

OVERVIEW OF DATA SOURCES

William Allum
Chair
Upper GI Clinical Reference Group
NCIN

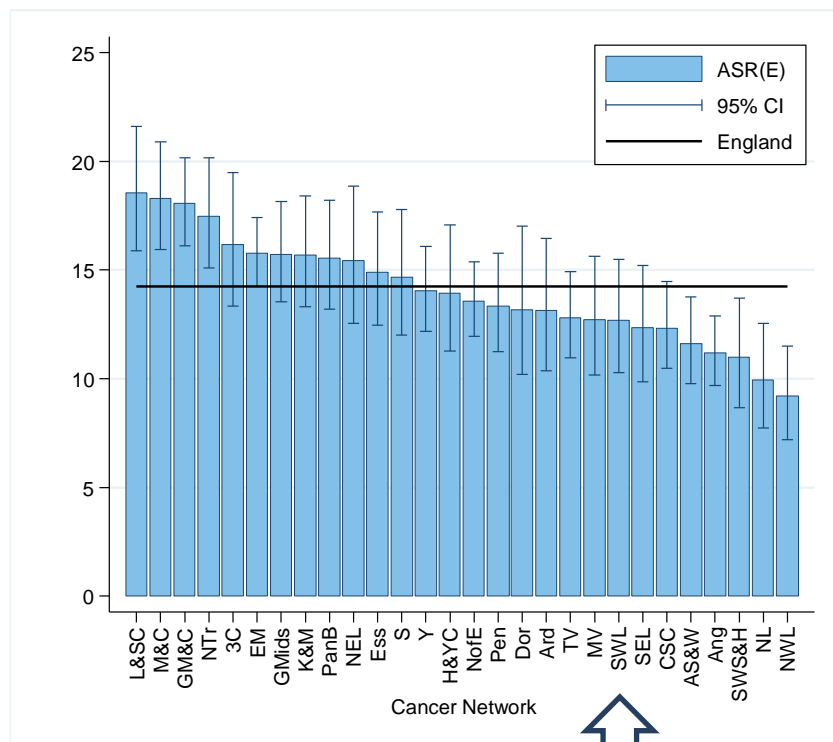
Data Sources

- Hospital Episode Statistics (HES)
- National Cancer Waits
- National Cancer Data Repository
 - Cancer Registry
 - UK Cancer Information Service
- National Specialty Audits
- National Cancer Peer Review
- National Cancer Research Institute

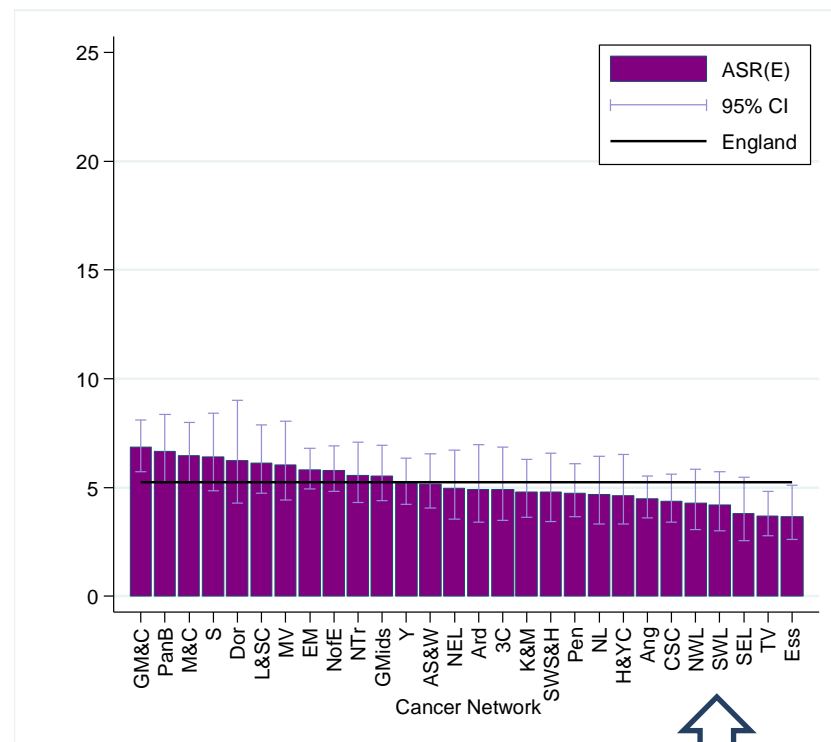
- Activity – number of new patients referred annually and number discussed at MDM
- Approaches to data recording – methodology for recording National Core Data Set
- Involvement in National and local Audit – approaches to data entry and evaluation
- Rates of trial entry

