

Systemic Anti Cancer Therapy (SACT) data set v4.0

Frequently Asked Questions (FAQs)

[following the 2026 webinar series]

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

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Amendment History:

Version(s)	Date	Amendment History
SACT v4.0	09 March 2026	Final draft version for internal review
SACT v4.0	13 March 2026	Updated version following internal review
SACT v4.0	25 March 2026	Final version for publication

Introduction

As part of the launch of the SACT v4.0 data set, a series of webinars were held (at regional level), to help end users understand the changes made to the data set and why they were made.

All delegates were sent a copy of the presentation, which included the presenters notes and these along with a video of the presentation is available on the SACT webinar series webpage [<https://digital.nhs.uk/ndrs/data/data-sets/sact#sact-webinar-series-2026>].

Question and Answer (Q+A) session

Following each session and presentation, there was a Q+A session held, for delegates to ask any questions they had about the changes and the impact on them and their local service.

For all meetings there was a panel of experts available to answer questions, this panel consisted of all or some of following people:

- Andrew Murphy [Head of Cancer Datasets]
- Karen Graham [Head of Data Improvement Team]
- Julie Mernagh [Head of Data Loading Team]
- Wayne Brown [Senior Project Manager - SACT]
- Michael Sharpe [Treatment Datasets Programme Manager (RTDS and SACT)]
- NDRS Regional Data Liaison Managers (DLMs)
 - <https://digital.nhs.uk/ndrs/data/data-sets/sact#support-and-feedback>
- Michael Baser and Sarah Lawton (Analytical support)

Frequently asked questions

The following FAQ have been broken down by region, so there will be some repeating themes across the document, but it was felt this was acceptable and highlighted any issues with the support of answers from the Q+A panel above.

London + SE Region:

The following questions and answers were collated from the London + SE webinars, held on the 07 January 2026.

Transitioning to v4

Q. How do Trusts deal with the transition between v3 and v4, especially about handling patients whose treatment plans began under version 3

A. Once a Trust switches to version 4, all mandatory fields must be present for new submissions, but it is not expected to retrospectively update old plans unless required by mandatory fields.

Technical and data item specific

Q. Isotope therapy: Clarification was requested on whether isotope therapy should be reported in SACT or RTDS?

A. Treatments involving isotopes are outside of the scope of SACT and should be included in RTDS (Radiotherapy Dataset) submissions. Please contact [your local DLM](#) if you require further details.

Q. Oral chemotherapy: A question was raised about reporting oral chemotherapy administered as take-home packs versus inpatient administrations?

A. New fields in version 4 allow for recording the number and length of cycles dispensed, addressing the previous data gap.

Q. Performance status: There was discussion about challenges in collecting performance status data for each cycle.

A. Performance status is a required data item (not mandatory) and can be collected at the start of each regimen and/or cycle. If the regimen or cycle changes, then a new performance status can be recorded, but it should not be reported or changed at multiple times within the same regimen/cycle.

Q. Clarification was sought by delegates as to how many new data 'Mandatory' data items there were in v4.0.

A. New mandatory fields in SACT v4.0 include care professional details (if recorded), curative/non-curative line of treatment, cycle number, and date/time fields, and confirmation provided that most mandatory fields remain unchanged from SACT v 3.0.

System suppliers

Q. Supplier readiness: Concerns were raised about system suppliers, particularly ChemoCare, not being ready for SACT v4.0 by the July deadline.

A. Trusts were advised to continue reporting with SACT v3.0 submissions until suppliers are ready and assured that no fines would be imposed due to supplier delays.

A. NDRS continue to work with all the system suppliers to ensure that an update can be made available at the earliest possible time. This has involved starting these conversations back in May 2025 and allowing an additional 3-month window for implementation, to support system suppliers who have multiple clients.

Q. Supplier transition and testing: Some delegates had identified that they were transitioning between suppliers and had concerns about limited testing windows.

A. The panel recommended involving the NDRS DLMs and the NDRS Loading Team for local support and advised confirming with their system supplier whether the SACT upload is included in their upcoming update.

