

The National Bowel Cancer Audit

Future Plans

- Current position
- Future funding
- Links with NCIN
- Revision of dataset
- Bespoke audits

National Audit of Bowel Cancer

Current Position

- All Trusts now registered with the audit
- Three failed to submit for the 2010 report (Aug 2008-July 2009)
- Five submitted <5 cases
- Overall case ascertainment of 74.7% for English Trusts and >80% for Welsh Trusts
- Report due to be published imminently

National Audit of Bowel Cancer

Current Position

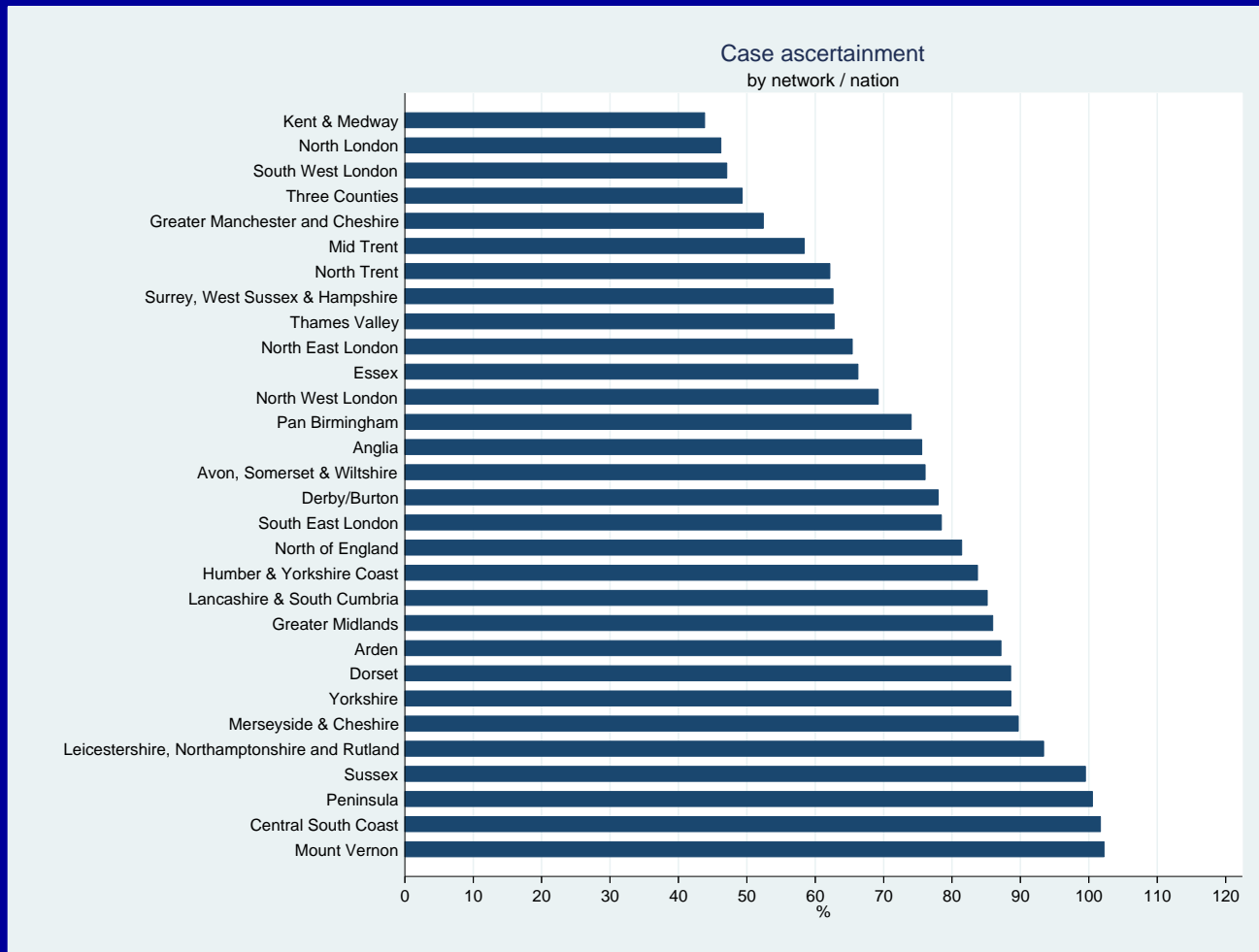
- The 2010 Annual report contains records of 23,769 cases (increasing to >28,000 for the 2011 report)
- 95% discussed at MDT
- Major resection in 60% of cases
- Laparoscopic procedure in 25%
- APER “rate” of 22.7%

