

GYNAE NSSG LEADS MEETING: Gynaecological Hub

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Outline

- The aims of the Hub
- Components of the Hub
- The future of the Hub

Aim of the Hub

- ❖ A 'one stop shop' for intelligence and information on all gynaecological cancers
- ❖ User-friendly and familiar
- ❖ Provide access to up-to-date, reliable data for a variety of purposes
- ❖ A comprehensive range of resources for each gynaecological site

Components of the Hub – The Profiles

- ❖ Where all the data can be found for ovarian, uterine, cervical, vulval and vaginal cancers

Cancer Data

- ❖ Age-standardised incidence rates
- ❖ Age-standardised mortality rates
- ❖ Relative survival rates – 1-year, 3-year and 5-year from diagnosis
- ❖ Prevalence data
- ❖ % of patients receiving a major resection (from the NCIN work)

Cervical Screening Data

- ❖ Coverage
- ❖ Results
- ❖ Timeliness of results

Components of the Hub – The Profiles

Associated Indicators and Risk Factor Data

- ❖ Deprivation measure
- ❖ Female life expectancy
- ❖ ethnicity
- ❖ Obesity prevalence
- ❖ Smoking prevalence
- ❖ Under 18s conceptions

Available for most recent years and also trend data where available

Components of the Hub – The Profiles

- ❖ Cancer Network Profile showing data at CN level with England comparators
- ❖ PCT Profile showing data with SHA and England comparators
- ❖ At present, there are 3 views.
 - ❖ Health Profile
 - ❖ Funnel Plots
 - ❖ Double maps

Components of the Hub – Resources



- ❖ There is a resource page for each of the gynaecological sites and for general gynae cancer resources
 - ❖ Reports
 - ❖ Presentations
 - ❖ Briefings
 - ❖ Evidence – peer review journals, searchable libraries and details of research units
 - ❖ Guidance for Health Professionals
 - ❖ Details of the meetings and membership of the SSCRG

Components of the Hub – Helpful Links

- ❖ This page includes information geared towards patients.
 - ❖ Charities
 - ❖ NHS choices
 - ❖ NICE pathways and quality standards
 - ❖ National Cancer Patient Experience Survey

Future of the hub

- ❖ Working with the NCRI to see how we can assist in hosting information on rare gynae cancers
- ❖ Improving the e-atlases to show more information and keeping up-to-date
- ❖ Possibility of additional resource giving details of clinical trials

GYNAE NSSG LEADS MEETING: Feasibility analysis of HES data for laparoscopic surgery in endometrial cancer

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Outline

- Background to the feasibility study
- Methodology
- Analysis
- Conclusion

Background

If we can look at laparoscopic surgery for endometrial cancer:

- ❖ Help to inform the Enhanced Recovery, evidence based, model of care
- ❖ Look at variation across trusts to help inform best practice and data collection
- ❖ Laparoscopically assisted surgery metric has been included in the cancer commissioning toolkit and CLE for colorectal

Methodology

- ❖ Linked cancer registry data and HES data
- ❖ 47,394 cases of C54 and C55 (2.5%) diagnosed 2001 to 2009. C54.1 (95.3%)
 - ❖ Removed MMT (6%) and sarcomas (4%)
- ❖ Major resection was relevant 1 month before and 1 year after diagnosis date. Major resection was counted as
 - ❖ Abdominal/vaginal excisions
 - ❖ Operations on lesion
 - ❖ Bilateral/unilateral excision of adnexa
 - ❖ Operations on broad ligament
 - ❖ Clearance of pelvis

