

BCCOM Project

(Breast Cancer Clinical Outcome Measures Project)

West Midlands Cancer Intelligence Unit (WMCIU)

Newsletter

Issue 5

August 2009

Welcome to our **fifth BCCOM newsletter**. You will find inside a brief update on the project as well as important dates for your diary.

The All Breast Cancers Report, containing the BCCOM Year 5 data (cases diagnosed in 2006) will be published in October 2009

SUBMIT YOUR BCCOM YEAR 5 DATA - The BCCOM Project is still awaiting the return of 6440 cases from 100 surgeons. Please return your data by contacting Catherine Lagord, before 30th September 2009 at catherine.lagord@nhs.net or 0121 415 8368.

ALL BREAST CANCERS REPORT - NHS Cancer Screening Programmes

Drawing together the resources from the BCCOM Project, the annual screening NHSBSP and ABS at BASO audit and the data held by the WMCIU in its role as lead breast cancer registry we will shortly publish a report on all breast cancers diagnosed in 2006. In this report we will evaluate the individual and combined effects of age, route of presentation (screen-detected or symptomatic), deprivation status and ethnicity on stage at presentation, management and outcome. If you wish to receive a copy of this report please email us at

breastqarc@wmcui.nhs.uk

Announcing the launch of BCCOM Year 6

Deadline	Launch of BCCOM Year 6 ACTION	Who?
27-Nov-09	Last opportunity, for surgeons to sign the form authorising cancer registries to release data (NOTE: surgeons who signed the consent form last year need not sign again)	Surgeons
29-Jan-10	Provide breast surgeons who have signed the BCCOM consent form with data for the patients they treated in 2007	BCCOM project team
Feb-Apr 10	Check, amend if necessary and sign off data	Surgeons
01-Apr-10	Deadline for checked or un-checked data to be sent back to WMCIU	Surgeons
19/20 May-10	Presentation of preliminary data and progress report on the BCCOM Project Year 6 at the ABS at BASO conference	BCCOM steering group

Paper published in the British Journal of Cancer

Title: Clinical Outcome Data for Symptomatic Breast Cancer: The Breast Cancer Clinical Outcome Measures (BCCOM) Project

Authors: Tom Bates, Olive Kearins, Ian Monypenny, Catherine Lagord, Gill Lawrence

British Journal of Cancer **101**(3), 395-402, 2009

A new member has joined the BCCOM Steering Group

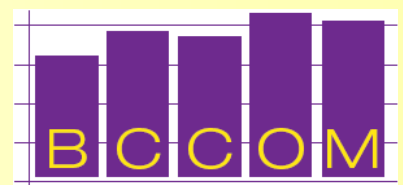


Mr Glyn Neades, Consultant Breast Surgeon - Western General Hospital, Edinburgh, Scotland.

The BCCOM Steering Group has been delighted to welcome Glyn Neades to the group. Mr Neades has been helping to facilitate the involvement of Scotland in the BCCOM Project; in particular by promoting the project to fellow surgeons and finalising the process

of obtaining data from the Scottish Cancer Networks.

See overleaf for update on BCCOM Year 5; linking data sources and initial results. Headlines from the BCCOM Steering Group Meeting, information on how to set up an @NHS.NET email account and a big THANK YOU to all those who have taken part this year.



Update on BCCOM Year 5 data (cases diagnosed in 2006)

Matching data from the North West and Trent registries with Hospital Episode Statistics (HES) to improve completeness

