NABCOP | National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY

Royal College of Surgeons ADVANCING SURGICAL CARE

National Audit of Breast Cancer in Older Patients (NABCOP)

Cancer Roadshows 2020

Karen Clements
NCRAS Project Manager for NABCOP

www.nabcop.org.uk

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Background

- >50,000 patients new diagnoses of breast cancer/year
  - 1/3 in women over the age of 70 years
- Guidelines (NICE 2018; Biganzoli et al 2012)

  "***irrespective of age**, [women] are offered surgery, radiotherapy and appropriate systemic therapy, unless significant co-morbidity precludes it."*
- Previous studies found, among older women:
  - Treatment offered is variable and non-standardised
  - Poorer survival and slower improvement (vs. younger cohort)

Audit Aims

The NABCOP was launched in April 2016 to provide information for NHS breast cancer units in England and Wales on:

- Patterns of care, treatment and outcomes, for women ≥70 years with histologically diagnosed breast cancer, and
- How these patterns compare with those for women aged 50–69 years

Who are we?

Clinicians

Professor Kieran Horgan

Miss Katie Miller

Professor David Dodwell

Methodologists

Professor David Cromwell

Mrs Melissa Gannon

Project Managers

Ms Jibby Medina

Ms Karen Clements

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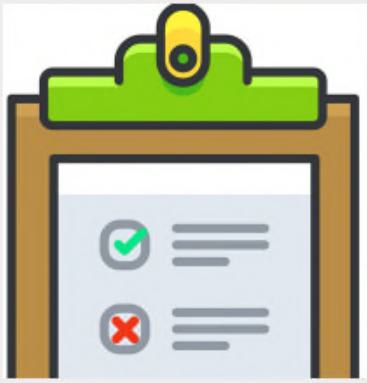
Datasets

National Cancer Registration and Analysis Service (NCRAS) provide the English data and **Cancer Network Information System Cymru** (CaNISC), provide the Welsh data.

- "Breast" COSD data items (Core / Pathology) data items (versions 6 to 9)
- Cancer Registry Data
- National Radiotherapy Dataset (RTDS)
- Systemic Anti-Cancer Therapy (SACT)
- Hospital Episodes Statistics (HES)
- Civil Registration/Mortality Data
- Cancer Patient Experience Survey (CPES) 2015-18



Data-related resources on website including specification
https://www.nabcop.org.uk/resources/nabcop-combined-data-specification

Publications from Year 3 work

#NABCOP2019

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Availability of core data items for women diagnosed in 2017, by country of diagnosis

Data Item	Total % available	England		Wales	
		% available (all trusts)	No. trusts >80%	% available (all LHBs)	No. LHBs >80%
All tumours (invasive / non-invasive)					
Laterality	100%	100%	124	100%	6
CNS contact	74%	76%	83	56%	0
WHO performance status	50%	53%	38	1%	0
Invasive tumours					
Grade	100%	100%	124	99%	6
Tumour stage	94%	95%	124	82%	5
Nodal stage	94%	94%	124	100%	6
Metastases stage	94%	95%	123	82%	5
Overall stage	93%	94%	123	74%	2
ER status	91%	91%	107	94%	6
HER2 status	85%	85%	92	89%	6
Whole tumour size	79%	80%	62	63%	1
PR status	58%	58%	54	57%	2

