

Cancer Outcomes and Services Data set (COSD)

Change Request

About the NDRS

The National Disease Registration Service (NDRS) is part of NHS England. Its purpose is to collect, collate and analyse data on patients with cancer, congenital anomalies, and rare diseases. It provides robust surveillance to monitor and detect changes in health and disease in the population. NDRS is a vital resource that helps researchers, healthcare professionals and policy makers make decisions about NHS services and the treatments people receive.

The NDRS includes:

- the National Cancer Registration and Analysis Service (NCRAS) and
- the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS)

Healthcare professionals, researchers and policy makers use data to better understand population health and disease. The data is provided by patients and collected by the NHS as part of their care and support. The NDRS uses the data to help:

- understand cancer, rare diseases, and congenital anomalies
- improve diagnosis
- plan NHS services
- improve treatment
- evaluate policy
- improve genetic counselling



National Disease Registration Service
The Leeds Government Hub
7&8 Wellington Place
Leeds
LS1 4AP



For queries relating to this document, please contact:
NDRSenquiries@nhs.net

Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a change to an existing information standard for publication 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 Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB).

This information standard comprises the following documents:

- Change Specification
- Data Set Specification
- Implementation Guidance
- Requirements Specification

An Information Standards Notice (DAPB1521 Amd 89/2022) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS England website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 11 September 2023

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Title	COSD Change Request		
DAPB Reference	DAPB1521 Amd 89/2022		
Sponsor	Dr Brian Rous	Status	Draft
Senior Responsible Officer	Sarah Stevens	Versions	COSD v10.0 COSD Pathology v5.0
Developer	Andrew Murphy		
Author(s)	Andrew Murphy	Version Date	11 September 2023

Amendment history:

Version(s)	Date	Amendment History
COSD v10.0 COSD Pathology v5.0	23 May 2023	Draft document sent to DSAS for initial review
COSD v10.0 COSD Pathology v5.0	21 June 2023	Updated draft document sent to DSAS for editorial review
COSD v10.0 & COSD Pathology v5.0	25 July 2023	Minor editorial changes by DSAS

Approvals:

The data sets have been approved by the following overarching boards:

Name	Responsibility	Date	Version
COSD Advisory Board	Cross organisational board, responsible for reviewing and assessing changes, and making recommendations to Governance Board	13 January 2023	COSD v10.0 COSD Pathology v5.0
COSD Governance Board	Cross organisational board, responsible for reviewing and approving all changes to COSD	24 March 2023	COSD v10.0 COSD Pathology v5.0

Executive summary

The purpose of this document is to provide guidance intended to support providers of cancer services and developers (both in-house and commercial system suppliers), to prepare for the implementation of the Cancer Outcomes and Services Data set (COSD v10.0 and COSD Pathology v5.0) from April 2024.

This change request document outlines these changes across both data sets, highlighting what are new data items versus those that have been amended, moved, or deleted.

This is an update to an existing information standard DCB1521 Amd 13/2019. This is required to ensure that the data sets still meet the business objectives, scope, and content of the standard and continue to be clinically accurate and relevant.

To maintain the clinical accuracy, it is important to regularly review COSD with clinical experts from across the NHS. Occasionally, other information standards have specific data items which interact with COSD. Where this happens, the Head of Cancer Datasets has liaised with the developers of those standards, to ensure all data items remain accurate and are updated.

These changes have continued the work done in previous reviews and has had a huge effect on the future formulation of COSD.

The removal of the pathology data items into their own specific data set in v9, resulted in a reduction on burden of data collection for MDT Coordinators of up to 30%. In v10 there is a further 15% reduction, resulting in an overall burden reduction of up to 45% in 3 years.

This shows we are responding to concerns from Trusts about the size and complexity of COSD. It is important to remember though that there is still more work needed in v11 to maintain COSD as the leading data collection of cancer data in England.

