




Improvements in 1-year survival rates in lung cancer: a network's experience of undertaking a systematic review of information to inform cause and effect

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This is a joint working project between Mount Vernon Cancer network and Roche Products Ltd.

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Introduction

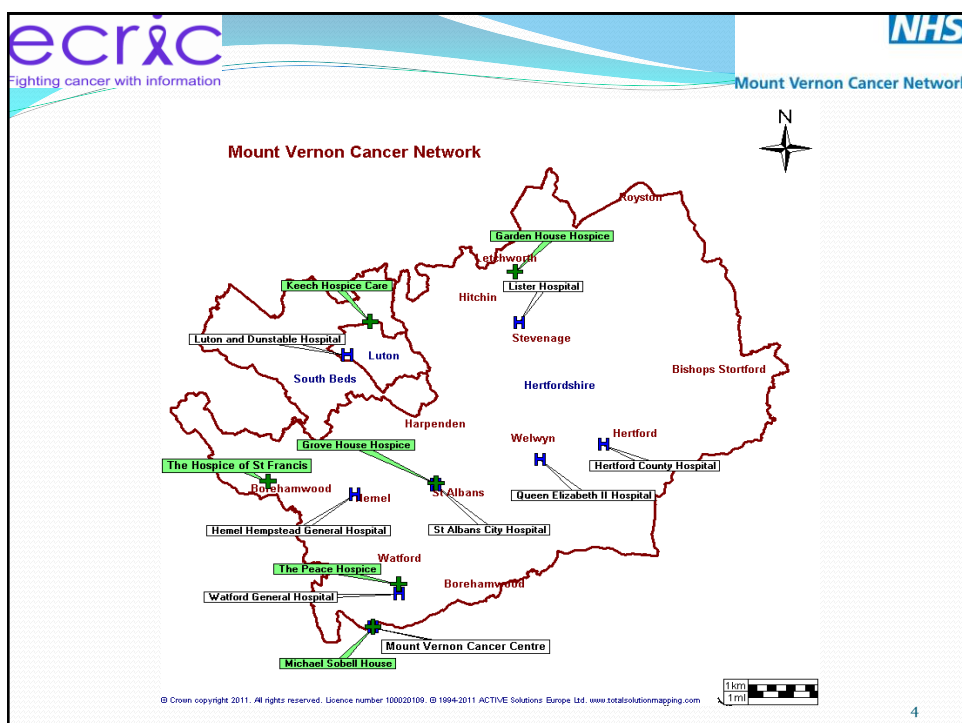
- Describe the work that Mount Vernon Cancer Network has been doing with ECRIC
- Present the data that has been produced during this time
- Understand factors that have driven higher than average increases in survival rates
- Understand the differences in result between ECRIC and LUCADA

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- MVCN consists of three Trusts which covers Hertfordshire, Luton and South Bedfordshire
 - East & North Hertfordshire NHS Trust
 - West Hertfordshire NHS Trust
 - Luton & Dunstable NHS Foundation Trust
- Oncological service is provided by Mount Vernon Cancer Centre
- Surgical service is provided by Harefield or Papworth hospitals
- The Network has been working with ECRIC, Roche and NCIN to analyse the lung cancer data for the last 3 years