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Key findings so far*

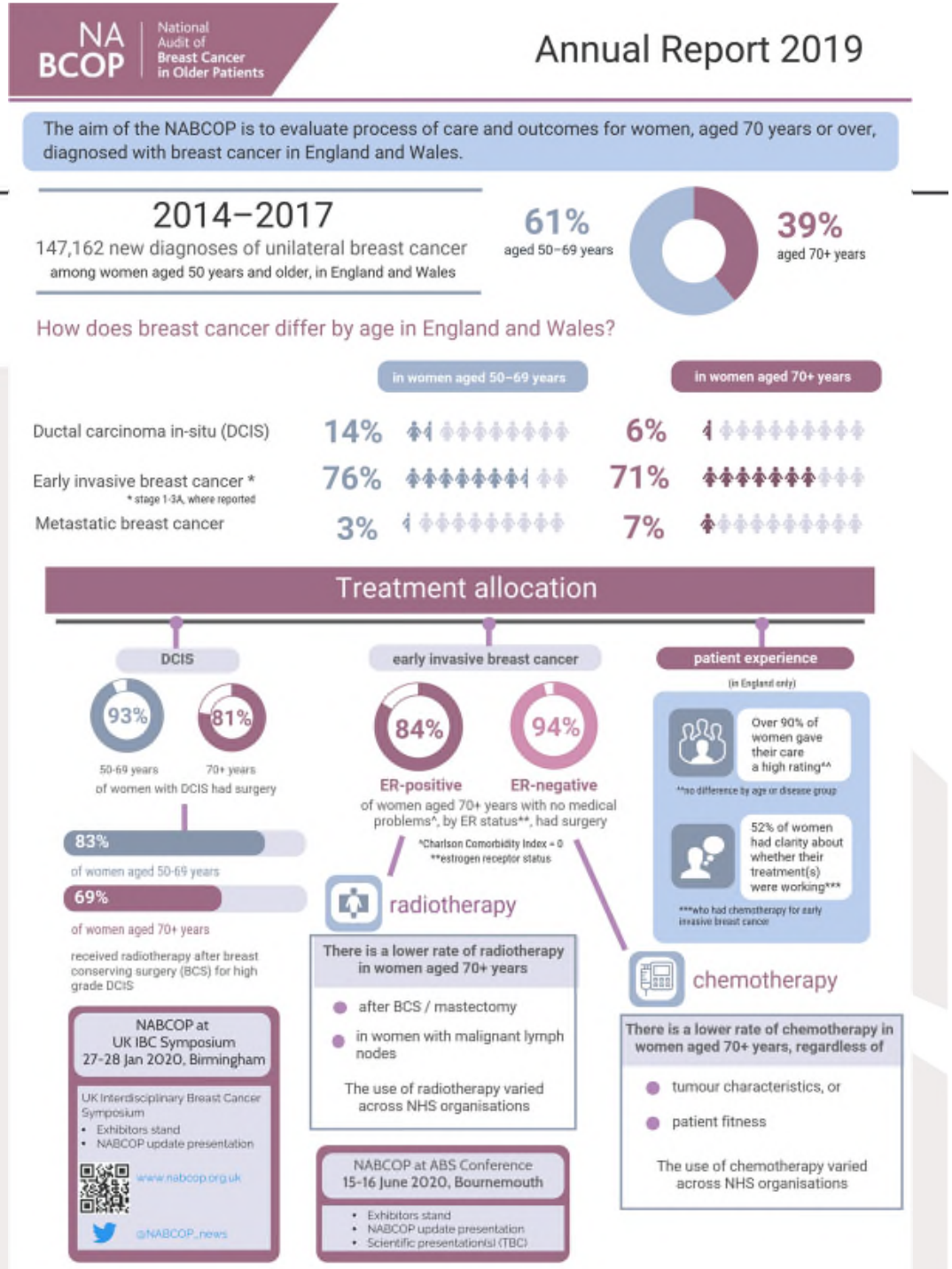
Our stakeholders:

You

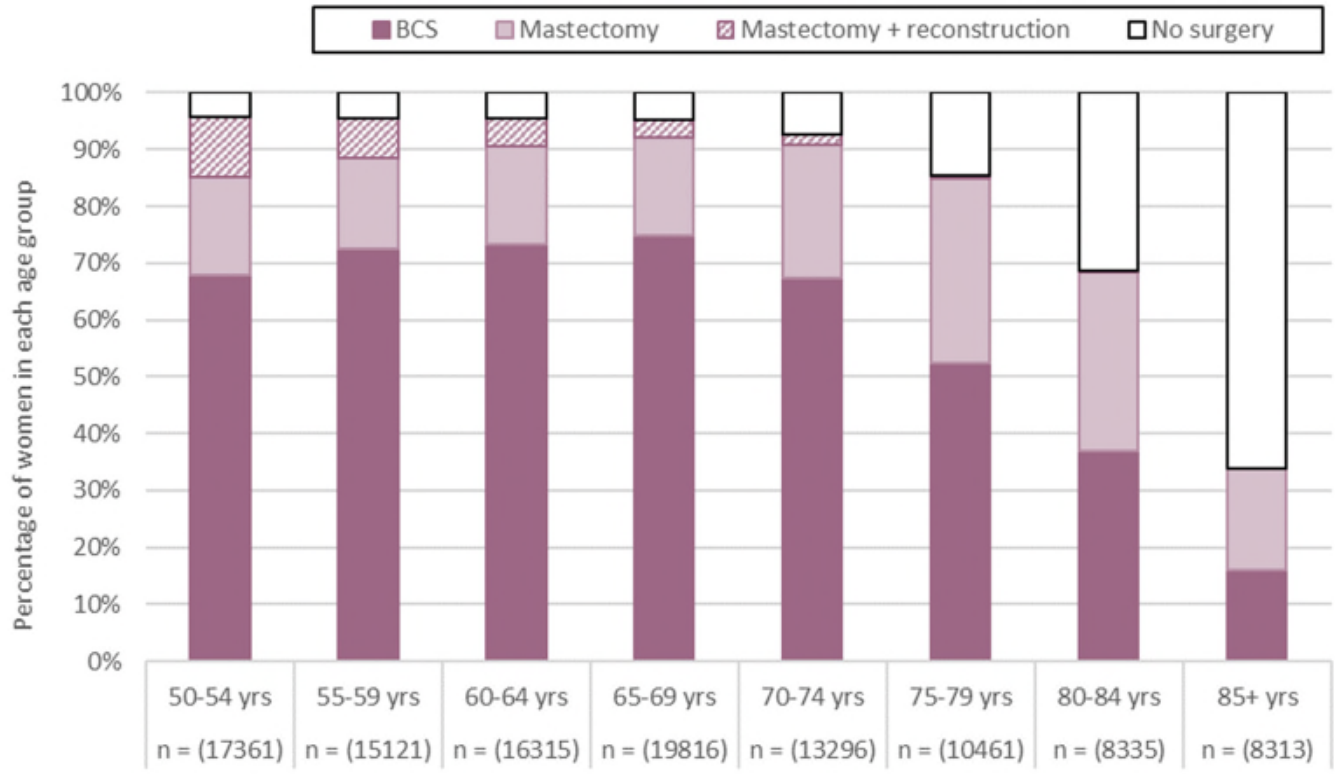
Clinicians

Patients

***www.ncin.org.uk/collecting_and_using_data/data_collection/cosd_roadshows_2020_supporting_documentation**



Type of primary surgical treatment for women with early invasive breast cancer, by age



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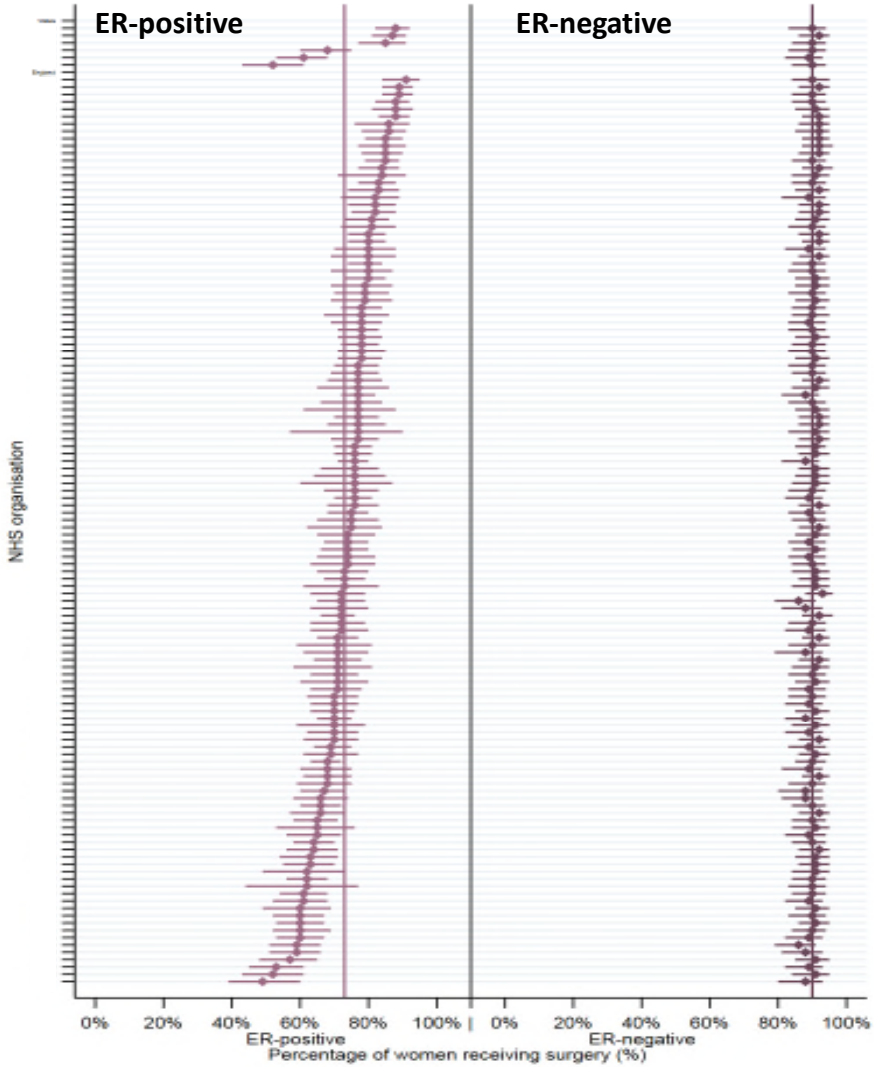
Proportion of women aged 70+ years receiving surgery (risk-adjusted), by diagnosing NHS organisation and ER status



Likelihood of receiving surgery for operable BC, as measured by patient fitness, age and ER status

