  
Public Health  
England

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# COSD

## The changes

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### Quick Overview...

- **92 data items have been deleted.**
  - Of which 70 were to remove duplication within the data set.
- **84 new data items have been added.**
  - Most of these data are either collected already in cancer management systems or within the Multidisciplinary Team Meeting (MDM) and have been heavily consulted upon with the Site Specific Clinical Reference Groups.
- **4 data items have been upgraded from pilot to optional.**
  - Two to support the collection of holistic needs assessment data. It is expected that these data will become 'Required' in the next release of the standard. The remaining two, to collect the Primary Procedure (SNOMED CT) & Procedure (SNOMED CT), this change from pilot to optional will help support Trusts who are converting to this new coding structure.

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### Quick Overview (continued)...

- **6 Pathology data items have been deleted and 1 amended.**
  - To align with changes in clinical practice or other data sets (e.g. revisions to Royal College of Pathologists data sets and staging systems).
- **1 data item has been updated.**
  - To meet recommended NHS practice on recording of gender.
- **62 data items have been re-aligned.**
  - This ensures that data nests correctly within the XML and will help with data collection and reporting.
- **14 data items have minor modifications.**
  - For better synchronisation across the NHS Data Dictionary and/or for clarification of descriptions and do not impact the collection of the standard.
- **127 data items have been moved to different sections.**
  - Site specific pathology data now all sit under Core Pathology but maintain their site specific identity and codes.

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## So What Does That Mean?

- I am now going to go through the dataset, outlining the changes in more detail.
- Please bear in mind that we only managed to do two thirds of the changes needed to completely update COSD
- The remaining changes will be completed within v8.0, which will go live next year and I am taking these through NHS Digital for approval now.
- This afternoon, I will give you a brief overview of some of these changes

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## Main changes in 'CORE'

- Where was the patient Diagnosed?
 

CR6230	CORE - DIAGNOSIS	SITE CODE (OF DIAGNOSIS)
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- SNOMED CT Version Control
 

CR6000	CORE - SNOMED CT	SNOMED VERSION	DESCRIPTION	W/O	U/I
			The version of SNOMED CT used to create MORPHOLOGY (SNOMED) PATHOLOGY and TOPOGRAPHY (SNOMED) PATHOLOGY		01 SNOMED 1
			Version of SNOMED prior to SNOMED CT (as used to be licensed by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017 other than for SNOMED CT)		02 SNOMED 2
					03 SNOMED 2.5
					04 SNOMED HT
					05 SNOMED CT
					99 Not known
- Morphology (SNOMED) Diagnosis
 

CR6400	CORE - DIAGNOSIS	MORPHOLOGY (SNOMED) DIAGNOSIS		min an6 max an18
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## Main changes in 'CORE' (Continued)...

- Performance Status has moved from 'Cancer Care Plan' to Diagnosis
 

CR0510	CORE - DIAGNOSIS	PERFORMANCE STATUS (ADULT)
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- New Section for Person Observations in CORE
 

CR6430	CORE - PERSON OBSERVATION	PERSON OBSERVATION HEIGHT IN METRES	HEIGHT OF THE PATIENT, IN METRES, TO 2 DECIMAL	U/I max 02
CR6440	CORE - PERSON OBSERVATION	PERSON OBSERVATION (WEIGHT)	WEIGHT OF THE PATIENT, IN KILOGRAMS, WITH UP TO MAX DECIMAL PLACES FROM ZERO	max 03,max 03
CR6450	CORE - PERSON OBSERVATION	BODY MASS INDEX	ESTIMATE OF A PATIENT'S BODY MASS INDEX (BMI), IF HEIGHT AND WEIGHT ARE PROVIDED, THIS CAN BE AUTOMATICALLY CALCULATED	02,01
CR6460	CORE - PERSON OBSERVATION	DATE OBSERVATION MEASURED	DATE THE PATIENT'S OBSERVATION WEIGHT AND/OR HEIGHT WERE MEASURED. THIS HAS TO BE PROVIDED IF CR6430, CR6440 AND/OR CR6450 ARE COMPLETED	u10 copy min 00
- Holistic Needs Assessment has changed from Pilot to Optional
  - There is a lot of work around this and wherever possible it would be really appreciated if this could now be collected and recorded through COSD.

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## Main changes in 'CORE' (Continued)...

- Smarter reporting with the New Consultant Code (MDT Lead)

CO6470	CORE - CANCER CARE PLAN	CONSULTANT CODE (MULTIDISCIPLINARY TEAM LEAD)	The Consultant code of the Multidisciplinary Team (MDT) Lead responsible for the management and decisions made at MDT	an8
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- Two new sections for Molecular and Biomarkers
  - Germline Testing For Cancer Predisposition
  - Somatic Testing For Targeted Therapy And Personalised Medicine
    - These are meant as the MDT interaction and a separate more detailed Molecular Pathology Dataset is being designed to capture the outcome of the tests.

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## Main changes in 'CORE' (Germline)...

