Scottish Cancer Data Use at the Edinburgh Cancer Centre

Peter Hall
Consultant Medical Oncologist
Edinburgh Cancer Centre

Email: p.s.hall@ed.ac.uk | Twitter: @peterhall001















Four Examples

- COVID-19 and Cancer Services
- New medicines adoption
- Research Feasibility
- Variation and benchmarking against other Scottish Cancer Centres

[Breast cancer focus]

Monitoring Cancer Services during the COVID-19 pandemic

thebmj

covid-19

Research ~

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Letters » Cancer mortality during covid-19

Distinguishing between direct and indirect consequences of covid-19

BMJ 2020 ; 369 doi: https://doi.org/10.1136/b Cite this as: *BMJ* 2020;369:m2377

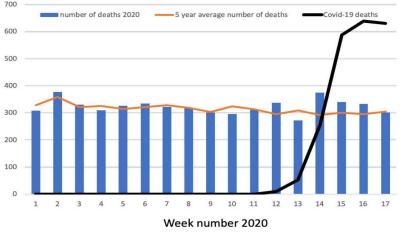
Article

Related content

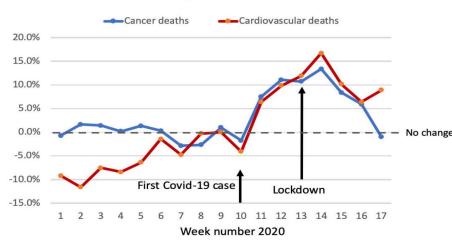
Metrics

Jonine D Figueroa, epidemiologist, Paul M Brennan, clin Evropi Theodoratou, professor and personal chair of car Michael T C Poon, neurosurgical trainee and Cancer Res Karin Purshouse, clinical lecturer in medical oncology, I Ines Mesa-Eguiagaray, doctoral fellow, Malcolm G Dunk Peter S Hall, reader in cancer informatics and health ecc Sarah H Wild, professor of epidemiology, Cathie L M Suc



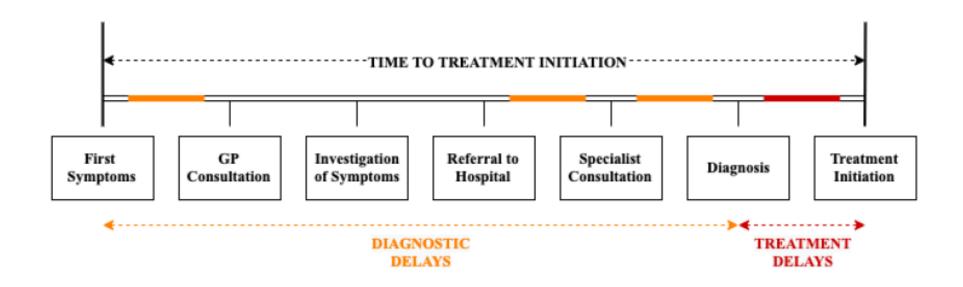


Trends in % excess in cancer and cardiovascular deaths (4week moving average) in Scotland from 30 December - 20 April 2020



Data source Figure 6 data from National Records Scotland Download date 29 April 2020

Different types of disruption



Based on Olesen et al 2009 *Br J Cancer* showing different types of delays within the care pathway that may be observed during COVID19 service disruptions.

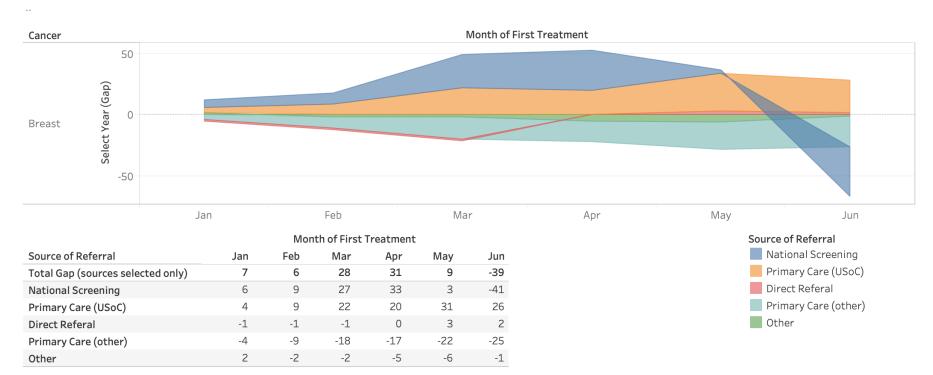
South-East Scotland BREAST CANCER

Source of Referral - Gap

Source of Referral - Cumulative gap between 2020 actual and expected..

