Public Health England

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# Cancer Outcomes and Services Data set (COSD) Version 7.0

# Change Request

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| **Title** | Cancer Outcomes and Services Data set (COSD) version 7.0 – Change Request | | |
| **SCCI reference** | SCCI1521 Amd 1/2016 | | |
| **Sponsor** | Dr Jem Rashbass | **Status** | Final |
| **Senior responsible officer** | Professor John Newton | **Version** | 7.0 |
| **Author(s)** | Andrew Murphy | **Version Date** | 08/08/2016 |

**Amendment History:**

| Version | Date | Amendment history |
|---|---|---|
| 2.0 | 18/03/2016 | Updated draft for comment (v7.0 Data set) |
| 2.1 | 02/06/2016 | Post ISAS appraisal meeting. Amendments to figures re new and amended items and additional information on changes to schema |
| 2.2 | 10-06-2016 | Final version with changes following ISAS review and recommendations |
| 2.3 | 24-06-2016 | Final version with changes following 2nd quality review and recommendations |
| 2.4 | 25-07-2016 | Final for submission |
| 2.5 | 08-08-2016 | Final for Publication (post editorial comments) |

**Approvals:**

| Name | Organisation | Version | Date |
|---|---|---|---|
| COSD Advisory Board | COSD Advisory Board | 7.0 | 09/03/2016 |

**Related Documents:**

| Ref # | Doc Reference | Title | Version | Date |
|---|---|---|---|---|
| 1 | COSD Specification | COSD Specification | 7.0 | 25/07/2016 |

SCCI Standardisation Committee for Care Information

This information standard (SCCI1521) has been approved for publication by the Department of Health under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Specification
- Change Request
- Implementation Guide.

An Information Standards Notice (SCCI1521 Amd 1/2016) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the NHS Digital website.

Date of publication 17 August 2016.

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# 1 Overview

## 1.1 Summary

| **Standard** | |
|---|---|
| Standard number | SCCI1521 |
| Standard title | Cancer Outcomes and Services Data set (COSD) |
| **Release** | |
| Release number | Amd 01/2016 |
| Release title | Version 7.0 |
| Description | This is a change to the Cancer Outcomes and Services Data set (COSD) standard which introduces some amendments and re-alignments to the current data set, a formalised pathology specific data set (which is a subset of the COSD v7.0) and a revision of the current schema specification in order to continue to meet the business objectives of the standard.<br><br>Extensive consultation was conducted with all the Site Specific Clinical Reference Groups[1] (SSCRGs), experts from within the National Cancer Registration and Analysis Service [2] (NCRAS), as well as Clinical Support and Advice from the chair of the Royal College of Pathologists Working Group on Cancer Services.<br><br>As many of the data within COSD were originally agreed in 2012, this process allowed the data set to be clinically reviewed, validated and updated by experts in all fields of Cancer and provide a clinically sound set of data to be collected from 2017 onwards.<br><br>The changes are:<br><br>• **Relax mandation:** In order to prevent valid data being withheld due to the reporting methodology of XML, the schema specification continues to be relaxed (as per v6.0) for all data (except linkage items) from 'mandatory' to 'required'. This will support registration processes and provide early identification of gaps in data<br><br>• **Extend scope:** There is a renewed commitment within v7.0 to encourage Trusts to record all recurrences, with a minimal collection of demographic and diagnosis data |

[1] The Site Specific Clinical Reference Groups are tumour specific, nationally recognised expert groups who agree and set the agenda for cancer data and analysis within their field in the NHS.
[2] The NCRAS now includes the National Cancer Intelligence Network (NCIN)

| | |
|---|---|
| | only<br>• **Changes to data set:** In order to align with current business needs and clinical practice and to support data quality, various changes have been made to the data set as follows:<br><br>**84 new data items have been added**. Most of these data are either collected already in cancer management systems or within the Multidisciplinary Team (MDT) and have been heavily consulted upon with the Site Specific Clinical Reference Groups.<br><br>**4 data items have been upgraded from pilot to optional**, two to support the collection of holistic needs assessment data. It is expected that these data will become 'Required' in the next release of the standard. The remaining two, to collect the Primary Procedure (SNOMED CT) & Procedure (SNOMED CT), this change from pilot to optional will help support Trusts who are converting to this new coding structure.<br><br>**92 data items have been deleted** of which 70 were to remove duplication within the data set.<br><br>**6 Pathology data items have been deleted and 1 amended** to align with changes in clinical practice or other data sets (eg revisions to Royal College of Pathologists data sets and staging systems).<br><br>**1 data item has been updated** to meet recommended NHS practice on recording of gender.<br><br>**62 data items have been re-aligned** within the data set. This ensures that data nests correctly within the XML and will help with data collection and reporting.<br><br>**14 data items have minor modifications** for better synchronisation across the NHS Data Dictionary and/or for clarification of descriptions and do not impact the collection of the standard.<br><br>**127 data items have been moved to different sections**, site specific pathology data now all sit under Core Pathology but maintain their site specific identity and codes. |
| Implementation start and completion date | Implementation will be between 18/08/2016 and 31/03/2017 (7 and a half months).<br>Data collection will start from 01/04/2017 (with a three month roll-out period between 01/04/2017 and 30/06/2017).<br>Full conformance from 01/07/2017 (Data collection has to be |

| | |
|---|---|
| | back-dated to 01-04-2017, regardless when full conformance is). |

## 1.2 Supporting products

| Ref # | Reference | Title |
|---|---|---|
| 1 | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384661/IOSC_fourth_annual_report_FINAL.pdf | Improving outcomes: a strategy for cancer (fourth annual report) |
| 2 | http://www.ncin.org.uk/collecting_and_using_data/data_collection/cancer_outcomes_and_services_dataset_cosd_latest_downloads | COSD user guide v7.0 – This will be available from the website to the left, once the information standard has been issued. |
| 3 | http://www.ncin.org.uk/collecting_and_using_data/data_collection/cancer_outcomes_and_services_dataset_cosd_latest_downloads | COSD data set 7.0 – This data set will be available from the website to the left, once the information standard has been issued. |

## 1.3 Related standards

| Ref # | Reference | Title |
|---|---|---|
| SCCI0147 | http://www.digital.nhs.uk/isce/publication/SCCI0147 | National Cancer Waiting Times Monitoring Data set |
| SCCI0111 | http://www.digital.nhs.uk/isce/publication/SCCI0111 | Radiotherapy Data set |
| ISB 1533 | http://www.isb.nhs.uk/documents/isb-1533/amd-63-2010/index_html | Systemic Anti-Cancer Therapy Data set |
| SCCI1577 | http://digital.nhs.uk/isce/publication/scci1577 | Diagnostic Imaging Data set |
| SCCI0021 | http://digital.nhs.uk/isce/publication/scci0021 | International Classification Of Diseases |
| SCCI0034 | http://digital.nhs.uk/isce/publication/scci0034 | SNOMED CT |
| n/a | http://www.rcpath.org/professional-standards | RC Pathologists professional standards |

# 2 Change specification

## 2.1 New items

This is a complex data set covering 200 diseases and requiring alignment with changing clinical practice. It is therefore expected that regular changes will be required. The current new items reflect this and are introduced to align with current business needs and clinical practice, and to support data quality.

New data items have been added after extensive consultation was conducted with all the Site Specific Clinical Reference Groups (SSCRGs), experts from within the National Cancer Registration and Analysis Service (NCRAS), as well as clinical support and advice from the chair of the Royal College of Pathologists Working Group on Cancer Services.