CO6100	CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION	GERMLINE GENETIC TESTING OFFERED	An indication of whether a PATIENT has been offered a germline genetic test	an1	01 Offered and Undertaken 02 Offered and Declined 03 Offered and Accepted 99 Not Offered
Start of repeating item - GERMLINE GENETIC TESTING OFFERED Multiple occurrences of this item are permitted					
CO6110	CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION	GERMLINE GENETIC TEST OFFERED	Record the germline genetic test offered to the Patient <i>(More than one of these can be indicated)</i>	an2	01 Hereditary Breast and Ovarian Cancer (BRCA1/2) Testing 02 Lynch Syndrome (RNF142/MSH1/MLH1/MSH2/MSH6) Testing 03 Other
End of repeating item - GERMLINE GENETIC TESTING OFFERED					
CO6120	CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION	OTHER GERMLINE GENETIC TEST OFFERED	If not Offered as indicated by the base element, Germline Genetic Test Offered, Specify the Gene or Gene/Panel that was offered	max:an20	
CO6130	CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION	GERMLINE ANALYSIS OFFERED DATE	Record the date on which the germline genetic test was offered	an10 (yyyy-mm-yy)	
CO6140	CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION	ORGANISATION CODE OF REPORTING REGIONAL GENETICS LABORATORY	This is the ORGANISATION USE CODE of the ORGANIZATION where the reporting laboratory is based	an3 or an4	<a href="http://www.hpa.gov.uk/our-services/genetics">http://www.hpa.gov.uk/our-services/genetics</a>
CO6150	CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION	REFERRAL TO CLINICAL GENETICIST OFFERED	Indicate whether the patient has been offered a referral to a Regional Clinical Genetic Service	an1	01 Offered and Undertaken 02 Offered and Declined 03 Offered and Accepted 99 Not Offered

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## Main changes in 'CORE' (Somatic)...

CO6200	CORE - MOLECULAR AND BIOMARKERS - SOMATIC TESTING FOR TARGETED THERAPY AND PERSONALISED MEDICINE	STRATIFIED MOLECULAR TEST PERFORMED	An indication of whether a stratification molecular test has been performed in a hospital, for the purpose of determining suitability for targeted therapy	an1	01 YES 02 NO 99 Not Performed
Start of repeating item - GENE OR STRATIFICATION BIOMARKER ANALYSED Multiple occurrences of this item are permitted					
CO6170	CORE - MOLECULAR AND BIOMARKERS - SOMATIC TESTING FOR TARGETED THERAPY AND PERSONALISED MEDICINE	GENE OR STRATIFICATION BIOMARKER ANALYSED	Record the specific Gene or Stratification Biomarker analysed for the Patient, regardless of test outcome <i>More than one of these can be indicated</i>	an2	01 EGFR Exon 19 02 EGFR Exon 21 03 KRAS G12C 04 KRAS G12S 05 KRAS G13V 06 BRAF V600E 07 BRAF V600K 08 BRAF V600R 09 BRAF V600G 10 BRAF V600M 11 BRAF V600D 12 BRAF V600E 13 BRAF V600L 14 BRAF V600A 15 BRAF V600R 16 BRAF V600E 17 BRAF V600E 18 BRAF V600E 19 BRAF V600E 20 BRAF V600E 21 BRAF V600E 22 BRAF V600E 23 BRAF V600E 24 BRAF V600E 25 BRAF V600E 26 BRAF V600E 27 BRAF V600E 28 BRAF V600E 29 BRAF V600E 30 BRAF V600E 31 BRAF V600E 32 BRAF V600E 33 BRAF V600E 34 BRAF V600E 35 BRAF V600E 36 BRAF V600E 37 BRAF V600E 38 BRAF V600E 39 BRAF V600E 40 BRAF V600E 41 BRAF V600E 42 BRAF V600E 43 BRAF V600E 44 BRAF V600E 45 BRAF V600E 46 BRAF V600E 47 BRAF V600E 48 BRAF V600E 49 BRAF V600E 50 BRAF V600E 51 BRAF V600E 52 BRAF V600E 53 BRAF V600E 54 BRAF V600E 55 BRAF V600E 56 BRAF V600E 57 BRAF V600E 58 BRAF V600E 59 BRAF V600E 60 BRAF V600E 61 BRAF V600E 62 BRAF V600E 63 BRAF V600E 64 BRAF V600E 65 BRAF V600E 66 BRAF V600E 67 BRAF V600E 68 BRAF V600E 69 BRAF V600E 70 BRAF V600E 71 BRAF V600E 72 BRAF V600E 73 BRAF V600E 74 BRAF V600E 75 BRAF V600E 76 BRAF V600E 77 BRAF V600E 78 BRAF V600E 79 BRAF V600E 80 BRAF V600E 81 BRAF V600E 82 BRAF V600E 83 BRAF V600E 84 BRAF V600E 85 BRAF V600E 86 BRAF V600E 87 BRAF V600E 88 BRAF V600E 89 BRAF V600E 90 BRAF V600E 91 BRAF V600E 92 BRAF V600E 93 BRAF V600E 94 BRAF V600E 95 BRAF V600E 96 BRAF V600E 97 BRAF V600E 98 BRAF V600E 99 BRAF V600E

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## Main changes in 'CORE' (Continued)...