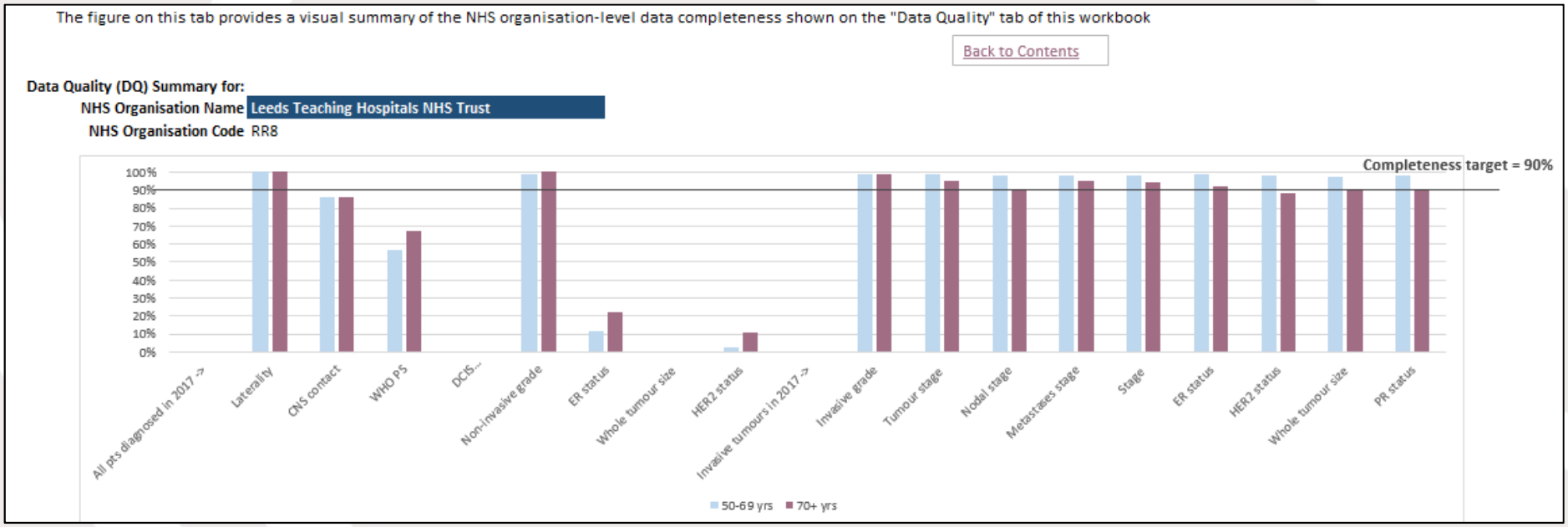
	ER-positive				ER-negative			
	50–69 years		70+ years		50–69 years		70+ years	
Measure of fitness	No. of women	% having surgery	No. of women	% having surgery	No. of women	% having surgery	No. of women	% having surgery
All women	54087	96%	31170	73%	8155	95%	4702	90%
Charlson comorbidity index (CCI)								
0	46517	97%	21681	84%	7027	96%	3367	94%
1	3349	95%	4167	62%	508	94%	633	88%
2+	1028	87%	2969	38%	209	95%	457	77%
unknown	*3193*	*82%*	*2353*	*38%*	*411*	*83%*	*245*	*69%*
WHO Performance Status (PS)								
0	18727	96%	6814	87%	3253	95%	1043	95%
1	1741	94%	2794	71%	394	92%	466	94%
2+	423	77%	2021	29%	72	94%	324	74%
unknown	*33196*	*96%*	*19541*	*73%*	*4436*	*90%*	*2869*	*63%*
electronic Frailty Index (eFI)								
Fit	42214	97%	16831	87%	6323	96%	2643	94%
Mild-moderate	6448	96%	5594	79%	1032	96%	814	91%
Severe	2232	90%	6392	46%	389	94%	1000	82%
unknown	*3193*	*82%*	*2353*	*38%*	*411*	*83%*	*245*	*69%*

