

SACT Update Upper GI Workshop

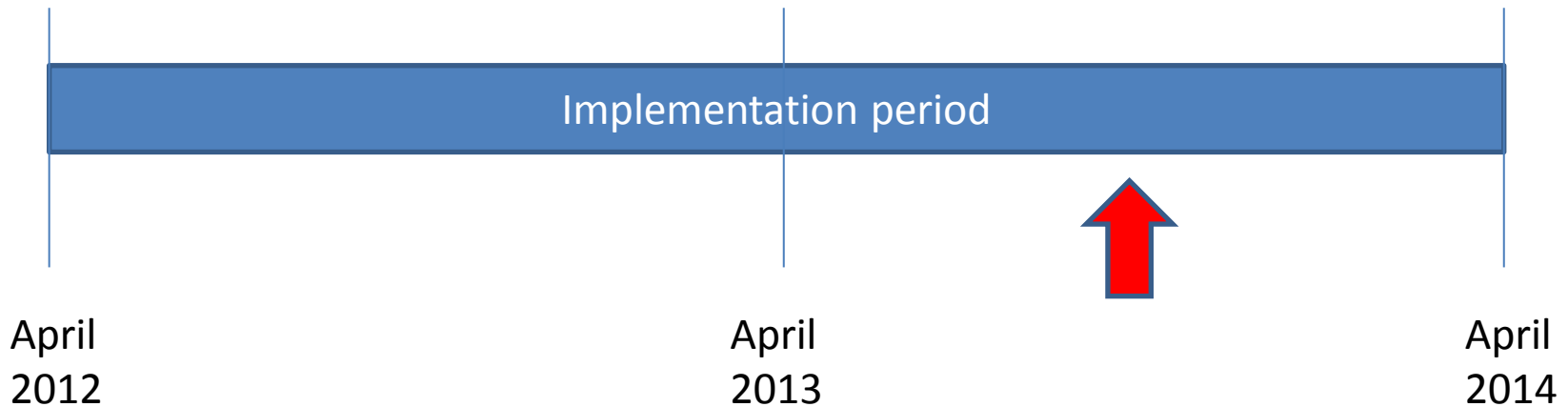
17th October 2013

Dr Ken Lloyd and Sue Forsey

SACT

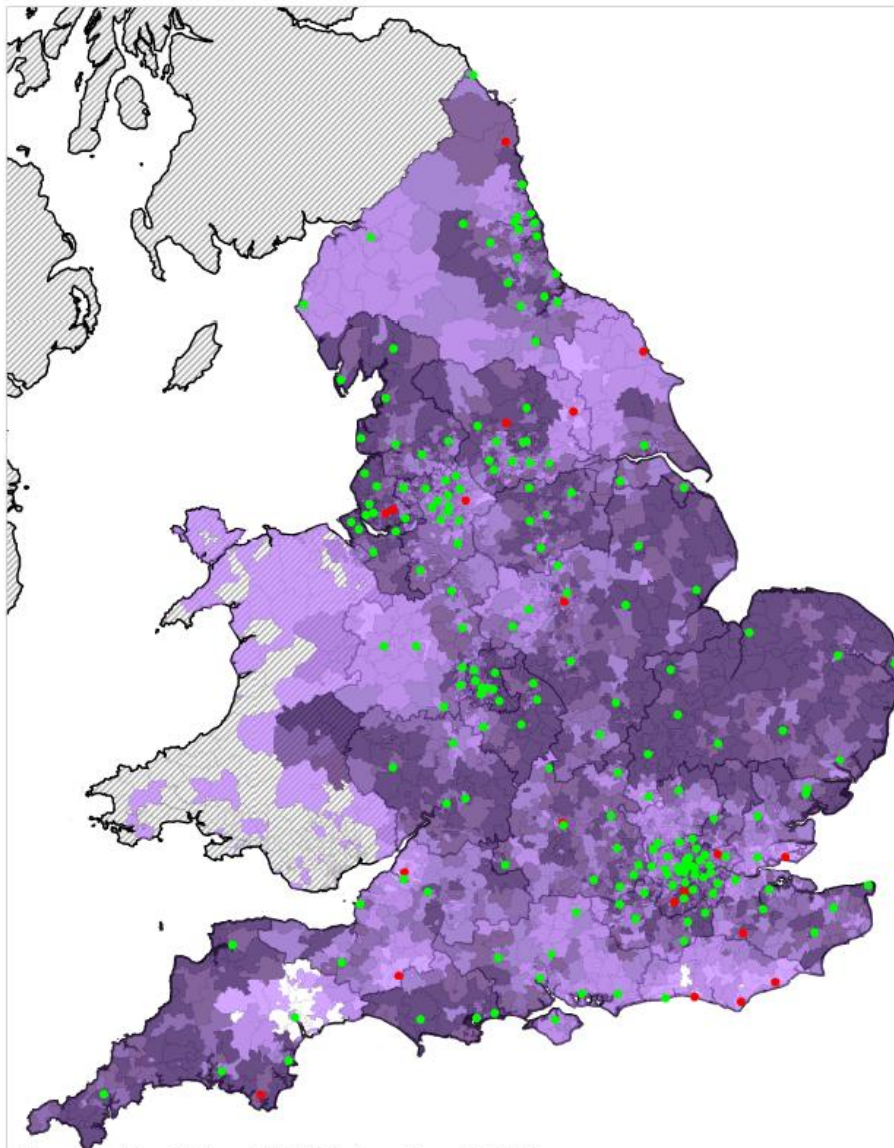
- **Systemic Anti-Cancer Therapy Information Standard**
- NHS Information Standard Board approval
- Implementation from April 2012- April 2014
- Covers all drug treatment for cancer in all settings

