

Data quality and completeness of head and neck cancers in the National Cancer Data Repository: 2008 registrations

MF Roche¹, AM Watters¹, R Wight²

¹Oxford Cancer Intelligence Unit; ²Chair of the Head and Neck Cancers Site Specific Clinical Reference Group

Objectives

The National Cancer Data Repository (NCDR) holds merged data from the eight English cancer registries for cancers diagnosed in the years 1990 to 2008. This poster compares the completeness and quality of coding of the main data items held in the NCDR, by cancer registry, for head and neck cancers diagnosed in 2008.

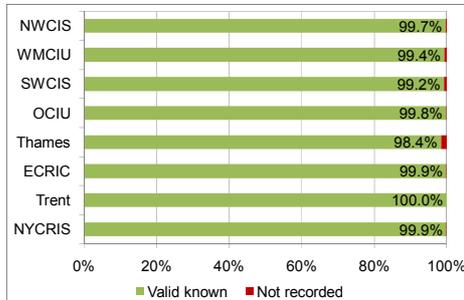
Method

Head and neck cancers diagnosed in 2008 for patient's resident in an English cancer registry were extracted from the NCDR. Some initial data cleaning was performed to remove duplicate records. Where data relating to the same tumour was sent in by more than one registry, only the record from the registry where the patient was living at the time of diagnosis was retained.

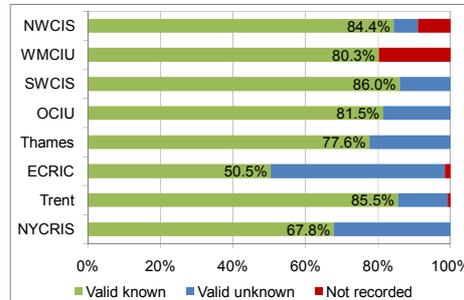
Results

- The level of data quality and completeness is generally high for demographic and diagnostic data, tends to vary across registries for treatment and place of death, and is poor for stage.
- The use of unspecified subcategories of tumour site and non-specific morphology codes need to be kept to a minimum.
- The level of completeness of cause of death is high but the recording is not standardised across all registries, eg. using text instead of ICD10 codes.
- Some data items are interpreted differently by different registries. For example, "no treatment".
- The variation in levels of surgical treatment recorded probably reflects variations in ascertainment, and in whether diagnostic procedures are counted rather than treatment practice.
- Recording of stage is generally poor with wide variations between registries. NWCIS and SWCIS record clinical and pathological TNM. WMCIU records clinical, pathological and integrated TNM. OCIU only records pathological TNM and ECRIC only records integrated TNM. Thames records the component parts of clinical and pathological TNM but not the stage group. Tumour grade, size, positive nodes and metastases have been recorded to some extent by all registries bar one.

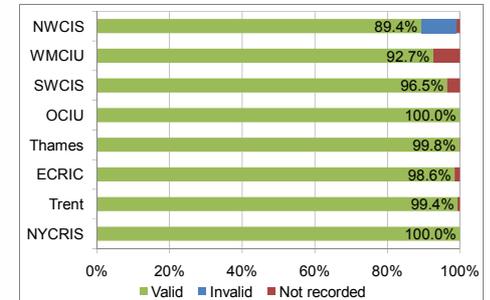
Completeness of NHS number



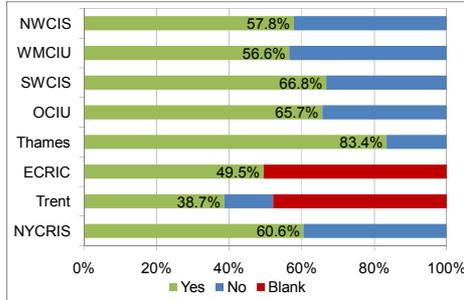
Completeness of ethnicity coding



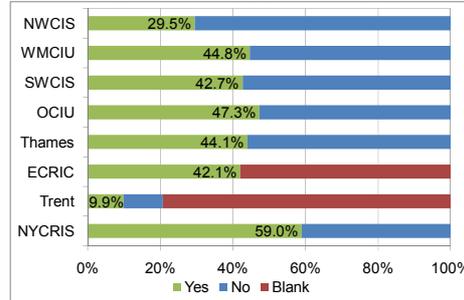
Completeness of cause of death coding for patients that have died



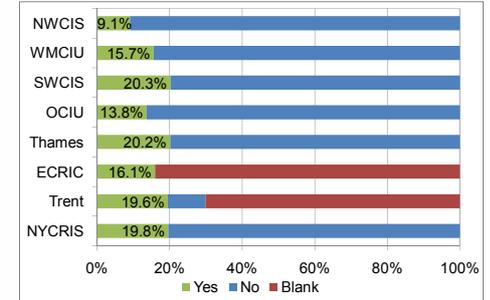
Proportion of cancers receiving curative surgery



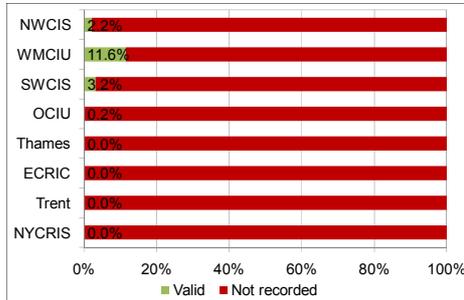
Proportion of cancers receiving radiotherapy



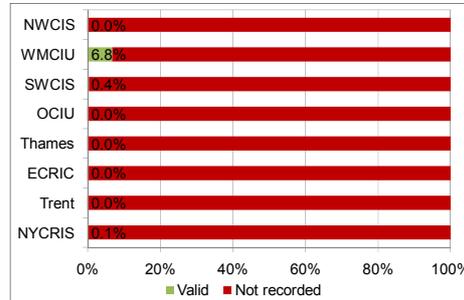
Proportion of cancers receiving chemotherapy



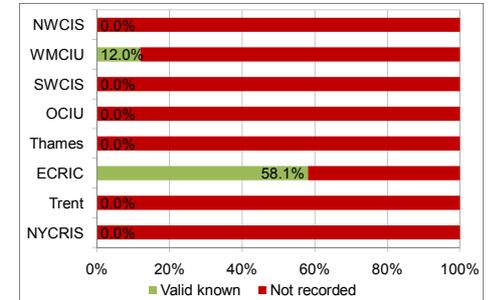
Completeness of pathological TNM



Completeness of clinical TNM



Completeness of integrated TNM



Conclusions

The level of data quality and completeness of head and neck cancers in the National Cancer Data Repository for 2008 registrations was generally high, with the exception of information on stage at diagnosis. There is now a national initiative to increase levels of staging completeness to 70% by 2012.

There are variations in coding practice across the registries and the definition of some key data items, including treatments. The move to a single national cancer registry computer system by the end of 2012 should lead to a much greater standardisation of data sources, processing and definitions.

For more information, please refer to the full report *NCDR 2008 Data Quality* at www.ociu.nhs.uk