



Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**NHS**  
England



**HQIP**  
Healthcare Quality  
Improvement Partnership

 **NDRS**  
NATIONAL DISEASE REGISTRATION SERVICE



**GIG**  
CYMRU  
**NHS**  
WALES

Rhwydwaith  
Canser Cymru  
Wales Cancer  
Network

# National Cancer Audit Collaborating Centre (NATCAN)

**State of the Nation Report 2025 Webinar Part 2**  
Key Findings & Recommendations

13<sup>th</sup> October 2025  
15.00 – 16.30

@NATCAN\_news

# National Cancer Audit Collaborating Centre (NATCAN)

## Welcome

**Professor Ajay Aggarwal, NATCAN Clinical Director**

**13<sup>th</sup> October 2025**

@NATCAN\_news



Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**NHS**  
England



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith  
Canser  
Cancer  
Network



**HQIP**  
Healthcare Quality  
Improvement Partnership

 **NDRS**  
NATIONAL DISEASE REGISTRATION SERVICE



**NATCAN**  
National Cancer Audit  
Collaborating Centre

# The National Audit of Primary Breast Cancer (NAoPri)

## State of the Nation Report 2025 Key Findings & Recommendations

**Prof Kieran Horgan**, Clinical Lead, on behalf of the NAoPri team  
13<sup>th</sup> October 2025

@NAoPri\_News



# State of the Nation Report 2025 Cohort

Stage 0 – 3

Aged 18 years and over

All genders

Diagnosed between 2020 – 2022 (including years affected by COVID)



**England: 127,966**  
(127,054 women and 912 men)

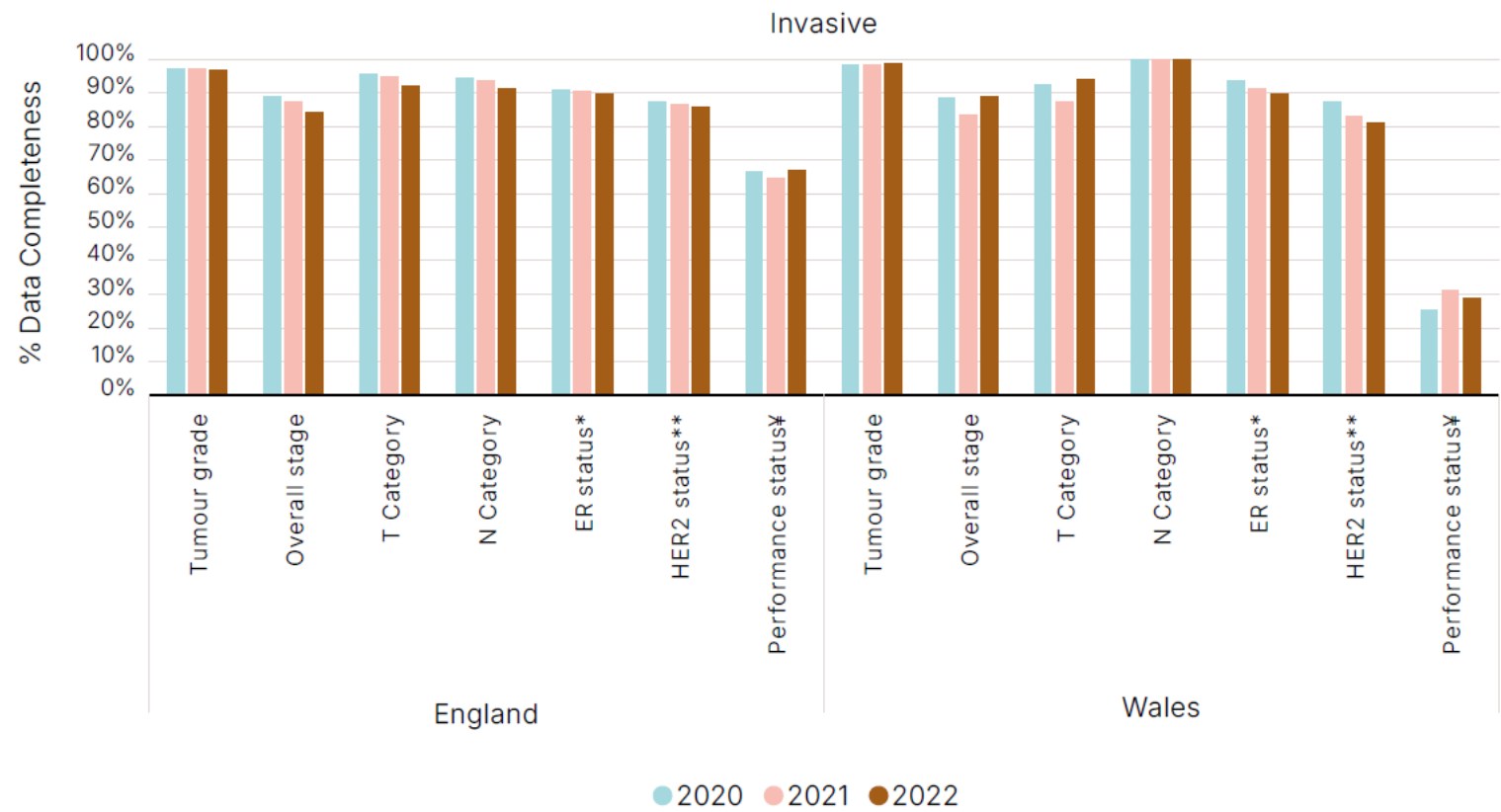


**Wales: 7,149**  
(7,017 women and 42 men)

Note: SotN dataset differs from Rapid Cancer Registration, which is shown in the quarterly dashboard

# Data completeness

% of people with key data items completed



## Key Recommendation



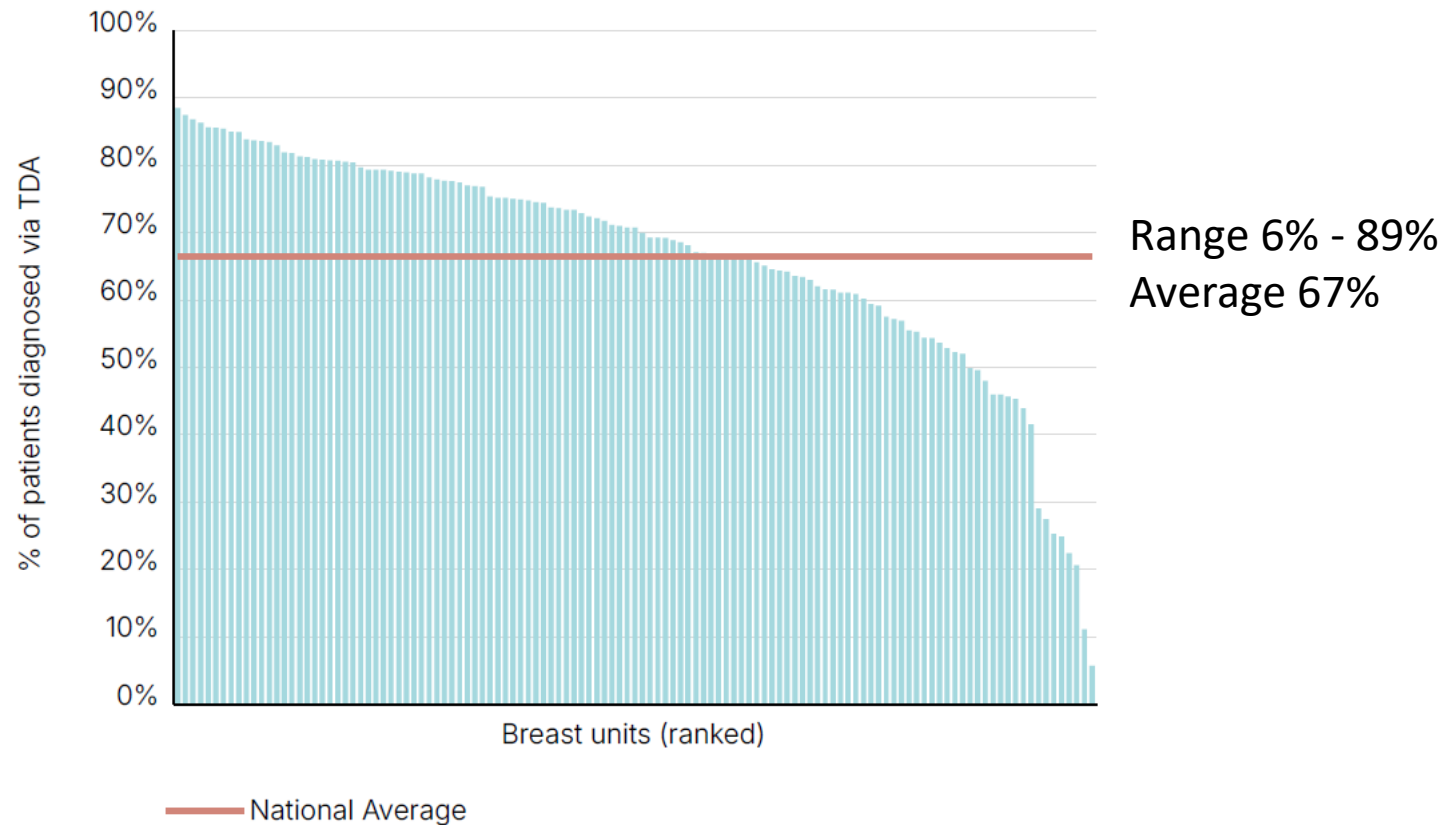
Confirm breast MDTs have a data lead responsible for ensuring the quality of national data submissions.



Reviews of data completeness include full tumour characteristics, ER and HER2 status, performance status, the NABCOP fitness assessment (for 70+), TDA and contact with CNS.

# Diagnosis and Treatment Planning - TDA

% of people (non-screen detected) diagnosed via Triple Diagnostic Assessment (TDA)



## Key Recommendation

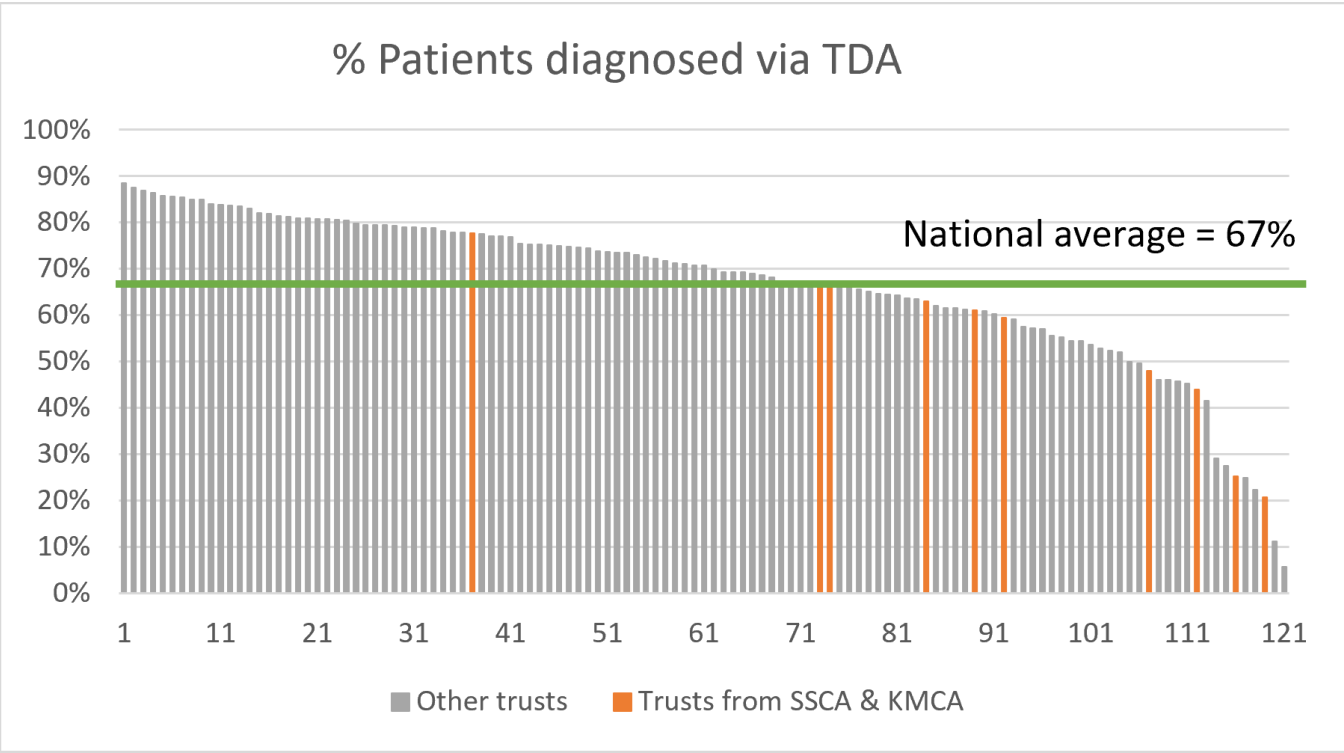


Ensure that people with breast cancer have access to Triple Diagnostic Assessment (TDA) in a single visit and, if required, identify methods to increase the provision of this service.

# Diagnosis and Treatment Planning - TDA

Example slides delivered at Alliance and Trust level

- Looking at 90,000 people diagnosed with primary breast cancer outside screening in England and Wales between 2020 and 2022



|                                                      |            |
|------------------------------------------------------|------------|
| Medway NHS Foundation Trust                          | 78%        |
| <b>National</b>                                      | <b>67%</b> |
| University Hospitals Sussex NHS Foundation Trust     | 66%        |
| Maidstone and Tunbridge Wells NHS Trust              | 66%        |
| <b>Kent and Medway Cancer Alliance</b>               | <b>66%</b> |
| Dartford and Gravesham NHS Trust                     | 63%        |
| East Kent Hospitals University NHS Foundation Trust  | 61%        |
| Frimley Health NHS Foundation Trust                  | 59%        |
| <b>Surrey and Sussex Cancer Alliance</b>             | <b>50%</b> |
| Royal Surrey County Hospital NHS Foundation Trust    | 48%        |
| Ashford and St Peters Hospitals NHS Foundation Trust | 44%        |
| East Sussex Healthcare NHS Trust                     | 25%        |
| Surrey and Sussex Healthcare NHS Trust               | 21%        |

