



# National Cancer Audit Collaborating Centre (NATCAN): Audits

## COSD Roadshows January-February 2024

NATCAN team

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National Cancer Audit  
Collaborating Centre

# Existing and new audits part of NATCAN

NATCAN delivers TEN National Cancer Audits

## **Existing audits (starting between 2007 and 2012-present):**

- National Bowel Cancer Audit (**NBOCA**)
- National Oesophago-Gastric Cancer Audit (**NOGCA**)
- National Lung Cancer Audit (**NLCA**)
- National Prostate Cancer Audit (**NPCA**)

## **New audits (2023-present):**

- National Audit of Primary Breast Cancer (**NAoPri**)
- National Audit of Metastatic Breast Cancer (**NAoMe**)
- National Kidney Cancer Audit (**NKCA**)
- National Non-Hodgkin Lymphoma Audit (**NNHLA**)
- National Ovarian Cancer Audit (**NOCA**)
- National Pancreatic Cancer Audit (**NPaCA**)

# Existing and new audits part of NATCAN



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Home > News and Views > Uncategorized > Our six new cancer audits have published key COSD data requirements 2023/2024

## Our six new cancer audits have published key COSD data requirements 2023/2024

Each NATCAN audit has published key data items (Cancer Outcomes Services Dataset – COSD) for each cancer site, which hospitals can check are being completed and submitted to NDRS.

[NPaCA Key COSD Data Items 2023/2024](#)

[NAoMe Key COSD Data Items 2023/2024](#)

[NAoPri Key COSD Data Items 2023/2024](#)

[NNHLA Key COSD Data Items 2023/2024](#)

[NKCA Key COSD Data Items 2023/2024](#)

[NOCA Key COSD Data Items 2023/2024](#)

**NBOCA** | National Bowel  
Cancer Audit

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Home > Resources

## Resources

NBOCA resources for professionals and the public, including clinical guidelines, leaflets, documentation and user guides

Filter

Audience

Professional

Posted 23 January 2024 in [Data Entry](#), and [Guides](#).

[NBOCA Key COSD Data Items 2023/2024](#)

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# National Bowel Cancer Audit

NBOCA National Bowel Cancer Audit

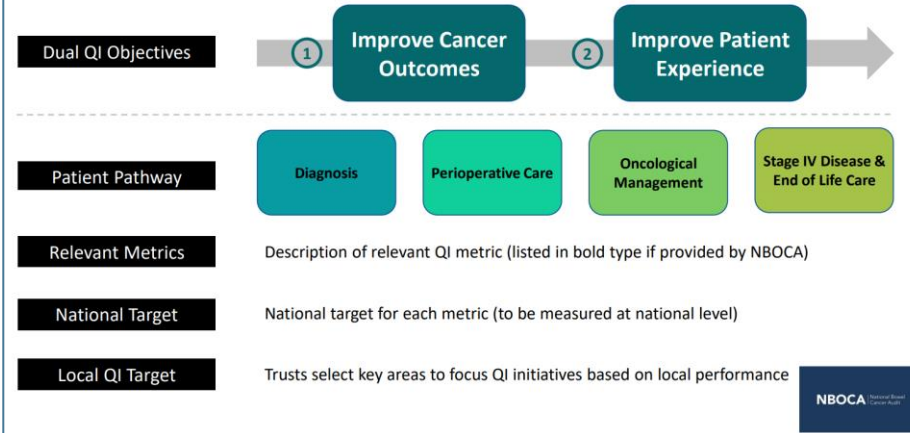


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National Cancer Audit Collaborating Centre

- Bespoke data collection has now stopped. Cancer Registry data is used instead.
- Look out for the State of the Nation Report in **February 2024**  
*It assesses how Trusts are performing against the NBOCA QI Programme*
- Accompanying Trust Results will be on our website as usual
- **UPCOMING** in 2024 - quarterly interactive Trust dashboard using rapid cancer registry data

## NBOCA Quality Improvement Programme Overview



Moving into NATCAN we now rely on accurate COSD uploads

- **Key Core COSD items:** TNM staging, Performance status, CNS indication, ASA Grade, MDT meeting type
- **Key Colorectal COSD items:** Tumour height above anal verge, Circumferential excision margins



### Show of hands please: Who at your Trust submits COSD data to NDRS?

1. The same team that used to submit NBOCA data to the Clinical Audit Platform (CAP)
2. A different team but with input from the team that used to submit NBOCA data to CAP
3. A different team and with no input from the team that used to submit NBOCA data to CAP