Introduction

Background

The Cancer Outcomes and Services Data Set (COSD) is the national standard for reporting cancer for the NHS in England. The National Disease Registration Service (NDRS) are responsible for ongoing maintenance, development, and implementation.

The data sets relate to all cancer patients, both adult and paediatric, in acute inpatient and outpatient settings, but does not include private patients or primary care.

The '[NHS Long Term Plan](#)' aims to save thousands of lives each year by dramatically improving how we diagnose and treat cancer. The ambition is that by 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis.

The need to have strong cancer data collection, empowers NHS England to enforce this through the mandate of data collections. These data will be the base for cancer analysis and research for the next 5 years.

COSD meets Information Governance and GDPR requirements and is supported by a National Disease Registries Directions 2021, which is written on behalf of the Secretary of State for Health and Social Care.

Summary of changes

These two new data set versions (COSD v10.0 and COSD Pathology v5.0), continue the work started in previous versions around reducing the burden of data collection and processing. This is achieved by only requesting data that is vital for national cancer registration or that is used by the National Disease Registration Service (NDRS) analytical team or that of our data partners.

Periodically we need to revise the COSD to ensure that we meet the current information requirements for the NHS. Therefore, changes were required to make the data sets clinically accurate (where international data items have changes between versions) and to fully align with the Royal College of Pathologists (RC Path) core data sets.

New data items have been added or removed after an extensive 6-month clinical review and a further 4-week consultation, details of which can be found in the consultation summary report.

These reviews allowed the data sets to be clinically assessed, validated, and updated by subject matter experts in all fields of cancer, and provides a clinically sound set of data to

be collected from 2024 onwards. In some cases, the same data item is used in different sections of the data set, in these circumstances they are only counted once.

The following are the major changes to COSD v10.0:

Key Change	Numbers
Deleted Data Items	76
New Data Items	22
Data Items with Amended Attributes	13
Moved Data Items	10
Schema Specification Change	12

Ongoing linkage with the Royal College of Pathologists (RC Path) 'Core' data sets is vital and continues to be a priority to ensure clinical accuracy. This data set was reviewed by the chair of the Royal College of Pathologists Working Group on Cancer Services.

The following are the major changes to COSD Pathology v5.0:

Key Change	Numbers
Deleted Data Items	28
New Data Items	42
Data Items with Amended Attributes	13
Moved Data Items	4
Schema Specification Change	1

Working closely with the college is vital to ensure that COSD maps exactly to their specified data items and names. This will ensure that there is no burden on the histopathologists in recording these data and reduces the burden on reporting for system suppliers to an absolute minimum, as they can map directly from their main tables to the export reports required for COSD.

Implementation start and full conformance timeline

The revised data sets COSD v10.0 and COSD Pathology v5.0 will have a 6 month implementation period for Trusts and suppliers (starting September 2023), to make and test the changes required throughout the new standard.

Full compliance of the standard must commence by July 2024 at the latest with a phased roll-out from April 2024 (for start of data collection). This is to make allowance for the varied timescales of different software suppliers and in-house developers.

During this three month period, data can be submitted as follows:

- COSD v9.0 (schema COSD v9.0.1) or v10.0 (schema COSD v10.0)
- COSD Pathology v4.0 (schema COSD Pathology v4.1.1) or COSD Pathology v5.0 (schema COSD Pathology v5.0)

Supporting documents

The following documents will be updated and made available on the 11 September 2023:

- [NHS England information-standards publications/dapb1521:](#)
 - specification
 - change request
 - implementation guide
 - information standards notice
- [https://isd.digital.nhs.uk/trud3/user/guest/group/0/home:](https://isd.digital.nhs.uk/trud3/user/guest/group/0/home)
 - COSD data set v10-0-1 schema pack
 - COSD pathology data set v5-0-1 schema pack
- [https://digital.nhs.uk/ndrs/data/data-sets/cosd:](https://digital.nhs.uk/ndrs/data/data-sets/cosd)
 - COSD data set v10.0.1
 - COSD v10.0.1 user guide
 - COSD v10.0.1 technical guide
 - COSD pathology data set v5.0.1
 - COSD pathology v5.0.1 user guide
 - COSD pathology v5.0.1 technical guide

These documents are intended to support providers and developers who wish to identify and plan changes to their systems.