- Consultant Code Surgeon

CR6300	CORE - SURGERY AND OTHER PROCEDURES	CONSULTANT CODE (SURGEON)	The Consultant code of the consultant surgeon responsible for the treatment of the patient. If he/she is part of a surgical team, add all consultant surgeons responsible for the procedure.
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- Unplanned Return to Theatre

CR6400	CORE - SURGERY AND OTHER PROCEDURES	UNPLANNED RETURN TO THEATRE INDICATOR	Whether or not the patient required a second (unplanned) operation during the same admission as the primary procedure.
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- ASA Score & Surgical Access
  - These have both moved from being in multiple sites specific sections across the dataset to being in 'CORE' so all surgical episodes can now have these recorded.

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## COSD - CORE Pathology

- Core pathology had real issues in the way it was submitted through COSD, so the most appropriate way to resolve this was to move all the site specific data items into the Core Pathology section, but retaining their own identity.
- In addition we needed to have a new 'official' schema written by NHS Digital, which allows for the xml to be better formatted.
- It is expected that by doing these changes and with the major Laboratory Information Management System (LIMS) suppliers, converting their systems to report directly to the NCRAS from the pathology departments, compliance will improve.
- This has been a requirement within COSD since January 2016, and we appreciate that there have been issues in compliance and updates, but the LIMS suppliers are all now working towards meeting this.

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## COSD - CORE Pathology (Continued)...

- Pathology - This was part of the last version of the standard and is now mandated across all Trusts to supply these data in COSD XML directly from their pathology departments.
  - This is different from the main COSD data set as there are unique linkages for pathology and therefore requires its own unique schema.
- By removing the pathology data from the workload of the Cancer Services Team, it reduces their burden of data collection by up-to 30% across the whole data set.
- Pathology consists of 151 data items which is 30% of the data set. As these data are now (or will soon be) collected and submitted by the pathology departments directly, it is a huge burden of duplication if we therefore ask the Cancer Services (non-clinical) teams to transcribe the same data into COSD via a Trust's Cancer Information System.

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## Main changes in CORE Pathology

- Pathology Observation Report Identifier

CR6226	CORE - PATHOLOGY DETAILS	PATHOLOGY OBSERVATION REPORT IDENTIFIER	A local identifier of an OBSERVATION REPORT. This differs from the Service Report Identifier as it identifies the specific RC Path Form used, multiple of these could be contained within a Service Report (where there are multiple tumours or identified sites).	max 4018
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- SNOMED Topography and Morphology and SNOMED CT Topography and Morphology have been combined as in the diagnosis section along with a SNOMED Version field.
- These are mandatory changes enforced on us by The International Health Terminology Standards Development Organisation (IHTSDO). Where by after April 2017 all versions of SNOMED prior to SNOMED CT cease to be licenced other than for historical content.
- This is supported by UK Terminology @ NHS Digital and applies to all Trusts.

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## CORE Pathology (Continued)...

- **Brain/CNS** - [Molecular Diagnostics Code],
  - The attributes have increased significantly due to changes made by the World Health Organisation
- **Gynae** - [Invasive Thickness]
  - Has been replaced in Cervical and Vulval with a new one in Gynae Pathology.
- **Gynae** - [Background Endometrium] & [Involvement Of Cervical Surface Or Glands]; **Colorectal** - [Distance Between Lower End Of Tumour And Distal Resection Margin] & [Perforations Or Serosal Involvement Indication Code]; **Sarcoma** - [Tissue Type At Nearest Margin] & **Skin** - [Site Code Of Specimen]
  - Have all been removed as they are no longer part of their respective Royal College of Pathologists 'CORE' datasets.
- Only a small number of other minor changes made to definitions/attributes

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## Site Specific Changes

- I do not want to go through every other change now, instead I would advise you to download the dataset from the following website...  
[http://www.ncin.org.uk/collecting\\_and\\_using\\_data/data\\_collection/cosd\\_downloads\\_v7](http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd_downloads_v7)
- Throughout the rest of the dataset where there was duplication
  - e.g. Mammogram and Ultrasound in Breast, CT and MRI in Colorectal etc.
    - These have been removed with clear instructions on how to record these with existing data items (within CORE Imaging).
- The biggest change was in CTYA, where there were a lot of new data requested from the Site Specific Clinical Reference Group.
- The Lung Audit also added some new data
- Skin has a new section for recording the Sentinel Node Biopsy and the way AJCC Stage Group has changed.
- Gynae – Residual Disease "This is going to be really important as part of the Ovarian Audit" so please work with your MDT's to get these data.

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## Finally...

- This has been a challenge to update COSD, but something that I have really enjoyed
- We now have a more balanced dataset, which better reflects current clinical practice
- The next challenge is to improve the completeness and ascertainment of data collected at Trust level
- This is your challenge:
  - Your opportunity to support the MDT and National Analysts
  - To improve data collection, accuracy and quality of data recorded
  - Ultimately this whole process will improve the treatment pathways for patients.

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Any Questions?

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