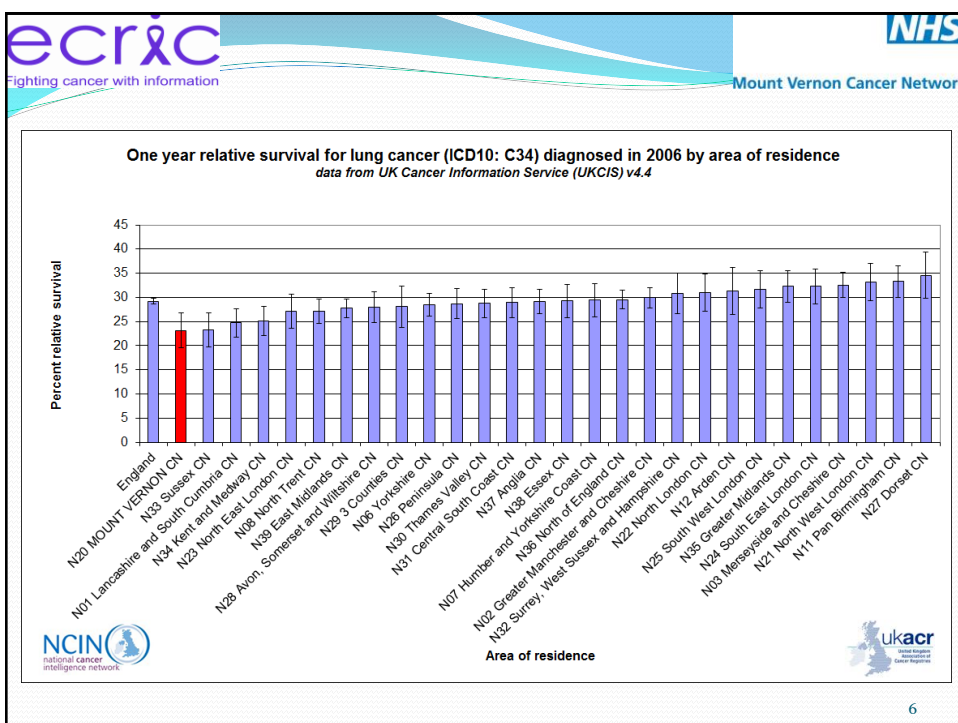
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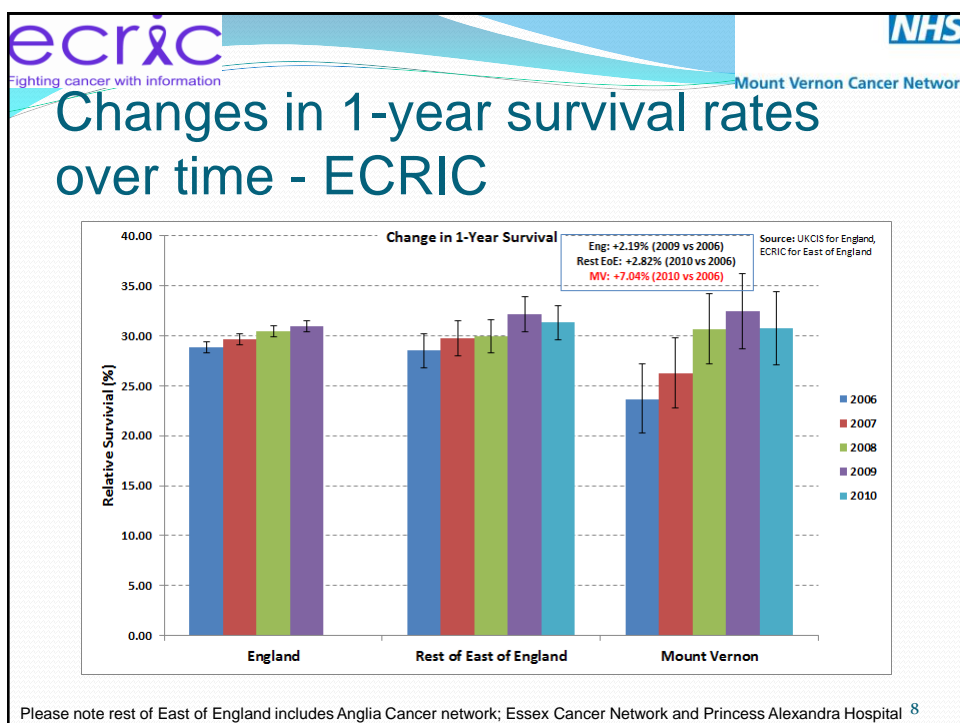
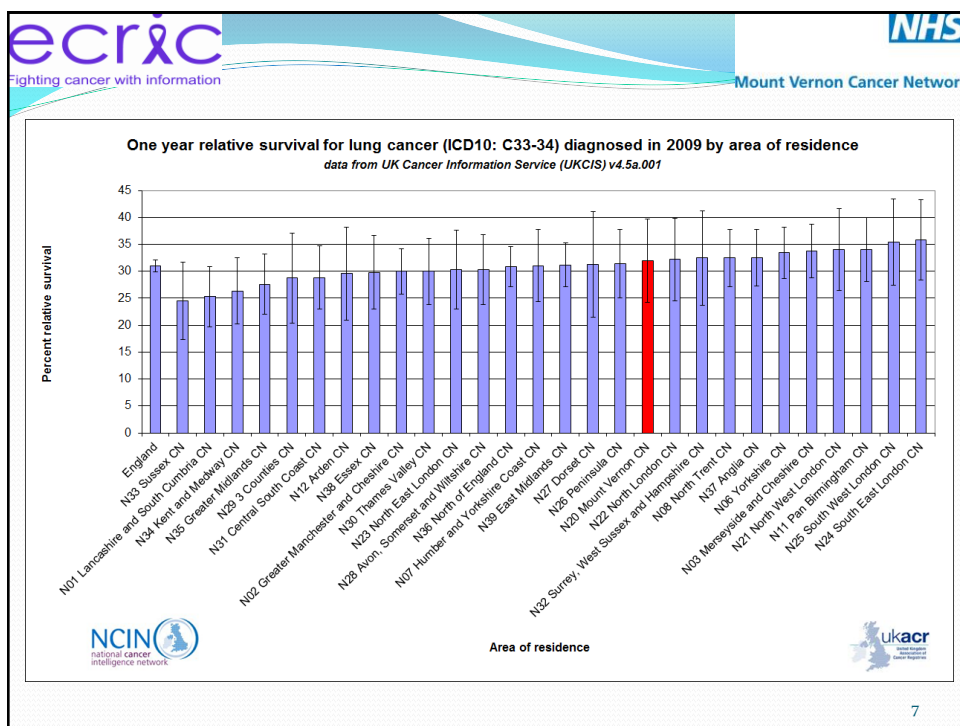


