BGCS COUNCIL & AGM JULY 2020

Update on the Ovarian Cancer Audit Feasibility Pilot (OCAFP)

The collaborative project is funded the BCGS, Target Ovarian Cancer and Ovarian Cancer Action, with each charity contributing £15K / year for 2 years commencing in September 2018. The project was suspended for 3 months due to the COVID-19 pandemic, and is expected to complete in December 2020. The collaboration funds an analyst (Craig Knott) within NCRAS 3 days per week (appointed through the not-for-profit intermediary Health Data Insight (HDI)), with additional support from a senior NCRAS manager (Lizz Paley) and senior NCRAS data analyst (Charlie Turner). The project is led by a Project Steering Group comprising two individuals from each charity (CEO / President + one other) and the NCRAS team, chaired by me (AN). The PSG meets quarterly and a Project Management Group meets monthly by teleconference. Sudha & Jo Nieto represent the BGCS on both PSG and PMG.

The project reviews the entire ovarian cancer pathway (including tubal and peritoneal cancers, excluding borderline disease). It aims to include regional variation in routes to diagnosis, access to treatment (medical and surgical), survival, timing of surgery and surgical outcomes, publishing analyses to assess and demonstrate regional variation. There are two platforms for publication of work in addition to printed reports & papers. Public facing anonymised data outputs are published on the NCIN Gynae Cancer Hub. The OCAFP outputs sit alongside the national cancer audits on the Cancerstats2 website on N3 server (behind NHS firewall), for potentially identifiable data which cannot be published on a public facing website due to confidentiality constraints. Both websites are now active, and access to Cancerstats2 can be arranged for NHS employees through their regional cancer management teams.

The quality and effectiveness of the audit depends on the accuracy and completeness of data submitted by MDTs via Trust's COS-D and HES uploads, stressing the importance of complete data entry for COS-D dataset items*: stage, grade* and *performance status* for all ovarian cancer patients; and surgical resection "*residual disease*" for ovarian cancer patients undergoing debulking surgery. SACT (Systemic Anti-Cancer Treatment) dataset and HES (Hospital Episode Statistics) data are routinely uploaded by trusts, but it is important for surgeon to code procedures with *preferred OPCS surgical procedure codes for* uploading into HES – the list has been circulated to BGCS members and has been updated several times to include additional surgical codes requested by BGCS members. Data completion reports have been published and disseminated to clinical teams and BGCS members on several occasions (May and November 2019) to help drive up data quality, and are also regularly updated on Cancerstats2.

The project has been divided into a series of work streams, each culminating with formal reports published by PHE on behalf of (and badged by) NCRAS and the funding charities. The first main work stream ("ovarian cancer profile") report was published on the NCIN website in January 2020:

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/gynaecological_cancer/gynaecological_cancer_hub/ovarian_cancer_audit_feasibility_pilot_outputs

A synopsis of the report is pasted below:

Disease Profile in England: Incidence, mortality, stage and survival for ovary, fallopian tube and primary peritoneal carcinomas: The first report from the Ovarian Cancer Audit Feasibility Pilot was the Disease Profile, covering incidence, mortality, stage and survival, published January 2020.
Main findings:
The incidence rate of ovary, fallopian tube and primary peritoneal carcinomas in England has remained reasonably stable since 2001.
Incidence and mortality rates vary among CCGs and Cancer Alliances, with variation beyond what might be expected by random chance, suggesting that there may be genuine differences between areas.
The proportions of patients diagnosed at early and late stages vary considerably around the country; some of this variability is likely due to data completeness but other factors should also be considered. Completeness of stage data varies by geography; there is some room for improvement which would lead to better data quality for reporting.
Survival of patients with ovary, fallopian tube and primary peritoneal carcinomas has been improving since 2001. Improving one-year survival may reflect progress in diagnosing the disease sooner, with increased awareness of the symptoms amongst women and primary care practitioners, and improved diagnostic pathways, enabling more women to be diagnosed while still well enough to undergo treatment. Increased 5-year survival may reflect improvements in surgical and chemotherapy treatments. Assessment of geographic variation in survival rates may help to identify areas of best practice and improve the outlook for all patients.

The second (and most substantial) work stream is the "variation in treatment" analysis report, which was nearing publication at the onset of the COVID-19 pandemic. The report will be finalised and published shortly after the PSG and PMG reconvenes in July 2020. The "variation in treatment" report compares geographic variation in ovarian, fallopian tube and primary peritoneal cancer treatment in England. The "profile" report showed marked variation in cancer survival across England, with net survival ranging between 28.6% and 49.6% across the 19 Cancer Alliances in England for the period 2013 to 2017. One possible reason for such disparity is differences in the local clinical management of disease. To explore this hypothesis, the geographic variation report describes heterogeneity in treatment across Alliances in England, including variation in upfront vs interval debulking surgery, chemotherapy rates, and the proportion of women who do not receive any surgery or chemotherapy. The report assesses the extent to which any variation can be potentially explained by adjustment for stage, age at diagnosis, comorbidities, performance status at diagnosis and area income deprivation index. Beginning with a description of variation in treatment according to stage at diagnosis, age, tumour morphology and comorbidities, the report moves on to look at regional variation in treatment at Cancer Alliance level, by presenting two models which control for possible variables alongside the unadjusted data, and demonstrates that there are instances of variation that cannot be explained by random chance alone.

The third work stream report will focus on short term mortality, with analysis of variation by Cancer Alliance and other parameters in the proportion of women who die from the disease within 12 months of diagnosis, including analysis of the routes to diagnosis and treatments given to this cohort of cases.

The final main work stream involves a detailed analysis of cancer surgery, including radicality of surgery and surgical outcomes incorporating NHS HES data linked to COS-D surgical data fields. This analysis may prove to be limited by the quality of COS-D data, particularly the poor completion of the "residual disease" COS-D data field by most MDTs. The granularity of this work may also be limited by time / funding constraints, as the project has a fixed completion date at the end of 2020.

In addition to the main work streams, the OCAFP will reference and link to other NCRAS work streams including Routes to Diagnosis and Getting Data Out which include analyses cohorts of ovarian, tubal and peritoneal cancer cases in England.

The demonstration of feasibility of utilising only existing data fields to analyse cancer care in England, and an understanding of the limitations of this approach, will inform the development of future national cancer audits. A paper describing the project and reporting on the feasibility of this approach will form an additional output of the OCAFP. We hope that the need for, and feasibility of, an ongoing publically funded ovarian cancer audit will be promoted by the outputs from this project.

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