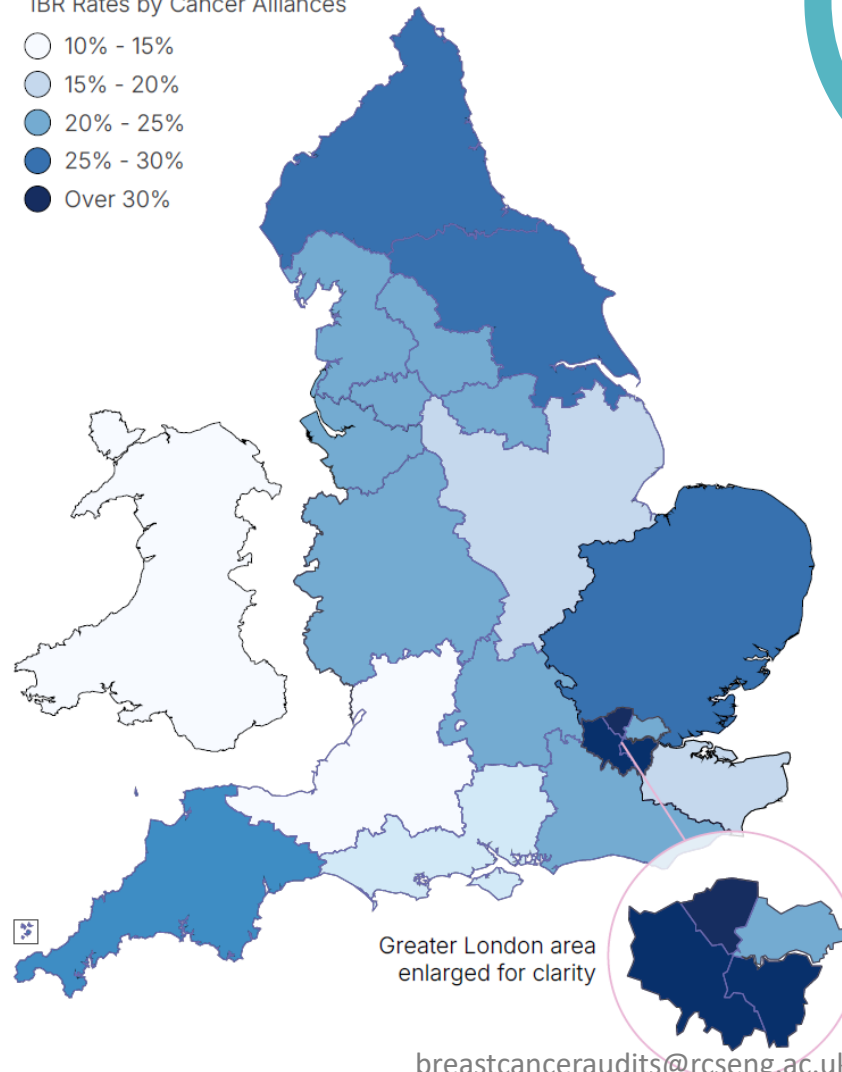
# Patterns of Care - IBR



% of women who had an immediate breast reconstruction (IBR)

IBR Rates by Cancer Alliances

- 10% - 15%
- 15% - 20%
- 20% - 25%
- 25% - 30%
- Over 30%



## Key Recommendation

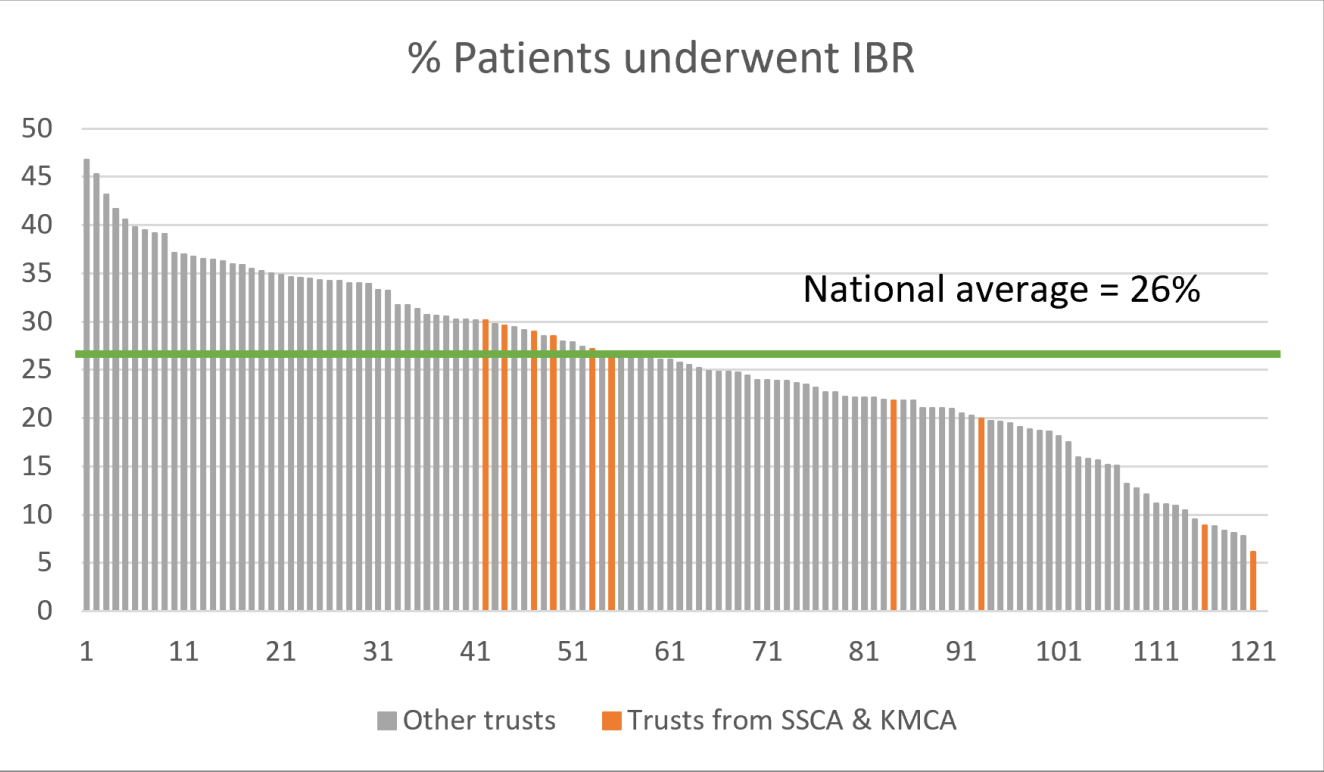


Review IBR rates and, where rates are lower than expected, act to improve access by ensuring it is offered to all women as part of a balanced shared decision-making process, unless precluded by comorbidity or adjuvant therapies.

# Patterns of Care - IBR

Example slides delivered at Alliance and Trust level

- 95,000 people diagnosed with early breast cancer (stage  $\leq 3A$ ) between 2015 and 2022 who underwent mastectomy within 12 months of diagnosis
- Patients are allocated to trust of diagnosis



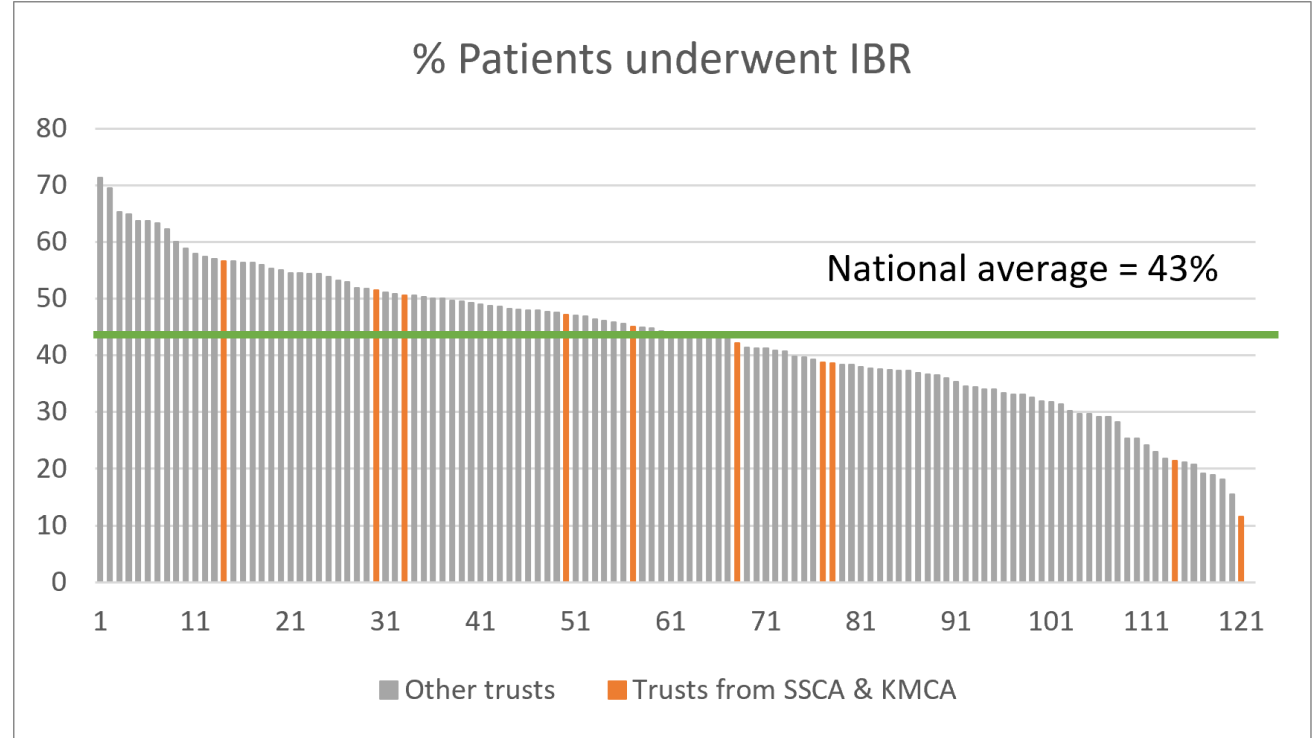
|                                                      |            |
|------------------------------------------------------|------------|
| Frimley Health NHS Foundation Trust                  | 30%        |
| Maidstone and Tunbridge Wells NHS Trust              | 30%        |
| Ashford and St Peters Hospitals NHS Foundation Trust | 29%        |
| Royal Surrey County Hospital NHS Foundation Trust    | 29%        |
| University Hospitals Sussex NHS Foundation Trust     | 27%        |
| Surrey and Sussex Healthcare NHS Trust               | 27%        |
| <b>National</b>                                      | <b>26%</b> |
| <b>Surrey and Sussex Cancer Alliance</b>             | <b>25%</b> |
| Dartford and Gravesham NHS Trust                     | 22%        |
| Medway NHS Foundation Trust                          | 20%        |
| <b>Kent and Medway Cancer Alliance</b>               | <b>18%</b> |
| East Kent Hospitals University NHS Foundation Trust  | 9%         |
| East Sussex Healthcare NHS Trust                     | 6%         |

IBR rate adjusted by age, frailty, T stage, N stage, ER and HER2 receptor status

# Patterns of Care - IBR

Example slides delivered at Alliance and Trust level

- Looking at 28,000 patients who are under 70 years old, with either DCIS or T1 disease
- Patients are allocated to trust of diagnosis
- IBR rate nationally is 43% in this patient cohort



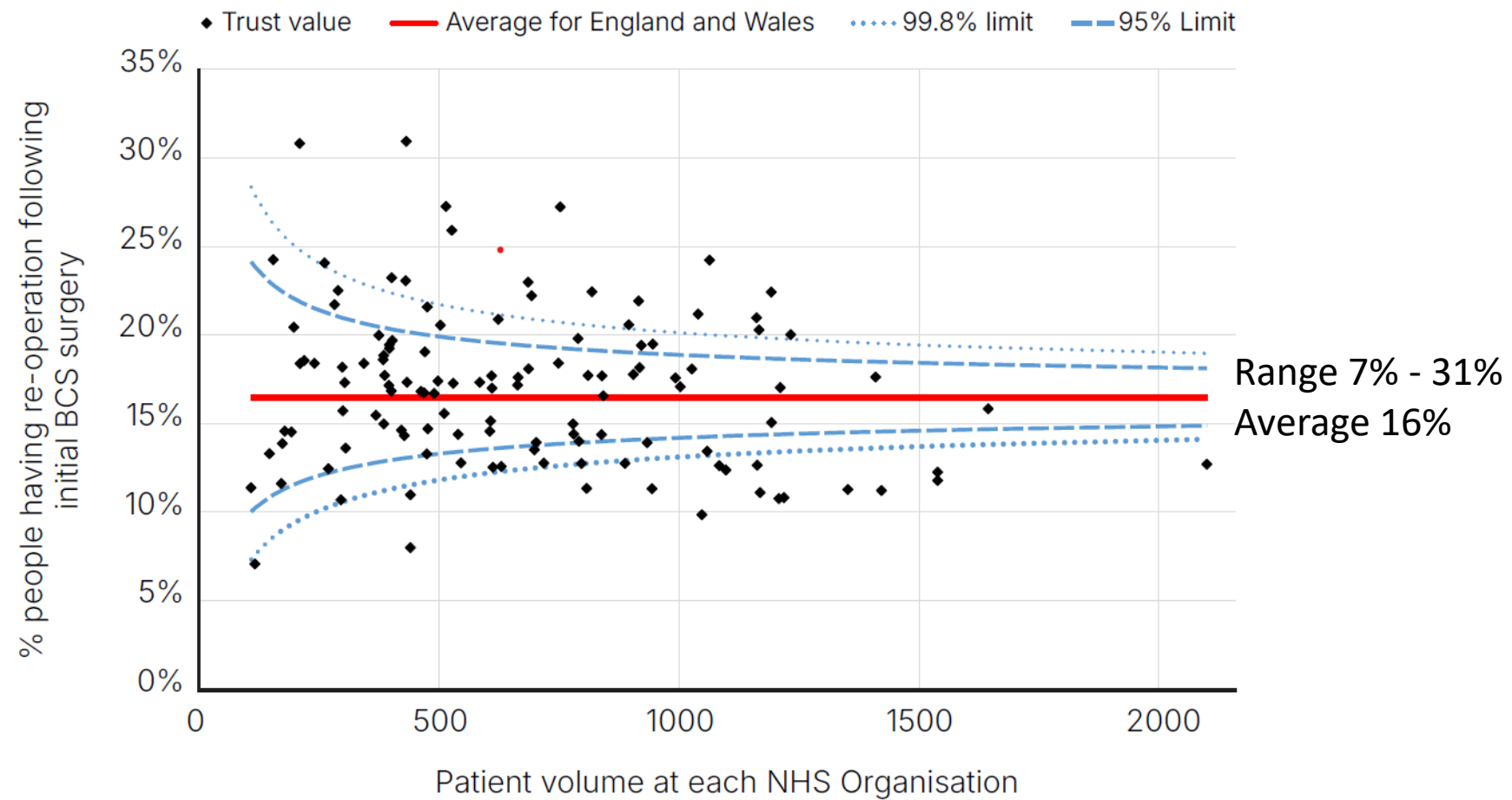
Unadjusted IBR rate

|                                                      |           |
|------------------------------------------------------|-----------|
| Maidstone and Tunbridge Wells NHS Trust              | 57        |
| Frimley Health NHS Foundation Trust                  | 52        |
| Ashford and St Peters Hospitals NHS Foundation Trust | 51        |
| Royal Surrey County Hospital NHS Foundation Trust    | 47        |
| Surrey and Sussex Healthcare NHS Trust               | 45        |
| <b>National</b>                                      | <b>43</b> |
| <b>Surrey and Sussex Cancer Alliance</b>             | <b>42</b> |
| University Hospitals Sussex NHS Foundation Trust     | 42        |
| Dartford and Gravesham NHS Trust                     | 39        |
| Medway NHS Foundation Trust                          | 39        |
| <b>Kent and Medway Cancer Alliance</b>               | <b>37</b> |
| East Kent Hospitals University NHS Foundation Trust  | 21        |
| East Sussex Healthcare NHS Trust                     | 12        |

Unadjusted IBR rate

# Outcomes - Reoperation

% of people who had a reoperation within 12 months of their initial breast conserving surgery



