

SYSTEMIC ANTI-CANCER THERAPY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Data Collection Tool

Hospital number

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A. PATIENT DETAILS

1. Age (immediately prior to commencing most recent course of SACT):

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 years

2. Gender: ☐ Male ☐ Female

3. Primary tumour site (solid tumour and lymphoma)

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B. DECISION TO TREAT/CONSENT

4a. Was this course of SACT agreed at an MDT meeting? ☐ Yes ☐ No ☐ Unable to answer

4b. If NOT, why not?

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5. What was the grade of doctor who initiated this course of SACT?

- | | | |
|---|---|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Medical/Clinical Researcher/Fellow | |
| <input type="checkbox"/> Associate specialist | <input type="checkbox"/> Staff grade | |
| <input type="checkbox"/> Clinical assistant | <input type="checkbox"/> SpR/ST3 or higher | |
| <input type="checkbox"/> SHO/ST1-2/FY1-2 | <input type="checkbox"/> Unable to answer | |
| <input type="checkbox"/> Other (please specify) | <table border="1"><tr><td></td></tr></table> | |
| | | |

6. What was the grade of doctor who prescribed this course of SACT?

- | | | |
|---|---|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Medical/Clinical Researcher/Fellow | |
| <input type="checkbox"/> Associate specialist | <input type="checkbox"/> Staff grade | |
| <input type="checkbox"/> Clinical assistant | <input type="checkbox"/> SpR/ST3 or higher | |
| <input type="checkbox"/> SHO/ST1-2/FY1-2 | <input type="checkbox"/> Unable to answer | |
| <input type="checkbox"/> Other (please specify) | <table border="1"><tr><td></td></tr></table> | |
| | | |

7. What was the specialty of the clinician who advised this course of SACT?

☐ Oncology/Haemato-oncology

☐ Other

☐ Unable to answer

8a. In your opinion, was SACT management appropriate for this patient?

☐ Yes

☐ No

☐ Unable to answer

8b. If NO, please indicate the reason

9a. Is there evidence in the available casenotes that the patient received information to assist them in their decision to accept treatment?

☐ Yes

☐ No

☐ Unable to answer

9b. If YES, please select all that apply:

i) Verbal information from:

☐ Doctor

☐ Specialist nurse

☐ Pharmacist

☐ Other (please specify)

☐ Unable to answer

ii) Written information on:

☐ SACT

☐ Clinical trial

iii) Patient information on:

☐ Casette/Video/DVD/CD

☐ Other e.g. BACUP booklet

10a. Based on the casenotes, did the patient receive sufficient information to give informed consent to treatment?

☐ Yes

☐ No

☐ Unable to answer

10b. If NO, please expand on your answer

11a. Was there a signed consent form in the notes for this course of SACT?

☐ Yes

☐ No

☐ Unable to answer

11b. If YES to 11a, was the grade of the doctor obtaining consent stated on the form?

☐ Yes

☐ No

☐ Unable to answer

11c. If YES to 11a, was the name of the doctor obtaining consent stated on the form?

☐ Yes

☐ No

☐ Unable to answer

11d. If YES to 11a, did it include information on potential toxicity?

☐ Yes

☐ No

☐ Unable to answer

11e. If YES to 11a, what was recorded on the side effects section of the consent form?

- ☐ The most frequent toxicities
- ☐ The most serious toxicities
- ☐ A record that chemotherapy could be life threatening

12. In your opinion, was the clinician taking consent experienced enough to judge whether the patient's decision had been made after consideration of the risks and benefits of treatment? ☐ Yes ☐ No ☐ Unable to answer

13. What was the patient's performance score immediately prior to the most recent course of SACT?
WHO/ECOG ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unable to answer

14. If the performance score was 3 or 4, was this patient discussed at an MDT meeting prior to palliative SACT commencing? ☐ Yes ☐ No ☐ Unable to answer

C. SACT PRESCRIPTIONS AND ADMINISTRATION

15. Before each cycle of SACT were the following taken and assessed?
- | | | | |
|--|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Full blood count | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| <input type="checkbox"/> Urea and electrolytes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| <input type="checkbox"/> Liver function tests | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
16. Is there evidence in the casenotes of an assesment of toxicity since the previous cycle of SACT? ☐ Yes ☐ No ☐ Unable to answer
17. Is there evidence in the casenotes that a toxicity checklist was used? ☐ Yes ☐ No ☐ Unable to answer
18. Is there evidence in the casenotes of an assessment of response to treatment during this course of SACT? ☐ Yes ☐ No ☐ Unable to answer
19. Is there evidence in the casenotes that the SACT prescription was checked by a pharmacist? ☐ Yes ☐ No ☐ Unable to answer
20. Was the SACT prescription signed by a pharmacist? ☐ Yes ☐ No ☐ Unable to answer

D. SAFETY OF SACT

- 21a. Did the patient suffer any grade 3/4 event following the most recent cycle of SACT? ☐ Yes ☐ No ☐ Unable to answer
- 21b. If YES, was a dose reduction or the use of prophylactic GCSF considered? ☐ Yes ☐ No ☐ Unable to answer
- 21c. Please expand on your answer

21d. Was this appropriate? ☐ Yes ☐ No ☐ Unable to answer

21e. If NO, please expand on your answer

22a. Is there evidence in the casenotes of a dose reduction with this cycle of SACT? ☐ Yes ☐ No ☐ Unable to answer

22b. If YES, please specify why the dose was reduced

22c. If NO, do you think there should have been a dose reduction? ☐ Yes ☐ No ☐ Unable to answer

22d. If YES, please expand on your answer

E. END OF LIFE CARE

23. Is there evidence in the casenotes that a palliative care team was involved? ☐ Yes ☐ No ☐ Unable to answer

24. Is there evidence in the casenotes that all appropriate supportive care medicines were prescribed? ☐ Yes ☐ No ☐ Unable to answer

25. Is there evidence of any of the following; an advanced directive, a Preferred Place of Care certificate, or an End of Life Pathway? ☐ Yes ☐ No ☐ Unable to answer

26. Was the patient's death discussed at an audit or morbidity and mortality meeting? ☐ Yes ☐ No ☐ Unable to answer