Publications from Year 3 work

#NABCOP2019

Including NHS Organisation Data Viewer

With data quality summary tab for key data items



Key COSD data items

- Age

  ! Key to our 50-69 years & 70+ years categories

- ER & HER2 status
- Tumour size
- Nodal status
- Performance status

! Important to know in understanding treatment decision making

Key COSD data items

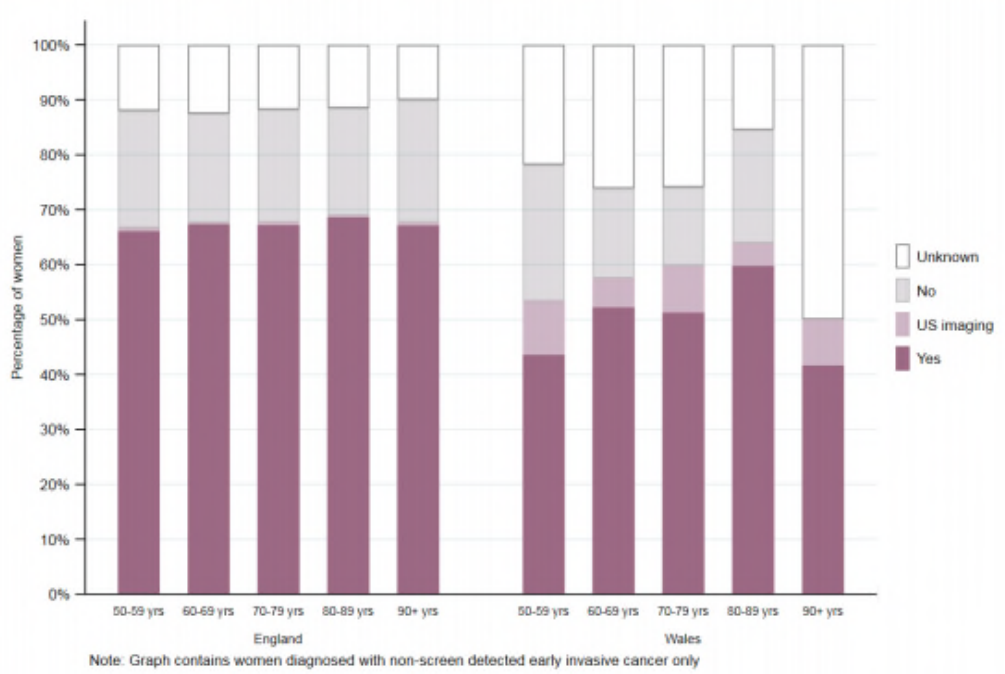
- Triple diagnostic assessment in a single visit

Calculated receipt from #NABCOP2019

New in COSD V9 –

Triple Diagnostic Assessment in a single visit

Figure 5.2: Receipt of triple diagnostic assessment in a single visit among women with non-screen detected early invasive breast cancer, by country of diagnosis and age at diagnosis



Note: Graph contains women diagnosed with non-screen detected early invasive cancer only

Key: US imaging = ultrasound imaging; the percentage of women for whom no mammogram was reported but they had an ultrasound reported as performed on the same date as their diagnostic biopsy.

Key COSD data items

Fitness assessment form for older women in breast clinics

New in COSD V9 – patient fitness assessment

Including:

- The Clinical Frailty Scale
- The Abbreviated Mental Test Score (AMTS)
- 3 questions about major diseases
  - Cardio-respiratory disease
  - Other cancer
  - Pre-existing diagnosis of dementia

Pilot completed in early 2019 (Results in Chp 9 of 2019 Annual Report)

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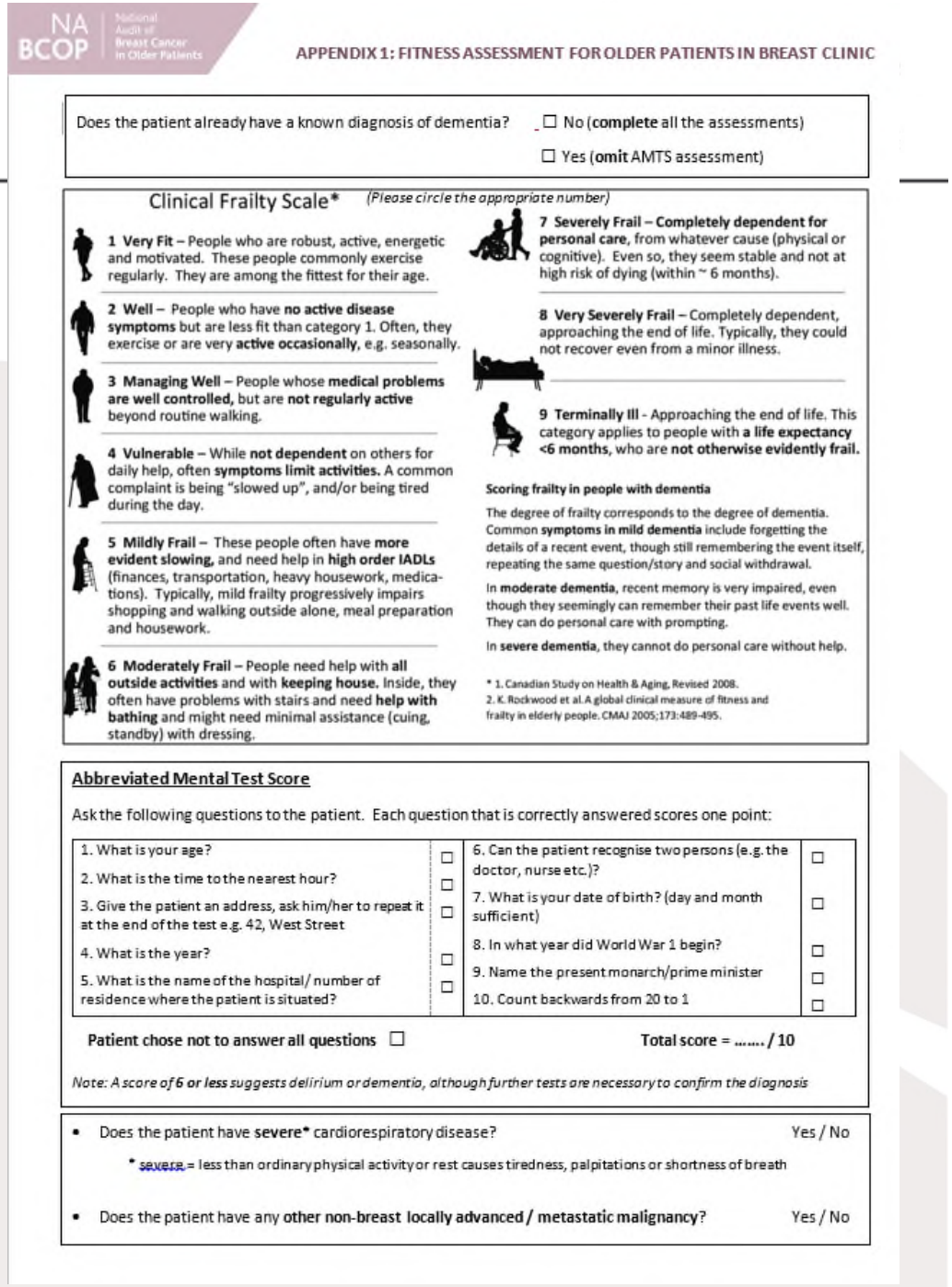
Fitness assessment form for older women in breast clinics