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Current Position

- Data completeness remains a problem
- Data cleansing remains a problem
- Comprehensive data completeness reports sent to all Trusts
- On-line reports now available
- Data submitted for the risk adjusted mortality model >90%

National Audit of Bowel Cancer Case Ascertainment



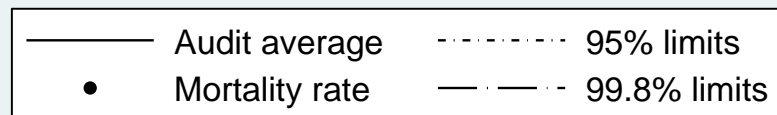
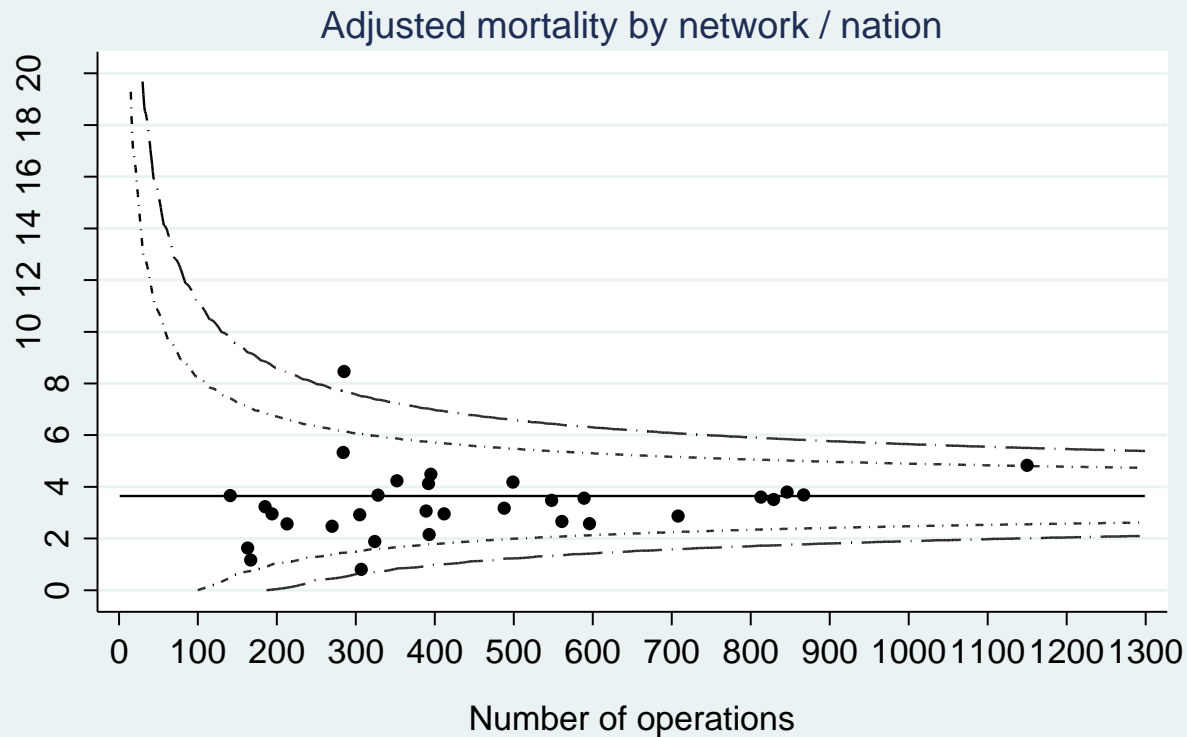
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Data Completeness

