



Public Health  
England

Update for  
NCIN Breast Cancer Workshop  
13 March 2014  
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# Update on Work Programme 2013/14

## Priority Work Areas

- Recurrent and metastatic breast cancer data collection + data briefing
- 4<sup>th</sup> All Breast Cancer Report
- Breast cancer profiles
- BCCOM audit
- Routes to diagnosis + data briefing
- 3<sup>rd</sup> All Breast Cancer Report (From 2012/13)



# Update on Work Programme 2013/14

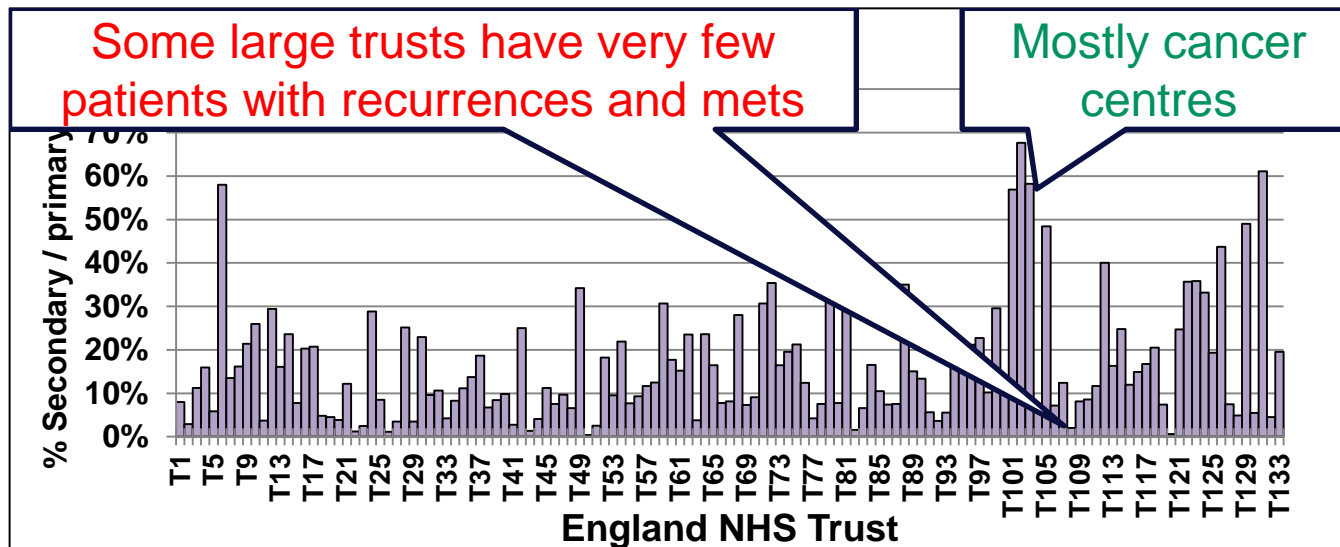
## □ Recurrent and metastatic breast cancer data collection

- Data presented at Breast SSCRG and workshop in 2013
- Results to be presented at Cancer Outcomes Conference in July 2014
  - Who will follow up trusts which are not submitting data?

Total number of patients with secondary/ recurrence reported on CWT in Apr 2012-Mar 2013 divided by total number of primary breast cancers diagnosed in 2011 (Breast profiles data)

Trusts ordered left to right: increasing number of primary breast cancers

Trusts with fewer than 100 primaries diagnosed in 2011 were excluded





# Update on Work Programme 2013/14

## □ Recurrent and metastatic breast cancer data collection

- Survey report (Breast Cancer Care/ ABS/ NCIN): *“An insight into multidisciplinary team meeting provision, data collection and clinical nurse specialist provision for patients with recurrent and metastatic breast cancer across the UK”*

## □ Key findings

7% response rate (but responses from 84 healthcare professionals in 72 hospitals)

- ❖ 96% do discuss r&mbc patients at the MDT when they are first diagnosed
- ❖ 23% do not discuss their r&mbc patients in subsequent MDT meetings
- ❖ 7% do have a dedicated MDT for their r&mbc patients
- ❖ 58% rarely have palliative care professionals present in these MDTs
- ❖ Lack of time is the main barrier to being able to discuss r&mbc patients at the current breast MDT meeting



## □ Key findings (Cont)

- ❖ 46% find it challenging to discuss r&mbc patients at the same MDT as primary breast cancer patients
- ❖ Many suggest a separate MDT meeting is needed with the relevant range of staff/skill mix
- ❖ 71% reported that all r&mbc patients have access to a named key worker
- ❖ Of the 74 hospitals in England which completed the survey
  - 37% of breast MDTs submit data about r&mbc patients to their cancer registries