www.nabcop.org.uk/resources/fitness-assessment-tool/



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APPENDIX 1: FITNESS ASSESSMENT FOR OLDER PATIENTS IN BREAST CLINIC

Does the patient already have a known diagnosis of dementia? ☐ No (**complete** all the assessments)
☐ Yes (**omit** AMTS assessment)

Clinical Frailty Scale* *(Please circle the appropriate number)*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 Managing Well – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with **all outside activities** and with **keeping house.** Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill - Approaching the end of life. This category applies to people with **a life expectancy <6 months,** who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia,** recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia,** they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Abbreviated Mental Test Score

Ask the following questions to the patient. Each question that is correctly answered scores one point:

1. What is your age?	☐	6. Can the patient recognise two persons (e.g. the doctor, nurse etc.)?	☐
2. What is the time to the nearest hour?	☐	7. What is your date of birth? (day and month sufficient)	☐
3. Give the patient an address, ask him/her to repeat it at the end of the test e.g. 42, West Street	☐	8. In what year did World War 1 begin?	☐
4. What is the year?	☐	9. Name the present monarch/prime minister	☐
5. What is the name of the hospital/ number of residence where the patient is situated?	☐	10. Count backwards from 20 to 1	☐

Patient chose not to answer all questions ☐ **Total score = ……. / 10**

*Note: A score of **6 or less** suggests delirium or dementia, although further tests are necessary to confirm the diagnosis*

- Does the patient have **severe*** cardiorespiratory disease? Yes / No

  * severe = less than ordinary physical activity or rest causes tiredness, palpitations or shortness of breath

- Does the patient have any **other non-breast locally advanced / metastatic malignancy?** Yes / No

From 2020 information from assessment form to be collected in data items in COSD V9

RE – Clinical Nurse Specialist + Risk Factor Assessment (0..1)				
Indicate if there was a Fitness Assessment carried out on the patient. If yes please complete the following five data items. These assessments and questions are for patients aged 70 and over at diagnosis	an1	Y	Yes	FITNESS ASSESSMENT FOR OLDER PATIENTS WITH BREAST CANCER INDICATOR
		N	No	
The date the fitness assessment was completed	an10 ccyy-mm-dd			FITNESS ASSESSMENT FOR OLDER PATIENTS WITH BREAST CANCER COMPLETED DATE
Record the point on the Clinical Frailty Scale, as assigned by the appropriate clinician after discussion with the patient Please see user guide for more details	an1	1	Very Fit	CLINICAL FRAILTY SCALE POINT
		2	Well	
		3	Managing Well	
		4	Vulnerable	
		5	Mildly Frail	
		6	Moderately Frail	
		7	Severely Frail	
		8	Very Severely Frail	
		9	Terminally Ill	
Record the total Abbreviated Mental Test Score, this should be a score from 0 to 10 Please see user guide for more details	max n2	(0-10)		ABBREVIATED MENTAL TEST SCORE
Does the patient have severe cardiorespiratory disease? Severe = less than ordinary physical activity or rest causes tiredness, palpitations or	an1	Y	Yes	SEVERE CARDIORESPIRATORY DISEASE INDICATOR
		N	No	
Does the patient have any other Non-Breast Locally Advanced/Metastatic Malignancy?	an1	Y	Yes	OTHER NON BREAST LOCALLY ADVANCED METASTATIC MALIGNANCY INDICATOR
		N	No	