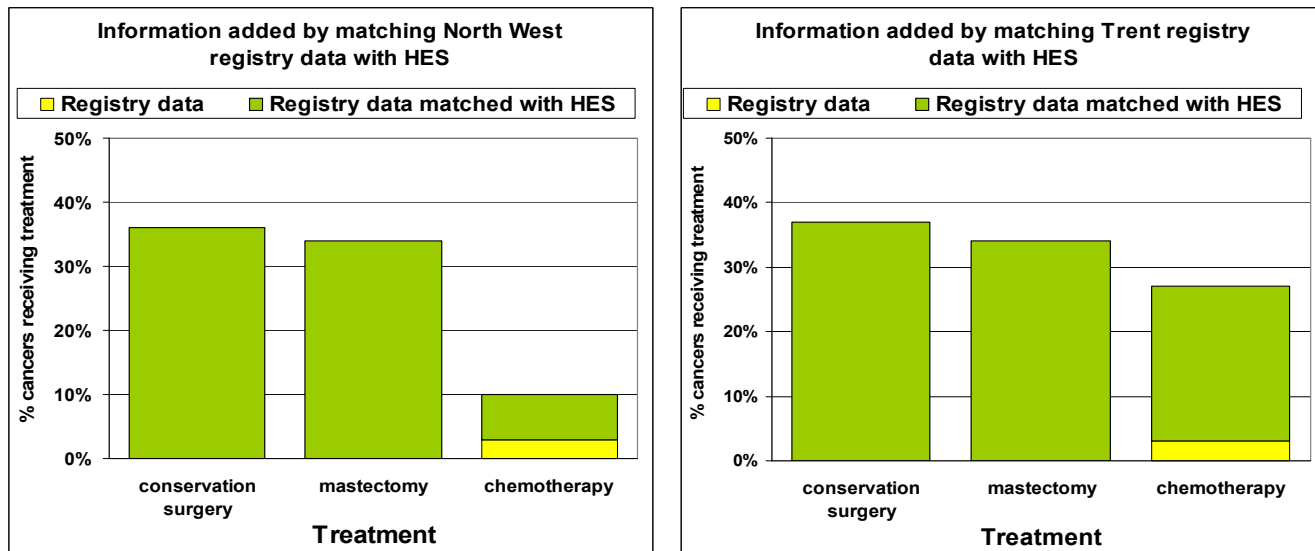


Figure 1 - The addition of Hospital Episode Statistics information to cancer registry data from North West and Trent

As the national lead registry for breast cancer the WMCIU has access to the Office for National Statistics/Hospital Episode Statistics Breast database which contains data for all the English cancer registries. For Year 5, data from two registries (North West and Trent) were matched against this extract. Information on surgery and chemotherapy was obtained from HES and used to supplement the BCCOM dataset. An additional 7,743 data items were added using this methodology. This combined dataset has been sent to surgeons for validation. The BCCOM Project has identified areas where data available at local level were not being routinely transferred to and/or recorded by registries. Routine matching to HES may provide some of these missing data items.

Responses from surgeons in the North West and Trent: An encouraging trend!

'There is no possibility of providing all the missing data although there appears to be increasing completion recently.'

'Much easier this year, all the patient hospital numbers were correct, reducing the workload considerably.'

Initial results Year 5: Completeness

The combined dataset of cancer registry data supplemented with information from HES on type of surgery and chemotherapy was sent to surgeons for validation. Figure 2 shows the result of the validation by surgeons in the North West and Trent. For type of breast surgery most surgeons agreed with the combined dataset; 90% for North West and 93% for Trent. For chemotherapy the agreement was very similar for Trent, 91%. However, for North West only 43% of surgeons agreed with the combined dataset. The remaining 57% added information but no one disagreed with the dataset. For both registries and both data items, only 2% of surgeons disagreed with the combined dataset. These results clearly demonstrate the success of adding HES information to the cancer registry data.