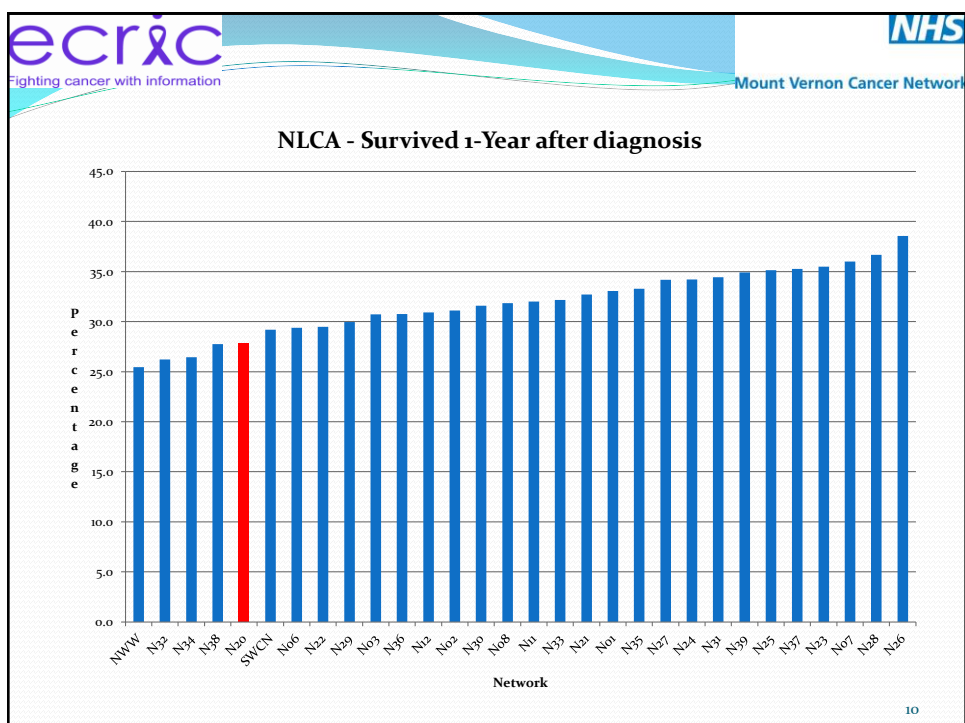
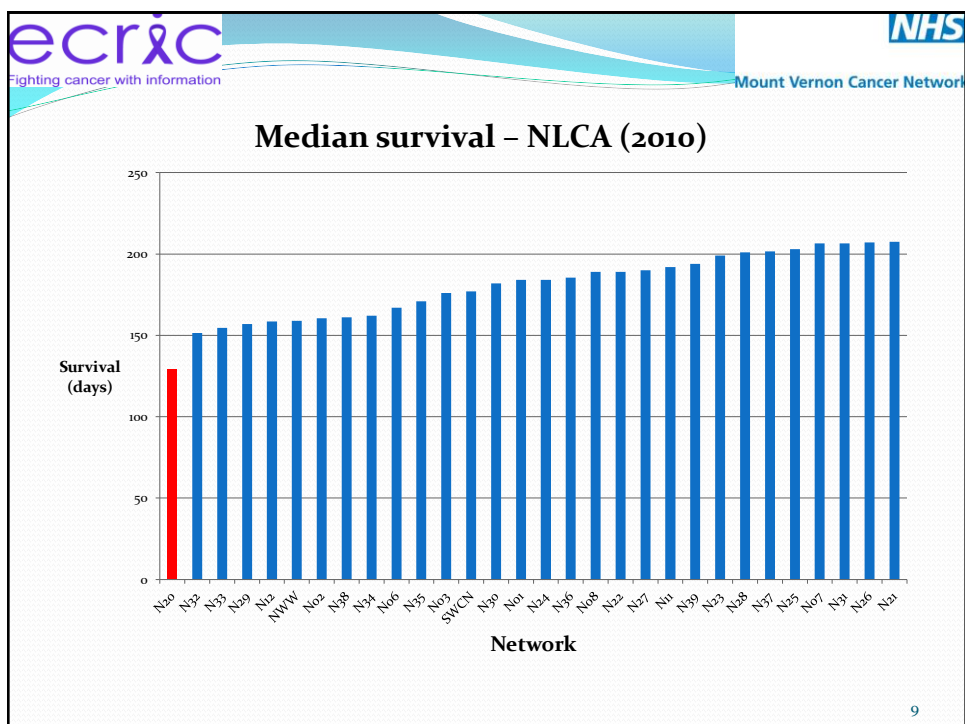
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- The collaboration started in 2009 as a result of the Network's concern with regards the data analysis that was coming from LUCADA (NLCA):
 - Were the Trusts data completeness in question?
 - Was the data uploaded accurate?
 - Is ECRIC able to validate the data analysis from LUCADA?
- Additionally, the Network was aware that the survival rates for lung cancer placed it in the bottom/fourth quartile when compared to other Networks in England

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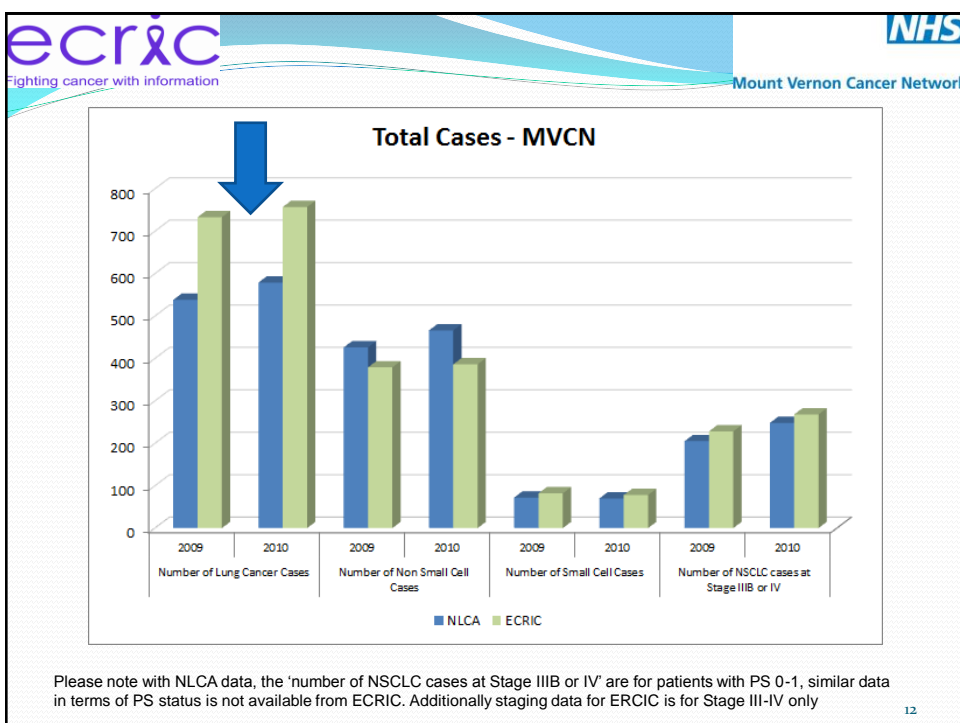
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Reviewing process and clinical measures

