

# Cancer Outcomes and Services Dataset

Central Nervous System Clinical Leads Workshop  
17<sup>th</sup> March 2011

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# NCIN Objectives

- **Promoting efficient and effective data collection throughout the cancer journey**
- Providing a common national repository for cancer datasets
- Producing expert analyses, based on robust methodologies, to monitor patterns of cancer care
- **Exploiting information to drive improvements in standards of cancer care and clinical outcomes**
- Enabling use of cancer information to support audit and research programmes

# Essentials for success

- **Clinical engagement**
- **Credible data**
  - High level of data completeness
  - Case mix adjustment
  - Timely
- **Reporting**
  - Easy access to clear, ‘bespoke’ reports
  - ‘Real time’ – on line; Annual reports
  - Targeting reports: Clinicians; Trusts; SHAs ; PCTs etc
- **Dissemination in Peer-reviewed settings**
  - Publication, Conferences, Workshops, etc
- **Incorporating performance and outcome data into:**
  - Commissioning
  - Cancer Peer Review & Service Improvement

*Using information to improve quality & choice*

# Cancer Datasets

## - Sept 2012

- Cancer Registration Dataset – *mandated for several years*
- Going Further on Cancer Waits – Jan 2009
- Radiotherapy – April 2009
- *Chemotherapy (SACT) – April 2012*
- **Cancer Outcomes and Services Dataset – Autumn 2012**
- *(RC Pathology – Professional/Clinical Standards)*
- *(RC Radiology – Professional/Clinical Standards)*
- ?National Audits

# The last twelve months

- Core dataset reviewed
- Additional core items identified
- Site specific datasets agreed by Clinical Reference Groups
- MDT Software Suppliers Day
- First draft COSD dataset
- Definitional testing (incl key path for staging)
- Open consultation begun
- Work begun with RC Pathologists and RC Radiologists on clinical content

# NCIN Cancer Registration Data Views



## Patient Pathway

**Datasets/Sources**

	Referral	Diag	Rx	Rec/Mets	Rx	Pall. Care	Death
CWT	█		█	█	█	█	
MDT	█	█	█				
RTDS			█	█	█		
HES		█	█	█	█		
NCASP		█	█	█	█		█
Ca. Reg	█					█	█
TOTAL	█	█	█	█	█	█	█

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# Definitional testing – general feedback

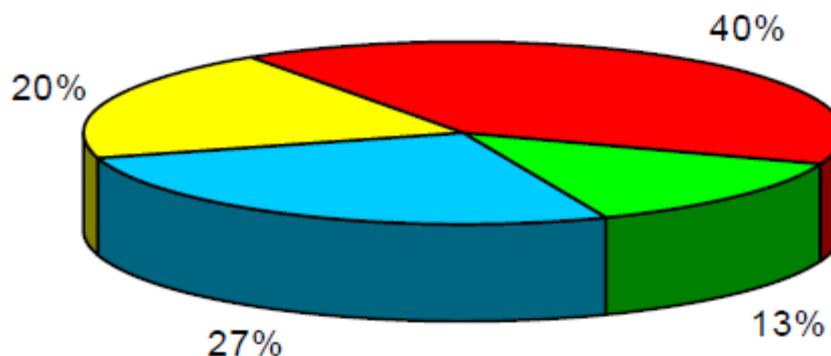
- Support for
  - cohesive and consistent dataset
  - clear and comprehensive guides
- Concerns
  - increased burden of collection
  - need for clinical involvement

# Definitional testing reports – can the systems collect the data?

<b>Number of COSD Brain Data Items</b>	<b>15</b>
<b>Number of Sites Analysed</b>	<b>2</b>

## COSD - BRAIN Type of Match

■ Met ■ Partially Met ■ Uncertain ■ Not Met ■ Unanalysed



Definitional testing reports – are the data items useful?

- ??? No response from testing

Definitional testing reports – are the data items collected?

- Clinical ????? No response from testing
- Pathology
  - Only tested at one site
  - only one of three items collected

# COSD Dataset

Dataset Section	COUNT
<b>Core (with additions)</b>	<b>143</b>
Breast	30
<b>CNS</b>	<b>16</b>
Colorectal	30
CTYA	66
Gynae	41
Haematology	60
Head & Neck	44
Lung	19
Sarcoma	16
Skin	70
Upper GI	166
Urology	30
<u>COSD</u>	<b>731</b>



# Operational Testing volunteers wanted

[datasets@ic.nhs.uk](mailto:datasets@ic.nhs.uk)