## Key Recommendation

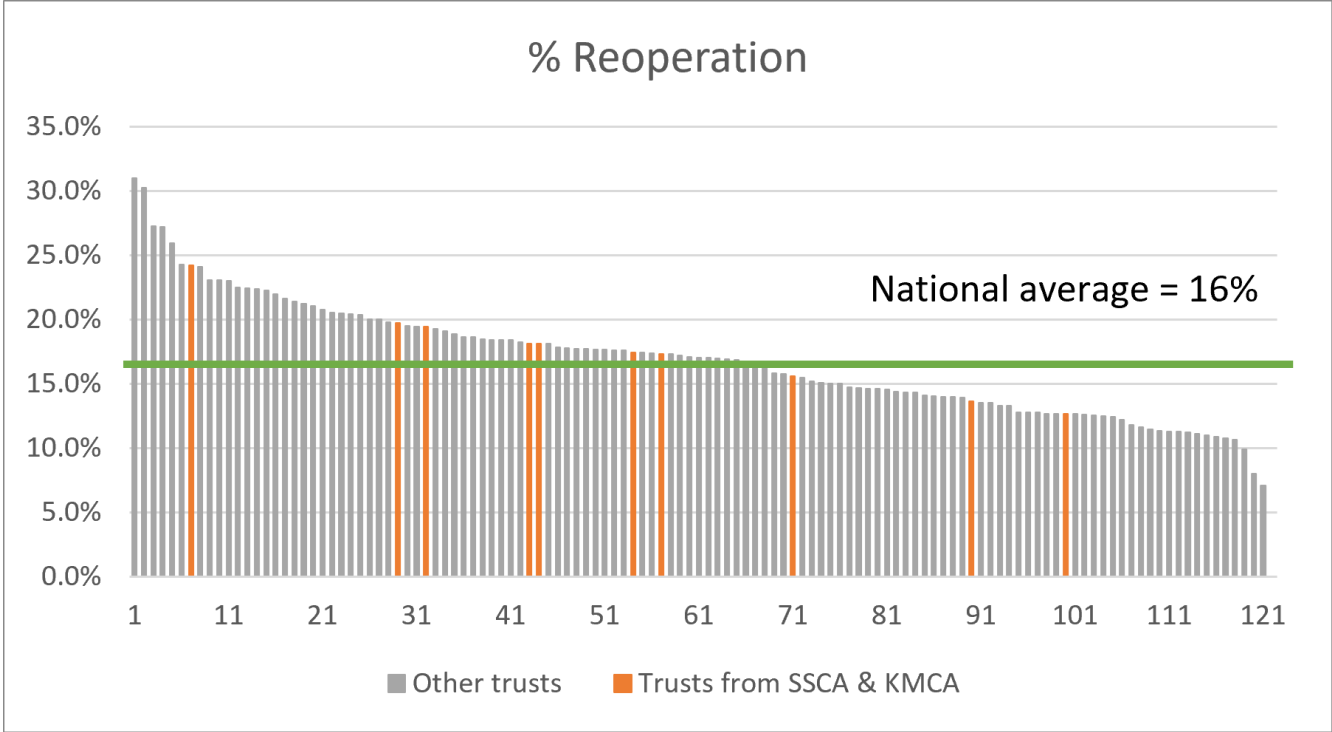


Review rates of re-operation following breast conserving surgery (BCS) and, where rates are higher than expected, units should review local protocols with the view to complying with best practice.

# Outcomes - Reoperation

Example slides delivered at Alliance and Trust level

- Looking at 81,000 people diagnosed with early breast cancer (stage  $\leq 3A$ ) between 2020 and 2022 who underwent BCS as their initial breast cancer operation.
- Patients are allocated to trust of diagnosis

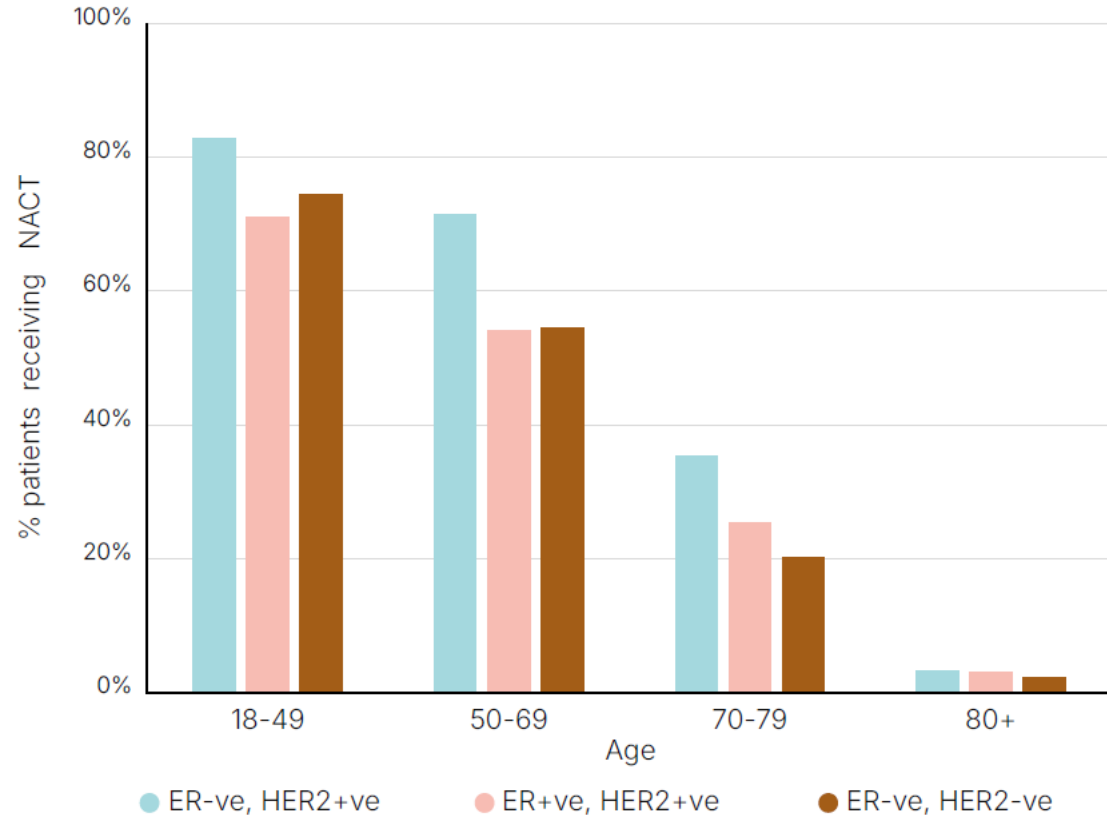


|                                                      |              |
|------------------------------------------------------|--------------|
| University Hospitals Sussex NHS Foundation Trust     | 12.6%        |
| East Sussex Healthcare NHS Trust                     | 13.6%        |
| Ashford and St Peters Hospitals NHS Foundation Trust | 15.6%        |
| <b>Surrey and Sussex Cancer Alliance</b>             | <b>15.7%</b> |
| <b>National</b>                                      | <b>16.4%</b> |
| Medway NHS Foundation Trust                          | 17.3%        |
| Surrey and Sussex Healthcare NHS Trust               | 17.4%        |
| Maidstone and Tunbridge Wells NHS Trust              | 18.1%        |
| Frimley Health NHS Foundation Trust                  | 18.1%        |
| Royal Surrey County Hospital NHS Foundation Trust    | 19.4%        |
| Dartford and Gravesham NHS Trust                     | 19.7%        |
| <b>Kent and Medway Cancer Alliance</b>               | <b>20.2%</b> |
| East Kent Hospitals University NHS Foundation Trust  | 24.2%        |

Reoperation rate adjusted by age, tumour grade, frailty, diagnosis year, invasive vs DCIS, ER, HER2 receptor status, T and N stages

# Patterns of Care – Neoadjuvant chemotherapy

% of people with stage 2-3A triple negative or HER2 positive breast cancer receiving NACT



## Key Recommendation



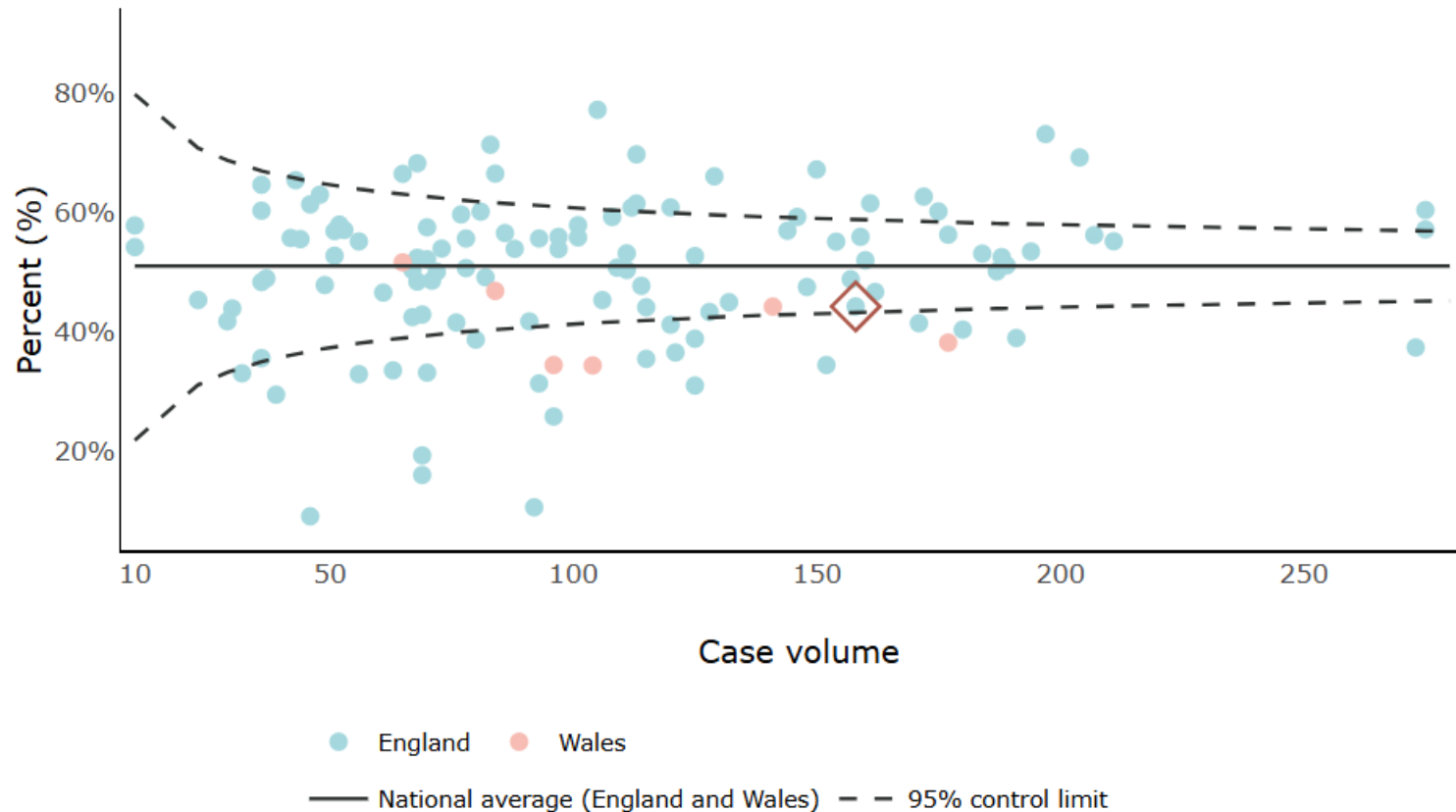
Review the use of NACT for people with TNBC/HER2+ early invasive breast cancer.



Reduce unexplained regional variation, with emphasis in increasing use among those with low rates and ensuring NACT is offered to eligible patients in line with guideline.

# Patterns of Care – Neoadjuvant chemotherapy

% of people with stage 2-3A triple negative or HER2 positive breast cancer receiving NACT



## Key Recommendation



Review the use of NACT for people with TNBC/HER2+ early invasive breast cancer.



Reduce unexplained regional variation, with emphasis in increasing use among those with low rates and ensuring NACT is offered to eligible patients in line with guideline.

# Audit team



... And our **Audit Advisory Committee** and Patient and **Public Involvement Forum**

Our Objectives: Review care. Stimulate improvements. Enhance outcomes.



# Questions & Discussion



Join our mailing list!



[BreastCancerAudits@rcseng.ac.uk](mailto:BreastCancerAudits@rcseng.ac.uk)



Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**NHS**  
England



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith  
Cancer  
Cancer  
Network