As many of the data within COSD were originally agreed in 2012, this process allowed the data set to be clinically reviewed, validated and updated by experts in all fields of Cancer and provide a clinically sound set of data to be collected from 2017 onwards.

The Achieving World-Class Cancer Outcomes, A Strategy for England 2015-20 (Cancer Taskforce Report)[3], produced a series of recommendations of which 14/90 directly impacted upon COSD. The strategy pointed out the need for changes – which have been interpreted and applied to the data set and new data items have been included within v7.0 to support the recommendations.

In addition there are new data to help identify and analyse:

- An unplanned return to theatre
- The surgeon (or surgeons) who were responsible for each surgical episode
- Molecular and biomarker testing.

Many data have been re-aligned across the data set into the correct higher level groupings.

The data set can now be easily maintained within each Trust, by using one of two subsets (depending on the department responsible for each data collection process):

- Pathology - This was part of the last version of the standard and is now mandated across all Trusts to supply these data in COSD XML directly from their pathology departments.
    - This is different from the main COSD data set as there are unique linkages for pathology and therefore requires its own unique schema.
- Patient Pathway – This is the data, excluding Pathology, which the Cancer Services Teams need to collect. By removing the pathology data from their workload, it reduces their burden of data collection by up-to 30% across the whole data set.
    - Pathology consists of 151 data items which is 30% of the data set. As these data are now collected and submitted by the pathology departments directly, it is a huge burden of duplication if we therefore ask

[3] https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

the Cancer Services (non-clinical) teams to transcribe the same data into COSD via a Trust's Cancer Information Systems.

Full details of all the new items (listed below) will be provided in the COSD Data set v7.0 and COSD User Guide v7.0

- **ULTRASOUND EXAMINATION RESULT**
  - *CORE - IMAGING (ULTRASOUND)*
- **SITE CODE (OF DIAGNOSIS)**
  - *CORE – DIAGNOSIS*
- **SNOMED VERSION**
  - *CORE - DIAGNOSIS*
- **MORPHOLOGY (SNOMED) DIAGNOSIS**
  - *CORE – DIAGNOSIS*
- **PERSON OBSERVATION HEIGHT IN METRES**
  - *CORE - PERSON OBSERVATION*
- **PERSON OBSERVATION (WEIGHT)**
  - *CORE - PERSON OBSERVATION*
- **BODY MASS INDEX**
  - *CORE - PERSON OBSERVATION*
- **DATE OBSERVATION MEASURED**
  - *CORE - PERSON OBSERVATION*
- **CONSULTANT CODE (MULTIDISCIPLINARY TEAM LEAD)**
  - *CORE - CANCER CARE PLAN*
- **GERMLINE GENETIC TESTING OFFERED**
  - *CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION*
- **GERMLINE GENETIC TEST OFFERED**
  - *CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION*
- **OTHER GERMLINE GENETIC TEST OFFERED**
  - *CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION*
- **GERMLINE ANALYSIS OFFERED DATE**
  - *CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION*
- **ORGANISATION CODE OF REPORTING REGIONAL GENETICS LABORATORY**
  - *CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION*
- **REFERRAL TO CLINICAL GENETICIST OFFERED**
  - *CORE - MOLECULAR AND BIOMARKERS - GERMLINE TESTING FOR CANCER PREDISPOSITION*
- **STRATIFIED MEDICINE MOLECULAR TEST PERFORMED**
  - *CORE - MOLECULAR AND BIOMARKERS - SOMATIC TESTING FOR TARGETED THERAPY AND PERSONALISED MEDICINE*
- **GENE OR STRATIFICATION BIOMARKER ANALYSED**
  - *CORE - MOLECULAR AND BIOMARKERS - SOMATIC TESTING FOR TARGETED THERAPY AND PERSONALISED MEDICINE*
- **OTHER GENE OR STRATIFICATION BIOMARKER ANALYSED**

  - *CORE - MOLECULAR AND BIOMARKERS - SOMATIC TESTING FOR TARGETED THERAPY AND PERSONALISED MEDICINE*
- **DATE GENE OR STRATIFICATION BIOMARKER ANALYSED**
  - *CORE - MOLECULAR AND BIOMARKERS - SOMATIC TESTING FOR TARGETED THERAPY AND PERSONALISED MEDICINE*
- **ORGANISATION CODE OF REPORTING LABORATORY**
  - *CORE - MOLECULAR AND BIOMARKERS - SOMATIC TESTING FOR TARGETED THERAPY AND PERSONALISED MEDICINE*
- **CONSULTANT CODE (SURGEON)**
  - *CORE - SURGERY AND OTHER PROCEDURES*
- **UNPLANNED RETURN TO THEATRE INDICATOR**
  - *CORE - SURGERY AND OTHER PROCEDURES*
- **ASA SCORE**
  - *CORE - SURGERY AND OTHER PROCEDURES*
- **SURGICAL ACCESS TYPE**
  - *CORE - SURGERY AND OTHER PROCEDURES*
- **PATHOLOGY OBSERVATION REPORT IDENTIFIER**
  - *CORE - PATHOLOGY DETAILS*
- **SNOMED VERSION**
  - *CORE - PATHOLOGY DETAILS*
- **TOPOGRAPHY (SNOMED) PATHOLOGY**
  - *CORE - PATHOLOGY DETAILS*
- **MORPHOLOGY (SNOMED) PATHOLOGY**
  - *CORE - PATHOLOGY DETAILS*
- **BIOPSY TYPE**
  - *CNS - SURGERY & OTHER PROCEDURES*
- **EXCISION OR PROCEDURE TYPE**
  - *CNS - SURGERY & OTHER PROCEDURES*
- **SYNCHRONOUS TUMOUR INDICATOR**
  - *COLORECTAL – DIAGNOSIS*
- **BANKED TISSUE AT DIAGNOSIS**
  - *CTYA – DIAGNOSIS*
- **TYPE OF TISSUE BANKED AT DIAGNOSIS**
  - *CTYA – DIAGNOSIS*
- **MIXED PHENOTYPE SYMPTOMS (AT DIAGNOSIS)**
  - *CTYA - DIAGNOSIS - MIXED PHENOTYPE ACUTE LEUKAEMIA*
- **EGIL SCORE**
  - *CTYA - DIAGNOSIS - PAEDIATRIC MYELODYSPLASIA*
- **FAB CLASSIFICATION**
  - *CTYA - DIAGNOSIS - ACUTE MYELOID LEUKAEMIA*
- **PAEDIATRIC CYTOGENETIC / MOLECULAR GENETIC RISK GROUP**
  - *CTYA - DIAGNOSIS - ACUTE MYELOID LEUKAEMIA*
- **AML RISK FACTORS**
  - *CTYA - DIAGNOSIS - ACUTE MYELOID LEUKAEMIA*
- **VISUAL ACUITY AT PRESENTATION**
  - *CTYA - DIAGNOSIS - LOW GRADE GLIOMA*
- **VISUAL FIELDS AT PRESENTATION**
  - *CTYA - DIAGNOSIS - LOW GRADE GLIOMA*

