

Protecting and improving the nation's health

## Specialist surgery for ovarian cancer in England

# National Cancer Intelligence Network Data Briefing

#### Introduction

This analysis examined the extent to which there had been an increase in specialised ovarian cancer surgery since the 1999 recommendation<sup>1</sup> that 'Surgery for ovarian cancer should be carried out by specialised gynaecological oncologists at Cancer Centres'.

#### **Methods**

Data on 64,293 ovarian cancer patients (ICD10 C56-C57, aged 16-99) diagnosed 1999-2009, were taken from the National Cancer Data Repository for England. Linkage to Hospital Episodes Statistics data showed that 30,753 (47.8%) received relevant ovarian cancer surgery between 2000 and 2009.

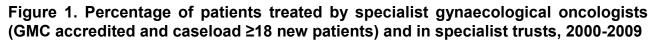
#### Key messages

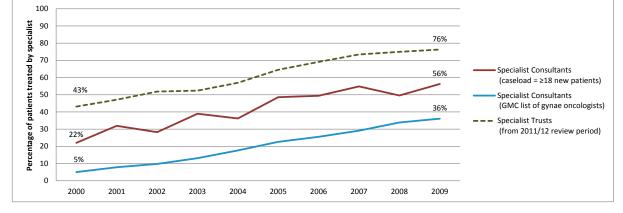
Since 2000, there has been a large increase in specialist surgery for ovarian cancer.

By 2009, more than half of ovarian cancer patients were operated on by high volume surgeons or in specialist cancer centres.

Many were still not receiving specialist surgery and there was considerable regional variation.

Newly qualified gynaecological oncologists (GOs) should have completed General Medical Council (GMC) accredited sub-speciality training, but no consistent definition applies to GO consultants trained before the introduction of sub-speciality training. There is no internationally recognised standard for an adequate annual surgical caseload. A list of specialist gynaecological cancer centres was not readily available, but National Cancer Peer Review provided a list of the multidisciplinary teams reviewed as specialists teams.





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### Trends in specialist surgery, 2000 to 2009

Analysis showed considerable increases in the percentage of surgically-treated ovarian cancer patients treated by GMC GOs, consultants with a caseload of 18 or more new patients per year and trusts reviewed as specialist teams in the 2011/12 review period (Figure 1). These increasing trends were also observed for all Strategic Health Authorities (SHAs), but there were some large differences between SHAs in the level of specialist surgery and in the scale of the increase (Figure 2).

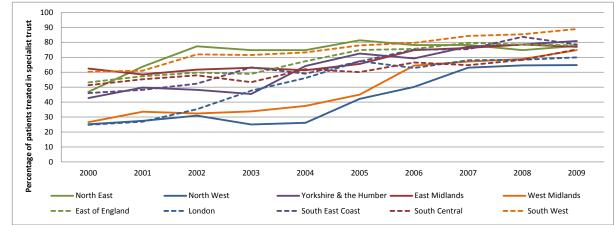


Figure 2. Percentage of patients treated in specialist trusts, 2000-2009, by SHA

The percentage of patients treated in specialist trusts varied in 2000 from 25% (London SHA) to 62% (East Midlands), and by 2009 ranged from 65% (North West) to 89% (South West). The largest increase was a 48 percentage point increase for the West Midlands SHA, compared to the smallest increase of 15 percentage points for the East Midlands.

Further work is required to assess the impact of these increases in specialist surgery on patient care and outcomes, and to investigate trends in specialist surgery and regional differences since 2009. More recent consultant caseload data was a National Cancer Peer Review Clinical Lines of Enquiry metric and is currently provided in NCIN's service profile.

#### **Further Information**

This briefing is based on the analyses reported in the following journal paper; for further information on the data definitions, methods etc., please refer to: Butler J, et al, Specialist surgery for ovarian cancer in England, Gynecol Oncol (2015), <u>http://dx.doi.org/10.1016/j.ygyno.2015.03.003</u>

1. Department of Health. Guidance on commissioning cancer services: Improving outcomes in gynaecological cancers – The manual, 1999

#### Find out more:

#### Other useful resources within the NCIN partnership:

What cancer statistics are available and where can I find them? <u>www.ncin.org.uk/publications/reports</u>

Public Health England's National Cancer Intelligence Network (NCIN) is a UK-wide initiative, working to drive improvements in cancer awareness, prevention, diagnosis and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research.

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