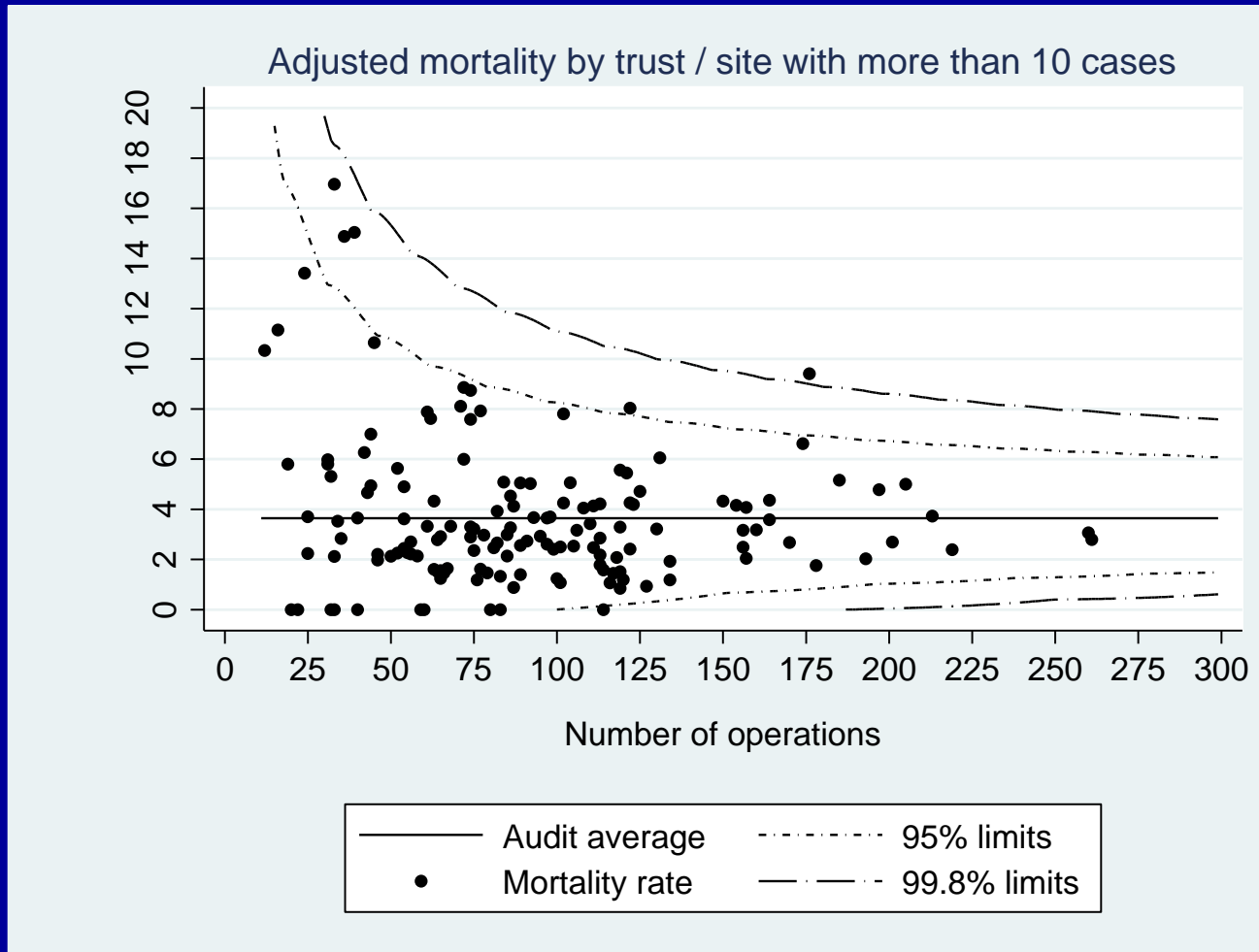
| Trust Code | Trust Name | No. of Tumour records | TUMOUR DATA ITEMS | | | | | | | | | Tumours with Treatment recorded | No. of Treatment records | TREATMENT DATA ITEMS | | | | | | Multiple Records * | | | |
|--------------------|--|-----------------------|-------------------------|------------|--------------------------|-------------|------------------|-------------|---------------|------------|--------------------------------------|---------------------------------|--------------------------|--|------------|---|------------|--|-----------|--------------------|------------|---|--|
| | | | Modified Dukes' Staging | | MDT Discussion Indicator | | Age At Diagnosis | | ASA Grade | | Surgical Urgency (Mode of Operation) | | | Colorectal nurse or stoma therapist seen | | NHS No appears 2+ times on Tumour table * | | NHS No appears 2+ times on Treatment table * | | | | | |
| | | | No. | % | No. | % | No. | % | No. | % | No. | | | % | No. | % | No. | % | No. | % | N | % | |
| RAE | BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST | 167 | 154 | 92% | 167 | 100% | 167 | 100% | 164 | 98% | 171 | 141 | 83% | 145 | 85% | 170 | 99% | 0 | 0% | 7 | 4% | | |
