

# COSD Away Day

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Dr Emma Kipps

NCRAS Clinical Lead for SACT

Medical Oncologist at The Royal Marsden Hospital

January 2024

# SACT Clinical Leadership Group

The SACT CLG is an advisory body supporting the work of the SACT team



The group aims to ensure that outputs of the SACT dataset effectively support clinical practice and patient care. The main purpose of the SACT CLG is to provide expert clinical guidance, oversight and support for the collection, understanding, and effective use of SACT data.



SACT representative from each alliance in England

# SACT dataset, with support from CLG, is used to improve cancer outcomes through research, directly influencing clinical care and policy change

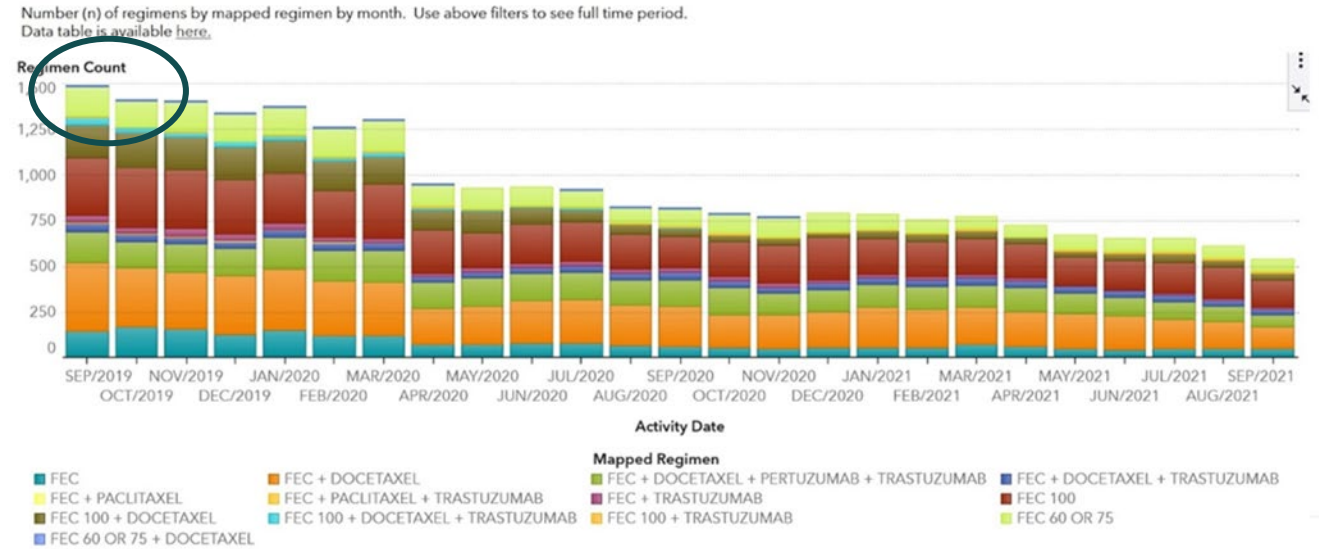


- Treatment variation
- Equity of access
- Research
- Supporting capacity planning and influencing policy
- Improvements in data completeness and quality

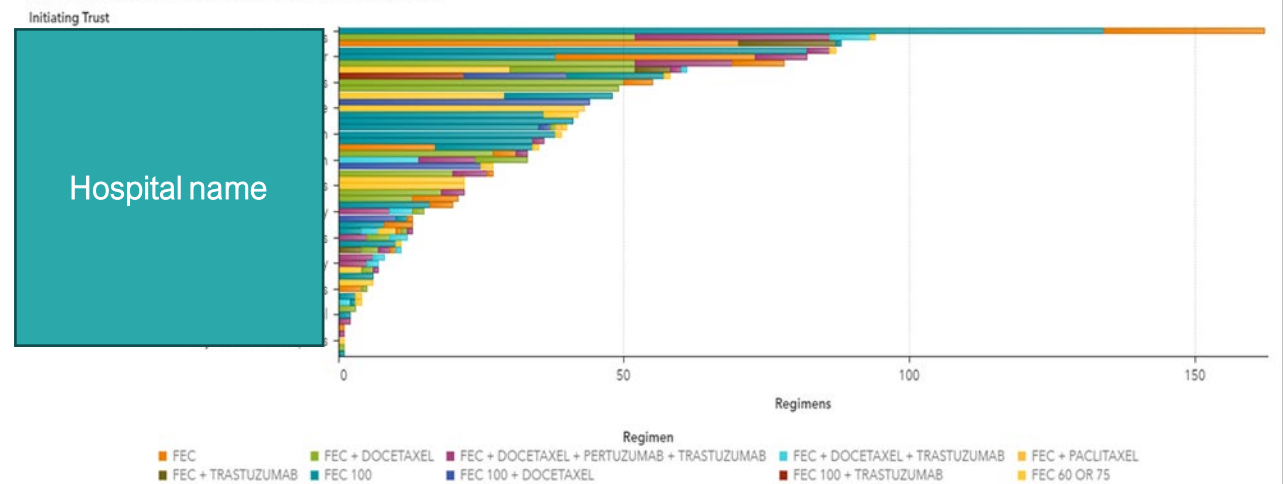
# National SACT data set can be used to identify variation in treatment

- Use of drugs which have a recognised favourable alternative
- Highlighting treatment variation supports changes to clinical practice

Breast



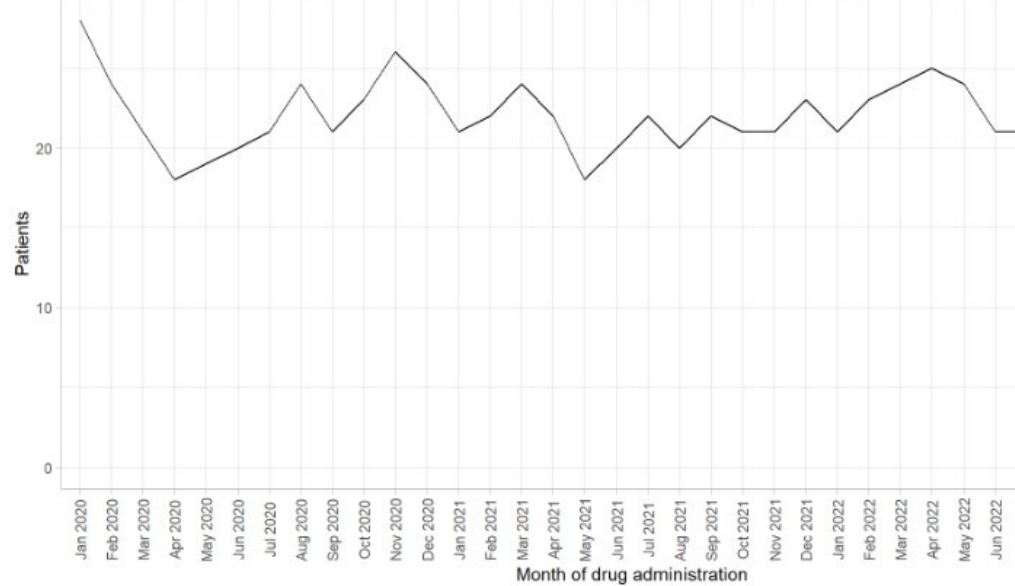
Use of FEC containing regimens: Sept 21-March 22