Q. Supplier communication: There were several questions from the delegates about supplier communication.

A. There have been ongoing communication with system suppliers, including providing documentation, presentations, and regular updates to ensure suppliers were prepared for the transition to SACT v4.0.

Q. Trust responsibility: There was clarification required around Trust responsibilities.

A. Trusts were reminded to maintain direct contact with their system suppliers, as they hold the contracts and can apply pressure for timely updates; NDRS does not have contractual authority over suppliers.

Q. Feedback and updates: More information was requested about feedback and updates from NDRS.

A. The regional NDRS DLMs are the main point of contact for updates on supplier readiness, and the SACT Project Manager will provide briefings to them as needed for regional dissemination.

Q. Data loading: There was a question about testing and data loading support.

A. Trusts must send files to their DLMs for testing in a beta environment, with feedback provided on validation results.

Q. Multiple reporting systems: There was a concern about Trusts which handled multiple systems.

A. The challenges for Trusts using multiple systems (e.g., Aria and ChemoCare), is that all files must be ready for SACT v4.0 before a Trust can fully transition and advised affected Trusts to plan accordingly.

Treatment data

Q. CTYA options: There were questions around the use of the 'CYTA Only' option, for example, 'should this be the default for all CTYA patients?'

A. This cannot be applied to all CTYA patients as default. This is applicable only to a small number of CTYA patient who receive SACT as both 'Neoadjuvant' and 'Adjuvant' treatment, alongside their main treatment.

Q. 'SACT Only' as well as 'Adjuvant' and 'Neo-adjuvant': This may be confusing for prescribers as we have patients that could be recorded as 'SACT Only', as well as 'Adjuvant' and 'Neo-adjuvant'?

A. 'SACT Only' would apply to any patient where the only treatment they had was a SACT treatment (both adult and/or CTYA). This is not a multiple repeating data item, only one option can be applied to each 'Regimen'.

A. Also, if a patient has multiple Regimens, there could be different 'Treatment Contexts' applied to each regimen, as the patient progresses through their treatment programme.

Regimen modification

Q. Upfront dose modification: A delegate asked if the panel could confirm if the intention of this data item is to just capture upfront dose modifications i.e. before a patient receives their first cycle/day/week of treatment, thus we shouldn't include any regimen modifications that happen after the patient has started treatment?

A. Regimen modification is upfront, so if there is a Dose modification later in the Regimen, you do not need to go back to adjust "Regimen modification" as this is upfront only.

Frequently asked questions

Q. Assuming that the above is the case: A delegate wanted to confirm that NDRS were only looking to capture dose changes (both increase and decrease) for SACT and not any other changes to a regimen upfront i.e. deleting or adding drugs/changing intervals/frequencies of treatment/using non-standard routes of administration/using non-standard drug dose calculation formula?

A. Yes that is correct, we are looking to capture Dose changes only.

Q. What is the threshold/criteria for an upfront dose modification? Is this: Any dose modification that occurs prior to patient receiving C1D1 or within a specific time frame (e.g., within 1 week of prescribing the regimen) or does this apply to modifications that occur immediately as the regimen is being prescribed?

A. This should record modifications - prior to commencement of regimen (as Example 10.1 above)

Cycle modification

Q. Drugs omitted: A delegate asked if the panel could confirm that this only includes drugs omitted from the cycle and not any other modifications i.e. adding drugs/changing intervals of treatment/frequencies.

A. Yes that is correct - only includes drugs omitted from the cycle.

Q. Definition of drugs: Could we clarify the definition of drugs being omitted from the cycle? Does this mean when a drug is removed from the cycle and never given as intended (fully removed from regimen) or if the drug was intended to be given but not administered for some reason?

A. When the patient never received the planned administration, so both examples would fall under "omitted" from cycle.

Q. Number of cycles administered (on a named day): Is this related to patients on multiple SACT regimens (therefore multiple cycles administered) or to early dispense of oral chemo (e.g., 3 cycles supplied to patient)?

A. This is related more towards Oral Chemotherapy and is intended to capture when more than a single cycle is dispensed. Therefore, the second example as above.

