

BCCOM Project

(Breast Cancer Clinical Outcome Measures Project)

West Midlands Cancer Intelligence Unit (WMCIU)

Newsletter

Issue 4
October 2008

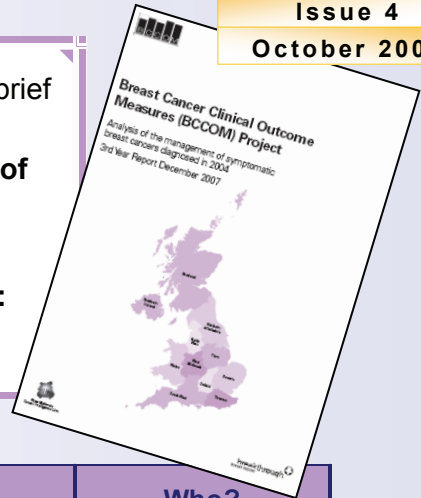
Welcome to our **fourth BCCOM newsletter**. You will find inside a brief update on the project as well as important dates for your diary

A full annual report on the data collected during the 3rd year of the audit (cancers diagnosed in 2004) was published in

May 2008

To view a copy of this report please go to the WMCIU website:

www.wmpho.org.uk/wmciu



Announcing the launch of BCCOM Year 5!!

| Deadline | Launch of BCCOM Year 5 Action | Who? |
|----------------|--|----------------------|
| 28-Nov-08 | 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 |
| 30-Jan-09 | Provide breast surgeons who have signed the BCCOM consent form with data for the patients they treated in 2006 | BCCOM project team |
| Feb-Apr 09 | Check, amend if necessary and sign off data | Surgeons |
| 17/18 March-09 | Presentation of preliminary data and progress report on the BCCOM Project Year 5 at the ABS at BASO conference | BCCOM steering group |
| 01-Apr-09 | Deadline for checked or un-checked data to be sent back to WMCIU | Surgeons |

A contribution from Ursula Van Mann, Patient representative on the BCCOM steering group

I attended the ABS at BASO Conference in Birmingham this year, on behalf of the Breakthrough Breast Cancer Campaign's-Advocacy Network. I was interested in finding out how the NHS Breast Screening Programme had benefited patients in the 20 years since its inception. However, I had not appreciated just how much impact the collation of data from this programme would have had on improving overall standards of treatment and patient care.

The ability to identify trends, highlight areas of excellence and provide a national overview is of crucial importance to patients as well as healthcare professionals. Data from the BCCOM project, in addition to that produced from the screen-detected audits, will be hugely beneficial to anyone affected by breast cancer.

I would therefore like to pass on my thanks to everyone involved in submitting and collating this vital data, and hope that we achieve 100% participation in the near future.

!! UPDATE !!

Within the next three years, in addition to its core role of ensuring the collation and analysis of symptomatic breast cancers data, the BCCOM steering group will be working towards broader objectives.

A - Integration with the new National Cancer Intelligence Network (NCIN): As part of the NCIN, the West Midlands Cancer Intelligence Unit (WMCIU) will be the lead registry for breast cancer.

B - Integration of screening and symptomatic audits: The NHS Breast Screening Programme will fund the WMCIU to look at how national breast screening computer system (NBSS) data can be combined with hospital episode statistics (HES), cancer waiting time data (CWT), radiotherapy databases (RTDS formerly RES) and cancer registration data to maximise the use of routine data sources to produce comparative process and outcome data for screening and symptomatic breast cancers at national level. This will culminate in the publication in June 2010 of an All Breast Cancers report.

Results from BCCOM Year 4

NOTE: Preliminary results for BCCOM year 4 were presented at the ABS at BASO conference (11 June 2008).

The presentation can be viewed on:

<http://www.baso.org.uk/content/abs-PastMeetings.asp>

Primary symptomatic breast cancers diagnosed in 2005 were eligible for inclusion in BCCOM Year 4. A total of 22,865 symptomatic breast cancers recorded on UK cancer registry databases were sent to consenting consultant breast surgeons for validation; 14,507 (63%) of these cases were returned by surgeons to be included in BCCOM. The level of participation in each region is shown in *Table 1*. As illustrated in *Figure 1*, in some regions, a significant amount of data was added by participating surgeons. Data items most frequently supplemented by surgeons were information on receptor status, chemotherapy and hormone therapy.