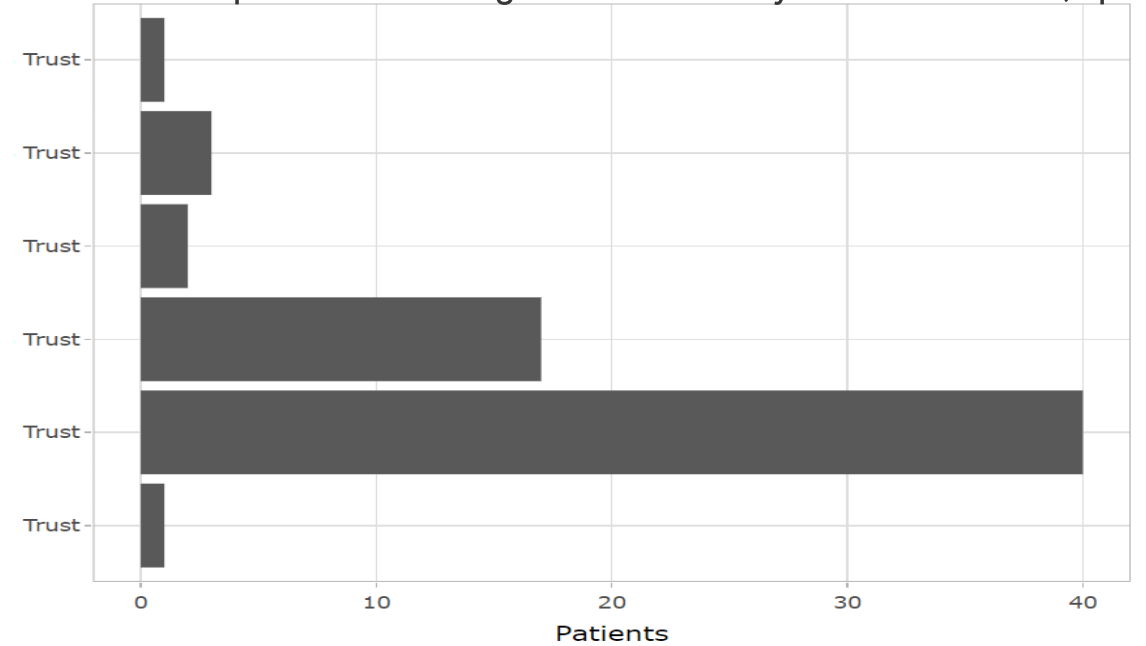
# National SACT data set can be used to identify variation in treatment

## Lymphoma

Number of patients receiving two additional cycles of Rituximab



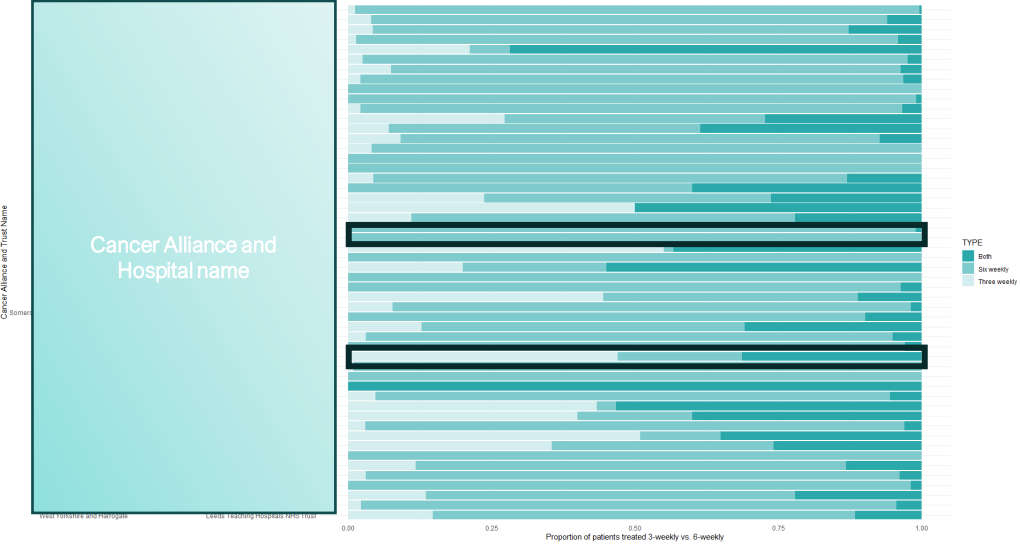
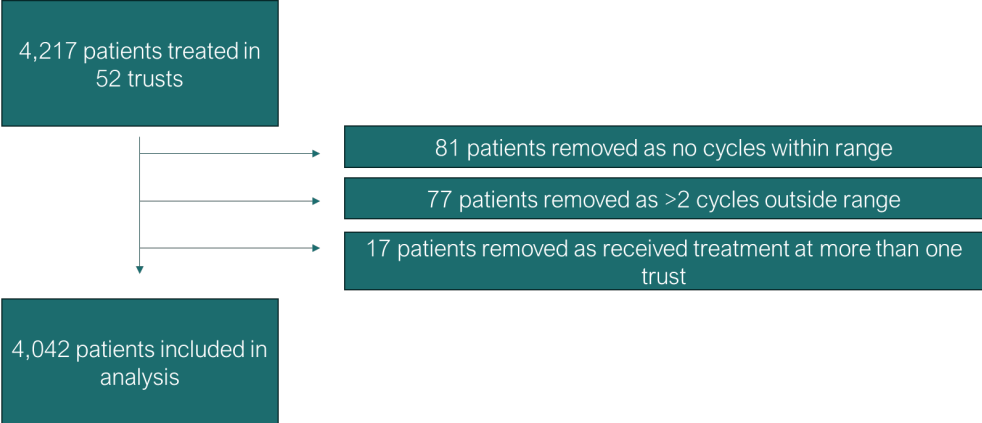
Number of patients receiving two additional cycles of Rituximab, split by trust



# National SACT data set can be used to identify variation in treatment

## Melanoma

### Comparison of three-weekly and six-weekly pembrolizumab for melanoma



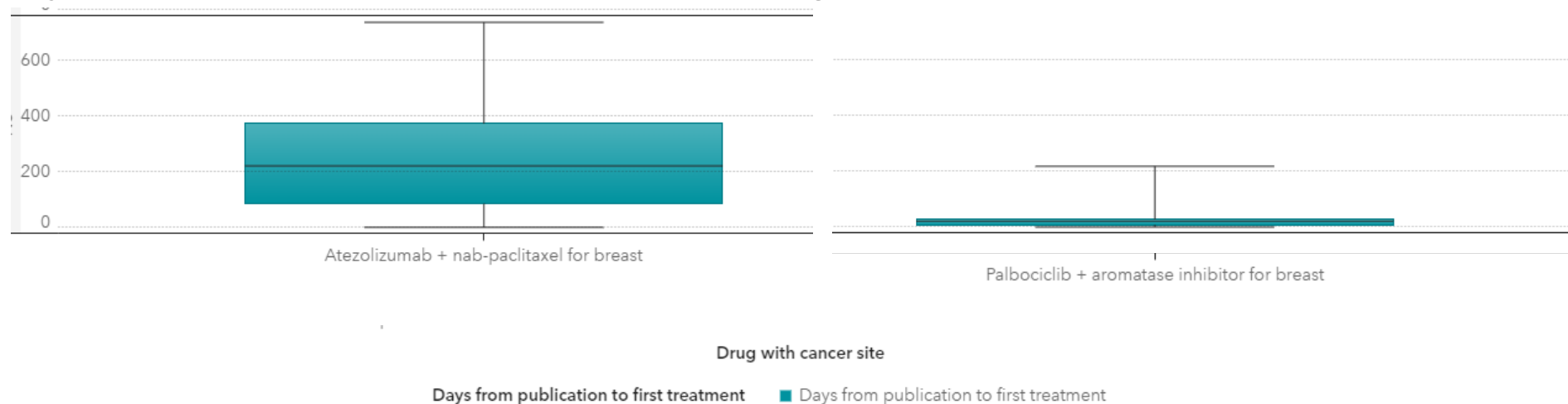
Variation in delivery which impacts SACT capacity



# National SACT data set can be used to identify variation in treatment

- As well a choice of drug, access may differ across England
- Time taken to use a drug following NICE approval