- **PAEDIATRIC MYELODYSPLASIA**
  - *CTYA - DIAGNOSIS - PAEDIATRIC MYELODYSPLASIA*
- **UNDERLYING DISEASE ASSOCIATED WITH MDS**
  - *CTYA - DIAGNOSIS - PAEDIATRIC MYELODYSPLASIA*
- **CONGENITAL ANOMALIES**
  - *CTYA - DIAGNOSIS - PAEDIATRIC MYELODYSPLASIA*
- **MYELODYSPLASIA SYMPTOMS AT DIAGNOSIS**
  - *CTYA - DIAGNOSIS - PAEDIATRIC MYELODYSPLASIA*
- **RISK GROUP ALLOCATION**
  - *CTYA - ACUTE LYMPHOBLASTIC LEUKAEMIA*
- **LIFE THREATENING SYMPTOMS AT PRESENTATION**
  - *CTYA - DIAGNOSIS – NEUROBLASTOMA*
- **TREATED ACCORDING TO CCLG GUIDELINES**
  - *CTYA - SURGERY AND OTHER PROCEDURES*
- **CCLG GUIDELINE NAME**
  - *CTYA - SURGERY AND OTHER PROCEDURES*
- **PRIMARY INDUCTION FAILURE**
  - *CTYA - SURGERY AND OTHER PROCEDURES - ACUTE LEUKAEMIAS*
- **RELAPSE - METHOD OF DETECTION**
  - *CTYA - SURGERY AND OTHER PROCEDURES - ALL/AML/MPAL*
- **RESECTION STATUS**
  - *CTYA - SURGERY AND OTHER PROCEDURES – CNS*
- **CONDITIONING REGIMEN**
  - *CTYA - SURGERY AND OTHER PROCEDURES - STEM CELL TRANSPLANTATION*
- **D29 BM**
  - *CTYA - ACUTE LYMPHOBLASTIC LEUKAEMIA – RESPONSE*
- **D29 MRD**
  - *CTYA - ACUTE LYMPHOBLASTIC LEUKAEMIA – RESPONSE*
- **D29 STATUS OF EXTRAMEDULLARY**
  - *CTYA - ACUTE LYMPHOBLASTIC LEUKAEMIA – RESPONSE*
- **INTERNATIONAL NEUROBLASTOMA RISK GROUP (INGR) STAGING SYSTEM**
  - *CTYA - STAGING – NEUROBLASTOMA*
- **INTERNATIONAL NEUROBLASTOMA RISK GROUP (INGR) STAGING SYSTEM DATE**
  - *CTYA - STAGING – NEUROBLASTOMA*
- **CHANG STAGING SYSTEM STAGE**
  - *CTYA - STAGING - CSF (Cerebrospinal Fluid)*
- **CHANG STAGING SYSTEM STAGE DATE**
  - *CTYA - STAGING - CSF (Cerebrospinal Fluid)*
- **LDH VALUE**
  - *CTYA - LABORATORY RESULTS – GENERAL*
- **BLASTS ON PB**
  - *CTYA - LABORATORY RESULTS - PAEDIATRIC MYELODYSPLASIA*
- **BONE MARROW BLASTS**
  - *CTYA - LABORATORY RESULTS - PAEDIATRIC MYELODYSPLASIA*
- **CELLULARITY**
  - *CTYA - LABORATORY RESULTS - PAEDIATRIC MYELODYSPLASIA*

- **DEB TEST**
  - *CTYA - LABORATORY RESULTS - PAEDIATRIC MYELODYSPLASIA*
- **DYSPLASTIC HAEMOPOIESIS**
  - *CTYA - LABORATORY RESULTS - PAEDIATRIC MYELODYSPLASIA*
- **FERRITIN VALUE**
  - *CTYA - LABORATORY RESULTS - PAEDIATRIC MYELODYSPLASIA*
- **URINE VMA / CREATININE RATIO**
  - *CTYA - LABORATORY RESULTS – NEUROBLASTOMA*
- **RESIDUAL DISEASE**
  - *GYNAECOLOGY - SURGERY & OTHER PROCEDURES*
- **INVASIVE THICKNESS**
  - *GYNAECOLOGY – PATHOLOGY*
- **DIFFUSION CAPACITY (DLCO or TLCO) DATE**
  - *LUNG - DIAGNOSIS – NLCA*
- **DIFFUSION CAPACITY (DLCO or TLCO) RESULT**
  - *LUNG - DIAGNOSIS – NLCA*
- **TRANSTHORACIC ECHOCARDIOGRAM DATE**
  - *LUNG - IMAGING – NLCA*
- **TRANSTHORACIC ECHOCARDIOGRAM RESULT**
  - *LUNG - IMAGING – NLCA*
- **CARDIOPULMONARY EXERCISE TEST DATE**
  - *LUNG - SURGERY AND OTHER PROCEDURES – NLCA*
- **CARDIOPULMONARY TEST TYPE**
  - *LUNG - SURGERY AND OTHER PROCEDURES – LCCOP*
- **CARDIOPULMONARY EXERCISE TEST RESULT (NLCA)**
  - *LUNG - SURGERY AND OTHER PROCEDURES – NLCA*
- **REGIONAL ANAESTHETIC TECHNIQUE**
  - *LUNG - SURGERY AND OTHER PROCEDURES – LCCOP*
- **AJCC STAGE GROUP**
  - *SKIN - STAGING*
- **SENTINEL NODE BIOPSY**
  - *SKIN - DIAGNOSIS – MM*
- **SENTINEL NODE BIOPSY DATE**
  - *SKIN - DIAGNOSIS – MM*
- **ORGANISATION SITE CODE OF REPORTING LABORATORY**
  - *SKIN - DIAGNOSIS – MM*
- **SENTINEL NODE BIOPSY OUTCOME**
  - *SKIN - DIAGNOSIS – MM*
- **MEMBER OF SPECIALIST MDT**
  - *SKIN - SURGERY AND OTHER PROCEDURES - BCC, SCC & MM*
- **UROLOGY - STAGING - TESTICULAR DATE**
  - *UROLOGY - STAGING - TESTICULAR*

## 2.2 Amendments

New or amended text is marked in green highlight. Text that has been deleted is in ~~*marked with a strikethrough*~~. Where a yellow highlight is used, this denotes that the field has been moved to a new group from v6.0 to v7.0

Full details of all the amendments are provided in the COSD data set v7.0 and user guide v7.0

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| CR0020 | CORE - PATIENT IDENTITY DETAILS | LOCAL PATIENT IDENTIFIER* | This is a number used to identify a PATIENT uniquely within a Health Care Provider. It may be different from the PATIENT's case note number and may be assigned automatically by the computer system. | max an20 | | |

[CR0020] has had the field length increased, as an10 was insufficient and causing truncated data to be submitted through COSD.

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| CR3170 | CORE - DEMOGRAPHICS | PERSON STATED GENDER CODE | Person's gender as self-declared (or inferred by observation for those unable to declare their PERSON STATED GENDER). | an1 | 1 | Male |
| | | | | | 2 | Female |
| | | | | | 9 | Indeterminate (Unable to be classified as either male or female). |
| | | | | | X | Not Known (PERSON STATED GENDER CODE not recorded) |

[CR3170] has had the National Code Definition changed from v6.0, this brings this data item into line with all national data set reporting.

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| CR3160 | CORE - MDT | MULTIDISCIPLINARY MEETING TYPE COMMENT | To provide additional information on the MDT Meeting type where not covered in the list provided | max an60 | | |

[CR3160] The format of this field length has changed to prevent truncation of reported data

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| CR2070 | CORE - STAGING | TNM EDITION NUMBER | The AJCC (Skin) or UICC edition number used for Tumour, Node and Metastasis (TNM) staging for cancer diagnosis. | max an2 | | |

[CR2070] this is an amended data item at the request of the Skin SSCRG, to future proof the data set from proposed future changes in the version control of AJCC (expected mid 2016).