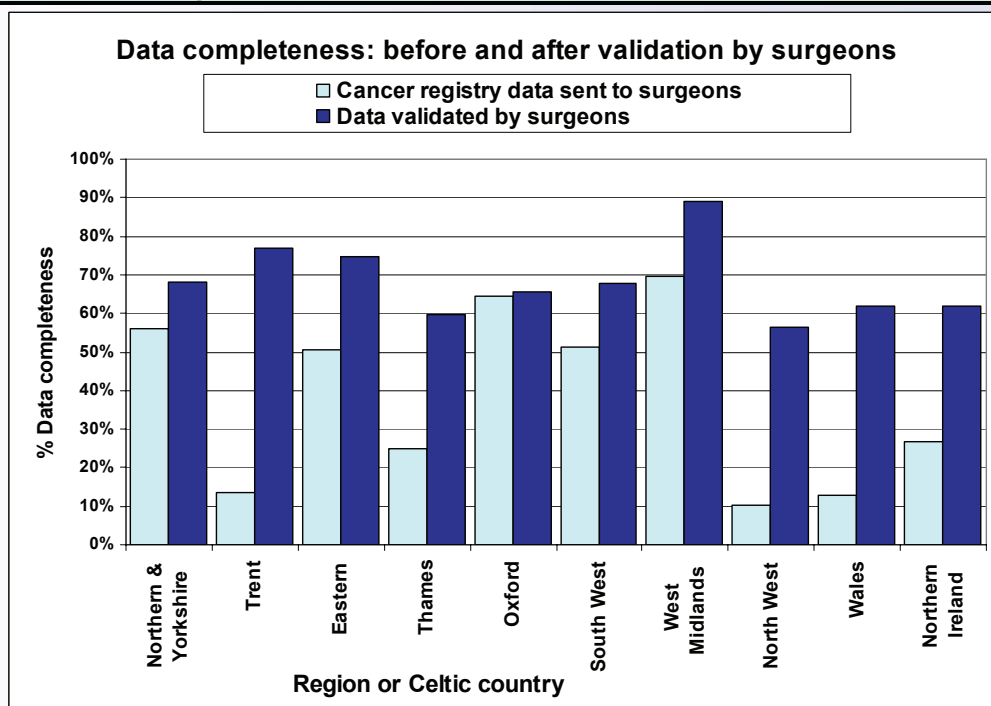
Table 1: Participation in each region or Celtic country

| Region or Celtic country | Diagnosis year | | | | | 2002-2005 TOTAL |
|-------------------------------|-----------------|-----------------|-----------------|-----------------|---------------------|--------------------|
| | 2002 | 2003 | 2004 | 2005 | | |
| | BCCOM Year 1 | BCCOM Year 2 | BCCOM Year 3 | BCCOM Year 4 | % cases included | |
| Northern and Yorkshire | 2,419 | 2,029 | 1,910 | 2,260 | 56% | 8,619 |
| Trent | 408 | 1,588 | 1,453 | 1,702 | 57% | 5,152 |
| Eastern | 1,691 | 997 | 1,507 | 1,399 | 44% | 5,594 |
| Thames | 1,750 | 2,709 | 1,530 | 1,326 | 19% | 7,315 |
| Oxford | 1,341 | 1,442 | 899 | 851 | 55% | 4,534 |
| South West | 3,253 | 1,001 | 2,234 | 2,241 | 46% | 8,729 |
| West Midlands | 2,529 | 2,330 | 2,340 | 1,902 | 58% | 9,102 |
| North West | 1,091 | 524 | 1,397 | 757 | 19% | 3,769 |
| Wales | 351 | 952 | 1,201 | 1,098 | 62% | 3,603 |
| Northern Ireland | 640 | 367 | 432 | 349 | 35% | 1,788 |
| Scotland*** | 934 | 181 | 1,836 | 749 | 24% | 3,700 |
| TOTAL | 16,407 | 14,120 | 16,739 | 14,634 | 40% | 61,900 |

*** more BCCOM Year 4 cases are expected from Scotland

Figure 1: Information added by surgeons

| Data items included in 'completeness' measure |
|---|
| grade (invasive tumour) |
| grade (non-invasive tumour) |
| invasive size |
| vascular invasion |
| nodes examined |
| positive nodes |
| ER status |
| surgery or no surgery |
| margins clear? |
| radiotherapy flag |
| chemotherapy flag |
| hormone therapy flag |





The Cancer Reform Strategy published in December 2007 promises to offer in England routine breast screening to women older and younger than the current eligible age range. Using the data collected by the 8 English cancer registries on all breast cancers diagnosed in 2005, it is possible to estimate the impact of an extension to the current screening age range. *Table 2* shows that, on average, 12% of symptomatic breast cancers were diagnosed in women aged 47-49 and 71-73. Extension of the screening age range could lead to earlier detection of these symptomatic cases as well as the detection of asymptomatic breast cancers in these two age bands.

