The Ovarian Cancer Audit Feasibility Pilot

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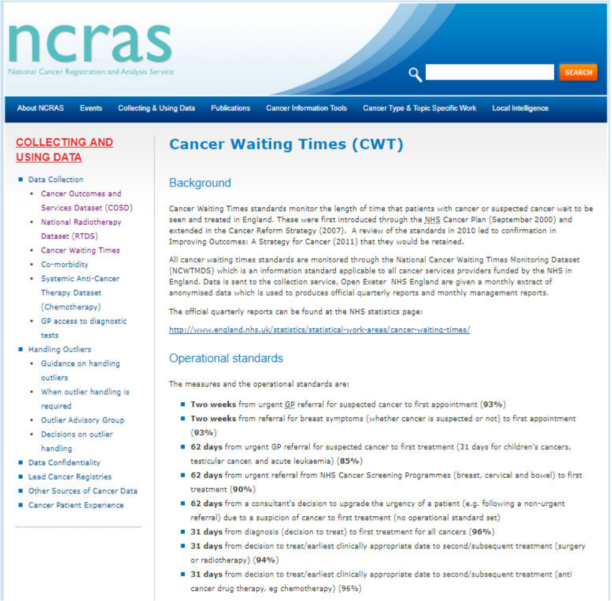
Cancer Outcomes and Services Dataset (COSD)

There are currently two versions of the (COSD) dataset available - the current version, v7.0 (2017) and v8.0 (2018), the new version which is being implemented.

COSD v6.0 has now been retired. If you try to access the v6.0 downloads page you will be re-directed to the COSD home page.



Cancer Waiting Times (CWT)

Background

Cancer Waiting Times standards monitor the length of time that patients with cancer or suspected cancer wait to be seen and treated in England. These were first introduced through the NHS Cancer Plan (September 2000) and extended in the Cancer Reform Strategy (2007). A review of the standards in 2010 led to confirmation in Improving Outcomes: A Strategy for Cancer (2011) that they would be retained.

All cancer waiting times standards are monitored through the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) which is an information standard applicable to all cancer services providers funded by the NHS in England. Data is sent to the collection service, Open Exeter NHS England are given a monthly extract of anonymised data which is used to produces official quarterly reports and monthly management reports.

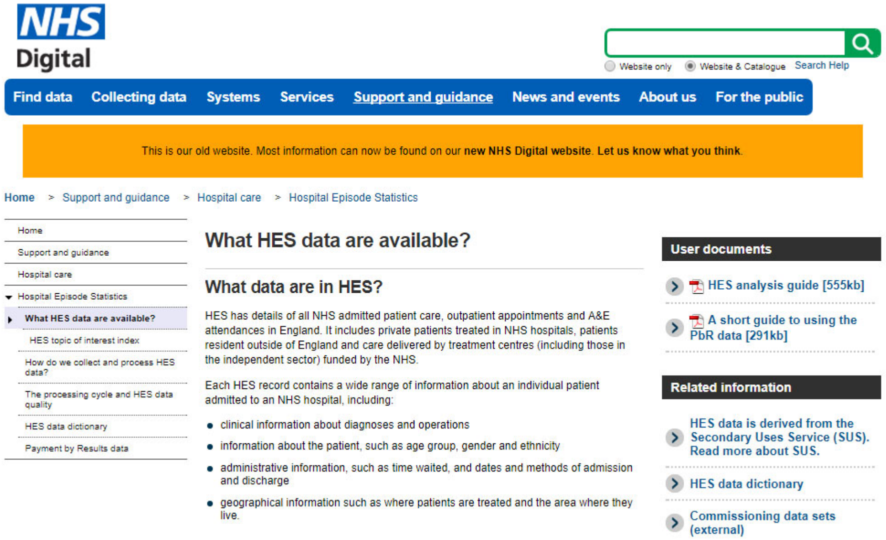
The official quarterly reports can be found at the NHS statistics page:

http://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

Operational standards

The measures and the operational standards are:

- **Two weeks** from urgent GP referral for suspected cancer to first appointment (**93%**)
- **Two weeks** from referral for breast symptoms (whether cancer is suspected or not) to first appointment (**93%**)
- **62 days** from urgent GP referral for suspected cancer to first treatment (31 days for children's cancers, testicular cancer, and acute leukaemia) (**85%**)
- **62 days** from urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) to first treatment (**90%**)
- **62 days** from a consultant's decision to upgrade the urgency of a patient (e.g. following a non-urgent referral) due to a suspicion of cancer to first treatment (no operational standard set)
- **31 days** from diagnosis (decision to treat) to first treatment for all cancers (**96%**)
- **31 days** from decision to treat/earliest clinically appropriate date to second/subsequent treatment (surgery or radiotherapy) (**94%**)
- **31 days** from decision to treat/earliest clinically appropriate date to second/subsequent treatment (anti cancer drug therapy, eg chemotherapy) (96%)



This is our old website. Most information can now be found on our **new NHS Digital website**. **Let us know what you think.**

What HES data are available?

What data are in HES?

HES has details of all NHS admitted patient care, outpatient appointments and A&E attendances in England. It includes private patients treated in NHS hospitals, patients resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

Each HES record contains a wide range of information about an individual patient admitted to an NHS hospital, including:

- clinical information about diagnoses and operations
- information about the patient, such as age group, gender and ethnicity
- administrative information, such as time waited, and dates and methods of admission and discharge
- geographical information such as where patients are treated and the area where they live.

SACT dataset includes43 data items across four key areas:

Patient and tumour characteristics

Trust and consultant details

Treatment characteristics including drug names and drug combinations (regimens)

output platforms

public facing (ncin.org.uk)


home > Cancer Type and Topic Specific Work > Cancer Type Specific Work > Gynaecological Cancers > Gynaecological Cancer Hub > **Ovarian Cancer Audit Feasibility Pilot**

Ovarian Cancer Audit Feasibility Pilot

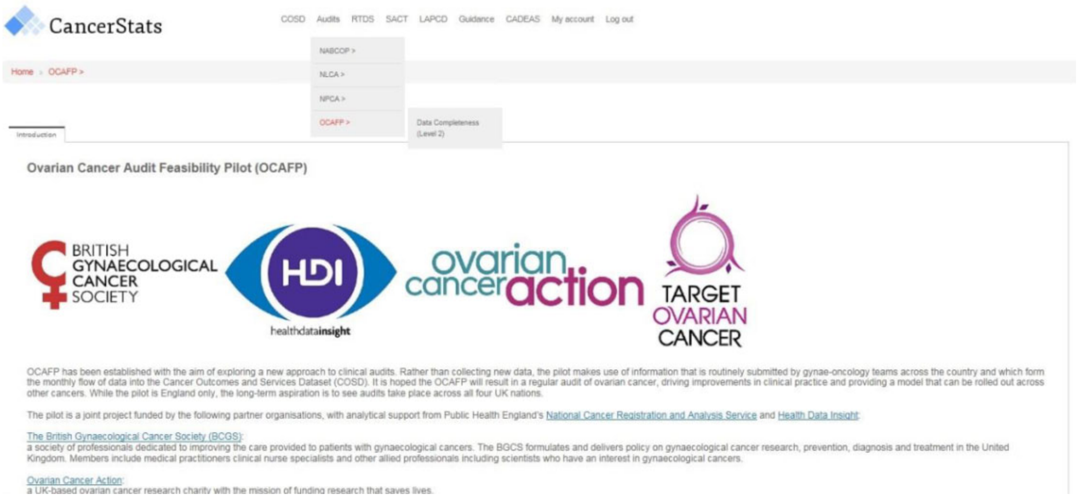
Nearly 6,500 women are diagnosed with ovarian cancer in England each year.[1] While there have been significant improvements in diagnosis and treatment in recent years, survival rates still trail those of other cancers and just 43 per cent of women in England survive five or more years after diagnosis.[2]

The jointly-funded Ovarian Cancer Audit Feasibility Pilot (OCAFP) in England will prepare the ground for a crucial full-scale clinical audit in ovarian cancer, which has not been seen before. The UK government funds clinical audits for other diseases and conditions, mapping care pathways, surgery and survival, and addressing regional variation. Currently there are clinical audits for cancers including lung, bowel, breast (in women over 70) and oesophago-gastric.

The ovarian cancer pilot will explore a new approach to clinical audits. Rather than collecting new data, it will make use of data routinely collected by gynae-oncology teams across the country right now, and collated, maintained and quality assured by NCRAS. If successful it is hoped the OCAFP will result in a regular audit of ovarian cancer, driving improvements in clinical practice and providing a model that can be rolled out across other cancers. While the pilot is England only, the long-term aspiration is to see audits take place across all four UK nations.

http://www.ncin.org.uk/OCAFP

provider level (CancerStats2)



Ovarian Cancer Audit Feasibility Pilot (OCAFP)

OCAFP has been established with the aim of exploring a new approach to clinical audits. Rather than collecting new data, the pilot makes use of information that is routinely submitted by gynae-oncology teams across the country and which form the monthly flow of data into the Cancer Outcomes and Services Dataset (COSD). It is hoped the OCAFP will result in a regular audit of ovarian cancer, driving improvements in clinical practice and providing a model that can be rolled out across other cancers. While the pilot is England only, the long-term aspiration is to see audits take place across all four UK nations.

