COSD - The Importance of Working Together

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Overview - COSD

- The Cancer Outcome and Services Dataset (COSD) is now the main 'Cancer Data' collection process in England covering all tumours diagnosed and treated in secondary care.

- The Dataset has been reviewed and wherever possible the agenda set by all the National 'Site Specific Clinical Reference Groups' (SSCRG's), National Cancer Intelligence Experts and the COSD Advisory Board (which includes Trust representation) and the RC Path Working Group on Cancer Services.

- The dataset has a CORE and Pathology section, which requires data to be collected on every patient and then 12 site specific tumour groups, which require data on specific tumours (but not on every patient).

- Certain data are monitored to improve data quality and completeness

COSD v7.0 Timeline

- Full stage submission = July 2016 SCCI meeting acceptance

- ISN publication = 17 August 16

- Implementation period = 18 Aug 2016 to 31 March 2017 = 7½ months

- Start of new Data Collection – 1 April 2017

- Full Conformance (to allow rollout) = from 1 July 2017

- Data arrives at NCRAS between July & September 2017 (in new format)

Other Contributory Factors

- Special consideration was also given to the 'Achieving World-Class Cancer Outcomes' A Strategy for England 2015-2020 report.

  – A whole new section on Molecular Testing has been added

  – New data items added to support 'Cancer Surgical Outcomes' agenda

- The dataset has been carefully balanced to have the addition of an equal number of new data items compared to those retired.

- Consultation with major software suppliers was sought to confirm correct release date, and to be sympathetic with their internal development cycles.

- This close working relationship is vital in ensuring that together we can ask the right questions without over burdening the pathologist

Reduce Duplication of Data Collection

- Pathology has been requested direct from the pathology labs (since 01-01-2016) in structured COSD XML, therefore I have formally separated these data out, having a master COSD Dataset plus two subsets:

    – COSD Pathology Dataset

    – COSD Patient Pathway Dataset

- Getting the data direct from the pathology lab (as the pathologist describes it), in structured XML will reduce the burden of data collection and allow for more accurate mapping, reporting and analysing of all pathology data

- We should not expect a 'non clinical' cancer MDT coordinator to hand transcribe pathology reports into COSD, when this should already be submitted in a structured COSD xml format already.

COSD

The changes

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Quick Overview…

- ***92 data items have been deleted.***

  - Of which 70 were to remove duplication within the data set.

- ***84 new data items have been added***.

  - Most of these data are either collected already in cancer management systems or within the Multidisciplinary Team Meeting (MDM) and have been heavily consulted upon with the Site Specific Clinical Reference Groups.

- ***4 data items have been upgraded from pilot to optional***.

  - Two to support the collection of holistic needs assessment data. It is expected that these data will become 'Required' in the next release of the standard. The remaining two, to collect the Primary Procedure (SNOMED CT) & Procedure (SNOMED CT), this change from pilot to optional will help support Trusts who are converting to this new coding structure.

Quick Overview (continued)…

- *6 Pathology data items have been deleted and 1 amended*.
  - To align with changes in clinical practice or other data sets (e.g. revisions to Royal College of Pathologists data sets and staging systems).

- *1 data item has been updated*.
  - To meet recommended NHS practice on recording of gender.

- *62 data items have been re-aligned.*
  - This ensures that data nests correctly within the XML and will help with data collection and reporting.

- *14 data items have minor modifications*.
  - For better synchronisation across the NHS Data Dictionary and/or for clarification of descriptions and do not impact the collection of the standard.

- *127 data items have been moved to different sections.*
  - Site specific pathology data now all sit under Core Pathology but maintain their site specific identity and codes.

Main changes in CORE Pathology

- Pathology Observation Report Identifier

CR6220	CORE - PATHOLOGY DETAILS	**PATHOLOGY OBSERVATION REPORT IDENTIFIER**	A local identifier of an OBSERVATION REPORT. This differs from the Service Report Identifier as it identifies the specific RC Path Form used, multiple of these could be contained within a Service Report (where there are multiple tumours are identified taken).	max an18

- Service Report Status

CR0960	CORE - PATHOLOGY DETAILS	**SERVICE REPORT STATUS**	The status of the SERVICE REPORT.	an1	1	Final (complete)
					2	Preliminary (Interim)
					3	Test not available
					4	Unspecified
					5	Supplementary/second opinion
					6	Deleted

'SNOMED CT' Changes

- SNOMED CT

  Versions of SNOMED prior to SNOMED CT cease to be licenced by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017 other than for historical content

- As a result, I have therefore retired the following four fields:

  - ➢ [CR0530 - TOPOGRAPHY (SNOMED)]
  - ➢ [CR3060 - TOPOGRAPHY (SNOMED CT)]
  - ➢ [CR0850 - MORPHOLOGY (SNOMED)]
  - ➢ [CR3070 - MORPHOLOGY (SNOMED CT)]

