



**Connecting for Health**

**DSC Notice: 09/2005**  
**Date of Issue: May 2005**

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<b>NHS Information Standards Board</b>	Subject: <b>Data Standards: Cancer Registration Data Set</b>
	Implementation Date: <b>1 April 2005</b>

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### **DATA SET CHANGE CONTROL PROCEDURE**

**This paper gives notification of changes to be included in the NHS Data Dictionary and the NHS CDS Manual as appropriate. These will be consolidated into the publications in due course.**

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#### **Summary of Changes:**

Addition to the NHS Data Dictionary of the new Cancer Registration Data Set, to be used for patient data collected from all sources by the nine regional cancer registries.

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*The NHS Information Standards Board (ISB) is responsible for approving information standards. The ISB output related to the assurance and sign-off of this standard can be found at [www.isb.nhs.uk](http://www.isb.nhs.uk)*

**Data Set Change Notices are located at:**

**<http://www.nhsia.nhs.uk/dscn> and on the NHSnet at:  
<http://nww.nhsia.nhs.uk/dscn>**

### NHS Data Model and Dictionary Service

**Reference:** Change Request 706  
**Version No:** 1.6  
**Subject:** Cancer Registration Dataset  
**Type of Change:** Update to the NHS Data Dictionary  
**Effective Date:** 1 April 2005  
**Reason for Change:** The Cancer Registration Dataset has received approval from the Information Standards Board as an Operational Standard. This approval is only valid until March 2007. It is anticipated that after this date the data collection will be from Connecting for Health operational systems which may necessitate some changes to these items. This DSCN identifies the data elements that support the Cancer Registration Dataset.

#### Background:

Cancer registration in England is conducted by nine regional registries which collect and collate data on cancers in their designated area, and submit a standard dataset on these registrations to the National Cancer Bureau at the Office for National Statistics (ONS). The National Cancer Intelligence Centre at ONS coordinates the national collation of cancer registration data and carries out a wide range of secondary analysis and research.

Cancer registration is essential to monitor the implementation of the NHS Cancer Plan, which aims to improve the quality of care and survival for cancer patients. Reliable population based information on cancer incidence, prevalence and survival rates is needed and cancer registration is the only available source.

Cancer registries need to collate data on individual patients from multiple sources and over long time periods. These sources include district general hospitals, cancer centres, hospices, private hospitals, cancer screening programmes, other cancer registries, primary care, nursing homes and death certificates. Data are frequently collected from several sources within an individual institution (e.g. pathology departments, medical records and radiotherapy databases).

The dataset requirements for cancer registration, are a subset of the current approved version of the National Cancer Dataset. The Cancer Registration Dataset will be used by all NHS Trusts and Cancer Networks to record data in an approved standard format that are capable of being collected and transmitted electronically by the new services under development by the National Programme for IT.

This DSCN updates the NHS Data Dictionary with the Cancer Registration Dataset. It does not mandate collection from April 2005. Electronic data will initially be collected in whatever format is available and then transformed to be used by XML schema for transmission to the Cancer Registries. The XML schema tested in the Pilot Trials will be used as an interim measure until more and more data is capable of being output to conform to NPfIT standards for transmission to the NHS Care Records Service. The validity of the data collection and use has been approved by Patient Information Advisory Group. The data collection method will develop into a routine electronic process over time.

#### Summary of changes:

##### Data Elements

[PERSON FAMILY NAME \(AT BIRTH\)](#) New Data Element

##### Dataset

[CANCER REGISTRATION DATASET](#) New Dataset

[NATIONAL CANCER DATASET](#) Change to Table

##### Supporting Information

[CANCER REGISTRATION DATASET OVERVIEW](#) New Supporting Information

**Date:** 3 June 2005

**Sponsor:** NPfIT and Department of Health

**Note:** Additions shown in highlighted with a blue background. Deletions are shown using strikethrough. Within the Diagrams deleted classes and relationships are shown as red in colour, blue is used for changed items and green is used for created items.