# National Oesophago-Gastric Cancer Audit (NOGCA)

## Context

- Audit started in 2012, with data collected in a bespoke proforma via the Clinical Audit Platform (CAP)
- From 2024, the Audit will report using data from national cancer datasets
- COSD contains nearly all of the variables collected previously in CAP and will reduce burden on trusts of data collection; however, we need to ensure that OG-specific variables in COSD are well completed

## Audit's quality improvement priorities

- Monitoring and improving the process of early diagnosis
- Extending scope of audit to look at activity later in the care pathway (beyond primary treatment)
- Understanding how patient characteristics impact the complex pathways and outcomes in OGC
- Tracking increasing use of targeted therapies by subtypes of OGC

## Data collection priorities

- Improved completion of:
  - Core COSD items: performance status, TNM variables (to inform stage)
  - COSD pathology data:
    - Core: # nodes examined, # nodes positive
    - Upper GI site-specific: excision margin (proximal, distal, circumferential)

# National Lung Cancer Audit (NLCA)

## Context

- Lung cancer is one of the most common tumours: affecting men and women equally
- Early diagnosis increases treatment options and improves patient outcomes
- Many of the data items the audit needs are already collected in the Core COSD

## Quality improvement areas

- Increasing the proportion of patients receiving treatment with curative intent
- Improving access to a lung cancer nurse specialist
- Reducing diagnoses after emergency presentation
- Improving compliance with the National Optimal Lung Cancer Pathway
- Use of predictive molecular marker analysis

## Support needed from you

- Improved completion of:
  - Core COSD items: stage, performance status, route of referral
  - COSD pathology data:
    - Lung site-specific: genetic markers EGFR, ALK, ROS1, PD-L1

# National Prostate Cancer Audit (NPCA)

## Key features

- **14% increase in men diagnosed with prostate cancer** in 2022 compared to 2019
- **19% patients present with metastatic disease**
- **Changes** in certain aspects of treatment:
  - Increased use of ultra-hypofractionated radiotherapy
  - **Shift in type of systemic treatments used e.g. decreased use of chemotherapy and increased use of hormone therapies**

## Data priorities

- **Gleason Score being made available in Rapid Cancer Registration Dataset**
- **Increased completeness of data items essential for staging and risk stratification of patients: TNM stage, prostate specific antigen (PSA) score and Gleason score**
  - ✓ **TNM stage is vital for identifying metastatic prostate cancer patients as stage IV prostate cancer includes both non-metastatic and metastatic patients**

## Quality improvement goals

1. Maintaining **use of active surveillance** to treat men with low-risk prostate cancer, thus reducing potential over-treatment
2. **Increasing use of multimodality therapy** for men with high-risk or locally advanced prostate cancer, thus reducing potential under-treatment
3. Improving safety and **reducing toxicity** of prostate cancer therapy
4. **Reducing variation** in prostate cancer management among NHS providers
5. **Improving experience of care** among men with prostate cancer

## Defining the cohort of patients with primary breast cancer

### Definition

Breast cancer which, at diagnosis, has not demonstrated spread beyond the breast or nearby lymph nodes to other parts of the body.

### Clinical practice

Non-invasive or invasive breast cancer  
Stages 0 to IIIC  
No metastatic disease at diagnosis