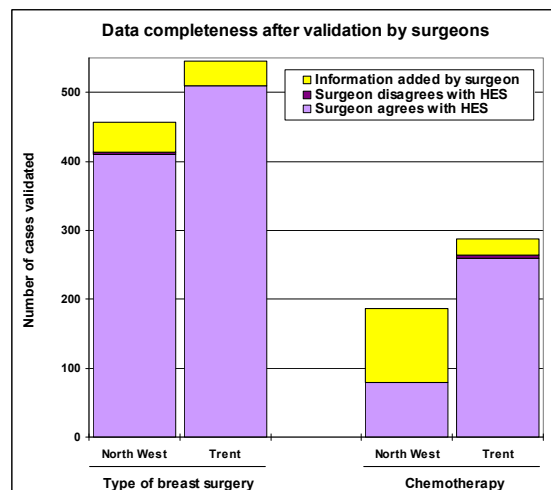


Figure 2 - Validation of treatment data



Initial Results Year 5: Completeness

The validation of data by consultant breast surgeons is key to the BCCOM Project. Although data completeness is improving through linking data (e.g. use of HES), there are some data items which are still difficult to collect. Hormone therapy is one such item. Figure 3 is based on a cohort of 32 surgeons who validated their data (BCCOM Year 5 data). It shows, for each surgeon, the number of cases where the surgeon agreed with, disagreed with or added to the cancer registry dataset. Although the availability of hormone therapy data varies by region, all surgeons (bar one) were able to add information. 65% of the hormone therapy data for this cohort was provided by surgeons. 35% of the information was correctly supplied by cancer registries. Only 1% of the hormone therapy data provided by the cancer registries was deemed incorrect by the surgeons.