The pilot is a joint project funded by the following partner organisations, with analytical support from Public Health England's National Cancer Registration and Analysis Service and Health Data Insight:

The British Gynaecological Cancer Society (BCGS):
a society of professionals dedicated to improving the care provided to patients with gynaecological cancers. The BGCS formulates and delivers policy on gynaecological cancer research, prevention, diagnosis and treatment in the United Kingdom. Members include medical practitioners clinical nurse specialists and other allied professionals including scientists who have an interest in gynaecological cancers.

Ovarian Cancer Action:
a UK-based ovarian cancer research charity with the mission of funding research that saves lives.

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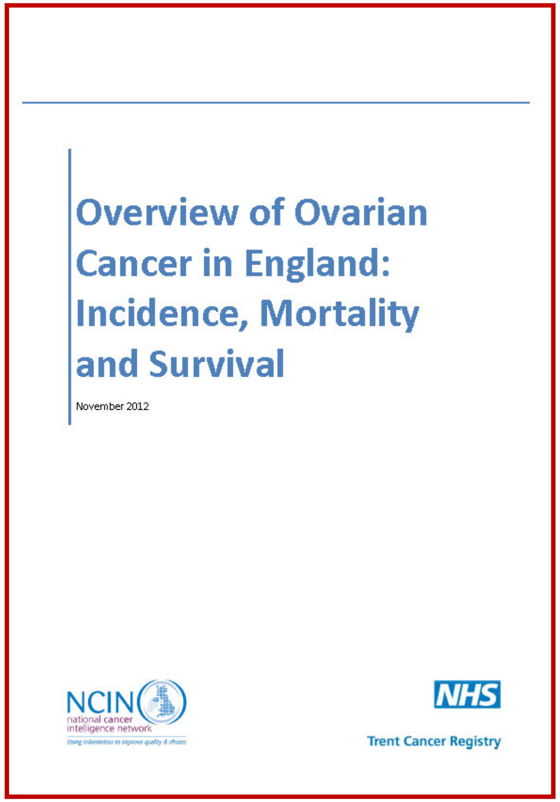
profile report *feb 2020*

- refinement & update of 2012 NCIN profile report
- addition regional variation
- *demonstrate regional variation in incidence, stage, mortality & survival*



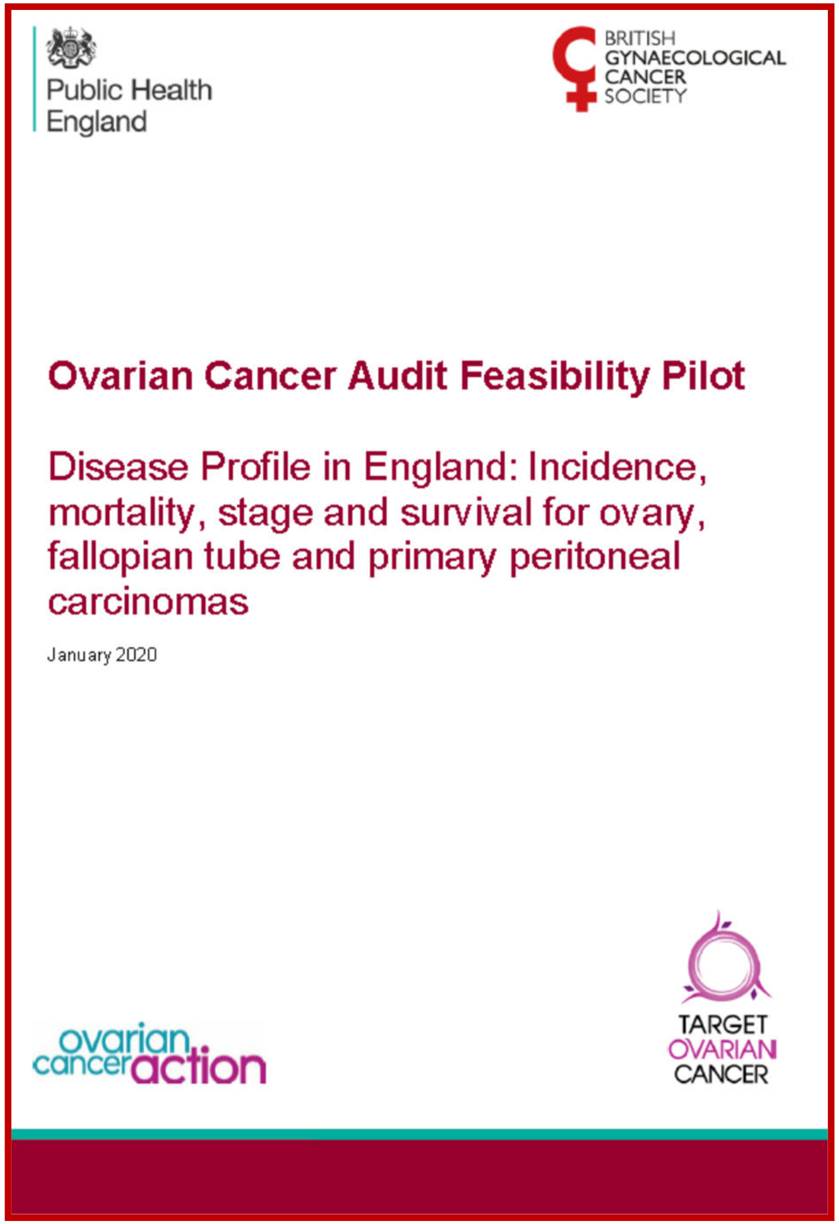
Overview of Ovarian Cancer in England: Incidence, Mortality and Survival

November 2012

NCIN national cancer intelligence network

Using information to improve quality & choice

NHS Trent Cancer Registry



Public Health England

BRITISH GYNAECOLOGICAL CANCER SOCIETY

Ovarian Cancer Audit Feasibility Pilot

Disease Profile in England: Incidence, mortality, stage and survival for ovary, fallopian tube and primary peritoneal carcinomas

January 2020

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ncras National Cancer Registration and Analysis Service

NHS Digital

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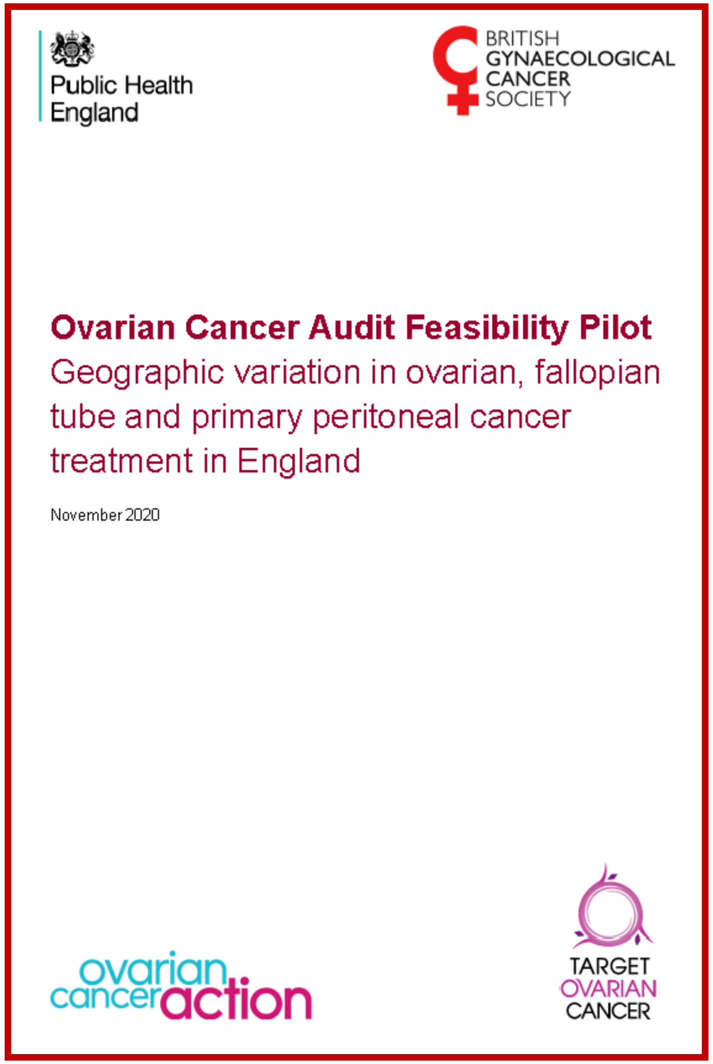
treatment report *nov 2020*

- national surgery, chemotherapy & IDS rates
- variation in treatment by Cancer Alliance
- variation in treatment by Trust of diagnosis (CancerStats2)



Public Health England

BRITISH GYNAECOLOGICAL CANCER SOCIETY

Ovarian Cancer Audit Feasibility Pilot

Geographic variation in ovarian, fallopian tube and primary peritoneal cancer treatment in England