## PERSON FAMILY NAME (AT BIRTH)

Change to Data Element: New Data Element

### PERSON FAMILY NAME (AT BIRTH)

Format/length:	See PERSON FAMILY NAME
HES item:	
National Codes:	
Default Codes:	

#### Notes:

This is the same as PERSON FAMILY NAME where the PERSON NAME CLASSIFICATION is b. 'Birth Name'.

The PATIENT's surname at birth.

#### This data element is also known by these names:

Context	Alias
plural	PERSON FAMILY NAMES (AT BIRTH)

## CANCER REGISTRATION DATASET

Change to Dataset: New Dataset

### Cancer Registration Dataset

Cancer Registration Dataset	
Dataset Data Elements	Notes:
<b>DEMOGRAPHICS:</b> It is anticipated that some of the demographic data items listed below will be collected by every provider with which the patient has contact. Where this information is exchanged, the appropriate data item name should be used to identify the particular instance of the data.	
NHS NUMBER	
LOCAL PATIENT IDENTIFIER	
ORGANISATION CODE (CODE OF PROVIDER)	
CARE SPELL IDENTIFIER	
PERSON FAMILY NAME	
PERSON GIVEN NAME	
PATIENT USUAL ADDRESS (AT DIAGNOSIS)	
POSTCODE OF USUAL ADDRESS (AT DIAGNOSIS)	
PERSON GENDER CURRENT	
PERSON BIRTH DATE	
GMP (CODE OF REGISTERED OR REFERRING GMP)	This need only be collected by those sites who find it difficult to collect the GP Practice Code below.
CODE OF GP PRACTICE (REGISTERED GMP)	
ORGANISATION CODE (RESPONSIBLE PCT)	This need not be collected directly by clinical staff

PERSON FAMILY NAME (AT BIRTH)	This is not usually readily available from a hospital PAS system. It should be collected prospectively on contact with the patient.
ETHNIC CATEGORY	
<b>REFERRALS</b>	
REFERRING ORGANISATION CODE	
REFERRER CODE	
CANCER REFERRAL PRIORITY TYPE	
CANCER REFERRAL DECISION DATE	
REFERRAL REQUEST RECEIVED DATE	
CONSULTANT CODE	Referred to
MAIN SPECIALTY CODE	Can be derived from consultant code
DATE FIRST SEEN	
DELAY REASON REFERRAL TO FIRST SEEN (CANCER)	
DELAY REASON COMMENT (FIRST SEEN)	
URGENT CANCER REFERRAL TYPE	
CANCER STATUS	
WAITING TIME ADJUSTMENT (FIRST SEEN)	
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	
SOURCE OF REFERRAL FOR OUT-PATIENTS	
SITE CODE (OF IMAGING)	
CLINICAL INTERVENTION DATE (CANCER IMAGING)	
CANCER IMAGING MODALITY	
ANATOMICAL EXAMINATION SITE	
INVASIVE LESION SIZE (RADIOLOGICAL DETERMINATION)	
<b>DIAGNOSIS:</b> These fields should record the definitive diagnosis as known to the hospital in question, based on the information available at the time the items were completed. There will be only one definitive diagnosis entry held.	
DIAGNOSIS DATE (CANCER)	
PRIMARY DIAGNOSIS (ICD)	
TUMOUR LATERALITY	
BASIS OF DIAGNOSIS (CANCER)	
HISTOLOGY (SNOMED)	
GRADE OF DIFFERENTIATION (AT DIAGNOSIS)	
<b>CANCER CARE PLAN:</b> There may be a number of cancer care plans, on different dates.	
MDT DISCUSSION INDICATOR	Was this cancer care plan discussed at an MDT meeting?
MULTIDISCIPLINARY TEAM DISCUSSION DATE	The date of the MDT meeting at which the cancer care plan was discussed
CARE PLAN AGREED DATE	
RECURRENCE INDICATOR	
CANCER CARE PLAN INTENT	
PLANNED CANCER TREATMENT TYPE	
TREATMENT TYPE SEQUENCE	
NO CANCER TREATMENT REASON	
CO-MORBIDITY INDEX FOR ADULTS	Investigations into the possible use of the ACE-27 coding system are continuing.
PERFORMANCE STATUS (ADULT)	
<b>STAGING:</b>	

