WELSH INFORMATION GOVERNANCE & STANDARDS BOARD

CDSC Notice:	CDSCN 2011 / 02
Date of Issue:	31st March 2011

Ministerial / Official Letter: EH/ML/015/11	**Subject:** All Wales Lung Cancer Minimum Reporting Requirements v4.0 including Core Reporting Items v5.0
Sponsor: Head of Major Health Conditions and Clinical Support Services Branch	
Implementation Date: 1st April 2011	

CLINICAL DATA SET CHANGE NOTICE

A Clinical Data Set Change Notice (DSCN) is an information mandate for a new or revised information standard.

This CDSCN was approved by the Welsh Information Governance and Standards Board (WIGSB) at its meeting on the 17th February 2011

WIGSB Reference: IGRN 2010 / 017

Summary:

To introduce the All Wales Lung Cancer Minimum Reporting Requirements v4.0 including Core Reporting Items v5.0

Data sets / returns affected:

All Wales Lung Cancer Minimum Reporting Requirements v4.0

Please address enquiries about this Data Set Change Notice to the Data Standards Team in the NHS Wales Informatics Service
E-mail: data.standards@wales.nhs.uk Tel: 02920502539

The Welsh Information Governance and Standards Board is responsible for appraising information standards. Submission documents and WIGSB Outcomes relating to the approval of this standard can be found at: http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632

CLINICAL DATA SET CHANGE NOTICE

Introduction

The mandated standard has been approved by the Welsh Information Governance & Standards Board (WIGSB) for implementation with immediate effect and is referred to as the 'All Wales Lung Cancer Minimum Reporting Requirements v4.0'. The standard has progressed through various review processes. The standard demonstrates the shift in focus towards outputs and details a list of reporting data items, which in its entirety produces the minimum reporting requirements for all lung cancers diagnosed in Wales.

The minimum reporting requirement will support the information requirements of the all Wales Clinical Steering Groups, National Cancer Standards 2005, Annual Operating Framework - cancer waiting times, participation in clinical audit and provide a key data source for the cancer registry, Welsh Cancer Intelligence & Surveillance unit (WCISU).

The standard reflects current clinical working practices and new management standards. The minimum reporting requirements has been aligned with the Welsh Data Dictionary v3.0 and, where possible, the English National Cancer Dataset Version 4.5b. Where data item definitions and permissible values are common to the Data Dictionary and/or the English National Cancer Dataset this is shown within the documentation, otherwise definitions and permissible values are specified according to the various data submission requirements.

In order to provide practical guidance to the Health Board teams supporting the collection and local use of this data, comprehensive operational support documentation has been produced for each site specific reporting requirement. This information can be accessed at http://howis.wales.nhs.uk/sites3/page.cfm?orgid=769&pid=19419. This should be used by Multi Disciplinary Teams, as owners of the data they collect and to implement improved data validation and verification processes thereby improving the quality of data ultimately used to improve the quality of patient care.

Actions Required

Actions for Health Boards:

- To ensure the continued routine collection of the specified data items in a timely manner. To ensure data validation processes are maintained in an ongoing drive to improve all aspects of data quality.
- To continue reporting on cancer standards, waiting time targets and any other clinical output requirement.

Actions for Cancer Information Framework:

- To ensure extracts are submitted monthly to the Welsh Cancer Intelligence & Surveillance Unit (WCISU).
- To monitor the completeness of the data items specified and nationally benchmark compliance.

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

Shaded data items refer to the data items contained within the Core Cancer Minimum Reporting Requirement V5.0

NLCA = national lung cancer audit

LCI = Lung Clinical Indicator

ALL WALES
LUNG CANCER MINIMUM REPORTING REQUIREMENT V4.0 including CORE REPORTING ITEMS V5.0

The following minimum reporting requirement contains data items to support the following outputs for submission to:

1. All Wales Steering Group: Lung Cancer Clinical Indicators:
   - % of histological / cytological confirmation for lung cancer
   - % of patients receiving active treatment for lung cancer
   - % of lung cancer cases having a resection
   - % of small cell lung cancer patients receiving chemotherapy as first treatment
   - % of non small cell lung cancer patients receiving chemotherapy as first treatment
2. National Lung Cancer Audit (NLCA): formally referred to as Lung Cancer Data (LUCADA)
3. Welsh Cancer Intelligence and Surveillance Unit: Cancer Registry Data Submission
4. The National Standards 2005 for Cancer Services
5. Annual Operating Framework: Cancer Waiting Times

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Summary of Reporting Data Items:	**Minimum Reporting Requirements**				
	Core			**Lung Site Specific**	
	National Cancer Standards	**WCISU: Cancer Registry**	**AOF: CWT**	**NLCA**	**Lung Clinical Indicators**
Section 1: Identification of Patient					
NHS Number	✓	✓	✓	✓	
Birth date	✓	✓		✓	
Sex	✓	✓		✓	
GP practice code	✓	✓			
Ethnic group	✓	✓			
Case record number	✓	✓			
Patient's name(s)	✓	✓		✓	
Patient's address at date of diagnosis	✓	✓			
Patient's postcode at date of diagnosis	✓	✓		✓	
Section 2: Referral					
Source of (cancer) referral	✓			✓	
Organisation code (referred to)	✓			✓	✓
Consultant code (referred to)	✓				
Date of receipt of cancer referral	✓				
Presentation of disease at referral	✓	✓	✓		✓
Date of cancer referral				✓	
Date first seen				✓	
Section 3: Key Investigations					
Cancer imaging modality	✓	✓		✓	✓
Date of investigation	✓	✓		✓	
Cancer sampling modality – Lung				✓	
FEV1 (Forced Expiratory Volume in 1 second) absolute				✓	
FEV1 (Forced Expiratory Volume in 1 second) percentage of predicted				✓	
Section 4: Diagnosis					
Date of diagnosis (cancer registry definition)	✓	✓		✓	