SACT Timetable



SACT geographical coverage

3rd October 2013



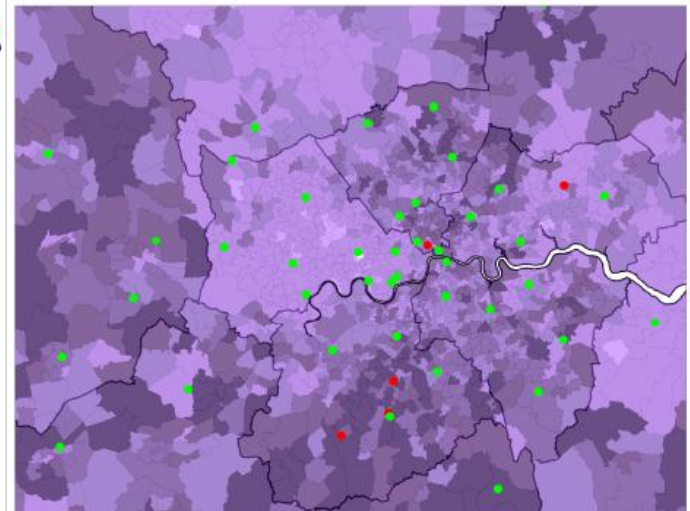
Key

Hospitals

- Submitting data
- Not submitting data

Total patients

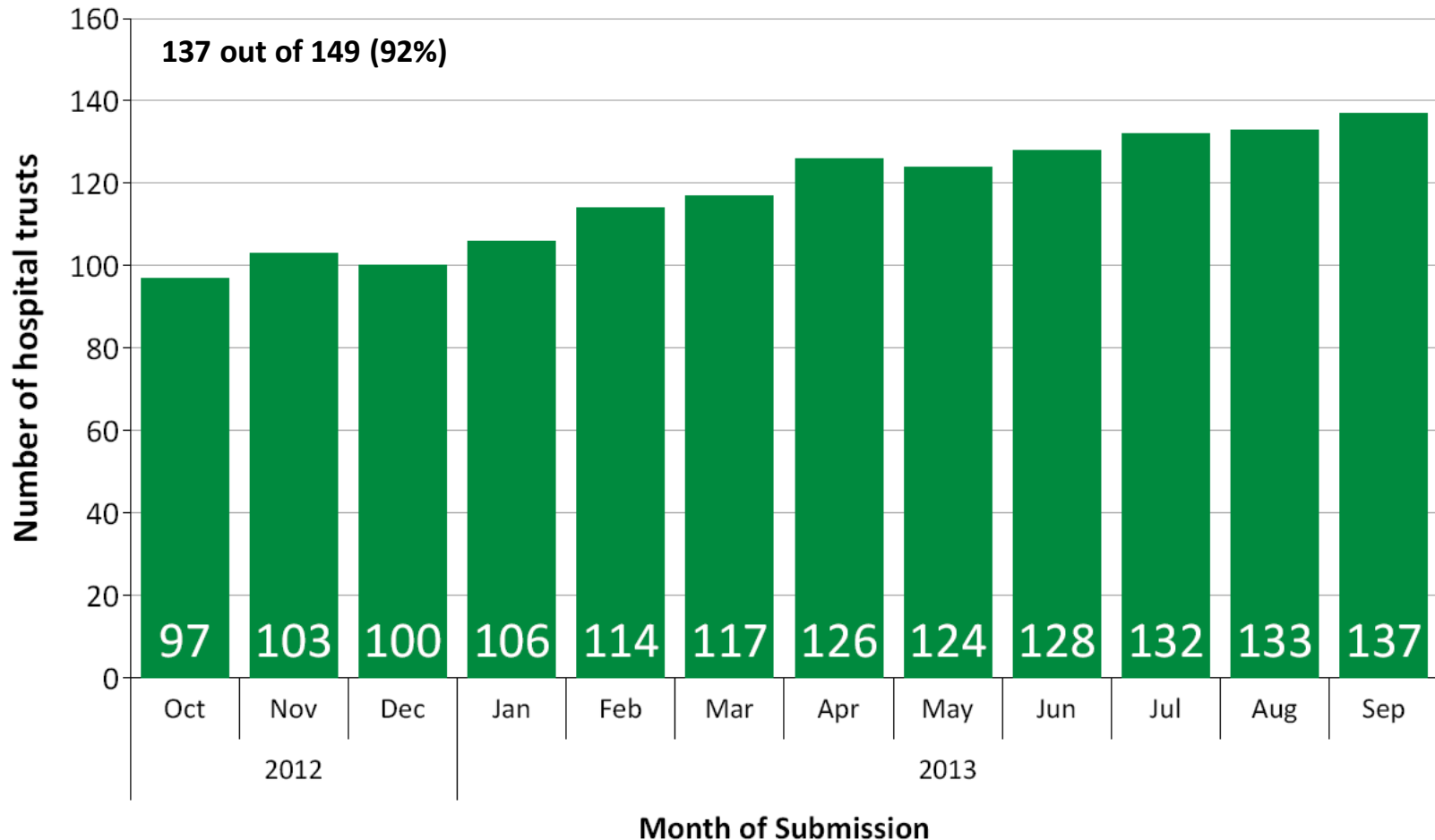
- 1 to 5
- 5 to 15
- 15 to 20
- 20 to 25
- 25 to 30
- 30 to 100



