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National Audit of Breast Cancer in Older Patients (NABCOP)

www.nabcop.org.uk

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Background

- 45,000 patients with new diagnosis of breast cancer / year
 - 1/3 in women over 70
- **Guidelines** (NICE 2009; Biganzoli et al, 2012)
 - Breast cancer treatment should be based on clinical need and fitness for treatment rather than age.
 - “irrespective of age...offered surgery, radiotherapy and appropriate systemic therapy, unless significant co-morbidity precludes it.”
- **Currently:**
 - Treatment offered is variable and non-standardised
 - Poorer comparative survival and slower survival improvement



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National Audit of Breast Cancer in Older Patients (NABCOP)

- **Healthcare Quality Improvement Partnership (HQIP)** commissioned audit as part of National Clinical Audit Patient Outcomes Programme.
- Collaboration between the **Association of Breast Surgery (ABS)** and the Clinical Effectiveness Unit (CEU) of the **Royal College of Surgeons of England (RCS)** (3-year contract awarded).
- In partnership with the **National Cancer Registration and Analysis Service (NCRAS)** who provide the English data and **Cancer Network Information System Cymru (CANISC)** who provide the Welsh data.

ABS
ASSOCIATION OF
BREAST SURGERY

 **HQIP**
Healthcare Quality
Improvement Partnership



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Audit Aim

- Utilise PHE and CANISC datasets to evaluate patterns of care among women diagnosed with breast cancer in England and Wales.
- Compare women diagnosed with breast cancer aged 70 years and older to those aged 50-69
- The processes of care, from the route of referral and diagnosis to the end of primary therapy, and outcomes of women will be investigated.
- Will initially run from April 2016 to March 2019.



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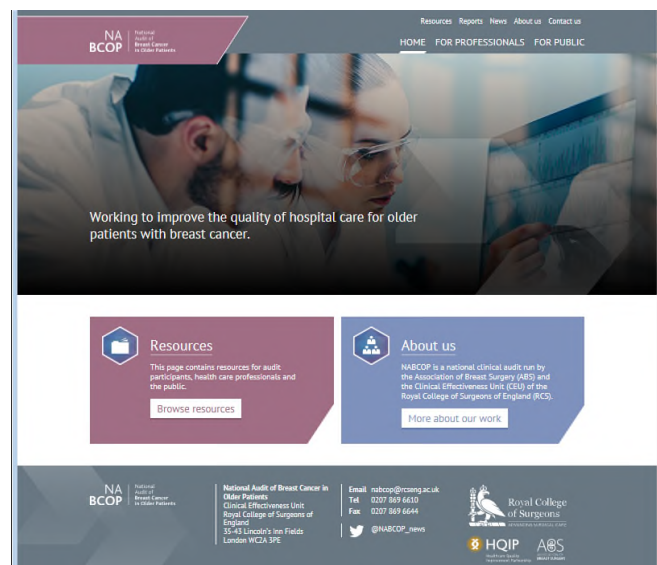
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Year One (April 2016- March 2017)

- Analysis of existing patient data
- Organisational audit
- Case vignettes
- Developed website www.nabcop.org.uk
- Developed Process and Outcome Indicators
- CAG approval to use linked datasets as required by Section 251
- Feasibility Studies – looking at extending audit to cover those who develop recurrence and the value of linking to the National Cancer Patient Experience Survey.





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NABCOP 2017 Annual Report

National Audit of Breast Cancer in Older Patients
Part of the National Clinical Audit Patient Outcomes Programme
2017 Annual Report



- Patterns of breast cancer treatment in England and Wales.
- The organisation of breast cancer services in England and Wales.
- How patient characteristics influence which treatments were considered as options for older patients.