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	National Cancer Standards	**WCISU: Cancer Registry**	**AOF: CWT**	**NLCA**	**Lung Clinical Indicators**
Basis of diagnosis (cancer registry definition)	✓	✓		✓	
Primary cancer site	✓	✓		✓	✓
Pre-treatment morphology	✓	✓	✓	✓	✓
Pre-treatment staging agreed by the multi disciplinary team cT (clinical Tumour) stage	✓	✓		✓	✓
Pre-treatment staging agreed by the multi disciplinary team cN (clinical Node) stage	✓	✓		✓	✓
Pre-treatment staging agreed by the multi disciplinary team cM (clinical Metastasis) stage	✓	✓		✓	✓
Laterality of cancer		✓		✓	
Final pre-treatment stage grouping		✓		✓	✓
Section 5: Multi Disciplinary Team Outcomes					
Treatment plan discussed by the multi disciplinary team	✓			✓	
Multi disciplinary meeting identifier	✓				
Date treatment plan discussed by the multi disciplinary team	✓			✓	
Cancer treatment plan intent	✓			✓	
Reason for no specific anti-cancer treatment	✓				
Final pre-treatment performance status agreed by the multi disciplinary team	✓	✓		✓	✓
Planned cancer treatment type	✓			✓	
Treatment type sequence	✓				
Organisation code (planned cancer treatment type)				✓	
Co-morbidity index				✓	
Did the co-morbidity change the treatment the patient received?					
Lung clinical nurse specialist seen				✓	
Date lung clinical nurse specialist first seen				✓	
Section 6: Surgery					

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	Core			**Lung Site Specific**	
	National Cancer Standards	**WCISU: Cancer Registry**	**AOF: CWT**	**NLCA**	**Lung Clinical Indicators**
Surgical intent		✓			
Date on which surgical procedure(s) carried out		✓		✓	✓
Surgical procedure(s) carried out		✓		✓	✓
Site code (of surgery)		✓		✓	
Section 7: Pathology					
Date specimen taken		✓			
Histological diagnosis		✓		✓	✓
Grade of differentiation		✓			
T (Tumour) category (pathological)		✓		✓	✓
N (Node) category (pathological)		✓		✓	✓
M (Metastasis) category (pathological)		✓		✓	✓
Pathological stage grouping		✓		✓	
Excision margin(s) status				✓	
Section 8: Drug Therapy					
Date treatment started (drug therapy)		✓		✓	✓
Treatment intent (drug therapy)		✓		✓	
Drug therapy type		✓			
Section 9: Radiotherapy					
Date treatment started (radiotherapy)		✓		✓	✓
Treatment intent (radiotherapy)		✓			
Radiotherapy type		✓		✓	
Anatomical treatment site (radiotherapy)				✓	
Section 10: Palliative Care					
Member of specialist palliative care team seen		✓			
Section 11: Clinical Status Assessment					
Date of death		✓	✓	✓	
Complications / toxicity at clinical status assessment				✓	

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	Core			**Lung Site Specific**	
	National Cancer Standards	**WCISU: Cancer Registry**	**AOF: CWT**	**NLCA**	**Lung Clinical Indicators**
Section 12: AOF: Cancer Waiting Times					
Priority of referral			✓		
Date of decision to treat			✓	✓	
Date of start of first definitive procedure			✓		
First procedure			✓		✓
Suspension start date			✓		
Suspension end date			✓		
Reason for breach			✓		
Section 13: Clinical Trials					
Entry indicator		✓		✓	✓
Total number of data items: 73					

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Version 4.0

Version	Date	Status	Author	Change Summary	Distribution
V3.1	25/03/08	Draft	JDN	Updated to Core V4	Review – JD/JDS
V3.2	09/05/08	Draft	JDN	Updated to Lung RCPath dataset requirements, inc updates to Core V4 Final	Review – JD/JDS
V3.3	31/07/08	Draft	JDN	Removal of RCPath site specifics awaiting further information from CHIRP project.	
V3.4	12/08/08	Draft	JDN/MH	Mapping to National Lung Cancer Audit (NLCA).	Review – DB
V3.5	03/11/08	Draft	JDN/DB	Mapping to All Wales Lung reporting and data collection requirements	Review – Lung Steering Group
V3.6	07/04/09	Draft	JDN/JM	Updates including coding of ICD10 and OPCS4.	Review – Steering Group Lead
V3.7	24/06/10	Draft	JDN	Updated to reflect Final Core Clinical Minimum Reporting Requirements V5.0	Review – IW, NM and DB
V3.8	04/07/10	Draft	JDN	Updated to reflect Core updates as per the DSCN sub group and lung clinical review	Review – IW, NM and DB
V3.9	11/10/10	Draft	JDN	Updates as per DSCN sub group comments	Review – IW, NM and DB
V4.0	25/11/10 – 01/02/11	Final	JDN	Updates as per WIGSB / DSCN sub group comments, ready for publication	Data Standards

Name	Date
WIGSB	15/07/10
DSCN Sub Group	28/07/10

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
1. IDENTIFICATION OF PATIENT				

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
1. IDENTIFICATION OF PATIENT				
1.0 ENCDv4.5b (1.1) SPDCv1.0 (1.1)	NHS number	Used for unique identification to match records from different providers. To allow 'tracking' through the clinical pathway.	It is mandatory to record the NHS number for each patient. The NHS number is allocated to an individual, to enable unique identification for NHS health care purposes.	NHS Wales Data Dictionary
1.1 ENCDv4.5b (1.10) SPCDv1.0 (1.2)	Birth date	Used for unique identification to match records from different providers. Used to enable age at diagnosis to be established for epidemilogical and survival analyses.	Date of birth of patient.	NHS Wales Data Dictionary
1.2 ENCDv4.5b (1.9) SPCDv1.0 (1.3)	Sex	Used for unique identification to match records from different providers. Used to enable sex to be established for survival analysis. Assists in the correct identification of gender specific primary cancer sites.	This is the sex of person, employee or patient.	NHS Wales Data Dictionary • Male • Female • Not specified

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
1. IDENTIFICATION OF PATIENT [continued]				
1.3 ENCDv4.5b (1.12) SPCDv1.0 (1.4)	GP practice code	To enable analysis by GP practice code. To enable the healthcare professionals to contact the GP practice and share patient information.	A code which uniquely identifies the GP Practice of the GP. Code as listed for Practices in Wales. These are updated monthly by the Information Products Unit of HSW with information supplied by the Organisation Data Service (ODS) and can be viewed on the Health Reference Data Web Pages on HOWIS.	NHS Wales Data Dictionary
1.4 ENCDv4.5b (1.15) SPCDv1.0 (1.5)	Ethnic group	To enable analysis by ethnicity.	This is the ethnic group of the patient, as selected by the patient. The patient is the arbiter of the information. Classifications are based on the 14+1 new ethnic group data categories used in the 2001 Census and the information recorded about ethnic group must be obtained by asking the patient.	NHS Wales Data Dictionary • Any white background • Mixed white and black Caribbean • Mixed white and black African • Mixed white and Asian • Any other mixed background • Indian and British Indian • Pakistani or British Pakistani • Bangladeshi or British Bangladeshi • Any other Asian background (other than Chinese) • Black Caribbean or black British Caribbean • Black African of black British African • Any other black background • Chinese • Any other ethnic group • Not stated

