



# Data Collection through MDT's

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# Overview

- Purpose of MDT's
- The Cancer Reform Strategy
- The North West
- Electronic Data Collection
  - Why?
  - Challenges
- The Way Forward
- Questions

A blue arrow graphic points from the bottom left towards the top right, passing behind the title text.

## Purpose Of MDT's

- A team made up of different professions
- Need to draw a distinction between MDTs and MDT meetings
- MDT meetings are typically weekly or fortnightly - local or specialist
- Could discuss up to 50 cases per meeting
- But MDTs exist 24/7 and team members are team members outside of the meeting!



## Purpose Of MDT's

- To ensure multidisciplinary input into all decisions affecting patient care
- To ensure that care is given according to recognised guidelines
- To support entry of eligible patients into clinical trials

***Manual of Cancer Services Standards, 2000***





## MDT Data Collection

- MDT meeting is pivotal point in patient journey
- BUT MDT meeting needs to be well-structured, well-supported and well-resourced
- Lots of information is collated and collected at MDT meetings
  - Diagnostic tests
  - Staging
  - Treatment plans (surgery, radiotherapy, chemo, watch and wait, palliative care, hormones)
  - Treatment intentions (palliative, curative)



## Impact of the Cancer Reform Strategy

- New targets have been set, covering a much wider number of patients
  - 31 Day Target extend to cover all cancer treatments
  - Bowel Screening extended to include ages 70-75 by 2010
  - All screening detected cancers will be on 62 day pathway
  - Consultants can upgrade patients to 62 day pathway



# Impact of the Cancer Reform Strategy

- Streamlined submission of MDT data within the National Cancer Registration Dataset
  - Electronic submission of datasets to Cancer Registries by 31<sup>st</sup> March 09
- Compliance with National Cancer Audits
  - DAHNO
  - LUCADA
  - NBOCAP
- .... And subsequently
  - NMBRA
  - Oesophageal
- Improvement in the quality of cancer staging data



## The “North West” Position

- Recognised to be approx 34,000 cancer registrations across the North West
- Retrospective analysis (2007) would highlight the scale of the problem
- Staging data only collected for
  - Breast
  - Colorectal
  - Melanoma
  - Cervix
- Completeness of staging data variable



# The “North West” Position

Table No. & Parameters	Target / Expected Value	UK Average	England Average	NWCIS 2005
<b>Table 3C Completeness of the dataset - specific staging information including grade</b>				
Stage - Breast cancer - % with known Bloom and Richardson grade	>78%	76.4	77.6	79.3
Stage - Breast cancer - % with known number of positive nodes	>65%	47.2	43.4	13.3
Stage - Breast cancer - % with known invasive size	>65%	63.4	61.3	54.6
Stage - % with known NPI score	>65%	39.9	37.8	0.8
Stage - Colorectal cancer - % with known pathological Dukes stage	>74%	51.4	48.5	46.1
Stage - Cervical cancer - % with complete FIGO stage	>70%	37.3	41.2	17.0
Stage - Melanoma of the skin cancer - % with known Breslow thickness	>80%	57.0	54.7	23.8
Stage - Melanoma of the skin cancer - % with known Clark's level	>80%	47.7	42.9	70.4



## The “North West” Position

- The retrospective data analysis presents a number of challenges
  - Purpose of the exercise – just staging data??
  - Interpretation and abstraction from notes (expertise required??)
  - Pathology reports may miss clinical staging detail
  - Potential staffing of the exercise
  - Costs of the exercise
- Prospective cancer data collection

# Live Electronic Cancer Data Collection

- Why?
  - Live data collection via MDT - instant validation
  - Less duplication of data
  - Encourages clinical engagement at MDT meetings
  - Data sharing across organisational boundaries
  - More efficient use of time and resources
  - Legal issues
  - Meets the challenges of CRS head on
    - Electronic feed to Cancer Registries with Path data
    - More informative health outcome data – clin staging and path staging



# Live Electronic Cancer Data Collection

- Challenges?
  - Complete culture change within MDT
  - Multiple data collection tools for tumour sites
  - Finding a coordinated solution for each tumour site
  - Links with existing hospital systems i.e. PAS, Path, Radio
  - Ensure that the coordinated solution meets the CRS informatics agenda