### Identification in routine data

ICD-10 codes (C50; D05)  
Stage 0 to stage IIIC  
M0/MX stage

### Patient cohort

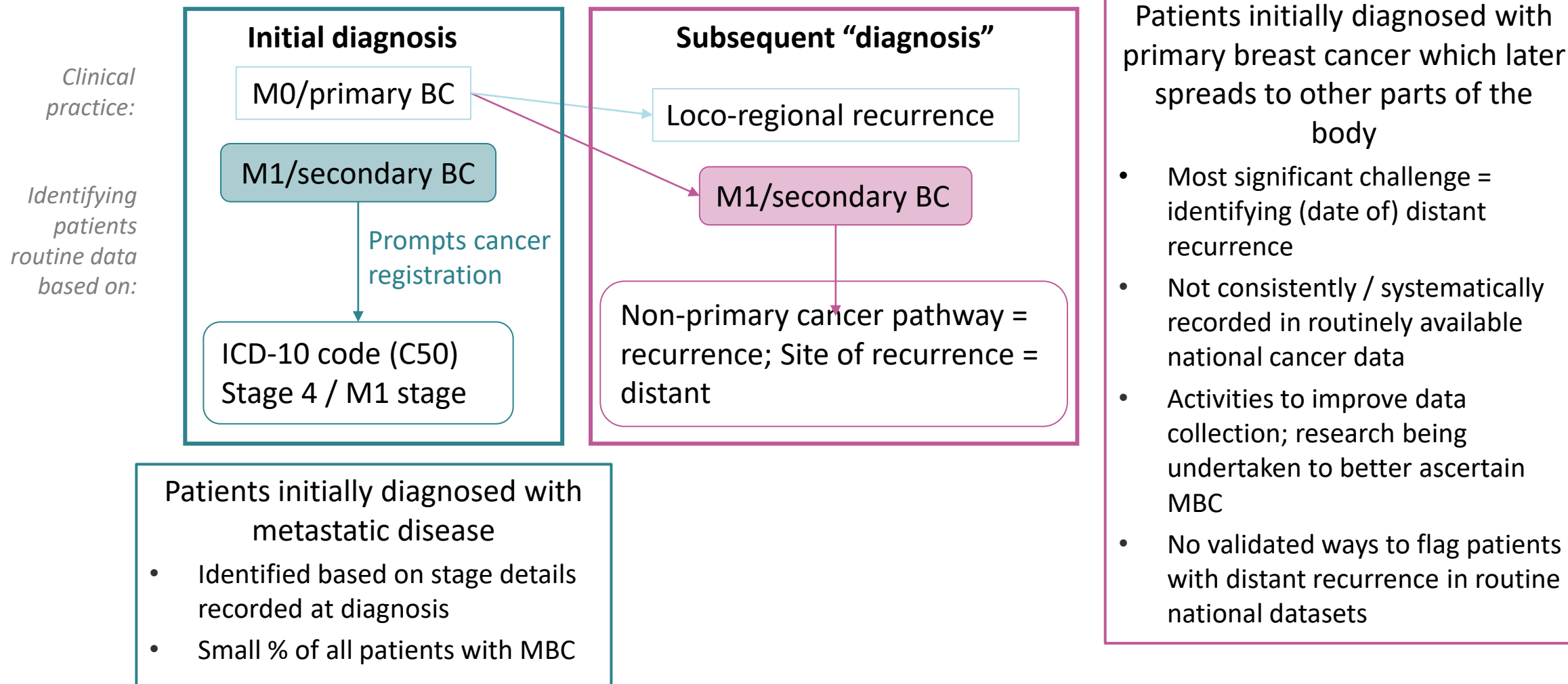
ALL patients including:

- Women + men
- Aged  $\geq 18$  years
- Diagnosed in English or Welsh NHS hospitals

### Important Primary Breast Cancer COSD data items:

- Triple diagnostic assessment
- Fitness assessment data items
- All diagnosis data items including:
  - Laterality (right vs. left)
  - Staging (pre-treatment & pathological)
  - Tumour grade
  - Tumour size
  - Molecular markers (ER/PR/HER2 status)
- Clinical nurse specialist contact
- Recurrence data items

## Defining the cohort of patients with metastatic breast cancer



# National Kidney Cancer Audit (NKCA)

## Key features

- Highest incidence between **60-70 years** and a **3:2 ratio** of **men to women** diagnosed
- **~60% patients are asymptomatic** or have **incidental presentation**
- **Treatment options are dependent on disease stage**, including active surveillance, surgery, thermal ablation, systemic therapy and radiation therapy

## Data priorities

- Completed T, N and M staging individually
  - **Full T staging information (e.g. 1a, 1b, 2a, 2b, 3a, 3b, 3c, 4) is vital**
- Completed lesion size

## Quality improvement goals

1. to **reduce inequity** in access to evidence-based kidney cancer services
2. to **increase** the use of **renal tumour biopsy**
3. to **reduce over-treatment** and **under-treatment** of kidney cancer patients at all stages of patient pathway
4. to **increase** the rate of **kidney cancer cure**
5. to **improve the overall experience of care** for patients with kidney cancer, in particular the availability of specialist cancer nurses and the involvement of patients in decisions about their treatment