Related Standards

The following standards should also be read in conjunction with this information standard, links to each website are imbedded within each bullet points below:

- [DCB0147](#) National Cancer Waiting Times Monitoring Data Set
- [DAPB0111](#) Radiotherapy Data Set
- [DCB1533](#) Systemic Anti-Cancer Therapy Data Set
- [SCCI1577](#) Diagnostic Imaging Data set
- [SCCI0021](#) International Classification of Diseases
- [SCCI0034](#) SNOMED CT
- [DCB2094](#) Sexual Orientation Monitoring
- [Royal College of Pathologists Standards and Data sets for Histopathology Reporting on Cancers and Tissue Pathways](#)

Change specification

These are complex data sets covering over 200 diseases and requiring alignment with changing clinical practice. It is therefore expected that regular changes will be required as specified above. The new changes 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 or data items removed after extensive consultation with subject matter experts across all tumour groups and royal colleges. Details of the consultation can be found in the consultation summary report, which was provided as evidence to the Data Standards Assurance Service (DSAS).

Throughout the data sets, choices have been added to help identify specific diagnostic or treatments episodes or parts of a pathway. These will also improve data quality and reduce misinterpretation and burden.

Many data items have been realigned across the data sets into the correct 'higher level' groupings, improving the structure and schema. This in turn enforces the addition of mandatory data items, improving data quality.

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

- COSD v10.0:
 - this is the data excluding pathology, which the cancer services teams need to collect
- COSD Pathology v5.0:
 - this is mandated across all Trusts that supply these data in COSD XML directly from their pathology departments

Wherever possible, duplication across the data sets has now been removed and full explanations of how to collect these data within the new structure are provided within the user guides for each data set.

Deleted data items

COSD v10.0

The following data items were deleted for reasons stated against each item. More detail is available within the change control log of COSD v10 (inc. Data Item No) and should be used in conjunction with this document:

CORE - Imaging

- Lesion Size (Radiological)
 - data not recorded as separate measurable metric

CORE - Diagnosis - Banked Tissue

- Type of Tissue Banked at Diagnosis
 - deleted after discussion with CTYA Lead

CORE - Clinical Nurse Specialist + Risk Factor Assessment

- Diabetes Mellitus Indicator
 - replaced with CR7090, to help define a type 1 or type 2 diabetes diagnosis

CORE - Clinical Nurse Specialist - Holistic Needs Assessment

- Assessment Completed Date
 - no longer required by NHSE - LWBC, CADEAS and Macmillan teams
- Assessment Point of Pathway
 - no longer required by NHSE - LWBC, CADEAS and Macmillan teams
- Staff Role Carrying Out The Assessment
 - no longer required by NHSE - LWBC, CADEAS and Macmillan teams

CORE - Clinical Nurse Specialist - Personalised Care And Support Planning

- Staff Role Carrying Out The Planning
 - updated by NHSE - LWBC, CADEAS and Macmillan teams to improve data collection and analysis
- Care Planning Offered
 - no longer required by NHSE - LWBC, CADEAS and Macmillan teams
- Care Planning Completed Date
 - no longer required by NHSE - LWBC, CADEAS and Macmillan teams
- Point of Pathway
 - no longer required by NHSE - LWBC, CADEAS and Macmillan teams

CORE - Cancer Care Plan

- Professional Registration Issuer Code - Consultant (Multidisciplinary Team Lead)
 - no longer a measurement within NDRS
- Professional Registration Entry Identifier - Consultant (Multidisciplinary Team Lead)
 - no longer a measurement within NDRS
- Adult Comorbidity Evaluation - 27 Score
 - not required for NDRS analysis or NCRAS reporting and poorly collected within Trusts

