UKACR and NCIN Symposium on Best Practice in Recording Cancer Stage
Held at the Royal College of Pathologists, 10th June 2011.

This symposium brought together clinicians from the NCIN Clinical Studies Groups and analysts from the UK Cancer Registries to provide a wide-ranging discussion of the current status of cancer staging in the UK and Europe. Three main topics of discussion emerged.

Current status of cancer staging

The Cancer Data Repository captures staging data on about 35% of cancers in England, although there are variations between Regions and between cancer types (1,2,6,16). ECRIC achieves a high level of recording of staging data (70%) through the efforts of its clinical leads in combining clinical, imaging and pathological data to provide an integrated stage (6,8,13). The work of the National Audits indicates that high (>75%) levels of staging data can be recorded through the enthusiasms of local clinicians and the MDT process (6,8,17). The issue, for most cancers, appears to be that staging data are captured locally but not transferred to the Registries. International collaborations to standardise aspects of recording of cancer staging data are progressing (4,10). The Swedish model which mandates cancer centres to collect staging data for later, national analysis was described (9).

Advantages and limitations of TNM

The TNM staging classification provides a common, international currency for recording cancer stage (3,10). Although the 7th edition of TNM is an improvement on previous versions, it was noted that the UICC and AJCC versions differ and that Dukes’ and FIGO staging were accepted standards for colorectal and gynaecological malignancies (8,15). The continuing need for improvement in TNM is demonstrated by the engagement of the UK TNM committee with other groups and by the more transparent process to validating future modifications (3).

Strategies to improve staging data

Clearly defined and validated clinical, pathological and radiological data need to be captured to allow accurate staging. The cancer pathology datasets published by the Royal College of Pathologists and the evolving series of imaging datasets (Royal College of Radiologists) key to accurate staging (4,5).

Many speakers emphasised the need to ensure that IT systems in pathology, radiology and to support MDTs need to be developed to capture structured data, linked and kept up to date so that appropriate prognostic information is captured at a time when it is most clinically relevant. Data needs to be able to be transferred electronically to cancer registries. It would be helpful if measures were in place to prevent Trusts purchasing pathology, radiology and MDT software that is incapable of providing itemised electronic data (including dataset items for radiology and pathology) to Cancer registries.

The MDT is seen as the most appropriate forum at which to capture an accurate, pre-treatment stage and MDTs need to be appropriately resourced. Although Trusts are mandated to provide staging data to cancer registries, there are no penalties in place and the supply of data to registries is haphazard (2). Staging data from the National Audits could also be used to improve staging ascertainment by Cancer registries if it was available more timely.

The Cancer Outcomes and Services Dataset will provide a single, consistent dataset to support the varied needs of the NHS (12). Mandatory data collection by Trusts, presumably through MDTs, will populate the COSD. Novel aids to accurate staging, such as that developed to assist radiologists (11), and to assist in the capture of prognostically important clinical information for skin cancers (7) would be encouraged.

Existing data may, with great caution, be reworked making assumptions to partly fill some of the gaps where staging data are missing (14), although this has a small impact of overall data completeness. Areas highlighted where potential assumptions may be made include early stage breast cancers and it was pointed out that this would fit with clinical practice where clinicians will not subject the patients to the radiation associated with radiological investigations if the risk of distant spread is considered low.

The proposed National Staging Panel for Registration will develop guidance for the consistent capture of cancer staging data across England and will need the support of all professional groups and of Trusts (through efficient data capture) to be effective.

Speakers: Sean McPhail (1), Brian Rous (2), Malcolm Mason (3), Lynn Hirschowitz (4), Gina Brown (5), Tim Helliwell (6), Julia Newton-Bishop (7), Paul Finan (8), Lars Holmberg (9), David Forman (10), Martin Crowe (11), Trish Stokes (12), Gill Lawrence (13), Sally Vernon (14), Andy Nordin (15), Steven Olliver (16), Mick Peake (17)