

## Driving improvements in the collection of national staging data

Brian Rous  
Associate Medical Director, Eastern Cancer Registry and Information Centre

Gina Brown, Gill Lawrence, [Sean McPhail](#), Steven Oliver, Mick Peake, Trish Stokes

## What is staging?

A description of the extent the cancer has spread.

Stage is a prognostic factor,  
but all prognostic factors are stage

## Stage is important for...

- Treatment decisions
- Predicting prognosis
- Assessing early/late diagnosis
- Casemix adjustment
- International comparisons

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### Delivering the Cancer Reform Strategy

Twenty-fourth Report of Session  
2010-11

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#### Conclusions and Recommendations

A particular problem is the paucity of data in most regions about the stage that a patient's cancer has reached at the time of diagnosis. This information, known as 'staging data', is key to making better use of resources and improving outcomes, yet only the Eastern region has anything like acceptable coverage.

The Department needs to convey to cancer registries and, in turn, to clinical teams the value and importance of recording accurate staging data at the point of patient diagnosis. The Department should ensure that staging data is complete and timely in at least 70% of cases in each region by the end of 2012.

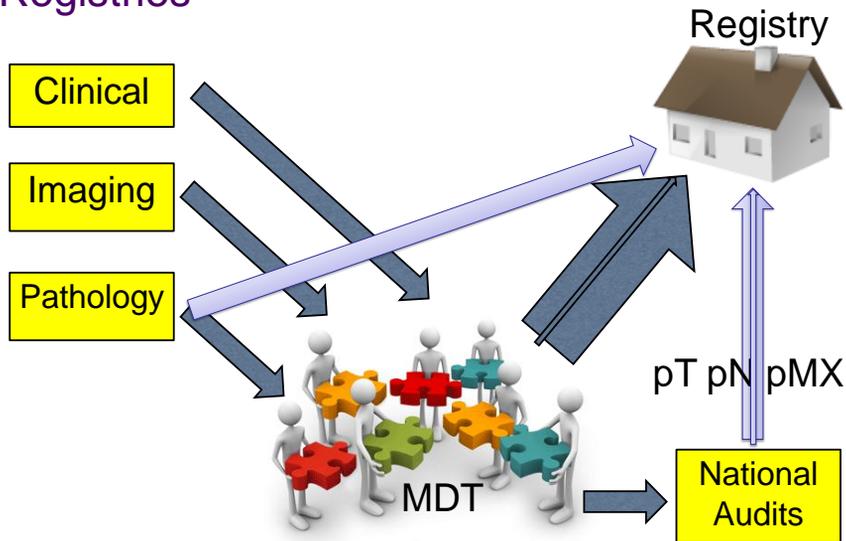
## The numerator – staged cases

**“staging data is complete\*  
...in 70% of [cancer] cases”**

\* We have at least one of...  
 a Dukes/FIGO stage  
 a TNM stage group: “Stage IIA” (for any of clin/path/int) – includes Ann Arbor  
 3 known TNM components: “T2 N0 M1” (for any of clin/path/int)

Excludes non-melanoma skin cancers.