CORE - Molecular And Biomarkers - Germline Testing For Cancer Predisposition

- Germline Genetic Testing Offered
 - more accurately collection direct from Genomic Laboratories
- Germline Genetic Test Offered
 - more accurately collection direct from Genomic Laboratories
- Other Germline Genetic Test Offered
 - more accurately collection direct from Genomic Laboratories
- Germline Analysis Offered Date
 - more accurately collection direct from Genomic Laboratories
- Organisation Identifier Of Reporting Regional Genetics Laboratory
 - more accurately collection direct from Genomic Laboratories
- Referral To Clinical Geneticist Offered
 - more accurately collection direct from Genomic Laboratories

CORE - Molecular And Biomarkers - Somatic Testing for Targeted Therapy and Personalised Medicine

- Gene or Stratification Biomarker Analysed
 - more accurately collection direct from Genomic Laboratories
- Other Gene Or Stratification Biomarker Analysed
 - more accurately collection direct from Genomic Laboratories
- Date Gene Or Stratification Biomarker Reported
 - more accurately collection direct from Genomic Laboratories
- Organisation Identifier of Reporting Laboratory
 - more accurately collection direct from Genomic Laboratories

CORE - Clinical Trials

- Date Clinical Trial Started
 - governance board - concerns around IG and ethical reasoning of having/using this data
- Cancer Clinical Trial Treatment Type
 - governance board - concerns around IG and ethical reasoning of having/using this data

CORE – Treatment

- Discharge Destination (Hospital Provider Spell)
 - replaced with CR9080, to maintain accuracy with Data Dictionary national changes

CORE - Treatment - Stem Cell Transplantation

- Stem Cell Infusion Source
 - not used within NDRS analysis, NCRAS registration and very poor ascertainment
- Stem Cell Infusion Donor
 - not used within NDRS analysis, NCRAS registration and very poor ascertainment
- Conditioning Regimen
 - not used within NDRS analysis, NCRAS registration and very poor ascertainment

BREAST - Prognostic Index

- NPI Score
 - poor ascertainment and no longer required by Breast audit for analysis

CNS – Imaging

- Lesion Location (Radiological)
 - no longer requested by clinical teams, possible this could be within CORE Imaging report text
- Number of Lesions (Radiological)
 - no longer requested by clinical teams, possible this could be within CORE Imaging report text
- Lesion Size (Radiological)
 - no longer requested by clinical teams, possible this could be within CORE Imaging report text
- Principal Diagnostic Imaging Type
 - no longer requested by clinical teams, possible this could be within CORE Imaging report text

CNS - Diagnosis - Low Grade Glioma

- Visual Acuity At Presentation
 - poor ascertainment and CTYA Lead agreed to removal
- Visual Fields At Presentation
 - poor ascertainment and CTYA Lead agreed to removal

CTYA - Treatment – CCLG

- Treated According to CCLG Guidelines
 - poor ascertainment and CTYA Lead agreed to removal
- CCLG Guideline Name
 - poor ascertainment and CTYA Lead agreed to removal

CTYA - Laboratory Results – Neuroblastoma

- Urine VMA / Creatinine Ratio
 - poor ascertainment and CTYA Lead agreed to removal

CTYA – Chemotherapy

- Specialty Sub Code (Chemotherapy Consultant)
 - poor ascertainment and CTYA Lead agreed to removal

GYNAECOLOGICAL - Treatment – Surgery

- Surgeon Grade
 - recommendation from Gynaecology SMEs to remove data item as no longer valid

HAEMATOLOGICAL - Cancer Care Plan – CLL

- Splenomegaly Indicator
 - recommendation from Haematology clinical lead and SMEs to remove data item as no longer valid