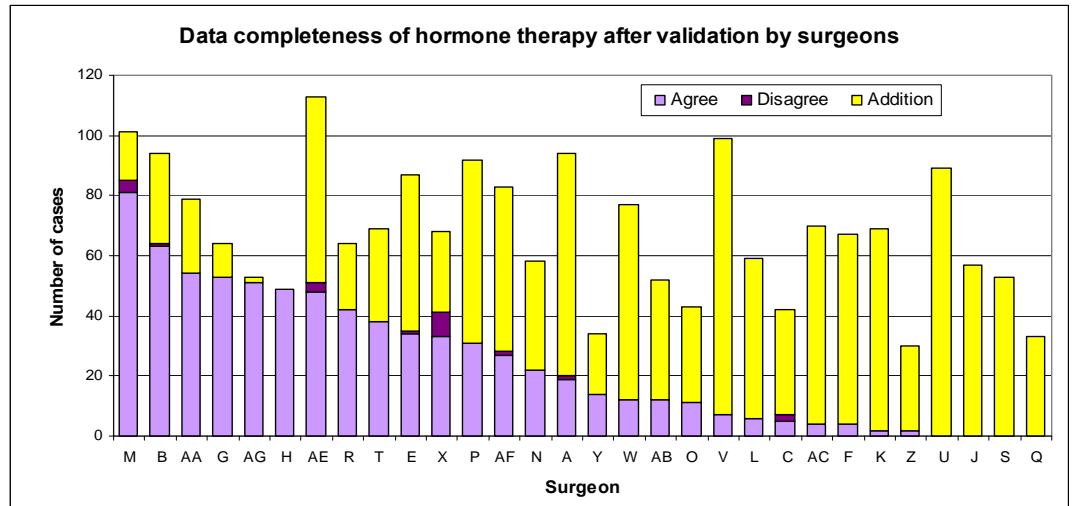


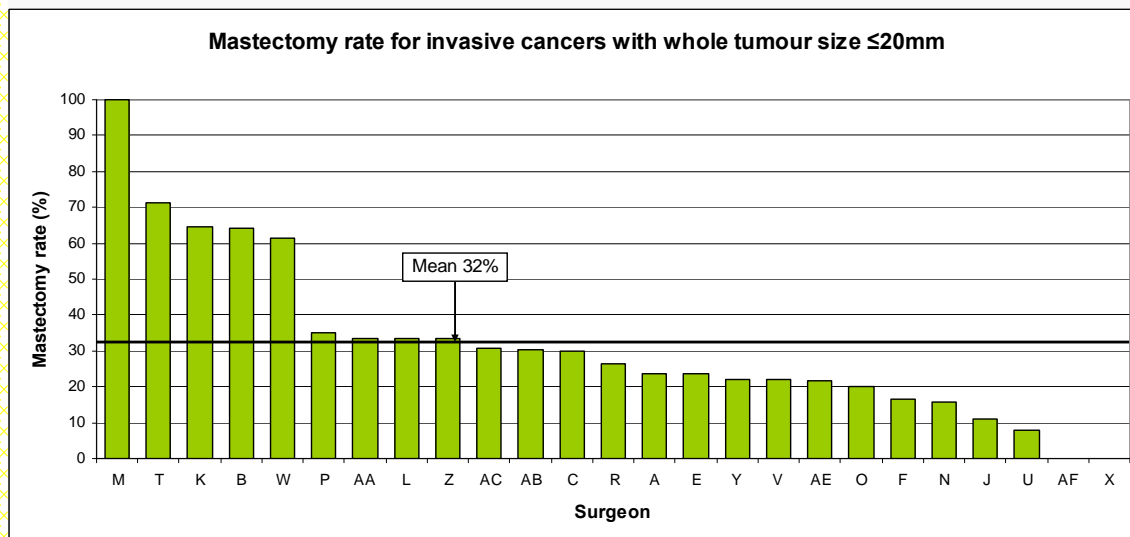
Figure 3 - Validation of hormone therapy data by surgeons

Initial Results Year 5: Tumour characteristics/Data summary

The BCCOM dataset provides information on patient demographics and tumour characteristics. Of the 16,500 symptomatic breast cancers submitted to BCCOM Year 5, 93% were found to be invasive. 26% of breast cancers were diagnosed in women aged less than 50, 28% in women aged 50 to 64, 10% in women aged 65 to 70 and 36% in women aged 70 and over. With the expansion of the NHS Breast Screening Programme, the proportions of women diagnosed symptomatically in the less than 50 and 70 and over age groups are likely to be reduced in future years.

Figures 9-11 present a cohort of BCCOM Year 5 data submitted to date taken from surgeons who validated their data. This includes 2042 cases from 32 surgeons.

Figure 4 - Mastectomy rate by surgeon



The mean mastectomy rate for small (≤ 20 mm) invasive breast cancers is 32%. Surgeon M has a 100% mastectomy rate but only treated three cases with a whole tumour size ≤ 20 mm.

Initial Results Year 5: Tumour characteristics/Data summary

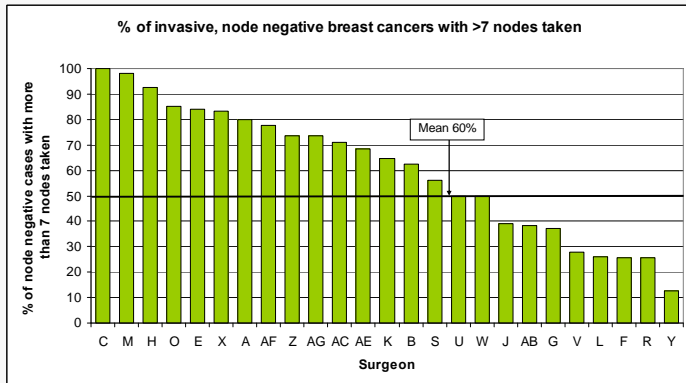


Figure 5 - Number of nodes taken

The percentage of invasive, node negative breast cancers with more than seven nodes taken varies from 13% to 100%. As the data are presented by surgeons, it is important to remember the variation in caseload and therefore the potential for small numbers. The maximum number of cases for any surgeon in the cohort which are invasive, node negative and had more than seven nodes taken is 55.