**HQIP**  
Healthcare Quality  
Improvement Partnership

**NDRS**  
NATIONAL DISEASE REGISTRATION SERVICE



**NATCAN**  
National Cancer Audit  
Collaborating Centre

# National Audit of Metastatic Breast Cancer (NAoMe)

## State of the Nation Report 2025 Key Findings & Recommendations

**Jemma Boyle**, Senior Clinical Fellow, on behalf of the NAoMe team  
13<sup>th</sup> October 2025

@NAoMe\_News



# NAoMe Patient Cohort



NAoMe

National Audit of  
Metastatic Breast Cancer

## ***De novo* Cohort:**

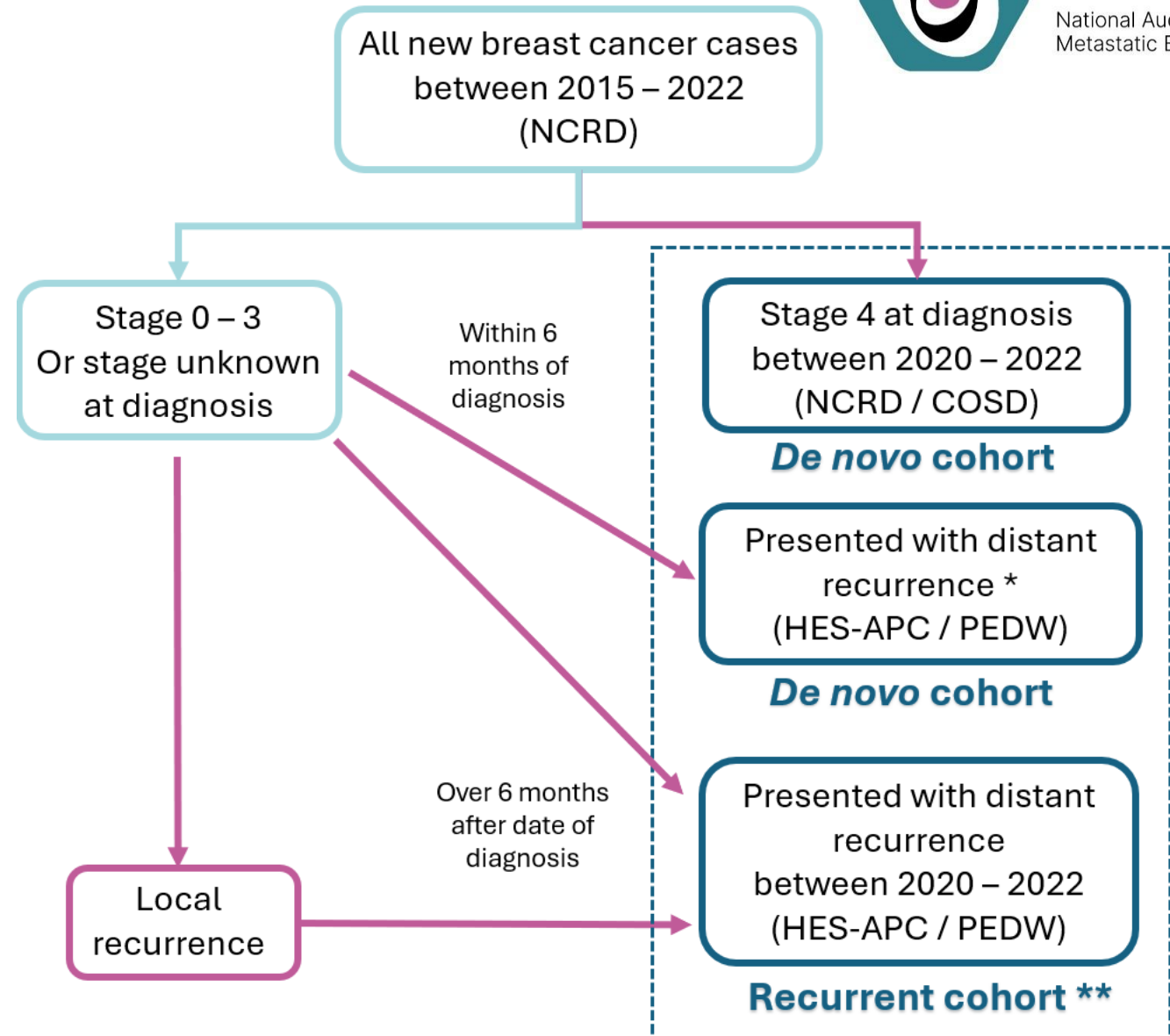
Metastatic at presentation

10,012 individuals included

## **Recurrent Cohort:**

Metastasis diagnosed at least 6 months after initial breast cancer diagnosis

12,750 individuals included



# Challenges with patient cohort



NAoMe

National Audit of  
Metastatic Breast Cancer

## Key Challenges

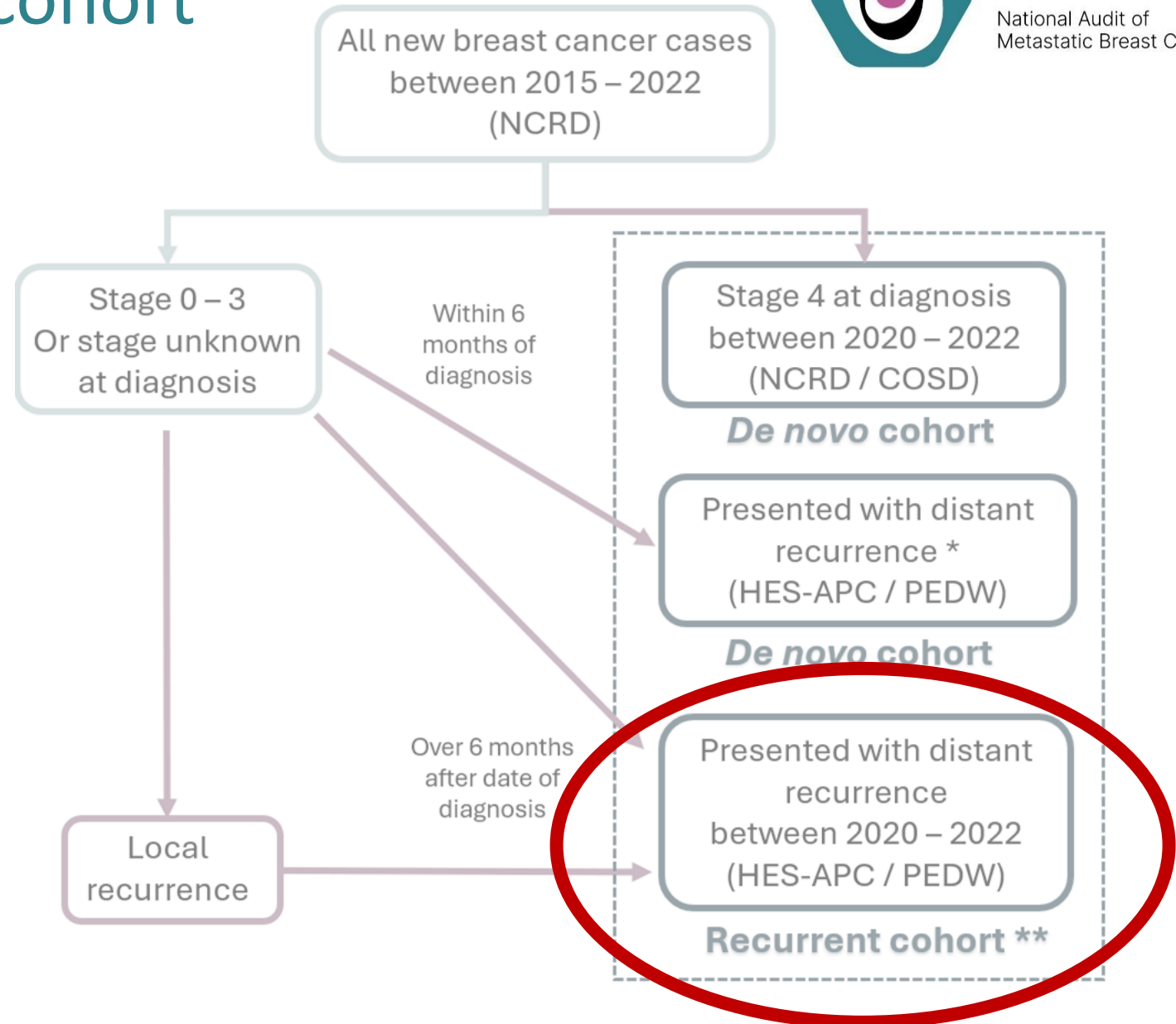
Recurrence data not consistently and systematically recorded in national datasets

Difficulty in identifying cases and determining date of recurrence

## What's New This Year

Revised algorithm -> major improvement

12,750 cases captured vs 5,923 last year



# Next Steps with Recurrent Cohort



NAoMe

National Audit of  
Metastatic Breast Cancer



National Audit of Metastatic Breast Cancer (NAoMe)

## GUIDE TO COLLECTING COSD DATA FOR BREAST CANCER RECURRENCE

### What is a recurrence?

A cancer recurrence can be defined as the return of an invasive cancer after treatment and after a period with no apparent cancer. The length of time is not clearly defined. The same cancer may come back where it first started or somewhere else in the body.

A **progression** differs from recurrence as it relates to a deterioration in known persistent cancer.

A **transformation** is uncommon in breast cancer and does not apply if the recurrent cancer has an altered grade / molecular marker profile.

### Confirming and recording a recurrence

All suspected recurrence diagnoses should be discussed at MDT. If the cancer is located within the breast the MDT should decide if it is a new primary or a recurrence.

Completion of the date of diagnosis of recurrence (CR6500) is particularly important.

If the case is deemed to be a recurrence **you must record a new non-primary breast cancer pathway** and complete **all** data items shown on the right to successfully record a recurrence in COSD.

TNM stage is not recorded for a recurrence.

COSD DATA ENTRY CHECKLIST

Refer to the COSD User Guide for further details of any item shown.

### Referral Details - Non-Primary Cancer Pathway

- ☐ CR0300 Source of Referral
- ☐ CR7400 Date First Seen  
YYYY-MM-DD
- ☐ CR7410 Organisation Site Identifier (Provider First Seen)  
Minimum 5 character code

### Diagnosis

- ☐ CR7100 Original Primary Diagnosis (ICD)
- ☐ CR6500 Date of Non-Primary Pathway (Clinically Agreed)  
Record the date when the cancer recurrence diagnosis was confirmed or agreed. This will normally be one of the three following dates: Pathology, MDT or Other (such as clinical imaging or investigation).  
YYYY-MM-DD
- ☐ CR6520 Metastatic / Recurrence Type  
The location of the recurrence:  
LOCAL REGIONAL DISTANT
- ☐ CR1590 Metastatic Site(s)  
multiple sites may be selected  
LIVER BRAIN LUNG SKIN REGIONAL NODES  
DISTANT NODES BONE MARROW OTHER UNKNOWN
- ☐ CR9000 Method of Detection  
including histology / cytology including imaging  
MORPHOLOGY CLINICAL EXAM OTHER FLOW MOLECULAR  
not applicable for breast

### Palliative Care Specialist Activity

- ☐ CR1550 Palliative Care Specialist Seen Indicator (Cancer Recurrence)  
YES NO NOT KNOWN

### Clinical Nurse Specialist

- ☐ CR2050 Clinical Nurse Specialist Indication Code  
Record when contact is made with a site-specific clinical nurse specialist.

### Further help and information

Visit [digital.nhs.uk/ndrs/data/data-sets/cosd](https://digital.nhs.uk/ndrs/data/data-sets/cosd) for details of the Cancer Outcomes and Services Dataset including the COSD User Guide.



## Key Recommendation



Ensure accurate recording of date and type of breast cancer recurrence by:



Education, sharing the NAoMe Guide to collecting COSD data items;



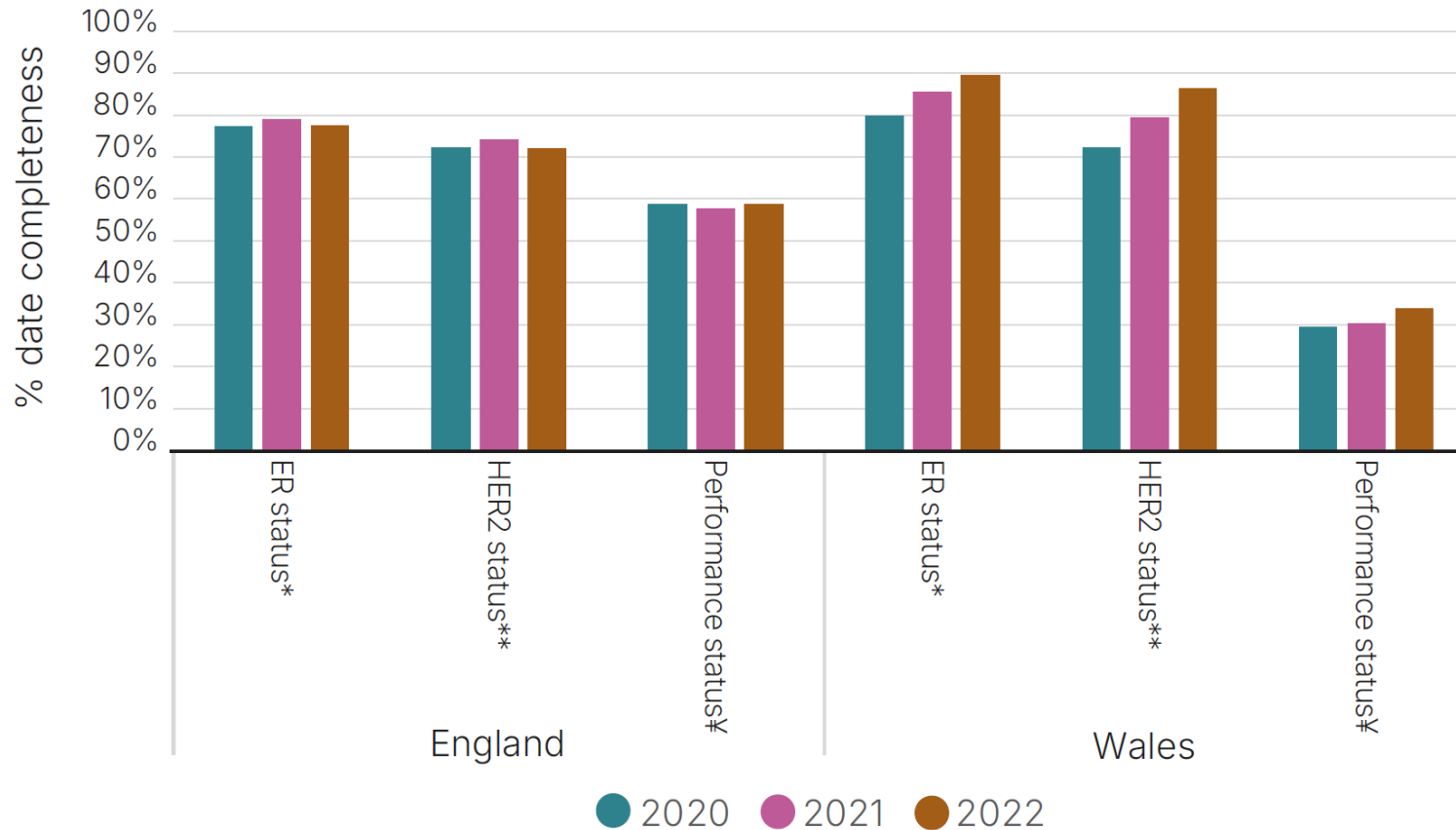
Review and optimise the process of capturing and uploading to the national datasets.

FIRST RELEASE MARCH 2024



# Data completeness

(De novo cohort) % of people with key data items completed



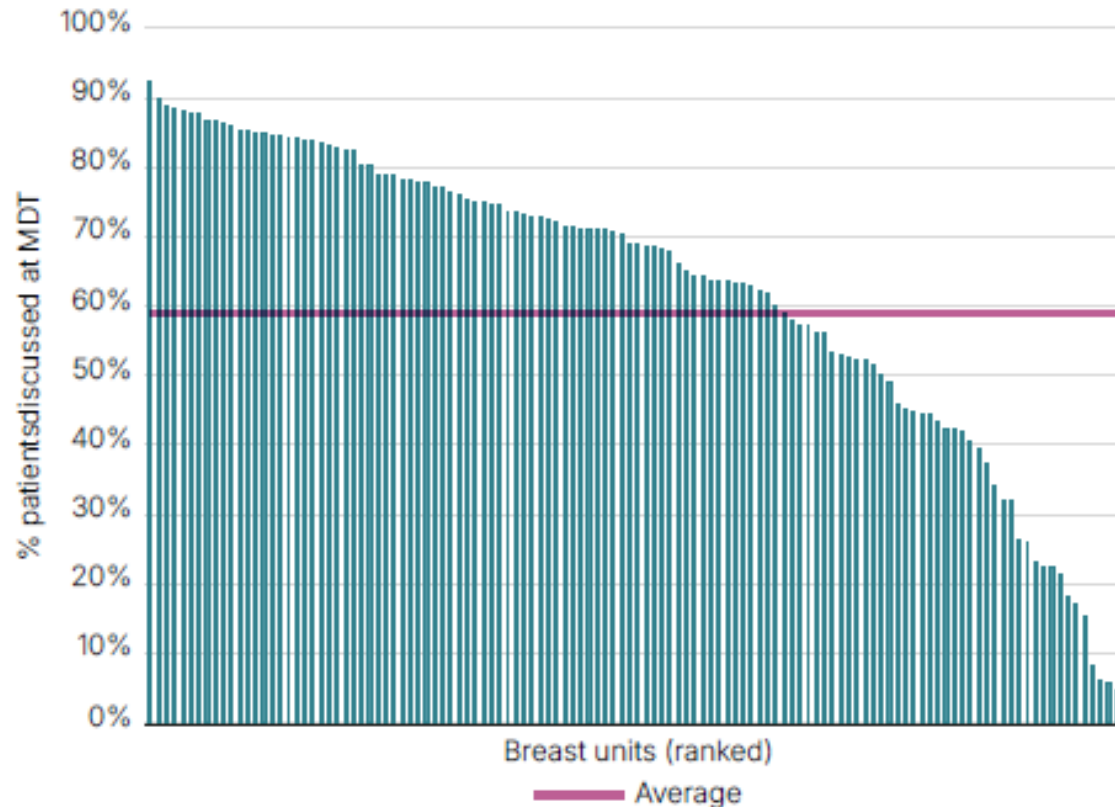
## Key Recommendation



Confirm breast MDTs have a data lead responsible for ensuring the quality of national data submissions.