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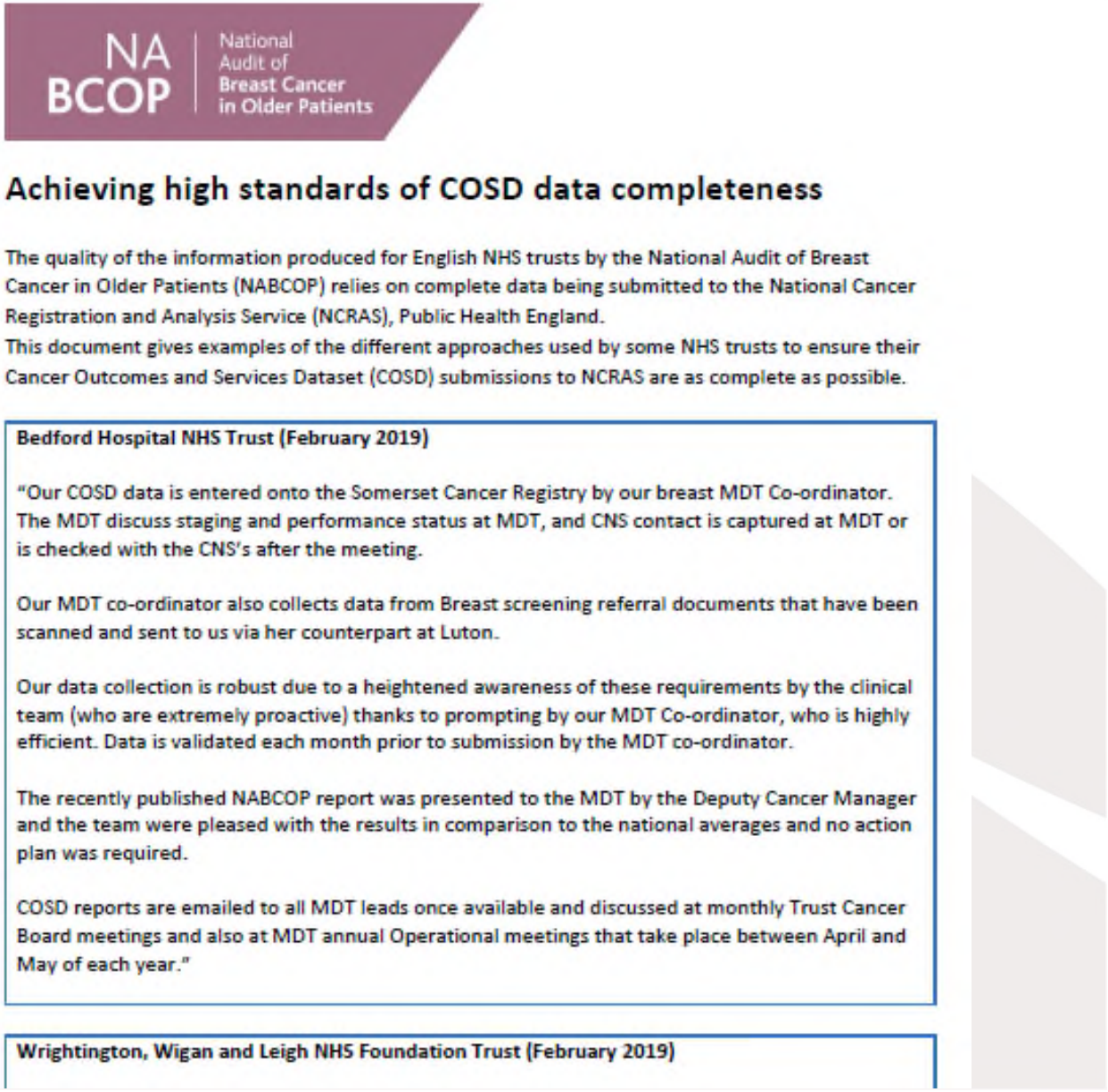
Achieving high standards of COSD data completeness

Case studies*

*www.ncin.org.uk/collecting_and_using_data/data_collection/cosd_roadshows_2020_supporting_documentation



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Achieving high standards of COSD data completeness

The quality of the information produced for English NHS trusts by the National Audit of Breast Cancer in Older Patients (NABCOP) relies on complete data being submitted to the National Cancer Registration and Analysis Service (NCRAS), Public Health England.
This document gives examples of the different approaches used by some NHS trusts to ensure their Cancer Outcomes and Services Dataset (COSD) submissions to NCRAS are as complete as possible.

Bedford Hospital NHS Trust (February 2019)

"Our COSD data is entered onto the Somerset Cancer Registry by our breast MDT Co-ordinator. The MDT discuss staging and performance status at MDT, and CNS contact is captured at MDT or is checked with the CNS's after the meeting.

Our MDT co-ordinator also collects data from Breast screening referral documents that have been scanned and sent to us via her counterpart at Luton.

Our data collection is robust due to a heightened awareness of these requirements by the clinical team (who are extremely proactive) thanks to prompting by our MDT Co-ordinator, who is highly efficient. Data is validated each month prior to submission by the MDT co-ordinator.