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| CR0960 | CORE - PATHOLOGY DETAILS | SERVICE REPORT STATUS | The status of the SERVICE REPORT. | an1 | 1 | Final (complete) |
| | | | | | 2 | Preliminary (Interim) |
| | | | | | 3 | Test not available |
| | | | | | 4 | Unspecified |
| | | | | | 5 | Supplementary/second opinion |
| | | | | | 6 | Deleted |

[CR0960] The addition of an additional attribute [6 - Deleted] will allow pathology labs to clearly identify where a previously reported form/report has now been deleted within the local system at review.

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| CT6210 | CTYA - DIAGNOSIS - ACUTE LYMPHOBLASTIC LEUKAEMIA and ACUTE MYELOID LEUKAEMIA | EXTRAMEDULLARY DISEASE | Site/s of disease identified outside bone marrow, including presence of blasts within CFS (More than one option can be recorded) | an1 | ~~T~~ | ~~Testes~~ |
| | | | | | ~~C~~ | ~~CNS~~ |
| | | | | | ~~O~~ | ~~Other~~ |
| | | | | | 1 | CNS1 (Without Blasts) |
| | | | | | 2 | CNS2 (< 5 WBC in the CSF with blasts) |
| | | | | | 3 | CNS3 (≥5 WBC in the CSF with blasts) |
| | | | | | 4 | Testes |
| | | | | | 9 | Other |

[CT6210] has got new/updated attributes on the advice of the SSCRG Chair and extended clinical team members. This has also been moved into the CTYA - Diagnosis group but retains its distinct disease group

[HA8270] has had the attribute list updated to stay in line with the CTYA and changes in the accuracy of each of the attributes

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | ~~01~~ | ~~Evidence of IDH1 or IDH2 mutation~~ |
| | | | | | ~~02~~ | ~~Evidence of methylation of the MGMT~~ |
| | | | | | ~~03~~ | ~~Evidence of total loss of 1p and 19q~~ |
| | | | | | ~~04~~ | ~~Evidence of KIAA 1549-BRAF fusion gene~~ |
| | | | | | ~~05~~ | ~~Other~~ |
| | | | | | 06 | Evidence of *ALK* rearrangement |
| | | | | | 07 | Evidence of native *ALK* |
| | | | | | 08 | Evidence of *ATRX* mutation |
| | | | | | 09 | Evidence of wt *ATRX* |
| | | | | | 10 | Evidence of *BRAF* V600E mutation |
| | | | | | 11 | Evidence of wt *BRAF* |
| | | | | | 12 | Evidence of *KIAA1549-BRAF* fusion |
| | | | | | 13 | Evidence of *BRAF/RAF1* mutations, or fusions involving genes other than *KIAA1549* |
| | | | | | 14 | Evidence of *C11orf95-RELA* fusion |
| | | | | | 15 | Evidence of native *C11orf95* and *RELA* |
| | | | | | 16 | Evidence of amplification or fusion of *C19MC* locus (chr.19q13.42) |
| | | | | | 17 | Evidence of unaltered *C19MC* locus (chr.19q13.42) |
| **BA3070** | CNS - PATHOLOGY | **MOLECULAR DIAGNOSTICS CODE** | Chromosomal or genetic markers associated with the brain tumour.<br><br>This may involve selection of more than one values for each tumour. | an2 | 18 | Evidence of *CDK4/6* amplification |
| | | | | | 19 | Evidence of *CDK4/6* normal copy number |
| | | | | | 20 | Evidence of *CDKN2A* locus homozygous deletion |
| | | | | | 21 | Evidence of *CDKN2A* locus normal copy number |
| | | | | | 22 | Evidence of *CCND1/2/3* amplification |
| | | | | | 23 | Evidence of *CCND1/2/3* normal copy number |
| | | | | | 24 | Evidence of *CTNNB1* mutation |
| | | | | | 25 | Evidence of wt *CTNNB1* |
| | | | | | 26 | Evidence of amplification of *EGFR* |
| | | | | | 27 | Evidence of mutation / rearrangement of *EGFR* |
| | | | | | 28 | Evidence of unaltered *EGFR* |
| | | | | | 29 | Evidence of *EWSR1-FLI1* fusion |
| | | | | | 30 | Evidence of native *EWSR1* and *FLI1* |
| | | | | | 31 | Evidence of *FGFR1* mutation / rearrangement / fusion |
| | | | | | 32 | Evidence of unaltered *FGFR1* |
| | | | | | 33 | Evidence of *H3F3A/H3F3B* (H3.3) K27M mutation |
| | | | | | 34 | Evidence of *H3F3A/H3F3B* (H3.3) wt K27 |
| | | | | | 35 | Evidence of *H3F3A/H3F3B* (H3.3) G34R/V mutation |
| | | | | | 36 | Evidence of *H3F3A/H3F3B* (H3.3) wt G34 |
| | | | | | 37 | Evidence of *HIST1H3B* K27M mutation |
| | | | | | 38 | Evidence of *HIST1H3B* wt K27 |
| | | | | | 39 | Evidence of *HIST1H3C* K27M mutation |
| | | | | | 40 | Evidence of *HIST1H3C* wt K27 |
| | | | | | 41 | Evidence of *ID2* amplification |
| | | | | | 42 | Evidence of *ID2* normal copy number |
| | | | | | 43 | *IDH1* (codon 132) or *IDH2* (codon 172) mutation identified |
| | | | | | 44 | *IDH1* (codon 132) and *IDH2* (codon 172) wt confirmed |
| | | | | | 45 | Evidence of *KLF4* K409Q and *TRAF7* mutations |
| | | | | | 46 | Evidence of wt *KLF4* and *TRAF7* |
| | | | | | 47 | Evidence of *MAP2K1* mutation |
| | | | | | 48 | Evidence of wt *MAP2K1* |
| | | | | | 49 | Evidence of *MET* amplification |
| | | | | | 50 | Evidence of *MET* normal copy number |
| | | | | | 51 | Evidence of significant *MGMT* promoter methylation |
| | | | | | 52 | Evidence of unmethylated *MGMT* promoter |
| | | | | | 53 | Evidence of *MYC/MYCN* amplification |
| | | | | | 54 | Evidence of *MYC/MYCN* normal copy number |
| | | | | | 55 | Evidence of *NF1* biallelic loss / mutation |
| | | | | | 56 | Evidence of unaltered *NF1* |
| | | | | | 57 | Evidence of *NF2* biallelic loss / mutation |
| | | | | | 58 | Evidence of unaltered *NF2* |
| | | | | | 59 | Evidence of *NKTR* fusions |
| | | | | | 60 | Evidence of native *NKTR* |
| | | | | | 61 | Evidence of *PTEN* biallelic loss / mutation |
| | | | | | 62 | Evidence of unaltered *PTEN* |
| | | | | | 63 | Evidence of *SDHB* or *SDHD* mutation |
| | | | | | 64 | Evidence of wt *SDHB* and *SDHD* |
| | | | | | 65 | Evidence of *SHH* pathway activation |
| | | | | | 66 | Evidence of normal *SHH* pathway |
| | | | | | 67 | Evidence of inactivation of *SMARCB1* (INI1) |
| | | | | | 68 | Evidence of wt *SMARCB1* (INI1) |
| | | | | | 69 | Evidence of inactivation of *SMARCA4* |
| | | | | | 70 | Evidence of wt *SMARCA4* |
| | | | | | 71 | Evidence of *TERT* promotor mutation |
| | | | | | 72 | Evidence of wt *TERT* promotor |
| | | | | | 73 | Evidence of *TP53* mutation |
| | | | | | 74 | Evidence of wt *TP53* |
| | | | | | 75 | Evidence of *TSC1* or *TSC2* mutation |
| | | | | | 76 | Evidence of wt *TSC1* and *TSC2* |
| | | | | | 77 | Evidence of *VHL* mutation |
| | | | | | 78 | Evidence of wt *VHL* gene |
| | | | | | 79 | Evidence of *WNT* pathway activation |
| | | | | | 80 | Evidence of normal *WNT* pathway |
| | | | | | 81 | Evidence of *WWTR1-CAMTA1* fusion |
| | | | | | 82 | Evidence of native *WWTR1* and *CAMTA1* |
| | | | | | 83 | Evidence of codeletion of chr.1p and chr.19q |
| | | | | | 84 | Evidence of total chr.1p loss but normal copy number of chr.19q |
| | | | | | 85 | Evidence of normal copy number of both chr.1p and chr.19q |
| | | | | | 86 | Evidence of monosomy chr.6 |
| | | | | | 87 | Evidence of chr.6 normal copy number |
| | | | | | 88 | Evidence of polysomy chr.7 |
| | | | | | 89 | Evidence of chr.7 normal copy number |
| | | | | | 90 | Evidence of loss of chr.10 or chr.10q |
| | | | | | 91 | Evidence of chr.10 normal copy number |
| | | | | | 92 | Evidence of loss of chr.22 or chr.22q |
| | | | | | 93 | Evidence of chr.22 or chr.22q normal copy number |
| | | | | | 98 | Other |
| | | | | | 99 | Not Known (Not Recorded) |