November 2020

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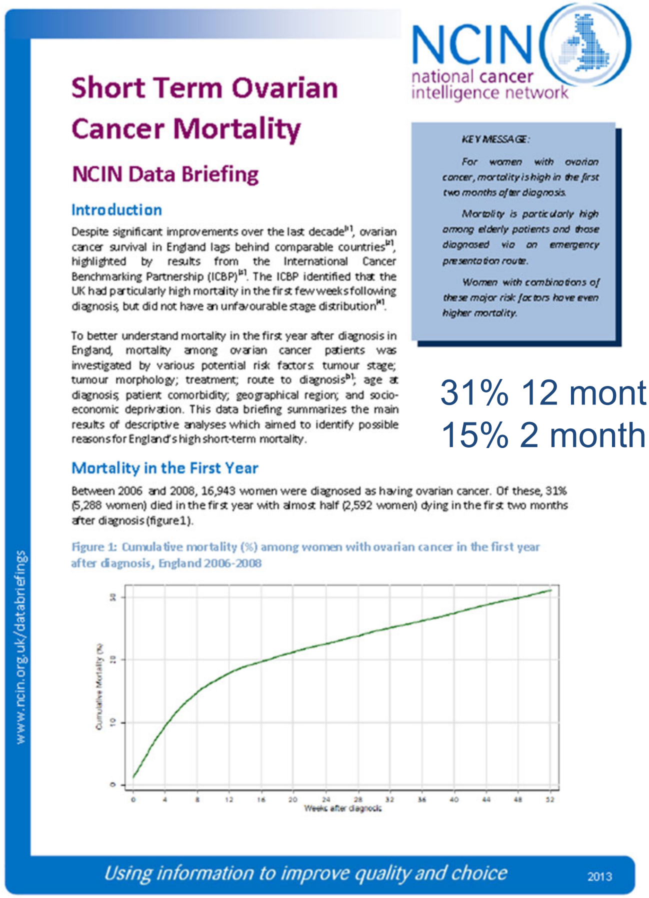
ncras

National Cancer Registration and Analysis Service

NHS Digital

short term mortality report *march 2022*

- expansion & update of 2013 NCIN data briefing
- exclude borderline, include primary peritoneal
- addition regional variation



Short Term Ovarian Cancer Mortality

NCIN Data Briefing

NCIN national cancer intelligence network

KEY MESSAGE:

For women with ovarian cancer, mortality is high in the first two months after diagnosis.

Mortality is particularly high among elderly patients and those diagnosed via an emergency presentation route.

Women with combinations of these major risk factors have even higher mortality.

Introduction

Despite significant improvements over the last decade[1], ovarian cancer survival in England lags behind comparable countries[2], highlighted by results from the International Cancer Benchmarking Partnership (ICBP)[3]. The ICBP identified that the UK had particularly high mortality in the first few weeks following diagnosis, but did not have an unfavourable stage distribution[4].

To better understand mortality in the first year after diagnosis in England, mortality among ovarian cancer patients was investigated by various potential risk factors: tumour stage; tumour morphology; treatment; route to diagnosis[5]; age at diagnosis; patient comorbidity; geographical region; and socio-economic deprivation. This data briefing summarizes the main results of descriptive analyses which aimed to identify possible reasons for England's high short-term mortality.

Mortality in the First Year

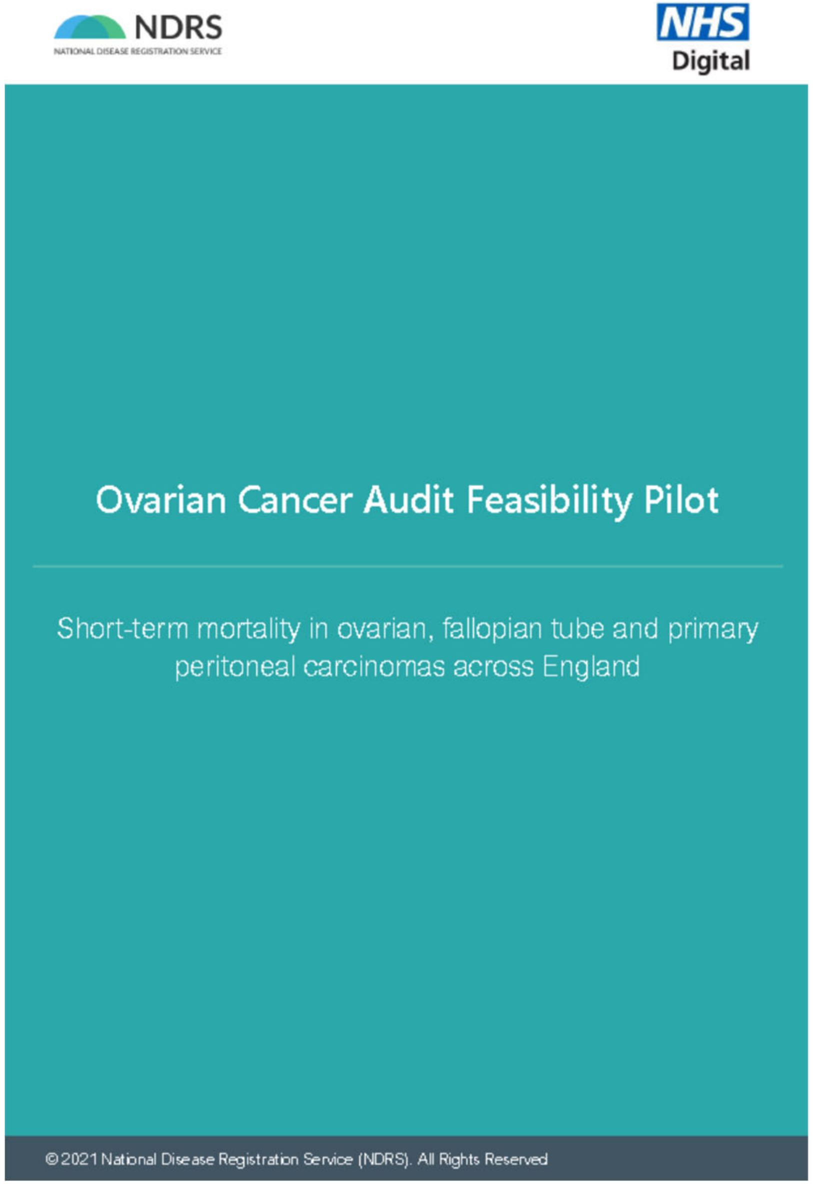
Between 2006 and 2008, 16,943 women were diagnosed as having ovarian cancer. Of these, 31% (5,288 women) died in the first year with almost half (2,592 women) dying in the first two months after diagnosis (figure 1).

Figure 1: Cumulative mortality (%) among women with ovarian cancer in the first year after diagnosis, England 2006-2008

www.ncin.org.uk/databriefings

Using information to improve quality and choice 2013

31% 12 month mortality
15% 2 month mortality



NDRS NATIONAL DISEASE REGISTRATION SERVICE

NHS Digital

Ovarian Cancer Audit Feasibility Pilot

Short-term mortality in ovarian, fallopian tube and primary peritoneal carcinomas across England

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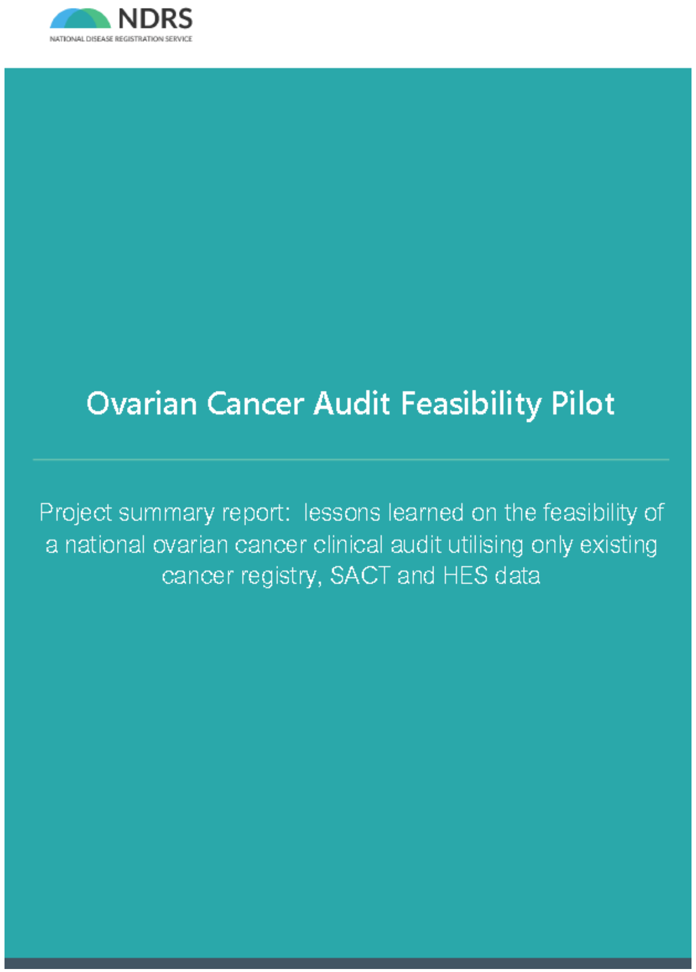
project “lessons learned” summary report: incl surgical radicality feasibility analysis *dec 2022*