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1. IDENTIFICATION OF PATIENT [continued]				
1.5 ENCDv4.5b (1.2) SPCDv1.0 (2.1)	Case record number	Used for unique identification to link events within a single service provider. To allow 'tracking' through the clinical pathway.	This is the patient's case record number which is unique to that patient within a hospital or health care provider.	NHS Wales Data Dictionary
1.6 ENCDv4.5b (1.5 & 1.6)	Patient's name(s)	Used for unique identification to link records where the new NHS number is not available. To assist 'tracking' through the clinical pathway.	This will be the patient's preferred name. The patient is the arbiter of his/her name.	NHS Wales Data Dictionary
1.7 ENCDv4.5b (1.7)	Patient's address at date of diagnosis	Used to enable the address at diagnosis to be established for epidemiological and survival analyses.	This is the usual address nominated by the patient at the time of admission or attendance. If patients usually reside elsewhere are staying in hotels, hostels or other residential establishments for a short term, say a week, they should be recorded as staying at their usual place of residence. However if long term, such as at boarding school, the school address must be recorded. University students may nominate either their home address or the address of their university accommodation. Where patients are not capable of supplying this information, because of age or mental illness, for example, then the	NHS Wales Data Dictionary

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
1. IDENTIFICATION OF PATIENT [continued]				
			person responsible for the patient, such as a parent or guardian, should nominate the usual address. Patients not able to provide an address should be asked for their most recent address. If this cannot be established then you should record the address as `No fixed abode' or `Address unknown'. These patients are regarded as resident in the local geographical district for contracting purposes. For birth episodes this should refer to the mother's usual place of residence.	
1.8 ENCDv4.5b (1.8)	Patient's postcode at date of diagnosis	Used to enable the postcode at diagnosis to be established for epidemiological and survival analyses.	The postcode applied to the usual address nominated by the patient at the time of admission or attendance, using rules supplied under the data item POSTCODE and those in the NHS Postcode User Directory.	NHS Wales Data Dictionary

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2. REFERRAL				
2.0 ENCDv4.5b (2.1) SPCDv1.0 (6.1)	Source of (cancer) referral	To allow 'tracking' through the clinical pathway, to identify patterns of referral and to assist in audit and waiting times monitoring.	This is a classification which is used to identify the source of referral of each episode or referral.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Following an emergency admission (includes all acute admissions via A&E (Accident & Emergency), Medical Admissions Unit, etc.) • Following a domiciliary visit by the consultant • Referral from General Medical Practitioner (for out-patient or other non-emergency referrals) • Referral from out-patients by a consultant, other than in an A&E department • Referral of an in-patient by a Consultant • Referral from screening services • Self-referral (i.e. the patient was not seen previously by a GP) • Other source of referral (will include referrals from Private

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
2. REFERRAL [continued]				
				Healthcare) • Following an A&E attendance (i.e. an out-patient clinic attendance after an A&E visit) • General Dental Practitioner • Community Dental Service • Not known
2.1 ENCDv4.5b (1.3) SPCDv1.0 (2.2)	Organisation code (referred to)	To monitor the proportion of cancer patients referred to a cancer site specialist or cancer site specific team. To be able to report by hospital code.	Unique identifier for each organisation or site within an organisation.	NHS Wales Data Dictionary
2.2 ENCDv4.5b (2.7) SPCDv1.0 (6.2)	Consultant code (referred to)	To monitor the proportion of cancer patients to each cancer site specialist.	This item relates to the consultant to whom the referral is made and who is responsible for the overall care of the patient. If the referral is to a team, then this refers to the first consultant seen. This item uses the nationally agreed form for consultant code or Independent Nurse. It is the General Medical Council (GMC) code for the Consultant or the GP acting as a Consultant or locum Consultant, which is the unique identifier. The nurse's Registration Number will be used to identify the Independent Nurse.	NHS Wales Data Dictionary

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
2. REFERRAL [continued]				
2.3 ENCDv4.5b (2.6)	Date of receipt of cancer referral	To establish the start date for the specialist-based diagnosis and management process. To identify length of delay in the handling or referrals. Audit for standards and monitoring Cancer Waiting time targets.	The date that the referral request is received by the provider. [Applies to all referral routes, not just from primary care] • Date when letter/fax/electronic form is received. In the case of a written referral, this should be the date on which the letter or fax arrived in the hospital. The most likely source of this date will be a date stamp of the receiving department on the referral letter. • Date of verbal request. • Date of admission to hospital in the case of patients admitted as an emergency • The date of the first out-patient appointment, if the referral was a self referral.	
2.4 ENCDv4.5b (2.13)	Presentation of disease at referral	Facilitates the algorithm utilised to support Annual Operating Framework data collection and submission.	Indicates the presentation of the disease at referral. Definitions of the permissible values are as follows: • New diagnosis: patients referred at the time of the initial diagnosis • Recurrent disease: patients referred at the time of	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • New diagnosis*

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
2. REFERRAL [continued]				
			recurrent disease (previous radical treatment with a disease free interval) • Longstanding disease: patients who have longstanding disease cared for by another specialist and recently referred for an oncologist opinion. • Other; to be used when none of the above apply i.e. if a patient moves into the area but has already received radical treatment elsewhere and is currently disease free and referred for follow-up only.	- screen detected - clinically detected • Recurrent disease • Long-standing disease • Other *Additional permissible values for 'New diagnosis' will be dependant upon the tumour sites inclusion to the 'National Screening Programme'.
2.5 NLCA	Date of cancer referral	To establish the date on which the referring clinician first initiates referral to the specialist involved in the diagnostic process. Required for submission to the national lung cancer audit.	The date on which the decision was made to refer a patient with suspected cancer. This should be the first point of referral from one of the following: • The date on the letter or proforma from the referring clinician • The date of admission to hospital in the case of patients admitted as an emergency • The date of the first outpatient appointment, if the referral was a self-referral	

