

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS

SECTION of ONCOLOGY

 $\begin{array}{c} BAUS \; Cancer \; Registry \\ Analyses \; of \; Minimum \; data \; set \; for \; Urological \; cancers \\ January \; 1^{st} - 31^{st} \; December \; 2004 \end{array}$

October 2005

MEMBERS OF THE EXECUTIVE COMMITTEE

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PRODUCED FOR BAUS SECTION OF ONCOLOGY by

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INTRODUCTION

It is a pleasure to write the introduction to the analysis of new urological cancers for 2004 and to present it on behalf of the Executive Committee of the Oncology Section.

As will be seen the number of returns in 2004 has fallen for the second successive year (24.532 new cancers this year with 27,225 in 2003) and regrettably the number of participating centres and individuals this year has also declined. Nineteen centres have not sent in any data after July 2004 – they are listed as participants but only for half the year. Ninety-two surgeons did not enter data for 2004, having done so in 2003, but seventy-four new entrants sent in data having not done so before. We can speculate as to the reasons for these reductions – some may be due to the impact of centralisation of urological cancer services either directly with fewer trusts or hospitals providing major cancer services or indirectly with lack of enthusiasm to continue to collect data by individuals or trusts when they are no longer permitted to carry out complex operations. It is a shame that the initial enthusiasm and commitment of the BAUS Oncology Section membership for data capture and entry appears to have been lost. Perhaps naively in 1997/8 many urologists believed that if they demonstrated how many new patients with cancer they were detecting and treating, that this would be recognised and their contribution valued by being allowed to continue such work. For the first time we have included a list of participating hospitals and have indicated the years for which data has been contributed and whether data for the complex operations audit was submitted. Study of this list will show some major centres contributing little or no data to both databases! A full list of participating consultants over the years is available from a member's only section of the BAUS web-site.

There is significant variation in the number of returns of new cancers for different parts of the UK and whereas in the past the analyses for England have been on a regional basis, we have for the first time this year carried out an analysis by cancer networks. As is shown in Chart 11 there is one network which returned no data at all whilst one of the smallest networks with a population of only 700,000 approximately has the highest return rate. This can be interpreted as enthusiasm and organisation by individuals or organisations for data capture versus apathy or lack of resource to allow data collection and entry. Unfortunately returns from Scotland have fallen dramatically for the second year. The cessation of the Scottish Urological Cancer Audit is the most obvious cause of this decline.

As ever, detailed study of the figures reveal interesting nuggets – for example the rapid change of the percentage of prostate cancers being diagnosed with impalpable disease (T1c) – 8.6% in 1998 to 21.5% in 2004. Also gratifying is the drop in the percentage of patients being diagnosed with metastatic prostate cancer – 14.9% in 1998 to 7.1% in 2004. There is much more such information within the analyses which will be the reward of detailed study.

The BCR minimum dataset database is an extremely valuable resource with over 150,000 new urological cancer patients registered and traceable. Insufficient use of the database for research and study is being made, and without such studies the database will become the electronic equivalent of a dusty unopened ledger on some library shelf. The Oncology Section is ever open to approaches to make use of the database for research and the committee look forward to receiving applications. Hopefully, with such studies and publication of the results there will be appreciation of the value of this resource.

Adequate secure funding of the database would allow data entry to be enhanced and validated and also enable greater analytical ability. Despite many attempts we have not been able to secure such funding. It is regrettable that other national databases (e.g. Lung cancer and Head and Neck Oncology) are centrally funded, whereas we are not. BAUS Council is to be approached on behalf of this and other sections to request funding and some finance has been promised from the pharmaceutical industry.

Audit of individuals or organisations work or caseload is an integral and vital part of clinical governance and with the minimum dataset and the complex operations audit part of the database we have an excellent available urological resource. With the clinical reorganisation of the Improving Outcome Guidance for Urological cancers it should become mandatory that cancer centres take part in comparative audit for their workload and outcomes. We are in place to allow this.

I trust that we can recapture the enthusiasm that prevailed when the Section of Oncology was formed eight years ago and that this will be reflected in a reverse of the decline in the returns of the last two years.