# Diagnosis and Treatment Planning - MDT

(*De novo* cohort) % of people with newly diagnosed MBC discussed in an MDT



Range 1% - 92%  
Average 59%

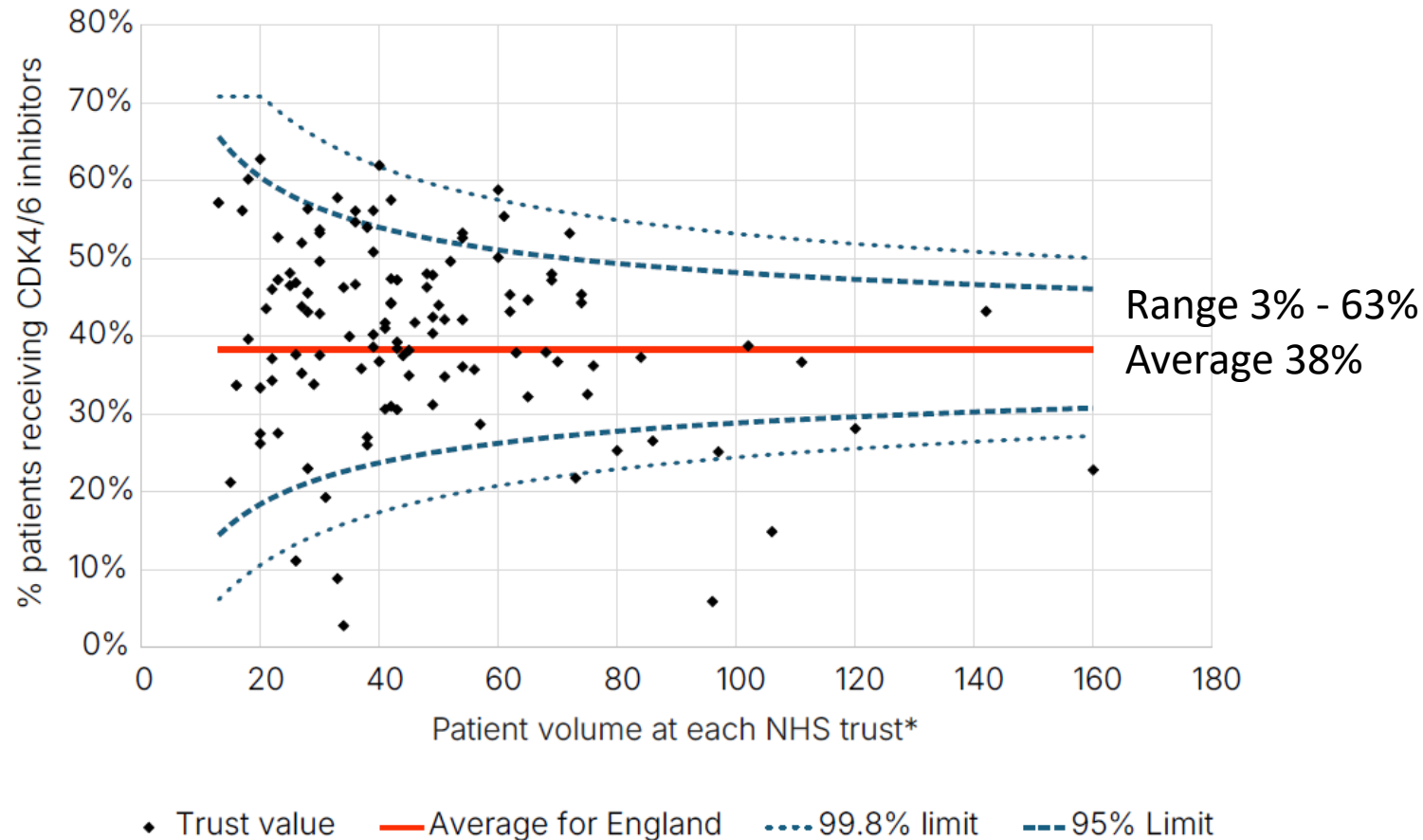
## Key Recommendation



Ensure the care for all people newly diagnosed with MBC (either *de novo* or recurrent) is discussed within a breast multidisciplinary team (MDT) meeting.

# Patterns of Care – CDK4/6 inhibitors

(*De novo* cohort) % of people with ER positive HER2 negative MBC receiving CDK4/6 inhibitors



## Key Recommendation



Examine rates of treatment with CDK4/6 inhibitors within 12 months of diagnosis in people with ER+ HER2- MBC.

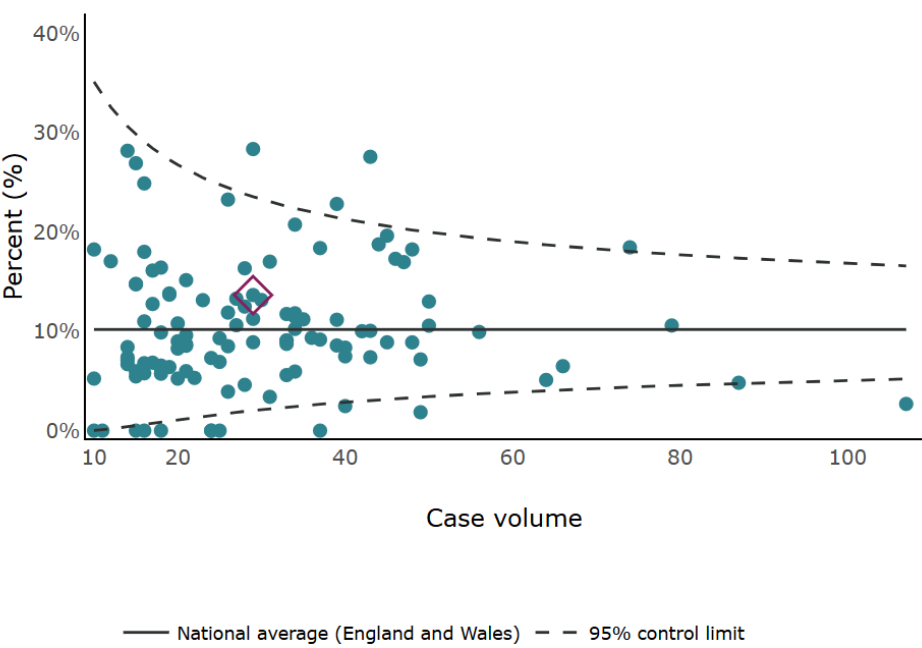


Consider variation in care, especially in low-use centres, to try to identify underlying causes and opportunities for improved quality of care.

# Outcomes – 30 day mortality after chemo

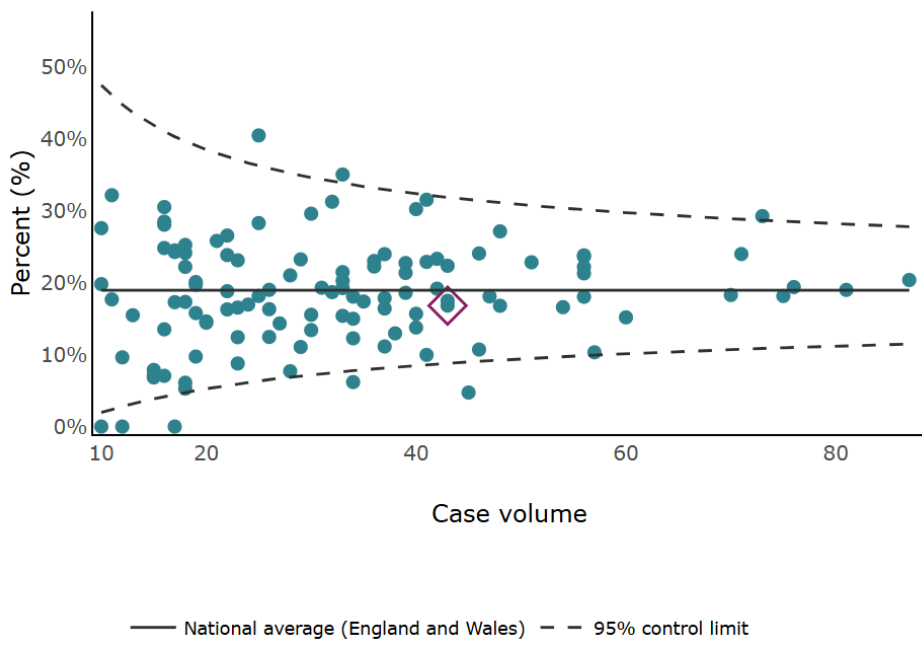
% of people with MBC dying within 30 days of a chemotherapy cycle

De novo cohort



Range 0% - 28%  
Average 10%

Recurrent cohort



Range 0% - 41%  
Average 19%

## Key Recommendation

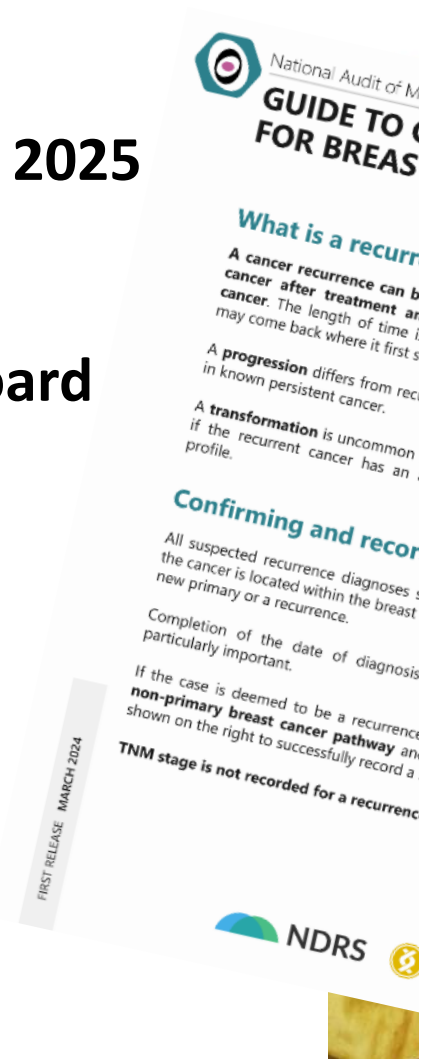


Assess 30-day mortality rates following chemo and, in trusts with rates outside the 95% control limits of the national average, conduct outcome reviews and evaluations of local prescribing practices to ensure appropriate consideration of risks and benefits.



# What can you do?

- Read our **State of the Nation Report 2025**
- Check your data on the **Data Dashboard**
- Distribute the **COSD breast cancer recurrence data collection guide**
- Check out our **Patient and Public Report 2025**



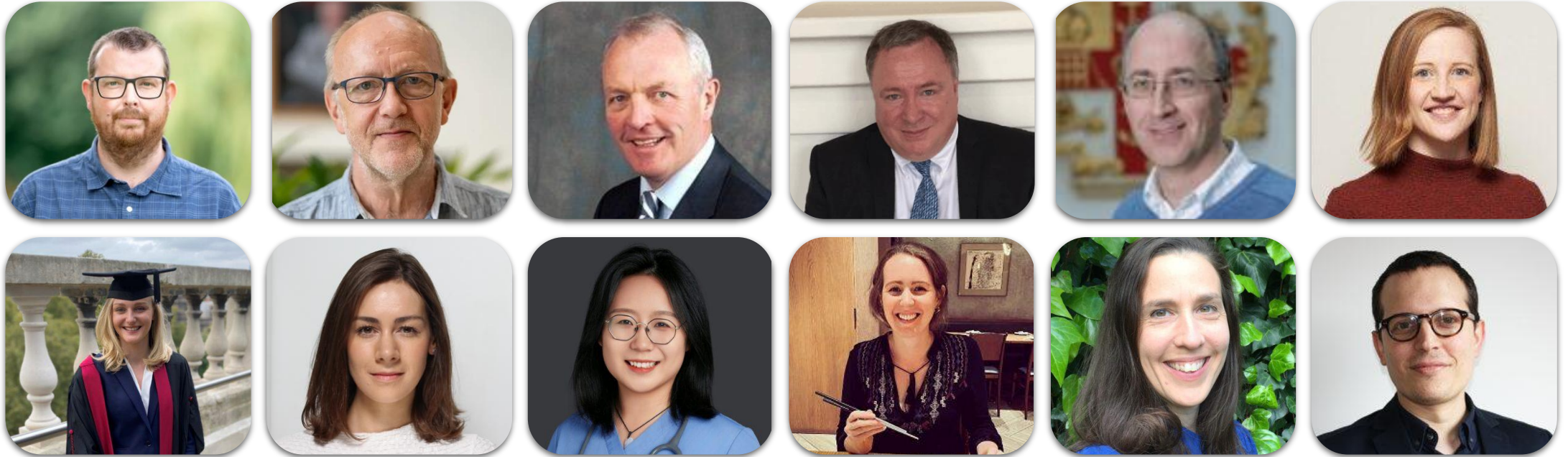
## National Audit of Metastatic Breast Cancer State of the Nation Patient and Public Report 2025

A summary of findings for patients and the public

An audit of care received by people diagnosed with metastatic breast cancer  
in England and Wales during 2020 to 2022



# Audit team



... And our **Audit Advisory Committee** and Patient and **Public Involvement Forum**

Our Objectives: Review care. Stimulate improvements. Enhance outcomes.



# Questions & Discussion



Join our mailing list!



[BreastCancerAudits@rcseng.ac.uk](mailto:BreastCancerAudits@rcseng.ac.uk)



Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**NHS**  
England



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith  
Canser  
Cancer  
Network



**HQIP**  
Healthcare Quality  
Improvement Partnership

 **NDRS**  
NATIONAL DISEASE REGISTRATION SERVICE



**NATCAN**  
National Cancer Audit  
Collaborating Centre

# National Pancreatic Cancer Audit (NPaCA)

## State of the Nation Report 2025 Key Findings & Recommendations

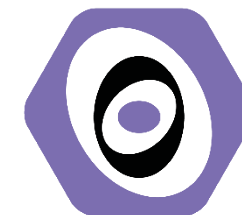
**Min Hae Park**, Methodologist, on behalf of the NPaCA team  
13th October 2025



**NPACa**

National Pancreatic  
Cancer Audit

@NPACa\_natcan

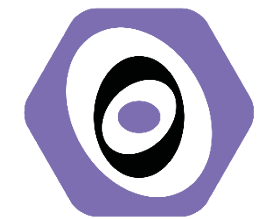
**NPaCA performance indicators**

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PI1:</b> Percentage of people who had an FDG-PET/CT scan prior to surgery for pancreatic cancer                                                 |
| <b>PI2:</b> Percentage of people who had a record of being discussed at a multidisciplinary team (MDT) meeting                                     |
| <b>PI3:</b> Percentage of people undergoing a Whipple procedure (without neoadjuvant chemotherapy) who had a biliary stent placed prior to surgery |
| <b>PI4:</b> Time from urgent GP referral to first disease-targeted treatment (days)                                                                |
| <b>PI5:</b> Percentage of people with non-metastatic (stage 1-3) pancreatic cancer who received disease-targeted treatment                         |
| <b>PI6:</b> Percentage of people with metastatic (stage 4) pancreatic cancer who received disease-targeted treatment                               |
| <b>PI7:</b> Percentage of people with pancreatic cancer who received chemotherapy and/or radiotherapy alongside surgery                            |
| <b>PI8:</b> Percentage of people with pancreatic cancer who were seen by a clinical nurse specialist (CNS)                                         |
| <b>PI9:</b> Percentage of people who were prescribed pancreatic enzyme replacement therapy (PERT) in primary care                                  |
| <b>PI10:</b> Survival at 30- and 90-days, and 1- and 2-years after diagnosis                                                                       |

