



BCCOM Project

(Breast Cancer Clinical Outcome Measures Project)



West Midlands Cancer Intelligence Unit (WMCIU)

Newsletter

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Background to BCCOM

The annual ABS at BASO breast screening audit demonstrated variations in the management of screen-detected breast cancer across the UK. Since its inception in 1997, the audit has brought about major improvements in clinical practice.

However, over 70% of all new breast cancer cases are initially detected symptomatically and the majority of these cases are not incorporated into a national audit due to the lack of reliable, accurate data.

“BCCOM will extend the audit process to cover symptomatic breast cancers”

AIMS

- * To audit across the UK the treatment of symptomatic breast cancer
- * To compare management with published national standards and targets
- * To measure against treatment hypotheses/gold standards
- * To inform the setting of future standards
- * To obtain complete and accurate outcome measures including survival

HOW are they achieved?

By setting up routine methods to conduct a retrospective audit of the treatment of primary symptomatic (female and male) breast cancer in the UK. This involves tapping into existing data sources such as the data currently collected by cancer registries and individual clinicians, or Hospital Episodes Statistics (HES).

By establishing a complete and accurate dataset of symptomatically detected breast cancers and their management.

By using the data collected to generate clinical outcome measures for individual breast services in order to compare current practice with the recommended guidelines.

Dates for your diary - 2006

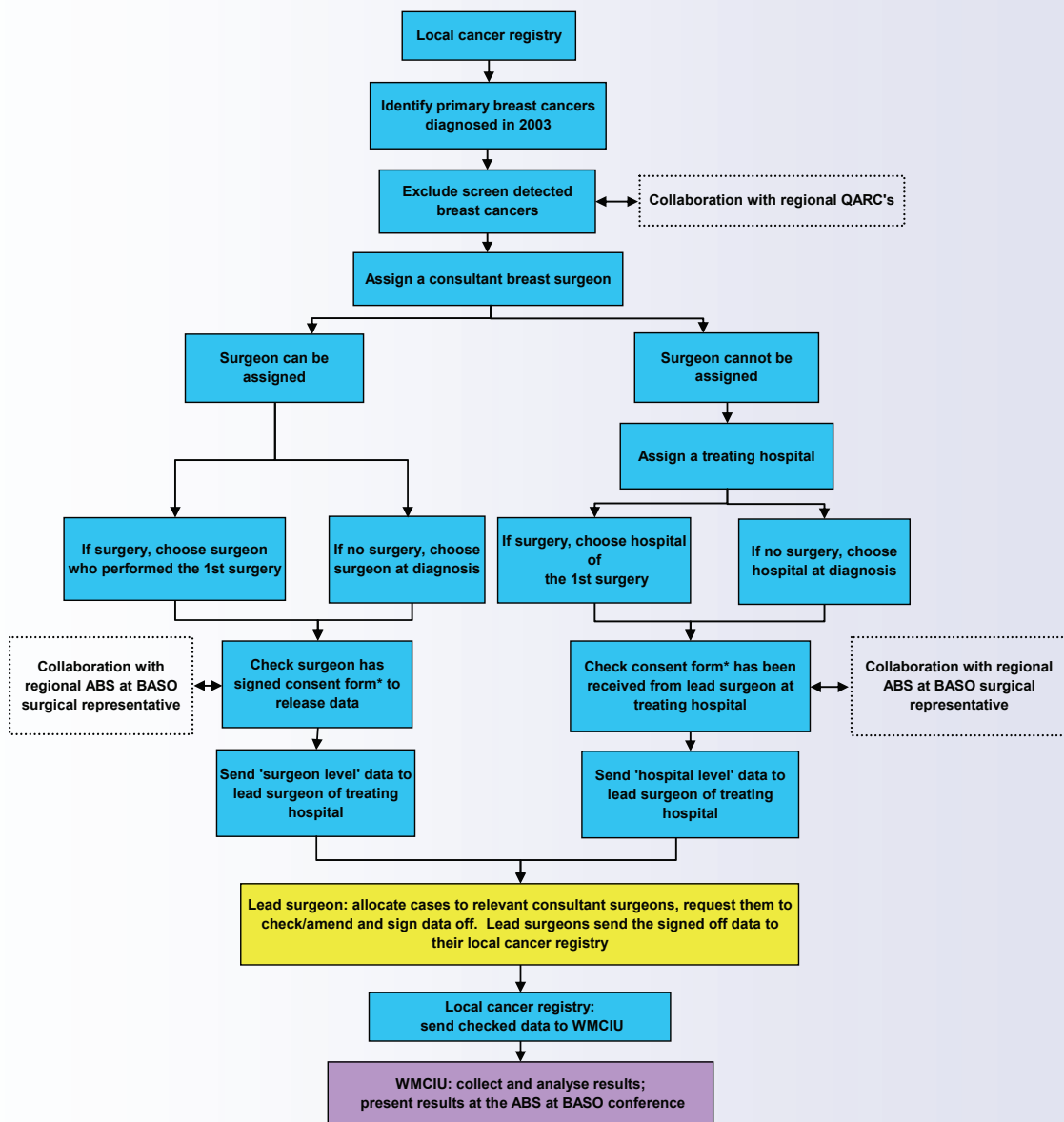
July	<i>Presented BCCOM at Symposium Mammographicum, Bournemouth.</i>
September	<i>Deadline to submit data for BCCOM Yr 2 (4th) Presenting BCCOM at West Midlands Surgical Study day, Birmingham (18th)</i>
October	<i>Presenting BCCOM at NDP Meeting (12th) UKACR Conference, Amsterdam (18-20th)</i>

