

BREAST CANCER SURVIVORSHIP OUTCOMES IN MANCHESTER

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Using the 'Routes from Diagnosis' framework to understand variations in survivorship outcomes for Breast Cancer in the City of Manchester

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Background

'Routes from Diagnosis'¹ (RfD) links and analyses routinely collected cancer registry and HES data to map out the cancer journey for whole cohorts of patients over up to 7 years after diagnosis. This approach, which brings together information on survival, morbidities and demographics, has been replicated in the City of Manchester and expanded to include outpatient and A&E activity sourced from local providers, with work ongoing to include primary care and palliative care data. The result is a pseudonymised full pathway view of the survivorship of all City of Manchester breast cancer patients.

Methods

The RfD methodology, applied to a linked national NCDR-Inpatient HES dataset, was used to compare survivorship outcomes of patients diagnosed with breast cancer in 2002 and 2004 in the City of Manchester

with those of the national English cohort. Subsequently, local provider data were used to construct a patient-level pseudonymised dataset capturing these patients' treatment activities across multiple settings of care. This dataset was used to investigate, at a more detailed level, geographic variations in demographics, service use and outcomes of breast cancer patients across the local health economy.

Results

As a cohort, City of Manchester patients diagnosed with breast cancer in 2002 and 2004 were slightly younger at diagnosis and significantly more deprived than the English national cohort (40% vs. 33% aged under 55 at diagnosis, 60% vs. 16% in most deprived quintile of the IMD). However, data analysis demonstrated a relatively similar survivorship outcome profile for Manchester patients compared to the national cohort (Fig. A), with a lower proportion of patients

experiencing long-term complication-free survival compared to the national cohort (15% vs 20% alive at least 7 years post-diagnosis with no clinically relevant comorbidities).

Local provider data, which provide greater geographic detail, reveal a large degree of variation in demographics, service usage patterns and survivorship outcomes across the local health economy. For instance, we observed significant variation in socio-economic deprivation levels across the City: 78% of patients resident in North Manchester CCG were in the most deprived decile of the national population, compared to 66% in Central Manchester CCG and 37% in South Manchester CCG (Fig. B).

Similar variation in survivorship was observed: 35% of North Manchester CCG patients survive 7+ years post-diagnosis without cancer complications, compared

to 44% in Central Manchester CCG, 53% in South Manchester CCG and 48% in the wider national cohort (Fig. C). From a geographic perspective, key differences in both the rate and cause of unplanned admissions were also evident (Fig. D).

Conclusions

Localising the Routes from Diagnosis framework has highlighted the inequalities in outcomes that can exist across a local health economy, but which may be masked when considering aggregate 'average' data alone. Outputs from the analysis have identified areas for service redesign interventions to improve the outcomes and delivery of cancer care services in the City of Manchester, supplementing the other work-streams that Macmillan is pursuing in the area.

References:

¹ Routes from Diagnosis, Macmillan Cancer Support, 2014

Figure A: Distribution of patients among Survivorship Outcome Groups, National vs. Manchester