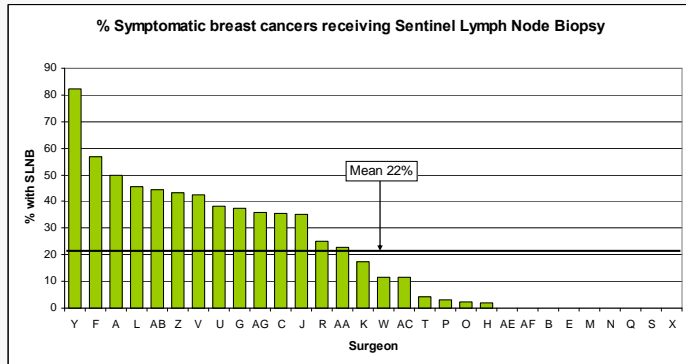


Figure 6 shows that the percentage of breast cancers receiving Sentinel Lymph Node Biopsy (SLNB), varies from 0% to 82% with a mean of 22%. However, when a surgeon is training to use SLNB, clearance of the axilla must be undertaken after the SLNB. This may offer some explanation of the large percentage of cases with >7 nodes taken in Figure 5.

Figure 6 - % with Sentinel Lymph Node Biopsy

Initial Results Year 5: Adjuvant treatment

The BCCOM Year 5 data show that the type of adjuvant treatment given varies hugely with age. Whereas the percentage of patients receiving radiotherapy and chemotherapy decreases rapidly with age, the percentage receiving hormone therapy increases with age. In particular in the 80+ age band, only 2% of patients received chemotherapy. There is a noticeable difference in the treatment of patients in age bands 71-79 and 80+ with an extra 26% of patients in the younger age range receiving radiotherapy. This difference highlights the need to present data for the two age groups separately. Analyses often group patients aged 70+ together, thus masking the differences in treatment received. The ABS at BASO 'Surgical guidelines for the management of

Figure 7 - Type of adjuvant treatment by age

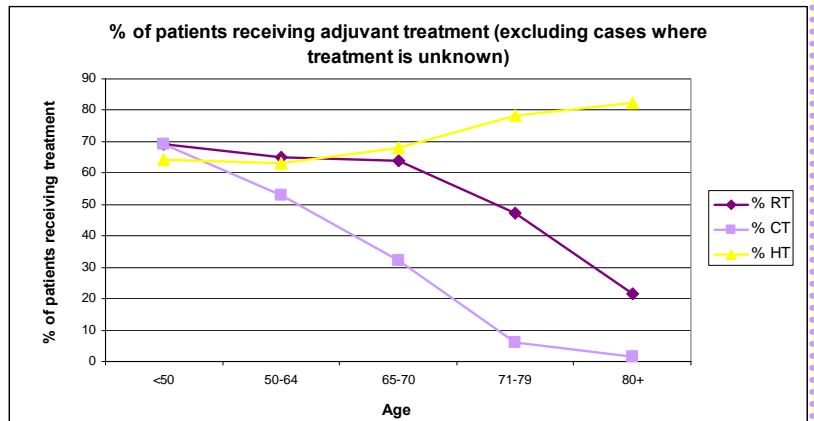
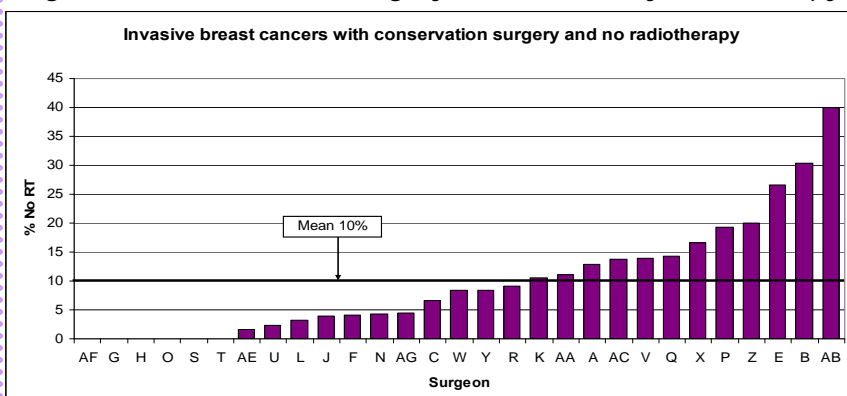


Figure 8 - Conservative surgery not followed by radiotherapy



patients who have undergone breast conservation for primary invasive breast cancer should be treated with adjuvant radiotherapy'. The mean for patients receiving conservation and no radiotherapy is 10%, with the maximum at 40%. The surgeons with high percentages of cases not receiving radiotherapy do not have a particularly small caseload suggesting that this is either a real difference in practice or a data collection issue.