Steering group

Ian Monypenny <i>(Chair)</i>
Tom Bates <i>Joint Principal Investigator</i>
Gill Lawrence <i>Director WMCIU, Joint Principal Investigator</i>
Tim Archer <i>CSC-IP National Clinical Lead for Breast Cancer</i>
Hugh Bishop <i>President of ABS at BASO</i>
Chris Carrigan <i>National Cancer Registry Co-ordinator</i>
Norman Freshney <i>Breakthrough Breast Cancer</i>
Olive Kearins <i>Breast Screening Quality Assurance, WMCIU</i>
Catherine Lagord <i>BCCOM Project Manager, WMCIU</i>



How is BCCOM data collected?



* consent form to release data: cancer registries must obtain the written consent of individual consultant surgeons before they can release their data

BCCOM results so far...

Main characteristics of the BCCOM cohort (29,711 cases as of 14/07/06)		
Primary symptomatic breast cancers diagnosed in 2002-2003		
Parameter	Number of cancers	% of all cancers
female	29,463	99.16
male	246	0.83
left side	14,952	50.32
right side	13,864	46.66
side not given	895	3.01
Invasive	27,412	92.26

Table 1: Number of cancers

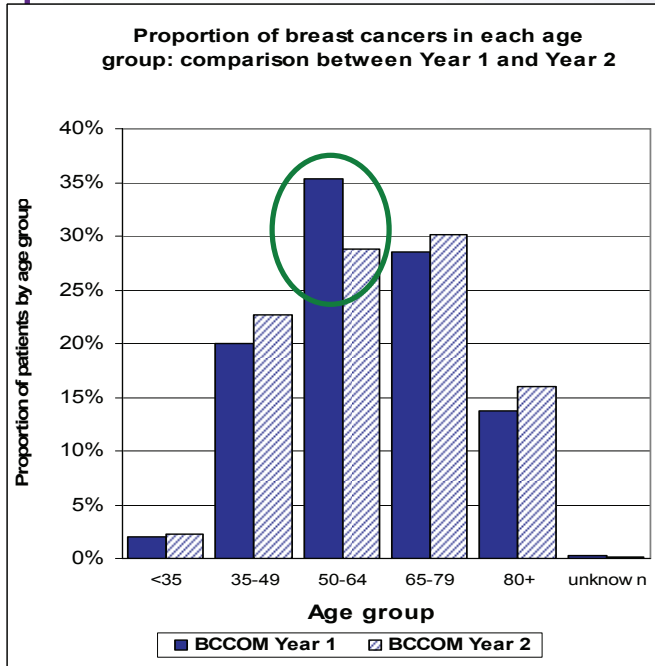


Figure 1(a): Age distribution

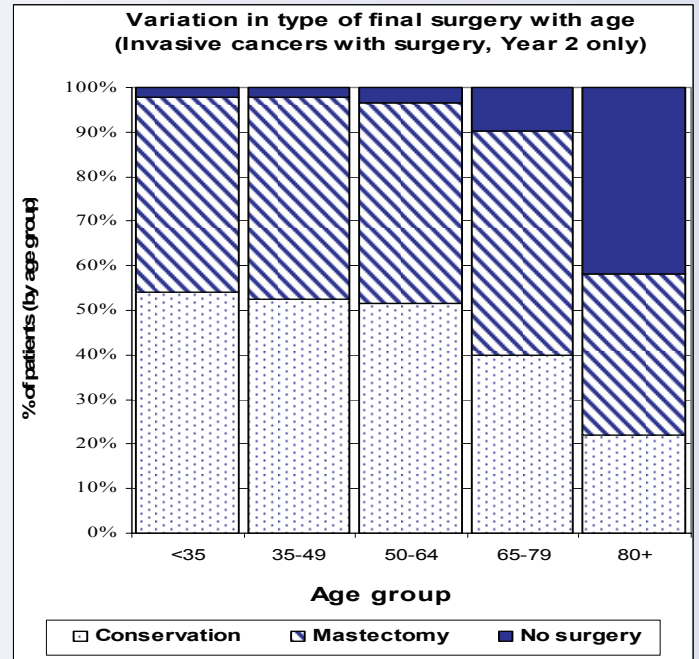


Figure 1(b): Type of surgery

Main findings

- 29,711 primary symptomatic breast cancers (female and male) have been collected so far by the BCCOM project (Table 1). BCCOM Year 1 collected data on cancers diagnosed in 2002; BCCOM Year 2 collected data on cancers diagnosed in 2003.
- Data collected for each cancer include: basic demographic details, diagnostic information, names of hospital and consultant breast surgeon; tumour characteristics, type of surgical and adjuvant treatment.
- As a result of the improved data exchange between QARC's and cancer registries, the Year 2 cohort included fewer screen-detected patients than the Year 1 cohort (see green circle in Figure 1a).
- In Year 2, the proportion of invasive cases not undergoing surgery increased with age from 3.4% in patients aged 50-64 to 42.2% in patients aged 80 and over (Figure 1b). The average mastectomy rate for all invasive breast cancers was 35.7%. Of the patients who had breast surgery for an invasive breast cancer, 50.7% had a mastectomy.