Cancer Breast Board of Re.. All Source of R.. All Select Com.. 2019

Data shown are sourced from the PHS Cancer Waiting Times Datamart. Total counts of those recieving first treatment in each month may not match counts sourced from QPI Audit Data. As data in this sheet are based on waiting times data, they can be taken as complete. Please see summary sheet for more details.



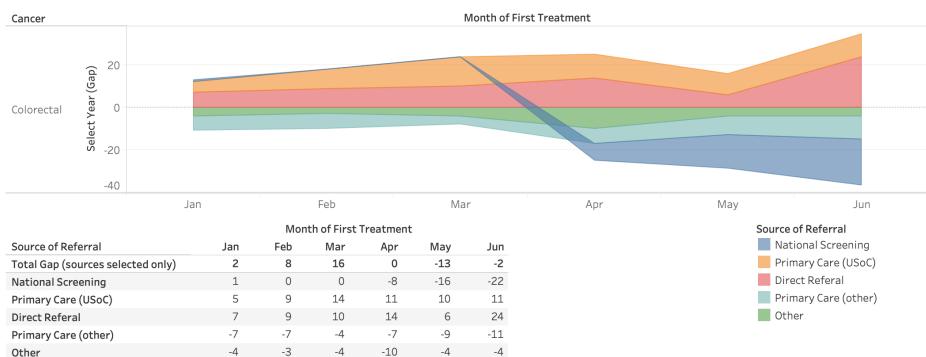
South-East Scotland COLORECTAL CANCER

Source of Referral - Gap

Source of Referral - Cumulative gap between 2020 actual and expected..

Select Com.. 2019 Colorectal Board of Re. All Source of R., All Cancer

Data shown are sourced from the PHS Cancer Waiting Times Datamart. Total counts of those recieving first treatment in each month may not match counts sourced from QPI Audit Data. As data in this sheet are based on waiting times data, they can be taken as complete. Please see summary sheet for more details.



South-East Scotland LUNG CANCER

Source of Referral - Gap

Source of Referral - Cumulative gap between 2020 actual and expected..

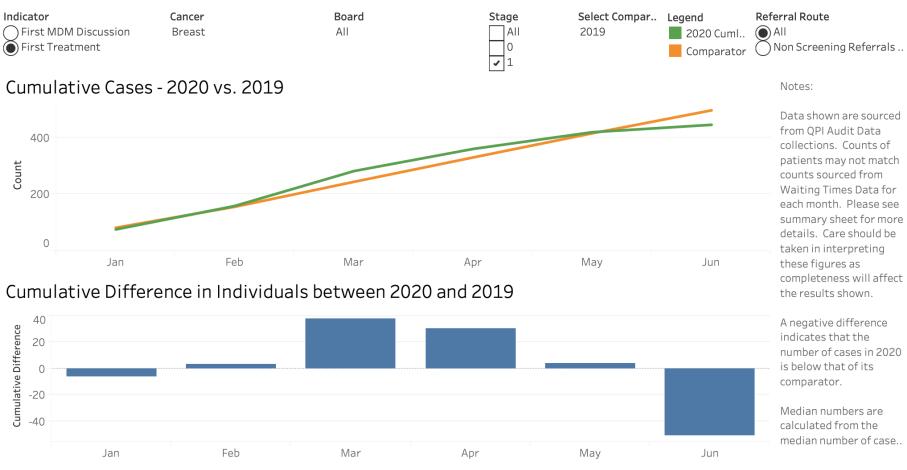
Cancer Lung Board of Re.. All Source of R.. Multiple values Select Com.. 2019

Data shown are sourced from the PHS Cancer Waiting Times Datamart. Total counts of those recieving first treatment in each month may not match counts sourced from QPI Audit Data. As data in this sheet are based on waiting times data, they can be taken as complete. Please see summary sheet for more details.