HAEMATOLOGICAL - Cancer Care Plan - Follicular Lymphoma

- Number Of Abnormal Nodal Areas
 - recommendation from Haematology clinical lead and SMEs to remove data item as no longer valid

HAEMATOLOGICAL - Cancer Care Plan - DLBCL

- Number of Abnormal Nodal Areas
 - recommendation from Haematology clinical lead and SMEs to remove data item as no longer valid

HAEMATOLOGICAL - Cancer Care Plan - Hodgkin Lymphoma

- Primary Extranodal Site
 - recommendation from Haematology clinical lead and SMEs to remove data item as no longer valid

HAEMATOLOGICAL - Cancer Care Plan - Acute Lymphoblastic Leukaemia

- Extramedullary Disease
 - recommendation from Haematology clinical lead and SMEs to remove data item as no longer valid

HAEMATOLOGICAL - Laboratory Results - AML

- European Leukaemia Net (ELN) Genetic Risk (Acute Myeloid Leukaemia)
 - recommendation from Haematology clinical lead and SMEs to remove data item as no longer valid

HAEMATOLOGICAL - Diagnosis - Acute Myeloid Leukaemia

- FAB Classification
 - FAB classification has been superseded now by molecular risk factors and is no longer used in routine practice

HAEMATOLOGICAL - Molecular And Biomarkers - Somatic Testing for Targeted Therapy And Personalised Therapy - Non Hodgkin Lymphoma

- ALK Fusion Status for ALCL
 - on recommendation of Governance Board, data will be available via genetic labs reports submitted to NDRS

HEAD & NECK

It was agreed by the COSD Governance Board to remove all the Head + Neck site specific data items as these are not used for any national cancer registration processing or analytical reporting from the National Disease Registration Service (NDRS). This will not affect our ability to collect and report information on Head and Neck Cancers, their treatment or stage.

HEAD & NECK - Treatment – Surgery

- Surgical Access Type
- Other Surgical Access Type

HEAD & NECK - Pre Treatment Assessment

- Cancer Dental Assessment Date
- Care Contact Date (Dietitian Initial)
- Care Contact Date (SLT Initial)

HEAD & NECK - Post Treatment Assessment

- Clinical Status Assessment Date (Cancer)
- Primary Tumour Status
- Nodal Status
- Metastatic Status
- Speech & Language Assessment Date

LUNG - Diagnostic Procedures - Transthoracic Echocardiogram

- Transthoracic Echocardiogram Result
 - data not used for cancer registration and too poor for NLCA analysis

LUNG - Diagnostic Procedures - Cardiopulmonary Test

- Cardiopulmonary Test Type
 - data not used for cancer registration and too poor for NLCA analysis
- Cardiopulmonary Exercise Test Result (NLCA)
 - data not used for cancer registration and too poor for NLCA analysis

LUNG - Molecular And Biomarkers - Somatic Testing for Targeted Therapy and Personalised Medicine

- Epidermal Growth Factor Receptor Mutational Status
 - on recommendation of Molecular lead, data now available direct from genetic labs
- ALK Fusion Status
 - on recommendation of Molecular lead, data now available direct from genetic labs
- ROS1 Fusion Status
 - on recommendation of Molecular lead, data now available direct from genetic labs
- PD-L1 Expression
 - on recommendation of Molecular lead, data now available direct from genetic labs

SARCOMA – Diagnosis

- Sarcoma Tumour Subsite (Bone)
 - on recommendation of Sarcoma SMEs, data not collected or discussed within Sarcoma MDTs
- Sarcoma Tumour Subsite (Soft Tissue)
 - on recommendation of Sarcoma SMEs, data not collected or discussed within Sarcoma MDTs
- Multifocal or Synchronous Tumour Indicator
 - on recommendation of Sarcoma SMEs, data not collected or discussed within Sarcoma MDTs

SARCOMA - Laboratory Results - Rhabdomyosarcoma and Other Soft Tissue Sarcomas

- Cytogenetics FOR Alveolar Rhabdomyosarcoma
 - on recommendation of Sarcoma, CTYA and Molecular SMEs