- project overview

- feasibility / limitations of COSD & HES analysis of ovarian cancer surgery
- feasibility analysis of regional variation in surgical radicality, residual disease & outcomes



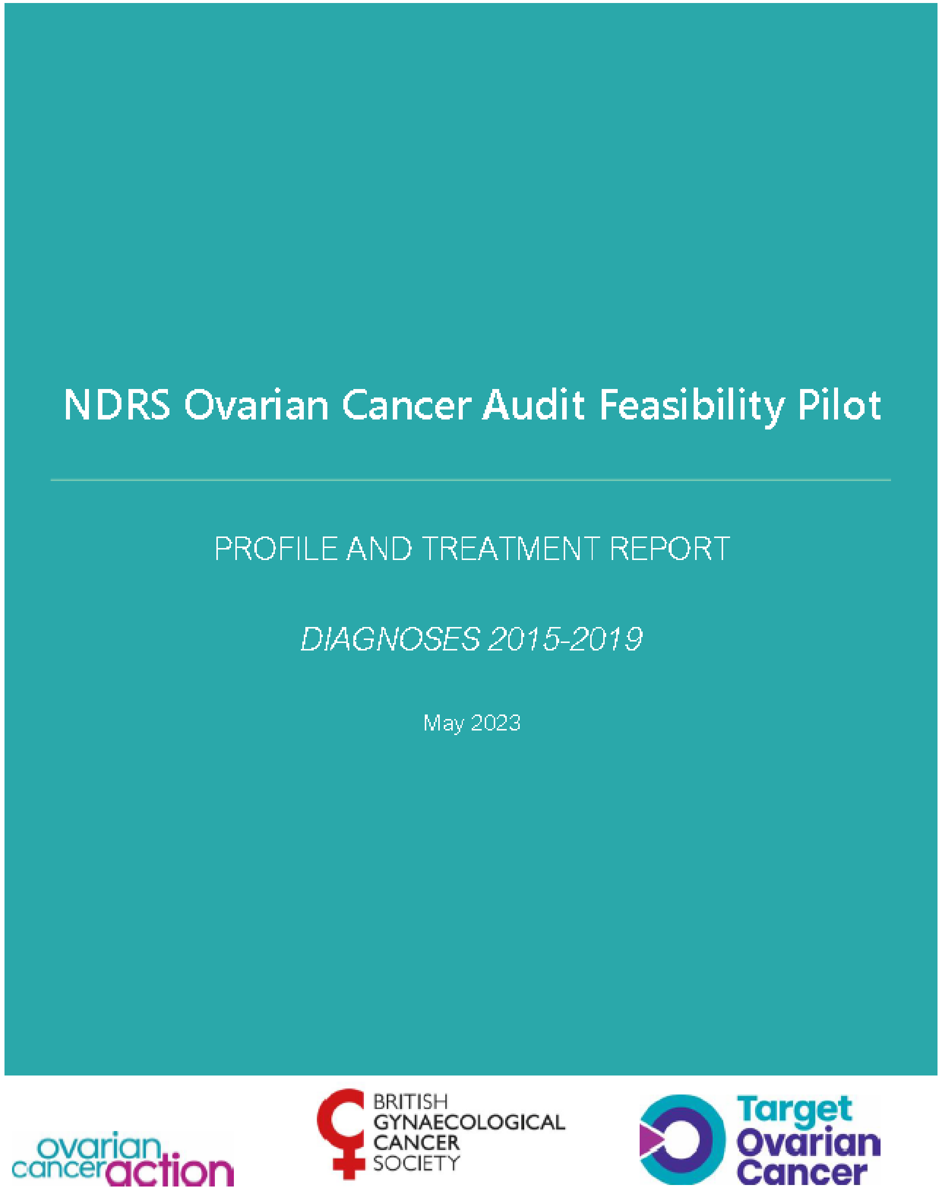
NDRS
NATIONAL DISEASE REGISTRATION SERVICE

Ovarian Cancer Audit Feasibility Pilot

Project summary report: lessons learned on the feasibility of a national ovarian cancer clinical audit utilising only existing cancer registry, SACT and HES data

ncras
National Cancer Registration and Analysis Service

NHS Digital



NDRS Ovarian Cancer Audit Feasibility Pilot

PROFILE AND TREATMENT REPORT

DIAGNOSES 2015-2019

May 2023

final report:
profile & treatment
2015 to 2019
may 2023

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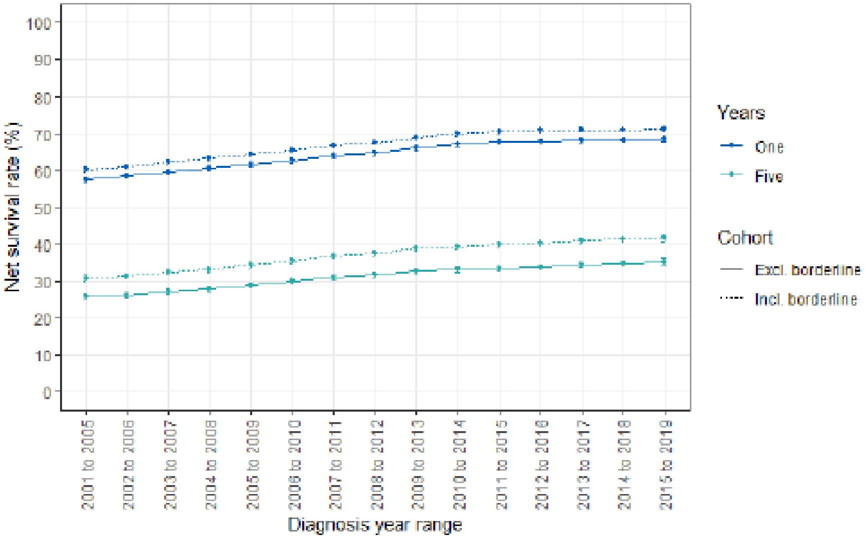
profile reports: survival

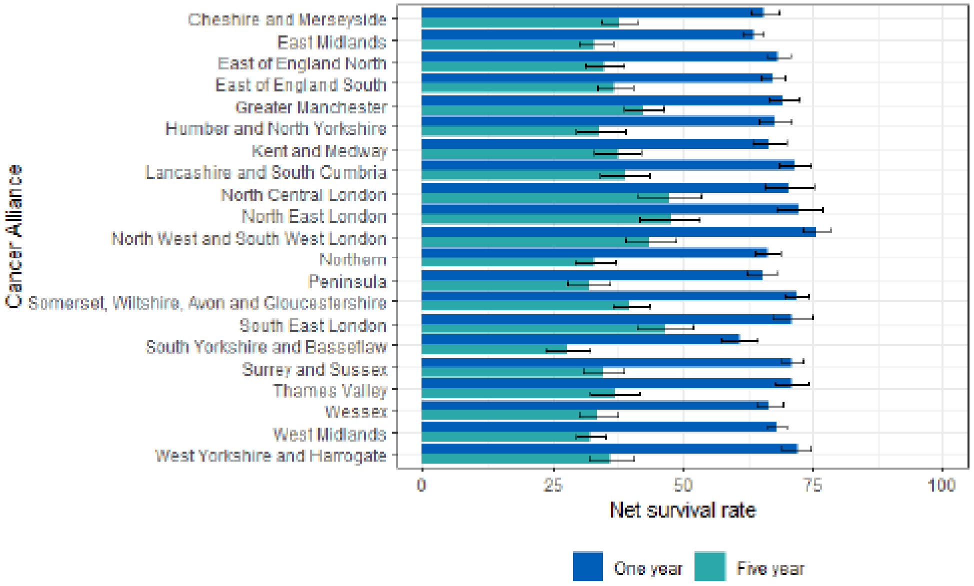
Net survival rates of patients with ovary, fallopian tube and primary peritoneal carcinomas including and excluding borderlines at one and five years, 2001 to 2019 diagnoses

One-year net survival for ovary, fallopian tube and primary peritoneal carcinomas excluding borderline tumours has increased from 57.6% for 2001 to 2005 diagnoses to 68.4% for 2015 to 2019 diagnoses. Five-year net survival estimates have also improved, from 25.9% for patients diagnosed in 2001 to 2005 up to 35.1% for patients diagnosed in 2015 to 2019.



Net survival rates of patients with ovary, fallopian tube and primary peritoneal carcinomas excluding borderlines at one and five years by Cancer Alliance, 2015 to 2019 diagnoses

One-year net survival for the 21 Cancer Alliances varied between 60.9% and 75.8%, five-year net survival varied between 27.8% and 47.5%.