Dose modification

Q. A delegate asked the panel if they could confirm that the intention of this data item is to only capture dose modifications (both increase and decrease) for SACT and not any other changes to a drug i.e. deleting or adding drugs/changing intervals/frequencies of treatment/using non-standard routes of administration/using non-standard drug dose calculation formula.

A. Yes that is correct - only includes modification of the Dose.

Implementation timeline and compliance

Q. There were a variety of questions around the timeline and compliance.

A. Trusts are instructed to contact their system suppliers early to schedule updates and arrange local training, and to continue submitting version 3 data until their systems are upgraded.

Webinar documentation

Q. There was a question asked about documentation.

A. All attendees received the slide deck, including live links to all documentation, following the webinar. For those who did not attend a webinar, the main websites for accessing all the documentation are:

[DAPB1533: Systemic Anti-Cancer Therapy Data Set \(SACT\) - NHS England Digital:](#)

- requirements specification
- change specification
- implementation guide
- data set v4.0
- technical guidance
- information standard notice

[SACT v.4.0 downloads - NDRS:](#)

- SACT v4.0 user guide (HTML and pdf versions)
- technical guidance (HTML version)

West Midlands Region:

The following questions and answers were collated from the West Midlands webinars, held on the 14 January 2026.

Data Collection Processes

Q. Delegates asked about recording of mandatory cycle number

A. The panel explained that cycle number is now mandatory in SACT v4.0, and for ad hoc treatments not linked to a cycle, manual assignment or scenario-based solutions may be required, with further clinical input sought for edge cases.

Q. How is Toxicity recorded?

A. Toxicity is recorded as a simple grade (1-5) without specifying the category, aiming for simplicity in the new section.

Q. Who is defined as a prescriber?

A. The prescriber is defined as the care professional responsible for initiating treatment, typically a clinician, but the data set now accommodates pharmacists and other professionals for future flexibility.

Mapping and Transition

Q. More advice was requested around mapping and transition guidance.

A. The panel clarified that historic patient data from SACT v3.0 will be mapped to the new curative/non-curative intent options, and that mandatory fields in SACT v4.0 may require additional mapping or manual input for legacy records.

Implementation Timeline

Q. What are the implementation and conformance dates for v4.0?

A. Data collection for SACT v4.0 begins on 1 April 2026, with a three-month transition period allowing submission of either SACT v3.0 or v4.0, and full compliance mandated from 1 July 2026.

A. It was emphasised the importance of Trusts contacting their system suppliers early to schedule updates and training, and to test new data files with NDRS before full submission.

Compliance Requirements

Q. How is 'Non-Compliance' handled for v4.0?

A. With regards to 'Non-Compliance Handling', the panel confirmed that if system suppliers cannot deliver updates in time, affected Trusts will not be penalised, but must continue submitting SACT v3.0 data until SACT v4.0 is available, with individual support provided.

Data Collection Processes

Q. How is oral therapy recorded when there are multiple cycles involved?

A. Where multiple cycles of oral therapy are dispensed at once, the new fields for 'cycle length' and 'number of cycles administered on a named day' are designed to capture such cases.

Testing and Approval

Q. What is the initial data submission procedure?

A. Delegates were instructed that after receiving a system upgrade from their supplier, Trusts must send their data files to their [regional DLM](#) for testing before attempting to submit via the API, to ensure there are no local errors in reporting.

Q. How will mapping updates and errors be handled?

A. The panel explained that the team will not update the mapping for a Trust until they have reviewed and approved the first set of live data from the new system version; if a Trust uploads a SACT v4.0 file and encounters acceptance errors, it is likely due to the mapping not being updated yet.

Q. Can the beta portal be used for testing?

A. The panel clarified that while a beta portal is available for testing, the mappings must still be updated for SACT v4.0 before using it, and the preferred initial step is to send files directly to their DLM for a first review.

Q. Why is it important to track upgrade progress?

A. The panel noted that being informed about which Trusts have moved to SACT v4.0 helps the SACT team keep track of progress and ensure all mappings and systems are up to date.

Drug and Cycle Modification

Q. What is the correct use and recording of Regimen vs Cycle vs Drug modification?

A. The panel clarified that regimen modification refers to upfront changes before treatment starts, cycle modification records drug omissions per cycle, and drug modification captures dose changes during administration.