| RCB | YORK HOSPITALS NHS FOUNDATION TRUST | 207 | 37 | 18% | 207 | 100% | 207 | 100% | 206 | 100% | 221 | 129 | 58% | 153 | 69% | 209 | 95% | 2 | 1% | 15 | 7% | | |
| RCD | HARROGATE AND DISTRICT NHS FOUNDATION TRUST | 100 | 82 | 82% | 99 | 99% | 100 | 100% | 94 | 94% | 101 | 79 | 78% | 80 | 79% | 96 | 95% | 3 | 3% | 7 | 7% | | |
| RCF | AIREDALE NHS FOUNDATION TRUST | 137 | 113 | 83% | 137 | 100% | 137 | 100% | 133 | 97% | 141 | 102 | 72% | 103 | 73% | 129 | 92% | 2 | 2% | 10 | 8% | | |
| RR8 | LEEDS TEACHING HOSPITALS NHS TRUST | 380 | 284 | 75% | 380 | 100% | 380 | 100% | 380 | 100% | 383 | 192 | 50% | 189 | 49% | 383 | 100% | 3 | 1% | 7 | 2% | | |
| RWY | CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST | 168 | 148 | 88% | 168 | 100% | 168 | 100% | 168 | 100% | 168 | 149 | 89% | 147 | 88% | 135 | 80% | 3 | 2% | 3 | 2% | | |
| RXF | MID YORKSHIRE HOSPITALS NHS TRUST | 295 | 176 | 59% | 295 | 100% | 295 | 100% | 295 | 100% | 334 | 263 | 79% | 260 | 78% | 233 | 70% | 1 | 0% | 40 | 14% | | |
| N06 Total | | 1,454 | 993 | 68% | 1,453 | 100% | 1,454 | 100% | 1,440 | 99% | 1,519 | 1,055 | 70% | 1,077 | 71% | 1,355 | 89% | 13 | 1% | 88 | 6% | | |
| Bowel Total | | 29,138 | 18,452 | 63% | 28,496 | 98% | 29,138 | 100% | 27,309 | 94% | 40,706 | 17,771 | 44% | 21,250 | 52% | 23,437 | 58% | 889 | 3% | 8,292 | 31% | | |