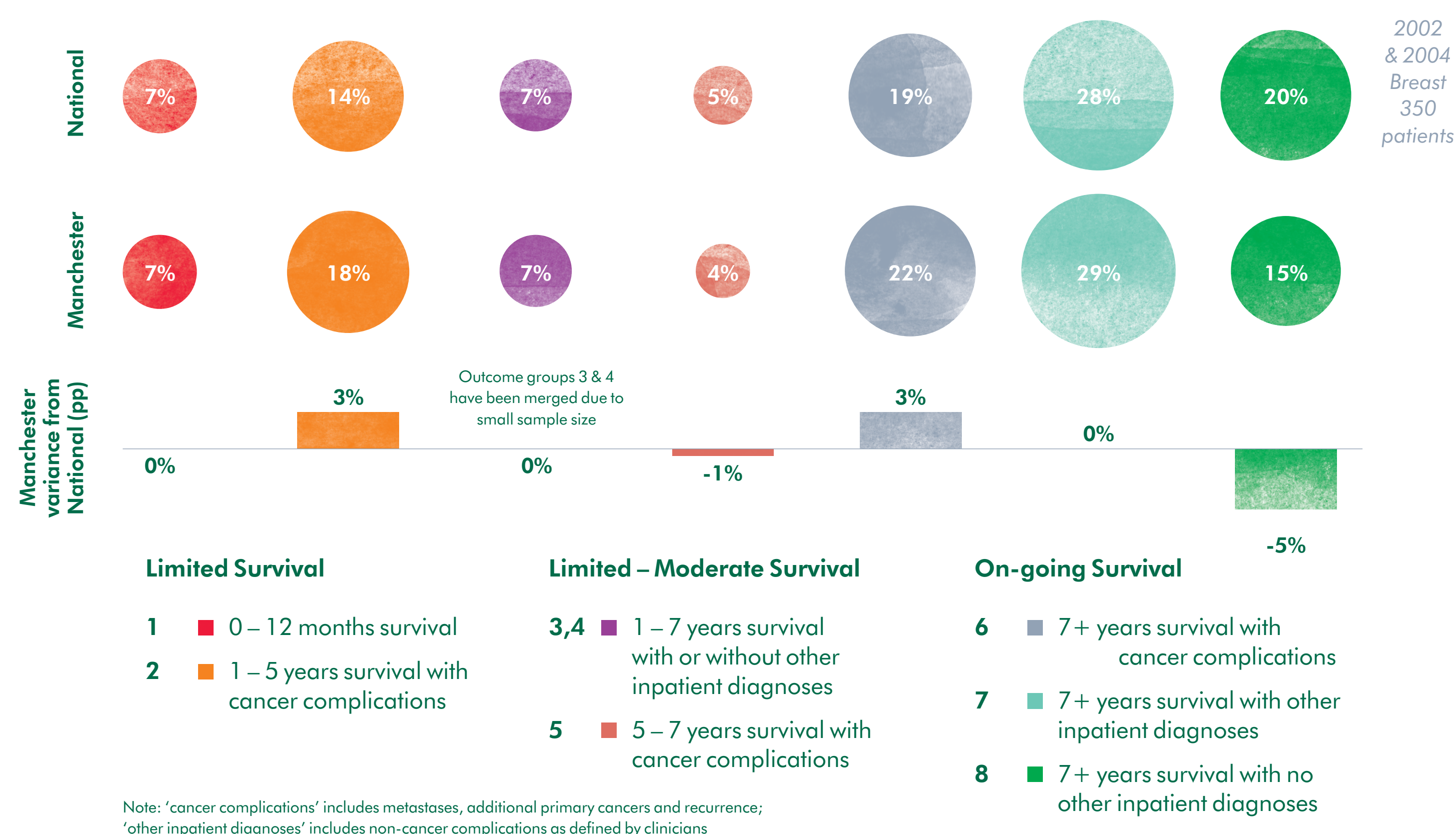


Figure B: Demographic differences between patients, by CCG of residence