Gregor McIntosh Consultant Urological Surgeon Salisbury

October 2005

AUDIT RESULTS SUMMARY January 1st – 31st December 2004

Who took part?

423 consultant urologists from 140 hospital centres in England, Wales, Scotland and Northern Ireland provided data for this study submitting data on 24,532 newly presenting urological tumours from 1st January to 31st December 2004. Of the 423 consultants, 214 (51%) are members of the BAUS section of Oncology and returned 75% of the data. These figures represent approximately 48% of the total UK tumours registered in 2002/2003 (50,529) (the most recent years available).

3.5% (871/24532) were the private patients of 133 consultants.

How were the data analysed?

Information obtained from consultants was entered into the computer database using unique identifying numbers for individual consultants or, if they preferred, a centre number. Eight centres returned data under a centre number only (36 consultants in total) and data from two other centres was returned under the centre number only for 2 out of 7 and 4 out of 5 consultants.

Data could be returned either by completion of a pro forma for each patient (3,876–16% of returns) or in electronic format using either an Access (Microsoft) database or "in-house" database (20,883 – 84% of returns) designed for the purpose. The pro formas were entered directly into an Access database, at which time validation comprising mainly of checks for duplicate entries and on dates and sex of patient could be carried out. 97 tumours were registered twice as a tertiary referral from another centre or another consultant in the same centre. They were only included once in all the analyses using the data from the primary site for all analyses except those relating to staging and treatment when the tertiary site data was used. In addition 9 benign tumours were registered but these have been excluded from all analyses as were 8 tertiary referrals that had been registered at their primary site in previous years' analyses.

The data presented here are a summary of the data received up to 19th September 2005 and relate to diagnoses made during the whole of 2004. The following data was included:

- a. Patients for who the date of diagnosis fell within the time period. (01/01/2004 to 31/12/2004). 24,400 registrations (99.5%).
- b. Patients for whom the date of diagnosis was either not included or the patient was a tertiary referral, but the referral date fell within the study period. (01/01/2004 to 31/12/2004) 107 registrations (0.4%).
- c. Patients for whom the diagnosis and referral dates were either not included or the patient was a tertiary referral, but the date of first consultation fell within the study period. (01/01/2003 to 31/12/2003). 25 (0.1%).

For the ranked charts (2, 3, 5 & 6) the individual consultant or centre identification numbers were removed and replaced with rank numbers starting at 1. A unique, confidential "Ranking Sheet" was prepared for each surgeon to enable them to identify their rank in every chart. For those charts where overall figures for the entire database are shown the ranking sheet displays the consultant's individual figures. No one else can identify the results of an individual consultant. The ranked comprise single bars, with in addition the 25, 50, and 75 percentiles and are ranked from left to right in the ascending order of the data item being measured. Where percentages are included figures have been rounded up to one decimal point. Unless otherwise stated all analyses represent the 2004 dataset.

A personal ranking sheet for each consultant registering three or more tumours was issued individually to go with this chartbook.

Sarah Fowler BAUS Cancer Registry (BCR) Manager October 2005

A. Who took Part and Overall Figures

We note a decrease in returns again from 2003. This is partly due to the cessation of the Scottish Urological Cancer Audit (SUCA) during 2003 and the subsequent need for consultants from Scotland to revert back to returning their data individually. The returns from Scotland have dropped by 75% from a high of 3016 registrations in 2002 to 1192 in 2003 and 748 in 2004. In addition each year sees some centres dropping out and new ones coming in. Ninety two consultants, who appear to still be working took part in 2003 returning 1945 sets of data but did not do so in 2004. Correspondingly 75 consultants took part in 2004 that had not done so in 2003 and provided 2062 sets of data. In addition 19 centres with data included in these analyses have no patients diagnosed after 31st July 2004.

A variety of reasons are cited for failure to return data, the major one being lack of resources.

The growing number of centres using their own in-house systems to return data is to be encouraged if it means that less data is duplicated and returns to BCR are easier for participants. However it is noted that the data returned by many of these systems is not as complete as when returned using the specially designed Microsoft Access database making validation and analyses more complicated. It is to be hoped that these are teething problems that will be resolved shortly.

