

**NSW Oncology Group
Lung Cancer
Minimum Data Set Extension
Data Dictionary**

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1. Document Version Control

Version	Date Issued	Change Description
0.1	7/02/2007	1 st Draft - Developed by Ms Christine Erratt based on work by NSW Lung Oncology Group.
0.2	10/04/2007	2 nd Draft - Revisions provided by Dr Shalini Vinod and NSW Lung Oncology Group.
0.3	5/6/2007	2 nd Draft - Comorbidity Scoring provided by Dr Shalini Vinod. Paul De Souza – add pack years as new item, agreed by NSWOG (29.6.2007).

2. Introduction

Population-based cancer registries in each Australian state and jurisdiction provide comprehensive information on cancer incidence. By matching, verifying and registering each case, incidence of each cancer type can be mapped by area of residence, age, sex and country of birth. Death notifications (and cause of death) are also matched and provide the definitive mortality and survival rates for cancer in NSW.

To enhance this epidemiological information, *clinical cancer registries* are designed to add the dimensions of stage, treatment and quality of care, allowing analyses of patterns of cancer care against best-practice guidelines (see Appendix I). The Institute is funding Area-based clinical cancer registries in six Area Health Services.

By describing cancer stage and actual surgical, radiation and chemotherapeutic interventions, Areas and tumour streams can monitor access and quality of care. However, specific quality of care indicators for each cancer type requires collection of a more specific subset of data items. For instance, for breast cancer the receptor status (oestrogen, progesterone and HER2), together with disease stage dictates the appropriate drug treatment options. Other data items will support better monitoring of supportive care or enhance the prognostic value of the core dataset.

The NSW Oncology Group (NSWOG) was established by the Cancer Institute NSW and comprises cancer specialist doctors and nurses, consumers and patients. The aim of NSWOG includes the identification of best practice care guidelines, and of the data needed to monitor and improve cancer outcomes in NSW. NSWOGs also promote sub specialised training and education for each type of cancer, and clinical trials.

The NSW Minimum Dataset for Clinical Cancer Registration is being collected in many public hospitals in NSW. The *core cancer dataset* describes cancer type, stage, treatment and quality of care for each cancer patient. Concurrently, NSW Oncology Group is working to identify succinct *dataset extensions* as statewide standards, to complement the core dataset with additional measures and indicators specific to tumour streams.

Specifically this data dictionary will have relevance to:

- Lung cancer clinicians
- Lung cancer data managers
- Epidemiologists, health service analysts and other researchers
- Analysts of Clinical Cancer Registry data

Additional data elements for all cancers are covered by the NSW Central Cancer Registry Data Dictionary and the NSW Clinical Cancer Data Dictionary.

The review of the data dictionary will be conducted after the collection has been piloted for a period of time so that the decisions concerning changes to the dataset can be based on feasibility, usability and experience. It is intended that this data dictionary defines the disease-specific dataset and will be used by a variety of NSW Clinical Cancer Registry stakeholders.

The Data Set Specification, Cancer (Clinical): National Health Data Dictionary Version 12 Supplement published by the Australian Institute of Health and Welfare (AIHW) and the NSW Clinical Cancer Data Collection for Outcomes and Quality Data Dictionary published by the NSW Health Department were both reviewed prior to producing this publication.

This document was prepared by Ms Christine Erratt based on the work by the Lung NSW Oncology Group (NSWOG). Dr Shalini Vinod, in particular, provided detailed support and review of some items.

3. Lung Cancers

The table below shows the Primary Site of Cancer ICD10AM 5th Edition codes that trigger the reporting of Lung Cancer Minimum Data Set.