SARCOMA - Laboratory Results – Ewings

- Cytogenetics For Ewings Sarcoma
 - on recommendation of Sarcoma, CTYA and Molecular SMEs

UROLOGICAL - Staging – Testicular

- Extranodal Metastases
 - poor ascertainment and outdated staging data
- Lung Metastases Sub-Stage Grouping
 - poor ascertainment and outdated staging data

UROLOGY - Laboratory Results

- S-Category AFP
 - components of S-Category, poor ascertainment and S-Category collected within Urological-Cancer Care Plan
- S-category HCG
 - components of S-Category, poor ascertainment and S-Category collected within Urological-Cancer Care Plan
- S-Category LDH
 - components of S-Category, poor ascertainment and S-Category collected within Urological-Cancer Care Plan
- Normal LDH
 - components of S-Category, poor ascertainment and S-Category collected within Urological-Cancer Care Plan

COSD Pathology v5.0

The following data items were deleted for reasons stated against each item. More detail is available within the change control log of COSD pathology v5.0 (inc. Data Item No) and should be used in conjunction with this document:

CORE - Pathology Details

- Microsatellite Instability (MSI) Testing
 - this data is better collected through the molecular data, direct from labs

COLORECTAL – Pathology

- Status of Circumferential Excision Margin
 - this data item is now centralised in CORE [pCR1150], as this is relevant to many tumours

GYNAECOLOGICAL – Pathology

- Omental Involvement
 - removed on advice of RCPATH SMEs

GYNAECOLOGICAL - Pathology -Endometrial

- Peritoneal Washings
 - removed as no longer in RCPATH Endometrial CORE data set

GYNAECOLOGICAL - Pathology – Cervical

- CGIN Grade
 - removed on advice of RCPATH SMEs

GYNAECOLOGICAL - Pathology – Nodes

- Nodes Examined Number (Pelvic)
 - removed on advice of RCPATH SMEs and are replaced with Left and Right data items
- Nodes Positive Number (Pelvic)
 - removed on advice of RCPATH SMEs and are replaced with Left and Right data items

HEAD & NECK -Pathology - Various

- Bone Invasion
 - replaced with new combined Bone/Cartilage Invasion data item
- Cartilage Invasion
 - replaced with new combined Bone/Cartilage Invasion data item

HEAD & NECK -Pathology - General and Salivary

- Positive Nodes Laterality
 - replaced with two new left/right sided positive node data items

SARCOMA - Pathology - Soft Tissue

- Tumour Depth
 - changed on advice of Sarcoma SMEs

SKIN - Pathology – BCC

- Perineural Invasion
 - replaced with new generic data item in CORE
- Lesion Diameter Greater Than 20mm Indicator
 - removed as no longer in RCPATH data set

SKIN - Pathology – SCC

- Perineural Invasion
 - replaced with new generic data item in CORE
- Lesion Diameter Greater Than 20mm Indicator
 - removed as no longer in RCPATH data set
- Clarks Level IV Indicator
 - removed as no longer in RCPATH data set
- Lesion Vertical Thickness Greater Than 2mm Indicator
 - removed as no longer in RCPATH data set

SKIN - Pathology – MM

- Sentinel Nodes Examined Number
 - removed as now collected within generic SLNB data item in Core-Pathology
- Sentinel Nodes Positive Number
 - removed as now collected within generic SLNB data item in Core-Pathology
- Post SNB Completion Lymphadenectomy - Nodes Sampled Number
 - removed as now collected within generic SLNB data item in Core-Pathology
- Post SNB Completion Lymphadenectomy - Nodes Positive Number
 - removed as now collected within generic SLNB data item in Core-Pathology

UPPER GI - Pathology - Liver Mets

- Total Number Of Colorectal Metastases In Liver Code
 - removed as now collected within the new Liver Pathology section in pLV10010