The recently published NABCOP report was presented to the MDT by the Deputy Cancer Manager and the team were pleased with the results in comparison to the national averages and no action plan was required.

COSD reports are emailed to all MDT leads once available and discussed at monthly Trust Cancer Board meetings and also at MDT annual Operational meetings that take place between April and May of each year."

Wrightington, Wigan and Leigh NHS Foundation Trust (February 2019)

CancerStats reports available

Level 2
Level 3
Quarterly reports – on data completeness

The NABCOP Level 2: Data Completeness Reports

Enable users to monitor **COSD data returns** in real time, and update their data within the current calendar year.

www.ncin.org.uk/collecting_and_using_data/data_collection/cosd_roadshows_2020_supporting_documentation

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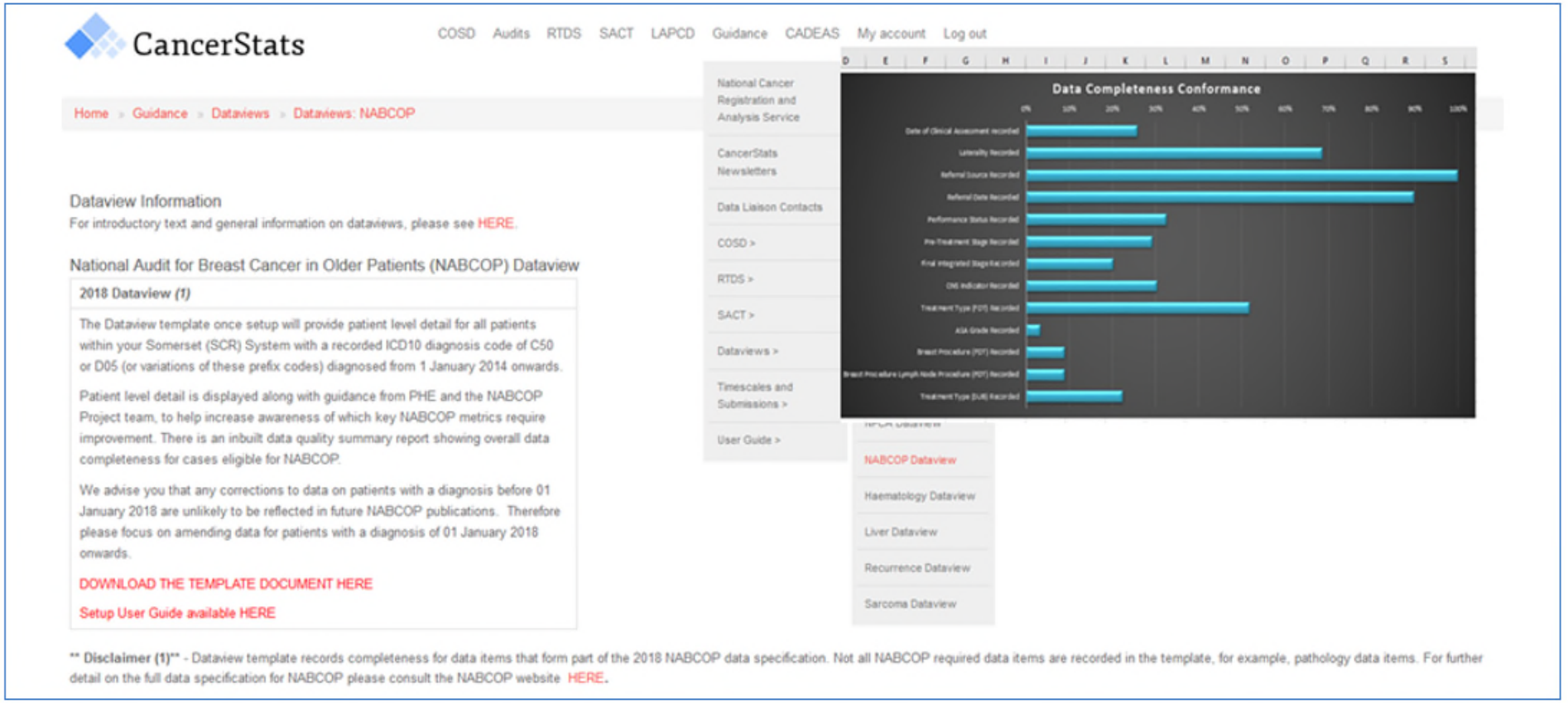
For those with Somerset Cancer Register

Tool downloadable via CancerStats



Information for public and patients

Patient Report

Drafted with patient representatives and advocates on the NABCOP CSG/PB

- Breast Cancer Care / Breast Cancer Now
- Macmillan Cancer Support
- Independent Cancer Patients' Voice
- **UseMyData (www.usemydata.org)**

Website and social media

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Thank you

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Understanding Patient Data

This work uses data provided by patients and collected by the NHS as part of their care and support.

#datasaveslives

NABCOP Annual Report 2020 to be published in June 2020