



We are most grateful for your continued support. If you have any questions or feedback please phone +61 8 8363 7513 or email [college.breast.audit@surgeons.org](mailto:college.breast.audit@surgeons.org)

## Welcome to the NBCA December Newsletter

This year, the NBCA has made some significant achievements. These accomplishments include: an upgrade of the data entry website to include Minimum Data Set (MDS) entry and resulting improvements to the quality of data entry; altering patient consent to an opt-out system; contributing valuable insight into the development of operating principles for clinical quality registries through the Registries Project (conducted on behalf of the Australian Commission on Safety and Quality in Health Care); designing a new system for institutional data uploading and successfully applying for a seeding grant from Cancer Council SA.

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## Improvements in data quality and completeness

The implementation of the minimum data set (MDS) as a scrolling one-page screen on the data entry website was reported in the last newsletter. The uptake of the MDS has been good, with >50% of cases now entered using the MDS short form.

The use of the MDS has improved timeliness of data entry and completeness of MDS questions. Each MDS field now has a high level of completeness (over 95%), with the exception of margins questions. The margins fields are still problematic with only 75% of short form cases completing either margin question. Often this is due to pathology reporting constraints which are beyond the surgeon's control.

New validation rules on the updated data entry website have also contributed to an improvement in data completeness, most noticeably in diagnosis date which is up from 90% complete to 100% complete (it is now a mandatory field). These validation rules include mandatory fields where a record cannot be saved if the field is blank and incompleteness alerts which alert a data transcriber to blank MDS fields.

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## Change to opt-out consent

The audit officially moved to an opt-out consent system in June 2009. Information sheets have been designed for patients with the assistance of the Breast Cancer Network Australia (BCNA) to ensure that patients are fully informed of the audit and how their data will be used. Patients can notify their surgeon of the desire to opt-out, or can directly contact the audit team to arrange for their data to be removed.

The switch to opt-out consent provides benefits for the audit and surgeon participants while ensuring that patients are still given the option of abstaining if they so wish. The new system should increase the coverage of the audit with less data being lost due to lack of consent and by maintaining surgeon satisfaction in participation. The switch has lessened the burden on surgeons through alleviating the need for them to actively chase consent from patients. However, surgeons will need to ensure that information sheets are distributed to patients.

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## Institutional data

During 2009, data sets from the following institutions were successfully uploaded:

- Royal Melbourne Hospital, Victoria – 184 records uploaded 20/8/09
- Royal Women's Hospital, Victoria – 66 cases uploaded 10/9/09
- Western Health, Victoria – 179 cases uploaded 10/9/09
- Auckland Breast Cancer Registry, New Zealand – 1103 cases uploaded 22/10/09
- Royal Perth Hospital, Western Australia – 435 cases uploaded 3/12/09

To reduce the cost of the uploading process, an alternative method has been developed for use by the NBCA. The source data sets from newly joined institutions are now mapped and transformed by NBCA staff using a program developed in-house. The upload software developed by the external IT consultants is a generic program, which will enable its re-use for multiple institutional data sets. This new method has been successfully used for the Auckland Breast Cancer Registry data.

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## Clinical Quality Registries Project

The Australian Clinical Quality Registries project drew to a close in October 2009. This project contributed towards a re-evaluation of audit organisational practices and will influence the audit throughout 2010 as recommendations are further assessed and implemented. The audit also provided the Commission on Safety and Quality in Health Care valuable insight into the NBCA, as well as providing advice on where and how the Commission's draft principles and standards

document required review. The revised “Operating Principals & Technical Standards for Clinical Quality Registries” publication will support high quality registry operation in Australia. The NBCA was grateful for the opportunity to contribute to such an important project.

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## The future of the NBCA

After three years of valuable support, the funding contract with the National Breast and Ovarian Cancer Centre (NBOCC) expired in June of 2009. In the coming months the Royal Australasian College of Surgeons (RACS) and the newly formed Breast Surgeons Society of Australia and New Zealand (BreastSurgANZ) will be shaping the future development of the National Breast Cancer Audit.

In 2010, the NBCA will work with the NBOCC on a new project titled “Predictors of survival from breast cancer”. Further funding for 2010 includes a \$35,000 data management grant from Cancer Council SA and \$15,000 from Breast Screen Aotearoa.

Two new KPIs are due to be implemented during 2010. The first of these is the percentage of patients with high risk of recurrence after mastectomy who are referred to a radiation oncologist. Cases to be included in the calculation for this KPI are invasive tumours which are greater than or equal to 50mm, or that have greater than or equal to 4 positive nodes. A threshold of 85% has been set.

Another KPI in development is the percentage of patients with moderate or high risk of recurrence being referred to a medical oncologist for consideration of chemotherapy. Additional details will be released when they become available.

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## Publications/reports

- Wang, J., Kollias, J., Marsh, C. & Maddern, G. “Are males with early breast cancer treated differently from females with early breast cancer in Australia and New Zealand?” *The Breast*, 18 (2009) 378–381.
- Roder, D., Wang, J., Zorbas, H., Kollias, J. & Maddern, G. “Survival from Breast Cancers Managed by Surgeons Participating in the National Breast Cancer Audit of the Royal Australasian College of Surgeons.” In Press. *ANZ Journal of Surgery*.
- Wang, J. Kollias, J., Boulton, M., Babidge, W., Zorbas, H., Roder, D. & Maddern, G. “Pattern of surgical treatment for women with breast cancer in relation to age.” In Press. *The Breast Journal*.

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## Data Entry – points to remember

- Please make sure all MDS questions are complete to ensure quality data for thresholds calculations.
- If you want risk factors to be taken into account during the standards assessment process, please make a note of them in the comments section of the data entry website. This is located in the full data set.

- In the event that the data item “distance to closest circumferential margin (mm)” is between 0.1 and 0.9, this should be rounded up and entered as 1 mm for the purposes of the audit.
- When recording your final assessment of relevant margins please note that cases which do not record a precise figure for margin (e.g. that record margin as “more than 10mm” or “clear”) are not considered as real integers and cannot be entered. We recommend you request that your pathologist record precise margins if at all possible.
- If a patient does not have surgery, please enter the case as a “no surgery” patient. This means ticking the box labelled “no surgery” in the surgery section. If any question in the pathology section of the MDS is left blank, the case will be labelled “incomplete” and will have a red cross in the online “my patients” box. This is unavoidable for “no surgery” cases and the red cross will need to be ignored for these patients.
- If a patient has surgery for the primary breast cancer, but no axillary surgery, the case can be completed by inputting 0 for both nodes examined and nodes positive in the pathology section of the dataset.

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You can contact the NBCA team for help or feedback at any time:

- Catherine Yap – Acting Morbidity Audits Manager
- Primali de Silva – Senior Research Officer
- Michelle Ogilvy – Research Officer
- Louise Kennedy – Data Administrative Officer.

Contact us on +61 8 8363 7513 or email the helpdesk at [college.breast.audit@surgeons.org](mailto:college.breast.audit@surgeons.org).

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