As in previous years we have incorporated comparison with National Cancer Statistics from 2002/2003 – the latest years available. Comparison with the national data does suggest that our data are representative of the UK as a whole. However when comparing our data with that of the national data we should bear in mind the following:

- Our data are only being collected by urologists. We have no way of estimating the number of urological cancers that are not being seen or diagnosed by urologists. In the case of kidney cancer, it seems that a substantial number are never seen by a urological surgeon.
- These data are being presented within nine months of the completion of the year of data collection and being compared to projected national figures from 2002/2003, which are the latest to be published.
- For the majority of participants, there is no specific funding for data collection and the analysis and presentation is entirely funded by the Section of Oncology.

Chart 1

BAUS - Register of Newly Presenting Urological Tumours January 1st - December 31st 2004 Who took part

- 423 Consultants from 140 Centres provided data on 24,532 newly presenting urological tumours.
- 51% (214/423) Consultants are members of the Section of Oncology. These Consultants returned 75% of the data
- 3.5% (871/24532) were from the private patients of 133 Consultants
- Range of Consultants per Centre = 1 13, (Median 3)
- Median number of tumours per Consultant = 47, Range 1 312
- Median number of tumours per Centre = 131, Range 1 775
- 84% (20683/24532) of the data were returned electronically

Total Number of Newly Presenting Tumours Reported per Consultant Median: 47 (Interquartile Range 17 - 82)

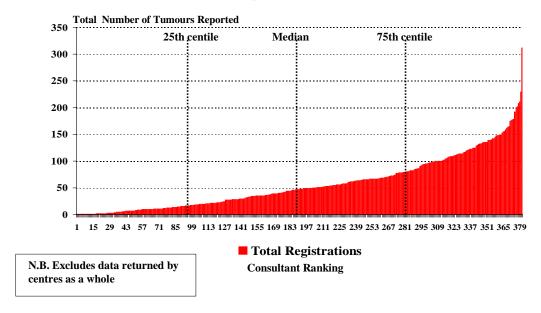
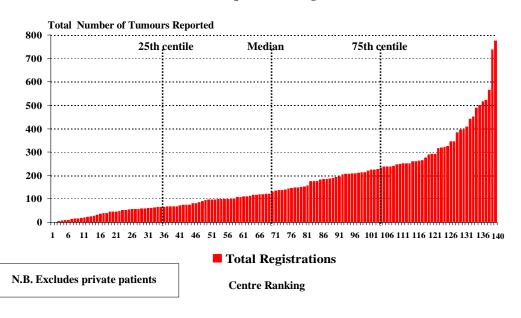


Chart 3

Total Number of Newly Presenting Tumours Reported per Centre Median: 131 (Interquartile Range 65 - 237)



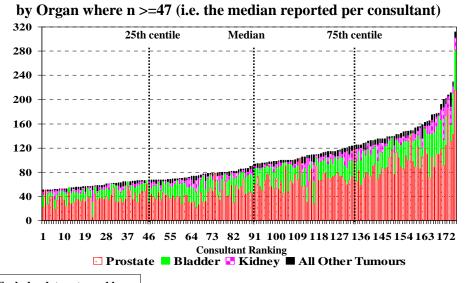
Number of Newly presenting Tumours by Organ per Consultant 423 Consultants reported 24,532 Tumours

Me	dian Total per	Median Total per Consultant = 47										
Organ	Total Number	Median per	Range									
	Reported	Consultant	-									
Prostate *												
	14858	23	0 – 216									
Bladder												
	6073	11	0 – 71									
Kidney												
	2104	3	0 – 55									
Testis												
	750	1	0 – 13									
Pelvis/Ureter												
	291	0	0 – 11									
Penis												
	196	0	0 - 8									
Urethra												
	29	0	0 - 2									
Prostatic												
Urethra	15	0	0 - 1									