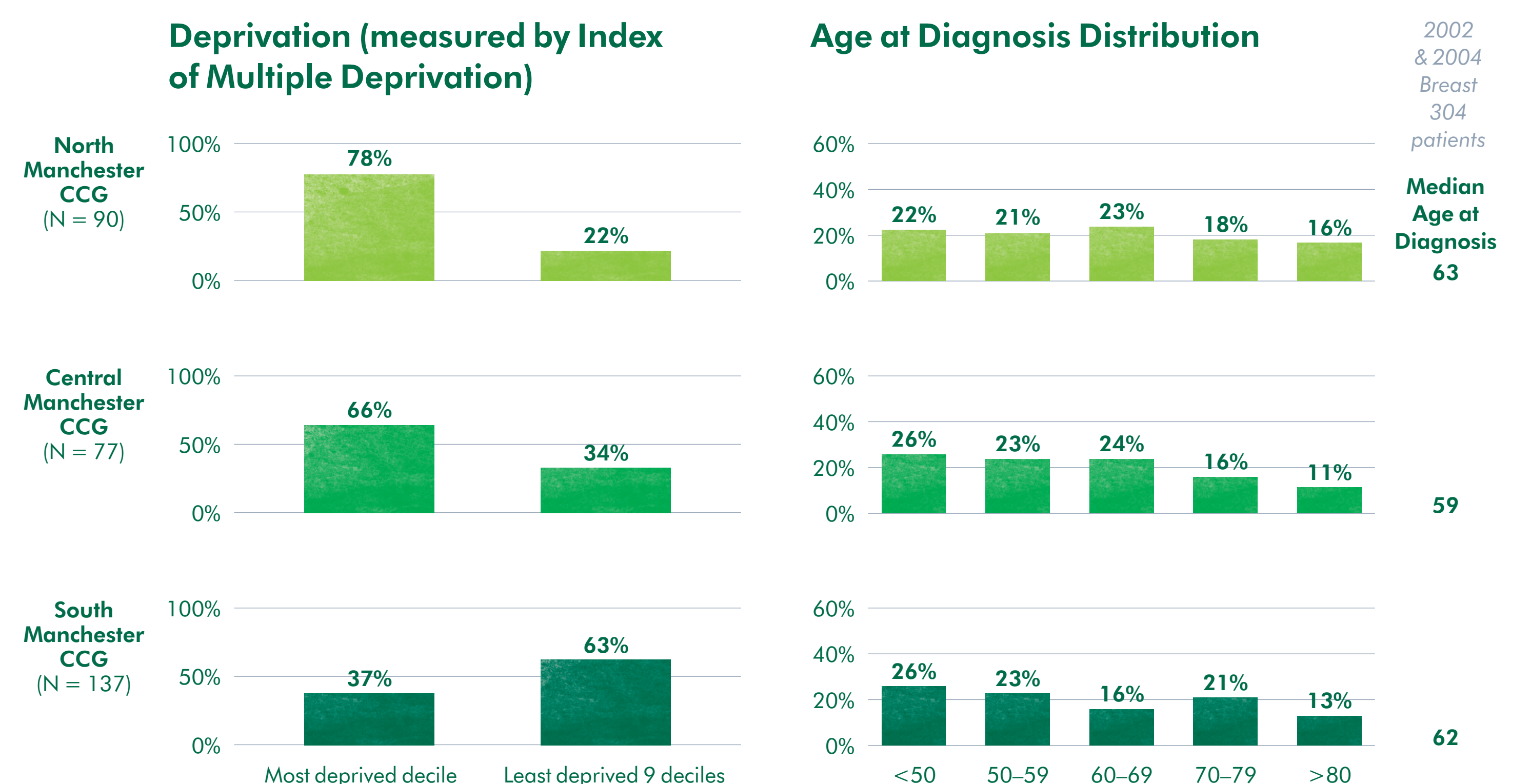


Figure C: Distribution of patients among Survivorship Outcome Groups, by CCG of residence