<b>These fields should be recorded at the time that the first cancer care plan is agreed. Cancer registries require the first pre-treatment stage, i.e. the stage at diagnosis.</b>	
T CATEGORY (FINAL PRETREATMENT)	
STAGING CERTAINTY FACTOR (T CATEGORY)	
N CATEGORY (FINAL PRETREATMENT)	
STAGING CERTAINTY FACTOR (N CATEGORY)	
M CATEGORY (FINAL PRETREATMENT)	
STAGING CERTAINTY FACTOR (M CATEGORY)	
TNM CATEGORY (FINAL PRETREATMENT)	
STAGING CERTAINTY FACTOR (TNM CATEGORY)	
SITE SPECIFIC STAGING CLASSIFICATION	
TNM CATEGORY (INTEGRATED)	
T CATEGORY (INTEGRATED STAGE)	
N CATEGORY (INTEGRATED STAGE)	
M CATEGORY (INTEGRATED STAGE)	
<b>SURGERY AND OTHER PROCEDURES:</b> <b>This can be adapted for other procedures including interventional radiology, laser treatment, endoscopies etc. and photo-dynamic procedures. This also includes procedures offered as supportive care.</b>	
SITE CODE (OF SURGERY)	
CONSULTANT CODE	Managing consultant code
MAIN SPECIALTY CODE	Can be derived from consultant code
CANCER TREATMENT INTENT	
DECISION TO TREAT DATE (SURGERY)	
START DATE (SURGERY HOSPITAL PROVIDER SPELL)	
PROCEDURE DATE	
PRIMARY PROCEDURE (OPCS)	
PROCEDURE (OPCS)	This may occur more than once
DISCHARGE DATE (HOSPITAL PROVIDER SPELL)	
DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)	
<b>PATHOLOGY DETAILS:</b> <b>It is expected that all the data items on the minimum RCPATH dataset will be collected. The pathology data items below are a subset of that dataset. A patient may have any number of pathology reports, and there may be more than one pathology report per specimen. If the original report is reviewed or revised, then a new pathology module will need to be completed and dated, with the data item 'Second Opinion' on the RCPATH Dataset marked as 'Y'</b>	
PATHOLOGY INVESTIGATION TYPE	
SAMPLE RECEIPT DATE	
INVESTIGATION RESULT DATE	
CONSULTANT CODE (PATHOLOGIST)	
ORGANISATION CODE (OF REPORTING PATHOLOGY)	
PRIMARY DIAGNOSIS (ICD)	
TUMOUR LATERALITY	
INVASIVE LESION SIZE	
SYNCHRONOUS TUMOUR INDICATOR	
HISTOLOGY (SNOMED)	
GRADE OF DIFFERENTIATION	
CANCER VASCULAR OR LYMPHATIC INVASION	
EXCISION MARGIN	
NODES EXAMINED NUMBER	
NODES POSITIVE NUMBER	
T CATEGORY (PATHOLOGICAL)	