- C33 Malignant neoplasm of trachea
- C34 Malignant neoplasm of bronchus and lung
- C34.0 Malignant neoplasm of main bronchus
- C34.1 Malignant neoplasm of upper lobe, bronchus or lung
- C34.2 Malignant neoplasm of middle lobe, bronchus or lung
- C34.3 Malignant neoplasm of lower lobe, bronchus or lung
- C34.8 Overlapping malignant lesion of bronchus and lung
- C34.9 Malignant neoplasm of bronchus or lung, unspecified
- C38.1 Anterior Mediastinum
- C38.2 Posterior Mediastinum
- C38.3 Mediastinum, part unspecified
- C38.4 Pleura
- C38.8 Overlapping lesion of heart, mediastinum and pleura
- C45.0 Mesothelioma of pleura
- C45.1 Mesothelioma of peritoneum
- C45.2 Mesothelioma of pericardium
- C45.7 Mesothelioma of other sites
- C45.9 Mesothelioma, unspecified

4. List of Abbreviations

AIHW	Australian Institute of Health and Welfare
CINSW	Cancer Institute New South Wales
FEV	Forced expired volume
FVC	Forced vital capacity
HDD	Health Data Dictionary
ICD-10	International Statistical Classification and Related Health Problems, Tenth Revision
MDS	Minimal data set
NCCH	National Centre for Classification in Health
NHDD	National Health Data Dictionary
NOS	Not otherwise specified
NSCLC	Non Small Cell Lung Cancer
NSW	New South Wales
NSWOG	New South Wales Oncology Group
SCS	Simplified Comorbidity Score

5. Data Dictionary Format Guide

Each data item is described in terms of its defining characteristics and its physical representation. In addition to this, certain administrative information is provided to inform users of the sources and the currency of the version of the individual item. The components included under these section headings are based on the NHDD standard, as described below:

Heading	Description
Defining Attributes	
Definition	A statement that expresses the essential nature of a data element and its differentiation from all other data elements.
Coverage	A description of the circumstances under which the data item should be collected and reported.
Guide for Use	
Data Domain	The set of possible values for the data item. This may take the form of a code set, or a description of the possible values. Domain values are only specified where size of the code set is small enough to be reasonably reproduced in the document. In other instances the domain may be indicated by reference to a source document.
Domain Definitions	The definitions of each domain category within the classification, where such definitions are warranted – that is more information that the domain descriptor is required to fully understand what is captured with the domain value.
Clarifying Points	These are comments designed to assist in further defining aspects of the data domain.
Collection Methods	This provides important comments concerning the actual capture of data for the particular data element.
Screen Prompts	This is suggested terminology to use in computer applications.
Validation Rules	These are included to assist in reducing input error. Where validation rules are known to exist, they have been included to assist with the programming.
Justification	The reason for collecting this data element.
Representation	
Data Element Type	<p>There are four types of data elements, and this describes which of the element is. Definitions of each type are provided below.</p> <p><i>Data Concept</i> - a concept which can be represented in the form of a data element, described independently of any particular representation. For example, hospital 'admission' is a process, which does not have any particular representation of its own, except through data elements such as 'Date of Admission', 'mode of admission' etc.</p> <p><i>Data Element</i> – a unit of data for which the definition, identification, representation and permissible values are specified by means of a set of attributes.</p>

Heading	Description
	<p><i>Derived Data Element</i> – a data element whose values are derived by calculation from the values of other data elements. For example the data element 'length of stay' is derived by calculating the number of days from the 'Date of Admission' to the 'Date of Separation' less the number of 'total leave days'.</p> <p><i>Composite Data Element</i> – a data element whose values represent the grouping of the values of other data elements in a specified order.</p>
Data Type	The type of symbol or character, or other designation used to represent the data element. For example numeric, alphanumeric, alphabetic or integer.
Form	Describes whether the valid values for the data item take the form of a code set, free text. If the form is described as "Code" the relevant code set or sets will be specified in the Domain section.
Minimum Size	The minimum number of characters allowable to represent the data element.
Maximum Size	The maximum number of characters allowable to represent the data element.
Layout	A generic example of what the data element should look like in the unit record. For example, dates should be represented in the format of DDMMYYYY where DD represents, the day, MM represents the month, and YYYY represents the four-digit numeric for the year. "N" is used to represent numeric values and "A" is used to represent alphabetic and alphanumeric values (the Data Type indicates whether it is alphabetic or alphanumeric).
Administrative Information	
Version	This is the version number of the individual data element as it exists in the New South Wales Health Data Dictionary only. The version number may differ from the version number of the NSW HDD publication, as data elements may be revised independently of the periodic review of the document.
Effective Date	The date from which this version of the data element is to be used for reporting.
References	
Related Elements	Data elements that have some direct relationship with the data element being described.
References	Documents listed here have been used as references when designing the specified item. The item as it is presented in the NSW HDD is not necessarily identical to the item in the source document. The name of the organisation(s) that developed the source document(s) or provided advice on the data item.