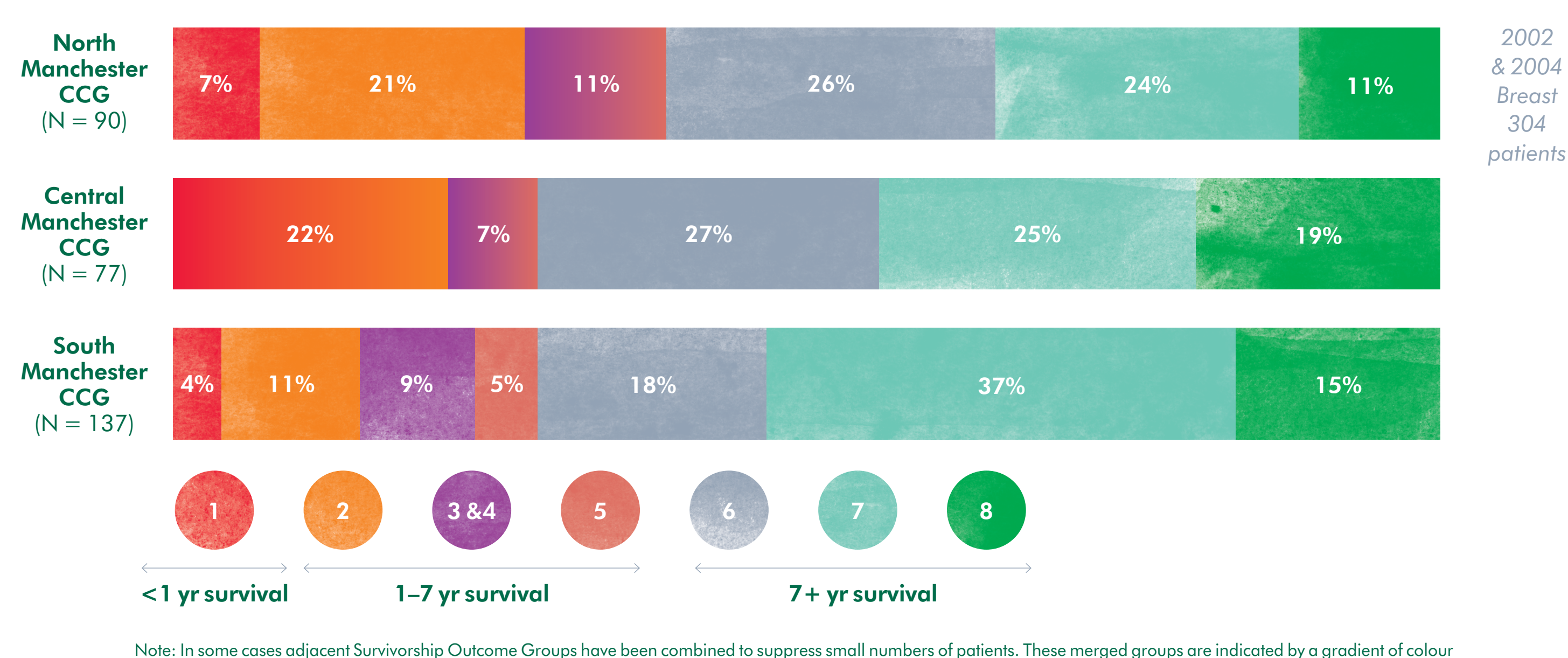
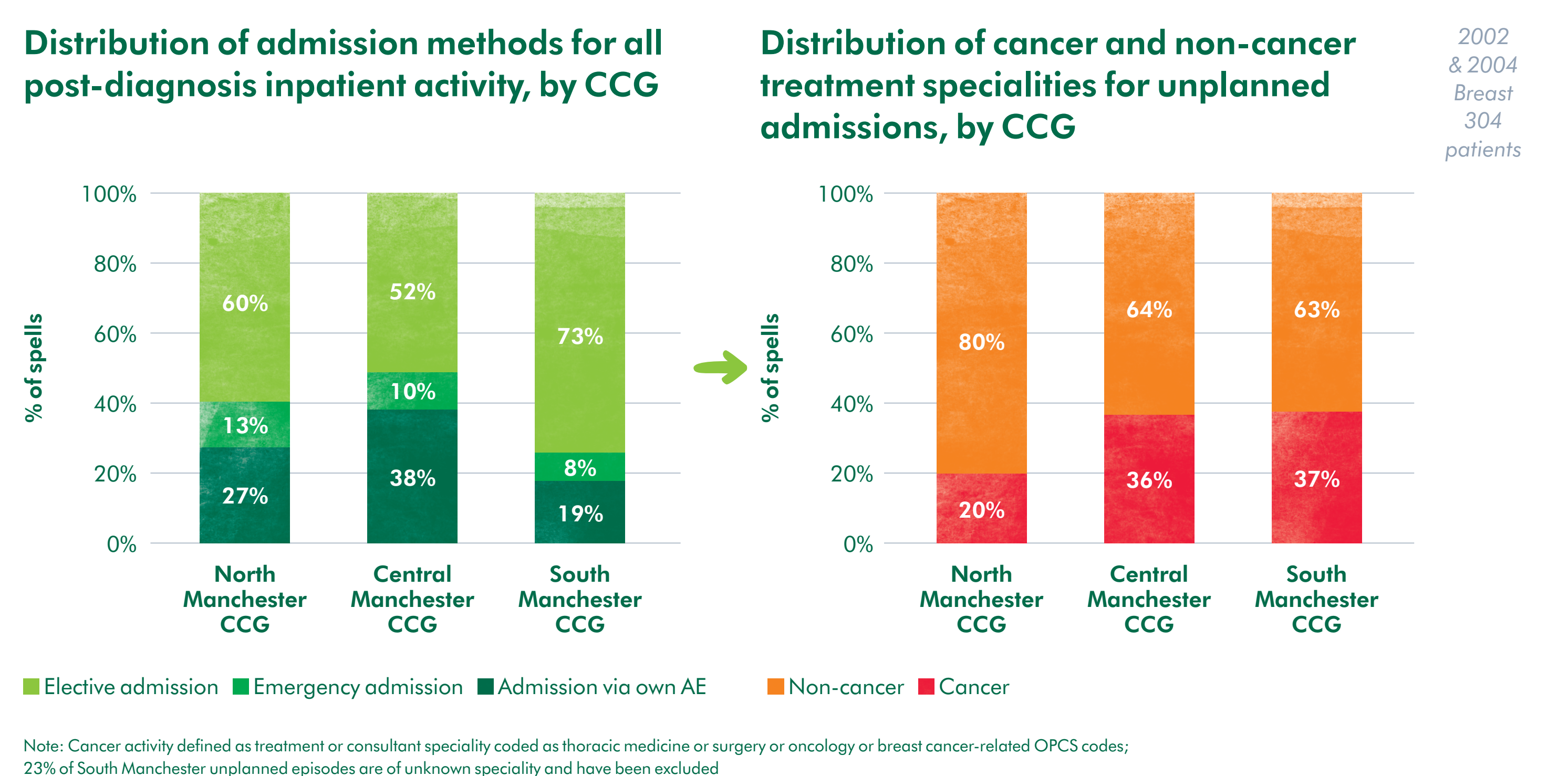


Figure D: Differences in both rate and cause of unplanned admissions, by CCG



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For further findings, see Routes from Diagnosis: the most detailed map of cancer survivorship yet

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