

the potential to identify areas for service redesign to improve outcomes and the delivery of cancer services in the City of Manchester, supplementing other workstreams that Macmillan is pursuing locally. [1] Routes from Diagnosis (Macmillan Cancer Support, 2014) [2] Mapping cancer patients' routes from diagnosis in Manchester (Macmillan Cancer Support & Greater Manchester Academic Health Science Network, 2015)

Abstract P-74

The National Cancer Research Institute Clinical Studies Group portfolio triaging analysis: A tool to monitor funding and recruitment activity within the NCRI CSG portfolio

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Background: The NCRI CSG portfolio triaging system categorises open studies in the UK Clinical Research Network (CRN) portfolio according to type of research funding and extent of NCRI CSG involvement during development, and examines participant recruitment to each category.

Methods: Cancer studies open on the NIHR CRN portfolio in February 2014 were assigned the following categories based on consensus by CSG Chairs, Chief Investigators and trial managers: •CSG involvement: 'Developed'; 'Consulted', 'Other' •Funding: 'Academic'; 'Partnership' ('Academically sponsored with industry support'), 'Industry' Preliminary UK study recruitment data for the year ending 31 March 2014, was provided by NIHR CRN: Cancer in March 2014, combined with the categorisation data and patterns of recruitment examined across the various categories.

Results: 542 studies were categorised, 58% (312) of studies had CSG involvement (CSG-developed or consulted); these studies accounted for 72% of recruitment to all 542 studies. 353/542 studies were interventional; 62% had CSG involvement and accounted for 85% of the total recruitment to all interventional studies. Analysis of all studies by funding demonstrated 52% (281) were academically funded, 25% (136) by industry and 23% (125) were partnership funded. Analysis of interventional trials showed, 40% (140) were academically funded, 30% (107) were industry funded and 30% (106) were partnership.

Conclusions: The NCRI CSGs had input into a majority of open studies on the NIHR CRN: Cancer portfolio in February 2014. The CSGs made significant contributions to interventional trials, notably those with an academic sponsor; interventional studies which had some element of CSG involvement accounted for 85% of total recruitment to interventional studies in 2013–2014 by March 2014. Almost half of the CSG-involved trials have academic funding and half funded by industry or partnership. Future work will categorise remaining studies, recruiting in 2013–2014 and repeat this analysis using the definitive 2013–2014 recruitment data cut.

Abstract P-75

The Mapping of datasets in the Cancer Analysis System (CAS)

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Background: Now that CAS is the primary national source of cancer data, it is essential for cancer analysts to find their way around its structure in order to link two or more tables, either directly or using intermediary tables, via common fields. The aim of this project was to provide cancer analysts with a tool for determining the best route for linking tables, which could be readily updated to accommodate for changes to the structure.

Methods: Details of every occurrence of every field available in CAS datasets were logged in a table along with its unique address in the format USER.TABLE.FIELD Addresses for fields occurring twice or more in CAS were collated within the dataset.

Results: The dataset was published as an interactive html document which provided the user with the chance to view all details of a particular field and therefore determine the best route for linking tables. The html page presents information such as the tables containing a particular field, and whether the field is indexed or a primary key. The html page can also be updated to incorporate the data items in new datasets as they become available.

Conclusion: The universal feedback from this tool has been that it complements the supporting documentation from the NCRS and better allows analysts to construct complex queries with greater ease.

Abstract P-76

A comprehensive database system with high resolution pathology data for breast cancer screening – a pilot study

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Background: Breast cancer is the first leading cause of cancer death in women in Romania with an age-adjusted (world) mortality rate of 15.2 (GLOBOCAN 2012). The country completely lacked organized cancer screening programs until recently. An exception is attempted by the national cervical cancer screening program recently initiated (2012) and a breast cancer screening pilot study in Northwestern region of Romania that started in 2014 at the Oncology Institute from Cluj-Napoca, within Norway Grants framework, in collaboration with the Cancer Registry of Norway. The correct pathological classification plays a central role in order to avoid misdiagnosis, overdiagnosis and overtreatment.

Method: We designed a database management system and a high resolution pathology dataset to ensure an optimum communication between clinician, radiologist and pathologist.