Lung Cancer Site

Defining Attributes

Definition: The site of the cancer within the lung.

Coverage: This item should be reported for:

All lung cancers

Guide for Use

Data Domain:

Code	Description
C33	Trachea
C34.0	Main bronchus, including carina and hilus of lung
C34.1	Upper lobe of bronchus or lung including lingula
C34.2	Middle lobe of bronchus or lung
C34.3	Lower lobe of bronchus or lung
C34.8	Overlapping lesion of bronchus and lung
C34.9	Bronchus or lung, unspecified
C38.1	Anterior Mediastinum
C38.2	Posterior Mediastinum
C38.3	Mediastinum, part unspecified
C38.4	Pleura
C38.8	Overlapping lesion of heart, mediastinum and pleura

C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified

Domain Definitions: The above sites are taken from ICD-10-AM codes and so equate with core data item Primary site of cancer.

Clarifying Points: n/a

Collection Methods: This information should be sought from the patient's medical record, referral letter or attending medical clinician.

Validation Rules: Must equal code from data domain.

Justification: This information is collected for the purpose of:

- survival analysis adjusted by stage at diagnosis and distribution of cancer cases by type and stage.

Representation

Data Element Type: Data Element
Data Type: Alpha-numeric
Form: Code
Minimum Size: 3
Maximum Size: 5
Layout: ANN.N

Administrative Information

Version: 1
Effective date: 1 September 2007
Changes:

Related Information

Related Data:

- Site of Metastatic Disease

References:

National Centre for Classification in Health (2006), *The International Statistical Classification and Related Health Problems, Tenth Revision, Australian Modification (5th ed)*, Sydney, NCCH.

Sites of Metastatic Disease

Defining Attributes

Definition: The site(s) of metastatic disease spread from the patient's primary lung cancer.

Coverage: This item should be reported for:

All Lung cancers

Guide for Use

Data Domain:

Code	Description
0	No metastases
1	Pleura
2	Liver
3	Brain
4	Adrenal gland(s)
5	Pulmonary
6	Bone
7	Extra-thoracic Lymph nodes
8	Other
9	Unknown

Domain Definitions:

Code	Definition
0	The patient has no metastatic disease for this lung cancer.

1	The patient has metastases from their lung cancer to their pleura.
2	The patient has metastases from their lung cancer to their liver.
3	The patient has metastases from their lung cancer to their brain.
4	The patient has metastases from their lung cancer to their adrenal gland(s).
5	The patient has metastases from their lung cancer to the pulmonary region.
6	The patient has metastases from their lung cancer to their bone(s).
7	The patient has metastases from their lung cancer to their extra-thoracic lymph nodes.
8	The patient has metastatic disease from their lung cancer to a site that is not mentioned above.
9	It is unknown whether the patient has any metastatic disease.

Clarifying Points: n/a

Collection Methods: This information should be sought from the patient's medical record, referral letter or attending medical clinician.

Validation Rules: This is a one-to-many data item. That is, a patient record could hold: either 0 or 9 or any combination of 1 – 8.

Justification: This information is collected for the purpose of:

- survival analysis adjusted by stage at diagnosis and distribution of cancer cases by type and stage.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	1
Layout:	N

Administrative Information

Version:	1
Effective date:	1 September 2007
Changes:	

Related Information

Related Data: • Lung Cancer Site

References: Developed by the NSW Lung Oncology Group (NSWOG Lung). July 2007.