Incidence of Oesophageal Cancer

Males



Females



Overall Incidence

	Oesophageal cancer			Stomach cancer		
	(ICD10 C15)			(ICD10 C16)		
	Number of cases	Percentage	England %	Number of cases	Percentage	England %
Persons	151			141		
Males	101	66.9%	66.9%	85	60.3%	65.3%
Females	50	33.1%	33.1%	56	39.7%	34.7%
Age group						
0-59	32	21.2%	17.3%	28	19.9%	14.7%
60-69	32	21.2%	26.1%	20	14.2%	19.4%
70-79	43	28.5%	29.1%	56	39.7%	32.8%
80+	44	29.1%	27.5%	37	26.2%	33.2%

Age Distribution for Oesophageal and Gastric Cancer

London Cancer Alliance



	OESOPHAGEAL			GASTRIC		
	< 60	60-69	> 70	< 60	60-69	> 70
NW	29.1%	27.6%	43.3%	21.6%	23.5%	54.9%
SW	21.2%	21.2%	57.6%	19.9%	14.2%	65.9%
SE	16.8%	24.8%	58.4%	24.1%	16.3%	60.6%
England	17.3%	26.1%	56.6%	14.7%	19.4%	65.9%

Routes to Diagnosis Gastric Cancer

	WLCN	SWCLN	SELN	ENGLAND
Two Week Rule	7%	14%	18%	23%
GP / OP Referral	22%	25%	19%	17%
Emergency	32%	35%	41%	33%
Other OP	11%	7%	8%	8%
Inpatient Elective	13%	8%	7%	13%
Death Certificate	1%	1%	1%	1%
Unknown	14%	10%	7%	5%
No. of cases	359	411	476	18,613