[BA3070] has been extensively expanded to take into account the changes to the WHO CNS Molecular reporting. The existing attributes have been retired and a series of new ones added, including (98 - Other), where new mutations are discovered which are not in the list & (99 - Not Known). It is expected that this will be incorporated into a new Molecular Pathology Outcome Data set in 2018.

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| LU10090 | LUNG - BIOMARKERS | EPIDERMAL GROWTH FACTOR RECEPTOR MUTATIONAL STATUS | Epidermal Grow th Factor Receptor Mutational Status | an1 | ~~1~~ | ~~Wild type~~ |
| | | | | | ~~2~~ | ~~Mutation~~ |
| | | | | | 3 | Failed analysis |
| | | | | | 4 | Not assessed |
| | | | | | 5 | Wild type/non-sensitising mutation |
| | | | | | 6 | Sensitising/activating mutation |

[LU10090] now has changed and new attribute values. This requires two to be made redundant and two new ones created. These have been specifically requested by the NLCA Lead to support the NLCA Audit

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| SK12010 | SKIN - SURGERY AND OTHER PROCEDURES - BCC, SCC & MM | GRADE OF CLINICIAN/SURGEON OPERATING | This is the level of training reached of the actual operating Clinician or Surgeon, and not necessarily the responsible Clinician. | Max an3 | NU | NURSE |
| | | | | | TS | TRAINEE SPECIALIST DOCTOR |
| | | | | | CS | CONSULTANT SURGEON (other than Plastic Surgeon) |
| | | | | | CD | CONSULTANT DERMATOLOGIST |
| | | | | | CPS | CONSULTANT PLASTIC SURGEON |
| | | | | | HP | HOSPITAL PRACTITIONER |
| | | | | | SI | GP WITH SPECIAL INTEREST |
| | | | | | GP | GENERAL PRACTITIONER |
| | | | | | OO | OTHER CARE PROFESSIONAL |

[SK12010] This Skin (v6.0 pathology) data item has been re-aligned to Skin - Surgery and Other Procedures as it should not be in the pathology section. This should allow for better collection and reporting of this data item. In addition (after discussion with the Skin SSCRG), a new attribute was added [CPS - Consultant Plastic Surgeon] and [CS – Consultant Surgeon] renamed to [CS – Consultant Surgeon (other than Plastic Surgeon)]. This will allow for better assignment and recording of this data and help with the Clinical Headline Indicator (CHI) reporting for Skin Cancer.

| Data Item Name | Data Item Description | Format | National Code | National code definition | Data Dictionary Element | Other collections | Schema Specification* |
|---|---|---|---|---|---|---|---|
| PRIMARY PROCEDURE (SNOMED CT) | For use in pilot project only at present. Please contact cosd@ncin.org.uk for further details.<br><br>Primary procedure is the main procedure carried out using SNOMED CT. This maybe recorded in addition to PRIMARY PROCEDURE (OPCS). | min n6 max n18 | | | PRIMARY PROCEDURE (SNOMED CT) | | Optional |
| PROCEDURE (SNOMED CT) | For use in pilot project only at present. Please contact cosd@ncin.org.uk for further details.<br><br>This is a procedure other than the PRIMARY PROCEDURE, carried out and recorded for CDS or Hospital Episode Statistics purposes. (This may occur more than once).This maybe recorded in addition to PROCEDURE (OPCS). | min n6 max n18 | | | PROCEDURE (SNOMED CT) | | Optional |

[CR3040] Primary Procedure (SNOMED CT) & [CR3050] Procedure (SNOMED CT) have had a change to their Schema Specification from 'Pilot' to 'Optional'. Any Trust that wants to measure this can now do so, the aim would be to make this data item Mandatory in 2018 (COSD v8.0).

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| CT6560 | CTYA - STAGING - CSF (Cerebrospinal Fluid) | CHANG STAGING SYSTEM STAGE | Chang staging is now a standard staging procedure for Medulloblastoma, CNS PNET, ATRT, ependymoma and CNS germ cell tumours. | an2 | M0 | No evidence of metastatic disease |
| | | | | | M1 | microscopic tumour cells found in CSF |
| | | | | | M2 | gross nodular seeding in cerebellum, cerebral subarachnoid space, or in the third or fourth ventricles |
| | | | | | M3 | gross nodular seeding in spinal subarachnoid space |
| | | | | | M4 | metastasis outside cerebrospinal axis |
| CT6760 | CTYA - STAGING - CSF (Cerebrospinal Fluid) | CHANG STAGING SYSTEM STAGE DATE | The date on w hich Chang Staging w as recorded | an10 ccyy-mm-dd | | |

[CT6560] & [CT6760] have both been updated on the advice of the SSCRG Chair and extended clinical team members

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| HA8540 | HAEMATOLOGY - LABORATORY RESULTS - MYELOMA | BETA2 MICROGLOBULIN LEVEL | Level in serum of beta 2 microglobulin as mg per litre measured pre-treatment | max n3.n1 | Range 0.0 to 999.9 (to 1dp) | |
| HA8660 | HAEMATOLOGY - LABORATORY RESULTS - HODGKIN | BLOOD LYMPHOCTYE COUNT | Number of lymphocytes in blood measured pre-treatment | max n3.n1 | Range 0.0 to 999.9 (to 1dp) | |

[HA8540] & [HA8660] have been amended to extend the range from Range 0.0 to 99.9 (to 1dp) to Range 0.0 to 999.9 (to 1dp).

