

# NCIN



national cancer  
intelligence network

*Using information to improve quality & choice*

## CO-MORBIDITY WORKSHOP

### 22<sup>ND</sup> OCTOBER 2009

[www.ncin.org.uk](http://www.ncin.org.uk)

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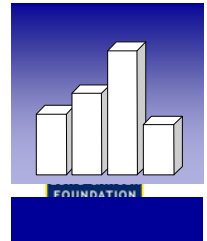
## NCIN –who are we??

[www.ncin.org.uk](http://www.ncin.org.uk)



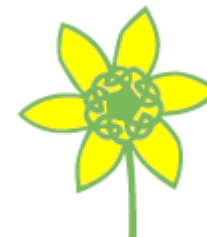
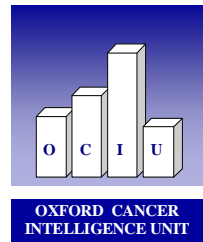
NCRI  
National  
Cancer  
Research  
Institute

# NCRI Partners



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# NCIN Collaborators



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# The people

- Mick Peake
- Di Riley
- SSCRG's-Chairs and membership
- The facilitators
- The important people in the background
- The whole cancer community

# HOUSEKEEPING

# Questions?

- Are we agreed co-morbidity has a significant impact on cancer care and outcome?
- Should be routinely collected in all cancers?
- If so how can this be achieved?

# AIMS OF THE DAY

- To consider the need for routine co-morbidity data collection in all cancer patients
- To evaluate current methodologies
- To consider attributes of a generic tool
- To consider any SSG specific elements
- To consider feasibility of collection



# AIMS OF DAY

- CO-MORBIDITY

- The why
- The what
- The when
- The how
  
- What further work needs to be done?

# How to achieve aims

- Representative attendance
- Workshop format
- Lectures from a renowned international faculty
  - *Please note key findings from talks to refer to*
- Two facilitated workshops
- Proceedings will be written up and advise revised National Cancer data-set

# Request

- Request to look at this impartially for the benefit of all cancer sites
- Not to only promote a personal view of a single methodology
- To actively contribute to the days sessions
- Enjoy the day!!!



# Why should we routinely collect co-morbidity data in cancer patients?

Richard Wight

Consultant Head and Neck Surgeon

South Tees Hospitals NHS FT

# What influences cancer decision making?

- Tumour factors
- Individual factors
  - *Patient preferences*
  - *Performance status*
  - *Frailty*
  - *Fitness*
  - *[Age]*
  - **CO-MORBIDITY**

# WHAT DOES CO-MORBIDITY MEAN TO YOU ?

# Co-morbidity in cancer

- Definition:-

Co-morbidity is a disease or illness affecting a cancer patient in addition to but not as a result of their index (current) cancer.



# Co-morbidity

- What elements are important?
- Condition present versus decompensation from condition?
- Individual conditions versus overall cumulative diseases burden ?
- Life history versus current active disease?
- At point of diagnosis?
- At recurrence?

# What could co-morbidity information contribute?

- To case mix adjustment in comparative survival (and treatment rates)
- To predict outcome
- To better understand peri-treatment /morbidity/mortality and longer term complications
- To contribute to quality care assessment
- To compare treatment selection
- Personal prognostograms and treatment alignment ?

# Previous work

- NHSIA Jenny Millman 2002
- Cancer Dataset Project
- **Pilot Lessons Learned Report  
Co-morbidity**

The progression of a co-morbidity journey  
rather than the ultimate answer today



- **The group considered the requirements of an ideal co-morbidity index, and raised the following points:-?**
- **It should be :-**
- Be collected at MDT
- Quick and easy
- Suitable for other diseases than cancer as well
- Short learning curve
- Low interobserver variability
- Integrate with registry retrospective collection
- USA/Europe – transferable
- Allow examination of interrelationship with factors ? need to collect items and score at level 3
- Inform treatment choice
- Pick out those where primary surgery is excluded on ill-health grounds(?links to ASA)
- Predict survival (independent factor)
- Apply to all