Days from NICE approval to first use in all trusts in England

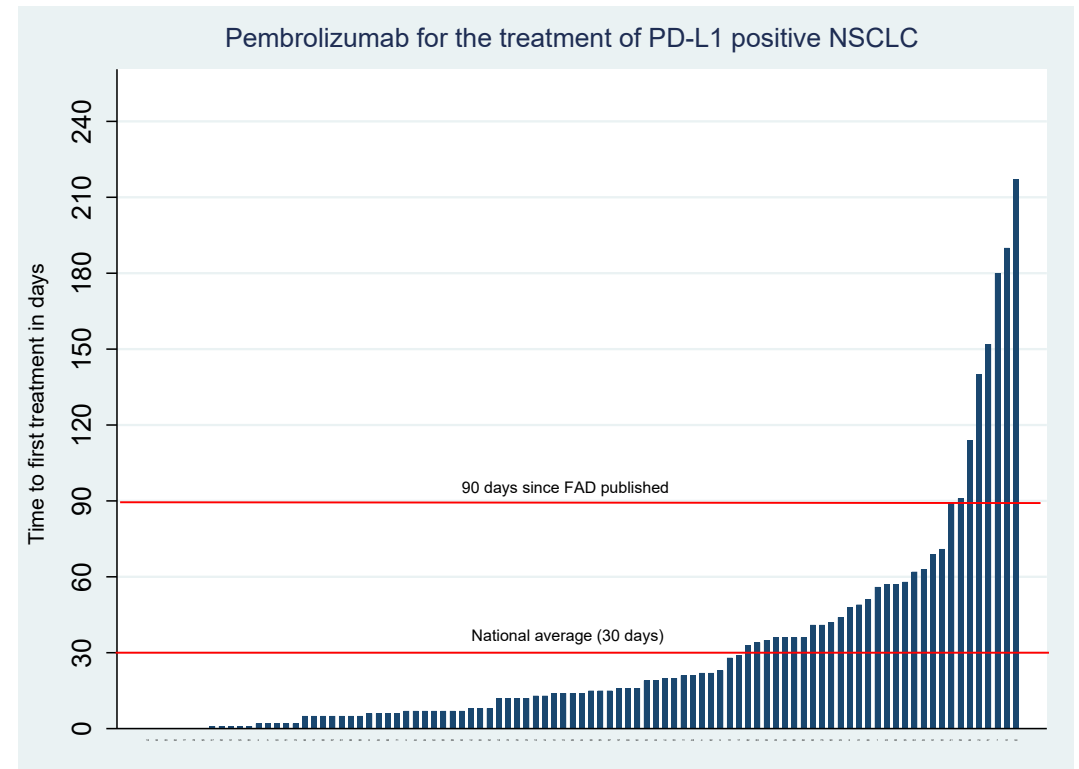


Variation between drugs or between trusts for the same drug may not be clinically driven but needs to be questioned

- May reflect trust processes and protocols. ?longer for drugs which were not approved through the CDF
- May reflect dependency on histopathology or GLH

# Equity of access to SACT: Time from NICE approval to first use

- The dashboard uses SACT submitted by NHS trusts and provides a summary measure for England.
- You can filter by drug and/or cancer type; you can also filter to view the drugs previously available through the Cancer Drugs Fund (CDF) or the early access to medicines scheme (EAMS).
- The dashboard is regularly updated



95 trusts prescribed pembrolizumab for NSCLC.

88 (93%) trusts first prescribed within 90-days.

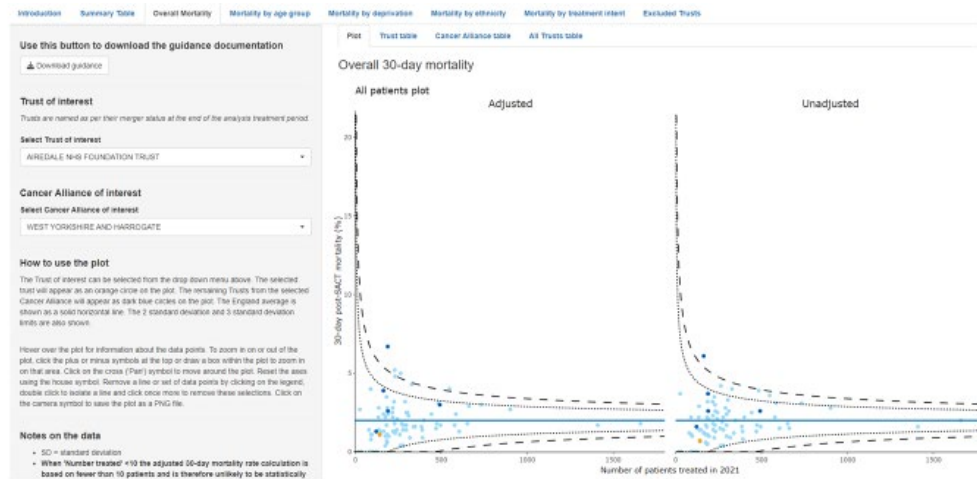
24 trusts did not prescribe pembrolizumab for PD-L1 positive NSCLC through the CDF.

Of the seven trusts who did not first prescribed pembrolizumab for PD-L1 positive NSCLC within 90-days, two had prescribed the drug on the CDF.

# Treatment variation: use of SACT within 90 days of death

Compare outcomes following systemic anticancer treatment, split by age, ethnicity and deprivation by trust

Case-mix adjusted 30day mortality after receiving SACT in England, breast cancer patients



- Compare outcomes following SACT, split by age, ethnicity and deprivation by trust

CLG: requested break down by Alliance Processes within trusts

Use within Mortality and Morbidity meetings  
Data on deprivation/ ethnicity/ approach to SACT

Processes within alliances

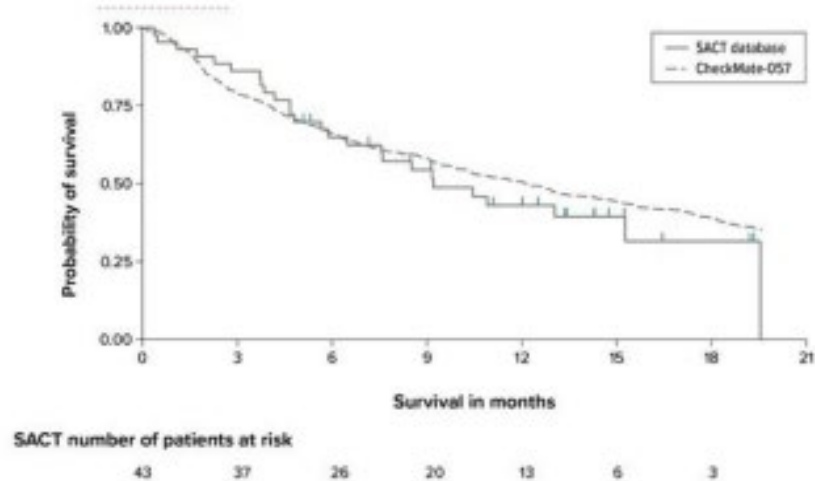
Local benchmarking

Neutral forum to generate improvements both clinical and data quality

# Research: SACT data set can be used to identify variation in outcome

- Embed real world outcomes into routine reporting

Nivolumab in Second Line Non-Small Cell Lung Cancer:  
Comparing Real-World Outcomes in England to CheckMate Trial



- Are the outcomes seen in highly selected patients in randomised controlled trials realised at a national scale?

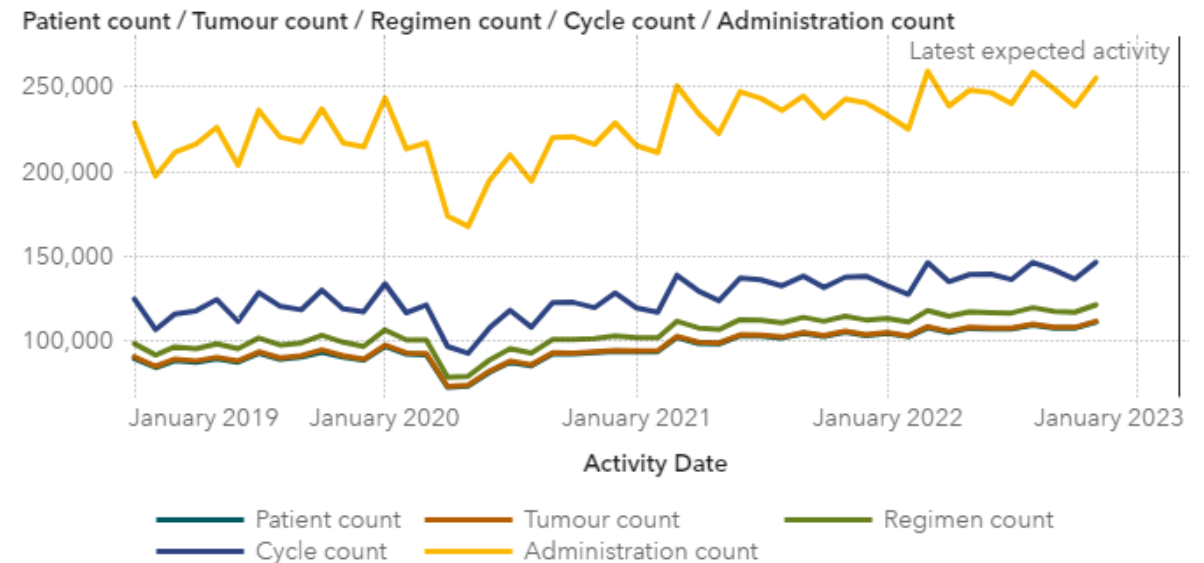
Drugs that have exited the CDF into peer review papers to include additional follow-up on overall survival. We would compare patient characteristics and outcomes to those of the clinical trial