NEW DATA ITEM

Local Complications

Defining Attributes

Definition: All local complications of the lung cancer, due to the cancer itself at presentation.

Coverage: This item should be reported for:

All lung cancers

Guide for Use

Data Domain:

Code	Description
00	No local complications
01	Bronchial obstruction
02	Mediastinal invasion
03	Infection (would include pneumonia, aspergillosis)
04	Nerve damage (eg brachial plexus, spinal cord, recurrent laryngeal nerve)
05	Compression of the superior vena cava
06	Bronchoesophageal fistula
07	Lung collapse (segmental, lobular or lung)
08	Cor pulmonale
09	Pleural effusion
10	Pericardial effusion
98	Other

99	Unknown
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- Domain Definitions:** See data domain.
- Clarifying Points:** Collect for each therapeutic mode.
- Collection Methods:** This information should be sought from the patient's medical record, referral letter or attending medical clinician.
- Validation Rules:** This is a one-to-many data item. That is, a patient record could hold: either 00 or 99 or any combination of 01 – 10 or 98.
- Justification:** This information is collected for the purpose of:
- survival analysis adjusted by stage at diagnosis and distribution of cancer cases by type and stage.

Representation

- Data Element Type:** Data Element
- Data Type:** Numeric
- Form:** Code
- Minimum Size:** 2
- Maximum Size:** 2
- Layout:** NN

Administrative Information

- Version:** 1
- Effective date:** 1 September 2007
- Changes:**

Related Information

- Related Data:**
- Lung Cancer Site
 - Site of Metastatic Disease
- References:** Developed by the NSW Lung Oncology Group (NSWOG Lung). July 2007.
- NEW DATA ITEM

Co-morbidities

Defining Attributes

Definition: The presence of any one or more condition other than the patient's lung cancer at diagnosis.

Coverage: This item should be reported for:

All Lung cancers

Guide for Use

Data Domain: Simplified Comorbidity Score for weighting of comorbidities:

Code	Description
0	None
1	Tobacco consumption
2	Diabetes Mellitus
3	Renal Insufficiency
4	Respiratory Comorbidity
5	Cardiovascular Comorbidity
6	Neoplastic Comorbidity
8	Alcoholism
9	Unknown

Domain Definitions: Simplified Comorbidity Score for weighting of comorbidities:

Code	Definition
0	None - weighting of 0
1	Tobacco consumption - weighting of 7
2	Diabetes Mellitus - weighting of 5
3	Renal Insufficiency - weighting of 4
4	Respiratory Comorbidity - weighting of 1
5	Cardiovascular Comorbidity - weighting of 1
6	Neoplastic Comorbidity - weighting of 1
8	Alcoholism - weighting of 1
9	Unknown - weighting of 0

Clarifying Points: Co-morbidities should be collected at presentation/ diagnosis of the lung cancer, as this impact on initial management of the treatment.

The Simplified Comorbidity Score (SCS) reliability is a prognostic determinant for patients with non small cell lung cancer (NSCLC), however all lung cancers should still be scored.

The weighting of each Comorbidity should be added.

Collection Methods: This information should be sought from the patient's medical record or attending medical clinician.

Validation Rules: This is a one-to-many data item. That is, a patient record could hold: either 0 or 9 or any combination of 1 – 8.

Justification: This information is collected for the purpose of:

- Survival analysis adjusted by stage at diagnosis and distribution of cancer cases by type and stage.

The severity or burden of co-morbidities has a clear relationship with

a poor survival outcome. Co-morbidities are an indicator of suitability for surgery.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	1
Layout:	N

Administrative Information

Version:	1
Effective date:	1 September 2007
Changes:	

Related Information

Related Data:	<ul style="list-style-type: none">• Lung Cancer Site• Site of Metastatic Disease• Local Complications• Tobacco Smoking Status• Asbestos Exposure
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References:	Colinet, B., Jacot, W., Lacombe, S., Bozonnat, M-C., Daures, J-P. & Pujol, J-L. (2005), 'A new simplified Comorbidity score as a prognostic factor in non-small cell lung cancer patients: description and comparison with Charlson's index', <i>British Journal of Cancer</i> , vol. 93, no. 10, pp. 1098 -1105.
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Tobacco Smoking Status

Defining Attributes

Definition: The current smoking status of the patient.