# NPaCA SotN Report 2025: cohort and performance indicators

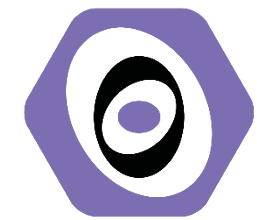
## Adults diagnosed with exocrine pancreatic cancer

- England 2021-2022 (n=17,328)  
National Cancer Registration  
Data, provided by NDRS
- Wales 2022-2023 (n=926)  
Cancer Network Information  
System Cymru data, provided  
by WCN



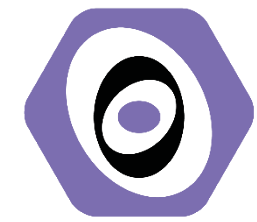
## PI 4: median time from urgent GP referral to first disease-targeted treatment (days)

|                                  | Median (interquartile range), days |                                                |                                                  |
|----------------------------------|------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                  | GP referral to diagnosis           | Diagnosis to first disease-targeted treatment* | GP referral to first disease-targeted treatment* |
| England (N = 2,109)              | 20 (9 to 36)                       | 43 (30 to 64)                                  | 78 (59 to 100)                                   |
| Range across NHS trusts**        | 6 - 39.5                           | 27 - 93.5                                      | 49 - 106                                         |
| Wales (N = 110)                  | 21 (7 to 43)                       | 50 (27 to 71)                                  | 90 (63 to 121)                                   |
| Range across local health boards | 15 - 34                            | 40 - 63                                        | 78 - 115                                         |



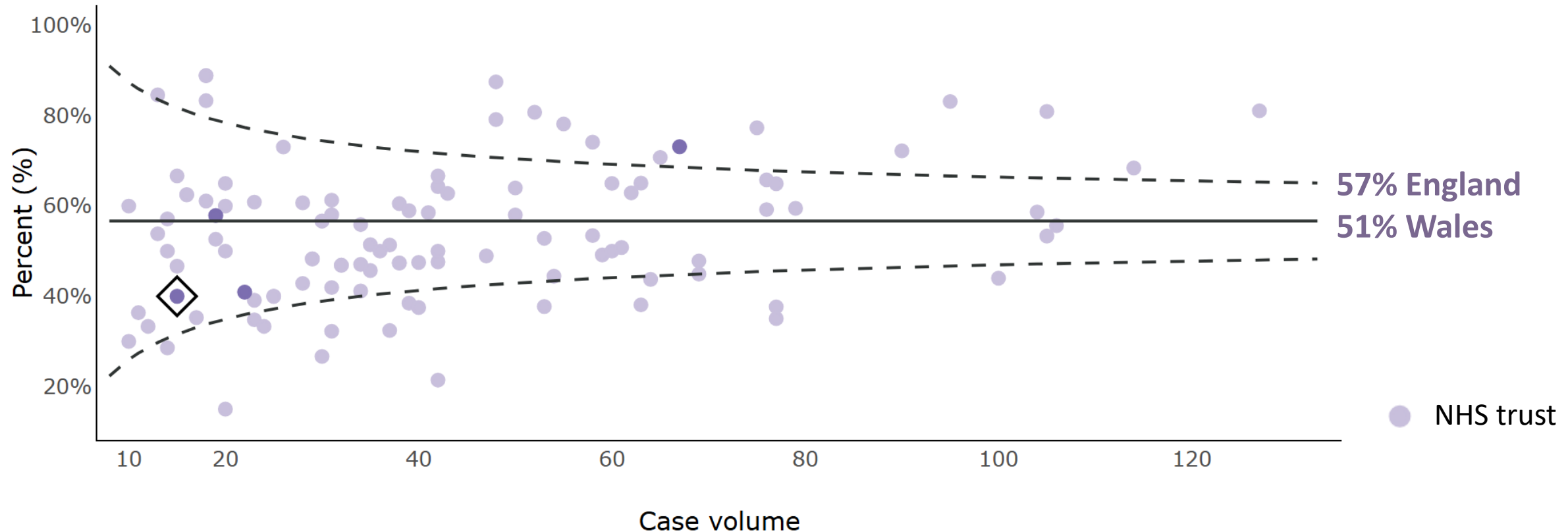
## PI 4: median time from urgent GP referral to first disease-targeted treatment (days)

|    | Median (interquartile range), days                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|    | GP referral to diagnosis                                                                                                                                                                                                                                                                                                                                                                                                                | Diagnosis to first disease-targeted treatment* | GP referral to first disease-targeted treatment* |
| Er | <div><b>Recommendation:</b><br/>NHS pancreatic cancer service providers should<ul style="list-style-type: none"><li>• Map their diagnostic pathways</li><li>• Review processes against HPB cancer pathway guidance (NHSE Best Practice Timed Pathway; NHS Wales National Optimal Pathway for pancreatic cancer)</li><li>• Consider conducting case reviews to understand pathways challenges and identify good practice</li></ul></div> |                                                |                                                  |
| Ra |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |
| N  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |
| W  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |
| Ra |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |
| he |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |



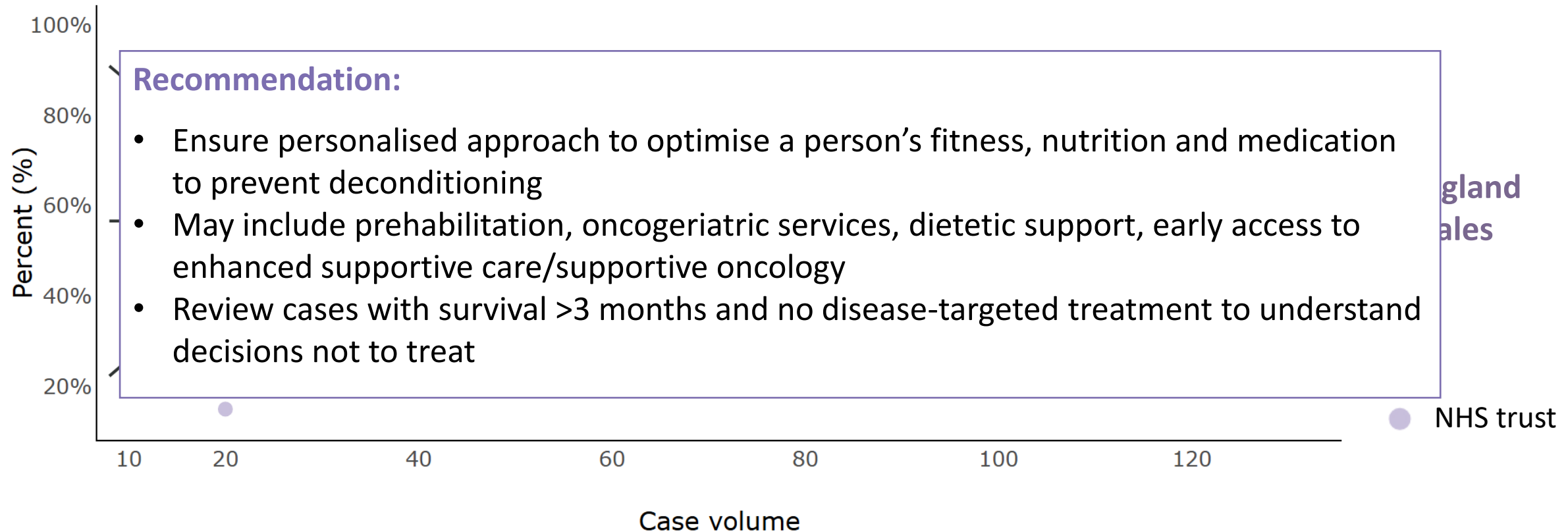
## PI 5: percentage of people with non-metastatic (stage 1-3) pancreatic cancer who received disease-targeted treatment

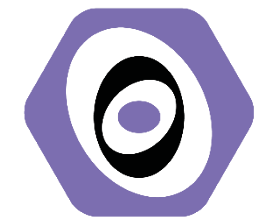
Percentage of people with non-metastatic disease who received disease-targeted treatment by provider, plotted against case volume



## PI 5: percentage of people with non-metastatic (stage 1-3) pancreatic cancer who received disease-targeted treatment

Percentage of people with non-metastatic disease who received disease-targeted treatment by provider, plotted against case volume





**NPaCA**  
National Pancreatic  
Cancer Audit

**National Pancreatic Cancer Audit Quality Improvement  
Intervention:**  
Increasing treatment rates for people with pancreatic cancer

**Why is this important?**

- Among people diagnosed with non-metastatic (stage 1-3) pancreatic cancer in England, only 57% go on to receive any form of disease-targeted treatment (surgery, systemic anti-

# National Pancreatic Cancer Audit Quality Improvement Intervention: Increasing treatment rates for people with pancreatic cancer

In collaboration with stakeholders, the NPaCA has developed a quality improvement intervention that aims to **increase the percentage of people with pancreatic cancer (who are fit enough for treatment) who receive disease-targeted treatment.**

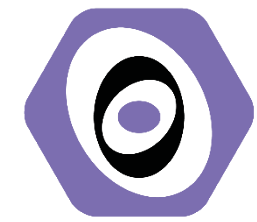
**How will the audit support services to  
achieve this?**

- **Provide enhanced feedback:** in addition to publishing trust-level information, the audit will send bespoke feedback to Cancer Alliances about their trusts' treatment rates, highlighting trusts that have good performance and those whose performance may be lagging.
- **Share good practice:** working with Cancer Alliances, the audit will produce a catalogue of good practice and improvement activities that can lead to increased treatment rates, and share this learning.
- **Support monitoring:** the audit will publish Cancer Alliance and trust-level information on a quarterly basis to support monitoring of progress.

View your  
organisation's results  
on the **NPaCA**  
dashboard:

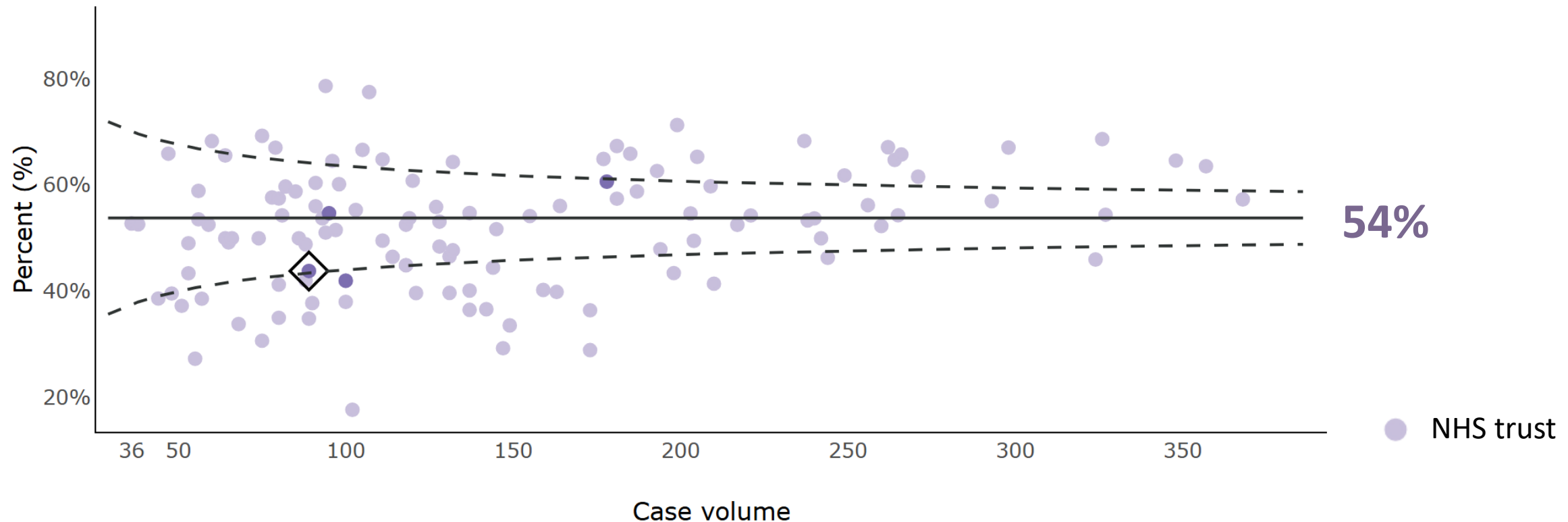


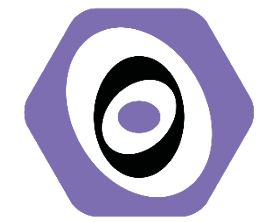
W: [www.natcan.org.uk/audits/pancreatic/](http://www.natcan.org.uk/audits/pancreatic/)  
E: [Pancreaticcanceraudit@rcseng.ac.uk](mailto:Pancreaticcanceraudit@rcseng.ac.uk)



## PI 9: percentage of people who were prescribed pancreatic enzyme replacement therapy (PERT) in primary care (*England only*)

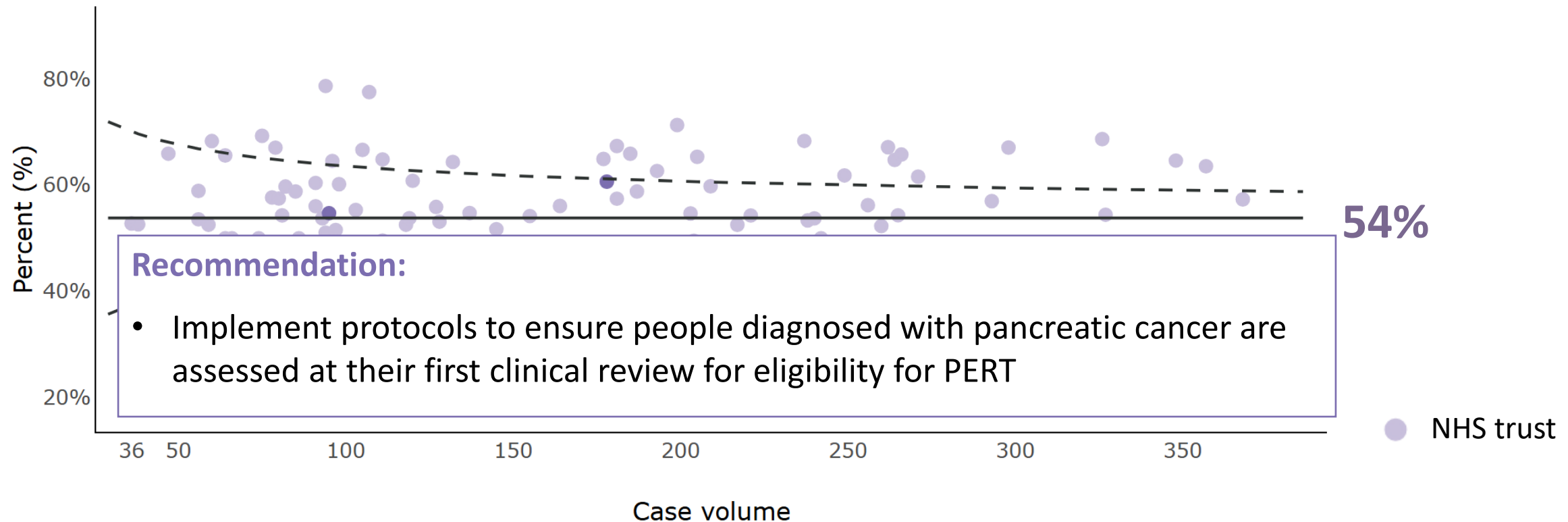
Percentage of people who had a primary care prescription for PERT by trust, plotted against case volume