## The Way Forward

- Mandation of data
  - NCASP audits (Healthcare Comm)
  - Utilisation of datasets e.g CWT to include staging data (more timely validation)
  - Performance monitoring within network clinical groups
- Real time health professional involvement
- Strong leadership within MDT

## Where is the “North West”

- Somerset Cancer Register (SCR)
  - Web based clinical data collection
  - Originally in house database (ASW NHS Trust)
  - Initially designed to support CWT collection
  - ASWCS Network supported further development
  - To create a single database that allows “real time” collection across a number of datasets
  - 35 Trusts either using or in the process of implementing SCR across the UK

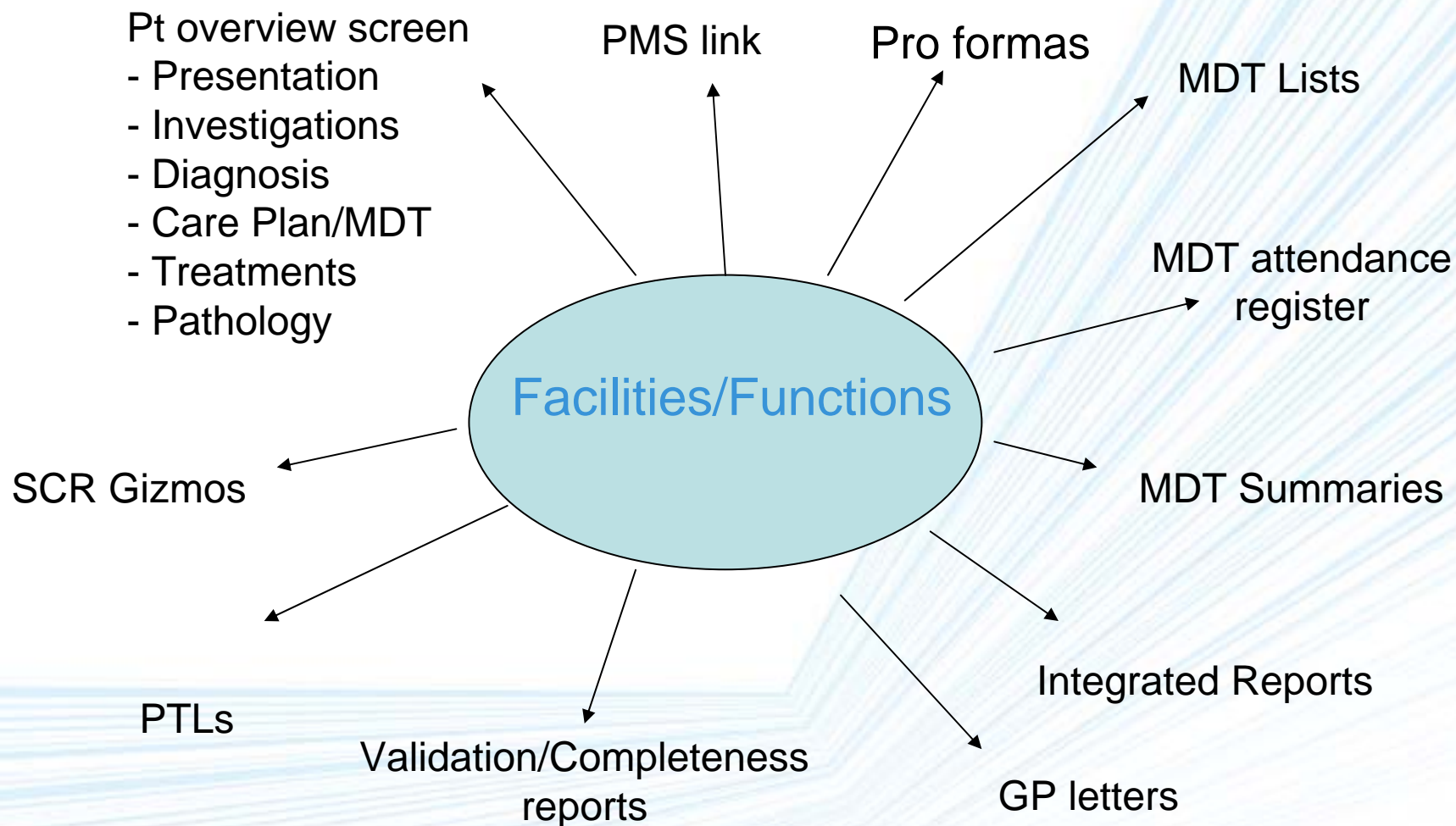


## Where is the “North West”

- Datasets SCR can collect
  - National Cancer Waiting Times
  - National Cancer Registry
  - NCASP
  - Royal College
  - CSV export facilities for all the above