National Oesophago – Gastric Cancer Audit



The Royal College of Surgeons of England



British Society of
Gastroenterology

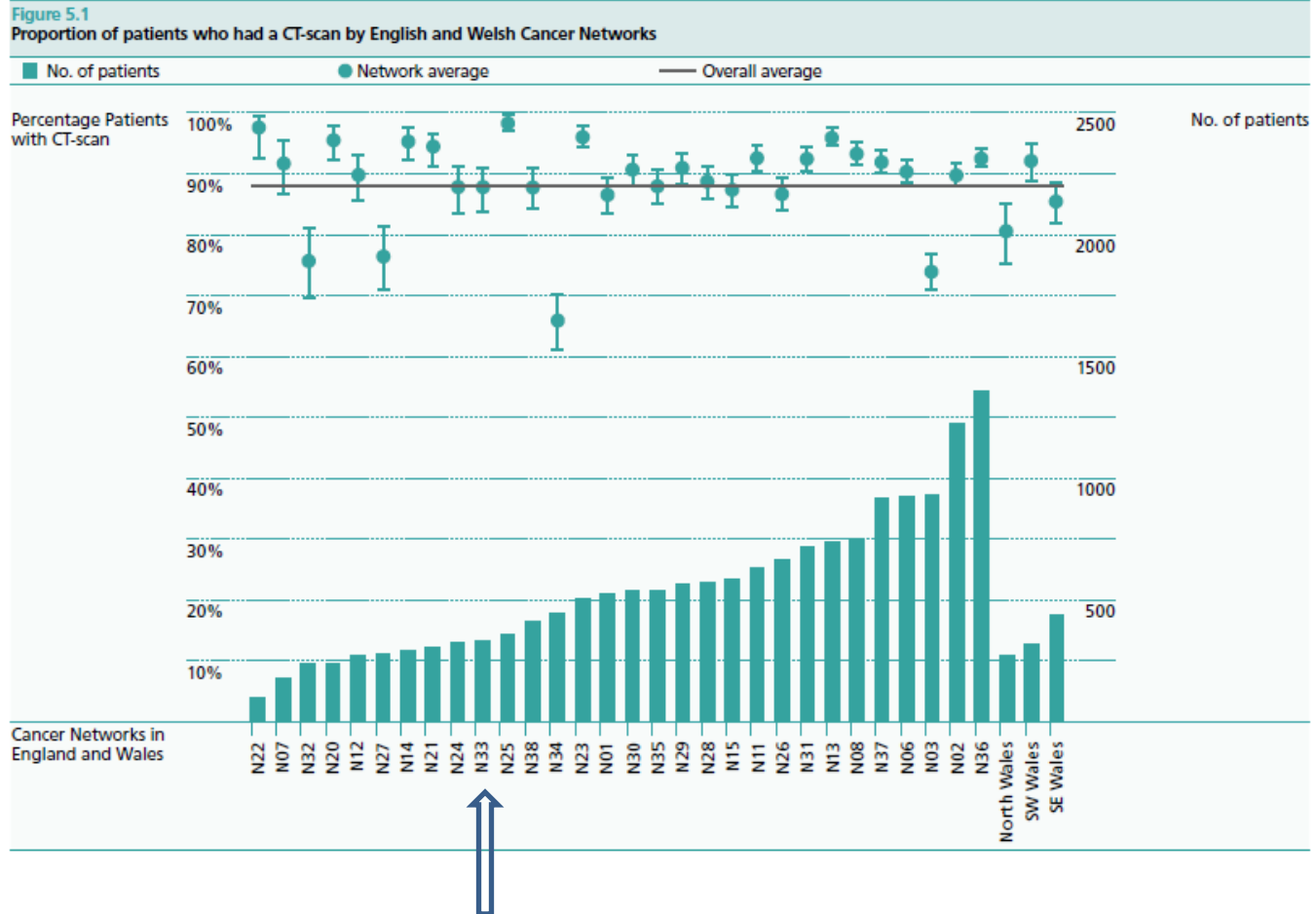
AUGIS

Data collected

- Data on all patients:
 - Referral route
 - Date of diagnosis, staging investigations
 - Planned treatment
- Other data depends on treatment received:
 - Curative and palliative surgery
 - Endoscopic / radiological palliative therapy
 - Chemotherapy / radiotherapy
 - Post-operative pathology after curative surgery

- Diagnostics / Staging – availability of PET-CT; MRI; EMR; pancreas biopsy cytology / histology
- Audit of preoperative staging compared with intra-op and postop findings: prediction operability (open and close rates; bypass rates when resection planned)
- Pathology review following surgery
- Dietician support