Methodology

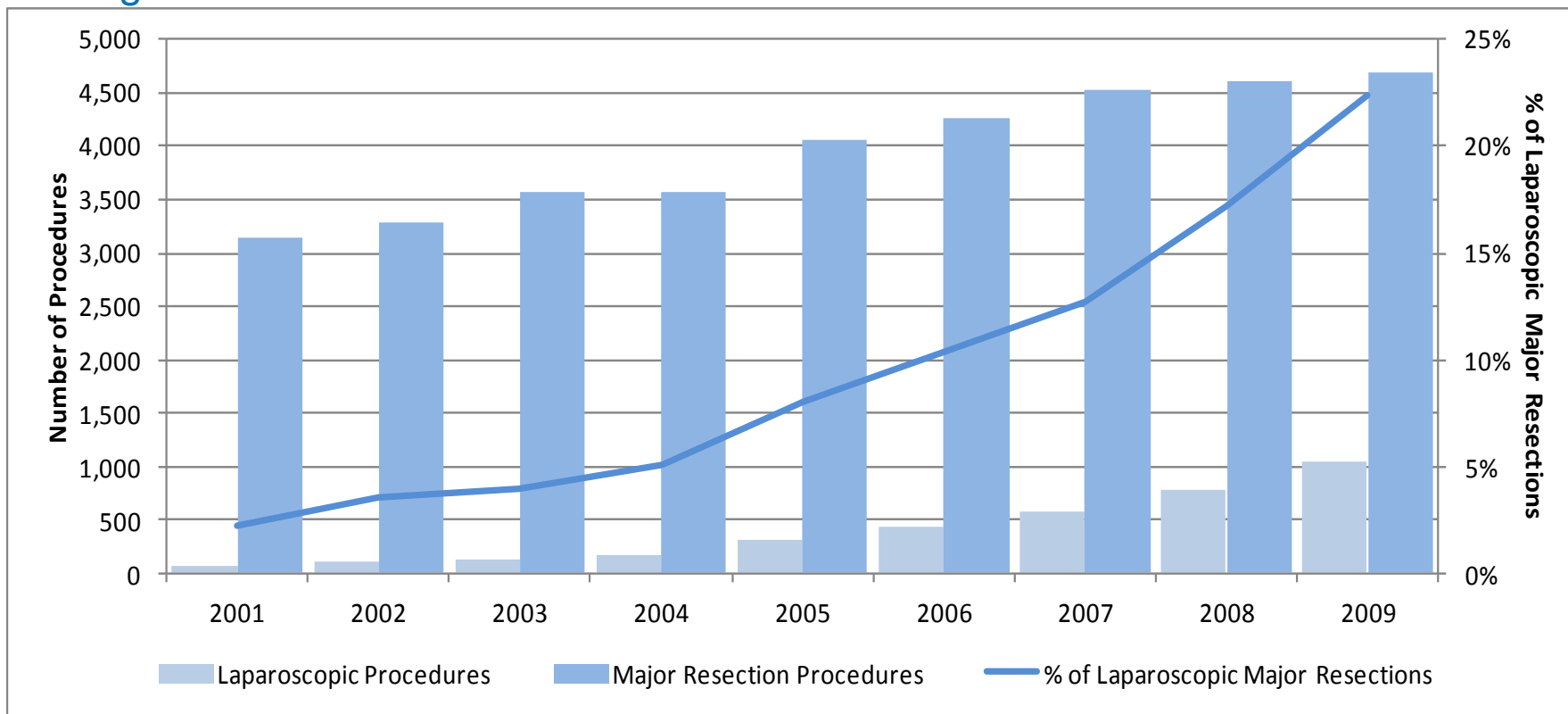
- ❖ Where patient had more than one episode both were kept in
 - 494 patients had 2 episodes.
 - ❖ 326 of these were operations on lesions followed by hysterectomy in another episode
 - ❖ The rest were uni/bilateral operations to adnexa preceded by hysterectomy
 - ❖ There were indications that some of these procedures were done laparoscopically, so kept them in
- ❖ There were 35,895 major resections for patients diagnosed in the period 2001-2009

- ❖ Laparoscopically assisted resections identified using following codes
- ❖ Laparoscopic code only relevant if the op date was same date as the major resection

OPCS-4 code	General Description (3 digit code)	Specific Description (4 digit code)
Y508	Approach through abdominal cavity	Other specified approach through abdominal cavity
Y714	Late operations NOC	Failed minimal access approach converted to open
Y751	Minimal access to abdominal cavity	Laparoscopically assisted approach to abdominal cavity
Y752	Minimal access to abdominal cavity	Laparoscopic approach to abdominal cavity NEC
Y753	Minimal access to abdominal cavity	Robotic minimal access approach to abdominal cavity
Y755	Minimal access to abdominal cavity	Laparoscopic ultrasonic approach to abdominal cavity
Y758	Minimal access to abdominal cavity	Other specified minimal access to abdominal cavity
Y759	Minimal access to abdominal cavity	Unspecified minimal access to abdominal cavity

