Driving improvements in the collection of national staging data

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What is staging?

A description of the extent the cancer has spread.

Stage is a prognostic factor, but all prognostic factors are stage
Stage is important for...

- Treatment decisions
- Predicting prognosis
- Assessing early/late diagnosis
- Casemix adjustment
- International comparisons

Conclusions and Recommendations

A particular problem is the paucity of data in most regions about the stage that a patient’s cancer has reached at the time of diagnosis. This information, known as ‘staging data’, is key to making better use of resources and improving outcomes, yet only the Eastern region has anything like acceptable coverage.

The Department needs to convey to cancer registries and, in turn, to clinical teams the value and importance of recording accurate staging data at the point of patient diagnosis. The Department should ensure that staging data is complete and timely in at least 70% of cases in each region by the end of 2012.
The numerator – staged cases

“staging data is complete*
...in 70% of [cancer] cases”

* We have at least one of...
  a Dukes/FIGO stage
  a TNM stage group: “Stage IIA” (for any of clin/path/int) – includes Ann Arbor
  3 known TNM components: “T2 N0 M1” (for any of clin/path/int)

Excludes non-melanoma skin cancers.

Staging data flows to Cancer Registries

Clinical
Imaging
Pathology
MDT

Registry
pT pN pMX
National Audits

Brian Rous - ECRIC - June 2011
Note: The Eastern Cancer Registry stages over 95% of stageable cancers at 42 tumour sites - the graph shows data for all tumours.
Stage completeness by tumour type, ECRIC, 2008

What does ECRIC do?

- Clinical
- Imaging
- Pathology

MDT

Registry

Brian Rous - ECRIC - June 2011
MDT Performance – Data completeness

This report shows the completeness of certain key data items received each month by a Trust as discussed at MDT. By clicking on your Trust from the map above all the relevant data will appear on the performance charts for that Trust. You can compare your Trust to another by clicking the ‘On button and selecting another Trust from the list above. You can also view the raw data by hovering over the data and using the mouse wheel to zoom in and click the link on the introduction page for how to use this report effectively.

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<th>Hospital</th>
<th>Total /Tm</th>
<th>Current Month %</th>
<th>Last Month %</th>
<th>Trend</th>
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Target: 70%
Distribution of staged cases by stage type

From 2008 NCDR data...

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What do you need to collect stage?

p/yp/yp/c/i

Stage I - IV

Stage I - IV

Stage I - IV

Most registries are here
But what about...

- Dates?
- Source of information?
- TNM version/system?
- Component parts – size of tumour, extent etc
- Record all data sent

National Cancer Staging Panel for Registration

- Brian Rous
- Mick Peake
- Sean McPhail
- Gill Lawrence
- Gina Brown
- Trish Stokes
- Steven Oliver

“Support cancer registries in achieving higher quality staging data by providing guidance on managing partial staging data from disparate sources.”
Generic guidance

- Death certificates are not valid sources of staging information
- Microscopic verification
- Unknown primary tumours are not staged
Conclusions and Recommendations

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Specific guidance

• Which staging systems should the registries expect?
  • TNM – AJCC/UICC, FIGO, Dukes, Ann Arbor other.
  • What site/morphologies can be staged and what staging system should be used?
  • Adenocarcinoma/Carcinoid tumour/Lymphoma of colon
  • How many tumours should we expect to be staged?
  • Is 30% of colorectal tumours acceptable?
Specific guidance (2)

• How are specific tumours staged? (CT? MRI?)
  • What investigations to look for.
• Extracting information from non-MDT sources:
  • Radiology/Pathology/Oncology
• What to do if data is missing? Making assumptions?
  • Is there a clinical explanation?
• Converting between staging systems (e.g. FIGO/TNM/Dukes)
• How to derive an 'integrated' registry stage from the data
• Automation?

Plan of action

• Registries
  • Need access to get access to (electronic) staging data
    • MDT data
    • Pathology
    • Radiology
• Staging Panel
  • Produce guidance working closely with registries, SSCRG and other experts

• All help welcome!!!