N CATEGORY (PATHOLOGICAL)	
M CATEGORY (PATHOLOGICAL)	
TNM CATEGORY (PATHOLOGICAL)	
SERVICE REPORT IDENTIFIER	
SERVICE REPORT STATUS	
SPECIMEN NATURE	
ORGANISATION CODE (REQUESTED BY)	
CARE PROFESSIONAL CODE (REQUESTED BY)	
T CATEGORY EXTENDED (PATHOLOGICAL)	
M CATEGORY EXTENDED (PATHOLOGICAL)	
<b>CHEMOTHERAPY AND OTHER DRUGS:</b> <b>Chemotherapy and/or other anti-Cancer and/or Supportive drugs given to the patient during their treatment.</b>	
SITE CODE (OF CANCER DRUG TREATMENT)	
CONSULTANT CODE	Managing Consultant
MAIN SPECIALTY CODE	Can be derived from consultant code
DECISION TO TREAT DATE (ANTI-CANCER DRUG REGIMEN)	
DRUG THERAPY TYPE	
DRUG TREATMENT INTENT	
DRUG REGIMEN ACRONYM	
START DATE (ANTI-CANCER DRUG REGIMEN)	
<b>RADIOTHERAPY</b>	
<b>Radiotherapy (Teletherapy):</b> <b>A course of teletherapy is defined as a string of prescriptions which are consecutive.</b>	
SITE CODE (OF TELETHERAPY)	
CONSULTANT CODE	Managing consultant
DECISION TO TREAT DATE (TELETHERAPY TREATMENT COURSE)	
CANCER TREATMENT INTENT	
ANATOMICAL EXAMINATION SITE	
START DATE (TELETHERAPY TREATMENT COURSE)	
<b>Radiotherapy (Brachytherapy):</b> <b>A course of brachytherapy is defined as a string of prescriptions which are consecutive.</b>	
SITE CODE (OF BRACHYTHERAPY)	
CONSULTANT CODE	Managing Consultant
DECISION TO TREAT DATE (BRACHYTHERAPY TREATMENT COURSE)	
CANCER TREATMENT INTENT	
BRACHYTHERAPY TYPE	
ANATOMICAL EXAMINATION SITE	
START DATE (BRACHYTHERAPY TREATMENT COURSE)	
<b>PALLIATIVE CARE:</b> <b>It is expected that this section will be completed whenever an intervention occurs that involves one face-to-face contact with the patient. It is expected that a Cancer Care Plan will also be completed for the Palliative Care Management Plan.</b>	<b>The Palliative Care data items are in the process of being developed.</b>
DECISION TO TREAT DATE (SPECIALIST PALLIATIVE TREATMENT COURSE)	
START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE)	
<b>CLINICAL TRIALS:</b> <b>Additional information corresponding to patients ineligible for a trial, or whether there is no trial available, can be recorded if required.</b>	<b>Clinical Trials information will be completed for every Clinical Trial in which the patient is involved</b>
PATIENT TRIAL STATUS (CANCER)	
CANCER CLINICAL TRIAL TREATMENT TYPE	
<b>DEATH DETAILS</b>	
PERSON DEATH DATE	

DEATH LOCATION TYPE	
DEATH CAUSE IDENTIFICATION METHOD	
The data items below will usually not be collected directly by the Trust; information would come from Cancer Registries.	
DEATH CAUSE CODE (IMMEDIATE)	
DEATH CAUSE CODE (CONDITION)	
DEATH CAUSE CODE (UNDERLYING)	
DEATH CAUSE CODE (SIGNIFICANT)	

## NATIONAL CANCER DATASET

Change to Dataset: Change to Table

~~NATIONAL CANCER DATA SET~~

National Cancer Dataset Overview Text

**NATIONAL CANCER DATASET**

## Site Specific Cancers

[Breast Cancer](#)

[Colorectal Cancer](#)

[Lung Cancer](#)

[Head and Neck Cancer](#)

[Sarcoma and Skin Cancer](#)

[Urological Cancer](#)

[Upper GI Cancer](#)

[Gynaecological Cancer](#)

Dataset data element
<b>Demographics</b>
NHS NUMBER
LOCAL PATIENT IDENTIFIER
ORGANISATION CODE (CODE OF PROVIDER)
CARE SPELL IDENTIFIER
PERSON FAMILY NAME
PERSON GIVEN NAME
PATIENT USUAL ADDRESS (AT DIAGNOSIS)
POSTCODE OF USUAL ADDRESS (AT DIAGNOSIS)
SEX
BIRTH DATE
GMP (CODE OF REGISTERED OR REFERRING GMP)
CODE OF GP PRACTICE (REGISTERED GMP)
ORGANISATION CODE (RESPONSIBLE PCT)
PERSON FAMILY NAME (AT BIRTH)
ETHNIC CATEGORY
<b>Referrals</b>
SOURCE OF REFERRAL FOR CANCER
REFERRING ORGANISATION CODE
REFERRER CODE
CANCER REFERRAL PRIORITY TYPE
CANCER REFERRAL DECISION DATE
REFERRAL REQUEST RECEIVED DATE
CONSULTANT CODE
MAIN SPECIALTY CODE
DATE FIRST SEEN
DELAY REASON REFERRAL TO FIRST SEEN (CANCER)
DELAY REASON COMMENT (FIRST SEEN)
URGENT CANCER REFERRAL TYPE