UPPER GI - Pathology - Oesophageal And Stomach

- Excision Margin (Proximal, Distal)
 - replaced with separate data items for Distal and Proximal on advice of RCPATH SMEs

UPPER GI -Pathology - Oesophageal, OG Junction, Pancreas, Bile Duct, LCC, Liver HCC and Liver Mets

- Excision Margin (Circumferential)
 - this data item is now centralised in CORE [pCR1150], as this is relevant to many tumours

UROLOGICAL - Pathology – Prostate

- Gleason Grade (Primary)
 - removed on advice of RCPATH SME - Old data cannot be mapped to new
- Gleason Grade (Secondary)
 - removed on advice of RCPATH SME - Old data cannot be mapped to new
- Gleason Grade (Tertiary)
 - removed on advice of RCPATH SME - Old data cannot be mapped to new
- Perineural Invasion
 - replaced with new generic data item in CORE

New data items

COSD v10.0

Full details of all the new items are provided in the COSD v10.0 and COSD v10.0 user guide. The following is a list of these new data items grouped by their data set sections:

CORE - Demographics

- Ethnic Category 2021

CORE – Diagnosis

- Ki67

CORE - Diagnosis - Additional Items

- Functional Syndrome Classification Indicator
- Functional Syndrome Classification Type
- Other Functional Syndrome Classification Type

CORE - Clinical Nurse Specialist + Risk Factor Assessment

- Diabetes Mellitus Type1 and Type 2 Indicator

CORE - Clinical Nurse Specialist - Holistic Needs Assessment and Personalised Care and Support Planning

- Assessment/Care Plan Status
- Assessment/Care Plan Date
- Assessment/Care Plan Point of Pathway
- Staff Role Offering The Assessment
- Staff Role Offering The Planning

CORE - Treatment

- Destination of Discharge (Hospital Provider Spell)

BREAST - Clinical Nurse Specialist + Risk Factor Assessment

- Dementia Diagnosis

COLORECTAL - Treatment – Surgery

- Surgical Urgency Type

HAEMATOLOGICAL - Cancer Care Plan - International Prognostic Score Index

- IPI Index Score
- MIPI Index Score

HAEMATOLOGICAL - Site Specific Staging - Acute Lymphoblastic Leukaemia

- Children's Oncology Group (COG) Staging System Stage

HAEMATOLOGICAL - Staging - Acute Myeloid Leukaemia

- Central Nervous System Involvement

LIVER - Diagnosis – Cholangiocarcinoma

- Cholangiocarcinoma Risk Factors Type

LUNG - Health Check

- Lung Health Check Indication

SKIN - Cancer Care Plan

- Immunosuppressed Status

UROLOGICAL - Cancer Care Plan

- Postoperative (Nadir) S-Category

COSD Pathology v5.0

Full details of all the new items are provided in the COSD Pathology v5.0 and COSD pathology v5.0 user guide. The following is a list of these new data items grouped by their data set sections:

CORE - Pathology Details

- Perineural Invasion
- Excision Margin (Circumferential)
- Sentinel Lymph Nodes Examined Number
- Sentinel Lymph Nodes Positive Number
- Post SLNB Completion Lymphadenectomy - Nodes Examined Number
- Post SLNB Completion Lymphadenectomy - Nodes Positive Number

GYNAECOLOGICAL – Pathology

- Omentum Involvement

GYNAECOLOGICAL - Pathology - Fallopian Tube, Ovarian Epithelial And Primary Peritoneal

- Omental Deposit Size

GYNAECOLOGICAL - Pathology -Endometrial

- Er Allred Score
- Extent Of Lymphovascular Invasion
- P53 IHC Status

GYNAECOLOGICAL - Pathology – Cervical

- CGIN

GYNAECOLOGICAL - Pathology – Nodes

- Nodes Examined Number (Left Pelvic)
- Nodes Positive Number (Left Pelvic)
- Nodes Examined Number (Right Pelvic)
- Nodes Positive Number (Right Pelvic)