Coverage: This item should be reported for:

All Lung cancers

Guide for Use

Data Domain:

Code	Description
1	Daily Smoker
2	Weekly Smoker
3	Irregular Smoker
4	Ex-smoker
5	Never Smoked
9	Unknown

Domain Definitions:

Code	Definition
1	Daily Smoker: A person who smokes daily
2	Weekly Smoker: A person who smokes at least weekly but not daily
3	Irregular Smoker: A person who smokes less than weekly
4	Ex-smoker: A person who does not smoke at all now, but has smoked at least 100 cigarettes or a similar amount of other tobacco products in his/her lifetime.

5	Never Smoked: A person who does not smoke now and has smoked fewer than 100 cigarettes or similar amount of other tobacco in his/her lifetime.
9	Unknown: It is unknown whether the patient is a smoker or the item was not collected.

Clarifying Points: n/a

Collection Methods: This information should be sought from the patient's medical record, referral letter or attending medical clinician.

Validation Rules: Must = 1, 2, 3, 4, 5 or 9.

Justification: This information is collected for the purpose of:

- survival analysis adjusted by stage at diagnosis and distribution of cancer cases by type and stage.

Smoking is an important risk factor for survival status. It is a definitive causative agent for lung cancer.

Smoking has long been known as a health risk factor. Population studies indicate a relationship between smoking and increased mortality/morbidity.

Representation

Data Element Type: Data Element

Data Type: Numeric

Form: Code

Minimum Size: 1

Maximum Size: 1

Layout: N

Administrative Information

Version: 1

Effective date: 1 September 2007

Changes:

Related Information

- Related Data:**
- Time Since Quitting Tobacco Smoking (Daily Smoking)
 - Estimated Pack Years

References: Australian Institute of Health and Welfare [METeOR Metadata Online Registry] [Online] 1 March 2005 – last updated. Available: <http://meteor.aihw.gov.au/content/index.phtml/itemId/270311> [2 May 2007].

Time since Quitting Tobacco Smoking (daily smoking)

Defining Attributes

Definition: Time since a person most recently quit smoking.

Coverage: This item should be reported for:

All Lung cancers and for patients who are current smokers or ex-smokers

Guide for Use

Data Domain:

Code	Description
00	Less than 1 month
01	1 month
02	2 months
03	3 months
04	4 months
05	5 months
06	6 months
07	7 months
08	8 months
09	9 months
10	10 months
11	11 months

12	12 months (1 year)
13	2 years to 78 years
14	79+ years
15	Months, not specified
16	Years, not specified
98	Unspecified
99	Unknown

Domain Definitions: See data domain.

Clarifying Points: For optimal flexibility of use, the time since quitting tobacco smoking is coded as months or years. However, people may report the time that they quit smoking in various ways (e.g. age, a date, or a number of days or weeks ago). When the information is reported in weeks and is less than 4, or in days and is less than 28, then code 00.

When the person reports the time since quitting as weeks ago, convert into months by dividing by 4 (rounded down to the nearest month).

If days reported are between 28 and 59, then code 01.

Where the information is about age only, time since quitting (daily use) is the difference between quit-age and age at survey.

Collection Methods: This information should be sought from the patient's medical record, referral letter or attending medical clinician.

Validation Rules: Must = 00 – 16, 98 or 99.

Justification: This information is collected for the purpose of:

- survival analysis adjusted by stage at diagnosis and distribution of cancer cases by type and stage.