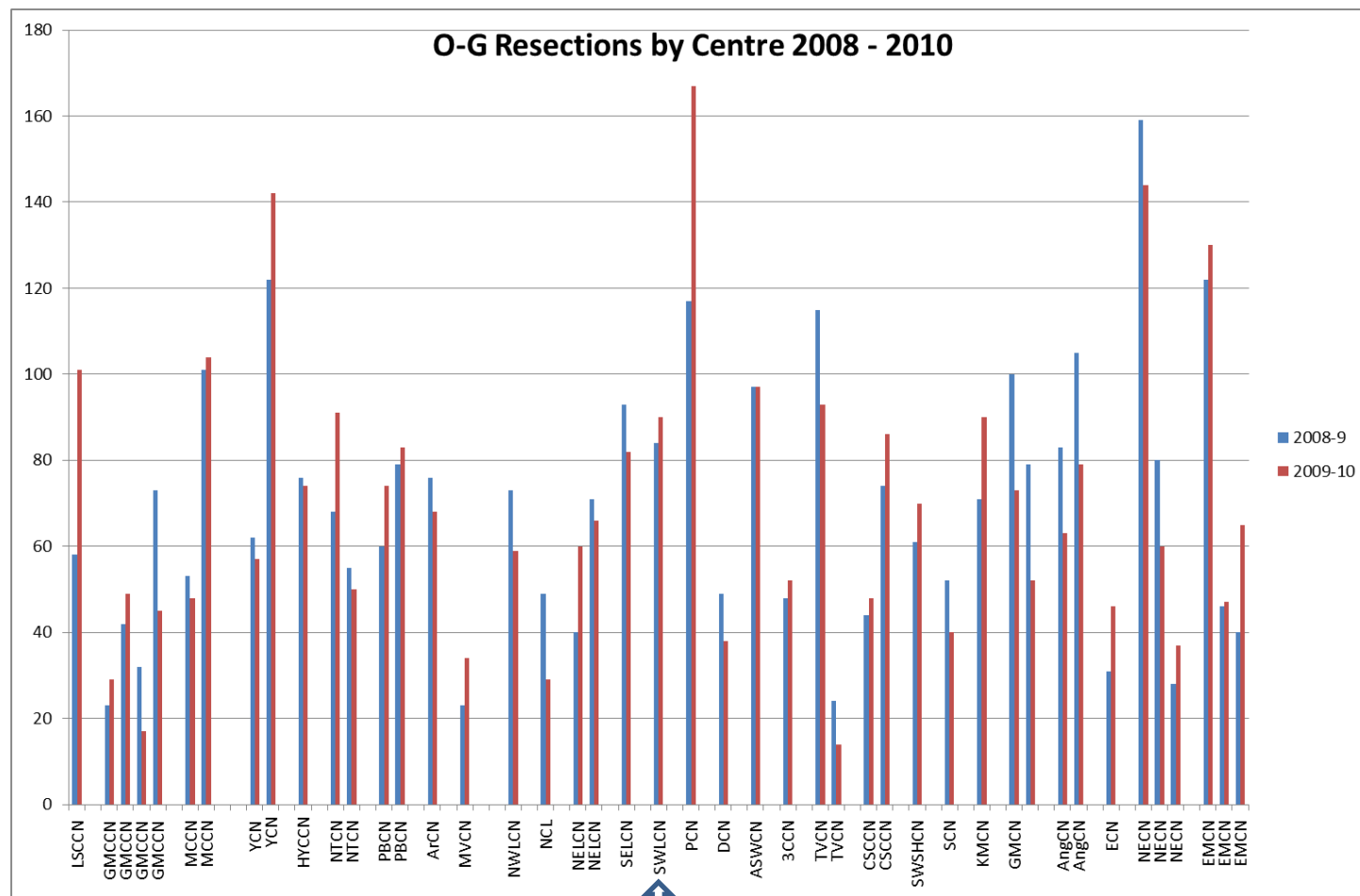
Proportion of Patients who had CT-Scan



Treatment Planning

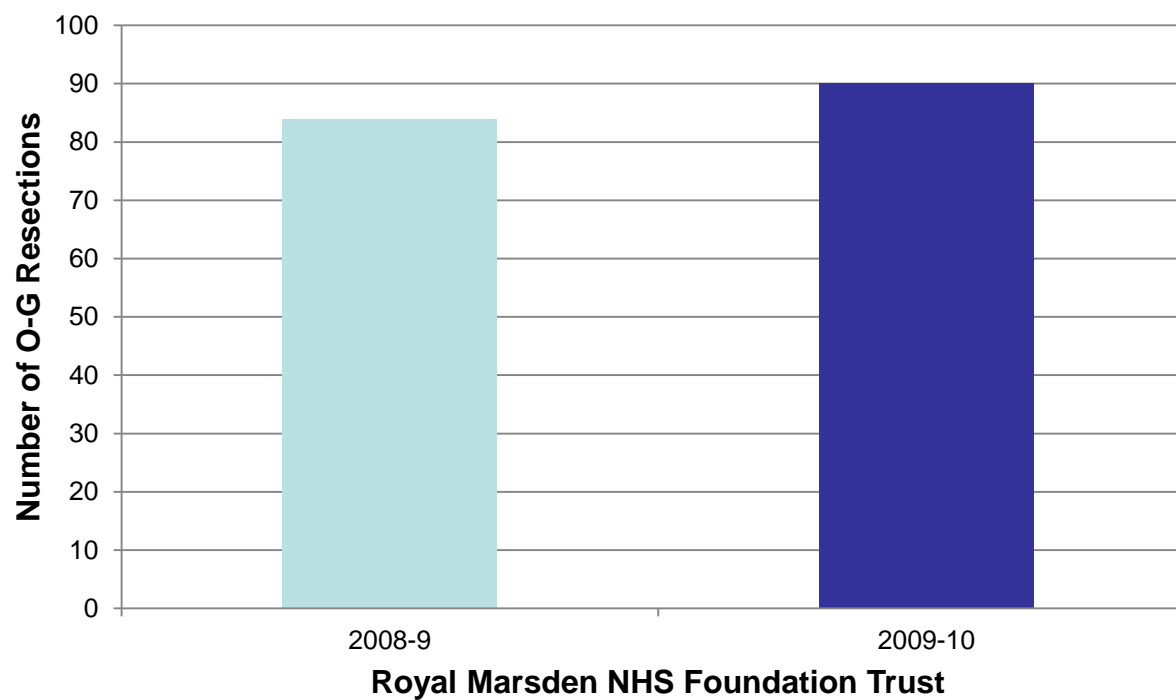
- Rates of radical and palliative treatment
- Radical – resection rates; multimodality treatment
- Palliative – use of chemotherapy and/or radiotherapy
- availability of novel palliative interventions eg cyber knife
- availability of non-surgical treatments eg radiofrequency ablation – liver mets and Barrett's
- rates of best supportive care only; community links
- use of stents

