

SCP DSCN Description	DSCN Definition	WPAS/Cancer Tracker	Scenario	Question	Comments
Date of First Appointment Taken	The first appointment taken would be the first outpatient appointment or direct to one stop shop appointment. This may be the same date as the first diagnostic if it were carried out on the same date as part of the one stop shop.	First Contact Date (Patient record, has alternative labels within the Cancer Tracking module)	Patient is referred by GP, test is required and requested by GP or secondary care prior to first appointment, i.e. it is not part of 'one stop shop'	Is first appointment date of investigation?	This would be the first appointment (of any kind) after point of suspicion. If point of suspicion is GP referral, the investigation is the first appointment.
			Patient is referred by GP but POS identified to be earlier than GP referral date, e.g. outcome of radiology test	Is first appointment date of investigation?	If the point of suspicion is the radiology test then this could not also be the date of first appointment; date of first appointment would be date patient seen. The point of suspicion as defined in the POS document would be radiological test, therefore first appointment would be first patient attendance after that.
			Patient is identified as a result of a treatment, i.e. incidental from surgery.	Is first appointment date of surgery?	If the point of suspicion is the surgery then this could not also be the date of first appointment. Surgery would be the point of suspicion therefore first appointment would not be appropriate in this case and should be left blank.
			Patient is identified as a result of diagnostic, i.e. incidental finding	Is first appointment date the same as point of suspicion date	Diagnostic test would be the point of suspicion and first appointment would be first patient attendance after point of suspicion.

<p>Patient referred from screening:</p> <ul style="list-style-type: none"> <li>- <b>Breast:</b> Date of validated abnormal mammogram report that initiates return for further test/s (date of arbitration or consensus)</li> <li>- <b>Bowel:</b> Date that the lab validate a positive FOB/FIT test</li> <li>- <b>Cervical:</b> <ol style="list-style-type: none"> <li>1. Date of validated high grade urgent smear report – this is the date of validation of high grade urgent result not the date the smear was taken. The definition of the result is: -           <ol style="list-style-type: none"> <li>a. Severe dyskaryosis (? invasive squamous carcinoma)</li> <li>b. Glandular neoplasia of endocervical origin</li> <li>c. Glandular neoplasia of non-cervical origin</li> </ol> </li> <li>2. Date of validated biopsy report where cancer is confirmed           <ol style="list-style-type: none"> <li>a. Microinvasive or invasive carcinoma</li> <li>b. NOT included 'carcinoma-in situ'/CGIN/SMILE</li> </ol> </li> <li>3. Date of colposcopy procedure when cancer is suspected           <ol style="list-style-type: none"> <li>a. Date of colposcopic impression of? invasion recorded on Canisc</li> </ol> </li> </ol> </li> </ul>	<p>What is date of first appointment? Does it differ based on source?</p>	<p>This would be whatever is the first appointment for anything that the patient attends after the date of suspicion. Point of suspicion as defined in POS document; therefore first appointment would be first patient attendance after that. Screening point of suspicion is defined in POS document.</p>
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<p>POS identified in an OP clinic</p>	<p>Is outpatient date the first appointment date?</p>	<p>If the point of suspicion is the outpatient appointment, this could not also be the date of first appointment; the only exception we make to this is if the clinician then goes on to do a diagnostic on the same day e.g. patient seen in routine skin clinic, clinician is suspicious (so outpatient upgrade as source of suspicion) and clinician decides to immediately take a biopsy (date first seen and date of first diagnostic).</p> <p>Suspicion date, received date and first contact date are all the same, and the Source of Suspicion Outpatient Upgrade if the suspicion is for the same tumour site as the patient has seen in clinic. If it is a different speciality, then the suspicion and received date would be the same but the first contact date would be awaited.</p>
<p>GP referral. Decision made to request FIT first. Patient has a telephone consultation with nurse/consultant and then FIT kit is sent to patient</p>	<p>Is first appointment date of telephone consultation?</p>	<p>Work ongoing to start FIT pathway within primary care.</p>

			<p>POS identified from an emergency admission</p>	<p>Is admission date the first appointment date?</p>	<p>If the point of suspicion is the emergency, this could not also be the date of first appointment; the only exception we make to this is if the clinician then goes on to do a diagnostic same day e.g. patient seen in A&amp;E, clinician is suspicious (therefore emergency admission as source of suspicion) and clinician gets a same day CT (date first seen and date of first diagnostic).</p> <p>Being admitted does not count as first appointment, however if a diagnostic or consultation is requested, then this would count as a first appointment. Admittance would be point of suspicion and the next appointment e.g. consultant or diagnostic would be first appointment even if that occurs on the same day.</p>
<p>Date of First Diagnostic Test Undertaken</p>	<p>Date of first diagnostic test undertaken</p>	<p>Is derived from a list of diagnostics recorded in WPAS Cancer Tracker</p>	<p>Patient attends in a 'see and treat' clinic and has a procedure that is both diagnostic and treatment, i.e. (Skin Cancers)</p>	<p>Is at the treatment also recorded as a diagnostic?</p>	<p>This is both diagnostic and treatment therefore would expect the same date for first diagnostic and treatment date.</p>

			Incidental finding of cancer or suspicion of cancer as a result of investigation.	Is the investigation that triggered the suspicion recorded as the first test on pathway?	If the diagnostic test is the point of suspicion, then that is also the date for first diagnostic. The point of suspicion, first diagnostic and treatment days can all be the same date, however must occur <b>after</b> point of suspicion.
Date Patient Informed of Diagnosis	Date patient informed of malignancy or downgrade	Patient Informed Date	A diagnosis of malignancy is not confirmed on histology or cytology and radiologically not conclusive, i.e. recorded as 'suspected'. They are informed they need surgery to treat and confirm diagnosis and that cancer is a possibility.	Is the patient informed date following closed date when results are made available and patient is seen to be informed?	Being told it <i>may</i> be cancer is not correct, and it is the definitive result/confirmed cancer that should be captured. If the patient requires surgery to confirm, then the pathway should remain open until first definitive treatment. If the procedure is not to remove or treat the cancer, then it is not first definitive treatment. It is possible that the patient is informed after first definitive treatment, however it is important to capture and monitor the time taken to inform the patient whether they do or do not have cancer.