CANCER STATUS
WAITING TIME ADJUSTMENT (FIRST SEEN)
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)
SOURCE OF REFERRAL FOR OUT-PATIENTS
<b>Imaging</b>
SITE CODE (OF IMAGING)
CLINICAL INTERVENTION DATE (CANCER IMAGING)
CANCER IMAGING MODALITY
ANATOMICAL EXAMINATION SITE
INVASIVE LESION SIZE (RADIOLOGICAL DETERMINATION)
<b>Diagnosis</b>
DIAGNOSIS DATE (CANCER)
PRIMARY DIAGNOSIS (ICD)
TUMOUR LATERALITY
BASIS OF DIAGNOSIS (CANCER)
HISTOLOGY (SNOMED)
GRADE OF DIFFERENTIATION (AT DIAGNOSIS)
<b>Cancer Care Plan</b>
MDT DISCUSSION INDICATOR
MULTIDISCIPLINARY TEAM DISCUSSION DATE
CARE PLAN AGREED DATE
RECURRENCE INDICATOR
CANCER CARE PLAN INTENT
PLANNED CANCER TREATMENT TYPE
TREATMENT TYPE SEQUENCE
NO CANCER TREATMENT REASON
PERFORMANCE STATUS (ADULT)
<b>Staging</b>
T CATEGORY (FINAL PRETREATMENT)
STAGING CERTAINTY FACTOR (T CATEGORY)
N CATEGORY (FINAL PRETREATMENT)
STAGING CERTAINTY FACTOR (N CATEGORY)
M CATEGORY (FINAL PRETREATMENT)
STAGING CERTAINTY FACTOR (M CATEGORY)
TNM CATEGORY (FINAL PRETREATMENT)
STAGING CERTAINTY FACTOR (TNM CATEGORY)
SITE SPECIFIC STAGING CLASSIFICATION
TNM CATEGORY (INTEGRATED)
T CATEGORY (INTEGRATED STAGE)
N CATEGORY (INTEGRATED STAGE)
M CATEGORY (INTEGRATED STAGE)
<b>Surgery and Other Procedures</b>
SITE CODE (OF SURGERY)
CONSULTANT CODE
MAIN SPECIALTY CODE
CANCER TREATMENT INTENT
DECISION TO TREAT DATE (SURGERY)
START DATE (SURGERY HOSPITAL PROVIDER SPELL)
PROCEDURE DATE
PRIMARY PROCEDURE (OPCS)
PROCEDURE (OPCS)