Oesophageal and Gastric Resections by Network



Oesophageal and Gastric Resections

South West London Cancer Network



Treatment Planning

- Surgeon volume
- Morbidity and mortality (reoperation rates, anastomotic leak rates)
- Number of lymph nodes resected
- Resection margins

Outcomes

Oesophagectomy	Open (n = 783), %	MI (n = 314), %
30 – day mortality	3.1	3.4
Anastomotic Leak	7.8	10.6
Re-operation	10.7	12.4

Gastrectomy	Open (n = 641), %	MI (n = 96), %
30 – day mortality	4.2	4.2
Anastomotic Leak	6.3	9.4
Re-operation	8.0	7.1

NCIN
national cancer
intelligence network

[illegible]

- Radical treatment: 1,2 and 5 year
- Palliative treatment: 6 and 12 mo and median
- admissions after palliative treatment (number and length of stay)
- patient reported outcomes

Survival Oesophageal Cancer

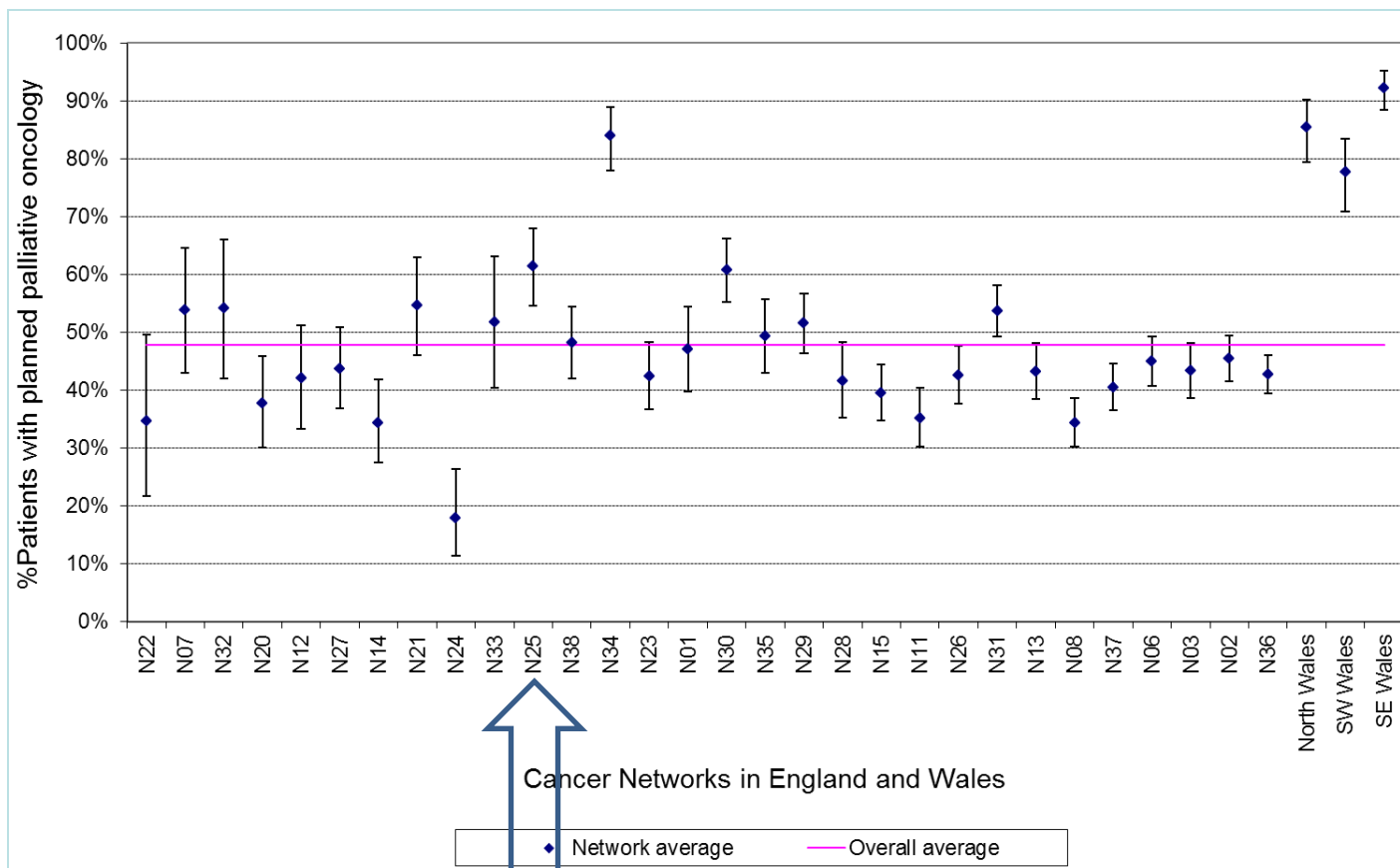
Cohort analysis of relative survival (RS)

One-, two-, and five-year relative survival (RS) (%) with 95% confidence interval by cancer network of residence and sex.

Oesophageal cancer (ICD10 C15)

	One-year survival						Two-year survival						Five-year survival					
Survival	Period of diagnosis 2004-2008						Period of diagnosis 2003-2007						Period of diagnosis 2000-2004					
	followed up until end of 2009						followed up until end of 2009						followed up until end of 2009					
	Males			Females			Males			Females			Males			Females		
	RS	LCI	UCI	RS	LCI	UCI	RS	LCI	UCI	RS	LCI	UCI	RS	LCI	UCI	RS	LCI	UCI
South West London	42.0	37.0	47.0	43.6	36.4	50.9	25.2	20.6	29.8	24.4	18.0	30.8	14.0	10.3	17.7	18.0	12.2	23.9
England	43.3	42.5	44.0	37.8	36.8	38.8	23.8	23.2	24.5	20.8	19.9	21.7	12.3	11.8	12.9	12.5	11.8	13.3

Proportion of Patients with Palliative Treatment Intent



National Cancer Peer Review Reports



- IOG Measures and Standards
- Team Structure
- Team Function
- Centre / Unit Facilities