Table 2: Symptomatic breast cancers (BCs) diagnosed in 2005 in patients aged 47-49 and 71-73

| Region/ Celtic country | Symptomatic breast cancers all ages | Symptomatic breast cancers detected in age band 47-49 | % of total symptomatic breast cancers in age band 47-49 | Symptomatic breast cancers detected in age band 71-73 | % of total symptomatic breast cancers in age band 71-73 | Breast cancers in age extension categories as % of all symptomatic breast cancers |
|------------------------|-------------------------------------|---|---|---|---|---|
| Eastern | 3,164 | 212 | 7% | 178 | 6% | 12% |
| North West | 3,898 | 264 | 7% | 230 | 6% | 13% |
| Northern & Yorkshire | 3,972 | 289 | 7% | 232 | 6% | 13% |
| Oxford | 1,535 | 125 | 8% | 79 | 5% | 13% |
| South West | 4,822 | 281 | 6% | 258 | 5% | 11% |
| Thames | 7,017 | 452 | 6% | 368 | 5% | 12% |
| Trent | 2,946 | 178 | 6% | 196 | 7% | 13% |
| West Midlands | 3,269 | 223 | 7% | 189 | 6% | 13% |
| TOTAL | 30,623 | 2,024 | 7% | 1,730 | 6% | 12% |

The National Cancer Intelligence Network (**NCIN**) was launched on 18 June 2008 as part of the National Cancer Research Institute (NCRI). The NCIN will act as a repository of cancer data. It will co-ordinate the collection, analysis and publication of comparative national information on diagnosis, treatment and outcomes for types of cancers and patients, in a way which is useful to patients, commissioners, service providers and other interested parties. The NCIN will merge anonymised individual patient data from cancer registries, hospitals and NHS data sets, initially focusing on England but with a view to integrating data sets from across the UK. As part of the NCIN, cancer registries across England have been designated as lead specialists for specific cancer sites. The **West Midlands Cancer Intelligence Unit (WMCIU)** will be the lead registry for breast cancer.

Find out more at: <http://ncin.org.uk/>

BCCOM in WALES

Cancer Network Information System Cymru - CaNISC

The All Wales Cancer Information System, CaNISC, has been developed over the last few years and all Welsh NHS Trusts have been instructed to use it to collect cancer data; thereby providing one data repository for the whole of Wales. The breast cancer dataset has been specifically modelled to allow collection and reporting of all the data items required for the national BCCOM and NHSBSP and ABS at BASO screening audits.

Last year, the BCCOM data were presented at Unit level in Wales at an All Wales Breast meeting and similar activities have occurred in some English regions, promoting considerable interest. With advice from the Cancer Services Co-ordinating Committee, the Welsh Assembly Government has now stipulated that BCCOM participation in Wales should be mandatory. Welsh breast units will also be expected to carry out more detailed local analyses using the data extracted from CaNISC.



| Our plans for BCCOM | |
|--|---|
| Aim | Favourable development |
| <p>Improve the completeness of the data collected by cancer registries</p> | <p>The Cancer Reform Strategy published in December 2007 recommended that: "the collection of defined datasets on all cancer patients will be mandated through the national model contract. PCTs will be responsible for ensuring that this information is collected by multi-disciplinary teams and sent to cancer registries".</p> |
| <p>Collect as many data items as possible from the national breast cancer dataset</p> | <p>As the lead registry for breast cancer, the WMCIU will have access to Hospital Episodes Statistics (HES) data and will use these to supplement the data recorded by cancer registries (see also section below on CaNISC in Wales).</p> <p>Radiotherapy Dataset (RTDS). Collection of the new RTDS by radiotherapy centres will become mandatory in April 2009.</p> |
| <p>Reduce the workload for participating surgeons and their data managers</p> | <p>Currently, BCCOM data on primary symptomatic breast cancers are sent to consultant breast surgeons for validation.</p> <p>Next year, data will be prepared so that issues of data quality are highlighted (missing data, implausible data etc).</p> <p>In the longer term, it is anticipated that, as the confidence of breast clinicians in the quality of the adjuvant therapy data collected by cancer registries increases through the amalgamation of the information held on HES, RTDS and e-prescribing databases with cancer registry data, there will no longer be a need to send symptomatic breast cancer data to surgeons for validation.</p> |

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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www.wmpho.org.uk/wmciu
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