Q. Do drug modifications require updates to the cycle modification section?

A. Regimen modification should be recorded if there is an upfront dose modification, while cycle modifications should be recorded if drugs are omitted or doses are modified during the cycle, and each administration's dose modification should be recorded individually.

North West Region:

The following questions and answers were collated from the North West webinars, held on the 21 January 2026.

Data recording and transition

Q. How are cycles administered and recorded in cases where multiple cycles are dispensed at once?

A. If a Trust has concerns, then specific scenarios should be sent to the SACT team for clinical review. The number of cycles administered should reflect the total number dispensed, and the cycle length should be the sum of those cycles.

Q. Concern was raised about paediatric centres not using live administration systems and their ability to meet timing requirements.

A. Direct discussions with paediatric centres had not occurred but the panel agreed to address these issues in a separate meeting and include relevant FAQs for broader support.

Q. How do Trusts handle cycles prescribed before the transition to SACT v4.0?

A. Re-prescribing is not required, but new submissions must be in SACT v4.0 format, with mandatory fields such as curative and non-curative line of treatment.

Implementation and Testing

Q. Have system suppliers been engaged with regards change?

A. Ongoing engagement with all system suppliers has taken place, including regular meetings and briefings. Trusts were encouraged to contact their suppliers early to understand delivery timelines and raise any issues.

Q. How do Trusts and SACT handle supplier delays?

A. Trusts unable to submit data in SACT v4.0 due to supplier delays should inform their NDRS (DLM) promptly and reassurance was provided that no penalties would be applied in such cases, distinguishing this from situations where Trusts have not implemented available updates.

Frequently asked questions

Q. What are the testing and validation processes for v4.0?

A. All new data files using SACT v4.0 must be tested with NDRS before full submission, with Data Liaison Managers (DLMs) coordinating the process and the data loading team validating files to ensure compliance before API upload.

Q. What is the role of Data Liaison Managers (DLMs)

A. The DLMs were identified as key contacts for regional support, assisting Trusts with queries, coordinating testing, and facilitating communication between Trusts, system suppliers, and the NDRS team.

New modification sections

Q. Could detailed explanations be provided as to the differences between workflow for regimen, cycle, and dose modification sections within the SACT v4.0 data set.

A. The panel clarified that:

- regimen modification is for upfront dose changes before treatment starts
- cycle modification records drugs omitted from a cycle
- dose modification captures changes during treatment
- with each section completed as the treatment pathway progresses without needing to revisit previous sections.

North East Region:

The following questions and answers were collated from the North East webinars, held on the 28 January 2026.

Professional Registration Code

Q. How do Trusts record the new way consultant codes are being requested in SACT v4.0?

A. The new requirement to record both the council and code for the care professional is mandated by NHS England and is non-negotiable, however, this allows for more accurate recording when the initiator is not a consultant.

Data Mapping Between Versions

Q. How do Trusts map data between versions of SACT?

A. Most data items are mappable between SACT v3.0 and SACT v4.0, and Trusts will not be required to retrospectively fill all new fields for existing SACT v3.0 patients; only certain mandatory fields may need completion for new submissions.

Modification Sections

Q. How do Trusts report data within the new modification sections?

A. The new modification sections are optional (0 to 1 cardinality); if not applicable or unknown, Trusts can omit these fields, and the sections are independent of each other. There is additional guidance around this topic in other regional FAQs.

ACTION: There was a request to provide written confirmation regarding the handling of mandatory fields (e.g., curative line of treatment) for SACT v.3.0 to SACT v4.0 patient transitions.

Supplier Delays

Q. Concern was raised that System C (ChemoCare) appeared unprepared for SACT v4.0 changes, with no clear upgrade timeline or cost information.

A. The panel clarified that communication with the supplier began in May 2025, with all documentation provided and multiple meetings held since, including several this year (2026).

Frequently asked questions

Q. What happens if a Trust is non-compliant and will there be any penalties?

A. The panel assured delegates that Trusts would not be penalised for non-compliance if delays are due to system supplier issues, provided the Trust keeps the SACT team updated and continues submitting SACT v3.0 data until the upgrade is complete.