* Includes 84 registrations with High Grade PIN only

Chart 5

Total Number of Newly Presenting Tumours Reported per Consultant

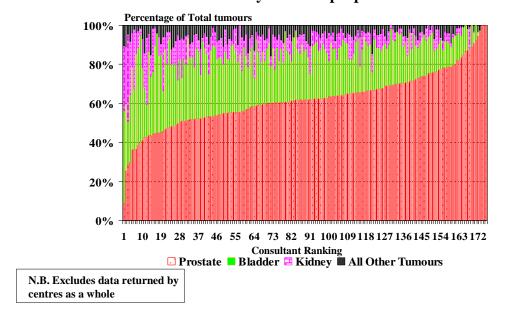


N.B. Excludes data returned by centres as a whole

Chart 6

Total Number of Newly Presenting Tumours Reported per Consultant by Organ where n >=47 (i.e. the median reported per consultant)

Ranked by Prostate proportion



Overall Data by Organ

Organ	Number	Percentage of	Mean	Age	Males	Females
	Recorded	Total (24532)	Age at	Range		
			Diagnosis			
Prostate *	14858	60.6	71.4	21-103	14858	-
Bladder	6073	24.8	72.0	12-101	4488	1497
Kidney	2104	8.6	65.2	20-102	1336	749
Testis	750	3.1	38.4	14-101	750	-
Pelvis/Ureter	291	1.2	70.4	19-94	168	122
Penis	196	0.8	66.1	28-93	196	-
Urethra	29	0.1	72.0	36-94	18	11
Prostatic Urethra	15	0.1	72.9	62-84	15	-
Other	29	0.1	65.5	19-91	23	6
Not recorded	187	0.8	67.8	26-90	155	27

^{*} Includes 84 registrations with High Grade PIN only

Chart 8

Overall Data by Organ by Year

Organ	2004		2003		2002		2001		2000	
	Number	% of								
	Recorded	Total								
		(24,532)		(27,225)		(28,351)		(26,746)		(24,343)
Prostate	14858##	60.6	16055#	58.9	16580*	58.5	15099 **	56.5	12892	53.0
Bladder	6073	24.8	7218	26.5	7611	26.8%	7730	28.9	7549	31.0
Kidney	2104	8.6	2254	8.3	2270	7.3	2071	7.7	2037	8.4
Testis	750	3.1	910	3.3	984	3.5	963	3.6	980	4.0
Pelvis/Ureter	291	1.2	342	1.3	382	1.3	358	1.3	371	1.5
Penis	196	0.8	179	0.6	235	0.8	217	0.8	221	0.9
Urethra	29	0.1	40	0.15	25	0.09	37	0.14	33	0.14
Prostatic										
Urethra	15	0.1	15	0.05	19	0.07	19	0.07	34	0.14
Other	29	0.1	61	0.2	67	0.25	62	0.23	90	0.37
Not recorded	187	0.8	151	0.56	178	0.63	190	0.7	136	0.6

Including registrations with High Grade PIN only: ## 84; #176; * 101; ** 109

Chart 9

"Other" Organ Tumours

The 29 "Others" included:

- 9 Spermatic cord / Scrotum / Paratesticular
- **4 Adrenal tumours**
- 3 Lymph Nodes
- 2 Pelvic
- 1 Colon
- 1 Urachal

Total Registrations per Region - 1 Prostate, Bladder, Kidney, Testis, Pelvis/Ureter & Penile Tumours*

2004		2004	2003	% Change
Total Registrations*	National	BAUS %	BAUS %	from
BAUS	figures**	National	National	2003#
21292	41954	50.8%	56.7%	-5.9%
748	3969	18.8%	34.9%	-16.1%
1835	3441	53.3%	47.5%	+5.8%
438	1165	37.6%	48.6%	-11.0%
24313	50529	48.1%	54.4%	-6.3%
	Total Registrations* BAUS 21292 748 1835	Total Registrations* National figures** 21292 41954 748 3969 1835 3441 438 1165	Total Registrations* BAUS National figures** BAUS % National 21292 41954 50.8% 748 3969 18.8% 1835 3441 53.3% 438 1165 37.6%	Total Registrations* BAUS National figures** BAUS % National BAUS % National 21292 41954 50.8% 56.7% 748 3969 18.8% 34.9% 1835 3441 53.3% 47.5% 438 1165 37.6% 48.6%