- Abemaciclib
- Durvalumb
- Daratumumab with bort

# Policy: SACT activity dashboard can be used to identify changes in activity

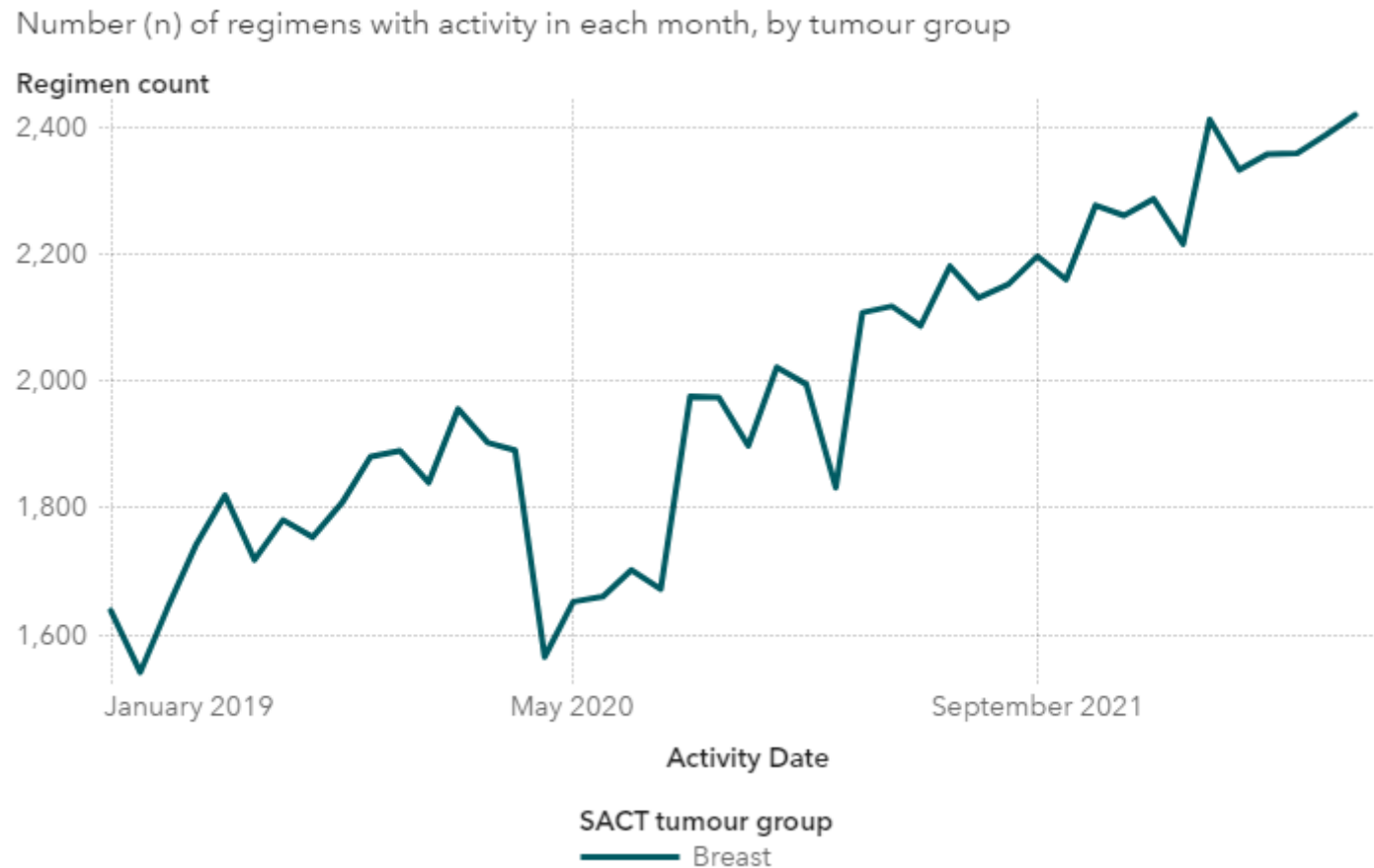
- Changes in activity
  - Adjunct to current cancer performance metrics
    - 62 days cancer from referral to treatment – doesn't say what treatment
    - 31 days from decision to treat, to treatment starting
      - but if a decision to treat with chemotherapy was never offered, no metric would breach
      - 31 days to treat with SACT not always clinically appropriate and no visibility of the pressures units are under
- Local data: would say increase in demand for SACT
- Regional and National data: supports it not be an isolated case

Total number of patients, tumours, regimens, cycles and administrations (n) reported by month for selected geography



New SACT activity dashboard - contains detailed data on all SACT treatment activity to support clinicians and NHS teams in providing cancer services.

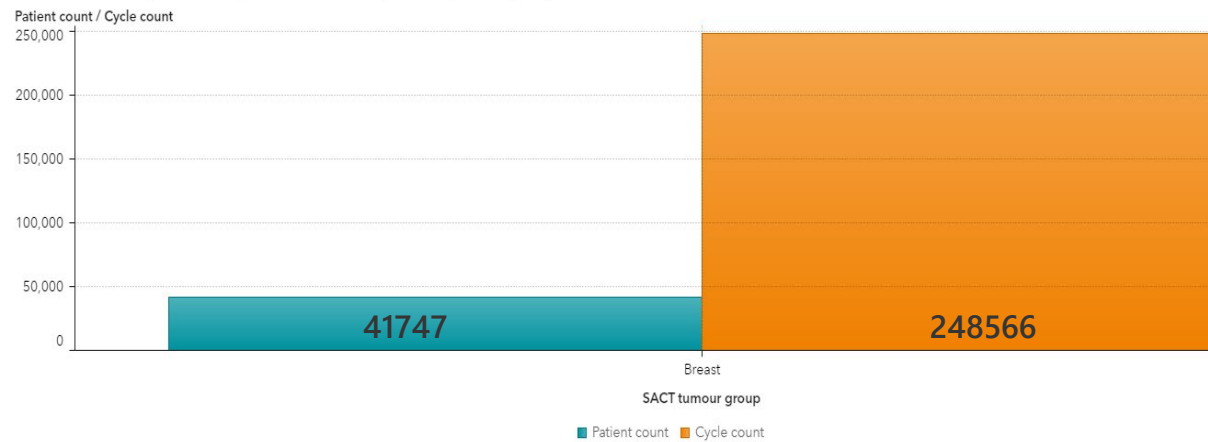
# Increase in activity: SACT regimens prescribed for breast cancer in England



~8000 increase in number of regimens prescribed monthly in England

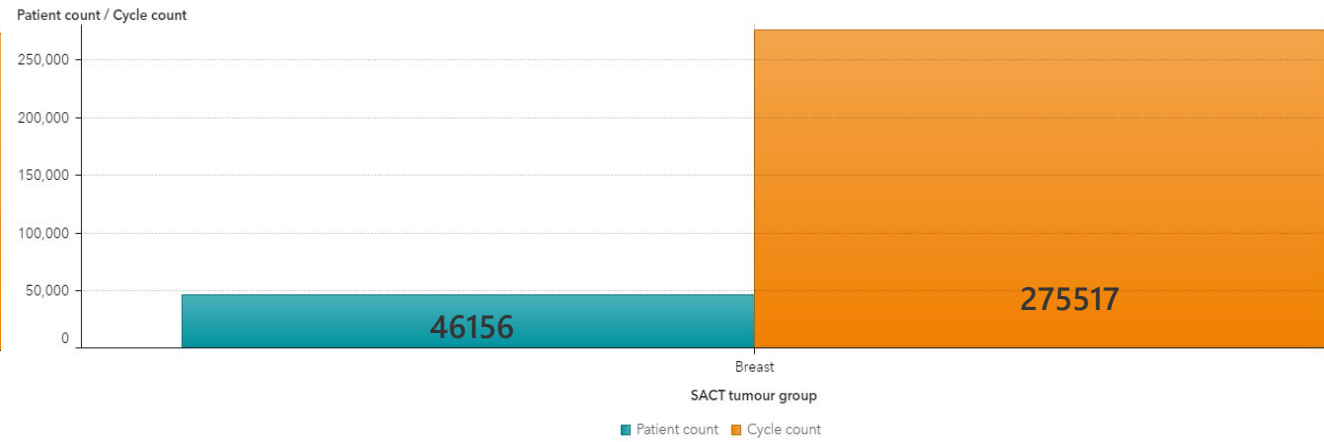
# Increase in total number of cycles given and patients with breast cancer treated with SACT in England; 2019 / 2022 comparison