} Enables accurate risk stratification and interpretation of findings

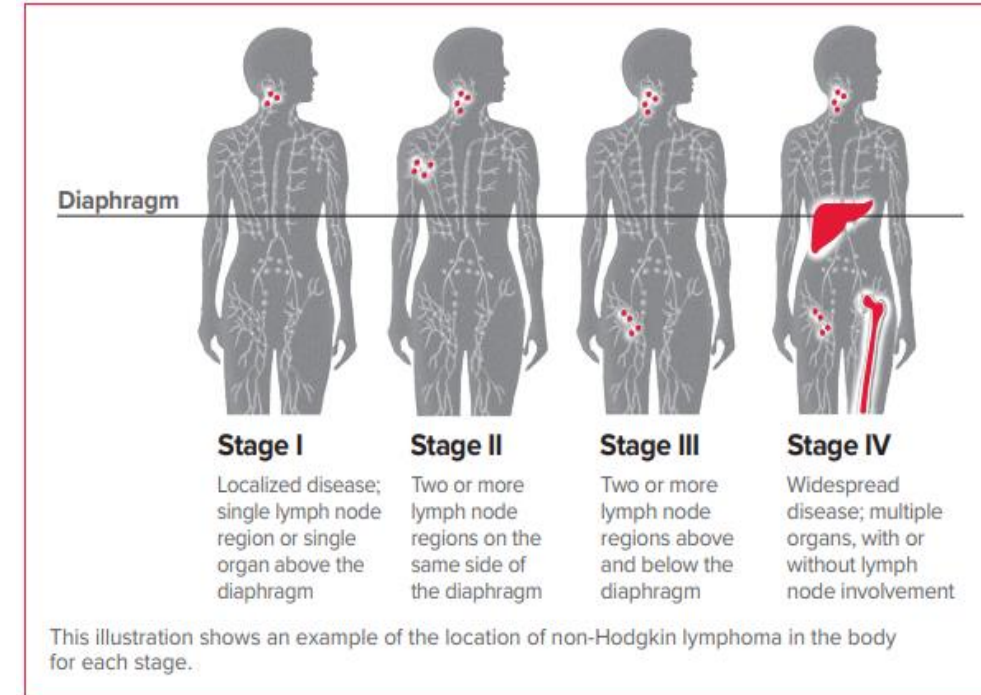
# National Non-Hodgkin Lymphoma Audit (NNHLA)

## Context

- Non-Hodgkin lymphoma is a type of blood cancer that develops in the lymphatic system, a network of vessels and glands spread throughout your body.
- More than 14,000 people are diagnosed with non-Hodgkin lymphoma in the UK every year.

## Quality improvement areas

- Improving timely diagnosis and treatment
- Treatment appropriate to the sub-type of NHL
- Improving safety and reducing toxicity of NHL therapy
- Improving overall survival
- Reducing variation in NHL management among NHS providers



## Support needed from you

- Improved completion of: Core COSD items: stage, performance status, and **morphology** data
- COSD haematology data: **Ann Arbour staging**, **IPI index** for DLBCL, **FLIPI index** for Follicular Lymphoma

## Defining the cohort and priority areas for quality improvement

### Definition

Ovarian, fallopian tube or primary peritoneal cancer excluding borderline tumours

### Identification in routine data

ICD-10 codes C48, C56, C57, D391  
Exclude sarcomas

### Patient cohort

ALL patients including:

- Women
- Aged  $\geq 18$  years
- Diagnosed in English or Welsh NHS hospitals

### Quality Improvement goals

Increase the proportion of patients receiving timely treatment decisions

Increase the proportion of patients receiving molecular diagnostics

First-line treatment: increase the proportion of patients receiving surgery and receiving chemotherapy

Improve rates of survival and reduce variation in survival

### Important National Ovarian Cancer Audit COSD data items:

Key for cohort identification, case mix adjustment and surgery indicators.

- Morphology
- Staging data items including:
  - Final FIGO stage
  - Core stage details
  - Pathology grade and stage details
- Performance status
- Residual disease

## National Pancreatic Cancer Audit (NPACA)

### Context

- Pancreatic cancer is one of the least survivable tumours: only 25% of people are alive one year after diagnosis
- Only 3 out of 10 people diagnosed receive any active treatment
- Many of the data items the audit needs are already collected in the Core COSD

### Areas stakeholders identified for quality improvement:

- Reducing variation in diagnostic process
- Reducing time between diagnosis and treatment
- Reducing variation in the proportion of patients receiving active treatment
- Improving consistency in palliative care

### Data collection priorities

- Improved completion of:
  - Core COSD items: performance status, TNM variables (to inform stage)
  - COSD pathology data:
    - Upper GI site-specific: excision margin (circumferential)