- During the period in question there has been a number of issues identified:
 - Differences between different data reports (NLCA and ECRIC) – review of 2009 and 2010
 - Active Treatment (surgery, radiotherapy, chemotherapy)
 - Completeness of data
 - Staging
 - Histological diagnosis


ECRIC = Eastern Cancer Registration and Information Centre; NLCA = National Lung Cancer Audit

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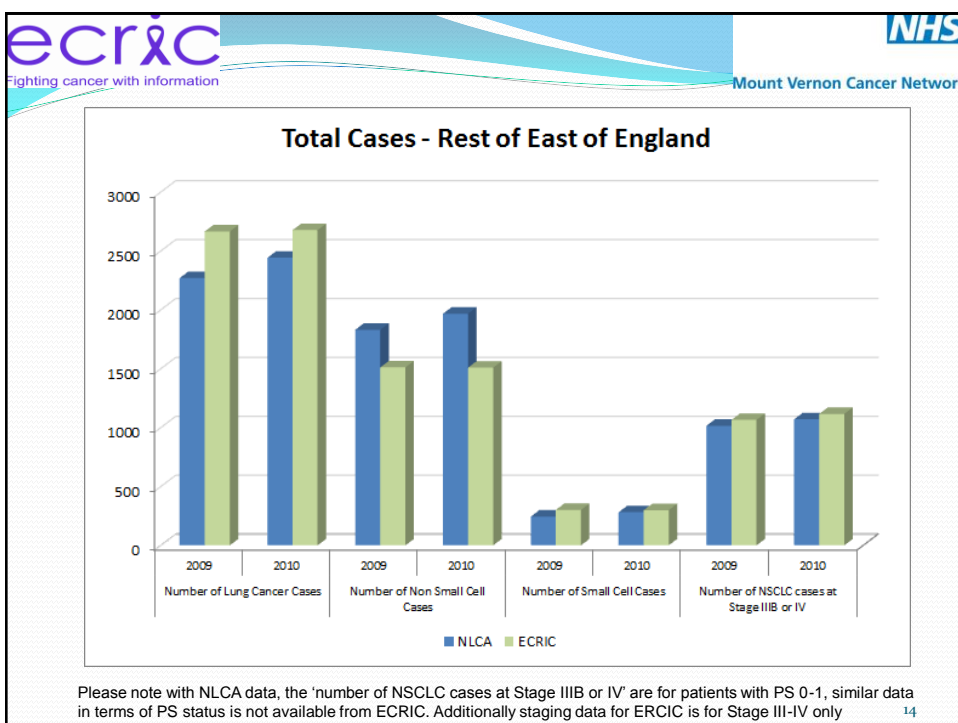
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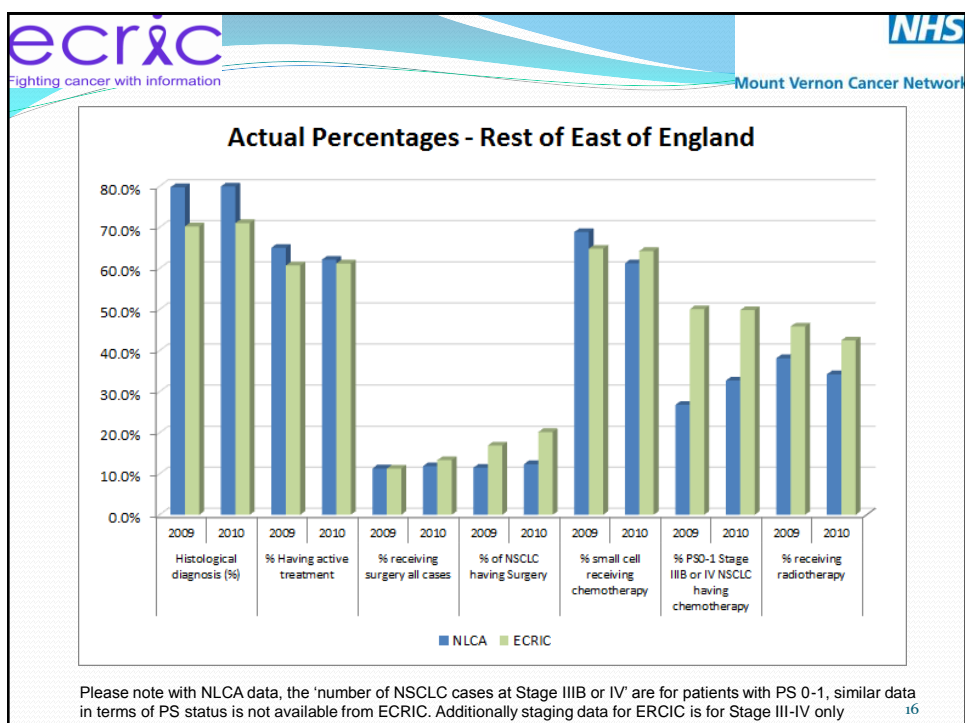
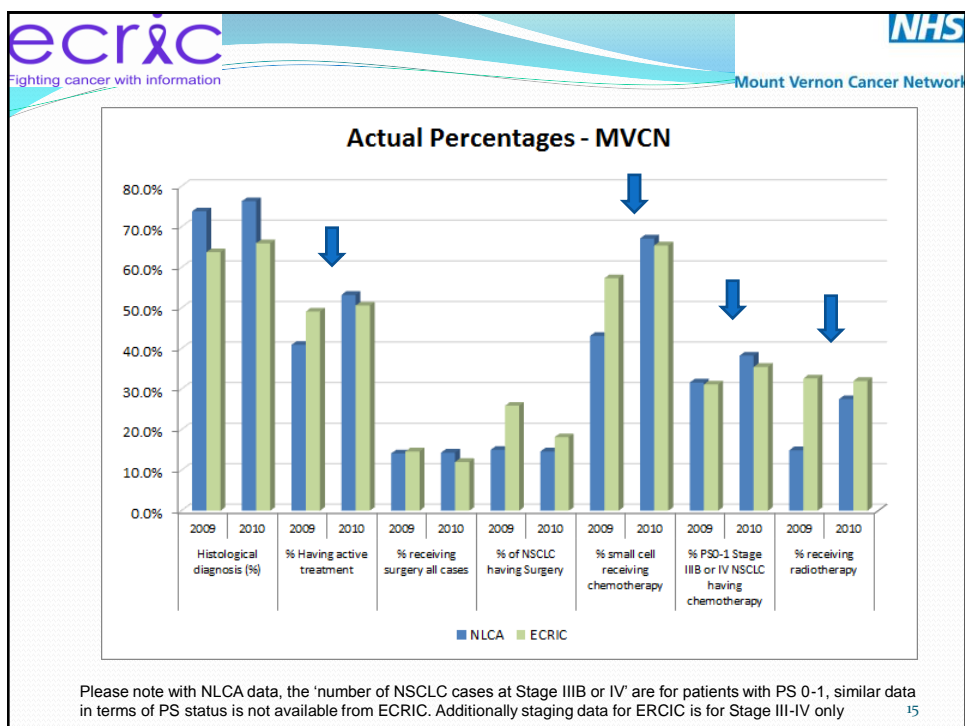


