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England

NCIN Breast Cancer Workshop
13 March 2014
Hilton Metropole, NEC, Birmingham

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Interactive Workshop Session

□ Professor Kieran Horgan

- Workshop aims and objectives
- Table allocation
- Tasks to be completed
- Collation of results

□ Mr Dick Rainsbury

- HQIP breast cancer audit update
- Consultant Outcomes Programme (COP)

□ Mr Mark Sibbering

- Some initial thoughts on outcome measures



Consultant level outcomes – are they possible ?

Scenario : Multiple surgical procedures

Surgeon 1 - WLE & SNB

Surgeon B - Mx & ANC

Who is allocated the case and any complications?



Consultant level outcomes – are they possible ?

Scenario : Two surgeons – one operation

Mastectomy & SNB & LD flap reconstruction

Surgeon 1 - Mx & insets flap

Surgeon 2 - SNB & raises LD flap

Who is allocated the case and any complications?



Consultant level outcomes – are they possible ?

Scenario : Operating vs responsible surgeon

Surgical trainees – will we be reluctant trainers ?

Associate specialists – independent data ?

Accurate case allocation - HES data vs path report



Consultant level outcomes – are they possible ?

Example: Length of stay

Does this reflect individual surgical practice or is it a reflection of service resources and patient factors ?



Outcome Data - Issues

What do we mean by an MDT ?

Peer review definition – a hospital with an MDT

Patient pathway definition – looking at referral patterns and outcomes



Outcome Data - Issues

Overall numbers:

Are they large enough ?

Combining years may not allow changes / improvements to be seen



Outcome Data - Issues

Survival:

Is 1 year survival meaningful for breast cancer ?

Does 5 or 10 year survival tell you anything about a consultant / MDT / hospital now ?



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Some possible outcome measures

(see later slides for sources)

Outcome measures	COP	NHSBSP/ ABS Audit	Breast cancer profiles	CCG Outcome Indicators
New cancers treated per annum (caseload)	Y	Y	Y	
Cases with an NPI score			Y	
Early detection (TNM stage 1 and 2)				Y
Urgent GP referrals - seen within 2 weeks			Y	
- treatment within 31 days of decision to treat			Y	
- treatment within 62 days of urgent GP referral			Y	
Diagnosis by emergency admission				Y
Mastectomy rates (invasive)	Y	Y	Y	
Mastectomy and immediate breast reconstruction	Y	Y	Y	
Mastectomy and delayed breast reconstruction	Y			
Use of SLNB		Y	Y	
SLNB technique used		Y		
Sentinel node count (no. nodes examined in a SLNB)	Y	Y		
Axillary lymph node dissection count (no. nodes examined in ALND)	Y			
Re-excision rate	Y			
BCS to BCS		Y		
BCS to Mx		Y		
Repeat operations to axilla after positive SLNB (invasive)		Y		
No preoperative ultrasound on the axilla (invasive)		Y		
No biopsy after abnormal preoperative axillary ultrasound		Y		
Return to theatre rate	Y			
Unscheduled re-admission rate within 28 days	Y		Y	
Implant loss rate	Y			
23 hour stay	Y			
Length of stay			Y	
BCS for invasive disease without RT	Y	Y		
Chemotherapy for HER2, node positive invasive	Y	Y		
Chemotherapy/surgery/RT rates <70yr	Y			
Chemotherapy/surgery/RT rates >70yr	Y			
Endocrine therapy for ER positive invasive cancers with NPI >3.4		Y		
Use of neo-adjuvant therapy (invasive)		Y		
1-year survival				Y
1- and 5-year NPI-adjusted survival	Y	Y		
Breast cancer mortality all ages and under 75 years				Y
PROMs	Y			



Feedback from table discussions

Consultant outcomes

	1	2	3	4
Local and regional recurrence rate from BCS at 5 years	Y		Y	
Margins <1mm which are not re-excised	Y			
Emergency and 48 hour return to theatre	Y		Y	Y
Infective complications following reconstruction	Y			
Nodes – no. nodes taken at SLND and no. nodes taken at ALND		Y	Y	Y
Immediate/delayed reconstruction rate		Y	Y	
Implant and flap loss and other complications		Y		Y
WLE/MX rate + WLE to WLE rate		Y		
Triangulate re-excision rates with specimen weights/tumour size			Y	
Time to treatment		Y		
Endocrine treatment given appropriately		Y		
RT following WLE		Y		
Length of stay		Y		
Number of cancers/caseload			Y	Y
Quality of Life from PROMS			Y	
23 hour discharge			Y	
Survival rate				Y