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
2. REFERRAL [continued]				
			• The date on the recall letter for patients recalled following a routine screening appointment.	
2.6 NLCA	Date first seen	To measure any delay between first appointment and first assessment by the MDT. This reporting item is used in conjunction with reporting item 5.2 'Date treatment plan discussed by the multi disciplinary team'. Required for submission to the national lung cancer audit.	The date of the first outpatient attendance or date of first diagnostic procedure or emergency admission, if first presentation is by this means. Note: The date relates to the patient's first contact with the person or group in 'referred to'. • Date of first outpatient attendance • Date of outpatient visit when a diagnosis of cancer was first considered (outpatient visit for some other condition) • Date the patient is first seen by the specialist team in hospital for within-hospital referrals • Date of first diagnostic procedure if this precedes the first outpatient appointment • Date admitted as an emergency, if the patient was first seen as an emergency • Date the patient was first seen following recall by screening unit.	

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3. KEY INVESTIGATIONS				
3.0 ENCDv4.5b (3.3)	Cancer Imaging modality	To estimate the level of accuracy of the diagnosis and staging when accounting for casemix and outcome analysis. Required for the use of the Multi Disciplinary Meeting (MDM) module.	The types of investigations performed to diagnose and stage the patient.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review.
3.1 ENCDv4.5b (3.2)	Date of investigation	Required for audit of the National Cancer Standards, and the use of the Multi Disciplinary Meeting (MDM) module.	The date the investigation was performed.	
3.2 NLCA	Cancer sampling modality – lung	To estimate the level of accuracy of the diagnosis and staging when accounting for casemix and outcome analysis. Required for submission to the national lung cancer audit.	The types of (sampling) investigations performed to diagnose and stage the patient.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review.

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
3. KEY INVESTIGATIONS [continued]				
3.3 NLCA	FEV1 (Forced Expiratory Volume in 1 second) absolute	Required for analysis of co-morbidities and planned cancer treatment types for casemix and outcome. Required for submission to the national lung cancer audit.	If COPD (Chronic Obstructive Pulmonary Disease) present, the forced expiratory volume in 1 second, in litres.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. Litres (range: 0.00 to 6.00)
3.4 NLCA	FEV1 (Forced Expiratory Volume in 1 second) percentage of predicted	Required for analysis of co-morbidities and planned cancer treatment types for casemix and outcome. Required for submission to the national lung cancer audit.	If COPD (Chronic Obstructive Pulmonary Disease) present, the forced expiratory volume in 1 second as a percentage of the predicted value.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. % (range: 10-150)

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
4. DIAGNOSIS				
4.0 ENCDv4.5b (4.1)	Date of diagnosis (cancer registry definition)	To calculate annual incidence rates and to determine the start date for survival analysis by the cancer registry.	The definition provided conforms with the requirements specified by the Cancer Registry. The date of the first event (of the seven listed under permissible values) to occur chronologically should be chosen as the incidence date. If an event of higher priority occurs within three months of the date initially chosen, the date of the higher priority event should take precedence, this should also be reflected and updated in the 'Basis of diagnosis'.	WCISU (Welsh Cancer Intelligence and Surveillance Unit) Cancer Registry Order of declining priority: 1 – Date of first histological or cytological confirmation of this malignancy (with the exception of histology or cytology at autopsy). This date should be, in the following order: a – date when the specimen was taken b – or date of receipt by the pathologist c – or date of the pathology report 2 – Date of imaging x-ray or scan which confirms this malignancy. 3 – Date of clinical diagnosis by consultant confirming malignancy 4 – Date of outpatient evaluation or in-patient hospital admission for a confirmed malignancy 5 – Date of diagnosis, other than 1 – 4, e.g. GP clinical diagnosis 6 – Date of death, if no information is available other than the fact that the patient has died because of malignancy. 7 – Date of death, if the malignancy is discovered at autopsy.

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
4. DIAGNOSIS [continued]				
4.1 ENCDv4.5b (4.4)	Basis of diagnosis (cancer registry definition)	To establish the validity of the date of diagnosis recorded.	The definition provided conforms with the requirements specified by the Cancer Registry. As a measure of validity, only the 'most valid basis of diagnosis' is required. The codes opposite are hierarchical, therefore the higher the number the more validity the basis holds. If an event of higher priority occurs within three months of the date of diagnosis, the basis of the higher priority event should take precedence.	WCISU (Welsh Cancer Intelligence and Surveillance Unit) Cancer Registry Non-microscopic 1 – Death Certificate (The only information available is from a death certificate) 2 – Clinical (Diagnosis made before death but without the benefit of any of the following (2- 7)) 3 – Clinical Investigation (Includes all diagnostic techniques (e.g. X-rays, endoscopy, imaging, ultrasound, exploratory surgery and autopsy) without a tissue diagnosis) 4 – Specific tumour markers (Includes biochemical and/or immunological markers which are specific for a tumour site) Microscopic 5 – Cytology (Examination of cells whether from a primary or secondary site, including fluids aspirated using endoscopes or needles. Also including microscopic examination of peripheral blood films and trephine bone marrow aspirates). 6 – Histology of a metastases (Histological examination of tissues

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
4. DIAGNOSIS [continued]				
				from a metastasis, including autopsy specimens) 7 – Histology of a primary tumour (Histological examination of tissue from the primary tumour, however obtained, including all cutting and bone marrow biopsies. Also includes autopsy specimens of a primary tumour) 0 – Unknown (No information on how the diagnosis has been made (e.g. Patient Aadministration System (PAS) or Hospital Information Support System (HISS) record only)
4.2 ENCDv4.5b (4.2) SPCDv1.0 (5.1)	Primary cancer site	To establish the numbers of various cancers to enable calculation of annual incidence rates. To allow for an assessment of subsequent treatment and outcome rates.	The site of the primary cancer for which the patient is receiving care.	Refer to the current version of the International Statistical Classification of Diseases and Health Related Problems (ICD10). *Permissible grouped values and labels will be dependant upon the output specifications.
4.3	Pre-treatment morphology	To record the definitive behaviour/histology of the tumour at the point of diagnosis.	Cell type of malignant disease determined before the start of treatment.	Refer to morphology code as in the extract of the International Classifications of Diseases for Oncology on "Morphology of neoplasms" in ICD10.