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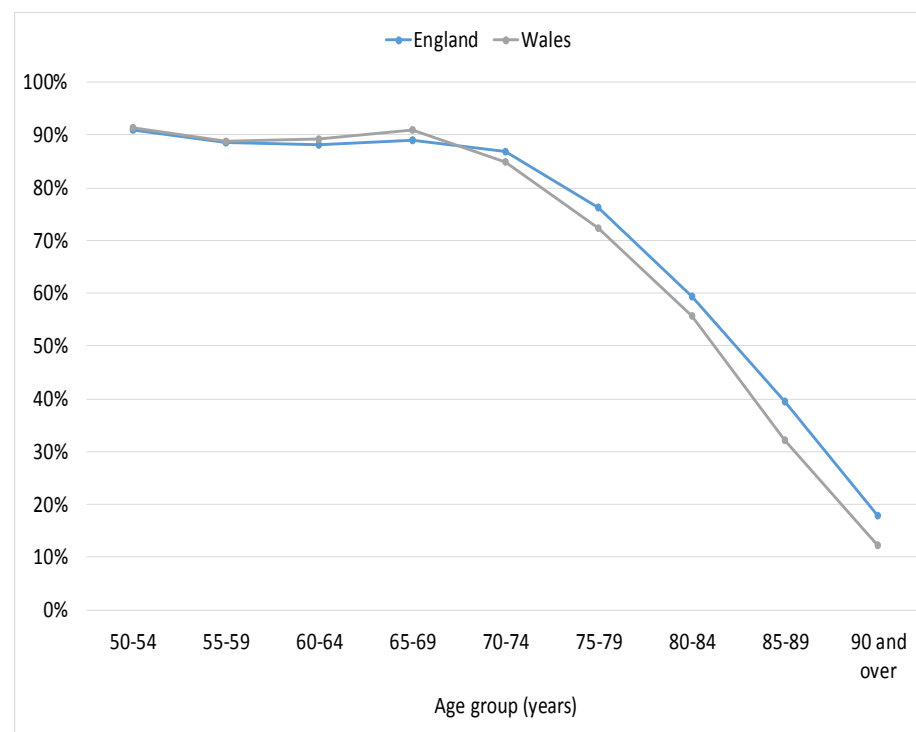
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Patterns of breast cancer treatment

- 90% of women aged 50-69 years diagnosed with invasive breast cancer had surgery.
- Steady fall in surgery for women aged >70.
- Geographical variation among older women:
 - Proportion having BCS
 - Proportion have axillary node surgery





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Organisational Audit (129 out of 142 NHS providers responded)

- Evaluate structure and range of breast cancer services available.
- Multi-disciplinary teams (MDTs) held meetings at least weekly (breast surgeon, breast CNS, pathologist, radiologist, medical/clinical oncologist, MDT coordinator).
- All but one had at least 2 breast cancer CNS on site.
- 65% of trusts in England reported reviewing COSD data returns regularly. These reviews are mostly performed on a monthly basis.
- Care of the Elderly (CoE) teams rarely involved in formal management of breast cancer patients.



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Organisational Audit (Older patients)

- Variation in methods and tools used to make formal assessments of how older patients' general health was affected by comorbidities, cognitive function and frailty.
- NHS breast cancer units reported having 'formal' assessment for
 - patient comorbidities (80%)
 - cognitive function (44%)
 - frailty/functional status (68%)
- This formal assessment process varied both in terms of
 - Clinicians making assessments
 - Tools used to undertake the assessment



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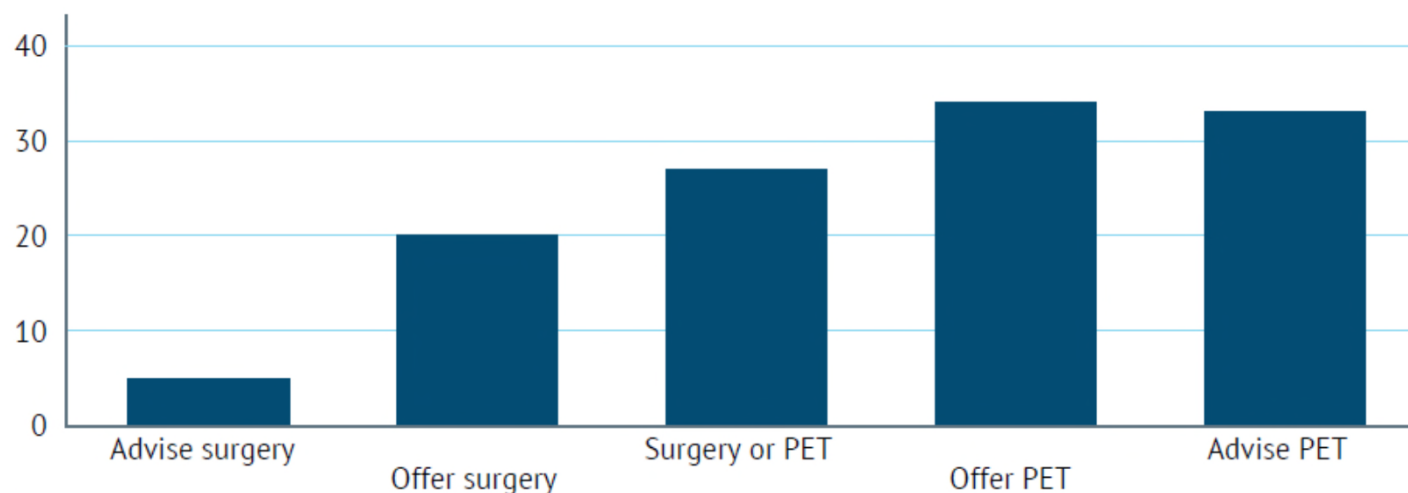
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Case vignettes

- Understanding patient factors which influence treatment decisions
- Medical comorbidities, cognitive impairment and functional ability, to varying degrees.