Total number (n) of patients and cycles in selected date period, by tumour group



January – August 2019

Total number (n) of patients and cycles in selected date period, by tumour group



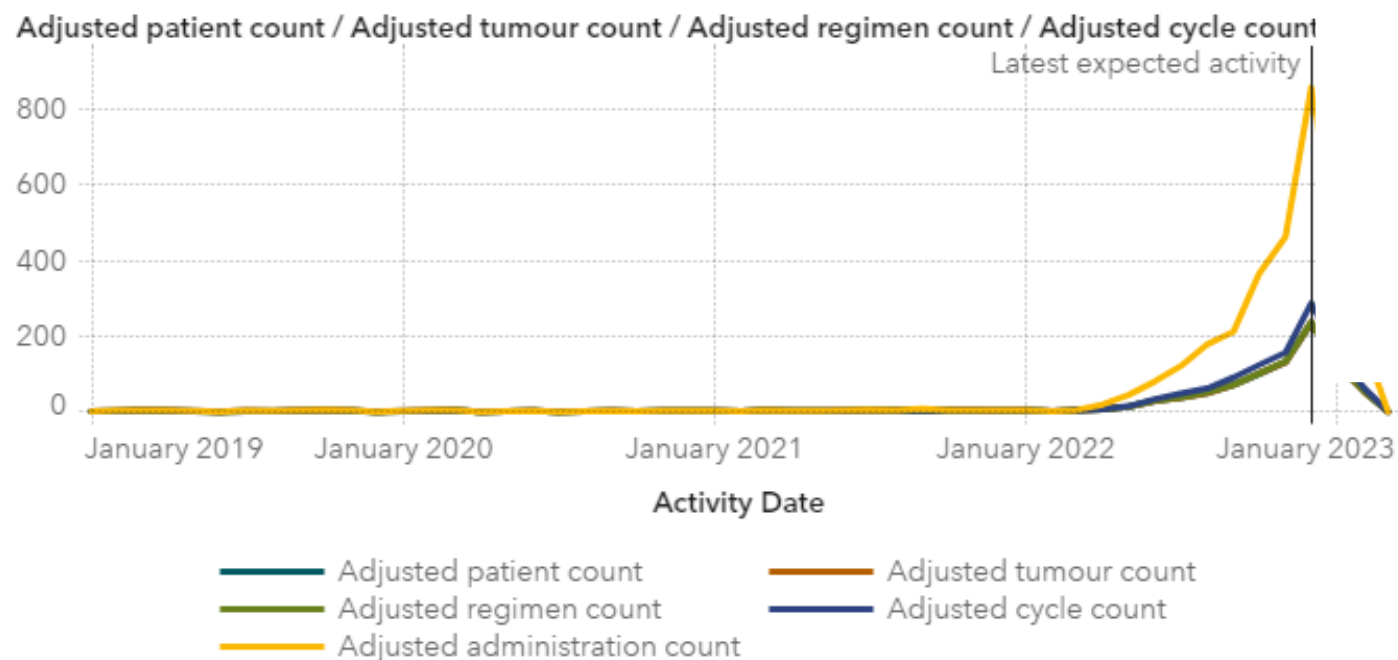
January – August 2022

Increase in the number of patients being treated with SACT for breast cancer and the number of cycles prescribed 2019 versus 2022

# Activity can be shown by number of patients, regimen, cycles or administrations and can be seen for each drug and split by trust or wider geography

Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer  
Technology appraisal guidance [TA851] Published: 14 December 2022

Adjusted counts of patients, tumours, regimens, cycles and administrations (n) reported by month for selected geography



Use of pembrolizumab in England for treatment of breast cancer

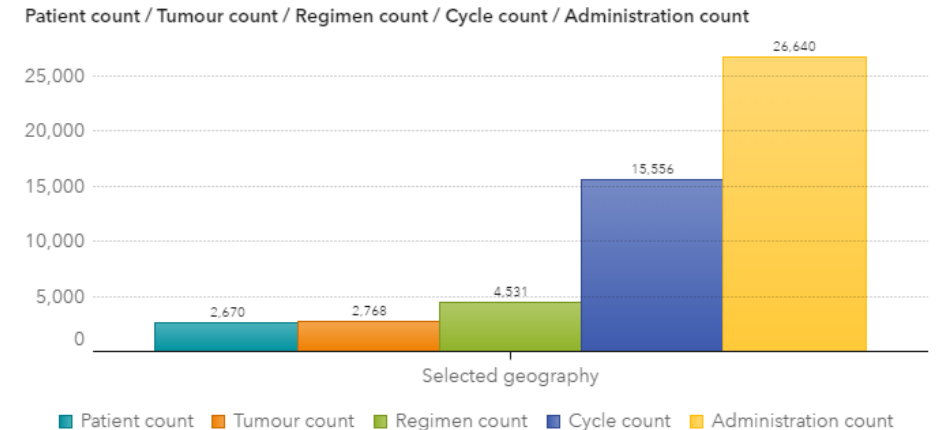
# Local impact: East Midlands Cancer Alliance

## Increase in number of patients, cycles and administrations



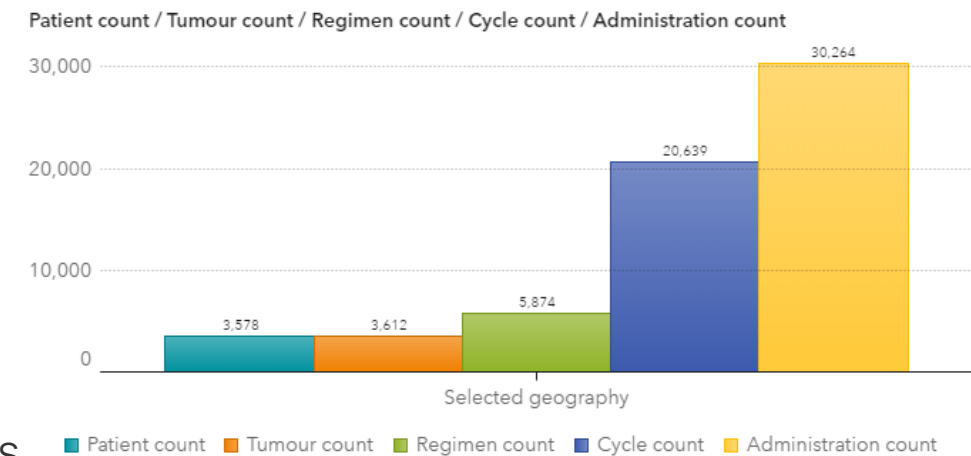
January – August 2019

Total number of patients, tumour, regimens, cycles and administrations (n) reported over whole selected date range for selected geography



January – August 2022

Total number of patients, tumour, regimens, cycles and administrations (n) reported over whole selected date range for selected geography