## Where is the “North West”





Multidisciplinary Colorectal Cancer Meeting					
Patients Name: PARKER, Peter	Date of Birth: 14/06/1964 (43)	Hospital Number:	NHS Number:0000000008		
Consultant: <input type="text"/>	Date First Appointment: 15/03/2008	Recurrence: <input type="text" value="No"/>	Key Worker: <input type="text"/>		
Date of Meeting: 05/05/2008	Hospital: MPH	Pre/Post Treatment: <input type="text" value="Pre"/>	<input type="text"/>		
<b>Definitive Treatment Target Date: 15/05/2008</b>			<b>Days Remaining: 9</b>		
<a href="#">View Referral Symptoms Presentation</a>					
Investigations (Abnormal)					
Investigation: Colonoscopy	Date: 15/03/2008	<a href="#">View All Investigations</a>			
Diagnosis					
Date of Diagnosis: <input type="text"/>	Diagnosis: <input type="text"/>				
Synchronous Cancer: <input type="text"/>					
Full Colonic Imaging: <input type="text" value="No"/>	Polyps: <input type="text" value="No"/>				
Liver Imaging: <input type="text" value="No"/>	Cysts: <input type="text" value="No"/>	Haemangioma: <input type="text" value="No"/>			
Liver Mets: <input type="text" value="None"/>	Bone Mets: <input type="text" value="None"/>	Lung Mets: <input type="text" value="None"/>	Other Mets: <input type="text" value="None"/>		
Treatment					
Clinical Trial Status: <input type="text"/>					
Pathology					
Date of Reporting: <input type="text"/>	TNM Staging: pT <input type="text"/> pN <input type="text"/> pM <input type="text"/>				
Dukes Stage? <input type="text"/>					
Local Invasion: <input type="text"/>					
Extramural Vascular Invasion: <input type="text"/>					
Nodes Examined: <input type="text"/>	Positive Nodes: <input type="text"/>				
MDT Decision/Care Plan					
Care Plan Intent: <input type="text"/>	No Treatment Reason: <input type="text"/>				
First treatment: <input type="text"/>	Second treatment: <input type="text"/>				
Referred to: <input type="text"/>	Who Referred to: <input type="text"/>	Action By: <input type="text"/>			
MDT Comments: <input type="text"/>					
<a href="#">View All MDTs</a>   Print <input type="checkbox"/>   <a href="#">Save</a>   <a href="#">Close</a>					

# Pre-Treatment Multidisciplinary Colorectal Cancer Meeting

Date of Meeting: 05/05/2008

This management plan relates to the original primary cancer

IHS Number: 0000000008

Surname: PARKER

Date of Birth: 14/06/1964

Address:

Hospital Number:

Forename: PETER

Date of First Appt: 15/03/2008

Consultant: Dr Archer

Date of Decision to Refer: 14/03/2008

Referral Priority: 2ww Referral

GP Name: DR ADAMSON

GP Address: THE OLD SCHOOL SURGERY, MAJOR ROAD, FISHPOIDS, BS16 2JD

Definitive Treatment Target Date: 15/05/2008

Days Remaining: 9

## Presentation

## Investigation

Date Performed	Investigation Type	Site	Outcome	Comments
15/03/2008	Colonoscopy	-	Abnormal	

## Diagnosis

Date of Diagnosis: 10/05/2008

Diagnosis: Malignant neoplasm of colon

Patient Informed: No

Relative/Carer Informed: No

Synchronous Cancer: No

Full Colonic Imaging: No

Liver Imaging: No

Liver Mets: None

Bone Mets: None

Lung Mets: None

Other Mets: None

## Treatment

## Pathology

TMM Staging: pT2pM0

Dukes Stage: B

Extramural: Yes

Vascular Invasion:


## MDT Decision / Care Plan

Care Plan Intent: CURATIVE

First Treatment: SURGERY

Second Treatment: TELETHERAPY (RADIOTHERAPY)

Referred to: Prof Angelini for Surgery



*“If you are in the business of treating cancer, you are in the business of collecting cancer data”*

*- Prof Mike Richards*



# Questions?

## Contact Details

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