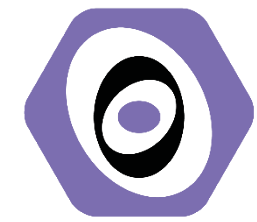




## PI 9: percentage of people who were prescribed pancreatic enzyme replacement therapy (PERT) in primary care (*England only*)

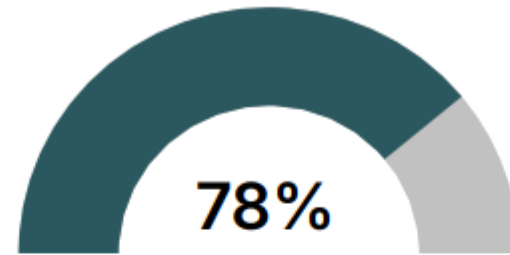
Percentage of people who had a primary care prescription for PERT by trust, plotted against case volume



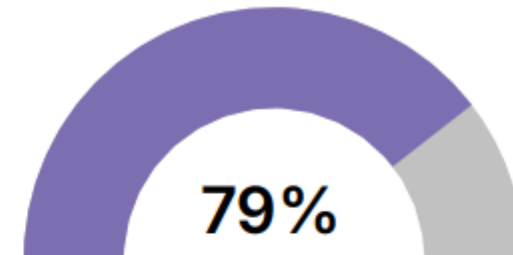


## PI 10: survival after diagnosis

**30 days**

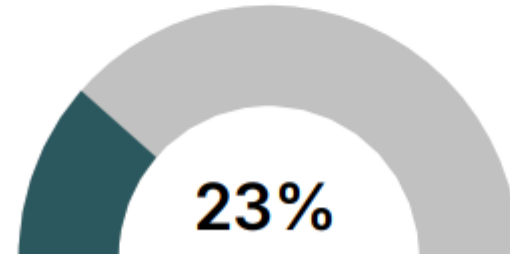


England

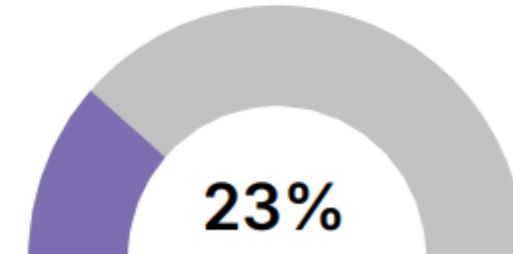


Wales

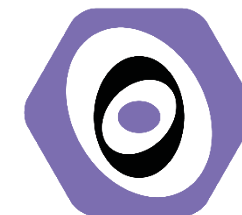
**1 year**



England

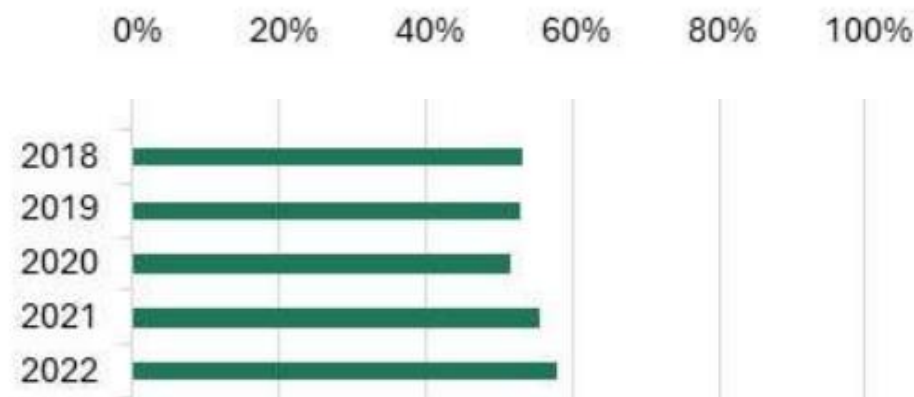


Wales



# Changes over time

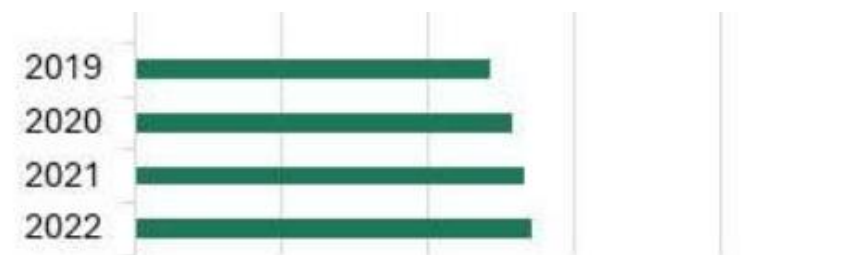
**PI 5:** Percentage of people with non-metastatic (stage 1-3) pancreatic cancer who received disease-targeted treatment

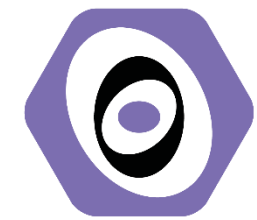


**PI 7:** (i) Percentage of people with pancreatic cancer who received chemotherapy and/or radiotherapy prior to surgery



**PI 9:** Percentage of people who were prescribed pancreatic enzyme replacement therapy (PERT) in primary care





**NPaCA**

National Pancreatic  
Cancer Audit

Thank you!

**NPaCA Project Team**



**Andrew Smith (AUGIS)**  
Clinical Lead (Surgery)



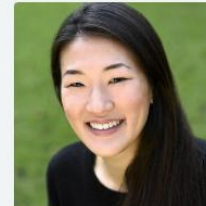
**Ganesh Radhakrishna (RCR)**  
Clinical Lead (Oncology)



**Nigel Trudgill (BSG)**  
Clinical Lead  
(Gastroenterology)



**David Cromwell**  
Senior Methodologist



**Min Hae Park**  
Methodologist



**Suzi Nallamilli**  
Clinical Fellow



**Amanda McDonell**  
Data Scientist



**Vikki Hart**  
Senior Project Manager



**Faine Chan**  
Project Coordinator



Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**HQIP**  
Healthcare Quality  
Improvement Partnership



**NHS**  
England

 **NDRS**  
NATIONAL DISEASE REGISTRATION SERVICE



**GIG**  
CYMRU  
NHS  
WALES

Rhwydwaith  
Canser Cymru  
Wales Cancer  
Network



**NATCAN**  
National Cancer Audit  
Collaborating Centre

# National Oesophago-Gastric Cancer Audit (NOGCA)

## State of the Nation Report 2025 Key Findings & Recommendations

**Olivia O'Connor**, Clinical Fellow, on behalf of the NOGCA team  
13th October 2025



**NOGCA**

National Oesophago-Gastric  
Cancer Audit

@NOGCA\_NATCAN

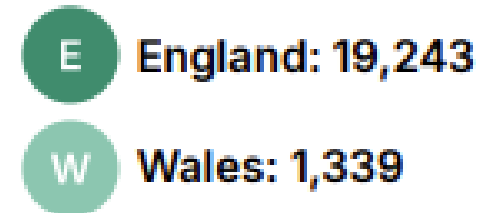
# About NOGCA

- Evaluates quality of care for people diagnosed with oesophageal or gastric (OG) cancer.
- **Aims:** support clinicians, cancer alliances, commissioners and policymakers to improve outcomes.

## National Oesophago-Gastric Cancer Audit State of the Nation Report (01 Jan 22 – 31 Dec 23)

**20,582**

people diagnosed  
with OG cancer



# Emergency admission & stage 4 diagnosis



People diagnosed after  
emergency admission



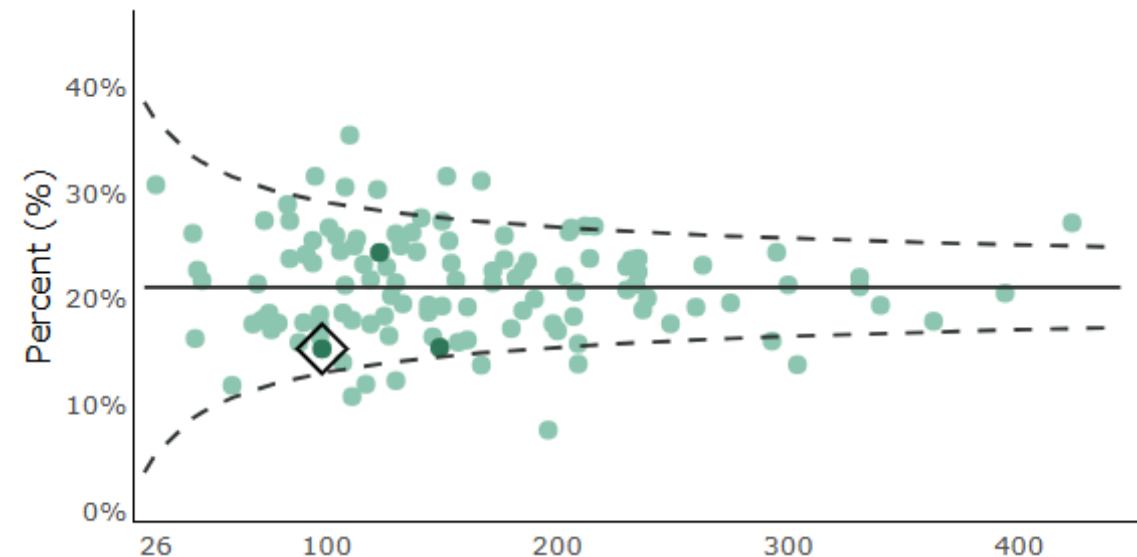
People diagnosed with  
stage 4 disease



People aged 80 years and over  
had the highest rates of diagnosis  
via emergency admission

- Higher for gastric cancer.
- No improvement in emergency or late-stage diagnoses in past 5 years.

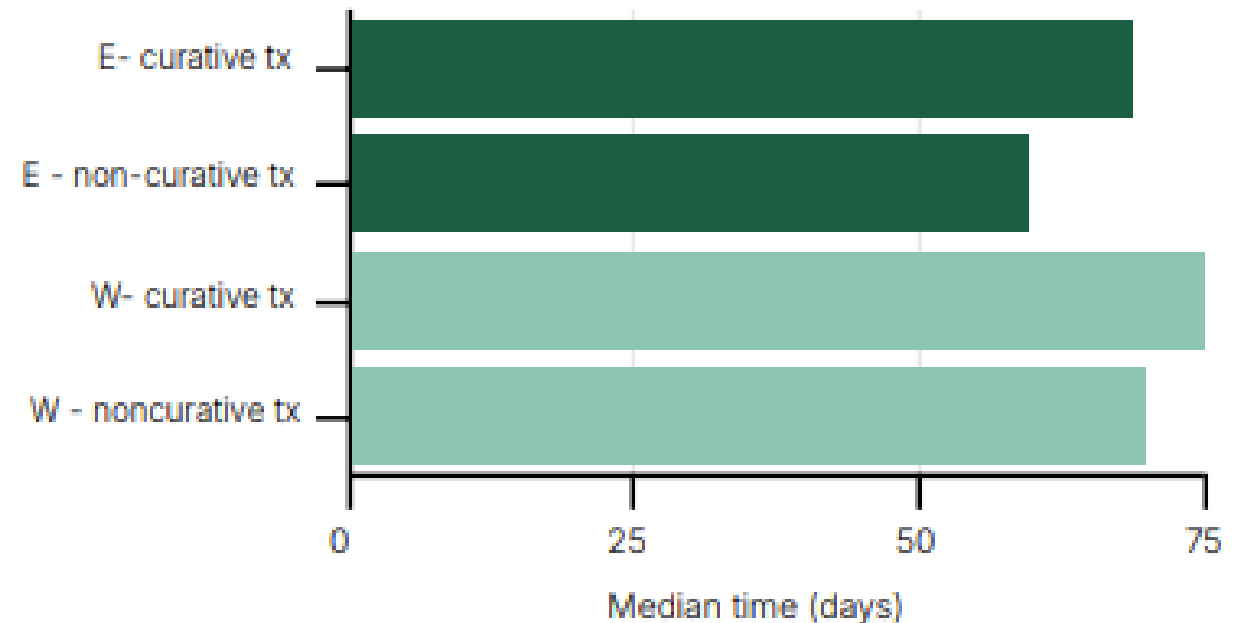
**Diagnosed after being admitted as an  
emergency (01 Jan 22 – 31 Dec 23)**



# Time from diagnosis to treatment

- **Median time** from diagnostic endoscopy to treatment:
  - **England: 64 days**
  - **Wales: 72 days.**
- **Variation between providers** for time to curative treatment:
  - **England: 49 to 102 days**
  - **Wales: 56.5 to 145 days**
- Indicates opportunities to streamline pathways.

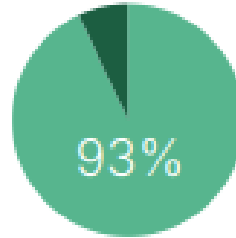
**Time from diagnostic endoscopy to start of disease-targeted treatment  
(01 Jan 22 – 31 Dec 23)**



# Access to Clinical Nurse Specialist



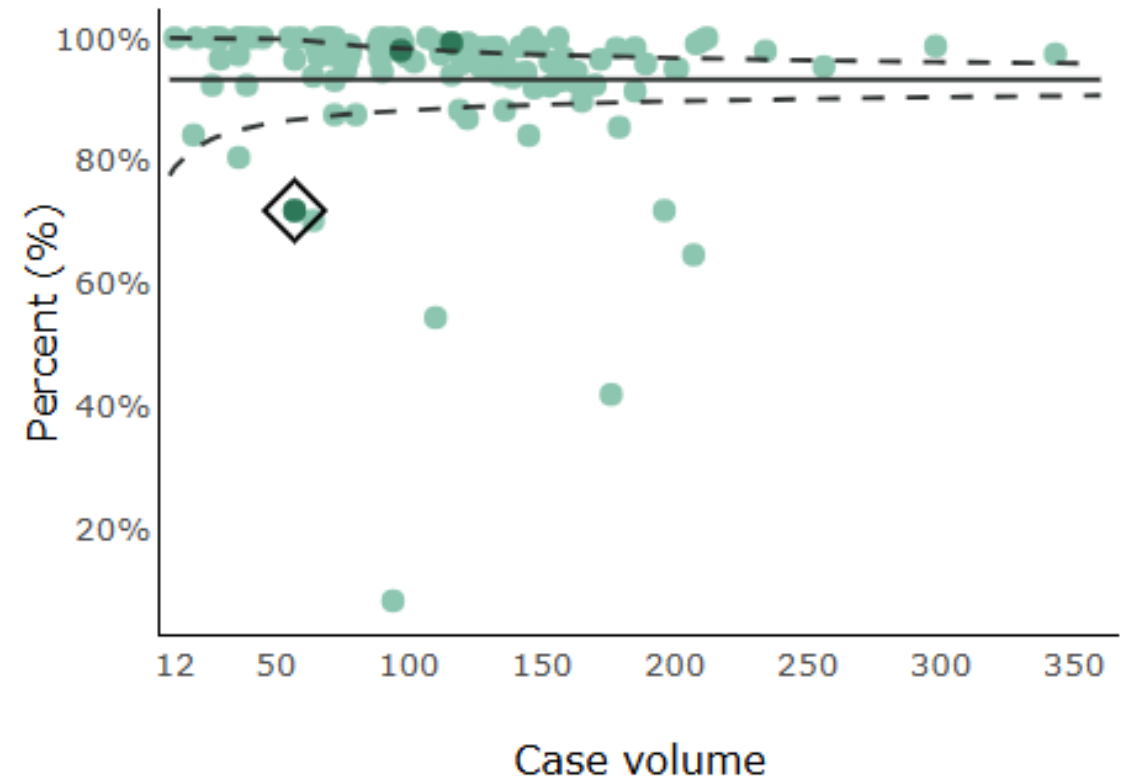
Where data were complete\*\*\*,  
93% of people in England  
were seen by a CNS\*\*\*\*



People diagnosed by emergency admission,  
and those with survival of less than 90 days  
after diagnosis, were less likely to see a CNS

- Lower contact among:
  - Emergency presentations (88%)
  - Patients who died within 90 days (88%).