## Staging data flows to Cancer Registries





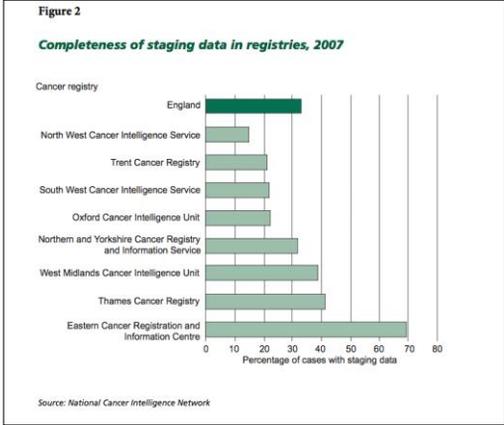
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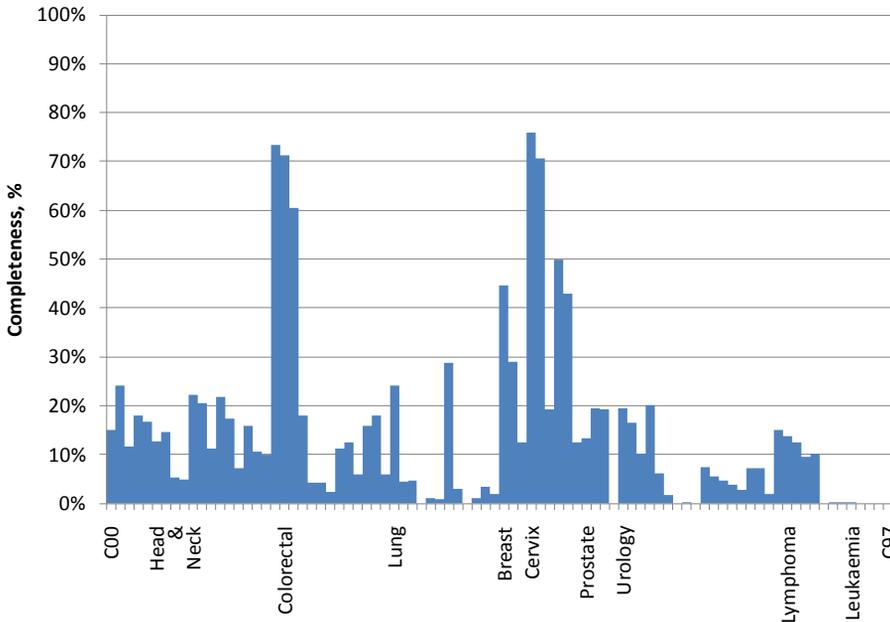
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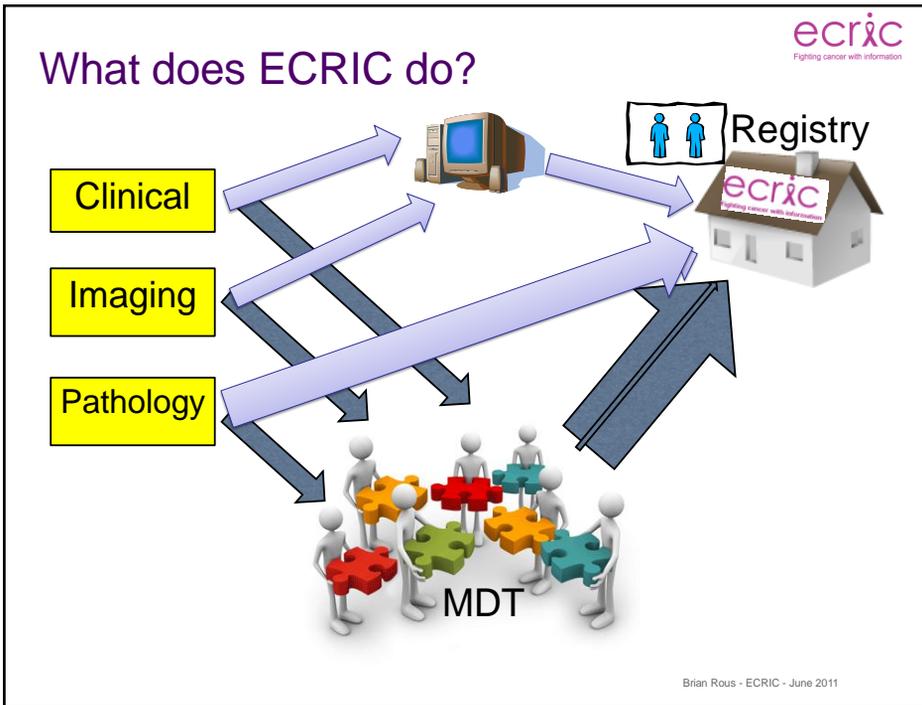
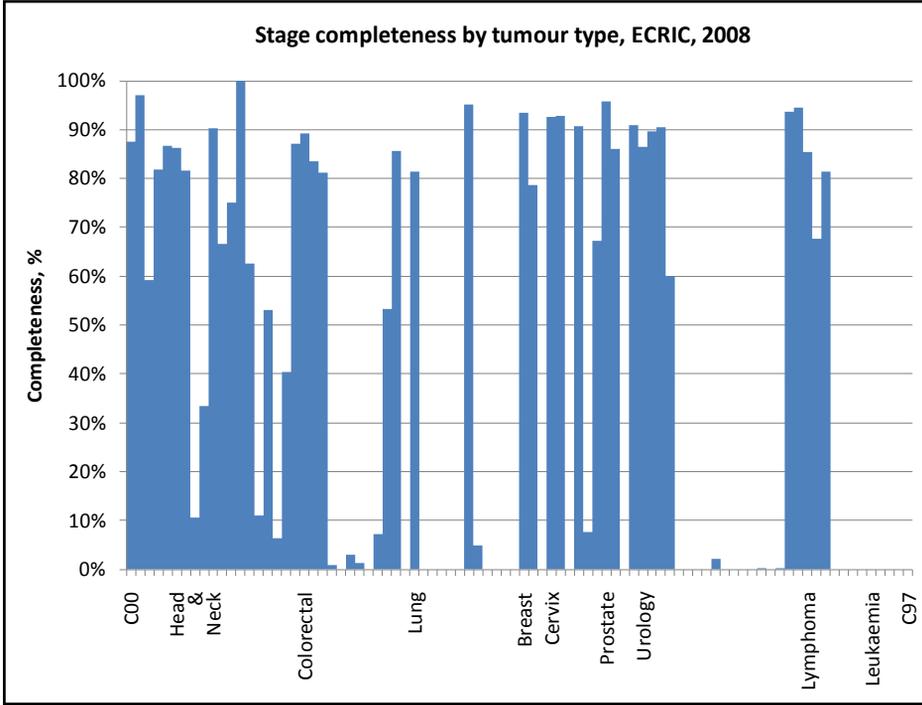