^{**}England : cancer statistics - registrations of cancer diagnosed in 2002, England. Series MBI no. 33-2005 Wales: Welsh Cancer Intelligence & Surveillance Unit - 2003

Scotland: Scottish Cancer Registry, Scottish Cancer Intelligence Group, ISD Scotland - 2002 Northern Ireland: Northern Ireland Cancer Registry - 2003 - www.qub.ac.uk/nicr # Change in BAUS returns for 2004 cf 2003 as a % of the National figures

Chart 11
Returns by Cancer Network (England only)

	Returns	Approximate	Returns as % of
Cancer Network	2004	Population	Population
Lancashire & South Cumbria	260	1,480,630	0.02
Greater Manchester & Cheshire	809	2,955,668	0.03
Merseyside & Cheshire	1255	2,012,568	0.06
Northern	1391	1,922,929	0.07
Teeside, South Durham & North Yorkshire	190	1,020,947	0.02
Yorkshire	1268	2,557,742	0.05
Humber & Yorkshire Coast	706	1,025,645	0.07
North Trent	440	1,742,009	0.03
North West Midlands	252	1,224,333	0.02
Black Country	309	896,500	0.03
Pan Birmingham	636	1,612,196	0.04
Arden	857	969,069	0.09
Mid Trent	631	1,556,063	0.04
Derby / Burton	484	667,764	0.07
Leicestershire, Northamptonshire & Rutland	519	1,502,967	0.03
Norfolk & Waveney	107	755,785	0.01
West Anglia	509	1,511,927	0.03
Mid Anglia	524	978,676	0.05
South Essex	370	702,606	0.05
Mount Vernon	724	1,452,009	0.05
West London	125	1,732,020	0.01
North London	379	1,178,447	0.03
North East London	446	1,495,174	0.03
South East London	439	1,488,199	0.03
South West London	236	1,539,603	0.02
Peninsula	605	1,576,186	0.04
Dorset	1119	692,712	0.16
Avon, Somerset & Wiltshire	1091	1,983,850	0.05
3 Counties	679	1,017,912	0.07
Thames Valley	1413	2,133,676	0.07
Central South Coast	1565	1,908,300	0.08
Surrey, West Sussex & Hampshire	0	1,182,807	0
Sussex	615	1,082,706	0.06
Kent & Medway	538	1,579,206	0.03

Populations have been calculated from the populations of the constituent PCTs. The population of each PCT was calculated by the summation of the population of their constituent census wards. Each census ward was allocated to a PCT using the postcodes within the ward since ONS have allocated every postcode in England to a PCT.

Source: National Cancer Services Analysis Team - October 2005

Total Registrations per Region - 2

Region	Prostate			Bladder			Kidney		
	BAUS	National	BAUS %	BAUS	National	BAUS %	BAUS	National	BAUS %
		figures*	National		figures*	National		figures*	National
England	13076	26811	48.8	5355	8022	66.8	1746	4660	37.5
Scotland	384	2335	16.4	229	779	29.4	99	552	17.9
Wales	1159	2020	57.4	391	891	43.9	197	366	53.8
Northern Ireland	238	715	33.3	97	221	43.9	61	159	38.4
Total UK	14857	31881	46.6	6072	9913	61.3	2103	5728	36.7

^{**}England : cancer statistics - registrations of cancer diagnosed in 2002, England. Series MBI no. 33 – 2005 Wales: Welsh Cancer Intelligence & Surveillance Unit - 2003 Scotland:Scottish Cancer Registry,Scottish Cancer Intelligence Group, ISD Scotland - 2002 Northern Ireland:Northern Ireland Cancer Registry - 2003 - www.qub.ac.uk/nicr