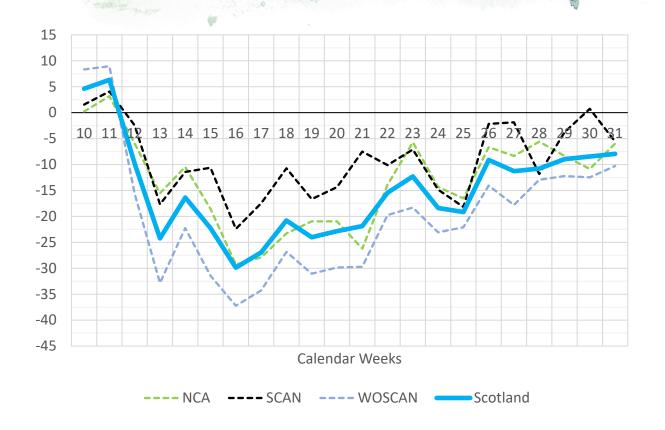
Month of First Treatment Cancer Select Year (Gap) Luna Jan Feb Mar Apr May Jun Month of First Treatment Source of Referral Primary Care (USoC) Source of Referral Jan Feb Mar May Jun Apr Direct Referal -68 Total Gap (sources selected only) -48 -71 -54 -52 -71 Primary Care (other) -2 -16 Primary Care (USoC) -1 9 -12 Other **Direct Referal** -15 -22 -21 -22 -31 -26 Primary Care (other) 0 12 13 4 -31 -50 -46 -39 -40 -39 Other

Breast stage 1-2 cases

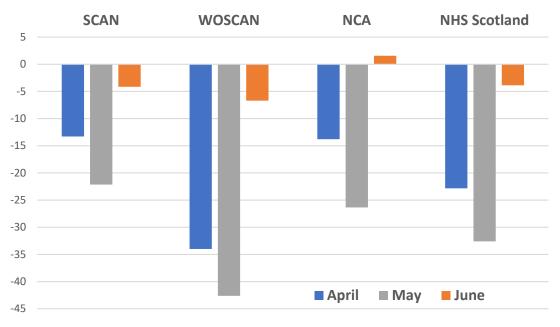
Cancer Stage at Diagnosis - Cumulative gap between 2020 actual and selected comparator year



Chemotherapy (SACT) Activity weekly treatments



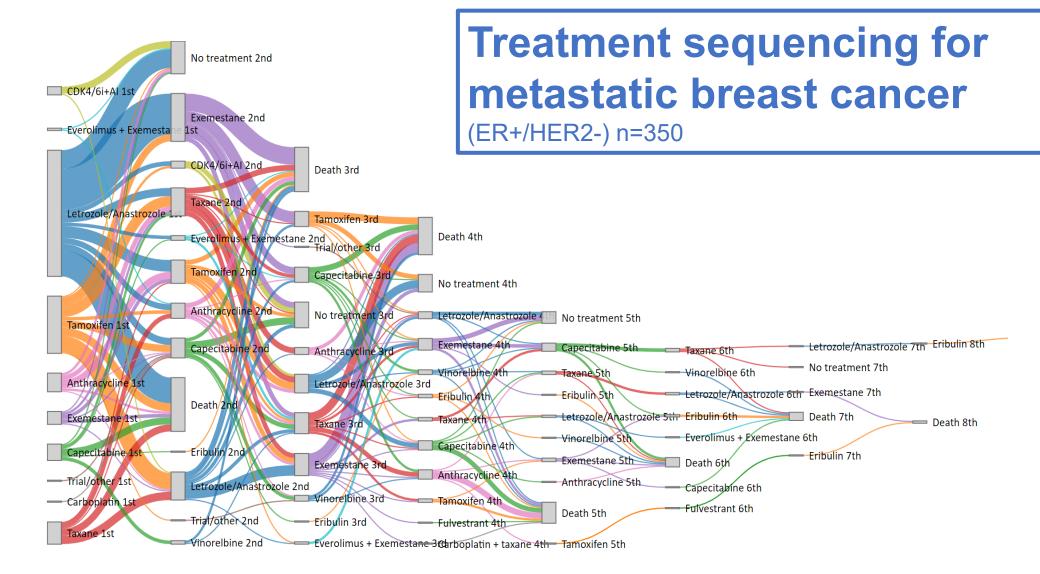
Percentage change in mothly SACT patient attendances (2019 vs 2020)



COVID-19 infection rates in cancer patients

- As of 11th Jan 2021 in NHS Lothian
 - 618 cancer patients have tested positive for COVID-19 of which:
 - 126 (20%) have died
 - 255 admitted to hospital +/- 1 month of positive test
 - 11 admitted to ICU +/- 1 month of positive test
 - 69 were on active anti-cancer therapy
- Enabled contribution to a national audit of outcomes in cancer patients after COVID-19 infection
 - UK-CCMP https://ukcoronaviruscancermonitoring.com/

