

Guidance for Interpreting CADEAS Referral to First Treatment Pathway Analysis

The Cancer Alliance Data, Evidence and Analysis Service (CADEAS) has carried out analysis of pathways with a Cancer Waiting Times (CWT) record for colorectal, lung and prostate cancers. The analysis builds on work previously carried out by RM Partners for the three Cancer Vanguard sites.

The aim of this work is to support the implementation of the best practice timed pathways; and to help Cancer Alliances further understand their CWT pathways in order to meet the 62-day CWT operational standard.

Graphs are presented for those on a 62-day pathway only.

How to interpret graphs

Example graph from the national report, showing variation in number of days from a CWT referral to first treatment received, by Cancer Alliance.

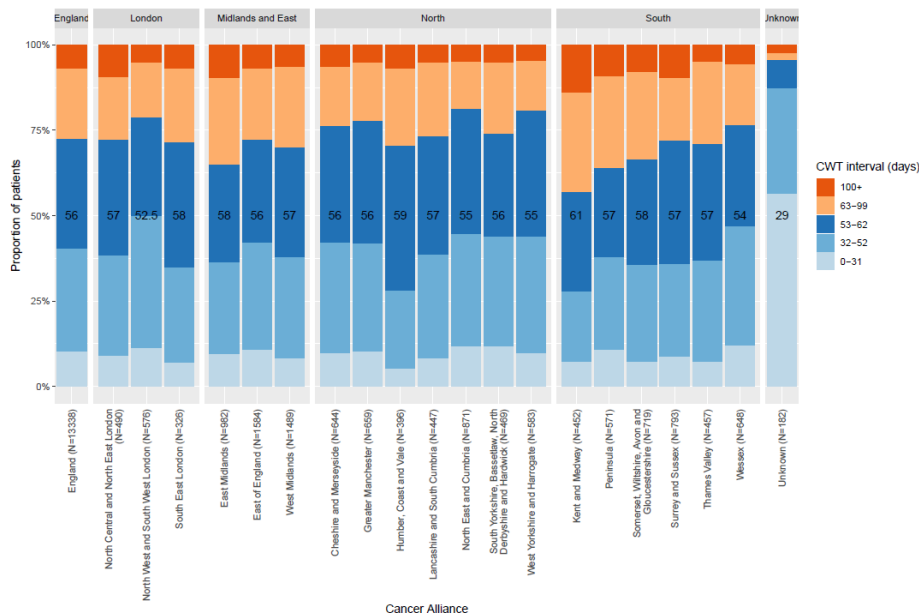
Figures on each bar show the median number of days from a CWT referral to first treatment for each geography. For the relevant geography each graph is presented as stacked column bar charts showing the proportion of patients with pathway length of 0-31 days; 32-52 days; 53-62 days and 100+ days. For example in England, just under 25% of patients had a referral to first treatment time of 0-31 days and just under 50% of patients had a referral of 0-52 days.

Cancer Alliances are grouped by region.

The numbers on each bar represent the median days taken from referral to treatment.

Each of the boxes represents the percentage of patients with a particular CWT referral to first treatment time interval in days. They represent categories shown in the legend. For example in England, just under 25% of patients had a referral to first treatment time of 0-31 days.

Colorectal cancer: variation in days from a referral to first treatment received, by Cancer Alliance (2017/18)



The legend shows the five categories of time intervals (in days) from CWT referral to first treatment.

Unknown group includes patients who were not able to be mapped to a Cancer Alliance due to missing CCG data in their CWT record.

The x-axis variable has 21 categories (19 Cancer Alliances, England as a benchmark and unknown). N = number of patients in each geography.

Graph Title	Graph Description	Questions that can be asked
<p><u>Variation in days from a CWT referral to first treatment received</u> (Colorectal cancer: slide 9) (Lung cancer: slide 16) (Prostate cancer: slide 23)</p>	<p>These graphs show the variation in the amount of time taken from referral to first treatment for colorectal, lung and prostate cancers for the Cancer Alliances in England or the CCGs/trusts in the Cancer Alliance. Identifying which Cancer Alliances/CCGs/trusts have the shortest pathways (by median days from referral to first treatment), and the highest proportion of patients that meet the operational standard, will enable best practice to be shared and improvements to be made in other Cancer Alliances/CCGs/trusts.</p>	<p>Are the pathways longer for the Cancer Alliances/CCGs/trusts with the most patients?</p> <p>Is there an association between the median days from referral to first treatment and the proportion of patients meeting the operational standard by cancer type and Cancer Alliance/CCG/trust?</p> <p>What proportion of patients is waiting 100 days or more from referral to first treatment?</p> <p>For the CCGs/trusts with shorter pathways, is the Cancer Alliance aware of initiatives that have been implemented in this CCG/trust where best practice can be shared?</p> <p>Are the patterns the same for the different Cancer Alliances/CCGs/trusts for colorectal, lung and prostate cancers in England or the Cancer Alliance? And if not, why not?</p>
<p><u>Variation in first treatment modality received</u> (Colorectal cancer: slide 10) (Lung cancer: slide 17) (Prostate cancer: slide 24)</p>	<p>These graphs show the number of patients receiving each treatment modality as the first treatment for colorectal, lung and prostate cancers for the Cancer Alliances/CCGs/trusts in England or the Cancer Alliance. They provide information on resource use and show variation in first treatment received within and across Cancer Alliances/CCGs/trusts in England or in a Cancer Alliance.</p>	<p>Are the patterns in first treatment modalities the same across the different Cancer Alliances/CCGs/trusts for colorectal, lung and prostate cancers in England or the Cancer Alliance? And if not, why not? For example, is surgery in colorectal cancer associated with shorter pathways across all Cancer Alliances/CCGs/trusts compared with other treatment modalities in England or a particular Cancer Alliance?</p>
<p><u>Variation in days from a CWTs referral to first treatment received, by the three most common treatment modalities</u> (Colorectal cancer: slides 11-14) (Lung cancer: slides 18-21) (Prostate cancer: slides 25-28)</p>	<p>These graphs show the variation in the amount of time taken from referral to first treatment for colorectal, lung and prostate cancers for the three most common treatment modalities by Cancer Alliance/CCG/trust.</p> <p><i>Note: For the All Cancer Alliance pack, time from referral to first treatment is shown for the top five rather than the top 3 treatment</i></p>	<p>Is there significant variation in pathway length between Cancer Alliances/CCGs/trusts for the same tumour site and treatment modality? If yes, why?</p> <p>Is there an association between the median days from referral to first treatment and the proportion of patients meeting the operational standard by treatment modality, cancer type and Cancer</p>

	<i>modalities in slides 11, 18 and 25.</i>	Alliance/CCG/trust? Referral to first treatment pathway lengths varies by treatment modality e.g. in England for colorectal cancer, the median pathway length for surgery is shorter than that for chemotherapy. Is there an association between the referral to first treatment pathway lengths and treatment modality across different Cancer Alliances/CCGs/trusts?
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