Overall compliance per MDT tumour site

Fig: Overall compliance ranges per tumour site Peer Review 04 - 08 Adjusted

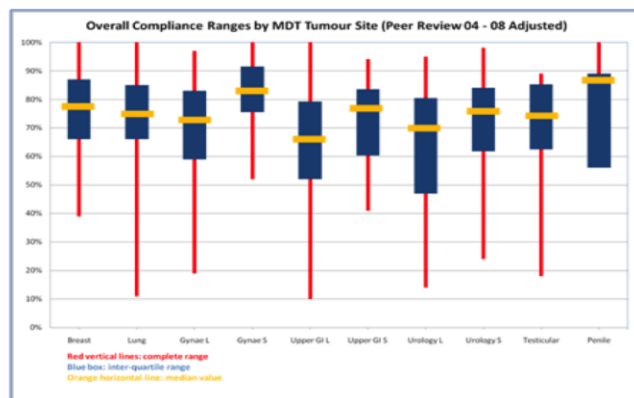
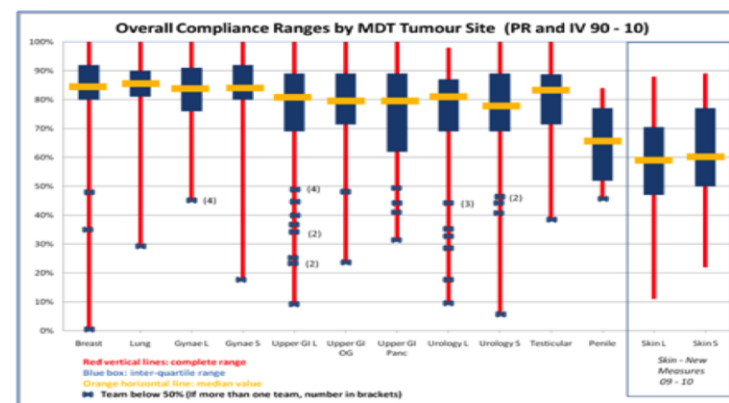


Fig: Overall compliance ranges per tumour site 2009 – 2010



Upper GI Outcomes against the Measures - 2011-12

Teams Compliance	SA	IV	PR
100%	0	0	0
90-99%	9	0	0
80-89%	13	1	2
70-79%	6	1	2
60-69%	0	0	2
50-59%	0	0	1
40-49%	0	0	0
0-39%	0	0	0
Median	85%		
Range	52–97%		
Interquartile Range	79–88%		

Clinical Lines of Enquiry

- Clinical Indicators
- National and Local Data on Indicators
- Focus process on good clinical outcomes

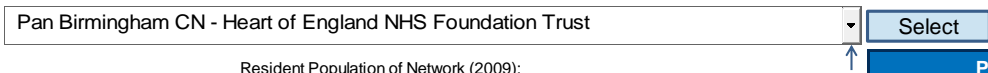
Principles of Clinical Indicators

- The data should be available nationally or readily available locally. Not intended to require further audit in themselves
- Metrics which can be used as a lever for change and for reflection on clinical practice and outcomes
- They may be lines of enquiry around clinical practice, or around collection of data items, rather than enquiry focused on the data itself
- May cover key stages along the patient pathway, including diagnosis, treatment and follow up
- There should be some consensus on national benchmarking data which can be used to inform the discussions

NCPR & NPES Data

	NCPR				Patient Experience Survey	
	Percentage Compliance	Overall National Percentage	Immediate Risk	Serious Concern	Patient given the name of the CNS in charge of their care*	Always treated with respect and dignity by staff*
The Royal Marsden NHS Foundation Trust (Specialist Centre)	95% (IV)	85% (IV)	No	No	96.7%	80.6%
Epsom and St Helier University Hospitals NHS Trust (Local)	No report published					
Kingston Hospital NHS Trust (Local)	91% (IV)	86% (IV)	No	Yes		
Mayday Healthcare NHS Trust (Local)	94% (IV)	86% (IV)	No	No		
St George's Healthcare NHS Trust (Local)	91% (IV)	86% (IV)	No	No		

Data displayed are for patients for which the trust of treatment can be identified. For a full description of the data and methods please refer to the 'Data Definitions' document. For advice on how to use the profiles and the consultation, please refer to 'Profiles guidance'. Please direct comments/feedback to service.profiles@ncin.org.uk