# Update on Work Programme 2013/14

- Recurrent and metastatic breast cancer data collection
  - Data briefing on recurrent and metastatic breast cancer  
*To be finalised and sent to the new Breast CRG highlighting data collection issues for CWT*
  - Collaboration with NCIN Progressive Cancers Project
    - Computer code the West Midlands recurrences algorithm
    - Test the algorithm on other breast cancer datasets (Leeds) and other cancer datasets (gynae, head & neck)
    - Incorporate algorithm into Encore
      - Automate recurrence coding
      - Reduce workload for coding staff
    - Look at the accuracy and completeness of the recording of recurrent and metastatic breast cancer (2<sup>o</sup>/1<sup>o</sup> ratio) and compare with
      - Hospital ratings in patient satisfaction survey
      - Clinical outcome measures in breast cancer profiles



# Update on Work Programme 2013/14

## □ 4<sup>th</sup> All Breast Cancer Report

- Dataset prepared with details of cases diagnosed in 2010 in Wales, England, Northern Ireland and (**most of**) Scotland
- First version drafted
- **IG issues with access to Scottish data delayed progress**
- Will be similar to 2<sup>nd</sup> ABCR
  - Screen-detected/symptomatic
  - Deprivation, age
  - Outcomes – e.g. BCS with no RT, Mx and immediate reconstruction

## □ Breast Cancer Profiles

- Cohort and indicators prepared but new release delayed to June 2014
- Issue identified due to new methodology used to define the initial cohort of patients
  - First release – 2011 based on CWT cohort
  - New release – 2011 cohort based on CAS cohort (Cancer Analysis System) – should be the same as the BCCOM data





# Update on Work Programme 2013/14

## □ BCCOM audit

- Audit of symptomatic breast cancers diagnosed in 2011
- England dataset prepared using CAS linked to HES, CWT and RTDS.
- Launch delayed to April 2014
- ABS encouraging surgical involvement this year

## □ Routes to diagnosis

- Main report prepared and format of data briefing agreed
- Main findings:
  - Emergency admissions – 4% reduced to 2.2% (mainly cases with previous HES records registered on basis of death certificates)
  - Unknown route – 8% reduced to 2.2% (mainly younger women treated privately)
- Publication strategy to be agreed with NCIN





## □ 3<sup>rd</sup> All Breast Cancer Report

- Main findings:
- Invasive cancers
  - 94.6% women had their first and only invasive breast cancer diagnosed in 2008
  - 2.6% had multiple invasive cancers registered in 2008  
(75% contralateral, 25% ipsilateral)
  - 5.1% had previous non-invasive or invasive breast cancers in 1985-2007
- Non-invasive cancers
  - 93.8% women had their first and only invasive breast cancer diagnosed in 2008
  - 1.0% had multiple non-invasive cancers registered in 2008  
(46% contralateral, 56% ipsilateral)
  - 6.1% had previous non-invasive breast cancers in 1985-2007
- All women diagnosed in 2008
  - 4.1% had another type of invasive cancer
- Implications for standard cancer registration statistics, lifetime risk calculations
- **Communications strategy to be agreed with NCIN**



# 2014/15 Work Programme

## ☐ Must Dos

- Service profiles – annual update for breast
  - September 2014
  - 2012 data
- CCG outcomes indicator set
  - Under 75 mortality from cancer, breast cancer mortality
  - One-year survival from all cancers and breast cancer
  - Cancer: diagnosis via emergency routes
  - Cancer: record of stage at diagnosis
  - Cancer: early detection
- Specialist commissioning ‘dashboards’
  - Support for specialist commissioning CRGs work
- Radiotherapy – RTDS linked to NCDR by end of March 2014
  - Central NCIN report on radical treatment rates by area (surgery + RT)
  - Multi-site report with agreed set of metrics which SSCRGs produce
- SSCRG initiated work - 3 other areas of work to be identified by SSCRG



# 2014/15 Work Programme

## □ Must Dos

- SSCRG clinical advice and engagement
  - COSD level 3 conformance reports (June 2014)
  - COSD level 4 operational reports (December 2014)
  - Macmillan/NCIN and CRUK/NCIN work programmes
  - Routes from diagnosis
  - Progressive cancers
  - Early deaths after diagnosis
  - NCRS Clinical Coding Group

**DEADLINE** for submission of draft work programme

**28 March 2014**



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