Smoking is an important risk factor for survival status. It is a definitive causative agent for lung cancer. Smokers who quit can lower their risk of a wide range of diseases and improve their health generally.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	2
Maximum Size:	2
Layout:	NN

Administrative Information

Version:	1
Effective date:	1 September 2007
Changes:	

Related Information

Related Data:	<ul style="list-style-type: none">• Co-morbidities• Tobacco Smoking Status• Estimated Pack Years• Spirometry
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References:	Australian Institute of Health and Welfare [METeOR Metadata Online Registry] [Online] 1 March 2005 – last updated. Available: http://meteor.aihw.gov.au/content/index.phtml/itemId/270356 [2 May 2007].
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Estimated Pack Years

Defining Attributes

Definition: Is the estimated number of pack years smoking.

Coverage: This item should be reported for:

All Lung cancers and for patients who are current smokers or ex-smokers

Guide for Use

Data Domain:

Code	Description
NN.NN	Number of Pack Years

Domain Definitions: See data domain.

Clarifying Points: If the patient is a current or ex-smoker, record the value of the estimated pack-years of smoking.

This is the average number of cigarettes smoked per day divided by 20 (a pack) multiplied by the number of years smoked. This is calculated from the cigarettes per day and number of years smoked.

For example:

20 a day for 20 years = 20 pack years.

10 a day for 20 years = 10 pack years.

Collection Methods: This information should be sought from the patient's attending medical clinician or medical practitioner.

Validation Rules: Must = Integer with decimal point

Justification: n/a

Representation

Data Element Type:	Data Element
Data Type:	Integer
Form:	Code
Minimum Size:	5
Maximum Size:	5
Layout:	NN.NN

Administrative Information

Version:	1
Effective date:	1 September 2007
Changes:	

Related Information

Related Data:	<ul style="list-style-type: none">• Co-morbidities• Tobacco Smoking Status• Time Since Quitting Tobacco Smoking (Daily Smoking
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References:	National Health Service (2003), Cancer Data Set, Cancer Data Manual – Lung Cancer Appendix [Online]. Available: http://www.nhsia.nhs.uk/cancer/pages/dataset/docs/Lung_appendix.pdf [4 July 2007].
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Asbestos Exposure

Defining Attributes

Definition: Whether or not the patient has ever been exposed to asbestos.

Coverage: This item should be reported for:

All Lung cancers

Guide for Use

Data Domain:

Code	Description
0	No
1	Yes
9	Unknown

Domain Definitions:

Code	Definition
0	No: The patient has never been exposed to asbestos
1	Yes: The patient has been exposed to asbestos
9	Unknown: It is not known whether the patient has been exposed to asbestos

Clarifying Points: n/a

Collection Methods: This information should be sought from the patient's medical record, referral letter or attending medical clinician.

Validation Rules: Must = 0, 1 or 9

Justification: This information is collected for the purpose of:

- survival analysis adjusted by stage at diagnosis and distribution of cancer cases by type and stage.

Asbestos exposure is an important risk factor for survival status.

Exposure to asbestos may increase risk of lung cancer or mesothelioma.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	1
Layout:	N

Administrative Information

Version:	1
Effective date:	1 September 2007
Changes:	

Related Information

Related Data:	<ul style="list-style-type: none">• Co-morbidities
References:	Developed by the NSW Lung Oncology Group (NSWOG Lung). July 2007. NEW DATA ITEM

Spirometry

Defining Attributes

Definition: The spirometry measurement of the patient at presentation.

Coverage: This item should be reported for:

All Lung cancers

Guide for Use

Data Domain: Collect both FEV₁ and FVC

Domain Definitions: **FEV₁** (forced expired volume in one second) is the volume expired in the first second of maximal expiration after a maximal inspiration and is a useful measure of how quickly full lungs can be emptied.

FVC (forced vital capacity) is the maximum volume of air which can be exhaled or inspired during a forced manoeuvre.

FEV₁/FVC is the FEV₁ expressed as a percentage of the FVC and gives a clinically useful index of airflow limitation.

Clarifying Points: Text

Collection Methods: This information should be sought from the patient's medical record or attending medical clinician.

Validation Rules: Text

Justification: Measurements of ventilatory function are an important prognostic and assessment tool.