DISCHARGE DATE (HOSPITAL PROVIDER SPELL)
DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)
<b>Pathology Details</b>
PATHOLOGY INVESTIGATION TYPE
SAMPLE RECEIPT DATE
INVESTIGATION RESULT DATE
CONSULTANT CODE (PATHOLOGIST)
ORGANISATION CODE (OF REPORTING PATHOLOGY)
PRIMARY DIAGNOSIS (ICD)
TUMOUR LATERALITY
INVASIVE LESION SIZE
SYNCHRONOUS TUMOUR INDICATOR
HISTOLOGY (SNOMED)
GRADE OF DIFFERENTIATION
CANCER VASCULAR OR LYMPHATIC INVASION
EXCISION MARGIN
NODES EXAMINED NUMBER
NODES POSITIVE NUMBER
T CATEGORY (PATHOLOGICAL)
N CATEGORY (PATHOLOGICAL)
M CATEGORY (PATHOLOGICAL)
TNM CATEGORY (PATHOLOGICAL)
SERVICE REPORT IDENTIFIER
SERVICE REPORT STATUS
SPECIMEN NATURE
<b>Chemotherapy and other drugs</b>
SITE CODE (OF CANCER DRUG TREATMENT)
CONSULTANT CODE
MAIN SPECIALTY CODE
DECISION TO TREAT DATE (ANTI-CANCER DRUG REGIMEN)
DRUG THERAPY TYPE
DRUG TREATMENT INTENT
DRUG REGIMEN ACRONYM
START DATE (ANTI-CANCER DRUG REGIMEN)
RECORDED HEIGHT (CANCER DRUG TREATMENT)
RECORDED WEIGHT (CANCER DRUG TREATMENT)
PERSON BODY SURFACE AREA (PRETREATMENT)
CREATININE CLEARANCE
START DATE (ANTI-CANCER DRUG FRACTION)
ANTI-CANCER DRUG CYCLE IDENTIFIER
DAY NUMBER (ANTI-CANCER DRUG CYCLE)
DURATION OF ANTI-CANCER DRUG CYCLE
DRUG PROGRAMME RESPONSE
PLANNED TREATMENT CHANGE REASON
HEALTHCARE RESOURCE GROUP CODE
<b>Radiotherapy (Teletherapy)</b>
SITE CODE (OF TELETHERAPY)
CONSULTANT CODE
DECISION TO TREAT DATE (TELETHERAPY TREATMENT COURSE)
CANCER TREATMENT INTENT
START DATE (TELETHERAPY TREATMENT COURSE)

END DATE (TELETHERAPY TREATMENT COURSE)
RADIOTHERAPY PRESCRIBED DOSE
TELETHERAPY PRESCRIBED FRACTIONS
RADIOTHERAPY PRESCRIBED DURATION
RADIOTHERAPY ACTUAL DOSE
TELETHERAPY ACTUAL FRACTIONS
DURATION OF TELETHERAPY TREATMENT COURSE
TELETHERAPY BEAM TYPE
TELETHERAPY BEAM ENERGY
TELETHERAPY FIELDS
TELETHERAPY COMPLEXITY GROUP
RADIOTHERAPY ANAESTHETIC
TELETHERAPY MULTIPLE PLANNING
HEALTHCARE RESOURCE GROUP CODE
TREATMENT COURSE STATUS
<b>Radiotherapy (Brachytherapy)</b>
SITE CODE (OF BRACHYTHERAPY)
CONSULTANT CODE
DECISION TO TREAT DATE (BRACHYTHERAPY TREATMENT COURSE)
CANCER TREATMENT INTENT
BRACHYTHERAPY TYPE
START DATE (BRACHYTHERAPY TREATMENT COURSE)
END DATE (BRACHYTHERAPY TREATMENT COURSE)
RADIOTHERAPY PRESCRIBED DOSE
BRACHYTHERAPY PRESCRIBED FRACTIONS
RADIOTHERAPY PRESCRIBED DURATION
RADIOTHERAPY ACTUAL DOSE
BRACHYTHERAPY DOSE RATE
DURATION OF BRACHYTHERAPY TREATMENT COURSE
BRACHYTHERAPY ISOTOPE TYPE
RADIOTHERAPY ANAESTHETIC
UNSEALED SOURCE PATIENT TYPE
BRACHYTHERAPY DELIVERY TYPE
HEALTHCARE RESOURCE GROUP CODE
TREATMENT COURSE STATUS
<b>Palliative Care</b>
DECISION TO TREAT DATE (SPECIALIST PALLIATIVE TREATMENT COURSE)
START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE)
<b>Clinical Trials</b>
PATIENT TRIAL STATUS (CANCER)
CANCER CLINICAL TRIAL TREATMENT TYPE
<b>Clinical Status Assessment</b>
CLINICAL STATUS ASSESSMENT DATE (CANCER)
PRIMARY TUMOUR STATUS
NODAL STATUS
METASTATIC STATUS
MARKER RESPONSE STATUS
PERFORMANCE STATUS (ADULT)
TREATMENT TYPE (CANCER MORBIDITY)
MORBIDITY CODE (CANCER SURGERY)
PATIENT FOLLOW-UP STATUS (CANCER)