**Seen by a CNS (01 Jan 22 – 31 Dec 23)**



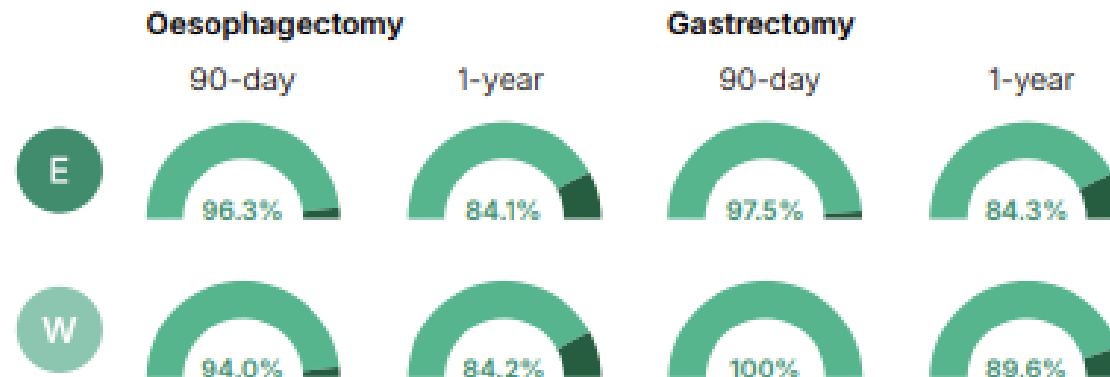
# Curative treatment & outcomes

**E 53%**

**W 31%**

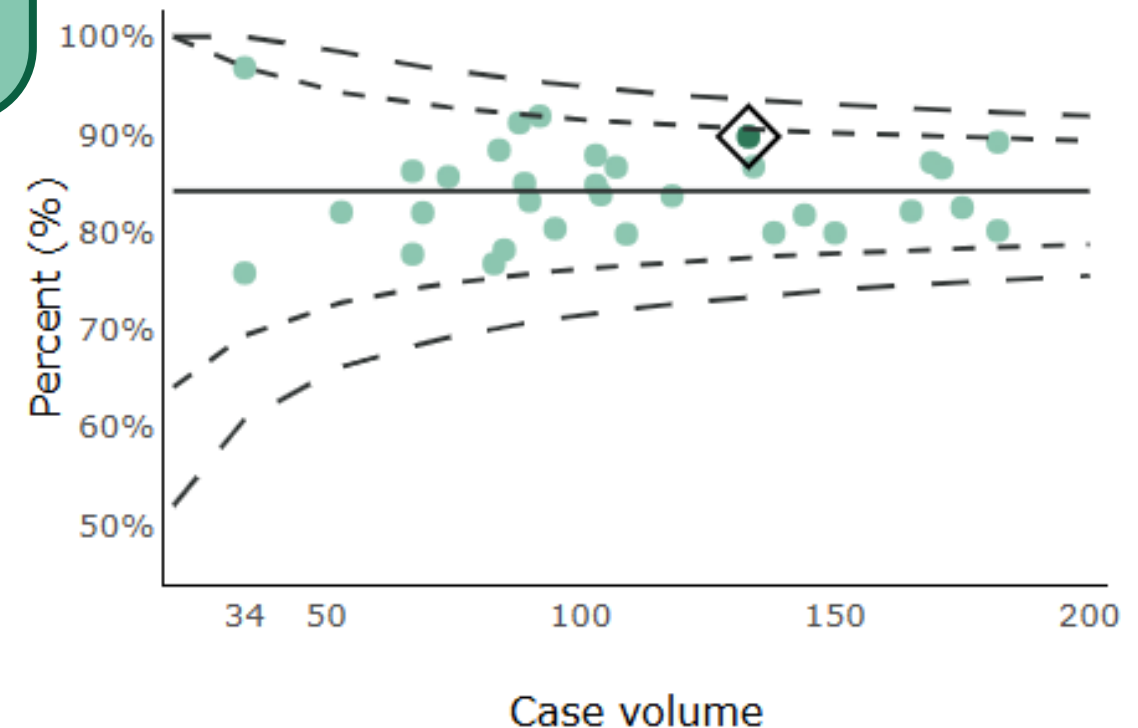
- % people diagnosed at stage 1-3 treated with curative treatment.
- Range (IQR) across England is 45% to 59%. (Min 27% to max 90%)

## Survival following surgical resection\*\*

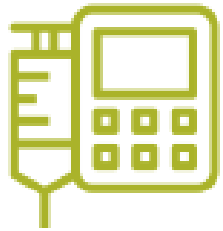


- No surgical survival outliers identified.

## 1-year survival after curative surgery (01 Jan 21 – 31 Dec 22)



# Palliative systemic anti-cancer therapy

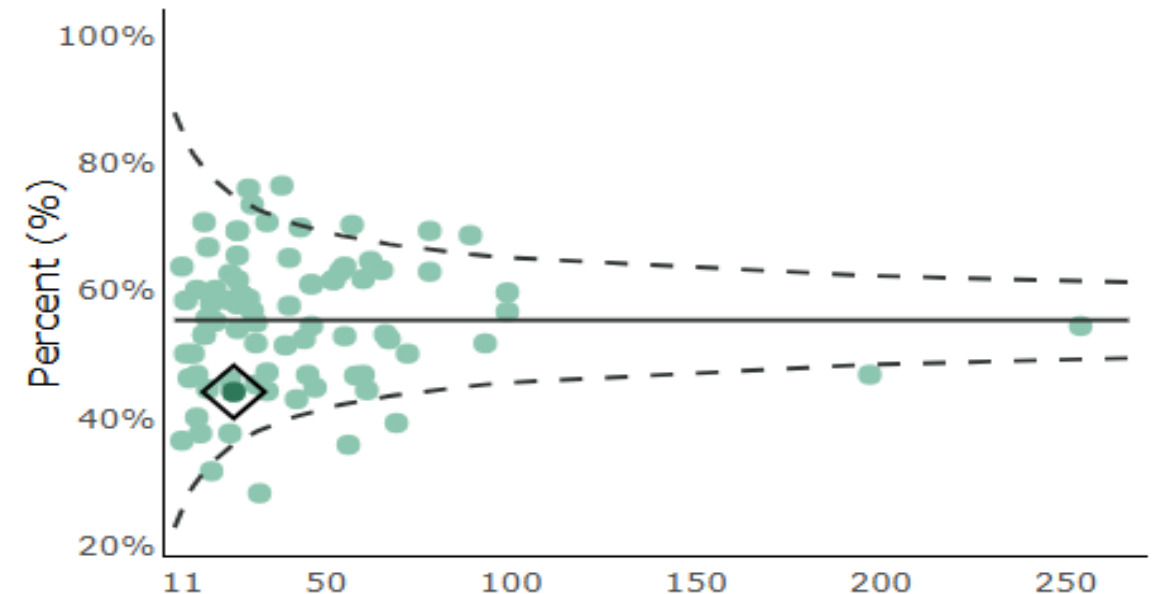


% people diagnosed at stage 4 treated  
with SACT and/or radiotherapy

E 56% W 37%

- 55% completed  $\geq 4$  cycles of NICE-recommended palliative SACT.

Completed  $\geq 4$  cycles of palliative SACT  
(01 Jan 22 – 31 Dec 23)





**NOGCA**

National Oesophago-Gastric  
Cancer Audit

# Key recommendations

1. **Improve early diagnosis**
2. **Streamlined diagnostic & decision-making pathways**
3. **Improve patient selection for palliative SACT**
4. **Ensure timely access to CNS**
5. **Improve pathology data quality**



**NOGCA**  
National Oesophago-Gastric  
Cancer Audit

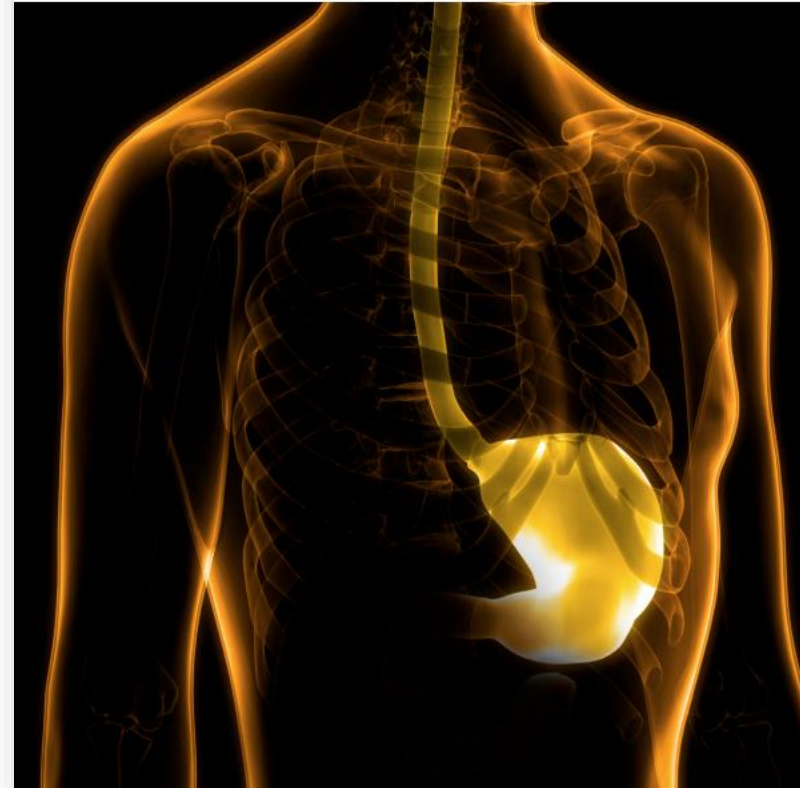


**NATCAN**  
National Cancer Audit  
Collaborating Centre

## **National Oesophago-Gastric Cancer Audit State of the Nation Report September 2025**

An audit of care received by people diagnosed with oesophageal or gastric cancer between 1 January 2022 and 31 December 2023 in England and Wales.

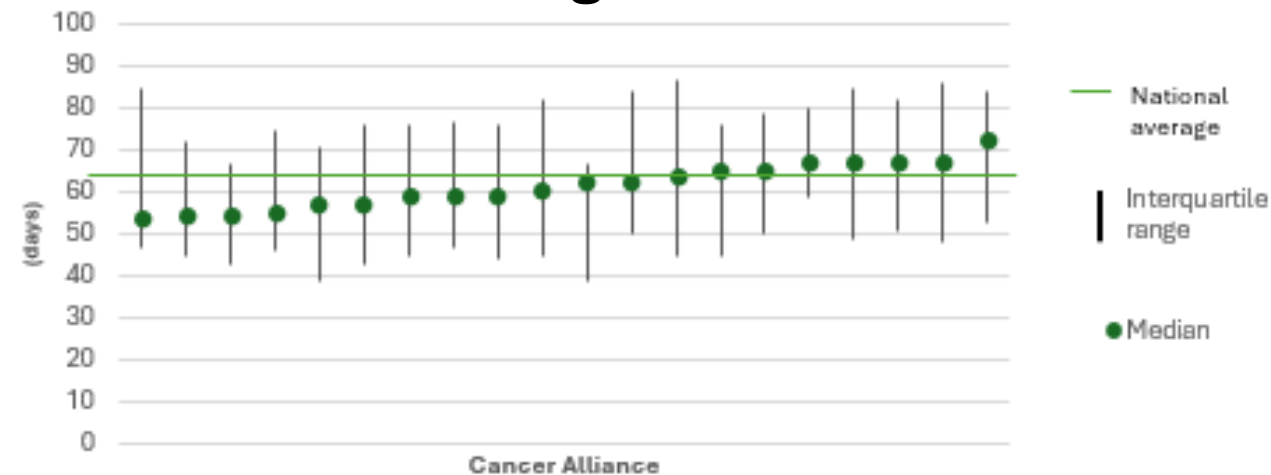
Version 2 - September 2025



# Challenges, opportunities & QI

- Persistent late-stage diagnosis and long waits remain major challenges.
- Data availability (especially pathology) limits audit's ability to benchmark performance.
- No surgical survival outliers: strong assurance of safety in OG surgery.
- Launch of NOGCA Quality Improvement Plan and Quarterly Dashboards to support local action.
- Future direction: move from quality assurance to **actionable quality improvement**, with patient voice integral in report development.

## QI focus: Time from diagnostic endoscopy to disease-targeted treatment





Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**HQIP**  
Healthcare Quality  
Improvement Partnership



**NHS**  
England



**NDRS**  
NATIONAL DISEASE REGISTRATION SERVICE



**GIG**  
CYMRU  
NHS  
WALES

Rhwydwaith  
Cancer Cymru  
Wales Cancer  
Network



**NATCAN**  
National Cancer Audit  
Collaborating Centre

# Thank you Any questions?

## NOGCA data dashboard



David Cromwell  
Director CEU



Nigel Trudgill  
Clinical Co-lead  
(BSG)



James Gossage  
Clinical Co-lead  
(AUGIS)



Tom Crosby  
Clinical Co-lead  
(RCR)



Betsan Thomas  
Deputy Clinical  
Co-lead (RCR)



Min Hae Park  
Methodologist



Amanda McDonell  
Data Scientist



Olivia O'Connor  
Clinical Fellow



Augusto Nembrini  
Research Co-ordinator



Karen Darley  
Project manager



**NOGCA**

National Oesophago-Gastric  
Cancer Audit

@NOGCA\_NATCAN



Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**NHS**  
England



**HQIP**  
Healthcare Quality  
Improvement Partnership

 **NDRS**  
NATIONAL DISEASE REGISTRATION SERVICE



**GIG**  
CYMRU  
**NHS**  
WALES

Rhwydwaith  
Cancer Cymru  
Wales Cancer  
Network

# Panel Session

## Part 2

13<sup>th</sup> October 2025



**Nicky Thorp,**  
Vice-  
President,  
Clinical  
Oncology,  
Royal College  
of Radiologist



**Danny Keenan,**  
Clinical Director,  
Healthcare Quality  
Improvement  
Partnership  
(HQIP)



**Richard  
Simcock,**  
Chief Medical  
Officer,  
Macmillan  
Cancer Support



**Tom Crosby,**  
National Cancer  
Clinical Director for  
Wales



**Dan Cariad,**  
Deputy  
Director, NHS  
Cancer  
Programmes



**Martine Bomb,**  
Head of Data  
Projects, National  
Disease  
Registration  
Service (NDRS)

@NATCAN\_news



Royal College  
of Surgeons  
of England  
ADVANCING SURGICAL CARE

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**NHS**  
England



**HQIP**  
Healthcare Quality  
Improvement Partnership



**NDRS**  
NATIONAL DISEASE REGISTRATION SERVICE



**GIG**  
CYMRU  
**NHS**  
WALES

Rhwydwaith  
Canser Cymru  
Wales Cancer  
Network

# National Cancer Audit Collaborating Centre (NATCAN)

## Summary & Close

### Professor Ajay Aggarwal, NATCAN Clinical Director

13<sup>th</sup> October 2025

*Connect with NATCAN*



@NATCAN\_news