- But I have created three new ones.
  - This was necessary as I needed to combine both old versions of SNOMED and SNOMED CT together and therefore also added a version control

'SNOMED CT' Changes (Continued)…

- SNOMED CT Version Control

CR6490	CORE - PATHOLOGY DETAILS	SNOMED VERSION	The version of SNOMED used to encode MORPHOLOGY (SNOMED) PATHOLOGY and TOPOGRAPHY (SNOMED) PATHOLOGY Versions of SNOMED prior to SNOMED CT cease to be licenced by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017 other than for historical content	an2	01	SNOMED II
					02	SNOMED 3
					03	SNOMED 3.5
					04	SNOMED RT
					05	SNOMED CT
					99	Not Known

- TOPOGRAPHY (SNOMED) PATHOLOGY

- MORPHOLOGY (SNOMED) PATHOLOGY

CR6420	CORE - PATHOLOGY DETAILS	MORPHOLOGY (SNOMED) PATHOLOGY	This is the morphology of the tumour as categorised by SNOMED International / SNOMED CT Versions of SNOMED prior to SNOMED CT cease to be licenced by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017 other than for historical content	min an6 max an18

Other Changes

- All content pathology was moved from the site specific sections to Core Pathology, but retaining it site specific identity

- There were a few other changes that were made as follows:

  ➢ [CR0810 - PRIMARY DIAGNOSIS (ICD PATHOLOGICAL)]

    ➢ became a multiple repeating item

  ➢ [BA3070 - MOLECULAR DIAGNOSTICS CODE]

    ➢ The attributes have increased significantly due to changes made by the World Health Organisation

    ➢ This does mean that this now <u>does not</u> match the RCPath Core Dataset, however it was felt significantly important by the SSCRG team, that these changes were made

  ➢ [GY7450 – Invasive Thickness]

    ➢ This replaces 'Invasive Thickness' in both Cervical and Vulval sections

Other Changes (continued)…

- There were a few other changes that were made as follows:

  ➢ [GY7220 – DISTANCE TO SEROSA]

    ➢ This was downgraded to 'Optional' and will be retired in v8.0 as it is being dropped from the RC Path core dataset.

  ➢ [GY7280 - PERITONEAL WASHINGS]

    ➢ Attributes changed from '1','2' to 'P','N' to standardise consistency throughout the dataset and with NHS Data Dictionary conventions

  ➢ [SK12630 - BRESLOW THICKNESS]

    ➢ The data item description was amended

Retired Data Items

- **Gynae** - [Invasive Thickness]
  - Has been replaced in Cervical and Vulval with a new one in Gynae Pathology

- **Gynae** - [Background Endometrium] & [Involvement Of Cervical Surface Or Glands]

- **Colorectal** - [Distance Between Lower End Of Tumour And Distal Resection Margin] & [Perforations Or Serosal Involvement Indication Code]

- **Sarcoma** - [Tissue Type At Nearest Margin]

- **Skin** - [Site Code Of Specimen]

Why Change?

- Many (if not all) the data-items were agreed in 2012 and required reviewing
  - ➤ I have worked with both the RCPath Working Group on Cancer Services and some of the LIMS suppliers and other experts to do this

- It was important to ensure (wherever possible) to mirror the RC Path Core Datasets, so we are not asking pathologists to submit something twice

- Some data were clearly incorrect and needed amending

- We now have a more balanced dataset, which better reflects current clinical practice

- The next challenge is to work with the LIMS suppliers and in-house hospital development teams to get the data submitted in structured COSD XML

- The NCRAS will then start monitoring and reporting in real-time on pathology data submitted monthly

And Finally… My Crystal Ball time ☺

There are a few new things being added in v8.0 (go live 2018) which will be of interest:

- [CR0950 - SERVICE REPORT IDENTIFIER] & [CR6220 - PATHOLOGY OBSERVATION REPORT IDENTIFIER]
  - ➢ Have both had their field length doubled to help with local reporting
- A new TNM coding field along with a TNM Edition Number have been added for pathology, and all TNM can now be submitted in either AJCC or UICC and any version
- Within Colorectal pathology
  - ➢ [CO5290 - RESPONSE TO PREOPERATIVE THERAPY]
    - ➢ has been updated to a four tier system, similar to that described by Ryan et al.
  - ➢ [CO5410 - GRADE OF DIFFERENTIATION (COLORECTAL PATHOLOGICAL)]
    - ➢ has been added to allow for accurate reporting of colorectal grade.
- Within Sarcoma pathology
  - ➢ [CT6420 - SARCOMA SURGICAL MARGIN ADEQUACY]
    - ➢ Has been moved from CTYA to improve the data collection

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Any Questions?