HEAD & NECK -Pathology – Various

- Pattern Of Invasive Front
- Bone/Cartilage Invasion

HEAD & NECK -Pathology - General and Salivary

- Nodes Positive Number (Left)
- Nodes Positive Number (Right)

HEAD & NECK - Pathology - Viral Testing

- EBV-ISH Testing

LIVER – Pathology

- Number Of Tumours
- Satellite Tumour Indicator
- Liver Capsule Intact And Smooth
- Invasion Of Adjacent Organ
- Organ Invaded
- Fibrosis In Background Liver
- Aetiology Of Background Liver Disease
- Other Aetiology Of Background Liver Disease

SARCOMA - Pathology - Soft Tissue

- Tissue Planes Involved

SKIN - Pathology – BCC

- Skin Cancer Perineural Invasion Indicator
- Maximum Dimension/Diameter Of Lesion

SKIN - Pathology – SCC

- Skin Cancer Perineural Invasion Indicator
- Maximum Dimension/Diameter Of Lesion
- Lesion Thickness Indicator

SKIN - Pathology – MCC

- Skin Cancer Lesion Indicator
- Maximum Dimension/Diameter Of Lesion
- Microsatellite Or In-Transit Metastasis Indicator

SKIN - Pathology – Adnexal

- Skin Cancer Lesion Indicator
- Maximum Dimension/Diameter Of Lesion
- Skin Cancer Perineural Invasion Indicator

UPPER GI - Pathology - Oesophageal And Stomach

- Excision Margin (Proximal)
- Excision Margin (Distal)

UROLOGICAL - Pathology – Prostate

- Biopsy Gleason Grade (Primary)
- Biopsy Gleason Grade (Secondary)
- Non-Biopsy Gleason Grade (Primary)
- Non-Biopsy Gleason Grade (Secondary)
- Non-Biopsy Gleason Grade (Tertiary)

Amendments to data items

Full details of all the amendments are provided in both the data sets and user guides, these documents should be read in conjunction with the change request. The following is the key to help understand what has changed between versions:

- new or amended text is marked in **green highlight**
- text or elements of a data item that had been deleted is **marked with a red strikethrough**
- where a **yellow highlight** has been used, this denotes that the data item has been moved to a new group between COSD v9.0.2 and COSD v10.0 or COSD pathology v4.0.2 and COSD pathology v5.0

Amendments were required to ensure that where changes to international or other data items controlled by another body have been updated. These changes have been accurately reflected within COSD at the point of review.

It is expected that some data will change throughout the lifetime of the data sets and these changes will be acknowledged and changes made in the next version review.

Appendix A - Uniform Resource Locator (URL) Glossary

This section provides the full URL address, to help and support sight impaired users access all links throughout the document.

Page 5:

- Long Term Plan - <https://www.longtermpian.nhs.uk/>

Page 7 (Supporting documents):

- ISN publications - <http://digital.nhs.uk/isce/publication/dapb1521>
- TRUD - <https://isd.digital.nhs.uk/trud3/user/guest/group/0/home>
- NDRS, COSD webpage - <https://digital.nhs.uk/ndrs/data/data-sets/cosd>

Page 7 (Related Standards):

- Cancer Waits - <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0147-national-cancer-waiting-times-monitoring-data-set>
- RTDS - <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb0111-radiotherapy-data-set>
- SACT - <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1533-systemic-anti-cancer-therapy-data-set>
- Diagnostic Imaging - <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci1577-diagnostic-imaging-data-set>
- ICD - <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0021-international-statistical-classification-of-diseases-and-health-related-problems-icd-10-5th-edition>
- SNOMED CT - <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0034-snomed-ct>

- Sexual Orientation Monitoring - <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb2094-sexual-orientation-monitoring>
- RCPATH - <https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html>