Initial Results Year 5: Adjuvant treatment

Figure 9 - Chemotherapy for node positive patients <60 years

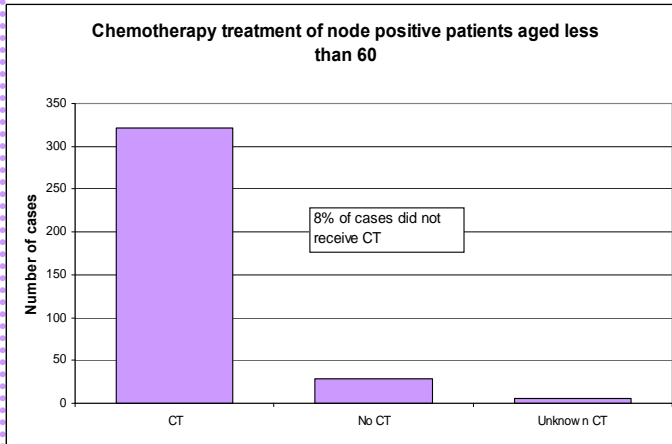


Figure 10 - No chemotherapy, node positive, invasive breast cancers

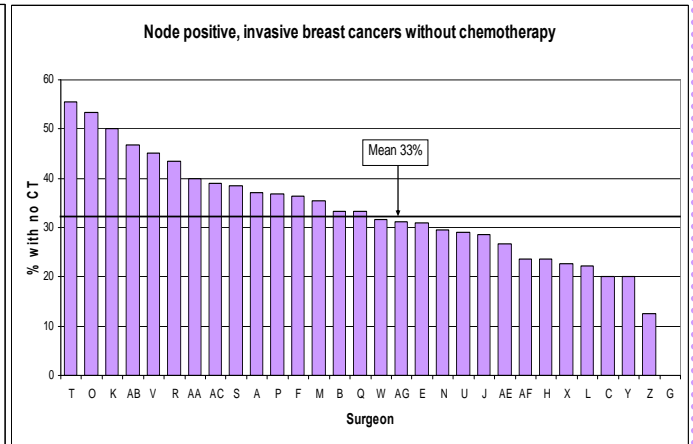
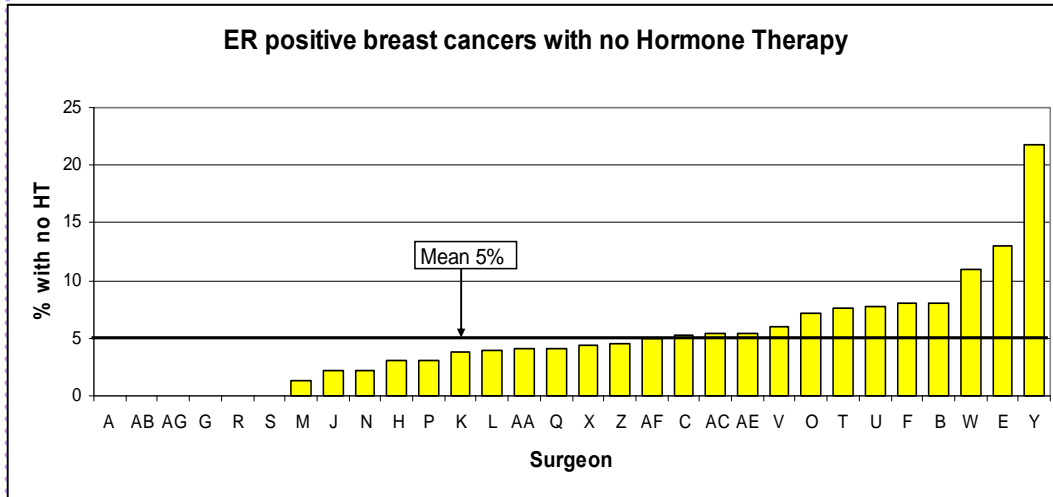