Q. What ongoing support is available to Trusts?

A. Trusts are encouraged to work with their data liaison managers (Rachael or Simon) and highlighted that both Michael Sharpe and Wayne Brown are available for technical support. Michael confirmed regular contact with System C and that they are committed to addressing community concerns.

Q. What happens if further questions arise once the supplier provides more details on implementation?

A. The panel welcomed additional queries and emphasised the team's readiness to support Trusts throughout the transition.

South West Region:

The following questions and answers were collated from the South West webinars, held on the 04 February 2026.

Care Professional

Q. Is it feasible to collect new mandatory care professional codes for large numbers of staff?

A. The panel clarified that the change was mandated by NHS England, and initially, consultant GMC codes would suffice. However, the changes will futureproof SACT for other professionals in the future to be included where appropriate.

Regimen and Dose Modification

Q. Clarification was sought on the definition and recording of 'upfront dose modification'.

A. The panel explained that this refers to modifications planned before treatment starts, while modifications during treatment are recorded per drug and cycle.

Q. If we select 'Yes' for a modification indicator, does this make all cascading fields mandatory?

A. No, only the immediate next field becomes mandatory, with further requirements depending on the selected option, as detailed in the user guide.

System supplier concerns

Q. Does our system suppliers' ability to implement changes create a risk of non-compliance?

A. The panel advised maintaining close communication with the NDRS team and provided reassurances about ongoing supplier engagement and exception handling. No Trust will be penalised if the supplier is at fault.

Q. What happens if there are supplier delays and issues with training resources?

A. It is recommended that all Trusts have direct engagement with suppliers for updates and training documentation and the availability of user guides and ongoing support from the NDRS team were highlighted as essential resources for Trusts to use.

Q. What support is there around communication and scheduling of testing and upgrades with suppliers?

A. Ongoing engagement with all system suppliers was recommended, to ensure readiness for SACT v4.0. Trusts are advised to maintain direct communication with their suppliers and keep their DLM (James) informed of any scheduling or capacity issues that may affect upgrade timelines.

Q. We are concerned around compliance, especially if this is not our fault.

A. The panel advised that Trusts must continue submitting SACT v3.0 data until SACT v4.0 is signed off. After local upgrade, test files must be submitted to James and the loading team for validation before SACT v4.0 submissions are accepted. Non-compliance due to supplier delays will not be penalised if communicated.

Flexibility and Support

Q. We are concerned about our ability to collect all the data items within the new data set, is this a problem?

A. The panel explained that while all fields in SACT v4.0 are desirable, not all are mandatory for every patient, and flexibility exists regarding which data items can be provided initially. Trusts are encouraged to work with their DLM to report what they can supply and to gradually increase completeness.

Concerns About Increased Workload

Q. We are Concerned about the increased workload from additional data items, especially toxicity and dose modification.

A. The panel addressed these questions by clarifying mandatory requirements, offering flexibility, and encouraging ongoing dialogue to manage the impact.

Q. We are concerned about the potential burden of recording new data items, particularly toxicity and dose modifications, in busy clinical settings.

A. The new modification and toxicity fields are only required if relevant to the patient, and not all new items must be completed for every record. The user guide provides detailed instructions and flow diagrams to assist with correct data entry.

Frequently asked questions

Q. We are concerned about the practicality of collecting high-quality data without additional resources.

A. Trusts should communicate any difficulties in collecting specific data items, and that the NDRS team will support gradual implementation and work with Trusts to improve data completeness over time.

Guidance and Example Data

Q. Please could we have clarification around technical issues, documentation and if possible, some example data for SACT v4.0?

A. There are user guides, technical documentation, and dummy datasets to support local implementation and reporting. Please speak to your DLM for this and use the SACT website to download documentation.

Q. Please could synthetic example data for SACT v4.0 be made available?

A. Dummy data and supporting documents are available and can be provided upon request to assist with internal reporting and system testing.

Eastern Region:

The following questions and answers were collated from the Eastern webinars, held on the 11 February 2026.