~3600 increase in number of administrations between two time periods

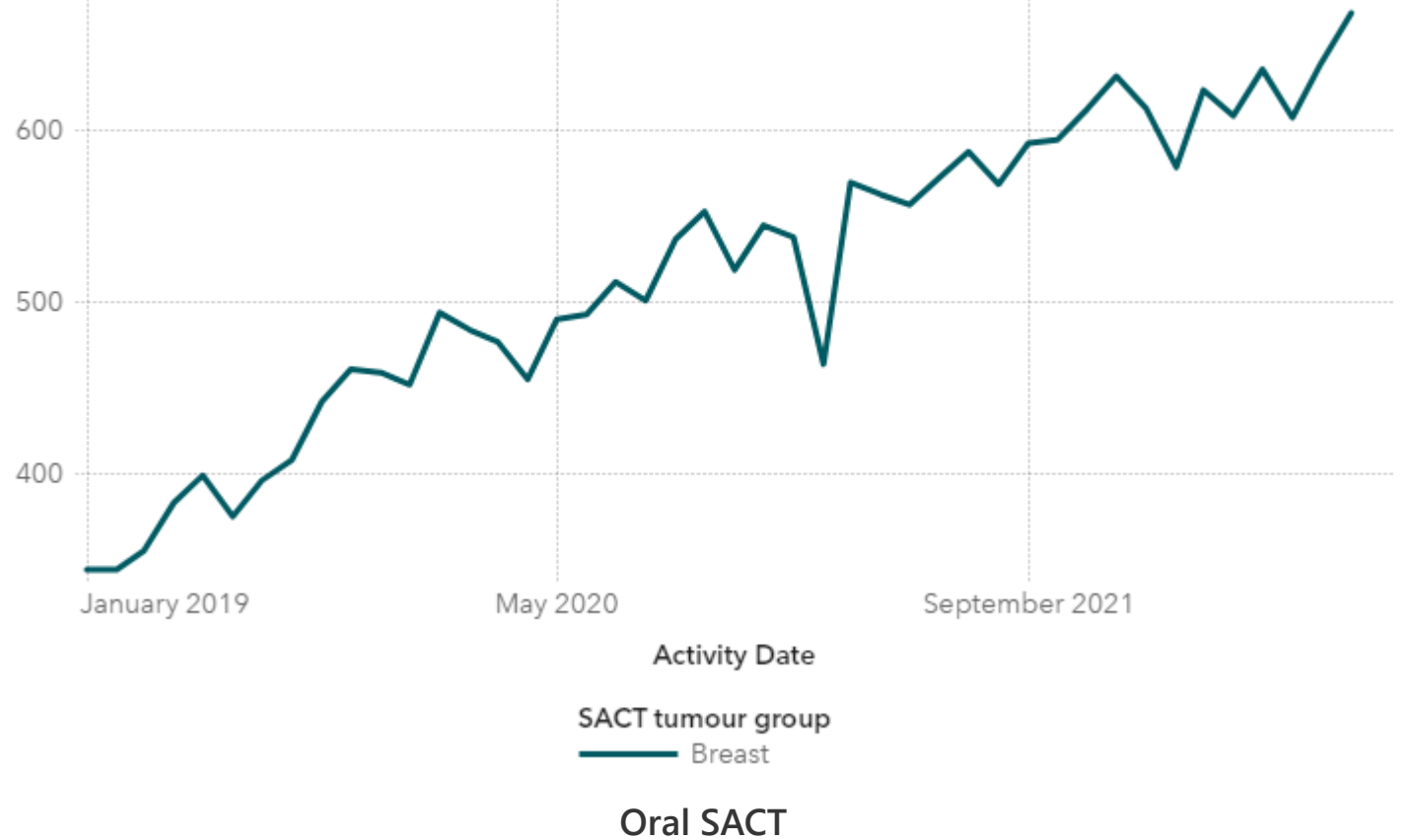
# Local impact: East Midlands Cancer Alliance

## Increase in number of oral regimens prescribed each month



Number (n) of regimens with activity in each month, by tumour group

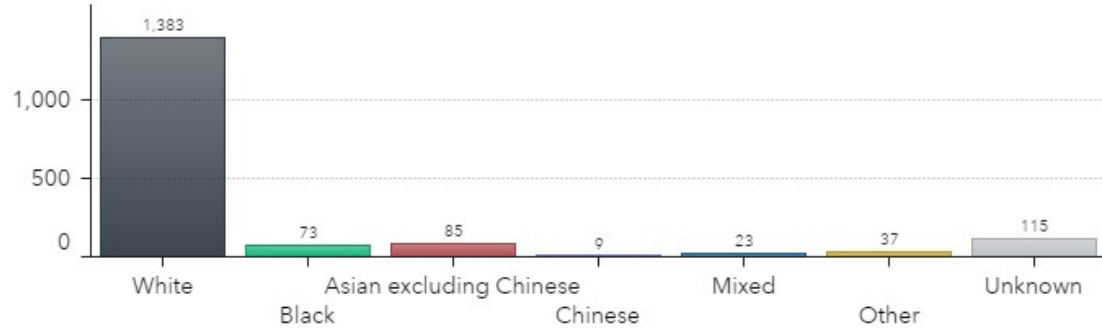
Regimen count



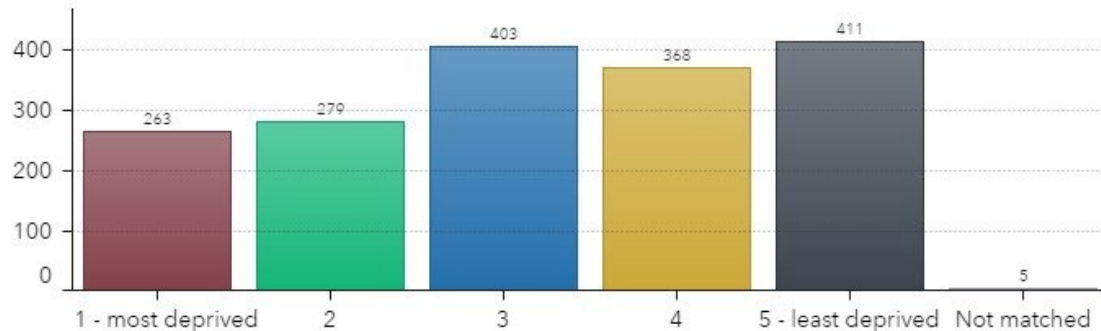
Current tariff system for delivery of SACT reflects the 'complexity of treatment' measured in infusion time

# Local impact: oral regimens (abemaciclib) prescribed each month can be split by ethnicity group, deprivation quintile and compared between trusts

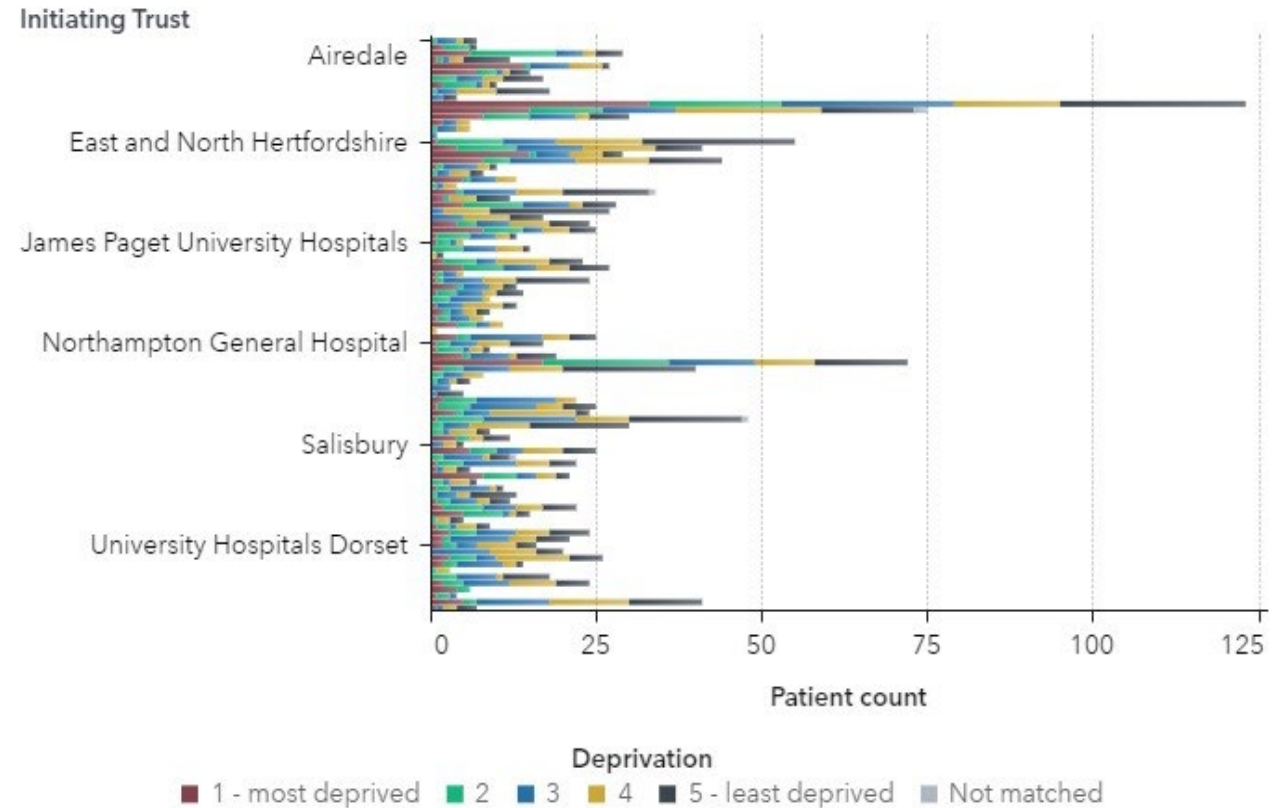
**Ethnicity Group**



**Deprivation Quintile**



Number (n) of patients by deprivation quintile, by trust



# To improve data quality and completeness SACT v4

• What questions do we need to answer using the SACT dataset?