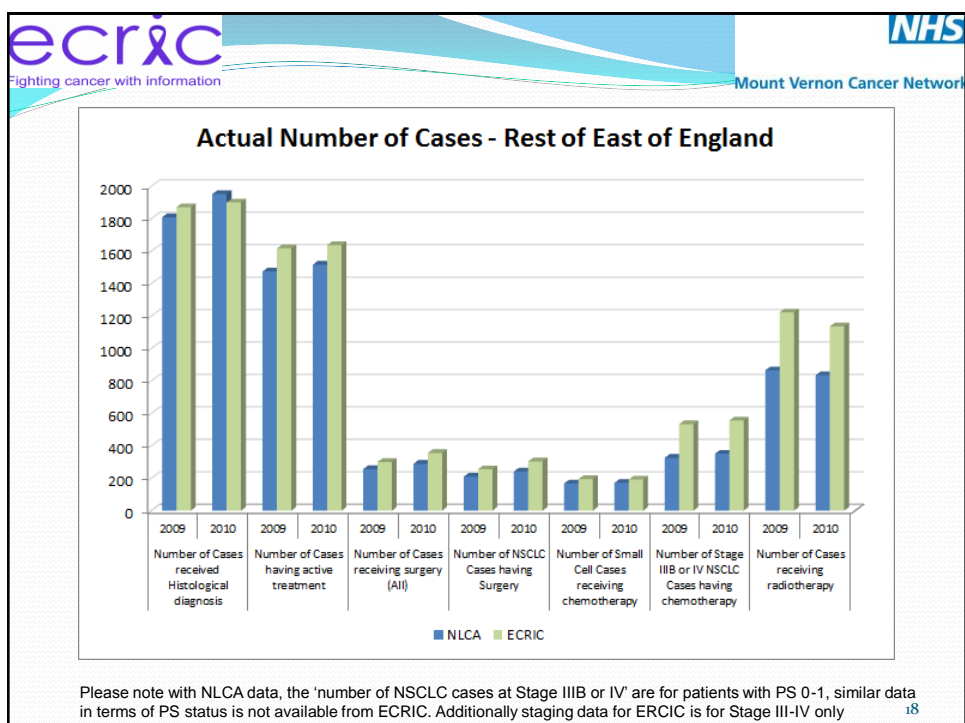
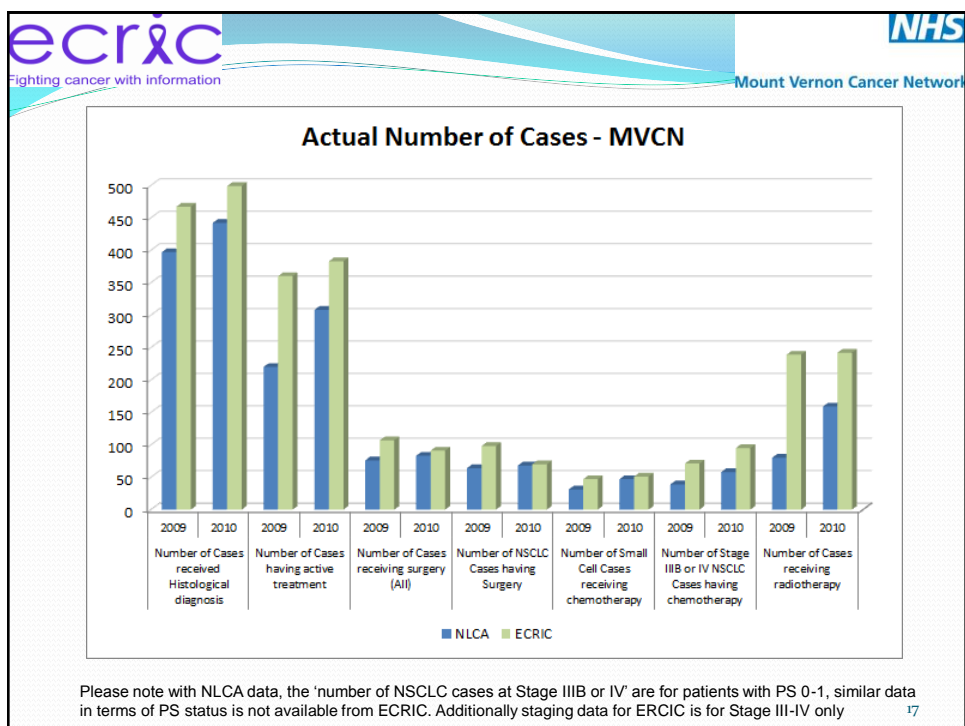
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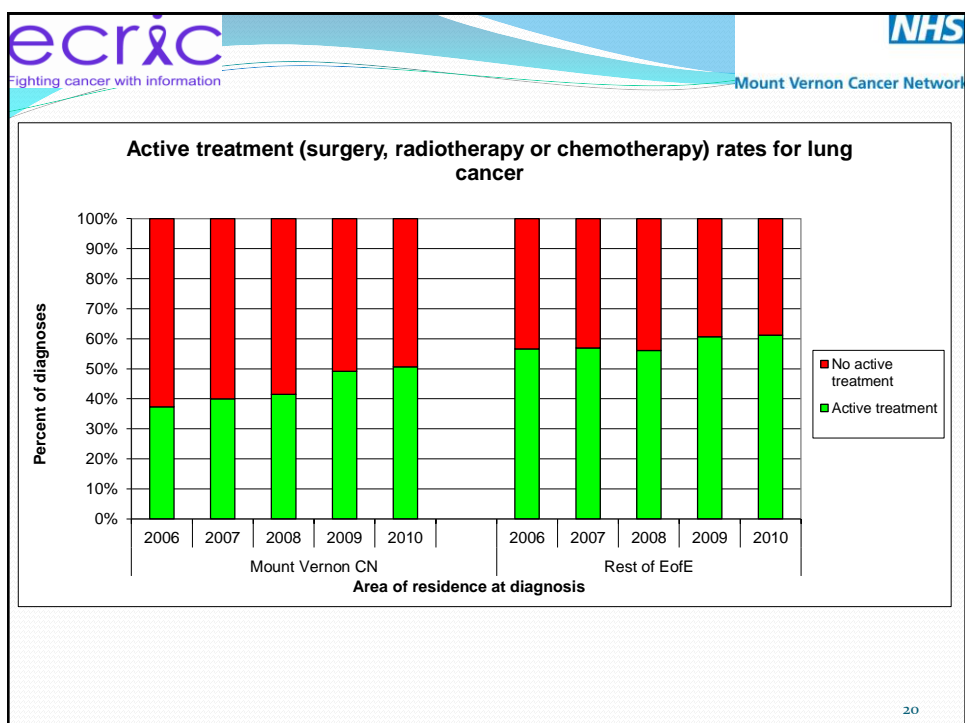
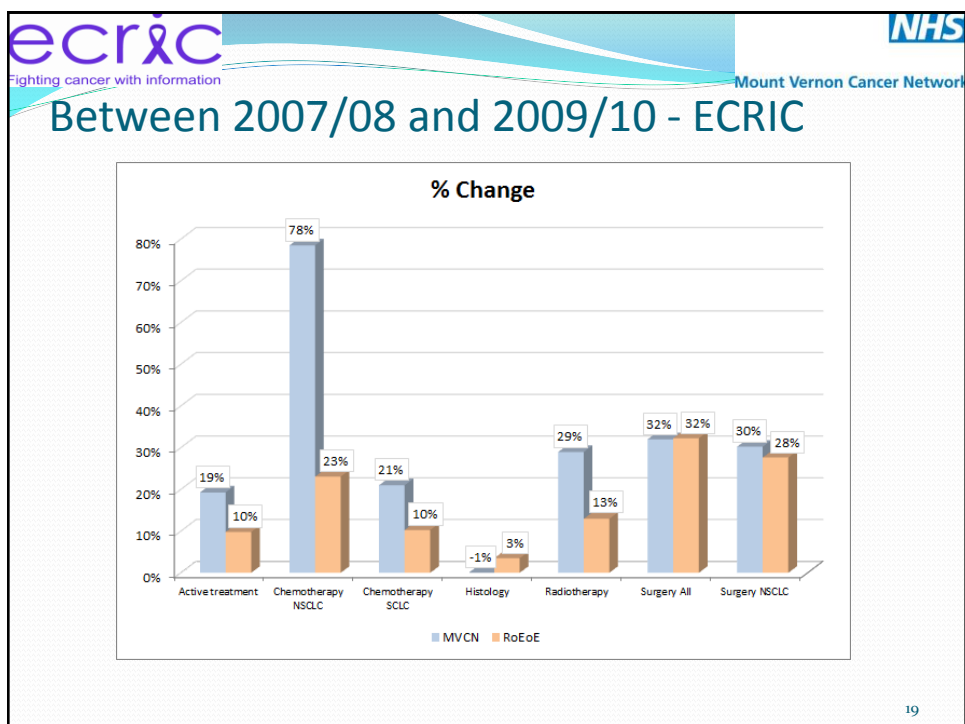
- ECRIC assigns cases to a Network based on post code
- LUCADA assigns case to a Network based on the upload from the relevant MDT.
- Difference within a Network could be referral pattern but the difference is seen even within the East of England (though smaller).