Network/Population or Network (as appropriate)						Percentage of Rate			Rate/rate of percentage compared to England							
Level	Section	#	Indicator		No. of patients/ cases or value	Cancer Network/ Specialist Centre	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period		
Cancer Network	Oesophageal cancer characteristics and survival	1	persons, 2009		253	11.1	9.7	12.7	9.7	6.7		12.5	UKCIS	2009		
		2	males, 2009		162	15.6	13.2	18.2	14.2	9.2		18.6	UKCIS	2009		
		3	females, 2009		91	6.7	5.3	8.4	5.3	3.7		6.9	UKCIS	2009		
		4	persons aged 0-59 years		53	20.9%	16.4%	26.4%	17.3%	11%		29%	UKCIS	2009		
		5	persons aged 60-79 years		142	56.1%	50.0%	62.1%	55.2%	46%		64%	UKCIS	2009		
		6	persons aged 80+ years		58	22.9%	18.2%	28.5%	27.5%	20%		38%	UKCIS	2009		
		7	Oesophageal cancer relative survival		One year (5 year cohort 2005-2009)	males	693	39.0	35.2	42.9	43.3	38.8		52.8	UKCIS	2005-2009
		8			females	372	34.1	29.0	39.2	37.8	29.5		44.2	UKCIS	2005-2009	
		9			Five year (5 year cohort 2001-2005)	males	625	9.3	6.7	11.9	12.3	7.0		19.0	UKCIS	2001-2005
		10			females	420	12.1	8.5	15.7	12.6	7.9		18.0	UKCIS	2001-2005	
	Stomach cancer characteristics and survival	11	persons, 2009		256	10.5	9.2	12.0	8.6	4.9		12.2	UKCIS	2009		
		12	males, 2009		170	15.6	13.3	18.2	12.2	7.2		16.9	UKCIS	2009		
		13	females, 2009		86	5.4	4.2	6.9	4.9	2.6		7.5	UKCIS	2009		
		14	persons aged 0-59 years		44	17.2%	13.1%	22.3%	14.7%	7%		24%	UKCIS	2009		
		15	persons aged 60-79 years		138	53.9%	47.8%	59.9%	52.2%	40%		60%	UKCIS	2009		
		16	persons aged 80+ years		74	28.9%	23.7%	34.7%	33.2%	26%		41%	UKCIS	2009		
		17	Stomach cancer relative survival		One year (5 year cohort 2005-2009)	males	795	41.5	37.8	45.1	43.6	37.1		50.5	UKCIS	2005-2009
		18			females	370	35.9	30.7	41.1	39.5	34.3		53.7	UKCIS	2005-2009	
		19			Five year (5 year cohort 2001-2005)	males	922	15.4	12.6	18.1	16.3	10.9		24.2	UKCIS	2001-2005
		20			females	420	20.1	15.5	24.7	17.3	10.5		25.3	UKCIS	2001-2005	
CN	Oesophago- Gastric Practice	21	Patients who had a CT scan			580	92.8%	90.5%	94.6%	89.3%	66%		99%	NOGCA	2007-2009	
CN		22	Patients with EUS investigation			128	78.5%	71.6%	84.1%	61.4%	28%		91%	NOGCA	2007-2009	
CN		23	Number of O-G resections			74				3524	0		144	NatCanSAT	2009/10	
CN		24	Patients with palliative treatment intent			126	35.2%	30.4%	40.3%	45.2%	18%		84%	NOGCA	2007-2009	
CN		25	NCPR Network Board compliance			100%				93.0%				NCPR	2010-2011	
CN		26	NCPR NSSG compliance			100%				91.0%				NCPR	2010-2011	
Trust	Oesophago- Gastric Audit	27	Expected cases over 21 month period			> 200							NOGCA	2007-2009		
		28	Patients with a tumour record			262							NOGCA	2007-2009		
		29	Low case ascertainment			No							NOGCA	2007-2009		
		30	30 day mortality (adjusted)			53	2.5%						NOGCA	2007-2009		
		31	90 day mortality (adjusted)			53	2.2%						NOGCA	2007-2009		
		32	Reoperation (adjusted)			53	16.1%						NOGCA	2007-2009		
		33	Anastomotic leak (adjusted)			53	16.9%						NOGCA	2007-2009		
	National Cancer Peer Review	34	Compliance with NCPR			89% (IV SC)				85% (IV)			NCPR	2010-2011		
		35	NCPR: are there immediate concerns?			No							NCPR	2010-2011		
		36	NCPR: are there serious concerns?			No							NCPR	2010-2011		
Patient experience	37	Patient given the name of the CNS in charge of their care			43	95.2%							CPES	2010-2011		
	38	Patients reporting always being treated with respected and dignity			43	80.6%							CPES	2010-2011		

Conclusions

- Wealth of data
- NCPR
- Commissioning Specialist Services
- Improve Outcomes