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| SK12630 | SKIN - PATHOLOGY - MM | BRESLOW THICKNESS | Breslow thickness in mm, can be recorded to nearest 0.01mm where clinically appropriate | max n2.max n2 | | |

[SK12630] has a clarification in the description, to make the field clearer to record.

| Data item No. | Data Item Section | Data Item Name | Data Item Description | Format | National Code | National code definition |
|---|---|---|---|---|---|---|
| UR15100 | UROLOGY - TREATMENT - BLADDER | INTRAVESICAL CHEMOTHERAPY RECEIVED INDICATOR | INTRAVESICAL CHEMOTHERAPY RECEIVED INDICATOR<br><br>BLADDER ONLY<br>(Only required for patients having chemotherapy)<br>Record as YES for patients having intravesical chemotherapy to distinguish from intravenous | an1 | Y | Yes |
| | | | | | N | No |
| | | | | | 9 | Not Known |
| UR15110 | UROLOGY - TREATMENT - BLADDER | INTRAVESICAL IMMUNOTHERAPY RECEIVED INDICATOR | INTRAVESICAL IMMUNOTHERAPY RECEIVED INDICATOR<br><br>BLADDER ONLY<br>(Only required for patients having Immunotherapy)<br>Record as YES for patients having intravesical Immunotherapy to distinguish from intravenous | an1 | Y | Yes |
| | | | | | N | No |
| | | | | | 9 | Not Known |

[UR15100] + [UR15110] have both had their descriptions re-defined. This should help with any confusion over what each field should represent and improve data quality.

| Data Item Name | Format | Data Dictionary Element | Schema Specification* |
|---|---|---|---|
| HOLISTIC NEEDS ASSESSMENT COMPLETED DATE | an10 ccyy-mm-dd | HOLISTIC NEEDS ASSESSMENT COMPLETED DATE | Optional |
| HOLISTIC NEEDS ASSESSMENT POINT OF PATHWAY | an2 | HOLISTIC NEEDS ASSESSMENT POINT OF PATHWAY (CANCER) | Optional |

[CR3140] Holistic Needs Assessment Completed Date & [CR3150] Holistic Needs Assessment Point of Pathway have had a change to their Schema Specification from 'Pilot' to 'Optional'. Any Trust that wants to measure this can now do so, the aim would be to make this data item required in 2018 (COSD v8.0).

| Data Item Name | Format | Data Dictionary Element | Schema Specification* |
|---|---|---|---|
| PRIMARY PROCEDURE (SNOMED CT) | min n6 max n18 | PRIMARY PROCEDURE (SNOMED CT) | Optional |
| PROCEDURE (SNOMED CT) | min n6 max n18 | PROCEDURE (SNOMED CT) | Optional |

[CR3040] Primary Procedure (SNOMED CT) & [CR3050] Procedure (SNOMED CT) have had a change to their Schema Specification from 'Pilot' to 'Optional'. Any Trust that wants to measure this can now do so.

| Data Item Name | Format | Data Dictionary Element | Schema Specification* |
|---|---|---|---|
| DISTANCE TO SEROSA | max n2 | DISTANCE TO SEROSA | Optional |

[GY7220] Distance to Serosa is now downgraded from ‘Required’ to ‘Optional’, this will also be reviewed by the RC Path Working Group on Cancer Services later in 2016, to assess its ongoing suitability.

## 2.3 Deletions

The following data items are deleted for the reasons stated against each item. More detail is available within the Change Control Log of COSD v7.0 (inc. Data Item No.) and should be used in conjunction with this document.

- **CR0400 MORPHOLOGY (SNOMED)***
  - *CORE – DIAGNOSIS*
- **CR3030 MORPHOLOGY (SNOMED CT)**
  - *CORE – DIAGNOSIS*

[CR0400] & [CR3030] have both been replaced by [CR6400], supported by [CR6480]. This will allow for more accurate recording of Morphology (SNOMED) Pathology, using SNOMED CT from 01-04-2017 and SNOMED International for historically coded cases. Versions of SNOMED prior to SNOMED CT cease to be licenced by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017. They also become a multiple repeating data item, this will allow for multiple SNOMED Morphology codes to be submitted where more than one diagnosis is reported from multiple samples in one report.

- **CR0530 TOPOGRAPHY (SNOMED)**
  - *CORE - PATHOLOGY DETAILS*
- **CR3060 TOPOGRAPHY (SNOMED CT)**
  - *CORE - PATHOLOGY DETAILS*

[CR0530] & [CR3060] have been replaced by [CR6410], supported by [CR6480]. This will allow for more accurate recording of Topography (SNOMED) Pathology, using SNOMED CT from 01-04-2017 and SNOMED International for historically coded cases. Versions of SNOMED prior to SNOMED CT cease to be licenced by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017. They also become a multiple repeating data item, this will allow for multiple SNOMED Topography codes to be submitted where more than one diagnosis is reported from multiple samples in one report.

- **CR0850 MORPHOLOGY (SNOMED)**
  - *CORE - PATHOLOGY DETAILS*
- **CR3070 MORPHOLOGY (SNOMED CT)**
  - *CORE - PATHOLOGY DETAILS*

[CR0850] & [CR3070] have been replaced by [CR6420], supported by [CR6480]. This will allow for more accurate recording of Morphology (SNOMED) Pathology, using SNOMED CT from 01-04-2017 and SNOMED International for historically coded cases. Versions of SNOMED prior to SNOMED CT cease to be licenced by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017. They also become a multiple repeating data item, this will allow for multiple SNOMED Morphology codes to be submitted where more than one diagnosis is reported from multiple samples in one report.

- **BR4030 PROCEDURE DATE (MAMMOGRAM)**
  - *BREAST - IMAGING (MAMMOGRAM)*
- **BR4040 ORGANISATION SITE CODE (MAMMOGRAM)**
  - *BREAST - IMAGING (MAMMOGRAM)*

[BR4030] + [BR4040] have been retired as these can be collected by using either [CR1610] Imaging Code (NICIP) or [CR0330] Cancer Imaging Modality (C01M), in combination with [CR0320] Procedure Date (Cancer Imaging). This will in turn reduce duplication as these should already be captured there anyway and reduce the burden of data collection.

- **BR4060 PROCEDURE DATE (BREAST ULTRASOUND)**
  - *BREAST - IMAGING (ULTRASOUND)*
- **BR4070 ORGANISATION SITE CODE (BREAST ULTRASOUND)**
  - *BREAST - IMAGING (ULTRASOUND)*
- **BR4080 BREAST ULTRASOUND EXAMINATION RESULT**
  - *BREAST - IMAGING (ULTRASOUND)*

[BR4080] has now been replaced and a NEW data item [CR6000] Ultrasound Examination Result created in CORE - Imaging. This allows for both [BR4060] + [BR4070] to be retired as these can be collected by using either [CR1610] Imaging Code (NICIP) or [CR0330] Cancer Imaging Modality (C05X) and [CR0340] Imaging Anatomical Site (Z159), in combination with [CR0320] Procedure Date (Cancer Imaging). This will in turn reduce duplication as these should already be captured there anyway and reduce the burden of data collection.