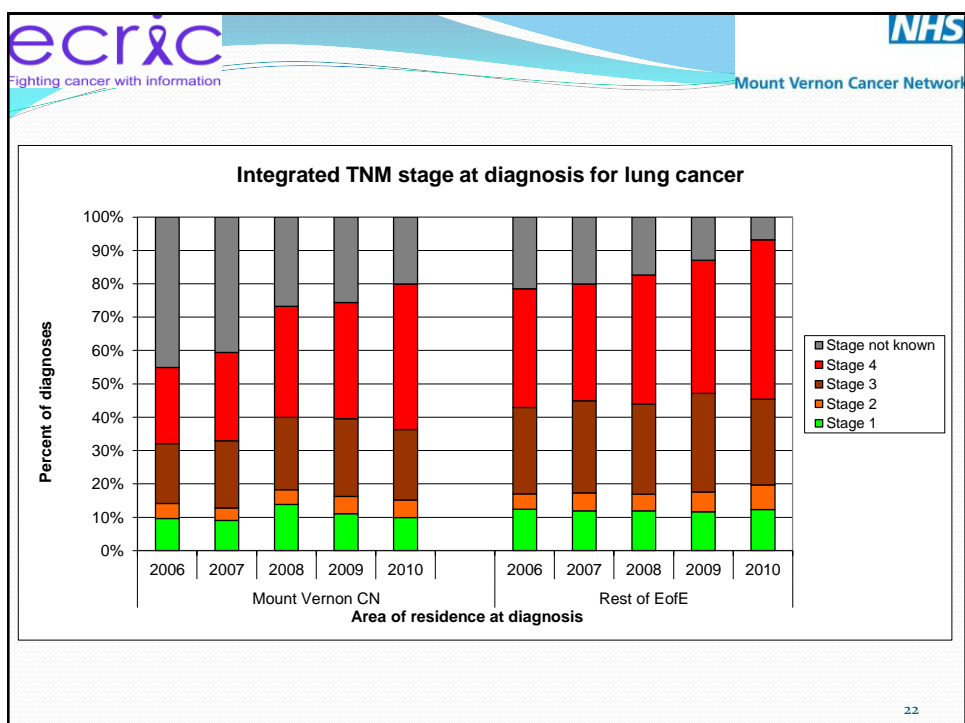
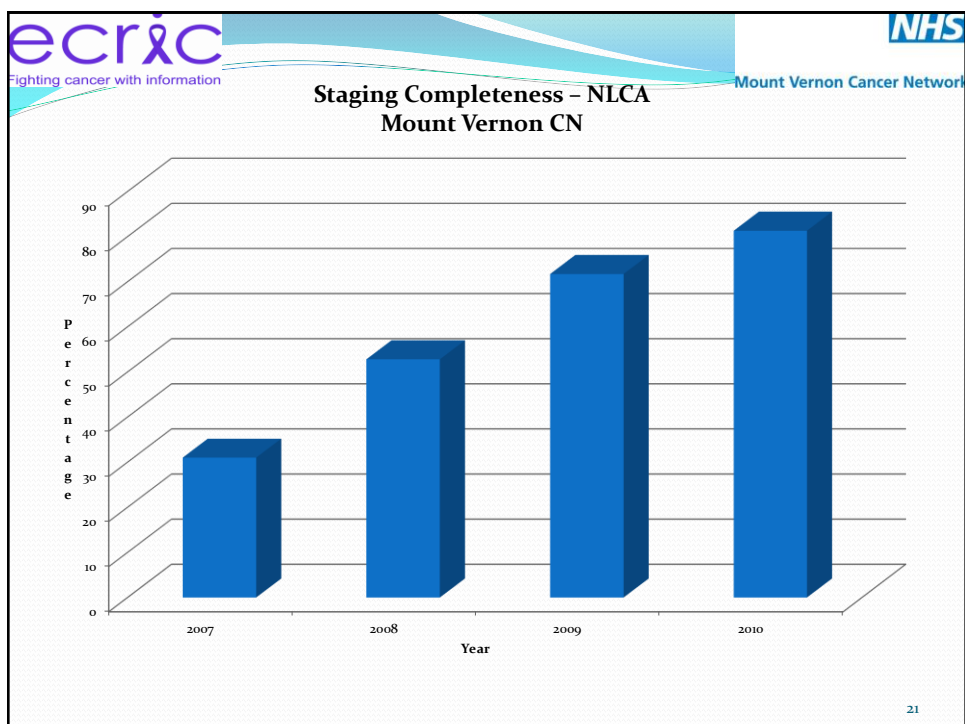
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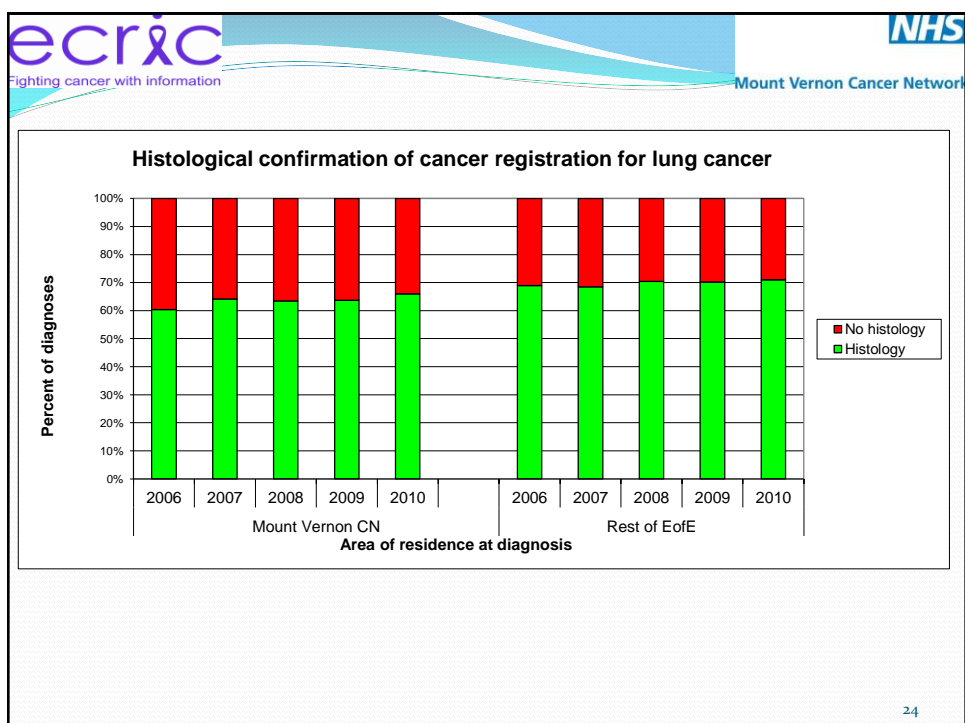
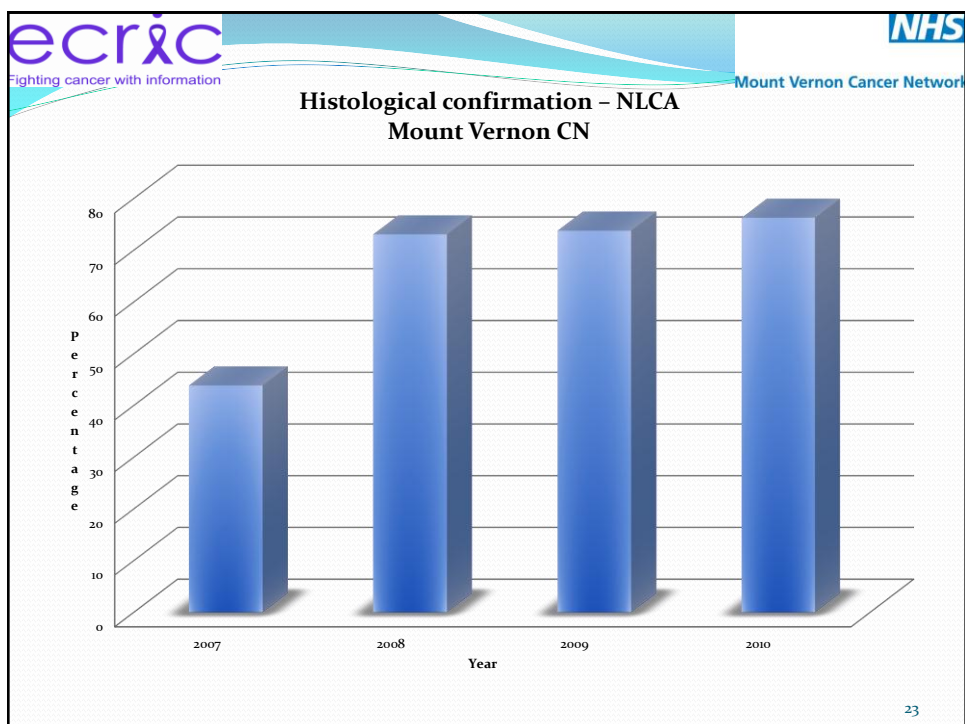




