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Post-operative Mortality



National Audit of Bowel Cancer Post-operative Mortality



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Future Financing

- Currently funded by HQIP
- Funding extended for a further year (to March 2012) whilst future direction of audit discussed
- Proposal for an audit fellow
- “Highly” competitive activity
- Proposal to charge Trusts and hence “value for money”

National Audit of Bowel Cancer

Links with NCIN

- NCDR is population based
- Audit can contribute to the NCDR with clinical data e.g. ASA grade and CEPOD classification of procedure
- Firm guide from the “Centre” that this is the way forward
- Contributes to the NCDR and allows for a revised dataset and bespoke audits
- Review of the national cancer audits

NCIN



PRESS
RELEASE

Thirty-day postoperative mortality after colorectal cancer surgery in England

Eva J A Morris,^{1,2} Elizabeth F Taylor,² James D Thomas,^{1,2} Philip Quirke,³
Paul J Finan,^{4,5} Michel P Coleman,⁶ Bernard Rachet,⁶ David Forman^{1,2}

Original article

Surgical management and outcomes of colorectal cancer liver metastases

E. J. A. Morris¹, D. Forman^{1,2}, J. D. Thomas¹, P. Quirke³, E. F. Taylor¹, L. Fairley², the late B. Cottier⁴ and G. Poston⁵

Original article

Comparison of treatment and outcome information between a clinical trial and the National Cancer Data Repository

E. J. A. Morris¹, C. Jordan², J. D. Thomas¹, M. Cooper², J. M. Brown³, H. Thorpe³, D. Cameron², D. Forman¹, D. Jayne⁴ and P. Quirke⁵ in collaboration with the CLASICC trialists

NCIN

30-Day Post-Operative Mortality after Colorectal Cancer Surgery in England



NCIN Data Briefing

Background

There is increasing demand for the NHS to publish clinical outcomes, such as post-operative mortality to inform patient choice. It is important to understand, however that surgery inevitably carries a risk and that risk will vary between individuals. This study examines how 30-day post-operative mortality varies across the English colorectal cancer population

Methods

Information on patients receiving a major resection for colorectal cancer diagnosed between 1998 and 2006 and treated in the English NHS was obtained from the National Cancer Data Repository. Post-operative mortality was defined as death within 30 days of major resection. The percentage of individuals who died within 30-days of their surgery was calculated in relation to each year of diagnosis, age group, sex, Dukes' stage of the primary tumour at diagnosis, socio-economic deprivation category and co-morbidity group.

Results

160,920 patients received a major resection over the study period. They were treated by 150 different surgical teams. The overall post-operative mortality rate was 6.7% but the rate improved over the study period from 6.9% in 1998 to 5.9% in 2006. (Figure 1).

Post-operative mortality significantly increased with age (Figure 2), co-morbidity (Figure 3), advancing Dukes' stage at diagnosis (Figure 4), in those residing in the most deprived areas (Figure 5) and in those patients who were treated as emergencies (Figure 6).

Post-operative mortality was lower in females compared to males (Figure 7) and in patients whose tumours were in the rectosigmoid junction and rectum when compared to those who had colonic tumours (Figure 8).

Conclusions

The 30-day post-operative mortality rate is falling across England. There is, however, significant variation in post-operative mortality across the population with it being greater in the elderly, among men, the socioeconomically deprived, those with advanced stage disease at diagnosis or with additional co-morbidities and among those operated upon as emergencies.

FIND OUT MORE:

Northern and Yorkshire Cancer Registry and Information Service (NYCRIS)
NYCRIS is the lead Cancer Registry for colorectal cancer
<http://www.nycris.nhs.uk/research/leadrole/>