Representation

Data Element Type: Data Element

Data Type: Alpha-numeric

Form: Free Text

Minimum Size: 5

Maximum Size: 250

Layout: Free Text

Administrative Information

Version: 1
Effective date: 1 September 2007
Changes:

Related Information

Related Data:

- Local complications

References: Pierce, Prof. R. and John, A/Prof D. B., Commissioned by The Thoracic Society of Australia and New Zealand (2004), Spirometry: The measurement and interpretation of ventilatory function in clinical practice. [Online]. Available: http://www.nationalasthma.org.au/html/management/spiro_book/sp_bk002.asp [4 July 2007].

Developed by the NSW Lung Oncology Group (NSWOG Lung). July 2007.

NEW DATA ITEM

Percentage Weight Loss

Defining Attributes

Definition: The percentage of weight lost by the patient in the last 6 months prior to diagnosis.

Coverage: This item should be reported for:

All Lung cancers

Guide for Use

Data Domain:

Code	Description
0	No weight loss
1	5%
2	6-10%
3	>10%
9	Unknown

Domain Definitions: See data domain.

Clarifying Points: n/a

Collection Methods: This information should be sought from the patient's attending medical clinician or medical practitioner.

Validation Rules: Must = 0, 1, 2, 3 or 9

Justification: This information is collected for the purpose of:

- survival analysis and patterns of care.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	1
Layout:	N

Administrative Information

Version:	1
Effective date:	1 September 2007
Changes:	

Related Information

Related Data:	<ul style="list-style-type: none">• Local complications• Co-morbidities• Sites of metastatic disease
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References:	Developed by the NSW Lung Oncology Group (NSWOG Lung). July 2007.
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NEW DATA ITEM

Treatment Related Death

Defining Attributes

Definition: The patient's death is related to their treatment.

Coverage: This item should be reported for:

All Lung cancers where death has been recorded for the patient

Guide for Use

Data Domain:

Code	Description
0	No
1	Yes
9	Unknown

Domain Definitions:

Code	Definition
0	No: The patient's death was not related to their treatment
1	Yes: The patient's death was related to their treatment
9	Unknown: It is not known whether the patient's death was related to their treatment.

Clarifying Points: n/a

Collection Methods: This information should be sought from the patient's medical record or attending medical clinician.

Validation Rules: Must = 0, 1 or 9

Justification: This information is collected for the purpose of:

- survival analysis

The treatment toxicity may contribute to the patient's death without being the cause of death.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	1
Layout:	N

Administrative Information

Version:	1
Effective date:	1 September 2007
Changes:	

Related Information

Related Data:	n/a
References:	Developed by the NSW Lung Oncology Group (NSWOG Lung). July 2007. NEW DATA ITEM

6. Appendix I

NSCLC		
Stage	Optimal Rx	If not suitable for optimal Rx, treat depending on symptoms and performance status
I and II	Surgical resection	Radical radiotherapy +/- chemotherapy (good performance status) or Palliative management (poor performance status) or Observation if no symptoms
IIIA	Induction chemotherapy followed by: Surgery +/- Mediastinal radiotherapy or Radical combination chemoradiotherapy	Palliative radiotherapy or chemotherapy or Observation if not symptomatic
IIIB	Radical combination chemoradiotherapy	
IV	Chemotherapy and Palliative radiotherapy for specific sites of disease (brain, bone pain) Some patients with solitary brain metastases may be suitable for surgical excision	Palliative radiotherapy or Supportive care alone
SCLC		
Stage	Optimal Rx	If not suitable for optimal Rx
Limited	Platinum based chemotherapy (4-6 cycles) combined with thoracic radiotherapy concomitant with first or second cycle Prophylactic cranial irradiation for complete responders	Palliative chemotherapy +/- radiotherapy
Extensive	Combination chemotherapy (4-6 cycles) Prophylactic cranial irradiation for complete responders	Symptom control

Reference:

The Cancer Council Australia (2005), Assessment and Management of Lung Cancer – Evidence Based Guidelines: A Guide for General Practitioners. [Online]. Available: <http://www.cancer.org.au/documents/lungcancerGPcard.pdf> [1 August 2007]