**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

Assurance date: June 2021

Review date: June 2024

# Indicator IAP00351

# Record of lung cancer stage at decision to treat

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the CCG outcomes indicator set domain 1 – Preventing people from dying prematurely.  At a national level the indicator value has risen from 85.5% in 2013 to 93.1% in 2018. Variation exists across CCG’s, ranging between 74.1% and 100% in the most recent data. | Indicator is based on a recognized dataset.  Indicator value has increased over time. |
| Evidence base | From indicator quality statement[[1]](#footnote-1):  “This indicator forms part of Domain 1: Preventing people from dying prematurely. The stage of the tumour at decision to treat is a major determinant of patient outcomes from lung cancer. A high proportion of lung cancers with a valid stage recorded allow much deeper and more actionable analyses of outcomes by treatment type, patient pathway and casemix.  Diagnosis and decision to treat at an early stage of the lung cancer's development leads to dramatically improved survival chances. Specific public health interventions, such as screening programmes and information/education campaigns aim to improve rates of early diagnosis and treatment. Appropriate, informed treatment can be provided by ensuring the cancer has been staged at the point of decision to treat”. | Evidence base exists. This indicator aligns with NICE guidance (NG122[[2]](#footnote-2), QS17[[3]](#footnote-3)). |
| Specification | Numerator: Of the denominator, the number of patient records for which a valid stage at the time of decision to treat is recorded.  Denominator: The number of lung tumours (ICD-10 C34) registered in the respective year.  Exclusions: None  Methodology: Percentage  Geography: England, CCG.  Data Source: National Cancer Registration dataset based on a snapshot of Public Health England’s (PHE) National Cancer Registration and Analysis System (NCRAS), which forms part of the National Disease Registration Service (NDRS).  Disclosure control: If the indicator is calculated from a numerator of 1 to 5, the value is suppressed to ensure an individual’s identity is not at risk of being disclosed. If there is only one value suppressed in this way, the percentage based upon the next lowest numerator is also suppressed; this reduces the risk of the first suppressed number being identifiable in isolation. Percentages are rounded to one decimal place before publication. | The indicator has defined components necessary to construct the indicator. |
| Feasibility | All data from long running data sources. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Indicator data is from HES and is robust. | The indicator assesses performance that is attributable to or within the control of the audience.  The results of the indicator can be used to improve practice. |
| Risk | None identified | None identified. |

**Summary:** Indicator to be renewed.

**NHS Digital Indicator reference:**

CCG Outcomes Indicator Set - 1.19 Record of lung cancer stage at decision to treat

1. NHS Digital. CCG Outcomes indicator set, Indicator Quality Statement, Domain 1. 1.19 Record of lung cancer stage at decision to treat. Version 1.5, June 2020 [↑](#footnote-ref-1)
2. Lung cancer: diagnosis and management, Published 28 March 2019, <https://www.nice.org.uk/guidance/ng122> [↑](#footnote-ref-2)
3. Lung cancer in adults, Last updated 13 December 2019, <https://www.nice.org.uk/guidance/qs17> [↑](#footnote-ref-3)