Thyroid Cancer Forum-UK Data collection

Dr Laura Moss
TCF-UK Director
NCRI Thyroid Cancer Subgroup Chair
EORTC Endocrine Cancer Taskforce
Consultant Clinical Oncologist
Velindre Cancer Centre
Cardiff

www.thyroid-cancer-forum-uk.org



Why?



 No national thyroid cancer specific organisation in UK

Complex cases not covered by 'guidelines'

Launched 2005

Who?: Membership

- Free and independent
- Consultants and senior scientists
- >210 members (oncology, surgery, endocrinology, nuclear medicine, pathology, radiology...)
- UK (covers >94% English cancer networks and 100% Scottish and Welsh cancer networks)
- International: Australia, Belgium, Canada, Czech Republic, Holland, Panama, Republic of Ireland, USA

What does it do?

- Access wider opinion for difficult clinical scenarios
- Circulate journal abstracts
- Raise awareness of research areas, clinical trials
- Notification of meetings, guidelines, courses
- Survey UK practice
- National prospective data collection for MTC and ATC

Database: Why?

- No accurate national data on the management of ATC and MTC
- Nobody treats very large numbers of these patients
- No other mechanism of collecting data on management strategies and outcomes nationally

Database: How?

TCF-UK members consulted on

- Concept
- Method of collection
- Data fields

Thyroid cancer patient organisations consulted

- Website, newsletters
- Proactive patients

Collecting patient data

 As TCF-UK is not part of the NHS, automatic patient data entry is not allowed under the DPA unless patient gives their consent

Registered with Information Commission Office

Data being collected in accordance with DPA

Consent can be verbal

Patient information leaflet available in website article library to download

Patient data is only available to the member who enters it and the TCF-UK administrator. Securely stored

Personal data

Includes

- Initials
- DOB
- Gender
- Hospital number

Does not include

- Full name
- Address
- Sexuality, religion

MTC: Data fields

- Presentation
- Biochemistry
- Surgery details: primary, nodes, extent, recurrences, mets
- RT: adjuvant, therapeutic, palliative, dose, technique
- FU protocol: ? Routine imaging planned
- Recurrence: site, how diagnosed

MTC: Data fields

- Radioisotope therapy: isotope, activity, regime, evaluation method, outcome
- Chemotherapy: indication, regime, response
- Somatostatin analogues
- Clinical trial
- Other

ATC: Data fields

- Presentation
- Diagnosis method
- Surgery
- Tracheostomy
- Gastrostomy, NG tube
- RT: radical, palliative, dose, technique
- Chemotherapy: intent, regime, outcomes
- Trials
- Hindsight: did the treatment offered provide significant benefit/palliation?
- Comments

Problems

Voluntary not mandatory data entry

Time: busy work schedules

Funding

Possible ways to increase data entry

- ? Mandatory requirement
- ? Other professional groups to be approached to help with data entry
- ? Researcher to travel to cancer centres and input data
- ? Registry study

Thank you

For more information please contact me at

Laura.Moss@wales.nhs.uk