

An audit of 09-10 cohort showed improvements in the management and survival of differentiated thyroid cancer(DTC) since audit of the 98-99 cohort of patients in the Northern and Yorkshire region

Background

Treatment of DTC usually involves thyroidectomy followed by radio-iodine.

An audit was done 10 years ago looking at the management and survival for thyroid cancer patients treated in the region during 1998-1999. This showed sub-optimal practise.

Standard

The British Thyroid Association guidelines in 02 recommended

-MDT discussion for all patients and site specialisation of involved clinicians.

-Appropriate treatment and investigations

Methods

Data was taken from PRAXIS database for the region during 09-10, to look at incidence, pathology, surgery, first treatment modality, survival rates and surgical workload. Comparison was made to data collected in 04 for the 98-99 period.

Results of 1st Audit Round

- <50% of patients had pre-op Fine Needle Aspiration (FNAC)
- <30% had Post Radioiodine Ablation scan (PAS)
- Few Thyroglobulin(TG) tests
- Poor surgical specialisation (33% patients operated by surgeons performing <5 cases/year)
- Minority of patients were discussed in MDT or had staging
- · Poor thyroid cancer survival rates

Results of 2nd Round

- In 09-10, all patients diagnosed with DTC in the region were discussed in MDT.
- All patients had pre-op FNAC and PAS. 97% of patients had a stimulated TG to assess disease.
- Survival for patients with DTC has improved significantly in the last 10 years (Figure 1).
- Surgeon specialisation has improved. (Figure 2) 10% of patients were operated on by surgeons who perform <5 cases/year

Figure 1

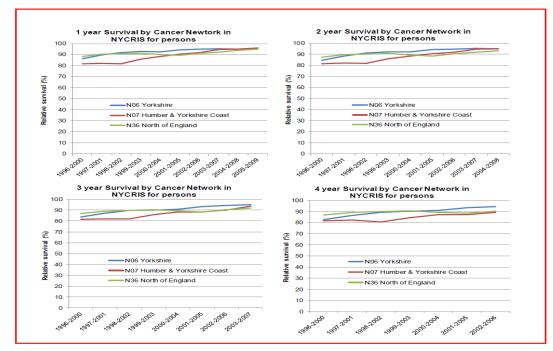


Figure 2

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| Surgical workload 2010 | Cases treated by Surgeons | % | Surgical workload 2010 | Cases treated by Surgeons | % | Surgical workload 2010 | Cases treated by Surgeons | % |
|---------------------------|---------------------------------|----------------|---------------------------|---------------------------------|-----|---------------------------|---------------------------------|------|
| <5 | 26 | 13% | <5 | 13 | 6% | - | | 100/ |
| 5-9 | 5 | 3% | 5-9 | | 14% | <5 | 6 | 13% |
| 10-14 | 10 | 5% | | 28 | | 5-9 | 5 | 11% |
| 15-19 | 41 | 21% | 10-14 | 38 | 18% | | * | * |
| 20-29 | 72 | 37% | 15-19 | 108 | 52% | 15-19 | | |
| 20-29 20-40 | /2 | 01 70 04 0/ | 20-29 | 20 | 10% | 30-49 | 32 | 68% |

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1st Action Plan

Changes were implemented and a re-audit was done for 09-10

Surgical workload of surgeons performing thyroidectomies in YCN(Yorkshire Cancer Network), NECN(North of England Cancer Network) and HYCCN(Humber and Yorkshire Coast Cancer Network).

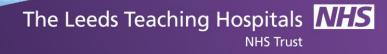
Total

100%

2nd Action Plan

There has been significant improvement in the management of DTC in the region since 98/99. This has translated into better survival. Further studies with longer follow up are needed.

Total



Total

100%