Chart 13

Total Registrations per Region - 3

Region	Testis BAUS	National figures*	BAUS % National	Pelvis/ Ureter BAUS	National figures*	BAUS % National	Penis BAUS	National figures*	BAUS % National
England	658	1528	43.1	251	596	42.1	165	337	49.0
Scotland	17	218	7.8	10	55	18.2	8	30	26.7
Wales	50	113	44.2	23	31	74.2	13	20	65.0
Northern Ireland	25	56	44.6	7	16	43.8	10	9	111.1
Total UK	752	1915	39.3	291	698	41.7	200	396	50.5

^{**}England : cancer statistics - registrations of cancer diagnosed in 2002, England. Series MBI no. 33 – 2005 Wales: Welsh Cancer Intelligence & Surveillance Unit - 2003 Scotland:Scottish Cancer Registry,Scottish Cancer Intelligence Group, ISD Scotland - 2002 Northern Ireland:Northern Ireland Cancer Registry - 2003 - www.qub.ac.uk/nicr

Laterality by Organ

Organ	Total Number Recorded	Laterality recorded & % of total	Left Side *	Right Side *
Kidney	2104	1971 93.7%	968 49.1%	1003
Testis	750	680 91.0%	324 47.6%	356
Pelvis/Ureter	291	231 79.4%	110 47.6%	121

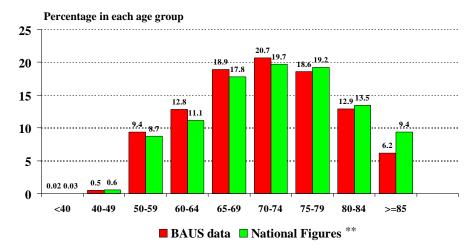
^{*} Number and percentage of those where laterality was recorded

Chart 15

- Total number of synchronous bilateral tumours = 14
 13 Kidney
 1 Pelvis / Ureter
- Total number of Tumours registered twice = 97 (Tertiary referral from another centre or another consultant in the same centre). Only included once in all analyses
- Total number of patients where there were tumours in different organs in the same year = 221 (including 2 patients with 3 separate tumours)

Percentage Age Distribution - Prostate Tumours

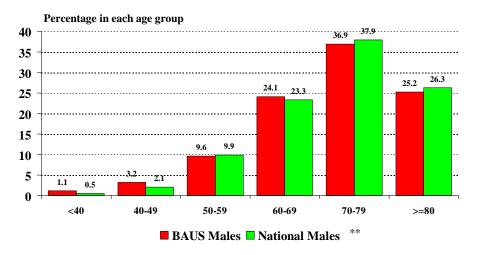
BAUS 2004 median: 72 Years; Range 21 -103 (n= 14,665*)



^{*} Age could be calculated when both date of birth and diagnosis date were recorded = 14,665/14,858 = 98.7%

Chart 17

Percentage Age Distribution - Bladder Tumours - Males BAUS 2004 median Males: 73 Years; Range 20 - 101 (n= 4,470*)



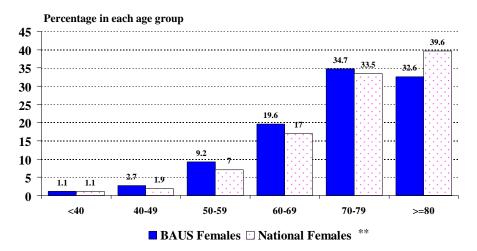
^{*} Sex was recorded in 5985/6073 (99%) bladder tumours (4488 males & 1497 females)

Age could be calculated when both date of birth and diagnosis date were recorded = 4470/4480 (99%) & 1492/1497 (99%)

^{**} National figures are for 2002 (England and Scotland), 2003 (Northern Ireland & Wales)

^{**} National figures are for 2002 (England and Scotland), 2003 (Northern Ireland & Wales)

Percentage Age Distribution - Bladder Tumours - Females BAUS 2004 median Females: 75 Years; Range 12 - 98 (n= 1,492*)