Feedback from table discussions

Team outcomes

	1	2	3	4
Overall satisfaction	Y			
Close adherence to MDT decisions	Y			Y
MDT attendance including trainee SCR or ENT	Y			Y
National/regional audits and recruitment to trials or research	Y			Y
PROMS		Y		
Early detection/early stage		Y		
All targets team 31 day (62 Day) (NOT two week wait)		Y	Y	Y
Axillary clearance count		Y		
Re-admission in 28 days		Y		
Adjuvant therapy		Y		
Neo-adjuvant chemotherapy		Y	Y	Y
Offered if not felt to be non-conservable at diagnosis				Y
Breast care nurse for each patients		Y		Y
23 hour discharge			Y	
Immediate reconstruction rates/ discuss IR			Y	Y
Chemotherapy/Sx/rate			Y	
5 yr survival (take into account screening vs symptomatic population)			Y	
Non operative diagnosis				Y
Biological profiling of disease at diagnosis				Y
Pre-operative axillary ultrasound				Y
Access and times for MRI if required				Y
MDT Data co-ordinator				Y



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Sources of suggested outcome data



Outcome Data

□ NHSBSP/ABS Audit

- Consultant caseload (at least 30 screening cases per year)
- Use of SLNB and technique (dual or blue dye only)
- Mastectomy and immediate reconstruction rates for small cancers (<15mm)
- Repeat operations on the breast
 - BCS to BCS (breast conserving surgery)
 - BCS to Mx (mastectomy)
- Repeat operations on the axilla after SLNB
 - No U/S on axilla
 - No biopsy after abnormal u/s
- Radiotherapy after BCS for invasive cancers (an MDT measure?)
- Chemotherapy for node positive cancers (an MDT measure?)
 - HER 2+ve
- Endocrine therapy for ER +ve, invasive cancers
 - NPI >3.4 (MPG1&2, PPG)
- Use of neo-adjuvant therapy



Outcome Data

❑ Breast Cancer Profiles (Cancer Commissioning Toolkit)

- Consultant caseload (at least 30 cases per year)
- Major surgical procedures (invasive cancers)
- Mastectomy cases (Invasive cancers)
- Mastectomy and immediate reconstruction rates (invasive cancers)
- Use of SLNB (invasive cancers)
- Cases readmitted as an emergency within 28 days
- Length of stay (median and mean)
- Cases with an NPI score
- Urgent GP referrals
 - Seen within 2 weeks
 - Proportion diagnosed with cancer
 - Treatment within 31 days of decision to treat
 - Treatment within 62 days of urgent GP referral



Outcome Data

□ CCG Outcome Indicator Set 2014/15

➤ Domain 1 - Reducing premature mortality from the major causes of death

- Under 75 mortality from cancer
- One-year survival from all cancers
- One-year survival from breast, lung & colorectal cancers
- Cancer: diagnosis via emergency routes
- Cancer: record of stage at diagnosis
- Cancer: early detection
- Lung cancer; record of stage at diagnosis
- Breast cancer: mortality



Outcome Data

□ Consultant Outcomes Programme (NHS England/HQIP)

- Consultant level outcomes (draft proposals)
 - New cancers treated per annum
 - Sentinel node count
 - ALND count
 - Re-excision rate
 - Return to theatre rate
 - Unscheduled re-admission rate
 - Implant loss rate
 - 23 hour stay
- MDT level outcomes (draft proposals)
 - SN/mastectomy/BCS/breast reconstruction rates
 - BCS for invasive disease without RT rate
 - chemotherapy rate for HER2 node positive invasive disease
 - chemotherapy/surgery/RT rates <70yr
 - chemotherapy/surgery/RT rates >70yr
 - 1 and 5 year NPI-adjusted survival
 - PROMs