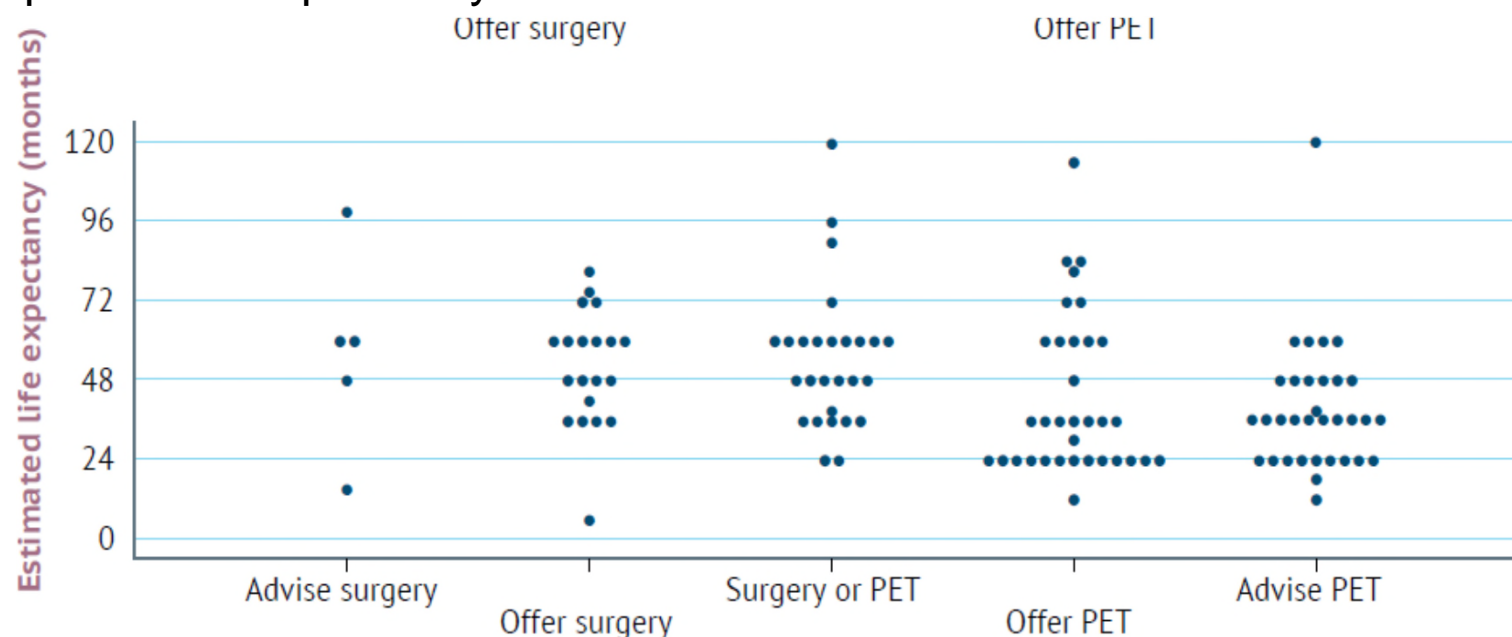
EXAMPLE: 80-year-old woman - 18mm grade 2, invasive breast cancer, ER positive, HER2 negative. Malignant nodes on ultrasound guided biopsy, osteoporosis (ASA II), severe cognitive impairment and a performance score of 2.



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Case vignettes

- Poor understanding of impact of medical comorbidities, cognitive impairment and functional ability on life expectancy of older patient with breast cancer.
- Participants more likely to offer PET to the patients whom they estimated to have poorer life expectancy.





