

# The National Cancer Dataset Initiative Sarcoma SSCRG

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### CRS, December 2007



.....Better information on cancer services and outcomes will enhance patient choice, drive up service quality and underpin stronger commissioning;

.....Collection of defined datasets on all cancer patients will be mandated through the national model contract. PCTs will be responsible for ensuring that this information is collected by MDTs and sent to cancer registries

### CRS, December 2007



.....We particularly need to collect and use high quality data on:

.....Clinical outcomes, including survival, with adjustments for co-morbidity and stage of disease.





- 8.14 The most important gaps in data collection have been identified as follows:
- Information on staging and co-morbidity is only variably recorded by teams caring for cancer patients
- Information on histopathology and cytopathology is inadequately recorded



## **Project Purpose**



- To redevelop the National Cancer Dataset for use as a full operational standard in England
- To review the current business needs for the collections and make sure that the output is fit for purpose



## SSCRG progress



- Approved mandated datasets
  - Cancer registration additional review
  - GFoCW
  - Radiotherapy
  - Commissioning Datasets
  - (national audits/college datasets)
- 12 SSCRGs identifying 'site specific' items
  - Link to 'output' requirements
  - Considering existing datasets e.g. NCASP, BAUS
  - Preliminary consultation with CN TSSGs lead clinicians
    - late 2009/2010



## Data 'Types'



#### 'Generic' Core

Standard for all patients e.g. NHS number, DOB, etc

### 'Site Specific' Core

- Pathology RCPath Datasets
- Staging e.g. TMN, Dukes, FIGO, etc.

### Specialist/Cross-cutting Datasets

- Going Further on Cancer Waits (January 2009)
- Radiotherapy Dataset (April 2009)
- Chemotherapy Dataset (under development)

### 'Site Specific' Data Elements

Specific to cancer type/site e.g. ER Status for Ca. Breast



#### **RCPath Datasets**



- 46 RCPath Datasets
- NCIN/RCPath Partnership
- Mandate all CORE items
- Move towards electronic real-time proforma based reporting
- Coded data extracts to local registry
  - Working with CfH/Catalogue Project



### Core Items



Appendix E Surname		Forenames Hospital no Date of reportin Surgeon		Date of birth NHS no Sex		rts
Depth from surface:	Cutaneous		Subcutaneous		Fascial/subfascial	
			Not known $\square$			
Pathological information Maximum tumour dimension: Histological type (and subtype):						
Grade (FNCLCC): Tissue planes involved (indic	1 $\square$ cate all planes)	:	2 🗆		3 🗆	
Cutaneous	]	Subcutaneous		Deep fascia		Subfascial
Not known						
Status of margins						
Distance to no	earest margin	mm		Type of tissue	e at margin	
Cytogenetic and molecular g	•		•			
SNOMED Codes: Pathologist:	T		M	Date:		



### Non-core Items



To record the presence of unequivocal tumour in vascular spaces.	non core
	non core
	non core
	•



## NCIN Cancer Repository Data Views



#### **Patient Pathway**

		Referral	Diag	Rx	Rec/Mets	Rx	Pall. Care	Death
es	Pathology/ Radiology							
Jrc	CWT							
<u>Sot</u>	MDTs							
ts/;	HES							
se	RTDS							
atasets/Sources	NCASP							
	Total = Ca. Reg							



Type of Data	Source of Data
Demographics	Multiple
Referrals	MDTs & Cancer Waits
Diagnosis	RCPath, RIS & other multiple
Cancer Care Plan	MDTs
Staging	MDT, RCPath, RIS, other
<b>Surgery and Other Procedures</b>	PAS/HES
Pathology Details	RCPath – pathology
Chemotherapy and other drugs	Chemotherapy dataset - e-prescribing
Radiotherapy (Teletherapy)	Radiotherapy dataset - V&R machines
Radiotherapy (Brachytherapy)	??? PAS
Palliative Care	MDTs & Cancer Waits
Death Details	ONS

## Challenges - 1



- Clinical data from MDTs?
- Coded data from path/radiology/etc
- Transport via standard NHS data flows
  - SUS, Open Exeter (Cancer Waits)
  - Direct Cancer Registries & Nat. Repository
  - Direct to NCASP
- Linking activity and 'care record' data
  - OPCDS + radiotherapy
  - CWT + 'registration'
- Timely



## Challenges - 2



- Identifying 'business requirements'
- Future-proofing
- Adequate time for consultation & debate
- Specific issues co-morbidity
- Impact on the service
- Promoting project to service

If we get this right - minimal impact on the service But maximum impact on improving care



## Site Specific Items – Sarcoma



DEMO	OGRAPHICS	
C1	Surname	NCDS
-	1.5 PATIENT FAMILY OR SURNAME	
C2	Forename	NCDS
	1.6 PATIENT FORENAME OR PERSONAL NAME	
C3	NHS Number	NCDS
	1.1 NHS Number	
C4	Date of Birth	NCDS
	1.10 BIRTH DATE	
C5	Address	NCDS
	1.7 PATIENT USUAL ADDRESS (AT DIAGNOSIS)	
C6	Postcode	NCDS
	1.8 POSTCODE OF USUAL ADDRESS (AT	
	DIAGNOSIS)	
C7	Gender	NCDS
	1.9 SEX	
PRE-	OPERATIVE	
C8	Date of Referral	CWT
	2.5 CANCER REFERRAL DECISION DATE	
C9	Referral Centre	CWT
	1.3 ORGANISATION CODE [CODE OF PROVIDER]	
C10	Source of Referral	CWT
	2.16 SOURCE OF REFERRAL FOR OUT-PATIENTS	
C11	Specialty of Referrer	CWT
CII	2.3 REFERRER CODE	CWI
C12	Imaging Modality	NCDS - Sarcoma
012	3.3 CANCER IMAGING MODALITY	specific codes
C13	Date of Diagnosis	NCDS
0.5	4.1 DIAGNOSIS DATE [CANCER]	1.050
C14	Tumour Site	SA.1 Sarcoma CDS
0	SA.1 SARCOMA TUMOUR SITE	Grill Gardonia GBG
	JOHN OF THE CHIEF TO THE CHIEF THE	
C15	Anatomical Site Examined	NCDS - Sarcoma
CIS	3.4 ANATOMICAL SITE EXAMINED (OPCS4)	specific codes
C16	Primary Site	NCDS - Sarcoma
CIO	1 ,	
	4.2 PRIMARY DIAGNOSIS (ICD)	specific codes

