuring that trusts are able to access PET scans as required

Hypopharynx	Larynx	Major Salivary Glands	Nasopharynx	Oral Cavity	Oropharynx	Total
34	46	17	19	30	191	337

PET scans by anatomical site

# Discussion at MDT

- Decrease in numbers discussed at MDT
- Increase in number recorded as not discussed at MDT - 7.4%
- Equates to 477 patients with care determined outside MDT

The multidisciplinary team and its functions by anatomical site

Discussed	Larynx		Oral Cavity		Oropharynx		Hypopharynx		Nasopharynx		Major Salivary Glands		All sites	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	1392	84.8	1685	88.6	1627	85.8	331	86.6	156	81.7	342	76.9	5533	85.7
No	116	7.1	109	5.7	143	7.5	26	6.8	17	8.9	66	14.8	477	7.4
Not recorded	133	8.1	108	5.7	127	6.7	25	6.5	18	9.4	37	8.3	448	6.9
Total	1641	100.0	1902	100.0	1897	100.0	382	100.0	191	100.0	445	100.0	6458	100.0

Analysis of multi disciplinary discussion



# Risk adjustment

- Aim of audit is to produce risk adjusted outcomes
- Slow improvement in risk adjustment factors continues

<b>Performance status</b>	<b>Percentage of 4635 recorded values</b>
0. Able to carry out all normal activity without restriction	34.9
1. Restricted in physically strenuous activity	19.3
2. Able to walk and capable of all self care but unable to carry out any work	8.7
3. Capable of only limited self care	3.5
4. Completely disabled	0.6
5. Not recorded	33.0
<b>Total</b>	<b>100.0</b>

Larynx; Oral cavity; Oropharynx; Hypopharynx; Nasopharynx; Major Salivary Gland Distribution of performance status at point of treatment decision

# Risk adjustment

- Improved recording of co-morbidity scoring
- Seems a more sensitive tool than PS

<b>Grade</b>	<b>Percentage of 2400 recorded values</b>
Grade 0 - No co-morbidity	48.9
Grade 1 - Mild decompensation	29.1
Grade 2 - Moderate decompensation	15.7
Grade 3 - Severe decompensation	6.3
<b>Total</b>	<b>100</b>

Summary of recorded co-morbidity-all subsites

# Risk adjustment by Network

- 3543 cases of larynx and oral cavity cancer 1047 cases (29.6 per cent) cases contained the three values of staging, performance status and co-morbidity
- Significant variation exists between networks in their ability to provide this information
- The highest submission was South West London (89.4 percent), whilst Arden, Avon & Somerset, Wiltshire, Kent & Medway, South East London, Surrey, Sussex & Hants had minimal or zero submission.
- In Wales no network achieved above a minimal return
- Only half of the cancer networks in the sixth Annual Report have at least 100 cases with these three indicators completed

# Mortality

- Crude mortality by subsite
- Breast 7.5% lung 73.9% colorectal 31.6%

	Larynx	Oral cavity	Oropharynx	Hypopharynx	Nasopharynx	Salivary Glands	Total
<b>Number of deaths</b>	257	369	313	133	39	86	1197
<b>Total number of cases</b>	1522	1635	1491	352	179	418	5597
<b>Proportion died</b>	16.9	22.6	21.0	37.8	21.8	20.6	21.4

## Summary

- Networks & trusts are to be congratulated on the high levels of cases ascertainment for the 6<sup>th</sup> AR
- The high level of case ascertainment allows an accurate picture of H&N cancer care to be provided
- The role of multi-professional care has been explored & the impact of interventions on H&N patients reported in detail
- The requirement for data supporting risk adjustment is an aspiration for future reports

# Acknowledgements

- Contribution from expert panel members
- Head and Neck Site Specific Clinical Reference Group (NCIN) members
- Cancer Registries - Oxford and Wales for and CASU analysis support
- All individuals, trusts and Networks who have contributed so far