- The proportion of patients treated with radiotherapy and chemotherapy fell sharply with age, while the proportion treated with hormone therapy increased with age (Figure 2).

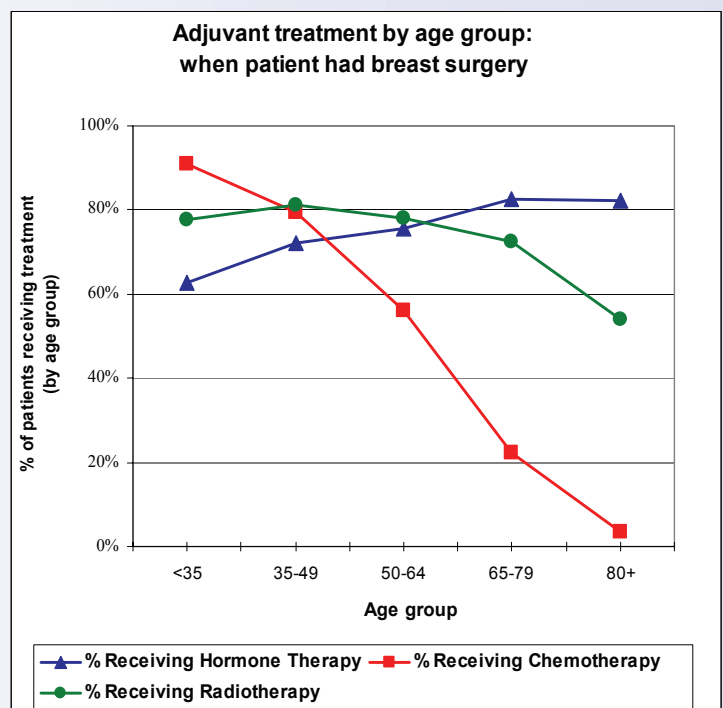


Figure 2: Adjuvant treatment

Who collected data?...

Primary symptomatic breast cancers diagnosed in 2002 were eligible for inclusion in the first round of the BCCOM audit (Year 1); cases diagnosed in 2003 were eligible for inclusion in BCCOM Year 2.

Data can still be submitted to BCCOM Year 2 [**deadline = 4 September 2006**].

Data submitted to BCCOM (by Cancer Registry area)	Number of surgeons taking part in BCCOM Year 1	Number of surgeons taking part in BCCOM Year 2 <i>(as of 14/07/06)</i>	Number of cancers submitted to BCCOM Year 1	Number of cancers submitted to BCCOM Year 2 <i>(as of 14/07/06)</i>	Total number of cancers submitted to BCCOM (Year 1 + Year 2) <i>(as of 14/07/07)</i>
East Anglia	15	9	1,691	962	2,653
Mersey & Cheshire	9	10	595	288	883
Northern Ireland	8	6	640	367	1007
North Western	5	4	496	218	714
Northern & Yorkshire	29	33	2,419	1,996	4,415
Oxford	14	16	1,341	1,405	2,746
Scotland	11	4	934	181	1115
South West	40	16	3,253	1,001	4,254
Thames	21	32	1,750	2,302	4,052
Trent	3	22	408	1,588	1,996
Wales	5	18	351	952	1,303
West Midlands	31	30	2,529	2,044	4,573
TOTAL	191	200	16,407	13,304	29,711

Results have been well received when presented to different audiences such as the Nottingham International Breast conference, the ABS at BASO Conference and the UK Association of Cancer Registries conference (UKACR). The project team has enlisted the assistance of cancer networks, some of which have designated BCCOM as their 'breast cancer network audit'.

"The BCCOM Project team is very grateful to all the contributors to BCCOM and would welcome your views and comments on this audit process, particularly if you are involved in the collection and/or analysis of breast cancer data."



Read the BCCOM
1st Year Report:
www.wmpho.org.uk/wmciu/

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

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