Short Term Mortality Report *march 2022*

England: 2013 – 2018 inclusive

- 40,521 ovary, fallopian tube & primary peritoneal carcinomas
- exclude borderline (6,639) & crucial incomplete data (440)
- **33,442 “ovarian” cancer cohort for analysis**

- **30.3% (10,119) 12 month mortality**

  13.6% (4,548) 2 months

  8.4% (2,815) 2-6 months

  8.2% (2,756) 6-12 months

- *2013:* *15% 2 months*

  31% 12 months

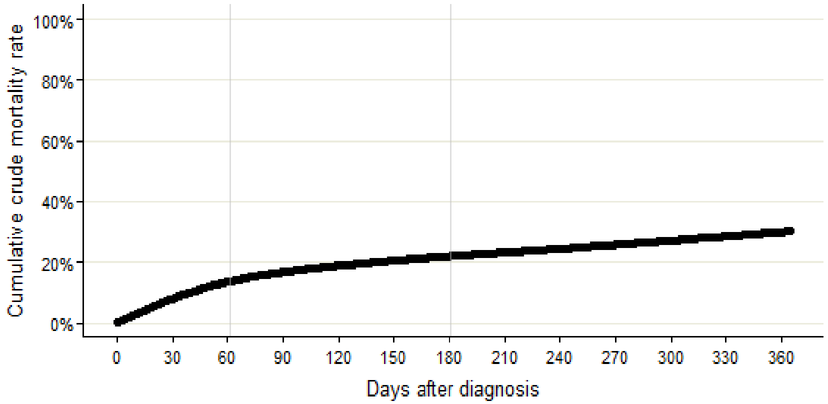


Figure 1: Cumulative crude mortality in the first year after diagnosis with ovary, fallopian tube or primary peritoneal carcinomas, England 2013-2018

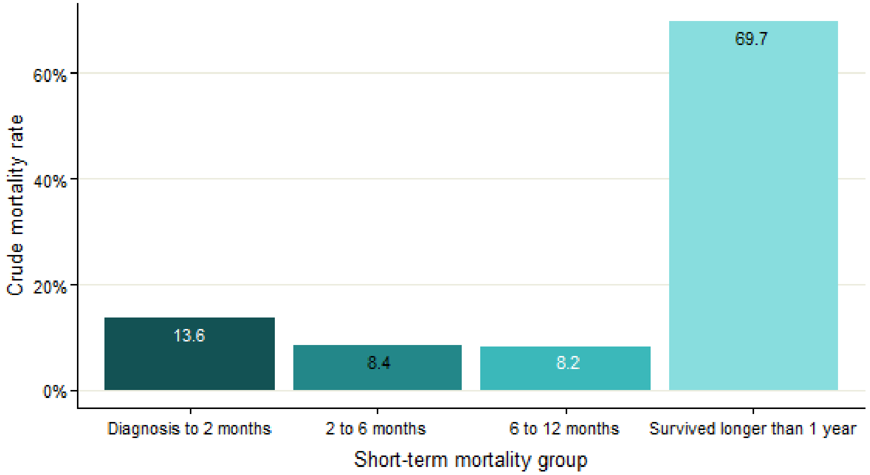


Figure 2: Short-term mortality in patients diagnosed with ovary, fallopian tube or primary peritoneal carcinomas, England 2013-2018

Overall Treatment Modalities

Jan 2016 to Dec 2018 inclusive

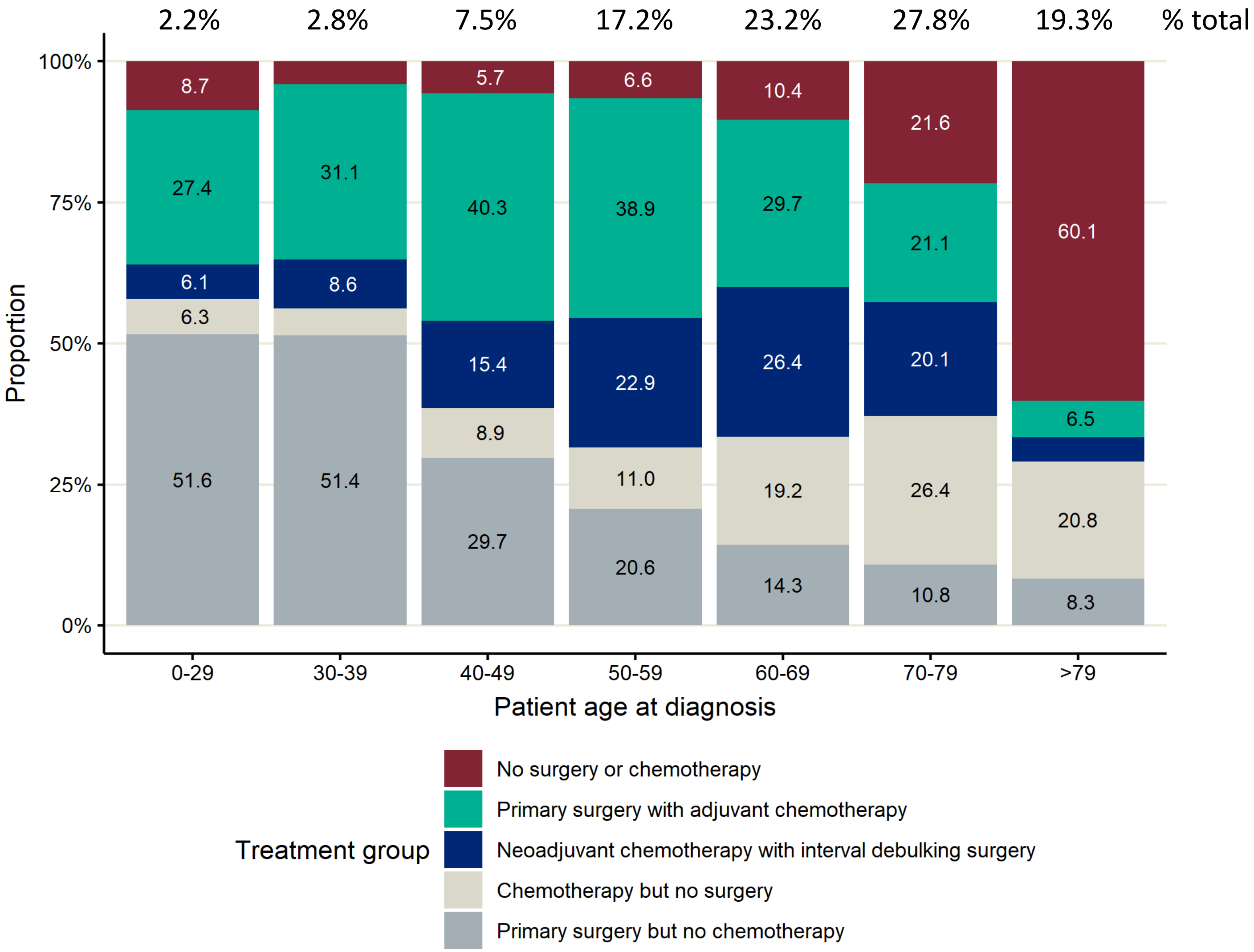
treatment modalities: all stages	n=17155
no surgery or chemotherapy	3751 (21.9%)
surgery followed by chemotherapy	4322 (25.2%)
chemotherapy followed by surgery	3091 (18.0%)
chemotherapy but no surgery	3200 (18.7%)
surgery but no chemotherapy	2791 (16.3%)

overall, 21.9% of women did not receive any anticancer treatment (ie no chemotherapy or surgery)

Treatment by age group

Jan 2016 to
Dec 2018
inclusive

n= 17155



Treatment variation by Cancer Alliance:

FIGO Stage 2-4 & unknown stage summary data

Jan 2016 to Dec 2018 inclusive

treatment modalities: excluding FIGO Stage 1	n = 13889
no surgery or chemotherapy	3637 (26.2%)
surgery followed by chemotherapy	2994 (21.6%)
chemotherapy followed by surgery	3071 (22.1%)
chemotherapy but no surgery	3172 (22.8%)
surgery but no chemotherapy	1015 (7.3%)

excluding FIGO Stage 1 cases, 26.2% of women did not receive any anticancer treatment (ie no chemotherapy or surgery)

Treatment variation by Cancer Alliance:

FIGO Stage 2-4 & unknown stage (excluding Stage 1)

Jan 2016 to Dec 2018 inclusive

analysis models
Model 1 (Unadjusted): no adjustment
Model 2: adjusted for: patient age, tumour morphology and FIGO stage
Model 3 (Maximally Adjusted): adjusted for: patient age, tumour morphology and FIGO stage, income deprivation, Charlson comorbidity score

performance status data was missing from 57.9% of full all-stages cohort & 58.1% of FIGO Stage 2-4 & unknown stage cohort, and was therefore excluded as factor for adjusted analyses