# Data template

## Cancer Outcomes and Services Dataset - CNS

Version: 0.2

Data Item Name		Format	National Code	National code definition
<b>RADIOLOGICAL PRIMARY DIAGNOSIS</b>	Primary diagnosis based on imaging. In many cases this will be the definitive clinical diagnosis, but needs to be distinguished from the subsequent pathological diagnosis - if it becomes available.	ICD10		
<b>MOLECULAR DIAGNOSTICS</b>	Chromosomal or genetic markers associated with the brain tumour. This may involve selection of more than one values for each tumour.	an1	1	Evidence of IDH1 or IDH2 mutation
			2	Evidence of methylation of the MGMT gene CpG island
			3	Evidence of total loss of 1p and 19q
			4	Evidence of KIAA 1549-BRAF fusion gene
			5	Other
<b>MDT WORKING DIAGNOSIS</b>	Working diagnosis as defined at MDT which forms the basis of treatment, and is the clinical opinion informed by biopsy, radiological and/or other investigations.	ICD10/SNOMED		

# Draft Data Items (1)

Data Item Name	Description
<b>LOCATION OF LESION (RADIOLOGICAL)</b>	Radiologically determined anatomical location of lesion(s)
<b>LESION DISTRIBUTION (RADIOLOGICAL)</b>	Radiologically determined distribution of lesion(s)
<b>SIZE OF LESION (RADIOLOGICAL)</b>	Radiological estimate in millimetres of the maximum diameter of the tumour.
<b>FEATURES OF LESION (RADIOLOGICAL)</b>	Radiologically identified features of lesion such as density, necrosis. This may involve selection of more than one value for each tumour.
<b>IMAGING PROCEDURE (DIAGNOSTIC)</b>	Type of imaging procedure undertaken to diagnose the tumour
<b>RADIOLOGICAL PRIMARY DIAGNOSIS</b>	Primary diagnosis based on imaging. In many cases this will be the definitive clinical diagnosis, but needs to be distinguished from the subsequent pathological diagnosis - if it becomes available.
<b>MOLECULAR DIAGNOSTICS</b>	Chromosomal or genetic markers associated with the brain tumour. This may involve selection of more than one values for each tumour.
<b>MDT WORKING DIAGNOSIS</b>	Working diagnosis as defined at MDT which forms the basis of treatment, and is the clinical opinion informed by biopsy, radiological and/or other investigations.
<b>PRIMARY SURGICAL PROCEDURE</b>	This is the primary operative procedure in the management of the patient. It is the same information usually collected in PAS and used by the organisation for PbR submissions.
<b>TUMOUR LOCATION (SURGICAL)</b>	Surgical location and extent of tumour within the brain
<b>RADIOSURGERY</b>	Did patient have radiosurgical treatment
<b>DATE OF RADIOSURGERY</b>	Date of radiosurgical treatment
<b>ASA SCORE</b>	The ASA physical status classification system is a system for assessing the fitness of patients before surgery. If the surgery is an emergency, the physical status classification is followed by "E" (for emergency).
<b>RESECTION TYPE</b>	Identify whether excision is Partial or Total

# Draft Data Items (2)

Data Item Name	Description
<b>RADIOLOGICAL PRIMARY DIAGNOSIS</b>	Primary diagnosis based on imaging. In many cases this will be the definitive clinical diagnosis, but needs to be distinguished from the subsequent pathological diagnosis - if it becomes available.
<b>MDT WORKING DIAGNOSIS</b>	Working diagnosis as defined at MDT which forms the basis of treatment, and is the clinical opinion informed by biopsy, radiological and/or other investigations.
<b>PRIMARY SURGICAL PROCEDURE</b>	This is the primary operative procedure in the management of the patient. It is the same information usually collected in PAS and used by the organisation for PbR submissions.
<b>TUMOUR LOCATION (SURGICAL)</b>	Surgical location and extent of tumour within the brain
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<b>ASA SCORE</b>	The ASA physical status classification system is a system for assessing the fitness of patients before surgery. If the surgery is an emergency, the physical status classification is followed by "E" (for emergency).
<b>RESECTION TYPE</b>	Identify whether excision is Partial or Total
<b>HORMONE EXPRESSION</b>	For Pituitary adenomas only: Hormone expression by immunohistochemistry (Multiple values may be entered - query for IC and Data Dictionary - how would you want to model this?)
<b>WHO TUMOUR GRADE (CNS)</b>	The grade of the tumour using WHO classification for tumours of the central nervous system

# Useful links

NHS Information Centre (dataset)

<http://www.ic.nhs.uk/services/datasets/current-consultations/cancer-outcomes-and-services-data-set-consultation>

[Datasets@ic.nhs.uk](mailto:Datasets@ic.nhs.uk)

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