MORBIDITY CODE (CHEMOTHERAPY)
MORBIDITY CODE (RADIOTHERAPY)
MORBIDITY CODE (COMBINATION)
<b>Death Details</b>
PERSON DEATH DATE
DEATH LOCATION TYPE
DEATH CAUSE IDENTIFICATION METHOD
DEATH CAUSE CANCER
DEATH CAUSE CODE (IMMEDIATE)
DEATH CAUSE CODE (CONDITION)
DEATH CAUSE CODE (UNDERLYING)
DEATH CAUSE CODE (SIGNIFICANT)
DEATH CODE DISCREPANCY ORIGINATOR

**Dataset data element**

<b>Waiting Times Details</b>
WAITING TIME ADJUSTMENT (DECISION TO TREAT)
WAITING TIME ADJUSTMENT (TREATMENT)
WAITING TIME ADJUSTMENT REASON (DECISION TO TREAT)
WAITING TIME ADJUSTMENT REASON (TREATMENT)
DELAY REASON REFERRAL TO TREATMENT (CANCER)
DELAY REASON DECISION TO TREATMENT (CANCER)
DELAY REASON COMMENT (REFERRAL TO TREATMENT)
DELAY REASON COMMENT (DECISION TO TREATMENT)
DECISION TO TREAT DATE (ACTIVE MONITORING)
START DATE (ACTIVE MONITORING)

**Site-Specific Data Elements**

[Breast Cancer](#)

<b>Breast Cancer</b>
<b>Dataset data element</b>
DIAGNOSTIC ROUTE
BREAST CANCER NURSE SEEN
RESPONSIBLE CARE PROFESSIONAL CODE (OPCS)
MENSTRUAL STATUS
LMP DATE
CLINICAL EXAMINATION FINDINGS (BREAST CANCER)
ENDOCRINE THERAPY TYPE
MARKER LYMPH NODE RESULT

[Colorectal Cancer](#)

<b>Colorectal Cancer</b>
<b>Dataset data element</b>
DIAGNOSTIC ROUTE
COLORECTAL NURSE OR STOMA THERAPIST SEEN
RESPONSIBLE CARE PROFESSIONAL CODE (OPCS)
GRADE OF RESPONSIBLE HCP
PATIENT PROCEDURE RESULT (COLONOSCOPY)
COLONOSCOPY INCOMPLETE REASON
COLORECTAL NURSE OR STOMA THERAPIST SEEN
SURGICAL URGENCY

THEATRE CASE START TIME
MARKER LYMPH NODE RESULT

[Lung Cancer](#)

Lung Cancer
Dataset data element
SMOKING STATUS
YEAR STOPPED SMOKING
ESTIMATED PACK YEARS
COPD PRESENT
FEV1 ABSOLUTE AMOUNT
FEV1 PERCENTAGE

[Head and Neck Cancer](#)

Head and Neck Cancer
Dataset data element
PATIENT HISTORY (CANCER DIAGNOSIS)
YEAR CANCER DIAGNOSED
PREVIOUS TREATMENT ELSEWHERE
TOBACCO USAGE TYPE
SMOKING STATUS
TOBACCO CHEWING HISTORY
YEAR STOPPED SMOKING
ESTIMATED PACK YEARS
ALCOHOL STATUS
QUALITY OF LIFE (AT DIAGNOSIS)
SYMPTOMS FIRST NOTED DATE
FAMILY OR SURNAME OF RELATION WITH CANCER
RELATIONSHIP TO PERSON
PRIMARY DIAGNOSIS OF RELATION (ICD)
NUTRITIONAL SUPPORT PROVIDED (CANCER)
NUTRITIONAL SUPPORT PROVIDED TYPE (CANCER)
NUTRITIONAL PROCEDURE (OPCS)
NUTRITIONAL PROCEDURE COMPLICATION (ICD)
CONTACT DATE (DIETICIAN INITIAL)

[Sarcoma and Skin Cancer](#)

