ROH Spinal Database – Spinal Oncology

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What is this?

A comprehensive information database and treatment guide for this numerically rapidly increasing group of patients.

Why use it ?

- Integral to patient pathway with comprehensive electronic patient record
- If common national standard adopted potential facilitation of comparison and optimisation of treatment modalities .
- Build on progress to date and avoid unnecessary duplication

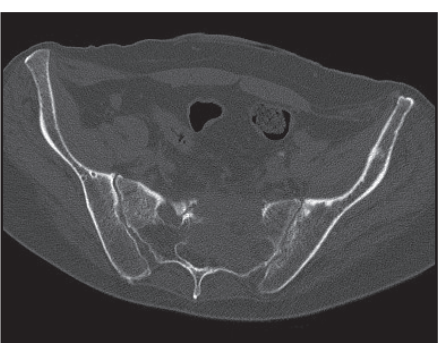## How to get the most from this poster

Steps

1. Please read the background for general information
2. Identify which group you fall into.
   Read the relevant section about the advantages to you from using the database
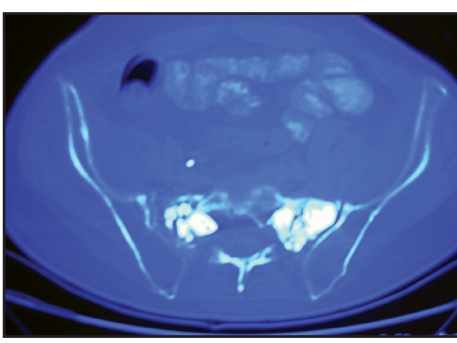
Background

Spinal metastatic disease

- Often avoidable pain, paralysis and incontinence.
- Improved oncological control – many are now living with their disease for several if not more years.

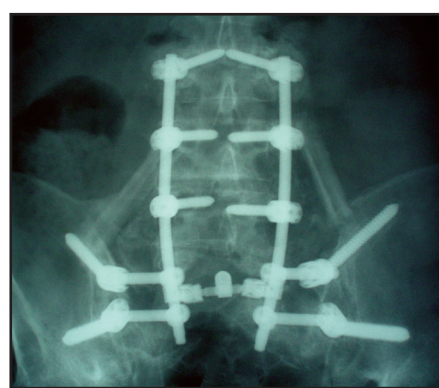Cement Sacroplasty for renal metastases

ROH Spinal Metastatic disease

- Long history of surgical management (first published series 1977–1991).
- Contributions to BASO guidelines Metastatic Breast Carcinoma 1995.
- BOA Guidelines 2002 (BOA website).
- Local working group 2002 evolving to formal NSSG 2006.
- Spinal Oncology ANP > MSCC coordinator (palliative care funding 2005, Macmillan three-year funding 2006).
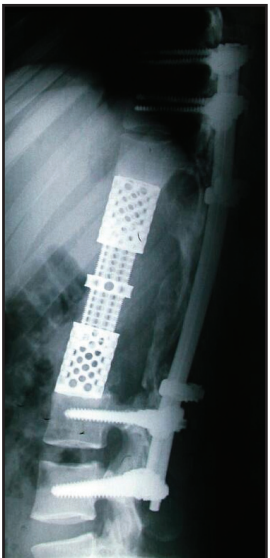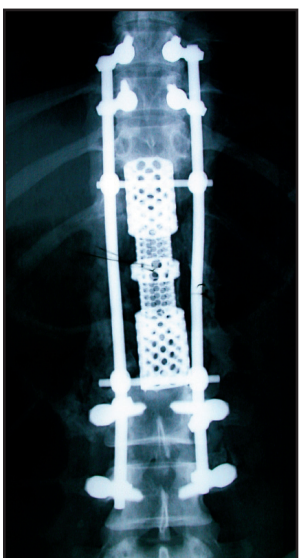- BAUS guidelines
- NICE guideline 2008.