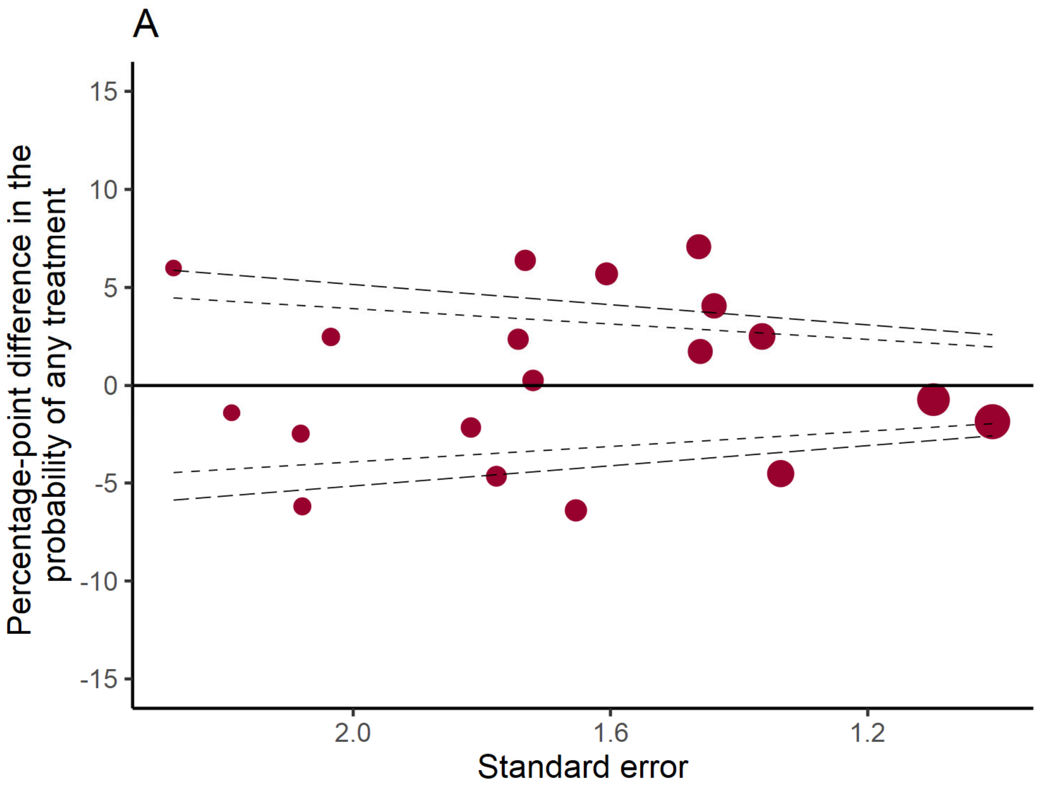
FIGO Stage 2-4 & unknown stage:

any treatment vs no treatment

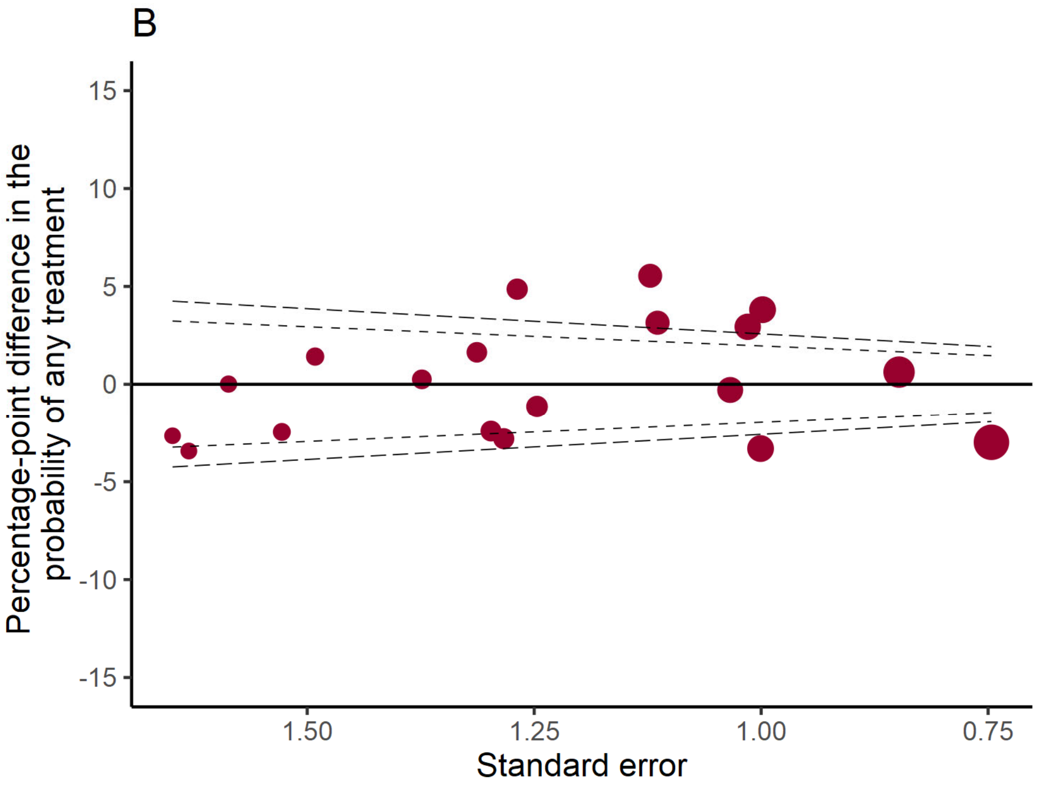
Treatment Variation by Cancer Alliance:

each Alliance is reported relative to the average odds of any treatment within England:

cohort average = 73.8%



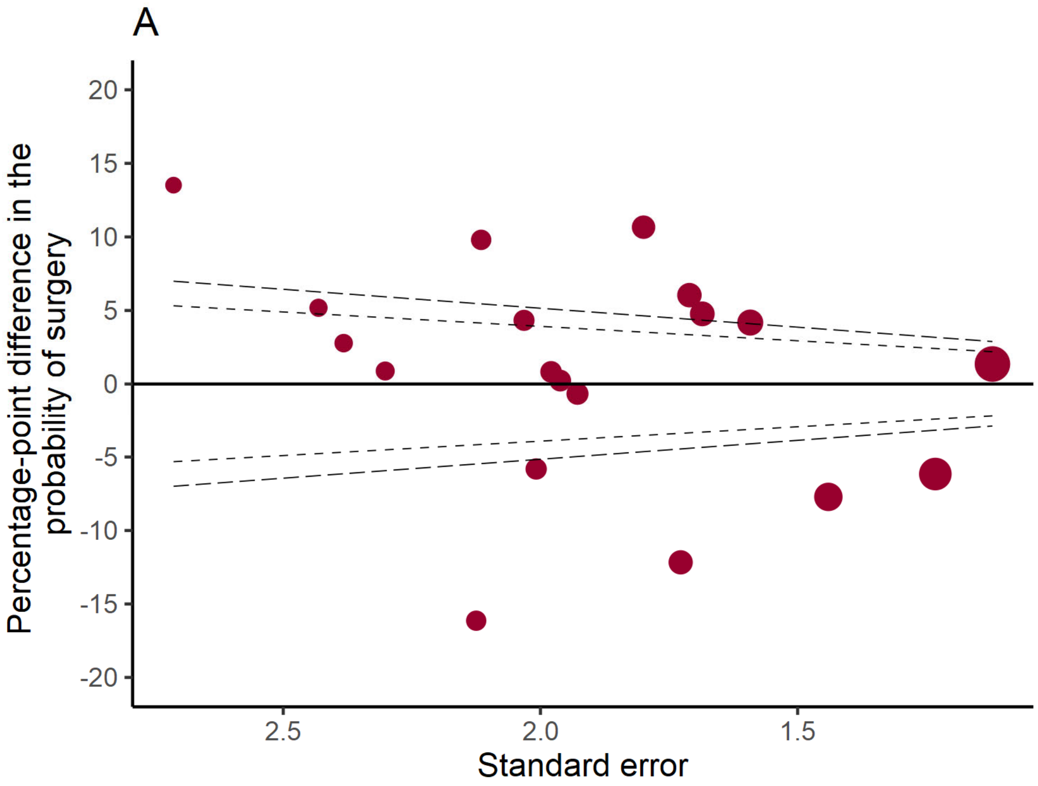
Unadjusted estimates from Model 1.



Maximally-adjusted estimates from Model 3.