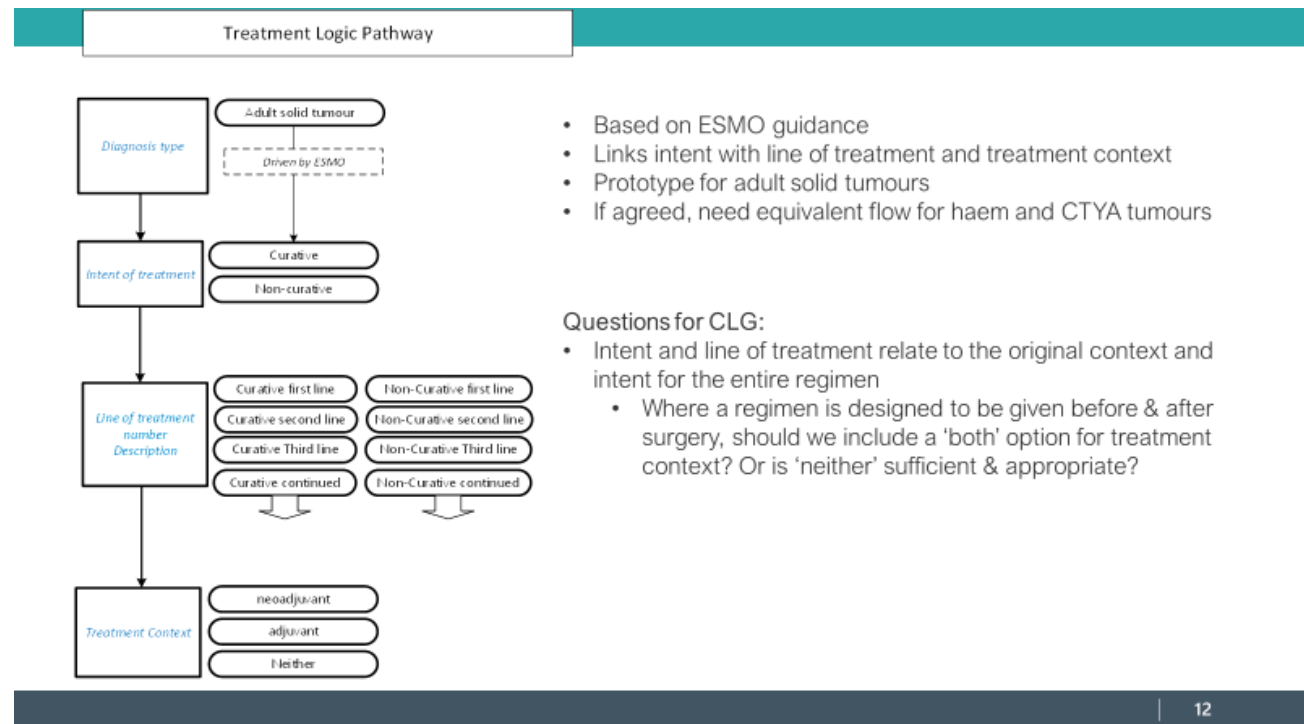
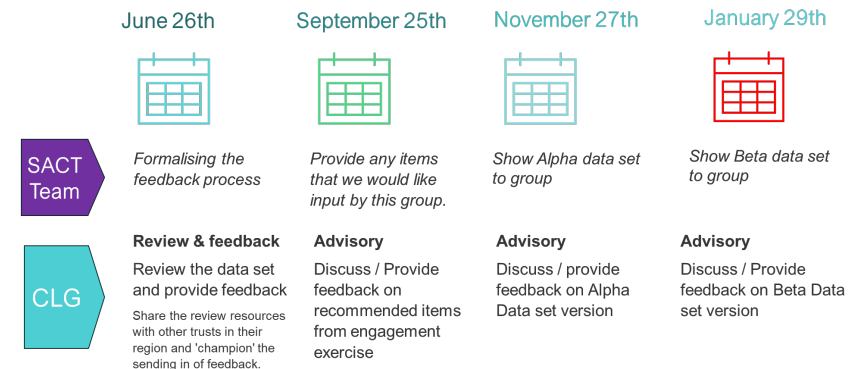
- Clinical and operational
- What data fields would allow us to answer those questions?

§ this is currently captured in SACT

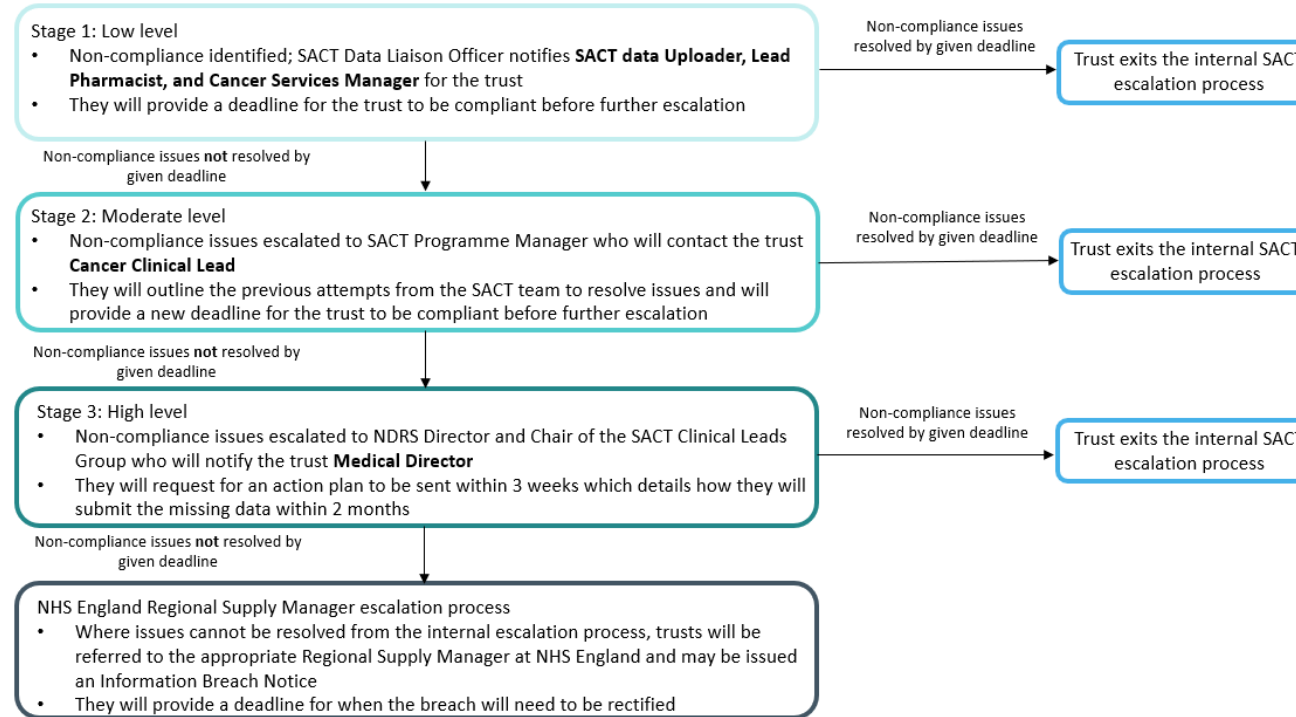
- if poorly captured why?
  - the data fields options to not allow for all clinical circumstances. How can we change the fields to be more clinically relevant?
  - the data collection is poor for data flow reasons. How could this be addressed