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
4. DIAGNOSIS [continued]				
				*Permissible grouped values and labels will be dependant upon the output specifications.
4.4 ENCDv4.5b (6.1)	Pre-treatment staging agreed by the multi disciplinary team cT (clinical Tumour) stage	To allow for the Final pre treatment staging by the multi disciplinary team to be taken into account in the analysis of treatment and outcome.	The 'T' (tumour) part of the TNM (Tumour, Node and Metastasis) classification to describe the clinical stage of the tumour prior to treatment. Clinical classification (Pre-treatment clinical classification), designated cTNM. This is based on evidence acquired before treatment. Such evidence arises from physical examination, imaging, endoscopy, biopsy, surgical exploration and other relevant examinations. If the malignancy is discovered only at autopsy, or via a death certificate, then no pre-treatment TNM stage will be recorded.	Refer to UICC (International Union Against Cancer) TNM (Tumour, Node and Metastasis) Classifications of Malignant Tumours
4.5 ENCDv4.5b (6.3)	Pre-treatment staging agreed by the multi disciplinary team cN (clinical Node) stage	To allow for the Final pre treatment staging by the multi disciplinary team to be taken into account in the analysis of treatment and outcome.	The 'N' (Node) part of the TNM (Tumour, Node and Metastasis) classification to describe the clinical stage of the tumour prior to treatment. Clinical classification (Pre-treatment clinical classification), designated cTNM. This is based on evidence acquired before treatment. Such	Refer to UICC (International Union Against Cancer) TNM (Tumour, Node and Metastasis) Classifications of Malignant Tumours

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
4. DIAGNOSIS [continued]				
			evidence arises from physical examination, imaging, endoscopy, biopsy, surgical exploration and other relevant examinations. If the malignancy is discovered only at autopsy, or via a death certificate, then no pre-treatment TNM stage will be recorded.	
4.6 ENCDv4.5b (6.5)	Pre-treatment staging agreed by the multi disciplinary team cM (clinical Metastasis) stage	To allow for the Final pre treatment staging by the multi disciplinary team to be taken into account in the analysis of treatment and outcome.	The 'M' (Metastasis) part of the TNM (Tumour, Node and Metastasis) classification to describe the clinical stage of the tumour prior to treatment. Clinical classification (Pre-treatment clinical classification), designated cTNM. This is based on evidence acquired before treatment. Such evidence arises from physical examination, imaging, endoscopy, biopsy, surgical exploration and other relevant examinations. If the malignancy is discovered only at autopsy, or via a death certificate, then no pre-treatment TNM stage will be recorded.	Refer to UICC (International Union Against Cancer) TNM (Tumour, Node and Metastasis) Classifications of Malignant Tumours
4.7	Laterality of cancer	To enable analysis on pre-operative diagnosis results and outcomes.	To differentiate tumours in paired organs; the laterality relates to the lung	Permissible values are agreed by the clinical steering groups and conform to

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SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

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NLCA = national lung cancer audit

LCI = Lung Clinical Indicator

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
4. DIAGNOSIS [continued]				
NLCA		Required for submission to the national lung cancer audit.	in which the tumour is diagnosed.	the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Left • Right • Bilateral
4.8 NLCA LCI	Final pre-treatment stage grouping	To allow for the Final pre treatment stage groupings by the multi disciplinary team meeting to be taken into account in the analysis of treatment and outcome. Required for submission to the national lung cancer audit and the information requirements of the lung cancer clinical indicators.	The combination of cT (clinical Tumour) with cN (clinical Nodes) and cM (clinical Metastasis) into stage groupings that are more or less homogeneous in respect of survival and for which the survival rates are distinctive. The stage groupings derived from cTNM (Tumour, Node and Metastasis) once established, must then remain unchanged.	Refer to UICC (International Union Against Cancer) TNM (Tumour, Node and Metastasis) Classifications of Malignant Tumours

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SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
5. MULTI DISCIPLINARY TEAM OUTCOMES				
5.0 ENCDv4.5b (5.1)	Treatment plan discussed by the multi disciplinary team	Required for the audit of National Cancer Standards 2005 and required for the use of the Multi Disciplinary Meeting (MDM) module.	To record the fact that the care of this patient was formally reviewed by a specialist team.	• Yes • No
5.1	Multi disciplinary meeting identifier	This item is required to audit against the National Cancer Standards 2005). Enables effective use of the Multi Disciplinary Meeting (MDM) module to facilitate direct patient care plans and validates data collection at source.	The operating identifier of the multi disciplinary meeting where the patient was discussed.	
5.2 ENCDv4.5b (5.2)	Date treatment plan discussed by the multi disciplinary team	Required for the audit of the National Cancer Standards and submission to National / Welsh audits required for the use of the Multi Disciplinary Meeting (MDM) module.	The date that cancer care plan was discussed by the specialist team. The date of the discussed treatment plan (of the three listed under permissible values) will be utilised in order (where more than one permissible value is listed) as per the required output specifications.	Cancer Standards 2005 • Date of the first treatment plan discussion National / Welsh audits • Date treatment plan discussed, indicated as the most significant by the multi disciplinary team • Date of the last treatment plan discussion

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
5. MULTI DISCIPLINARY TEAM OUTCOMES [continued]				
5.3 ENCDv4.5b (5.5)	Cancer treatment plan intent	To monitor treatment outcomes against local clinical policies and guidelines. To enable analysis of treatment planned versus treatment given. To monitor the number of cancer patients who received no specific anti-cancer treatment. This item is also required for the use of the multi Disciplinary Meeting (MDM) module.	The intention of the treatment which is planned for the patient at this point in time. It is appreciated that this decision may change as treatment is given and the patient's response to this treatment is assessed. Defintions of the permissible values are as values: • Curative Treatment given with the potential for cure (radical treatment) even if the proportion of patients achieving long term disease control (> 2 years) is small • Palliative anti-cancer treatment given with the aim of symptom control. (Palliative intent relates to all intended palliative treatments and not just treatments intented to be delivered by the specialist palliative care team) • Supportive treatment To sustain the patients and carers ability to cope with a chronic or deteriorating condition and including respite care • No specific anti-cancer treatment	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Curative • Palliative • Supportive treatment • No specific anti-cancer treatment