- **BR4090 PROCEDURE DATE (AXILLA ULTRASOUND)**
  - *BREAST - IMAGING (AXILLA ULTRASOUND)*
- **BR4100 ORGANISATION SITE CODE (OF AXILLA ULTRASOUND)**
  - *BREAST - IMAGING (AXILLA ULTRASOUND)*
- **BR4110 AXILLA ULTRASOUND EXAMINATION RESULT**
  - *BREAST - IMAGING (AXILLA ULTRASOUND)*

[BR4110] has now been replaced and a NEW data item [CR6000] Ultrasound Examination Result created in CORE - Imaging. This allows for both [BR4090] + [BR4100] to be retired as these can be collected by using either [CR1610] Imaging Code (NICIP) or [CR0330] Cancer Imaging Modality (C05X) and [CR0340] Imaging Anatomical Site (Z613), in combination with [CR0320] Procedure Date (Cancer Imaging). This will in turn reduce duplication as these should already be captured there anyway and reduce the burden of data collection.

- **BR4130 ASA SCORE**
  - *BREAST - SURGERY & OTHER PROCEDURES*

[BR4130] has been retired and a new data item [CR6010] has been created to replace this. This reduces duplication across the data set and allows for better more inclusive data collection.

- **BA3130 ASA SCORE**
  - *CNS - SURGERY & OTHER PROCEDURES*

[BA3130] has been retired and a new data item [CR6010] has been created to replace this. This reduces duplication across the data set and allows for better more inclusive data collection.

- **BA3140 EXCISION TYPE**
  - *CNS - SURGERY & OTHER PROCEDURES*

[BA3140] has been retired from the data set and replaced with [BA3210] as this is a more meaningful measure and defines partial better.

- **BA3110 RADIOSURGERY PERFORMED INDICATOR**
  - *CNS – RADIOSURGERY*
- **BA3120 PROCEDURE DATE (RADIOSURGERY)**
  - *CNS – RADIOSURGERY*

[BA3110] & [BA3120] have both been retired from the data set because 'Radiosurgery' already exists in CORE Treatment as a treatment modality [22 - Radiosurgery]. If this is selected it then allows for all other treatment options to also be collected eg Where it took place, the date, the consultant treating them and the OPCS code of the treatment, in this case A107 Shortdesc: OTHER OPERATIONS ON TISSUE OF BRAIN Description: STEREOTACTIC RADIOSURGERY ON TISSUE OF BRAIN

- **CO5010 PROCEDURE DATE (FIRST CT SCAN)**
  - *COLORECTAL – IMAGING*
- **CO5020 PROCEDURE DATE (FIRST MRI SCAN OF RECTUM)**
  - *COLORECTAL – IMAGING*
- **CO5030 PROCEDURE DATE (SECOND MRI SCAN OF RECTUM)**
  - *COLORECTAL – IMAGING*

[CO5010], [CO5020] & [CO5030] are all dates that can be inferred by using the date [CR0320] provided within the CORE - Imaging section and a combination of [CR1610] Imaging Code (NICIP) or [CR0330] Cancer Imaging Modality (C02X) CT Scan or (C06X) MRI Scan + [CR0340] Imaging Anatomical Site (Z291).

- **CO5040 DATE OF ENDOANAL ULTRASOUND**
  - *COLORECTAL – IMAGING*

[CO5040] can be inferred by using the date [CR0320] provided within the CORE - Imaging section and a combination of [CR1610] Imaging Code (NICIP) or [CR0330] Cancer Imaging Modality (C05X) Ultrasound Scan + [CR0340] Imaging Anatomical Site (Z292).

- **CO5060 SYNCHRONOUS TUMOUR INDICATOR (CAECUM)**
  - *COLORECTAL - DIAGNOSIS*
- **CO5070 SYNCHRONOUS TUMOUR INDICATOR (APPENDIX)**
  - *COLORECTAL - DIAGNOSIS*
- **CO5080 SYNCHRONOUS TUMOUR INDICATOR (ASCENDING COLON)**
  - *COLORECTAL - DIAGNOSIS*
- **CO5090 SYNCHRONOUS TUMOUR INDICATOR (HEPATIC FLEXURE)**
  - *COLORECTAL - DIAGNOSIS*
- **CO5100 SYNCHRONOUS TUMOUR INDICATOR (TRANSVERSE COLON)**
  - *COLORECTAL - DIAGNOSIS*
- **CO5110 SYNCHRONOUS TUMOUR INDICATOR (SPLENIC FLEXURE)**
  - *COLORECTAL - DIAGNOSIS*
- **CO5120 SYNCHRONOUS TUMOUR INDICATOR (DESCENDING COLON )**
  - *COLORECTAL - DIAGNOSIS*
- **CO5130 SYNCHRONOUS TUMOUR INDICATOR (SIGMOID COLON)**
  - *COLORECTAL - DIAGNOSIS*
- **CO5140 SYNCHRONOUS TUMOUR INDICATOR (RECTOSIGMOID)**
  - *COLORECTAL - DIAGNOSIS*
- **CO5150 SYNCHRONOUS TUMOUR INDICATOR (RECTUM)**
  - *COLORECTAL - DIAGNOSIS*

All of the above have been retired and [CO5400] created (below), adding these data as 10 attributes. This is a multiple repeating data item, so you can select more than one as identified by the clinician at presentation.

- **CO5005 BODY MASS INDEX**
  - *COLORECTAL - CANCER CARE PLAN*

[CO5005] has been replaced and a NEW data item [CR6440] Body Mass Index created in CORE - Diagnosis. This reduces the burden of data collection throughout the data set. This data can be collected now multiple times but has to be supported with a Mandatory Date field and can be collected for any tumour site, where they feel this is appropriate.

- **CO5180 SURGICAL ACCESS**
  - *COLORECTAL - SURGERY & OTHER PROCEDURES*

[CO5180] has been retired and a new data item [CR6310] has been created to replace this. This reduces duplication across the data set and allows for better more inclusive data collection.

- **CO5230 DISTANCE BETWEEN LOWER END OF TUMOUR AND DISTAL RESECTION MARGIN**
  - *COLORECTAL – PATHOLOGY*
- **CO5250 PERFORATIONS OR SEROSAL INVOLVEMENT INDICATION CODE**
  - *COLORECTAL - PATHOLOGY*

[CO5230] + [CO5250] These two Colorectal data items have been removed from the data set as they are no longer part of the RC Path minimum data set, and as such they may not be collectable and we should not be adding data that are outside the scope of the RC Path. COSD and RC Path should be aligned (wherever possible).

- **CT6150 STEM CELL INFUSION DATE**
  - *CTYA - SURGERY AND OTHER PROCEDURES - STEM CELL TRANSPLANTATION*

[CT6150] has been retired as if this is recorded as a surgical procedure in Core Treatment Modality [CR2040] 01 - Surgery, then the date would be provided from the CORE section too using [CR0710] Procedure Date. This reduces duplication and improves the quality of the data submitted.

- **CT6320 INTERNATIONAL NEUROBLASTOMA STAGING SYSTEM**
  - *CTYA - STAGING – NEUROBLASTOMA*
- **CT6730 INTERNATIONAL NEUROBLASTOMA STAGING SYSTEM DATE**
  - *CTYA - STAGING – NEUROBLASTOMA*

[CT6320] & [CT6730] have been retired and replaced with a new staging system for Neuroblastoma [CT7050] & [CT7060] on the advice of the SSCRG Chair and extended clinical team members.

- **CT6300 INTERNATIONAL NEUROBLASTOMA PATHOLOGY CLASSIFICATION**
  - *CTYA – NEUROBLASTOMA*

[CT6300] This data item has been retired on the advice of the Chair of the SSCRG.