New Medicines Adoption



SACT Activity and Future Modelling Tool

Lois Pollock and Judith Fraser

Onc and Haem regimes DEMO			csw	RGN	CSW & RGN	CHAIR	TOXICITY ASSSES.	ADMIN STAFF	PRESCRIBE R TIME	PHARM
REGIMEN	TUMOUR GROUP	No. of Episodes (pln, auth, given)	Total CSW time (mins)	Total RGN Time (mins)	TOTAL NURSING & CSW TIME (mins)	TOTAL CHAIR TIME (mins)	Total Toxicity Asses TIME	Total Admin Staff (mins)	Total prescribe time	Total Clin pharm time
ABIRATERONE DC	PROSTATE		0	0	0	0	0	2	0	0
ABIRATERONE PROS	PROSTATE	100	0	0	0	0	0	2	0	1200
ABIRATERONE STUD	BREAST		0	0	0	0	0	2	0	0
ABVD	LEUKAEMIA	75	975	6000	6975	13500	1125	1127	1125	900
ACTINOMYCIN D	GYNAE		0	0	0	0	0	2	0	0
AFATINIB	NSCLC		0	0	0	0	0	2	0	0
AFATINIB EGFR+	NSCLC	36	0	0	0	0	540	542	540	432
AFLIB IRMDG IP	COLORECTAL		0	0	0	0	0	2	0	0
AFLIB IRMDG OP	COLORECTAL	11	143	1001	1144	2640	165	167	165	132
ALECTINIB R874	NSCLC	9	0	0	0	0	0	2	0	108

Research Feasibility

International research registry for male breast cancer

- Single site, regional or national??
- Using SCRIS Dashboard estimates ~10 per year
- Drill down within NHS Lothian to check eligibility

Variation in chemotherapy for curable breast cancer

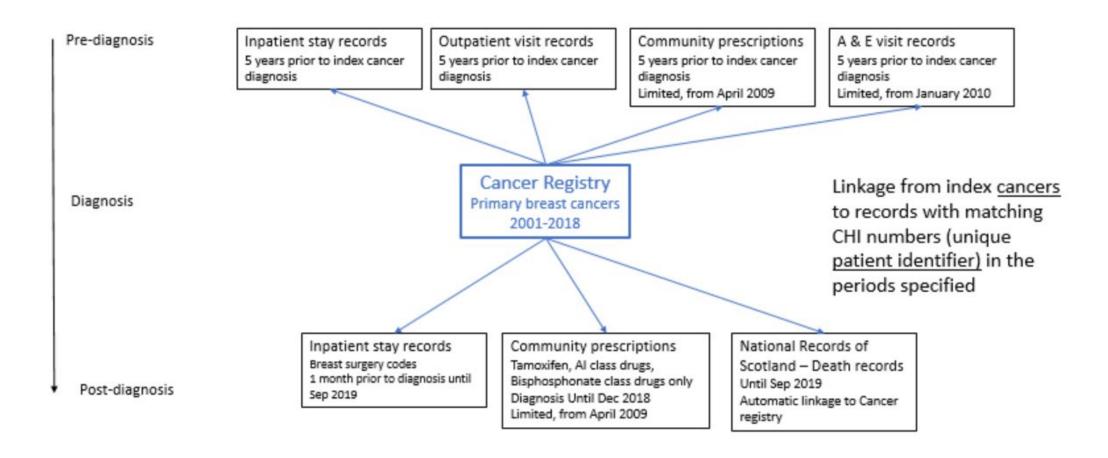


In 2019 a HIS report identified possible variation between Health Boards in adjuvant chemotherapy use after surgical treatment for early breast cancer

Warranted or unwarranted variation? Affect on outcomes?