Posterior Lumbo Pelvic Stabilisation and fusion for myeloma

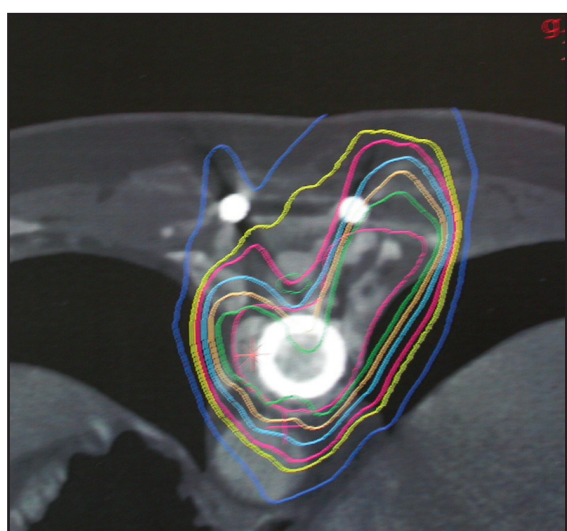### Treatment – various solutions proportionate to the prognosis

- Palliation.
- Radiotherapy.
- Vertebroplasty/Kyphoplasty.
- Simple posterior decompression and stabilisation.
- Enbloc extralesional excision and reconstruction for seemingly isolated disease.

3 Level Corpectomy and anterior posterior reconstruction for primary bone tumour.

ROH Bone Oncology Database 1988

- 21 year experience.
- New platform 2003.
- Integral to patient process.
- Proven functionality.
- Proven clinical audit tool.

Future Non Surgical Options intensity modulated radiotherapy

Select your role in the patient pathway

Referrer
Oncologist/GP/palliative care/other consultant specialty

MSCC coordinator

Administration/secretarial

Senior Professional Advisers (SPA)

Imaging – radiologists

Clinical team
MDT record/patient record/discharge process
Interventions
surgeons/interventional radiologists/oncologists/palliative care

Cancer management
trust/network/national

Information management, outcome audit cancer registries and NICN

Commissioners
outcome data/costings/health economic evaluation

Public health and researchers

Referrer
Referral form obtainable from network website (developing into e-form – see other poster).

Advantages
- Standardised referral providing checklist ensuring organised collation of all relevant patient information required by receiving centre.
- Including all detail necessary for:
  a) triage by MSCC coordinator;
  b) Informed decision making by Senior Professional Advisers.
- All data on referral form are required fields for database to avoid duplicate data entry.
- Automatic calculation of prognostic scores including Tokuhashi (2005) and Tomita (2001) scores to inform decision making about treatment options and referral.
- Enhances education of junior medical and paramedical staff.

Senior Professional Advisers (SPA)
- General medical information and comorbidities.
- Oncology history and treatment.
- Prior MDT information.
- Biopsy information
- Current staging and Imaging.
- Spinal status and imaging.
- Key blood results.
- Prognostic scoring.
- Patient wishes.
- Patient and carer information prompt.
- Contact information.

Cancer management

- Automatic tracking and reporting of cancer waits.
- Open Exeter report.
- Improved initial diagnostic coding (dropdown menus).
- Standardised coding of surgical procedures (dropdown menus).

Information management, Outcome Audit Cancer Registry and NICN
- Reporting function available (customisable)
- Sample reports - see examples
- Longitudinal outcome data and scores
- NICE audit module

MSCC Coordinators

Advantages
- Repository for referral form information.
- Immediate availability of clinical information.
- Immediate availability of all contact information (patients and referrer).
- Continuous clinical record.
- Communication log.

Administration and secretarial
- Contact details.
- Communication log.
- Continuous patient record.
- Letter writing and production.
- Allows immediate response to patients and referrers.

Imaging - Radiologists
- Prior imaging details.
- Record of interventional radiology and outcomes.

Clinical team and Interventions

- All prior medical and oncology details.
- Record of evolution of presentation.
- Record of initial and subsequent neurological and functional status.
- Pain scores and analgesic requirement.
- ODI, Karnofsky, Frankel, ECOG, EuroQoL
- Prognostic scoring.
- Perioperative record (dropdown menus).
- Longitudinal outcome record.
- Discharge recording.

Commissioners
- Quality (street – try chocolates) and outcome data.
- Healthcare costs.

Public health and research
- Supports new research.
- Facilitiates junior staff audit projects.

Techy bits

Clinical/Cancer utility
- NHS Number compatibility.
- Open Exeter compliance/cancer tracking.
- 18 week tracker compatibility.
- Compliant with Cancer Peer Review Strategy.
- Compliant with MDT standards.
- Dropdown Menus for diagnosis (ICD10) and procedures (OPCS – in development).
- **System interaction.**
- Links to IPM PAS.
- Links to Ormis.

Platform and architecture
- Apple/PC compatibility.
- Open Architecture.
- Industry standard Database – SQL Server/Oracle.
- Based on application framework.

Information and reporting
- Exporting, importing and reporting.
- Platform for a data warehouse.

Security and system administration
- Control user access.
- Complete data auditing.
- User configurable dropdowns.

Conclusion

Why re-invent?