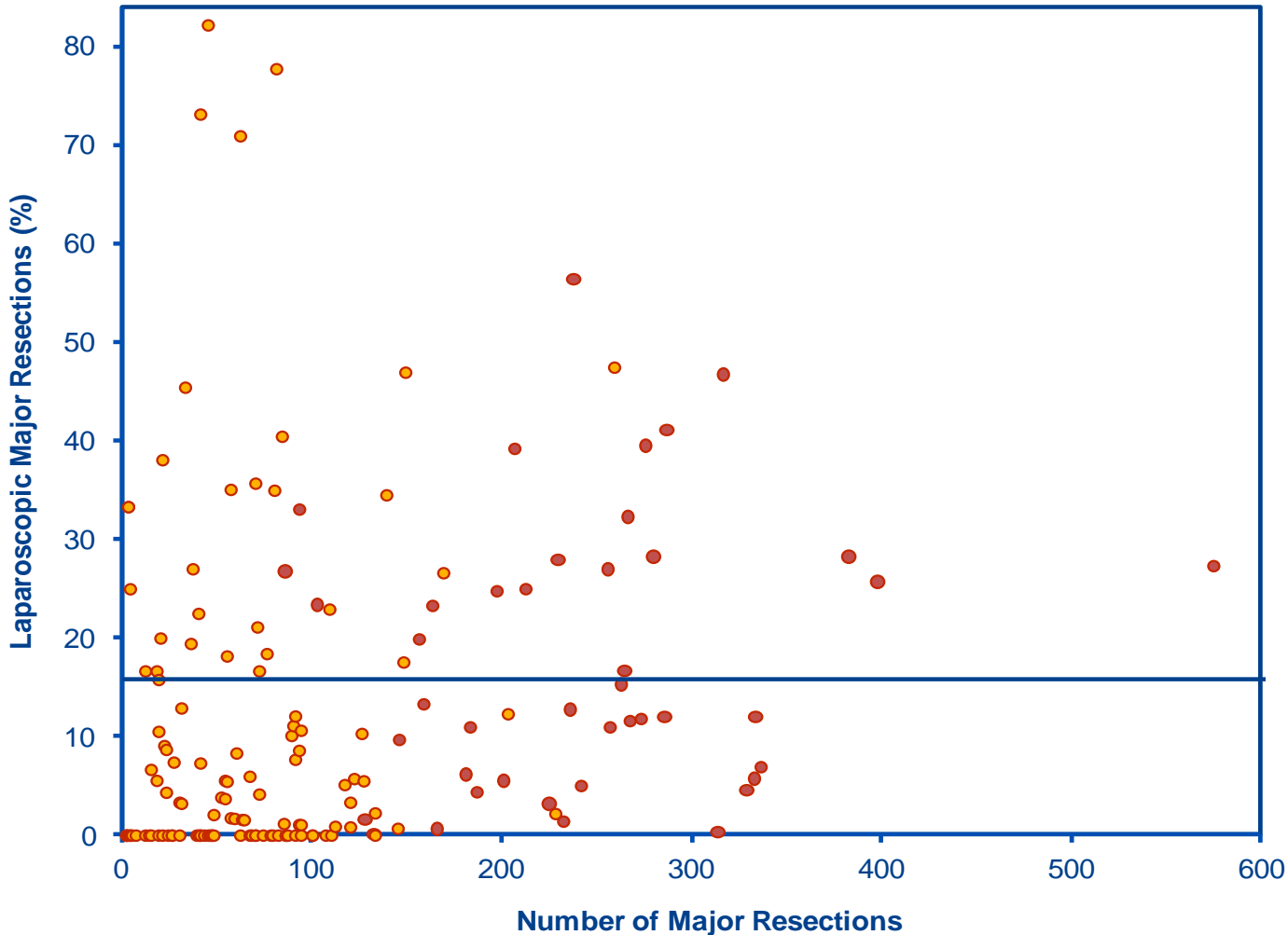
Analysis

number of laparoscopic cases, major resections and proportion of major resections that are carried out laparoscopically by year, England, patients diagnosed 2001-2009



Analysis

Scatter plot of the proportion of major resections carried out laparoscopically by trust, 2006-2009



Conclusion

- ❖ Data can be used for 2006 onwards to investigate variation
- ❖ As would be expected, high number of major resections = greater proportion carried out laparoscopically
 - ❖ Difference between specialist and non-specialist centres
 - ❖ Suggests analysis of data represents what is going on
- ❖ Some specialist centres appear to have low rates of laparoscopic surgery – suggests possible data coding issues
- ❖ Some non-specialist centres with low number of resections but high laparoscopic rate – are these examples of best practice? Are patients more amenable to the procedure?

Conclusion

❖ Suggests lots of avenues for further investigation

- ❖ Length of stay for laparoscopic patients vs. open access at national level
- ❖ outcomes for laparoscopic patients
- ❖ Characteristics of patients receiving laparoscopic surgery
 - ❖ Stage
 - ❖ Age
 - ❖ Comorbidities