SURGIO	SURGICAL TREATMENT				
C30	Hospital of Surgical Treatment 7.1 SITE CODE (OF SURGERY)	NCDS			
C31	Surgeon 7.2 CONSULTANT CODE	NCDS			
C32	Date of Surgery 7.9 PROCEDURE DATE	NCDS			
C33	Main Surgical Procedure 7.10 PRIMARY PROCEDURE (OPCS)	NCDS			
C34	Surgical Sub-procedure(s) 7.11 PROCEDURE (OPCS)	NCDS			
C35	Morbidity 14.8 MORBIDITY CODE (CANCER SURGERY) (ICD-10)	NCDS			



## Site Specific Items – Sarcoma



POST	POST-OPERATIVE				
C36	Hospital of Radiotherapy Treatment 10.1 SITE CODE (OF TELETHERAPY)	RTDS			
C37	Oncologist 10.2 CONSULTANT CODE	RTDS			
C38	Radiotherapy Start Date 10.8 START DATE (OF TELETHERAPY)	RTDS			
C39	Radiotherapy Dose 10.13 RADIOTHERAPY ACTUAL DOSE	RTDS			
C40	Radiotherapy Field 10.18 TELETHERAPY FIELDS	RTDS			
C41	Hospital of Chemotherapy Treatment 10.1 SITE CODE (OF CHEMOTHERAPY)	CTDS			
C42	Oncologist 9.2 CONSULTANT CODE	CTDS			
C43	Chemotherapy Start Date 9.10 START DATE (ANTI-CANCER DRUG REGIMEN)	CTDS			
C44	Drug Treatment 9.9 DRUG REGIMEN ACRONYM (CANCER) EUROEWING	CTDS - Sarcoma specific codes			



## Site Specific Items – Sarcoma



FOLLOW UP				
C45	Date of Diagnosis of Locally Recurrent Disease	CWT		
C46	Date of Diagnosis of Metastases	CWT		
C47	Date of Death	NCDS		
	15.1 DEATH DATE			
C48	Cause of Death	NCDS		
	15.7 DEATH CAUSE CODE [underlying]			



## Suggestions to 'Generic' Core



- Smoking Status
  - Year stopped smoking
  - Estimated pack years
- Alcohol Status
- Co-morbidity
- BMI or components
- Roles of CNS [LUCADA]
- Equalities items
- NAEDI items
  Using information to improve quality & choice



### **CNS** Related Items



PATIENT ASSESSED BY LUNG CANCER NURSE SPECIALIST

DATE FIRST ASSESSMENT BY LUNG CANCER NURSE SPECIALIST

HOW WAS PATIENT FIRST ASSESSED BY LUNG CANCER NURSE SPECIALIST

AT WHAT STAGE(S) IN THE PATIENT JOURNEY WAS THE PATIENT ASSESSED BY THE LUNG CANCER NURSE SPECIALIST

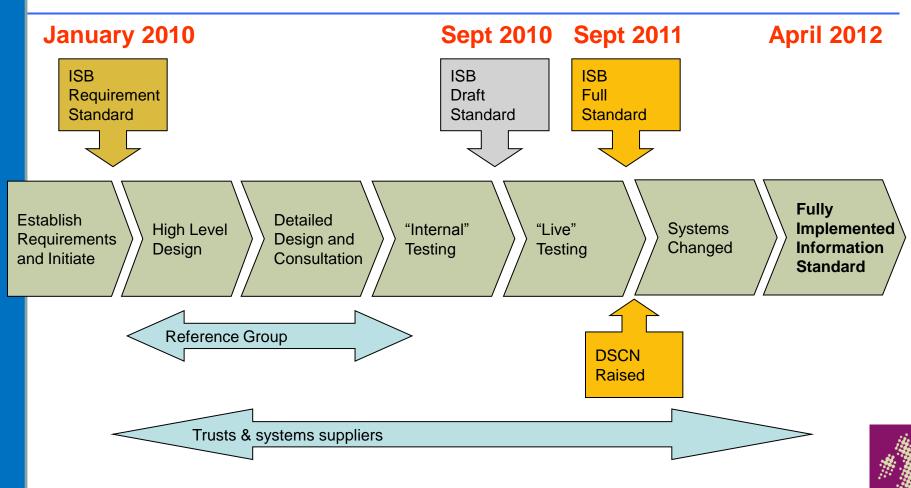
LUNG CANCER NURSE SPECIALIST PRESENT WHEN THE PATIENT RECEIVED THEIR DIAGNOSIS



### Process overview



Institute



### **Useful links**



NHS IC project website (containing project summary info) <a href="http://www.ic.nhs.uk/services/datasets/dataset-list/cancer">http://www.ic.nhs.uk/services/datasets/dataset-list/cancer</a>

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