London detail

Increase in contributing trusts

Number of hospital trusts submitting chemotherapy data, by month of submission



SACT field structure

- Demographics and provider
- Clinical status
- Programme and regimen
- Cycle
- Drug details
- Outcome

Data completeness

SACT Data Completeness report (September 2012 to August 2013)

England							
Number of patients	% NHS Number	% Date of Birth	% Current gender	% Ethnicity	% Patient postcode		
	100%	100%	97%	94%	100%		
Number of tumour records	% GP Practice Code	% GMC Code	% Consultant Specialty	% Primary diagnosis	% Morphology	% Stage of disease at start of programme	
	80%	86%	87%	100%	40%	23%	
Number of regimens	% Programme number	% Regimen number	% Treatment intent	% Regimen name	% Height at start of regimen	% Weight at start of regimen	% Performance Status at start of regimen
	51%	53%	67%	100%	43%	46%	26%
	% Comorbidity adjustment	% Date of decision to treat	% Start date of regimen	% Clinical trial	% Chemo radiation	% Number of cycles planned	
	17%	80%	100%	63%	44%	43%	
Number of cycles	% Cycle number	% Start date of cycle	% Weight at start of cycle	% Performance Status at start of cycle	% OPCS procurement code		
	100%	89%	41%	24%	46%		
Number of drug records	% Drug name	% Actual dose per administration	% Administration route	% Administration date	% OPCS Delivery code	% Organisation code of drug provider	
	100%	92%	84%	100%	55%	94%	
Number of outcome records	% Date of Final Treatment	% Regimen modification (dose reduction)	% Regimen modification (time delay)	% Regimen modification (stopped early)	% Regimen outcome summary	% Date of death	
	25%	33%	10%	18%	4%	4%	

57% of regimens

Data collection and analysis

- The Chemotherapy Intelligence Unit (CIU), is based at Oxford within the Cancer Registry
- Data are sent from trusts on a monthly basis and series of validation processes are applied
- A suite of routine analyses and reports are issued 3 and 6-monthly
- Trusts receive reports of their individual activity to compare against the aggregate picture