Results: The first challenge was the lack of standardization and consistency in breast biopsy result-reporting. We designed the pathology report and the subsequent high resolution dataset to integrate traditional pathological data with diagnostic molecular information to provide a quantification of the risk

associated with a particular breast lesion and the ability to distinguish indolent from aggressive disease. A special attention was given to ductal carcinoma in-situ cases, a potential pitfall for a successful screening program, as well as atypia terminology and cancer progression. We developed a breast pathology lexicon and implemented a multi-level relational database structure, integrating also digital mammography and ultrasound results.

Conclusions: Notably, a well-functioning cancer information system (screening information system but also cancer registration) is vital to investigate and evaluate the efficacy of screening interventions for cancer. Therefore, our goal is to integrate cancer screening databases with the Northwestern Cancer Registry targeting a comprehensive database management system for cancer prevention, early diagnosis and outcomes reporting and control.

Abstract P-77

Transformation of oncology nursing documentation

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Background: Clinical documentation is routinely underutilised. The format in which it has traditionally been captured does not facilitate re-use of the data. We wanted to use the information to help decision making in real time and have it available for monitoring, research and analysis. We recognised that many assessment algorithms lent themselves to electronic data capture and that modern electronic dashboards could deliver an interactive care planning tool. The challenge was to put these technologies together, tailor them to oncology nursing care and make them intuitive enough to work routinely in the ward environment. Our aim was to provide real-time decision support while keeping the focus of attention on patient-centered care and get high quality data from every shift.

Method: We implemented a comprehensive change away from paper recording for all wards at The Christie Hospital so that >90% of nursing documentation was covered by 72 new electronic assessments with care plans. For each one, the previous documentation was reviewed, updated and transformed for electronic delivery. Form design was clinically-led with ward staff engaged fully in user acceptance testing. Staff training took place over two weeks. By go-live 80% were trained. Implementation took place on one day in Dec 2014.

Results: We are beginning to collect user feedback data but widespread acceptance has meant excellent completeness and quality from go-live. The system captured >160000 submissions on 1500 patients in less than two months. The median time to complete a form was 37 s. Preliminary results indicate collection of data for CQUINs reporting has become more timely and the system is poised to provide continuous audit of care data. Secondary benefits include improved precision and timeliness on recording admission and discharge times.

Conclusion: With a high level of user-engagement and clinical expertise it is possible to transform clinical data capture.

Abstract P-78

Electronic skin cancer reporting

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Background: The RCPATH datasets provide guidance on cancer diagnosis and staging based on published evidence and facilitate consistency in reporting. The National Cancer Registration Service (NCRS) aimed to develop an electronic skin cancer reporting tool to address the issues of user-friendliness, report quality and limited data available nationally on skin cancers. The current under reporting specifically of non melanoma skin cancers represents a major issue in term service planning

Method: The tool was developed in Microsoft Word with an electronic signature to enable operation on any NHS computer. The tool facilitates reporting as per the RCPATH and COSD datasets and also provides benefits over other systems including preventing entry of text characters in numeric fields, automatic disabling of deep/peripheral margins in non-excision specimens, automatic calculation of MDT risk status, automatic SNOMED coding and automated use of correct TNM version based on anatomical site with suggestion of TNM components based on data items selected.

Results: The reporting tool has been endorsed by the Working Group on Cancer Services and allows electronic extraction of dataset items from pathology reports across England. It is being published in conjunction with the revised datasets. The launch of the dataset was in April 2014. Very early results show that it has been used to report 233 cases of Non Melanoma Skin cancer and malignant melanoma. 14 Trusts were involved.

Conclusion: The NCRS has developed an electronic reporting tool for skin cancers that reduces the duplication and burden of work and adds features not found in other electronic reporting systems whilst complying with national RCPATH and COSD datasets. Its adoption by colleagues in Trusts would allow better assessment of workload and cost associated with the care of skin cancer in England

ECONOMICS OF CANCER

Abstract P-79

The effect of deprivation on cancer incidence and mortality rates in the United Kingdom and the Republic of Ireland

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Background: This study examined the effect of deprivation on rates of incidence and mortality between 2008–2012 across the United Kingdom (UK) and Republic of Ireland (RoI). The study aimed to determine whether age standardised rates (ASRs) of incidence and mortality differed across the five countries.

Method: Deprivation was measured using the index of multiple deprivation (IMD) in the UK (composite index in Wales, income domain of IMD in England, Scotland and Northern Ireland) and the Pobal HP deprivation index in RoI. Populations were split into quintiles, from least deprived to most deprived. ASRs for incidence and mortality were calculated by sex using the 2013 European Standard Population for the fol-