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
5. MULTI DISCIPLINARY TEAM OUTCOMES [continued]				
5.4 ENCDv4.5b (5.8)	Reason for no specific anti-cancer treatment	To monitor the reasons why cancer patients received no specific anti-cancer treatment. For the audit of the National Cancer Standards 2005 and is also required for the use of the Multi Disciplinary Meeting (MDM) module.	The reason why the patient did not receive any specific anti-cancer treatment. The permissible value 'Unfit: poor performance status' is dependent upon the output value for the 'Final pre-treatment performance status agreed by the multi disciplinary team'.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Patient declined treatment • Unfit: poor performance status • Unfit: significant co-morbidity • Unfit: advanced stage cancer • Unknown Primary Site • Died before treatment • No anti-cancer treatment available • Other • Watchful waiting • Reason not known [multiple responses possible]
5.5 ENCDv4.5b (5.10)	Final pre-treatment performance status agreed by the multi disciplinary team	To allow for performance status to be taken into account in treatment decisions and in the analysis of treatment and outcome. This item is also required for the use of the Multi Disciplinary Meeting (MDM) module.	The patients' performance status prior to treatment. If the permissible value is high and no anti-cancer treatment is given based on this value, it should be reflected in the reporting data item 'Reason for no specific anti-cancer treatment' and the permissible value 'Unfit: poor performance status' reported.	Refer to the WHO (World Health Organisation) / ECOG (Eastern Cooperative Oncology Group) scoring system

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
5. MULTI DISCIPLINARY TEAM OUTCOMES [continued]				
5.6 ENCDv4.5b (5.6)	Planned cancer treatment type	To determine the number of patients offered primary treatment types. To determine patterns of planned versus actual primary treatment types. To enable analysis of discrete groups of patients particularly where several modalities are planned. This item is also required for the use of the MDM module.	The type(s) of cancer treatments that is planned for the patient.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Surgery • Teletherapy • Chemotherapy • Hormone therapy • Specialist palliative care • Brachytherapy • Biological • Active monitoring • Other [multiple responses possible]
5.7 ENCDv4.5b (5.7)	Treatment type sequence	To determine patterns of planned primary treatment types. This item is also required for the use of the Multi Disciplinary Meeting (MDM) module.	The sequence in which the planned cancer treatment will be given. Planned treatment types are assigned a sequence number, the number will relate to the order the treatment is planned to be given e.g. radiotherapy 1, radiotherapy will be the first planned treatment. surgery 2. surgery will be the second planned treatment etc. For concurrent treatments such as chemo-	• 1 • 2 • 3 • 4 • 5

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
5. MULTI DISCIPLINARY TEAM OUTCOMES [continued]				
			radiotherapy both treatments should be assigned the same sequence number e.g. chemotherapy 1 and radiotherapy 1.	
5.8 NLCA	Site code (of planned cancer treatment type)	To determine the location of planned treatment types offered to patients. Required for submission to the national clinical cancer audit.	The organisation code for the site where the patient is (planned to be) treated.	NHS Wales Data Dictionary
5.9 NLCA	Co-morbidity index	To allow co-morbidity to be taken into account in the analysis of treatment and outcome. ACE27 is the nationally recognised and utilised co-morbidity index. Required for submission to the national lung cancer audit.	The nature of any relevant co-morbidity, to be recorded at the MDT meeting prior to the beginning of treatment.	Permissible values are in accordance with the adult co-morbidity evaluation 27 (ACE27) index. [multiple responses possible]
5.10 NLCA	Did the co-morbidity change the treatment the patient received?	To allow co-morbidity to be taken into account in the analysis of treatment and outcome. Required for submission to the national lung cancer audit.	Did the treatment the patient received change as a consequence of the patients co-morbidity.	• Yes • No [response permissible for each co-morbidity reported]
5.11 NLCA	Lung clinical nurse specialist seen	To ascertain the number of patients seen by a clinical nurse specialist. Required for submission to the national lung cancer audit.	Has the patient seen a lung clinical nurse specialist?	• Yes • No
5.12 NLCA	Date lung clinical nurse specialist first seen	To determine the time interval between diagnosis and date first seen by a specialist nurse. This reporting item is used in conjunction with reporting item 4.0 'Date of	The date the patient was first seen by a clinical nurse specialist.	

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
5. MULTI DISCIPLINARY TEAM OUTCOMES [continued]				
		diagnosis'. Required for submission to the national lung cancer audit.		

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
6. SURGERY				
6.0 ENCDv4.5b (7.4)	Surgical intent	To enable analysis by surgical intent.	The purpose of the surgical procedure(s) being carried out.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Diagnostic • Staging • Curative • Palliative
6.1 ENCDv4.5b (7.9)	Date on which surgical procedure(s) started	Diagnostic and staging procedures • To estimate the level of accuracy of the diagnosis and staging when accounting for casemix and outcome analysis. Curative and palliative procedures • To identify the date diagnostic and staging procedures were performed. To determine the time interval between referral and diagnosis by the specialist team and the start of treatment. Required to be able to measure survival time from the start of treatment. To enable the date of first definitive treatment to be recorded.	The date on which the surgical procedure was performed.	

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
6. SURGERY [continued]				
6.2 ENCDv4.5b (7.10 & 7.11)	Surgical procedure(s) carried out	To determine type of surgery performed to enable analysis of surgically related data. To measure the effectiveness of surgical procedures performed and to be used as a measure for survival.	The type of procedure performed.	See the current version of the Office of Population, Censuses and Surveys Classification of Surgical Operations and Procedures (OPCS) of interventions and procedures. *Permissible grouped values and labels will be dependant upon the output specifications.
6.3 NLCA	Site code (of surgery)	To enable surgical analysis by organisation / surgical centre. Required for submission to the national clinical cancer audits.	The organisation code for the site where the patient is treated.	NHS Data Dictionary