Note: The Eastern Cancer Registry stages over 95% of stageable cancers at 42 tumour sites - the graph shows data for all tumours

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### Stage completeness by tumour type, England, 2008







# Distribution of staged cases by stage type

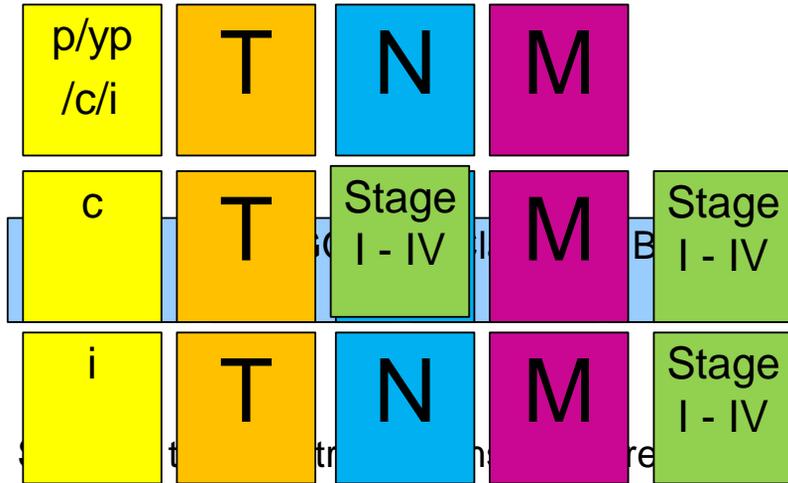
From 2008 NCDR data...

	Clinical	Pathological	Integrated	Dukes/FIGO
ECRIC	0%	0%	72%	16%
NWCIS	1%	10%	0%	8%
NYCRIS	14%	0%	0%	13%
OCIU	0%	6%	0%	10%
SWCIS	6%	6%	0%	12%
THAMES	5%	1%	0%	10%
TRENT	0%	23%	0%	11%
WMCIU	18%	39%	51%	15%
England	6%	5%	8%	12%

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## What do you need to collect stage?

Most registries are here



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## But what about...

- Dates?
- Source of information?
- TNM version/system?
- Component parts – size of tumour, extent etc
- Record all data sent