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Annual Report recommendations

- **For breast cancer units within NHS trusts/health boards:** To ensure local practices are consistent with clinical guidelines and support the development and implementation of formal assessment processes for older patients.
- **For commissioners/ regional networks:** To review results of their local organisations with a view to addressing areas of variation, including the processes for data submission to cancer registration services.
- **For professional stakeholder organisations:** To collaborate and define contributions of specialists (e.g. TCOP) in the delivery of breast cancer services, including advising on formal assessment methods for older patients



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Year Two (April 2017- March 2018)

- Annual Report published in June 2017
- ODR approval received and contract completed and signed off
- 2014 – 2016 NCRAS data extracted and sent to RCS
- Welsh data (2014-2016) extracted and sent.
- Currently analysing data to be published in Annual Report 2018
- NABCOP will be included on the new Cancer Stats website
- Views will be created in Somerset for Trusts to look at their own data completeness



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Datasets being used for audit

- Cancer Outcomes and Services Dataset (COSD)
- National Radiotherapy Dataset (RTDS)
- Systemic Anti-Cancer Therapy Dataset (SACT)
- Hospital Episode Statistics (HES)
- CAS AV tables (processed data)
- Office for National Statistics (ONS)
- Patient Episode Database for Wales (PEDW)
- The Cancer Network Information System Cymru (CaNISC)

All data items are those that Trusts should already collect and submit.

No extra data items are being requested for this audit.

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NABCOP Audit Indicators

NABCOP Audit Indicators	
Triple Diagnostic Assessment in single visit	Mastectomy for early invasive breast cancer
Referral route to diagnosis	Any axillary nodal surgery
Recorded hormone status	Chemotherapy for invasive breast cancer
Metastatic disease at initial presentation	Radiotherapy after breast cancer surgery
Seen by a breast CNS/named key worker	Length of hospital stay after surgery
Time to first treatment	Mortality at one, three and five years
Surgery for DCIS or early stage invasive breast cancer	



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- Key data items to be reported on - “**CORE**” COSD data items
 - Trust (first seen, diagnosis, treatment)
 - Imaging (size, modality, date, side)
 - Performance Status
 - ASA Score
 - Holistic Needs Assessment
 - Diagnostic Information (ICD Code, Morphology, Date, Metastatic site)
 - Staging (Pre-Treatment, Integrated)
 - MDT Management Plan (CNS present, Intent, Planned treatment)
 - Treatment Information (Surgery, Adjuvant, Neo-adjuvant, Date, Location)
- Key data items to be reported on - “**Breast**” COSD data items
 - Triple Assessment
 - NPI



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- Key “**CORE**” and “**Breast**” **COSD pathology** data items

- Diagnostic Information (ICD Pathological Code, Morphology)
- TNM Pathology
- Lymphatic/vascular invasion
- Nuclear Grade
- Receptor status
- Size
- Number of nodes + positivity,
- Multifocality
- Margins



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- Key data items to be reported on – **CAS AV Tumour data** items
 - Site
 - Morphology
 - Histology, grade, size, nodes, laterality, Receptor status, NPI, TNM, Margin
 - Screening status
 - Deprivation score
- Key data items to be reported on – **CAS AV Treatment data** items
 - Location, date
 - Operations, procedures, interventions
 - Radiotherapy and chemotherapy description
 - Imaging description
 - Size



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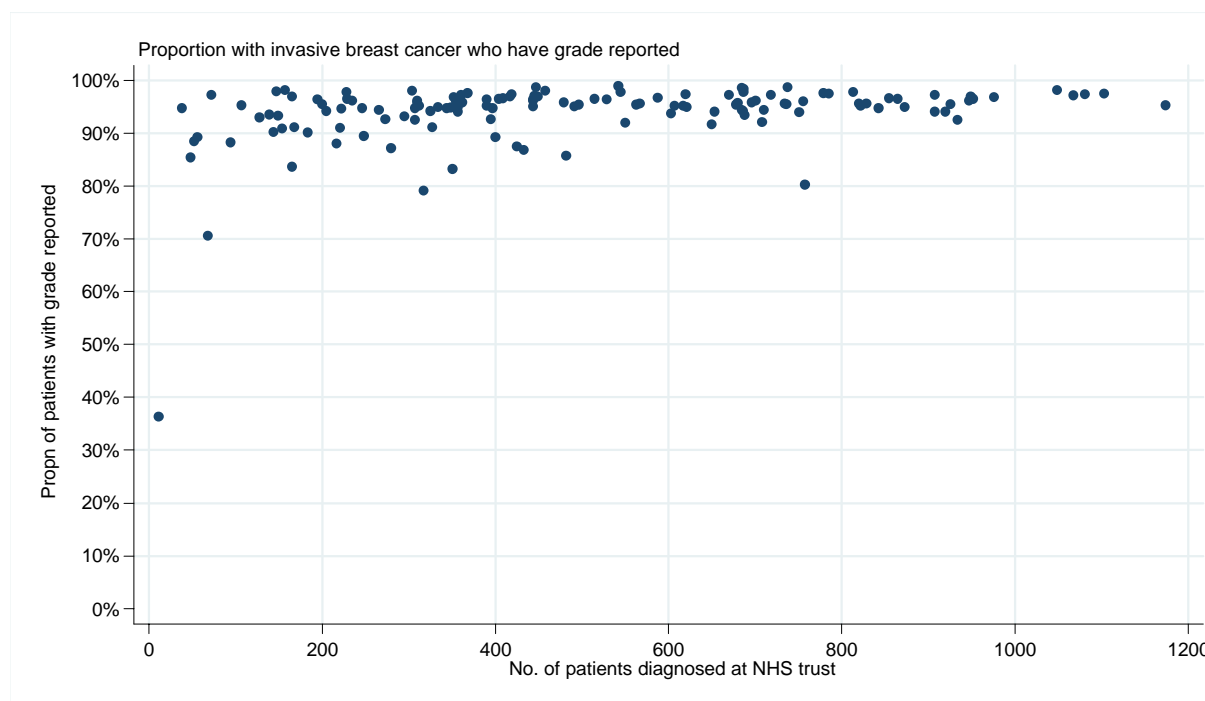
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Tumour grade (invasive)