Figure 9 shows that there are few patients with invasive, node positive breast cancers who did not receive chemotherapy, specifically 8% of cases in this cohort. It is also worth noting that chemotherapy is unknown for just 2% of cases, highlighting good quality data completeness. Nevertheless, the percentage of node positive, invasive breast cancers receiving chemotherapy does vary widely between surgeons. Overall 33% of cases did not receive chemotherapy, but many of these are elderly patients who may not have been fit enough to receive chemotherapy. This is demonstrated in Figure 7 where only 6% of patients aged 71-79 received chemotherapy and along with only 2% of patients aged 80 and over.

Figure 11 - Patients with ER positive cancers and no HT



Overall only 5% of ER positive cases did not receive hormone treatment. For three surgeons more than 10% of their ER positive cases did not receive hormone therapy. 22% of Surgeon Y's ER positive cases did not receive HT.

Headlines from the last BCCOM Steering Group Meeting, 17 April 2009

- Methodology for Scottish Cancer Networks involvement in BCCOM Year 5 developed
- Presentation of BCCOM results: NCIN Conference (June 2009) and ACS-BASO (November 2009)
- Reducing the number of non eligible cases by involving the regional symptomatic representatives through ABS at BASO and matching with Hospital Episodes Statistics (HES) data

BCCOM Project



Thank you to surgeons and their colleagues who submitted data to BCCOM Year 5 (cases diagnosed in 2006).