Supplier concerns

Q. We have concerns about our system suppliers readiness for SACT v4.0 and are concerned any delay on their part will affect the Trust.

A. Trusts will not be penalised for supplier delays; however, we must distinguish between supplier readiness and Trust implementation. The panel stressed the importance of ongoing communication and continued submission of SACT v3.0 data until upgrades are complete.

New modification sections

Q. Please can we have more clarification on the definition and recording of 'upfront dose modification'?

A. The panel addressed common questions regarding the differences between regimen, cycle, and dose modifications, explaining this is an iterative nature of these processes and their correct application within the SACT v4.0 dataset. Trusts should refer to the user guide for clear explanations and flow diagrams.

Additional Resources

Q. What areas of additional support are available for Trusts?

A. The panel advised they were compiling a frequently asked questions document, organised by region, to address recurring concerns and provide clear answers based on previous meetings.

A. In addition, a recorded version of the presentation (with video captioning), will be published on the NDRS website's SACT dataset webinar section, after all regional sessions are concluded.

Testing Process

Q. What is the testing process for SACT v4.0?

A. Trusts must email their test files to their regional Data Liaison Manager (DLM), which are then validated for required data items and expected volumes; successful files are loaded into the live system, and mapping is updated accordingly.

Frequently asked questions

A. If a system supplier is delayed, Trusts must continue uploading via the portal using SACT v3.0 mapping until their SACT v4.0 test file passes validation.

A. It is important to adhere to the standard file naming conventions and header row templates, offering technical support for any system-specific issues.

A. There is a technical document and example data rows are available for download, and additional examples can be provided upon request.

Private Sector Data Submission

Q. Are we able to include private sector data?

A. A formal written statement will be provided to clarify the position on private sector data inclusion.

ACTION: Panel to write and publish statement on private sector data inclusion.

Miscellaneous questions

Q. What is the data reporting format?

A. Data must be reported in CSV format with strict column naming conventions and offered to provide test data lines and technical guidance to support teams in preparing their files.

Q. Is there any additional support for Trusts implementing the new EPIC reporting solution?

A. There are several Trusts, including Cambridge, Manchester, and Exeter, who use Epic and Trusts were advised to contact Marianne to facilitate introductions to peers for support.

Q. Please could we have a little more clarification around the Modification sections?

A. The regimen modification is for upfront changes, while cycle and dose modifications are recorded as they occur, with detailed guidance available.

Q. Why was there a change to the consultant code?

A. Trusts must submit both the council and code for the care professional initiating treatment, this was an enforced change by NHSE, and it now aligns SACT with all other NHS information standards.

Central/East Midlands Region:

Due to unforeseen circumstances, the Central/East Midlands webinars, due to be held on the 25 February 2026 had to be cancelled at the last minute.

A video presentation has been uploaded onto the SACT website, where registered delegates can go and watch the full presentation at their pleasure. This is now on the following page <https://digital.nhs.uk/ndrs/data/data-sets/sact#sact-webinar-series-2026>.

In addition, delegates were informed to contact their [regional DLM](#) or the SACT team if they have any specific questions around roll-out and implementation. This FAQ will also support this process.

Appendix A - Uniform Resource Locator (URL) Glossary

This section provides the full URL address, to help and support users who are partially sighted access all links throughout the document.

Page 4:

- NDRS Regional Data Liaison Managers (DLMs):
 - <https://digital.nhs.uk/ndrs/data/data-sets/sact#support-and-feedback>

Page 5:

- Please contact your local DLM:
 - <https://digital.nhs.uk/ndrs/data/data-sets/sact#support-and-feedback>

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- DAPB1533: Systemic Anti-Cancer Therapy Data Set (SACT) - NHS England Digital:
 - <https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dapb1533-systemic-anti-cancer-therapy-data-set-sact>
- SACT v.4.0 downloads - NDRS:
 - <https://digital.nhs.uk/ndrs/data/data-sets/sact/sact-version-4-downloads>

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- regional DLM:
 - <https://digital.nhs.uk/ndrs/data/data-sets/sact#support-and-feedback>

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