2014-15: Grade available
for 95% of patients with
invasive BCa

136/137 NHS trusts have
grade for at least 70% pts
(78 >95%)





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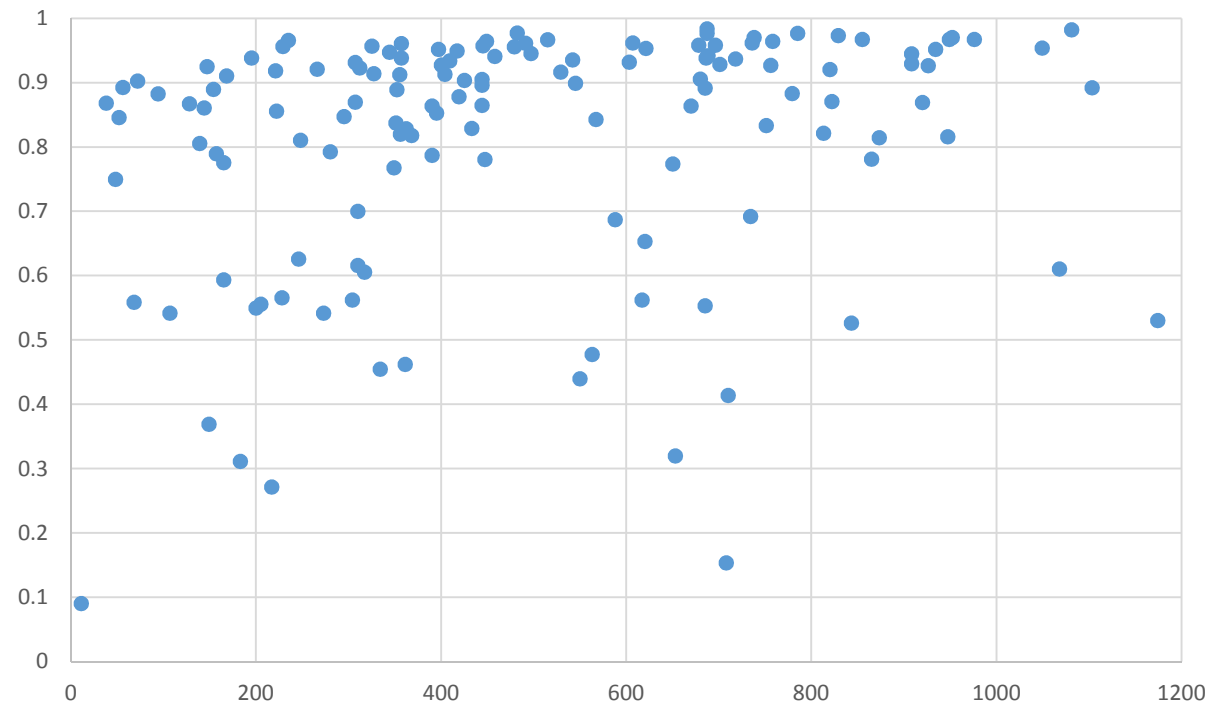


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ER status

2014-15 ER status (CAS
AV tumour + COSD);
Complete = 83.3%
105 NHS trusts have ER
status for at least 70%
patients

ER status in invasive breast cancer





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Challenges and Limitations

- Accuracy
- Completeness
- Capturing patient characteristics
- Understanding decision making processes using administrative data
- Trusts cannot go back and change data from past years that has already been processed and signed off
- The audit will communicate areas where data quality could be improved to NHS Trusts
- Trusts can improve their data submissions going forward