Summary




- ECRIC assesses on the place of residence but NLCA assess the patients assessed in the MDT.
- There are differences identified with NLCA and ECRIC data.
 - Overall: 15% difference between number of cases held by ECRIC vs. NLCA (2010 data)
 - Particularly with the assessment of survival metrics
 - In terms of relative survival rates, looking at impact of treatment
 - Median survival looking at proportion of patients dying faster
 - Different measures with different parameters so no comparable

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- Consistency in terms of parameters
- Survival in Mount Vernon Cancer Network has been improving over the last 4 years and “caught up” with the regional and national averages.




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Conclusion

- Data completeness is essential for appropriate analysis to be done.
- Consistency is required in terms of analysis and approach with the data.
- The survival is due to combination of factors including data completeness, improvement in active treatment (notably chemotherapy for late stage NSCLC) and has spurred on improvement in staging and histological diagnosis.
- NSSG continuing to review process and clinical measures against survival.

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Acknowledgments

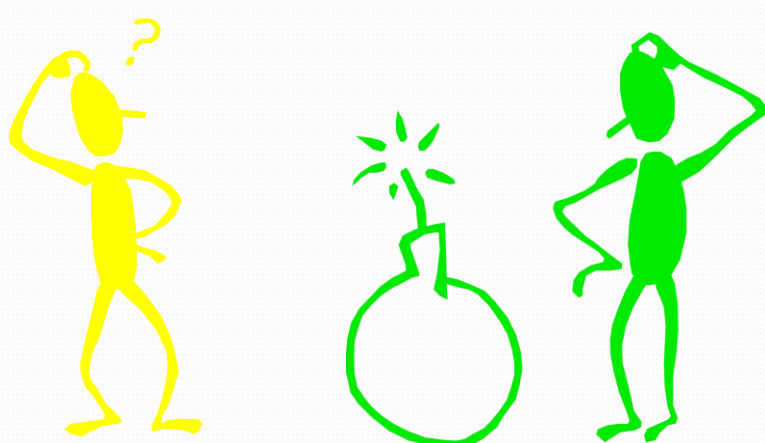
- MVCN and lung cancer MDTs
- All the staff of the Eastern Cancer Registration and Information Centre

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Questions ?



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