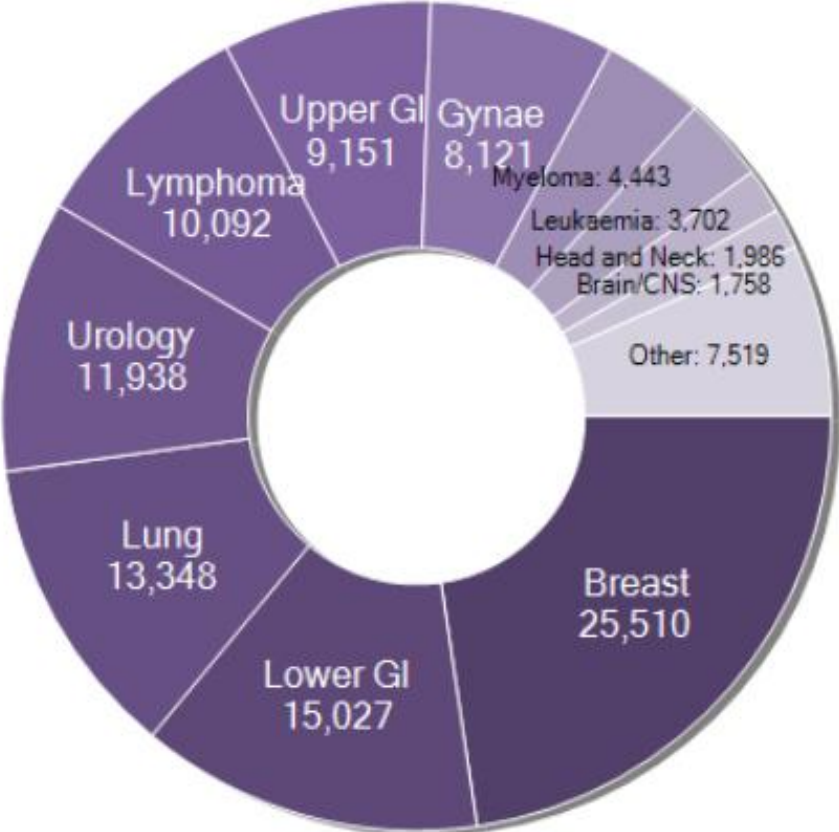
Analysis

Number of Patients by Diagnostic Group

All submitting trusts aggregated

Data received for July 2012 - June 2013. Patients aged 16 and over

Breast: 25,510 (23%)	Urology: 11,938 (11%)	Gynae: 8,121 (7%)	Head and Neck: 1,986 (2%)
Lower GI: 15,027 (13%)	Lymphoma: 10,092 (9%)	Myeloma: 4,443 (4%)	Brain/CNS: 1,758 (2%)
Lung: 13,348 (12%)	Upper GI: 9,151 (8%)	Leukaemia: 3,702 (3%)	Other: 7,519 (7%)