Northern and Yorkshire
Cancer Registry and Information Service

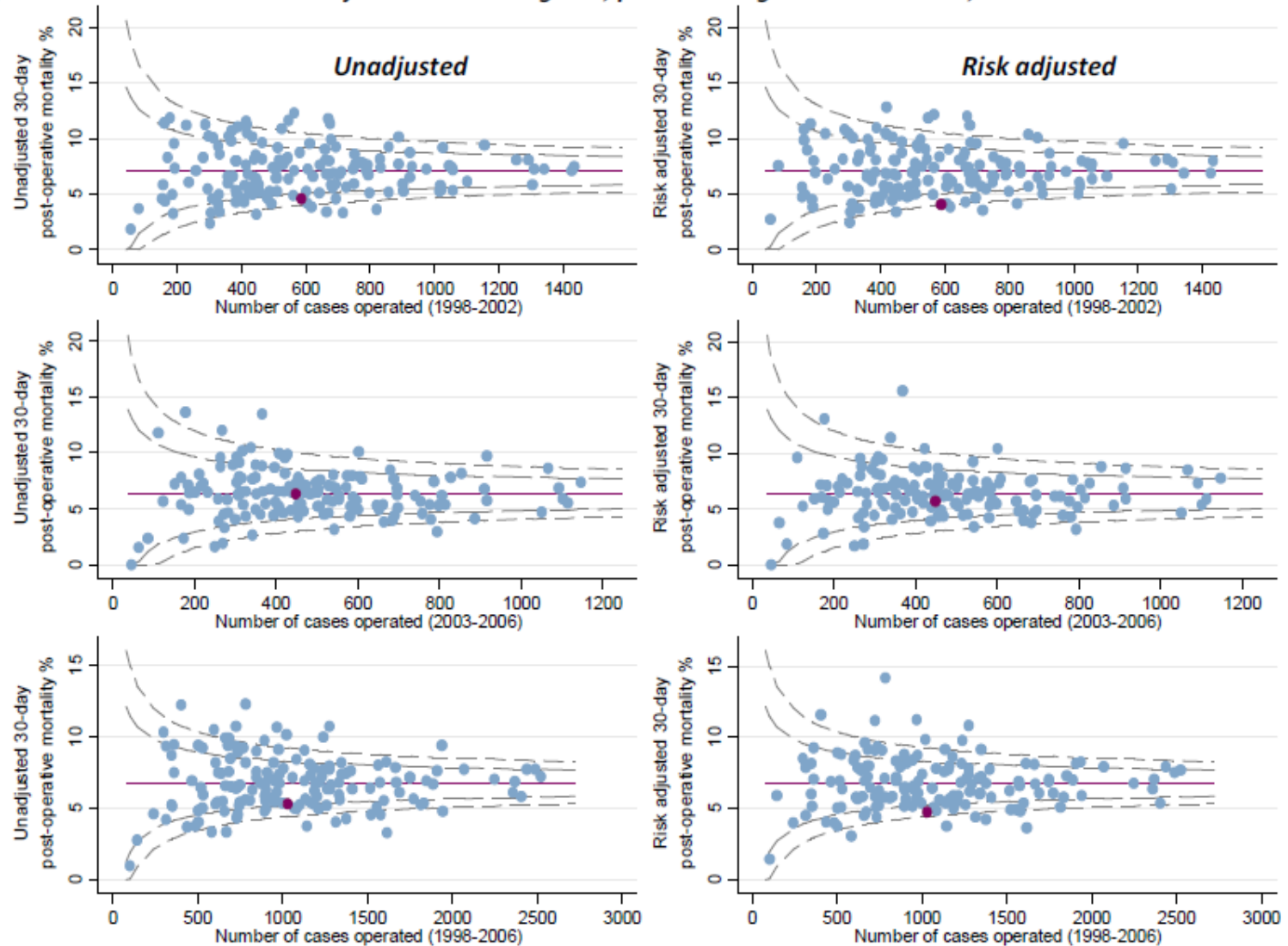


UNIVERSITY OF LEEDS

KEY MESSAGE: Factors associated with the risk of death within 30-days of surgery are complex. Overall, the number of post-operative deaths is falling but the risk varies across the population in relation to the characteristics of the individuals being operated upon.

NCIN

Figure 1: Funnel plots showing unadjusted and risk adjusted mortality rates by NHS Trust for colorectal cancer patients who underwent a major resection : England, patients diagnosed 1998-2002, 2003-2006 and 1998-2006



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Revision of Data Set

- Several anomalies within the data set
- No revision for the past eight years
- Have to note the changes around the NCDS
- Concentrate on the added value of the clinical input to the NCDR
- Needs to be more flexible

National Audit of Bowel Cancer

Bespoke Audits

- Post-operative mortality
 - Expected/unexpected, preventable
- Complications
 - anastomotic leakage etc
- Emergency/urgent surgery
- Low rectal cancer