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
7. PATHOLOGY				
7.0	Date specimen taken	Details the date the pathological specimen was taken to enable cross-referencing with the surgical procedures performed.	The date on which the specimen was extracted.	
7.1 ENCDv4.5b (8.10)	Histological diagnosis	To determine the incidence of tumours of different histology and behaviour for epidemiological purposes.	A morphology code providing increased specificity for neoplasm recorded under diagnosis.	Refer to morphology code as in the extract of the International Classifications of Diseases for Oncology on "Morphology of Neoplasms" in ICD10. *Permissible grouped values and labels will be dependant upon the output specifications.
7.2 ENCDv4.5b (8.11)	Grade of differentiation	Prognostic factor. This field records the histopathological grade of the tumour as found in the specimen presented for examination. In tumours containing several areas of different grade, the grade of the predominant component should be recorded. For the majority of tumours (squamous carcinomas, adenosquamous carcinomas, adenocarcinomas and transitional cell carcinomas) the UICC (International Union Against Cancer) differentiation grading system should be used. Also enables survival	Qualitative assessment of the differentiation of the tumour expressed as the extent to which a tumour resembles the normal tissue at that site.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Grade of differentiation is not appropriate or cannot be assessed • Well differentiated • Moderately differentiated • Poorly differentiated • Undifferentiated/anaplastic

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
7. PATHOLOGY [continued]				
		analysis i.e. survival by grade.		
7.3 ENCDv4.5b (8.16)	T (Tumour) category (pathological)	To allow for the pathological T (Tumour) stage to be taken into account in the analysis of treatment and outcome.	Post surgical staging: the extent of the primary tumour after excision of the primary cancer. This is derived from Local Invasion - Tumour Extent and Structure (s) Invaded data items on the Pathology dataset.	Refer to UICC (International Union Against Cancer) TNM (Tumour, Node and Metastasis) Classifications of Malignant Tumours
7.4 ENCDv4.5b (8.17)	N (Node) category (pathological)	To allow for the pathological N (Node) stage to be taken into account in the analysis of treatment and outcome.	The histological evidence of the absence or presence and extent of regional lymph node metastases. This is derived from Local/Regional nodes positive, Other Nodes positive and Marker lymph node 1 positive data items on the Pathology dataset.	Refer to UICC (International Union Against Cancer) TNM (Tumour, Node and Metastasis) Classifications of Malignant Tumours
7.5 ENCDv4.5b (8.18)	M (Metastasis) category (pathological)	To allow for the pathological M (Metastasis) stage to be taken into account in the analysis of treatment and outcome.	The histological evidence of the absence or presence of distant metastases. This is derived from the Distant Metastases data item on the Pathology dataset.	Refer to UICC (International Union Against Cancer) TNM (Tumour, Node and Metastasis) Classifications of Malignant Tumours
7.6 NLCA	Pathological stage grouping	To allow for the post surgical stage groupings to be taken into account in the analysis of treatment and outcome. Required for submission to the national lung cancer audit and the information requirements of the lung cancer clinical indicators.	The combination of pT (pathological Tumour) with pN (pathological Node) and pM (pathological Metastasis) into stage groupings that are more or less homogeneous in respect of survival and for which the survival rates are distinctive. The stage groupings derived from pTNM (pathological Tumour, Node and Metastasis) once	Refer to UICC (International Union Against Cancer) TNM (Tumour, Node and Metastasis) Classifications of Malignant Tumours

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
7. PATHOLOGY [continued]				
			established, must then remain unchanged.	
7.7 NLCA	Excision margin(s) status	To determine the adequacy of the excision. Also required for submission to the national lung cancer audit.	Whether all the excision margins were clear of tumour. The reporting data item 'excision margins' relates to multiple margins which may have been assessed therefore the permissible reporting item will relate to all margins e.g. Excision margins clear will only be reported if all margins assessed are clear.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Presence of residual tumour can not be assessed • No residual tumour • Microscopic residual tumour • Macroscopic residual tumour

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
8. DRUG THERAPY [including chemotherapy, hormone and biological agents]				
8.0 ENCDv4.5b (9.10)	Date treatment started (drug therapy)	To determine the time interval between referral and diagnosis by the specialist team and the start of treatment. Required to be able to the measure survival time from the start of treatment. To enable the date of first definitive treatment to be recorded.	The date on which the drug therapy was first administered.	
8.1 ENCDv4.5b (9.8)	Treatment intent (drug therapy)	To establish the frequency of different treatment intents. To monitor treatment related outcomes. To assess patterns of chemotherapy or other drug therapy practice for comparison with best practice guidelines.	The intended outcome of the drug therapy to be administered.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Adjuvant • Neoadjuvant • Radical (curative) • Palliative
8.2 ENCDv4.5b (9.7)	Drug therapy type	To establish patterns of drug therapy treatment.	The type of drug therapy administered.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Chemotherapy • Hormone / endocrine therapy

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
8. DRUG THERAPY [including chemotherapy, hormone and biological agents] [continued]				
				• Immunotherapy • Bisphosphonate therapy • Other

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
9. RADIOTHERAPY				
9.0 ENCDv4.5b (10.8)	Date treatment started (radiotherapy)	To determine the time interval between referral and diagnosis by the specialist team and the start of treatment. Required to be able to the measure survival time from the start of treatment. To enable the date of first definitive treatment to be recorded.	The date on which the radiotherapy first administered.	
9.1 ENCDv4.5b (10.6)	Treatment intent (radiotherapy)	To assess patterns of radiotherapy practice for comparisons with best practice guidelines.	The intended outcome of the radiotherapy to be administered.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Adjuvant • Neoadjuvant • Radical (curative) • Palliative
9.2	Radiotherapy type	This data item is required to distinguish which type of radiotherapy is administered to a patient.	The type of radiotherapy administered.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Teletherapy • Brachytherapy

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
9. RADIOTHERAPY [continued]				
9.3 NLCA	Anatomical treatment site (radiotherapy)	To enable analysis of radiotherapy treatment sites. Required for submission to the national lung cancer audit and the information requirements of the lung cancer clinical indicators.	The part(s) of the body to which the prescription was administered.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review.