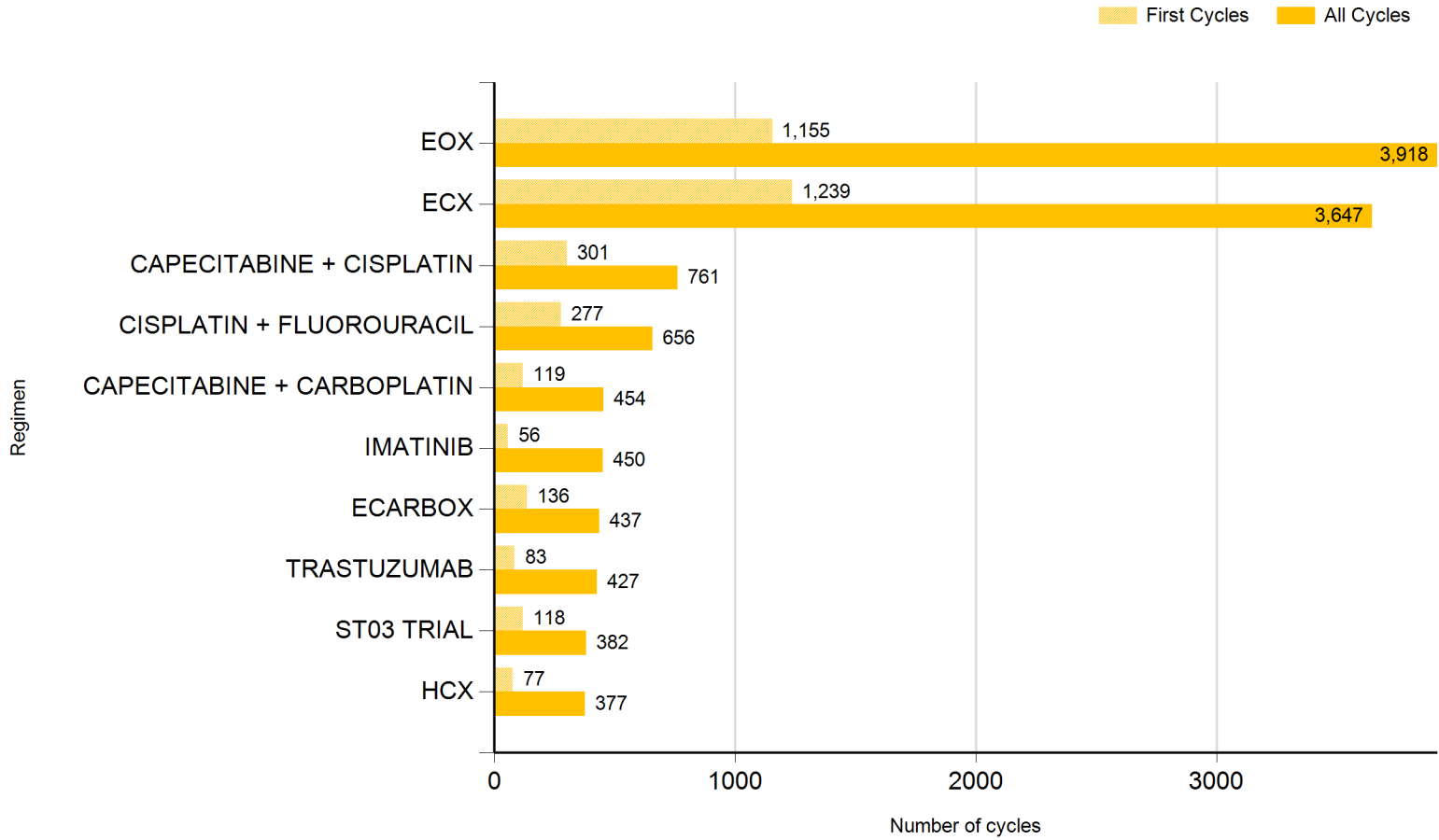


Top Regimens by Diagnostic Group

Upper GI (Oesophago-gastric) †

All submitting trusts aggregated

Data received for October 2012 - August 2013. Patients aged 16 and over

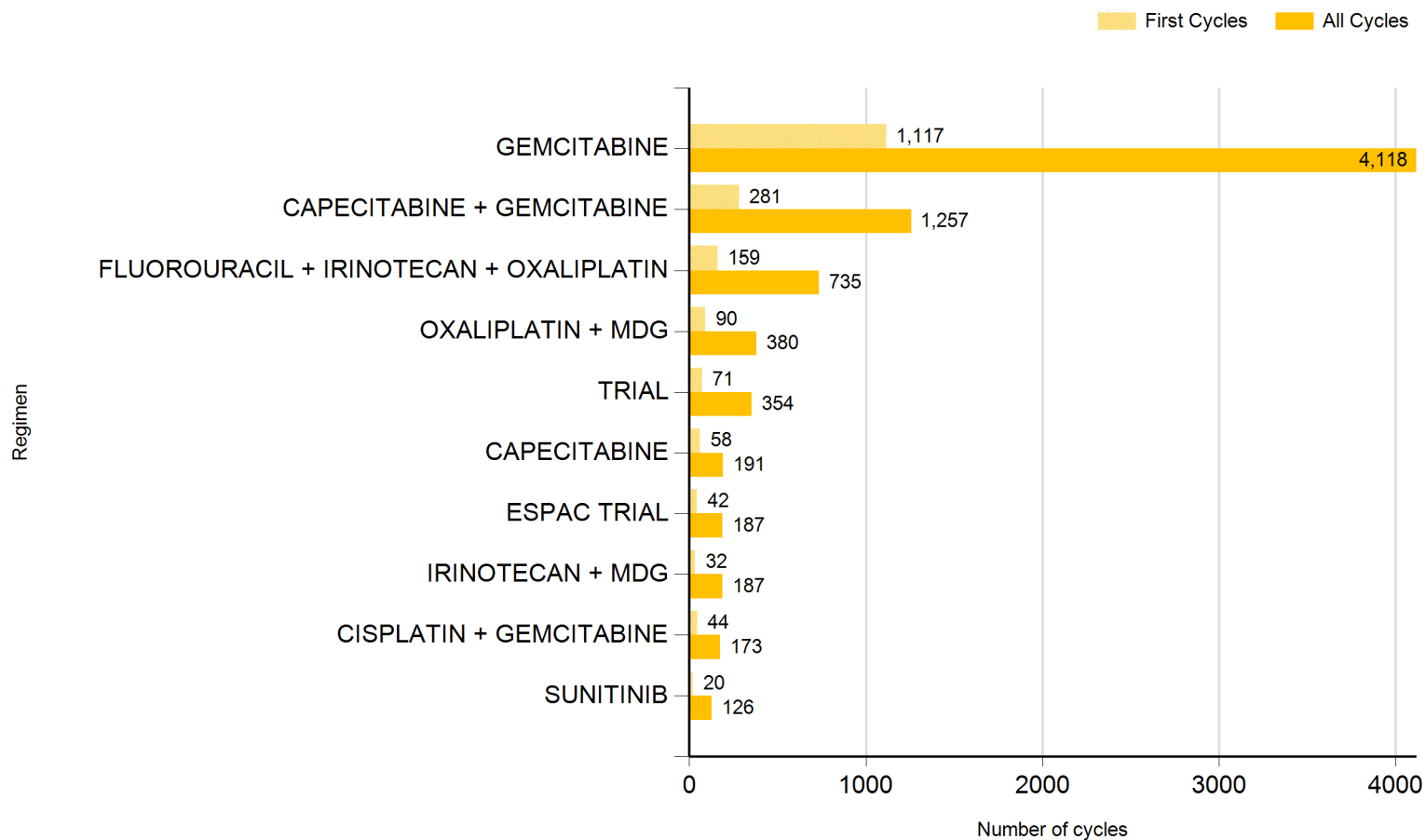


Top Regimens by Diagnostic Group

Upper GI (Pancreas) †

All submitting trusts aggregated

Data received for October 2012 - August 2013. Patients aged 16 and over