- **GY7330 INVASIVE THICKNESS**
  - *GYNAECOLOGY - PATHOLOGY – CERVICAL*

- **GY7390 INVASIVE THICKNESS**
    - *GYNAECOLOGY - PATHOLOGY – VULVAL*

[GY7330] & [GY7390] have both been retired from the data set and replaced with a generic Invasive Thickness field [GY7450].

- **GY7210 BACKGROUND ENDOMETRIUM**
    - *GYNAECOLOGY - PATHOLOGY –ENDOMETRIAL*
- **GY7250 INVOLVEMENT OF CERVICAL SURFACE OR GLANDS**
    - *GYNAECOLOGY - PATHOLOGY –ENDOMETRIAL*

[GY7210] + [GY7250] These two Gynae data items have been removed from the data set as they are no longer part of the RC Path minimum data set, and as such they may not be collectable and we should not be adding data that are outside the scope of the RC Path. COSD and RC Path should be aligned (wherever possible).

- **HA8020 HASFORD INDEX (CHRONIC MYELOID LEUKAEMIA)**
    - *HAEMATOLOGY - CANCER CARE PLAN – CML*

[HA8020] has now been retired on the advice of the SSCRG.

- **HA8230 RAI STAGE**
    - *HAEMATOLOGY - STAGING – CLL*
- **HA8690 RAI STAGE DATE**
    - *HAEMATOLOGY - STAGING – CLL*

[HA8230] & [HA8690] have both been retired on the advice of the SSCRG.

- **HN9230 DATE HEIGHT MEASURED**
    - *HEAD & NECK - PRE TREATMENT ASSESSMENT*
- **HN9220 PERSON HEIGHT IN METRES**
    - *HEAD & NECK - PRE TREATMENT ASSESSMENT*
- **HN9210 DATE WEIGHT MEASURED**
    - *HEAD & NECK - PRE TREATMENT ASSESSMENT*
- **HN9200 PERSON OBSERVATION (WEIGHT)**
    - *HEAD & NECK - PRE TREATMENT ASSESSMENT*

[HN9230] & [HN9210] have been retired and replaced with [CR6450]. This allows for the accurate date of observations to be applied across all patients as required.
[HN9220] has been retired and replaced with [CR6420]. This allows for the accurate height to be applied across all patients as required, used in conjunction with [CR6450] this can be recorded Pre or Post treatment.
[HN9200] has been retired and replaced with [CR6430]. This allows for the accurate weight to be applied across all patients as required, used in conjunction with [CR6450] this can be recorded Pre or Post treatment.

- **HN9220 PERSON HEIGHT IN METRES**
  - *HEAD & NECK - POST TREATMENT ASSESSMENT*
- **HN9200 PERSON OBSERVATION (WEIGHT)**
  - *HEAD & NECK - POST TREATMENT ASSESSMENT*

As above both can be recorded in the CORE data set in the new 'Observations' section as described above.

- **LU10000 PROCEDURE DATE (CT SCAN)**
  - *LUNG - IMAGING (CT SCAN)*
- **LU10010 SCAN PERFORMED INDICATOR (CT)**
  - *LUNG - IMAGING (CT SCAN)*
- **LU10020 PROCEDURE DATE (PET CT SCAN)**
  - *LUNG - IMAGING (PET SCAN)*
- **LU10030 SCAN PERFORMED INDICATOR (PET)**
  - *LUNG - IMAGING (PET SCAN)*

[LU10000] & [LU10010] are all dates that can be inferred by using the date [CR0320] provided within the CORE - Imaging section and a combination of [CR1610] Imaging Code (NICIP) or [CR0330] Cancer Imaging Modality (C04X) PET Scan. [LU10020] + [LU10030] are indicator codes agreed 4 years ago and should not be required now. This will prevent duplication and reduce the burden of data collection.

- **SA11160 TISSUE TYPE AT NEAREST MARGIN**
  - *SARCOMA - PATHOLOGY – BONE*

[SA11160] This Sarcoma data item has been removed from the data set as it is no longer part of the RC Path minimum data set, and as such it may not be collectable and we should not be adding data that are outside the scope of the RC Path. COSD and RC Path should be aligned (wherever possible).

- **SK12020 SITE CODE OF SPECIMEN**
  - *SKIN - GENERAL - BCC, SCC & MM*

[SK12020] has been retired from the data set as it is a duplication of [CR0810].

- **UG13293 BODY MASS INDEX**
  - *UPPER GI - CANCER CARE PLAN*

[UG13293] has been replaced and a NEW data item [CR6440] Body Mass Index created in CORE - Diagnosis. This reduces the burden of data collection throughout the data set. This data can be collected now multiple times but has to be supported with a Mandatory Date field and can be collected for any tumour site, where they feel this is appropriate.

- **UG13235 ASA SCORE**
  - *UPPER GI - SURGICAL AND OTHER PROCEDURES*

[UG13235] has been replaced and a NEW data item [CR6010] ASA Score created in CORE Surgery and Other Procedures. This reduces the burden of data collection throughout the data set. This data can be collected now only once but can be collected for any tumour site, where they feel this is appropriate.

- **UG13110 SURGICAL ACCESS TYPE (ABDOMINAL)**
  - *UPPER GI - SURGICAL AND OTHER PROCEDURES*

[UG13110] has been retired and a new data item [CR6310] has been created to replace this. This reduces duplication across the data set and allows for better more inclusive data collection.

- **UG13150 UNPLANNED RETURN TO THEATRE INDICATOR**
  - *UPPER GI - SURGICAL AND OTHER PROCEDURES*

[UG13150] has been retired and replaced with [CR6470].

- **UG14190 SURGICAL ACCESS (THORACIC)**
  - *UPPER GI - SURGICAL AND OTHER PROCEDURES - O-G*

[UG14190] has been retired and a new data item [CR6310] has been created to replace this. This reduces duplication across the data set and allows for better more inclusive data collection.

- **UG13030 PROCEDURE DATE (ENDOSCOPIC OR RADIOLOGICAL)**
  - *UPPER GI - SURGERY AND OTHER PROCEDURES - ENDOSCOPIC OR RADIOLOGICAL PROCEDURES*
- **UG14410 ORGANISATION SITE CODE (PROVIDER ENDOSCOPIC OR RADIOLOGICAL PROCEDURE)**
  - *UPPER GI - SURGERY AND OTHER PROCEDURES - ENDOSCOPIC OR RADIOLOGICAL PROCEDURES*
- **UG13320 CONSULTANT CODE (ENDOSCOPIC OR RADIOLOGICAL PROCEDURE)**
  - *UPPER GI - SURGERY AND OTHER PROCEDURES - ENDOSCOPIC OR RADIOLOGICAL PROCEDURES*

[UG13030], [UG14410] + [UG13320]. These could be collected using either CORE Imaging or CORE Treatment/Surgery & Other Procedures, this would reduce the burden of data collection and duplication throughout the data set.

## 2.4 Extension of scope

Breast recurrences have been within scope since January 2013 and data collection continues as previously specified. For all other recurrences (as per v6.0) a separate record should be submitted to include the demographics and diagnosis data items as minimum.

Recommendation 90 of the Achieving World-Class Cancer Outcomes, A Strategy for England 2015-20 (Cancer Taskforce Report), states that “Public Health England and NHS England have been requested to establish robust surveillance systems and if possible, mandate the collection of data on recurrent and secondary cancer occurrences for all cancers and make this available for analysis and research”. The extension and reinforcement of this scope within COSD provides this function.

Further details are provided in the COSD user guide v7.0.