cT3 N0 M0

cT3 N1 M0

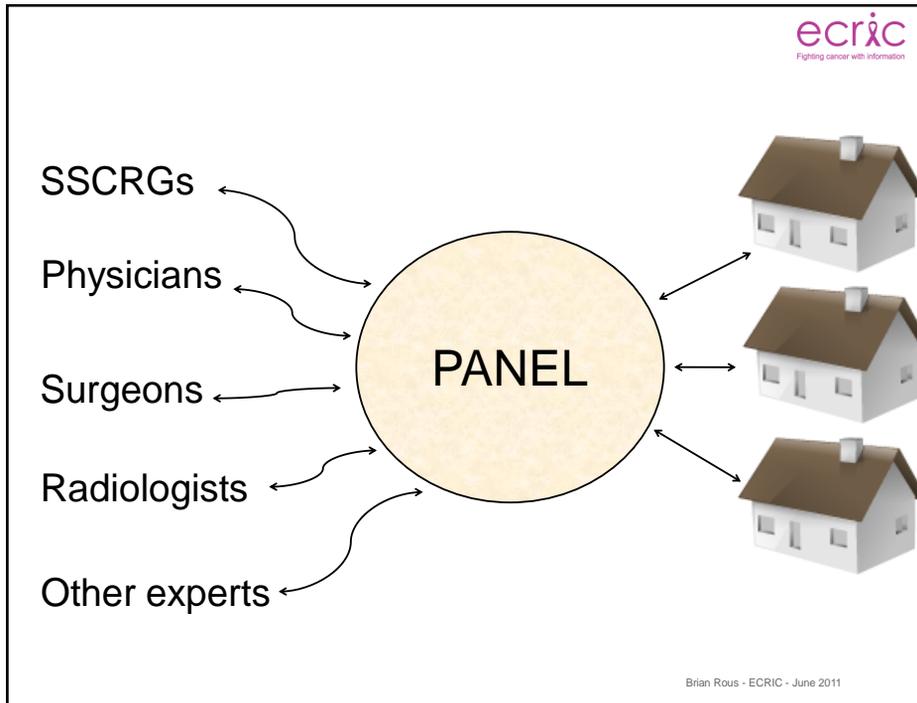
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## National Cancer Staging Panel for Registration

- Brian Rous
- Mick Peake
- Sean McPhail
- Gill Lawrence
- Gina Brown
- Trish Stokes
- Steven Oliver

“Support cancer registries in achieving higher quality staging data by providing guidance on managing partial staging data from disparate sources.””

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## Generic guidance

- Death certificates are not valid sources of staging information
- Microscopic verification
- Unknown primary tumours are not staged

ecric  
Fighting cancer with information

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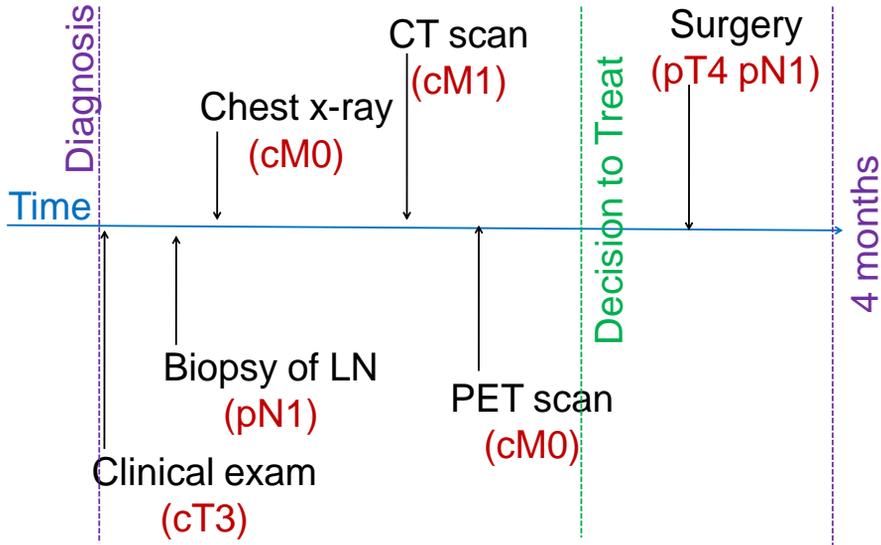
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### Stage (at diagnosis)



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## Specific guidance

- Which staging systems should the registries expect?
  - TNM – AJCC/UICC, FIGO, Dukes, Ann-Arbor other.
- What site/morphologies can be staged and what staging system should be used?
  - Adenocarcinoma/Carcinoid tumour/Lymphoma of colon
- How many tumours should we expect to be staged?
  - Is 30% of colorectal tumours acceptable?

## Specific guidance (2)

- How are specific tumours staged? (CT? MRI?)
  - What investigations to look for.
- Extracting information from non-MDT sources:
  - Radiology/Pathology/Oncology
- What to do if data is missing? Making assumptions?
  - Is there a clinical explanation?
- Converting between staging systems (e.g FIGO/TNM/Dukes)
- How to derive an 'integrated' registry stage from the data
- Automation?

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## Plan of action

- Registries
  - Need access to get access to (electronic) staging data
    - MDT data
    - Pathology
    - Radiology
- Staging Panel
  - Produce guidance working closely with registries, SSCRG and other experts
- All help welcome!!!

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