→ Needs casemix adjustment

Data linkage

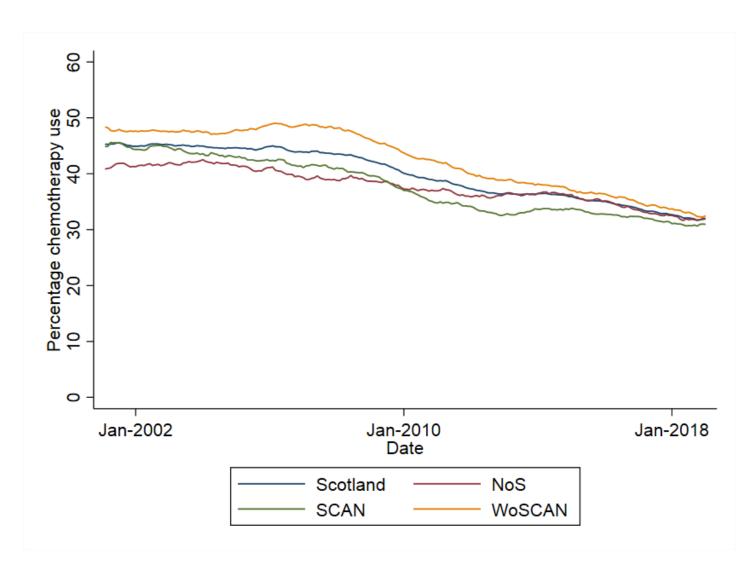


Proportion receiving chemotherapy

Network/ Health board	Proportion chemotherapy (unadjusted)	95% CI	Proportion chemotherapy (Adjusted)	95% CI
Network				
North of Scotland (NCA)	0.397	[0.388,0.405]	0.393	[0.388,0.399]
South East Scotland (SCAN)	0.398	[0.390,0.407]	0.415	[0.410,0.421]
West of Scotland (WoSCAN)	0.437	[0.430,0.443]	0.428	[0.424,0.432]
Health Board				
A&A				
Borders				
D&G				
Fife				
Forth Valley				
Grampian				
GGC	0.438	[0.428, 0.448]	0.425	[0.419,0.432]
Highland				
Lanarkshire				
Lothian	0.405	[0.394,0.417]	0.424	[0.416,0.431]
Orkney				
Shetland				
Tayside				
Western Isles				

CI: Confidence Interval, NoS: North of Scotland, SCAN: South East Cancer Network, WoSCAN: West of Scotland Cancer Network, A&A: Ayrshire and Arran, D&G: Dumfries and Galloway, GGC: Greater Glasgow and Clyde Adjustment variables: age (5-year age bands), year of diagnosis, prognosis (NHS Predict 10-year predicted survival as well as component risk factors), comorbidities (log total inpatient bed days and log total number of outpatient appointments in 5 years prior to diagnosis)

Proportion receiving chemotherapy



Survival

	All-cause mortality						
	Unadjusted	Unadjusted	Adjusted	Adjusted			
Network vs. mean	HR	95% CI	HR	95% CI			
North of Scotland (NCA)	0.995	[0.964,1.028]	1.028	[0.991,1.066]			
South East Scotland (SCAN)	0.941	[0.911,0.972]*	0.976	[0.944,1.009]			
West of Scotland (WoSCAN)	1.041	[1.019,1.064]*	0.999	[0.975,1.023]			

Learn more about the SATURNE project: https://cancer-data.ecrc.ed.ac.uk/saturne/

Gray E, Marti J, Brewster DH, Wyatt JC, Piaget-Rossel R, Hall PS and the SATURNE project advisory group. **Document title: Real-world evidence was feasible for estimating effectiveness of chemotherapy in breast cancer: a cohort study. Journal of clinical epidemiology**. 2019 May 1;109:125-32.

Gray E, Marti J, Brewster DH, Wyatt JC, Hall PS and the SATURNE project advisory group. **Document title: Independent validation of the PREDICT breast cancer prognosis prediction tool in 45,789 patients using Scottish Cancer Registry data**. **Br J Cancer** 119, 808–814 (2018)

Gray E, Marti J, Brewster DH, Wyatt JC, Hall PS and the SATURNE project advisory group. **Document title: Real-world evidence for chemotherapy effectiveness in trial under-represented groups with early breast cancer; a retrospective cohort study. PLOS Medicine**

Contributors

University of Edinburgh

David Weller
Jonine Figueroa
Peter Hall
Aileen Keel
Christine Campbell
David Cameron
Lynne Morrice
Ewan Gray

Public Health Scotland

Richard Hunter
Helen Storkey
Cheryl Denny
Scott Heald
David Morrison
Catherine Thomson

NHS Lothian/NHS Scotland/SCAN

Melanie MacKean Farhat Din David Walker Lorna Bruce Christina Lilley Karin Purshouse Maria McMenemy



Scottish Government

Valerie Doherty Nicola Barnstaple





Cancer Research UK

Jon Shelton Jana Witt



Email: p.s.hall@ed.ac.uk | Twitter: @peterhall001