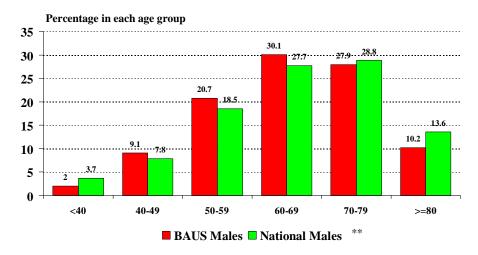
^{*} Sex was recorded in 5985/6073 (99%) bladder tumours (4488 males & 1497 females)

Age could be calculated when both date of birth and diagnosis date were recorded = 4470/4480 (99%) & 1492/1497 (99%)

** National figures are for 2002 (England and Scotland), 2003 (Northern Ireland & Wales)

Chart 19

Percentage Age Distribution - Kidney Tumours- Males BAUS 2004 median Males : 66 Years; Range 21 - 102 (n= 1,323*)

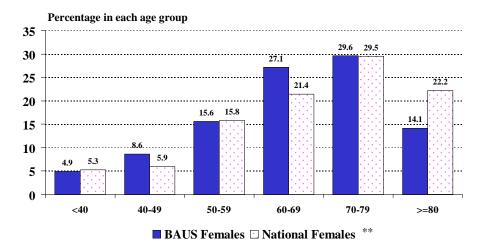


^{*} Sex was recorded in 2085/2104 (99.1%) kidney tumours (1336 males & 749 females)

Age could be calculated when both date of birth and diagnosis date were recorded = 1323/1336 (99%) & 742/749 (99%)

** National figures are for 2002 (England and Scotland), 2003 (Northern Ireland & Wales)

Percentage Age Distribution - Kidney Tumours - Females BAUS 2004 median Females : 67 Years; Range 20 -98 (n= 742*)



^{*} Sex was recorded in 2085/2104 (99.1%) kidney tumours (1336 males & 749 females)

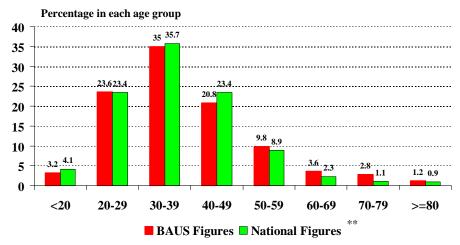
Age could be calculated when both date of birth and diagnosis date were recorded = 1323/1336 (99%) & 742/749 (99%)

** National figures are for 2002 (England and Scotland), 2003 (Northern Ireland & Wales)

Chart 21

Percentage Age Distribution - Testicular Tumours

BAUS 2004 median: 36 Years; Range 14 -101 (n= 746*)

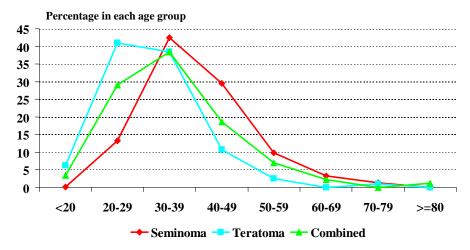


^{*} Age could be calculated when both date of birth and diagnosis date were recorded = 746/750 (99.5%).

^{**} National figures are for 2002 (England and Scotland), 2003 (Northern Ireland & Wales)

Percentage Age Distribution - Testicular Tumours

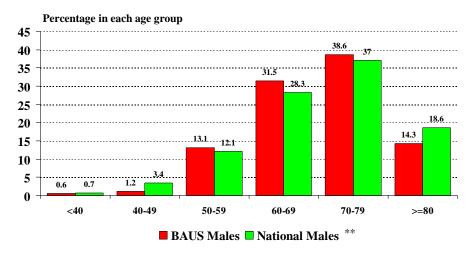
Seminoma median age : 38 years; Range 19 - 82; (n = 370*) Teratoma median age : 30 years; Range 14 - 101; (n = 173*) Combined seminoma/teratoma median age : 33 years; Range 18 - 60; (n = 81*)



^{*} Age could be calculated when both date of birth and diagnosis date were recorded = 746/750 (99.5%). Histology was reported in 699 of these tumours. (695/746 = 93.2%), 71 of these were histologies other than the above groups

Chart 23

Percentage Age Distribution - Pelvis/Ureteric Tumours - Males BAUS 2004 median Males : 70 Years; Range 19 - 91 (n= 168*)