FIGO Stage 2-4 & unknown stage:

any surgery vs no surgery

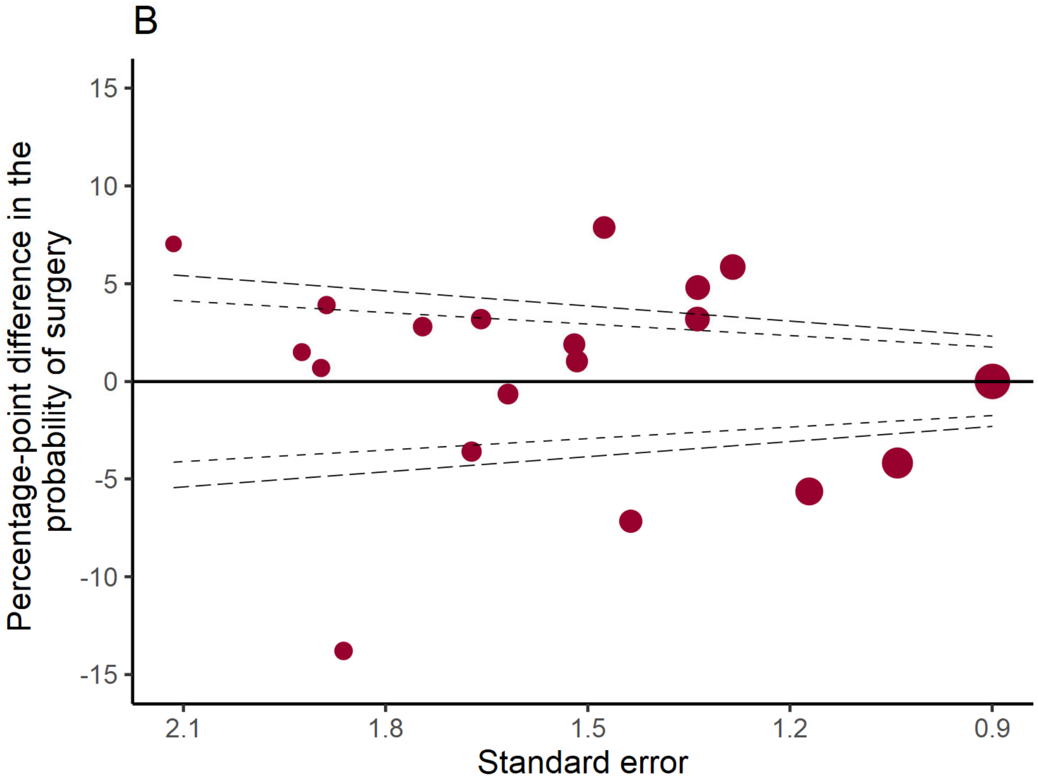


Unadjusted estimates from Model 1.

Treatment Variation by Cancer Alliance:

each Alliance is reported relative to the average odds of any surgery within England:

cohort average = 51.0%



Maximally-adjusted estimates from Model 3.

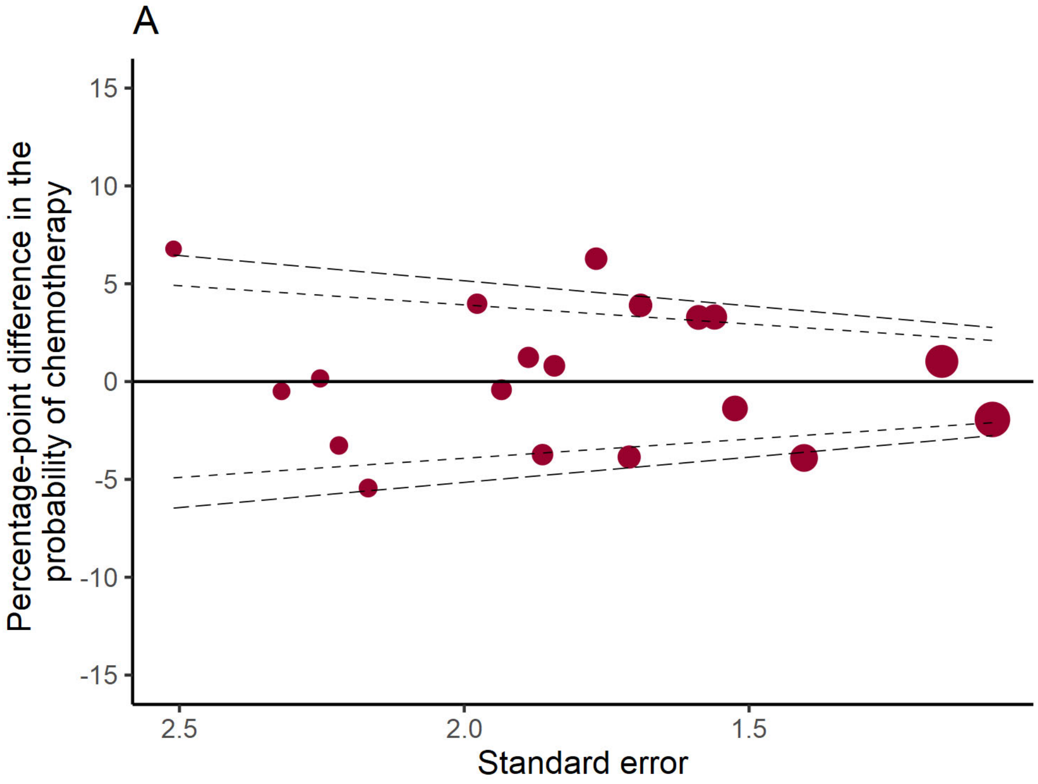
FIGO Stage 2-4 & unknown stage:

any chemotherapy vs no chemotherapy

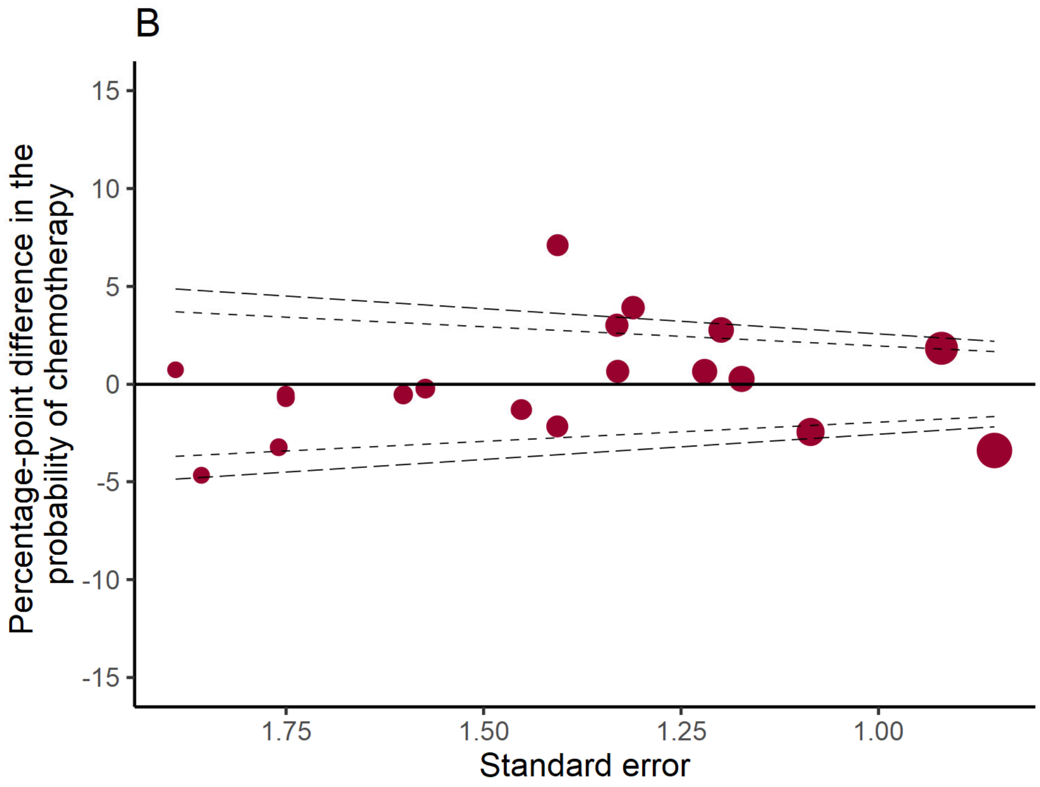
Treatment Variation by Cancer Alliance:

each Alliance is reported relative to the average odds of any chemotherapy within England:

cohort average = 66.5%

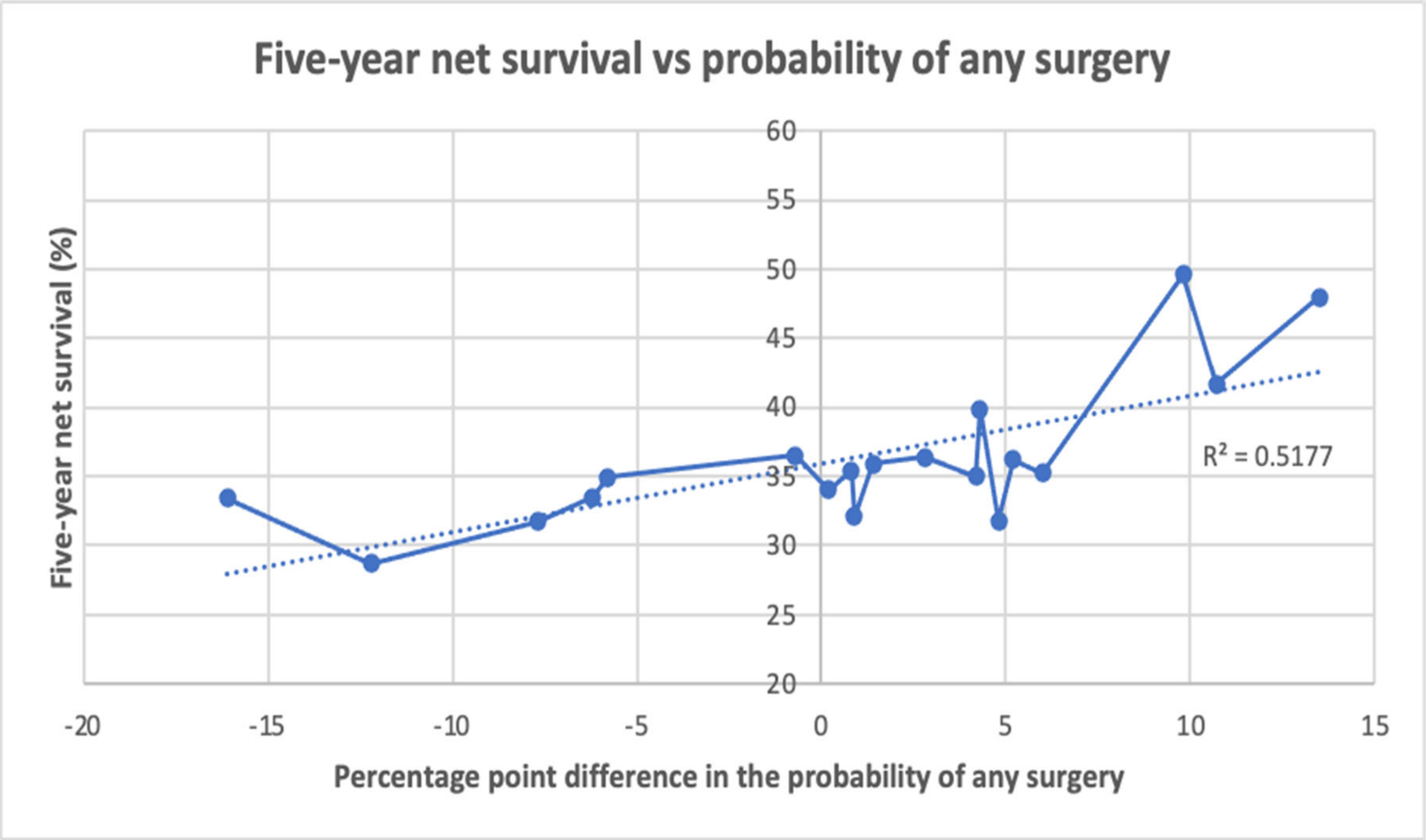


Unadjusted estimates from Model 1.



Maximally-adjusted estimates from Model 3.

correlation between surgical resection & 5 year survival



Short Term Mortality Report

Specialist Gynae Cancer Centre in Trust of Diagnosis

(p=<0.001)

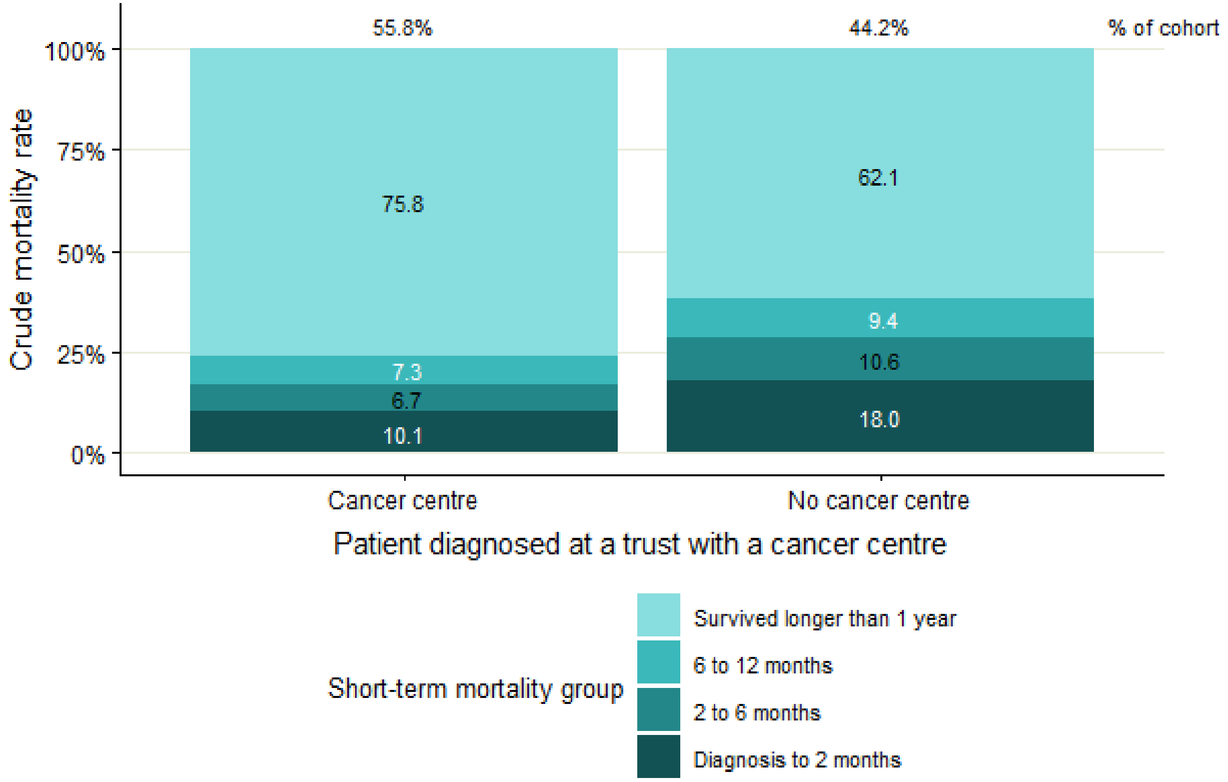


Figure 14: Short-term mortality in patients diagnosed with ovary, fallopian tube or primary peritoneal carcinomas by whether the trust at diagnosis has a cancer centre, England 2013-2018

multivariable models adjusting for confounding factors show diagnosis in a Trust without Specialist Gynae Cancer Centre had higher risk of short-term mortality cf diagnosis in a Trust with Gynae Cancer Centre:

- 0-2 months: OR 1.1 (95% CI 1.0- 1.3)
- 2-6 months: OR 1.2 (95% CI 1.1- 1.4)
- 6-12 months: OR 1.1 (95% CI 1.0- 1.3)

NOCA
National Ovarian Cancer Audit

NOCA, Clinical Effectiveness Unit

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NOCA_NATCAN

NOCA Newsletter, February 2024

Want to hear more?

The NOCA is part of the National Cancer Audit Collaborating Centre (NATCAN). If you want to find out more about NATCAN visit our new website. If you would like to receive regular updates send us an email NATCAN@rcseng.ac.uk

COSD key data items published

The NOCA published its list of key COSD (Cancer Outcomes and Services Dataset) data items in early January. There are three key areas that are particularly important for the audit, these are: morphology data, staging data, particularly the site-specific final FIGO stage, and data on residual disease. Please take a look at the NOCA website for further details.

National Cancer Registration and Analysis Service – analysis proposal

Name of project

NATIONAL UTERINE CANCER AUDIT PILOT PROPOSAL

Version control, date, author
VERSION 1
ANDY NORDIN 17.08.22

Background

There are over 9,700 new cases of uterine cancer diagnosed every year in the United Kingdom (ICD-10 C54-C55). Since the early 1990s, uterine cancer incidence rates have increased by around three-fifths (59%) in females in the UK, and over the last decade uterine cancer incidence rates have increased by more than a tenth (12%) (2016-2018). The rapid increase in incidence is related to increasing prevalence of obesity, and the number of cases is projected to continue to rise. It is important that women diagnosed with uterine cancer receive the combination of treatments that will maximise survival, whilst minimising long term impacts on the patient.

The gynaecological oncology community is united in its commitment to establish high quality clinical audits of the management of gynaecological cancers which can drive improvements and reduce inequalities in care within the United Kingdom. Following the highly successful and impactful Ovarian Cancer Audit Feasibility Pilot (OCAFP), a collaboration the British Gynaecological Cancer Society (BGCS), Target Ovarian Cancer, Ovarian Cancer Action and NCRAS, a national ovarian cancer audit was commissioned by HQIP and is currently preparing for national launch. The BGCS proposes a similar project focussing on uterine cancer, with similar objectives of to the OCAFP project to raise the profile of the disease, assess regional variation in management and outcome, and promote the call for a fully commissioned publicly funded national audit.

Ovarian Cancer Audit Feasibility Pilot Steering Group

Chair

Mr Andy Nordin, Consultant Gynaecological Oncologist, East Kent Hospitals, Clinical Advisor, NDRS

Target Ovarian Cancer
Annwen Jones OBE, Chief Executive
Rebecca Rennison, Policy Consultant

Ovarian Cancer Action
Cary Wakefield, Chief Executive
Marie-Claire Platt, Head of Research and Public Affairs

British Gynaecological Cancer Society (BGCS)
Professor Sudha Sundar, Past-President and Consultant Gynaecological Oncologist, Pan Birmingham Gynaecological Cancer Centre, Professor of Gynaecological Cancer, University of Birmingham
Mr Jo Nieto, Consultant Gynaecological Oncologist, Norfolk and Norwich University Hospitals

National Disease Registration Service (NDRS)
Amy Zalin-Miller, Senior Cancer Data Analyst, Health Data Insight CIC and NDRS
Dr Craig Knott, Principal Health Data Analyst, Health Data Insight CIC and NDRS
Lizz Paley, Partnerships Analytical Lead, NDRS

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. The data are collated, maintained and quality assured by the NDRS, which is part of NHS England.