§ this is not currently captured in SACT

- how do we introduce this as a metric



# To improve data quality and completeness Escalation Process

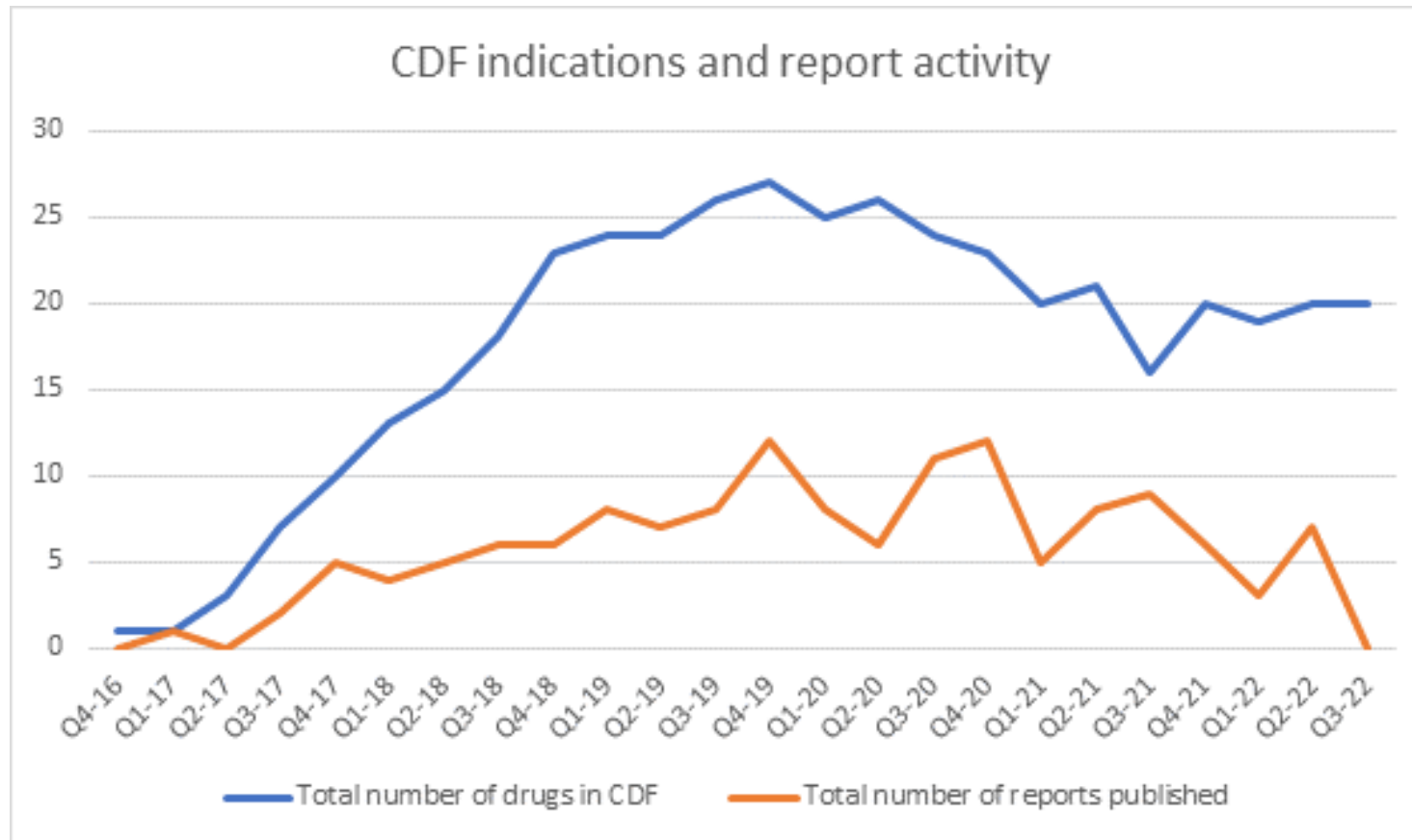


Discuss dashboards to improve utility of cancerstats

# Thank you

# Not included

- Supporting NICE Technology Appraisals for the Cancer Drugs Fund



# SACT CLG – Proposed Remit and Purpose



To act in an advisory capacity for the **collection** of SACT data

- Providing advice on the direction and future developments of the SACT dataset design and data collection



To provide clinical advice and expertise to assist in the **understanding** of SACT outputs

- Providing clinical input and feedback into improved and new proposed deliverables for the SACT programme



To act as advisors for their specialty in the **effective use** of SACT data and outputs

- Identifying key clinical questions; advising the NHSD SACT team on priorities for national and site-specific analyses and publications



Work with trusts and clinical leads locally

- Supporting data submission as well as dissemination of SACT outputs and publications locally

# Looking ahead: supporting clinicians to deliver outstanding cancer care to every cancer patient



Expanding our core 30-day mortality work and developing additional quality outcomes reporting. CLG to provide tumour specific support and advice



Studying real world outcomes following SACT

- Medium term: Completing peer-reviewed publications
- **Long term: ongoing reporting of outcomes of CDF drugs. Embedding RWD alongside phase 3 clinical trials to inform clinical practice. The true value of SACT dataset.**
- Long term: dataset linkage outside of a formal request to empower capability locally



Reports to look at national treatment patterns and understand any variation

- Medium term: time to 1<sup>st</sup> prescription of NICE approved drugs
- Long term: Critical: dataset linkage. **Cannot currently critique whether variation appropriate or not**



We need to support decommissioning of cancer drugs

- Clinical leadership to identify drugs no longer recognised as standard of care

# Looking ahead: informing national policy and commissioning of services

## Supporting governance, review and service delivery



Continue inform national policy and commissioning of services; the delivery of SACT data for the Specialised Services Quality Dashboard; support NICE Technology Appraisals for the CDF



We need to enhance current reporting features to align with Integrated Care System (ICS) geography and priorities



We need to support decommissioning of cancer drugs

- Clinical leadership to identify drugs no longer recognised as standard of care

# Looking ahead: supporting clinicians to deliver outstanding cancer care to every cancer patient



Reports to look at national treatment patterns and understand any variation



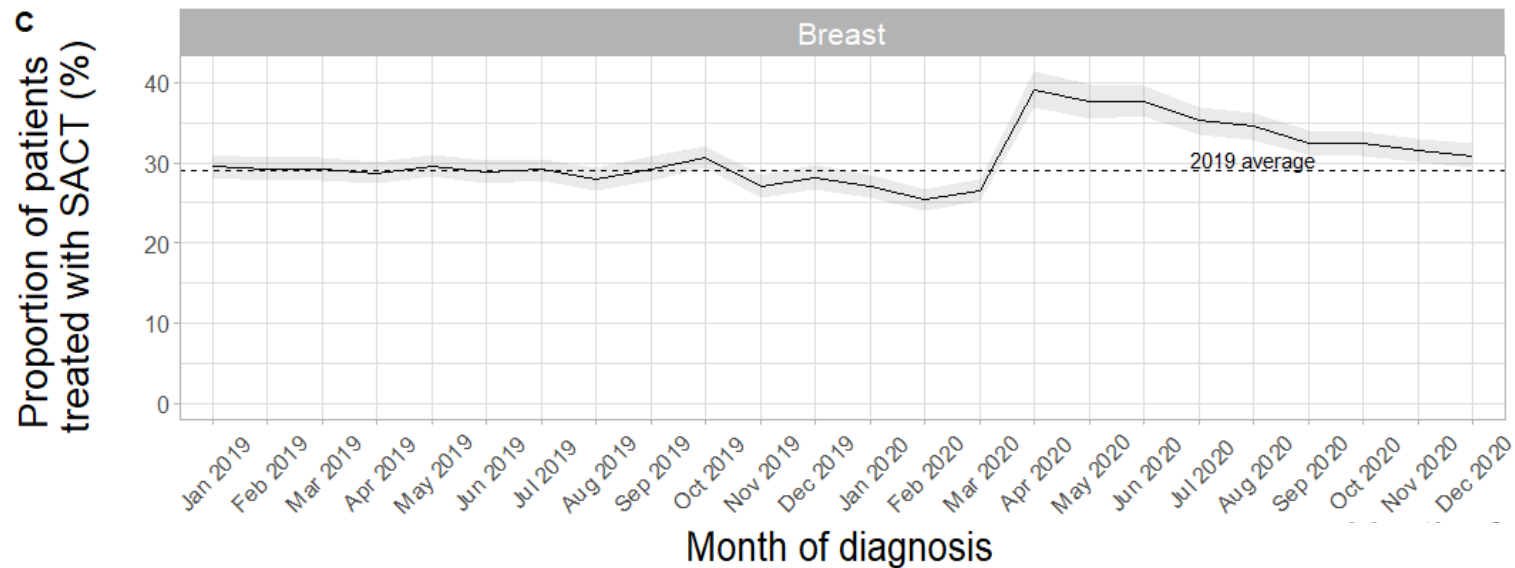
Expanding our core 30-day mortality work and developing additional quality outcomes reporting



Completing peer-reviewed publications for areas of key interest, studying real world outcomes following SACT

# Research

- The impact of the COVID-19 pandemic on the use of systemic therapy for patients newly diagnosed with cancer in England, UK: a national, population-based study



# Challenges

- Limited utility in current format
- DARS/ PID process
- Timeliness
- Data linkage