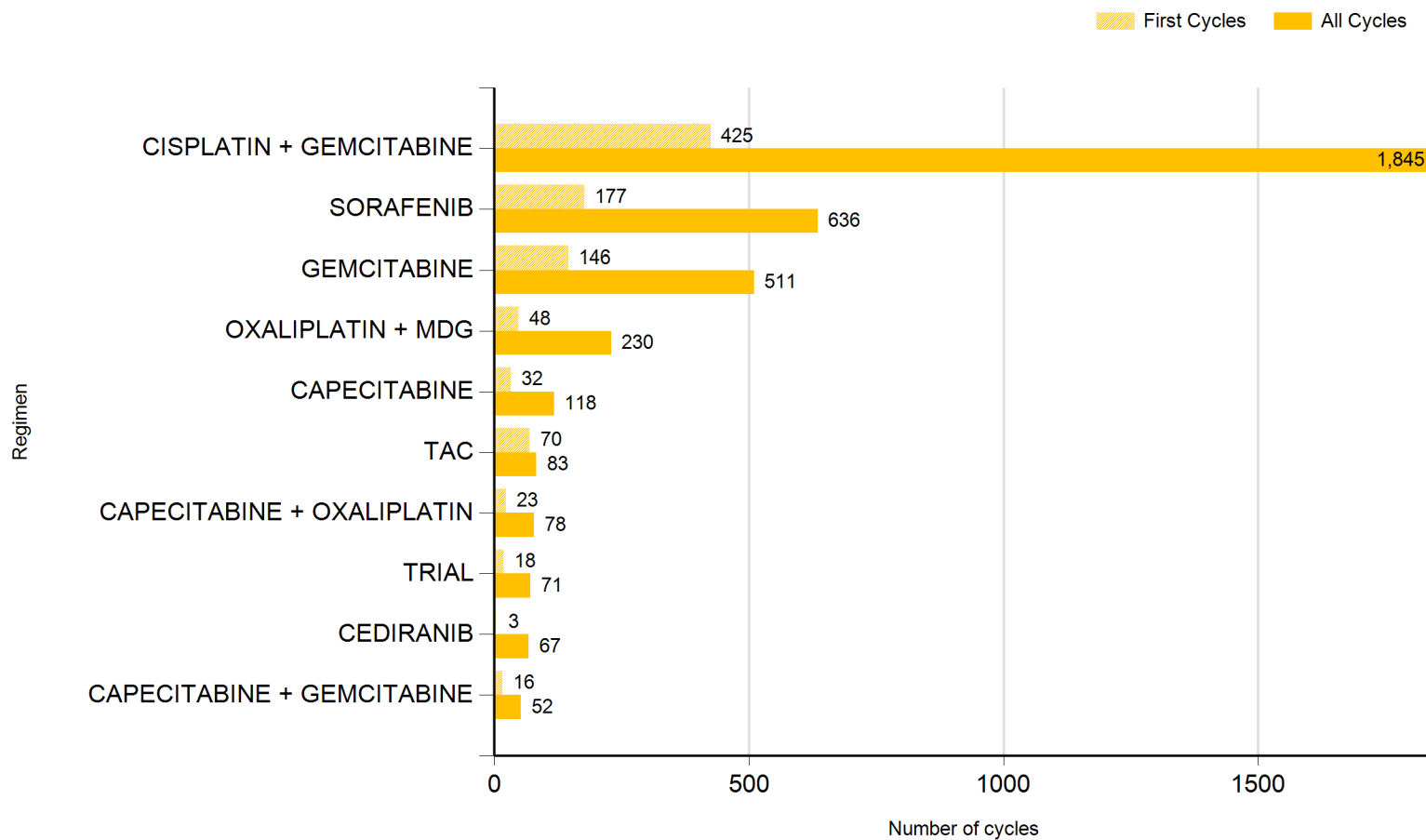


Top Regimens by Diagnostic Group

Upper GI (Hepatobiliary) †

All submitting trusts aggregated

Data received for October 2012 - August 2013. Patients aged 16 and over

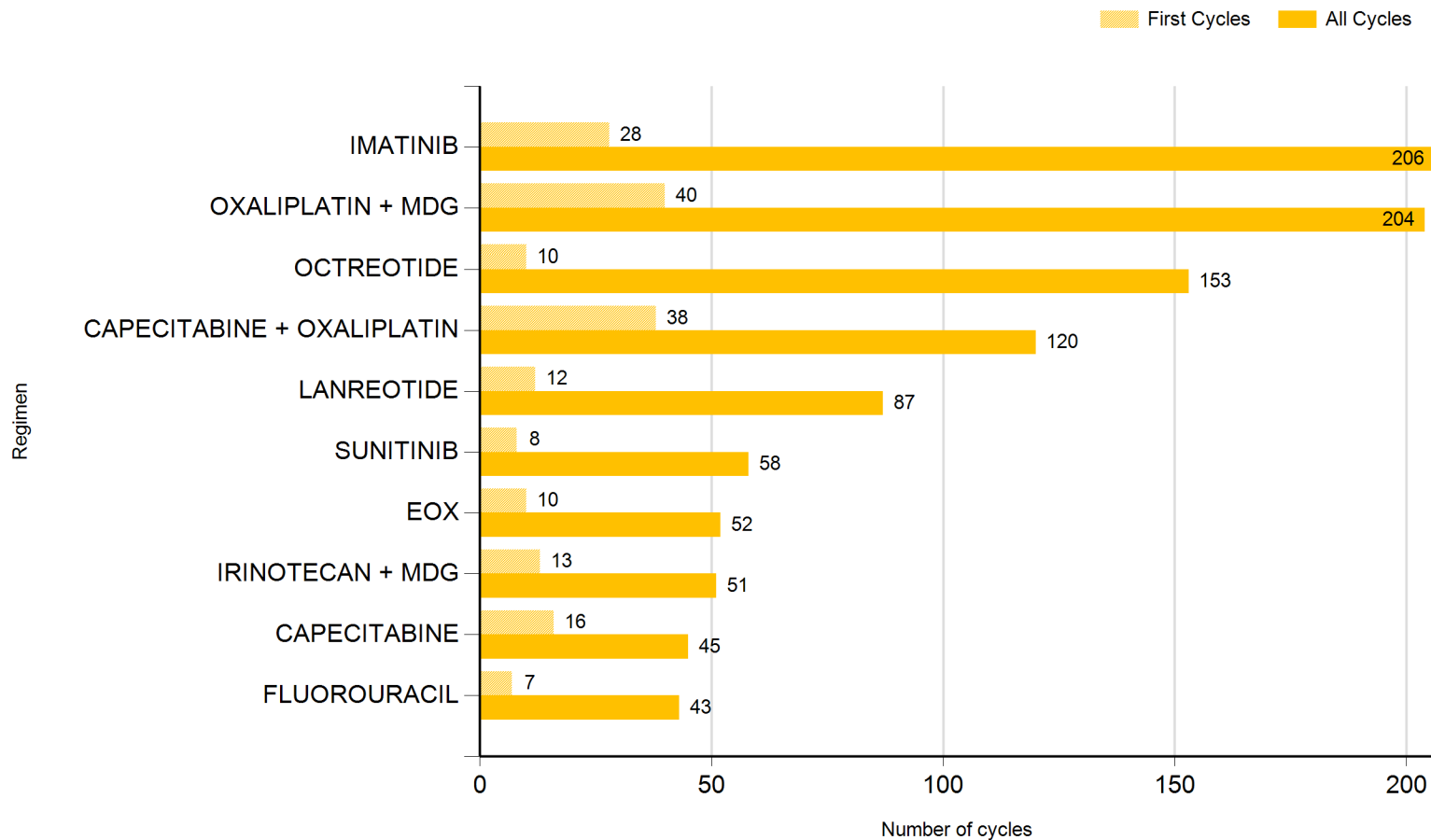


Top Regimens by Diagnostic Group

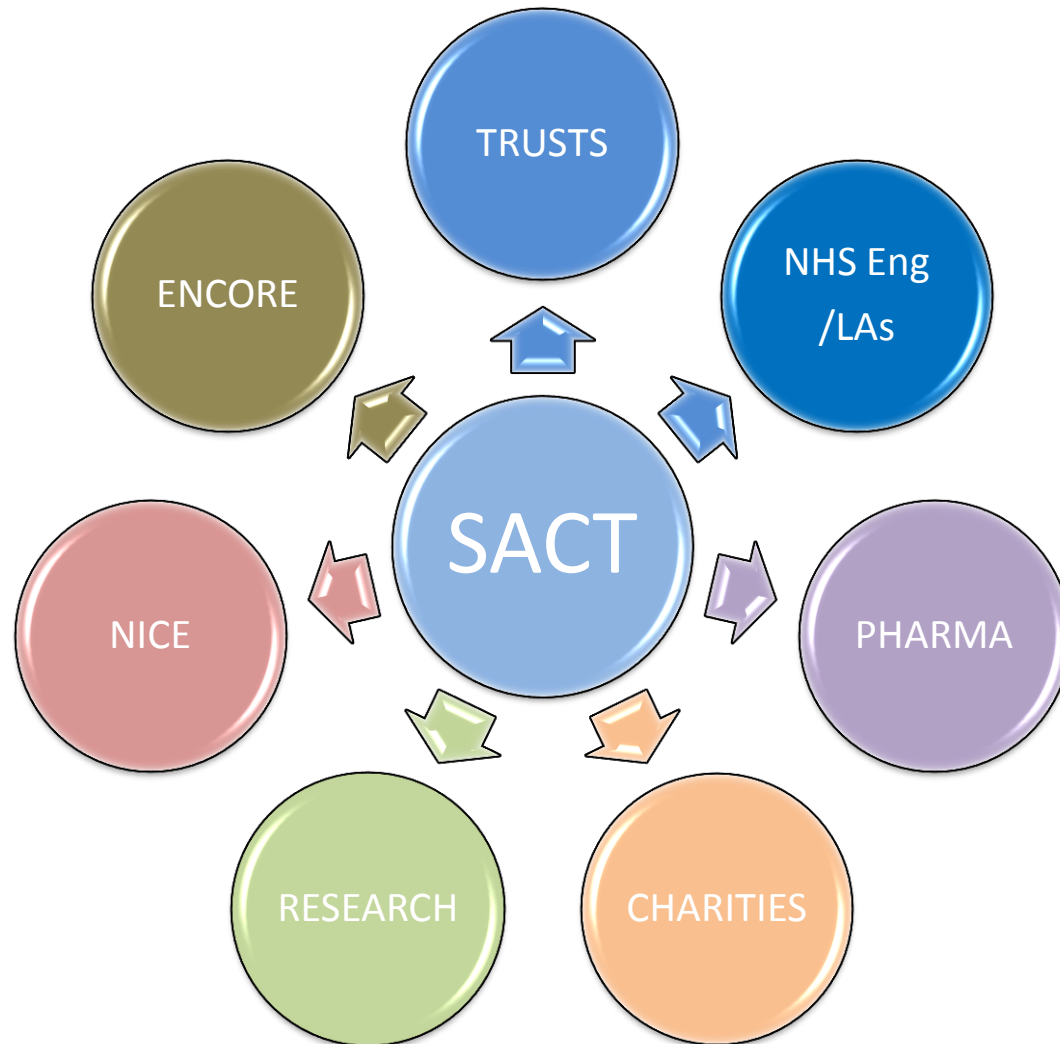
Upper GI (Upper digestive tract) - Small intestine

All submitting trusts aggregated

Data received for October 2012 - August 2013. Patients aged 16 and over



Users of SACT data and analyses



Update

- Business case for increased investment
- Treatment by age analysis funded by NCEI/POI
- Linkage to death data being piloted – to regimen level
- New push on standardised regimen naming
- New option for treatment intent – disease modification (D). This is defined as “an anticipated clinical improvement of at least a year’s duration”

Your priorities?

- Can you identify a regimen or drug for initial trend analysis?
- What linked analyses are most important?
- When we have full geographical coverage and complete data submissions, what are your burning issues?

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