East Anglia	Mr J H R Winstanley	Mr J G Maroof	Mr M Burke	Ms L Wyld
Mr T I Abdullah	Mr A S Zardab	Mr A J McLaren	Mr R Daoud	Wales
Mr M Callam	Northern Ireland	Mr M D Rashed	Mr A J Desai	Mr R A Cochrane
Mr S Chandrasekharan	Mr R Kennedy	Mr B M Smith	Mr S R Ebbs	Mr D J Crawford
Mr G H G M Charfare	Mr S Kirk	Mr R D Stewart	Mr G Gui	Mr C A Gateley
Mr P Forouhi	Mr G Marshall	Mr A R Taylor	Mr D J Hadjiminias	Mr S Goyal
Mr P G Gough	Miss N P Scally	Mr H N Umeh	Mr A K Johri	Mr P A Holland
Mr E R Inwang	Miss S Sloan	Scotland	Mr P A Jones	Mr S D Holt
Miss S Jenkins	Mr W J I Stirling	NHS Borders	Mr O Khan	Mr R C Johnson
Miss F MacNeill	Mr M C R Whiteside	NHS Fife	Mr G T Layer	Mr M Lwin
Mr A Patel	Mr A J Wilkinson	NHS Highland	Mr S K Marsh	Professor Mansel
Mr G Peley	Northern & Yorkshire	NHS Lothian	Mr G Querci Della Rovere	Mr I J Monypenny
Mr J H Pereira	Mr R D Bliss	NHS Tayside	Miss N Roche	Mr S G Shering
Mr M R Pittam	Mr D A Browell	South West	Mr R Sainsbury	Miss H M Sweetland
Mr S P Raymond	Mr Robert Bryan	Miss A M G Aertssen	Miss E Shah	West Midlands
Mr N D Rothnie	Mr K W R Callanan	Mr N J Carty	Miss E Sharp	Mr J Adjogatse
Mr A K Salih	Mr M Carr	Mr S Cawthorn	Mr H Singhal	Miss R Bright-Thomas
Professor Sauven	Mr W G Case	Mr C Chan	Professor Sinnott	Mr P Brookes
Mr S Singh	Mr I A Cheema	Mr M J Cooper	Miss W Sotheran	Mr H Brown
Mr S G T Smith	Mr K R Clark	Mr P K Donnelly	Mr A Stacey-Clear	Mr R Brown
Mr S D Thomson	Mr G Dyke	Miss J M Dunn	Mr R Vashisht	Miss A Carmichael
North West	Mr J N Fox	Miss A Evans	Mr S Whitehead	Mr D Clarke
Mr R A Audisio	Mr I A Goulbourne	Mr D Ferguson	Mr A Yelland	Mr A Corder
Mr A D Baildam	Mr C Hennessy	Miss C A Fowler	Mr C Zammit	Miss J Donnelly
Mr L Barr	Mr K Horgan	Mr M H Galea	Trent	Mr T Duffy
Mr D A Berstock	Mr I F Hutchinson	Mr M Graham	Miss I Azmy	Mr D England
Mr H M Bishop	Mr M R J Lansdown	Mr K P Harris	Mr D R Chadwick	Mr K Fortes-Mayer
Miss J Bonnema	Professor Lennard	Mr A M Klidjian	Miss V Chandran	Miss A Francis
Mr D Cade	Mr R Linforth	Mr P R Maddox	Mr K L Cheung	Miss M Heitmann
Miss L Chagla	Mr J Macfie	Mr F P McGinn	Mr S M Dzumhur	Miss F Hoar
Mr M Chandrashekar	Mr T K Mahapatra	Mr J A Pain	Professor Eremin	Mr R Hurlow
Mr S Chatterjee	Mr J B Mancey-Jones	Mr D Perry	Mr N W Everson	Mr A J Jewkes
Mr G P Copeland	Miss P McManus	Mr N I Ramus	Mr H W Holliday	Mr B G Jones
Mr A Gandhi	Mr A H Nejm	Mr Z Rayter	Mr S Holt	Miss L E Jones
Mr P P George	Mr S Nicholson	Mr D A Rew	Mr N H Kazzazi	Mr R M Kirby
Miss C Harding-Mackean	Mr J Parmar	Mr A K Sahu	Mr S R Kohlhardt	Mr M J R Lee
Mr R N L Harland	Miss L Phipp	Mr A M Sammon	Mr K M Kolar	Ms P Matey
Mr C Holcombe	Mr C J Pritchett	Mr A I Skene	Mr J V Psaila	Mr R Nangalia
Mr J Howat	Mr N Sharma	Miss M A Stebbing	Mr A Rashed	Mr I Paterson
Mr S Jmor	Mr E P L Turton	Mr R J Sutton	Professor Reed	Mr A Przyczynna
Mr D M Matheson	Miss B E Weber	Mr H C Umpleby	Professor Robertson	Mr N Purser
Mr I McIntosh	Mr M R Williams	Mr R M Watkins	Miss C E Rogers	Mr P S Stonelake
Miss J L Ooi	Mr M M K Youssef	Thames	Mr D M Sibbering	Mr J L Taylor
Mr S Rajan	Oxford	Mr R AI Mufti	Miss A T Stotter	Mr S Thrush
Miss E J Redmond	Miss P J Clarke	Mr S Allan	Miss K Valassiadou	Mr T Usman
Miss C Roshanlali	Mr S P Courtney	Mr W H Allum	Miss Y Wahedna	Miss R Vidya
Miss Z Saad	Mr G H Cunnick	Mr R C Bowyer	Mr R Windle	Miss L S Vishwanath
Miss J Walls	Mr J Harisha			

Want to send your data via email?

It is possible to send your data back to the WMCIU via email as long as you have an **nhs.net** account

(NOT nhs.uk!)

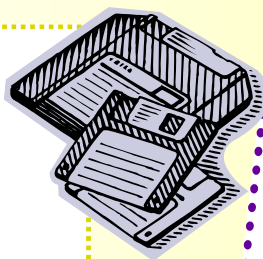
To register with **nhs.net**

(it is quick and simple to do) go to:

www.nhs.net

Once you have set up an email account with **nhs.net** send your data to:

catherine.lagord@nhs.net



For queries, general comments or to add recipients to the contacts database please feel free to contact

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