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
10. PALLIATIVE CARE				
10.0	Member of specialist palliative care team seen	This item is required to audit against the National Cancer Standards 2005.	Has the patient seen a member of the specialist palliative care team?	• Yes • No

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
11. CLINICAL STATUS ASSESSMENT				
11.0 ENCDv4.5b (15.1) SPCDv1.0 (9.1)	Death date	To determine survival rates and mortality rates.	Date of patient's death.	NHS Wales Data Dictionary
11.1 NLCA	Toxicity of complications at clinical status assessment	To determine patterns of adverse events associated with a treatment. Required for submission to the national lung cancer audit.	Diagnosis of complications at clinical status assessment. Any morbidity, relevant to previous chemotherapy or radiotherapy treatments that the patient has received, recorded at any subsequent patient contact.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. For Chemotherapy (only long term adverse effects need to be reported) • Moderate toxicity • Severe toxicity • Death due to toxicity For Radiotherapy (only significant morbidity needs to be reported): • Moderate toxicity • Severe toxicity • Death due to toxicity

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

Shaded data items refer to the data items contained within the Core Cancer Minimum Reporting Requirement V5.0

NLCA = national lung cancer audit

LCI = Lung Clinical Indicator

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
12. ANNUAL OPERATING FRAMEWORK: CANCER WAITING TIMES				
12.0 ENCDv4.5b (2.4) SPCDv1.0 (6.5)	Priority of referral	Facilitates the algorithm utilised to support Annual Operating Framework data collection and submission.	This is the priority of a request for services and is to be recorded for a new patient, that is, First Attendance = 1 In the case of services to be provided by a Consultant, it is as assessed by or on behalf of the Consultant.	NHS Wales Data Dictionary 1 – Urgent referral for suspected cancer from a General Medical Practitioner or General Dental Practitioner, classified by consultant 2 – Other referral source or urgency, classified by consultant
12.1	Date of decision to treat	Required for the audit of the National cancer waiting times. To measure the waiting time between date of diagnosis (date of decision to treat) and first definitive treatment for non-urgent suspected cancer patients.	The date upon which the decision to treat was confirmed between a designated member of the MDT and the patient.	Refer to Welsh Health Circular (WHC(2004)067) & CSCG (Cancer Services Coordinating Group) Cancer Waiting Times Query Log
12.2	Date of start of first definitive procedure	To determine the time interval between referral and diagnosis by the specialist team and the start of treatment. Required to be able to the measure survival time from the start of treatment. To enable the date of first definitive treatment to be recorded.	Date of start of the first definitive procedure which may be surgery (not examination under anaesthetic which is considered staging), radiotherapy, drug therapy, specialist palliative care etc. It is also reported in addition to the surgery, radiotherapy and drug therapy start date data items.	Refer to Welsh Health Circular (WHC(2004)067) & CSCG (Cancer Services Coordinating Group) Cancer Waiting Times Query Log
12.3	First procedure	To support the tracking of patients, adhering to the requirements of the Annual Operating Framework: Cancer Waiting Times.	The type of the first procedure which may be surgery (not examination under anaesthetic which is considered staging), radiotherapy, drug therapy, specialist palliative care etc. It is also reported in addition to the surgery, radiotherapy and drug therapy type	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review.

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
12. ANNUAL OPERATING FRAMEWORK: CANCER WAITING TIMES [continued]				
			data items.	• Surgery • Radiotherapy • Chemotherapy • Hormone therapy • Specialist palliative care • Biological • Brachytherapy • Active monitoring • Other
12.4	Suspension start date	Details planned treatment information used to manage patient care and service delivery to comply with cancer waiting times.	This allows the start of a period of suspension to be recorded.	Refer to Welsh Health Circular (WHC(2004)067) & CSCG (Cancer Services Coordinating Group) Cancer Waiting Times Query Log
12.5	Suspension end date	Details planned treatment information used to manage patient care and service delivery to comply with cancer waiting times.	This allows the end of a period of suspension to be recorded.	Refer to Welsh Health Circular (WHC(2004)067) & CSCG (Cancer Services Coordinating Group) Cancer Waiting Times Query Log
12.6	Reason for breach	Analysis is required at Health Board, Network, and Regional and National level on reasons why patients breach cancer waiting times. A picklist was complied after consultation with cancer waiting times staff in all Health Boards in Wales, English (Data Set Change Notice) DSCN22/2002 and was approved by the Welsh Assembly Government – Cancer Waiting Times Advisory sub-	The reason why the patient was not treated within the required treatment times according to the cancer waiting times standards.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Clinic cancellation • Outpatient capacity inadequate • Administrative delay • Elective IP (in-patient) cancellation

	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
12. ANNUAL OPERATING FRAMEWORK: CANCER WAITING TIMES [continued]				
		group.		by Trust (non- medical reason) • Elective IP cancellation by Trust: no ward beds available (patient unable to be scheduled for treatment within target time) • Elective IP cancellation by Trust: no HDU (high dependency unit) beds available (patient unable to be scheduled for treatment within target time)Elective IP cancellation by Trust: no ITU (intensive therapy unit) beds available (patient unable to be scheduled for treatment within target time) • Elective IP cancellation by Trust: no theatre time available (patient unable to be scheduled for treatment within target time) • Delay to diagnostic test(s) – delay caused by wait for diagnostic test(s) • Complex diagnostic pathway (many or complex, diagnostic tests required) • Delay in patient pathway due to referral between Trusts for radiotherapy • Delay in patient pathway due to

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
12. ANNUAL OPERATING FRAMEWORK: CANCER WAITING TIMES [continued]				
				referral for in house chemotherapy • Delay in patient pathway due to referral for tertiary chemotherapy • Delay in patient pathway due to referral for in house surgery • Delay in patient pathway due to referral for tertiary surgery • Delay in patient pathway due to referral between Trusts for specialist palliative care • Delay in patient pathway due to delay in diagnostic report being received • Consultant leave • Other (please specify) [multiple responses possible]

Key: ENCDv4.5b = English National Cancer Dataset version 4.5b; matched data item

SPCDv1.0 = Specialist Palliative Care Dataset version 1.0; matched data item

Shaded data items refer to the data items contained within the Core Cancer Minimum Reporting Requirement V5.0

NLCA = national lung cancer audit

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	Reporting Data Item	Business Justification	Definition Note: Where 'NHS Wales Data Dictionary' the definition is as per the Data Dictionary.	Permissible Values
13. CLINICAL TRIALS				
13.0 NLCA LCI	Entry indicator	To measure the number of patients offered and entered into trials. Required for submission to the national lung cancer audit and the information requirements of the lung cancer clinical indicators.	Records the trial entry status of each patient.	Permissible values are agreed by the clinical steering groups and conform to the requirements of the reporting output specifications. Currently there is no explicit requirement to map to terminologies or classifications. This will be kept under review. • Trial entry offered and accepted • Trial entry offered and declined • Trial entry not offered • Other (e.g. no trial available)