Sarcoma and Skin Cancer
Dataset data element
BASAL CELL CLINICAL MORPHOLOGY
BONE SARCOMA LOCATION
CLINICAL EXCISION MARGIN
CLOSEST MARGIN
DERMATOLOGIST BODY SITE (SKIN CANCER CARE SPELL)
DERMATOLOGIST BODY SITE (SKIN CANCER LESION)
DISTRIBUTION OF LESIONS PRESENT
GENETICALLY DETERMINED SKIN CANCER TYPE
NECROSIS
NEW LESIONS TREATED NUMBER (CHEMOTHERAPY)
NEW LESIONS TREATED NUMBER (RADIOTHERAPY)

NEW LESIONS TREATED NUMBER (SURGERY)
PATHOLOGY SPECIMEN TYPE
PATIENT ON IMMUNOSUPPRESSIVE THERAPY
PERINEURAL INVASION
PREVIOUS SKIN CANCER
RECURRENT LESIONS TREATED NUMBER (CHEMOTHERAPY)
RECURRENT LESIONS TREATED NUMBER (RADIOTHERAPY)
RECURRENT LESIONS TREATED NUMBER (SURGERY)
SARCOMA CONDITION FIRST SEEN
SARCOMA LARGEST DIAMETER
SARCOMA PART SITE
SARCOMA PREDISPOSING CONDITION (FAMILY)
SARCOMA PREDISPOSING CONDITION (OTHER PHYSICAL)
SARCOMA RELATION TO DEEP FASCIA
SARCOMA SURGICAL MARGIN
SARCOMA SURGICAL PROCEDURE TYPE
SARCOMA TUMOUR SITE
SKIN CANCER LARGEST CLINICAL DIAMETER (SKIN CANCER CARE SPELL)
SKIN CANCER LARGEST CLINICAL DIAMETER (SKIN CANCER LESION)
SKIN CANCER NEW RECURRENT INDICATOR
SKIN CANCER SUBSEQUENT DIAGNOSIS DATE
SKIN LYMPHOMA CLINICAL MORPHOLOGY
SKIN TCELL CLINICAL VARIANT
SKIN TCELL SURFACE AREA
SKIN TUMOUR STATUS
SOFT TISSUE SARCOMA LOCATION

[Urological Cancer](#)

Urological Cancer	
	Dataset data element
SERUM TUMOUR MARKER PSA	
S CATEGORY FINAL PRETREATMENT	
DRUG ROUTE OF ADMINISTRATION	

[Upper GI Cancer](#)

Upper GI Cancer	
	Dataset data element
POSSUM SCORE (AT DIAGNOSIS)	
POSSUM SCORE (AFTER SURGERY)	
RELATIONSHIP TO PERSON	
PRIMARY DIAGNOSIS OF RELATION (ICD)	
SMOKING STATUS	
YEAR STOPPED SMOKING	
ESTIMATED PACK YEARS	
ALCOHOL STATUS	
CO-MORBIDITY (ICD)	
CLINICAL SIGN OR SYMPTOM (ICD)	

[Gynaecological Cancer](#)

Gynaecological Cancer	

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## CANCER REGISTRATION DATASET OVERVIEW

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Change to Supporting Information: New Supporting Information

### CANCER REGISTRATION DATASET OVERVIEW

## CANCER REGISTRATION DATASET

Cancer registration in England is conducted by nine regional registries which collect and collate data on cancers in their designated area, and submit a standard dataset on these registrations to the National Cancer Bureau at the Office for National Statistics (ONS). The National Cancer Intelligence Centre at ONS coordinates the national collation of cancer registration data and carries out a wide range of secondary analysis and research.

Cancer registration is essential to monitor the implementation of the NHS Cancer Plan, which aims to improve the quality of care and survival for cancer patients. Reliable population based information on cancer incidence, prevalence and survival rates are needed and cancer registration is the only available source.

The dataset requirements for cancer registration are a subset of the current approved version of the National Cancer Dataset. The Cancer Registration Dataset will be used in the NHS as a standard set of data items that are capable of being collected and transmitted electronically.

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