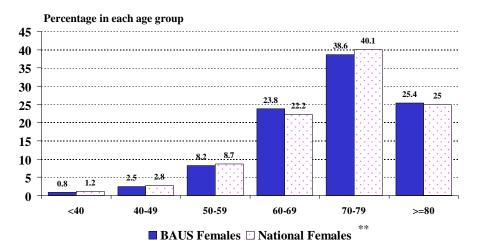


^{*} Sex was recorded in 290/291 (99.7%) pelvis/ureteric tumours (168 males & 122 females)

Age could be calculated when both date of birth and diagnosis date were recorded = 168/168 (100%) & 122/122 (100%)

Chart 24

Percentage Age Distribution - Pelvis/Ureteric Tumours - Females BAUS 2004 median Females : 73 Years; Range 19 -94 (n=122*)



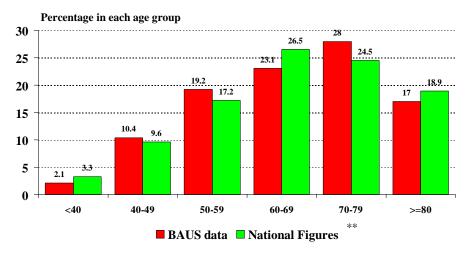
^{*} Sex was recorded in 290/291 (99.7%) pelvis/ureteric tumours (168 males & 122 females)

Age could be calculated when both date of birth and diagnosis date were recorded = 168/168 (100%) & 122/122 (100%)

** National figures are for 2002 (England and Scotland), 2003 (Northern Ireland & Wales)

Chart 25

Percentage Age Distribution - Penile Tumours BAUS 2004 median: 66 Years; Range 28 -93 (n= 182*)



^{*} Age could be calculated when both date of birth and diagnosis date were recorded = 182/196 = 92.8%

^{**} National figures are for 2002 (England and Scotland), 2003 (Northern Ireland & Wales)

B. Referral Source, Priority & Time between Referral, First Consultation, Diagnosis and Definitive Treatment

In this section we have included charts from the 2003 dataset to allow for comparisons.

'Priority of referral' has been recorded in 90% of GP referrals and has enabled analysis of patients referred under the two- week rule as distinct from other types of referral*. Eighty-eight percent (88.5%) of GP referrals, under the two-week rule, were seen within 14 days. This is a significant increase at 95% CI from 2002 data when 73% of this group were seen within 14 days.

The overall time from referral to diagnosis has risen from 2002 and 2003 and remains longer than in 1999. The time from consultation to diagnosis was notably shorter in Scotland and Northern Ireland, where the two week targets do not operate, than other parts of the UK but correspondingly the time from referral to consultation was notably longer.

Recording of date of definitive treatment remains a problem with only 69% returns including this item (an small increase from 65% in 2003) and interpretation must still be cautious. In some cases, the date of definitive treatment was recorded as being before the date of diagnosis! Any negative times between diagnosis and definitive treatment date were treated as 0 i.e. definitive treatment date = date of diagnosis.

The delays from referral to definitive treatment are substantial and disease progression during this time should be considered.

Under the new government cancer waiting times targets* (implemented from April 1st 2003 for urological cancers), urgent GP referrals should be seen within 14 days, and first definitive treatment should be within 31 days for testicular cancers and 62 days for all other cancers. None urgent GP referrals should aim to have a maximum of 31 days between diagnosis and first definitive treatment.

* England only – all charts looking at times to consultation, diagnosis and treatment for patients referred under the 2 week rule exclude returns from Scotland, Wales & Northern Ireland.

Chart 26

Source of Referral by Organ - 2004

Organ	GP		Urologist		Other		Not	
							Recorded	
	N	%	N	%	N	%	N	%
Prostate								
	10760	72.4	841	5.7	2276	15.3	981	6.6
Bladder								
	4475	73.7	185	3.0	1054	17.4	359	5.9
Kidney								
·	887	42.2	214	10.2	861	40.9	142	6.7
Testis								
	566	75.5	21	2.8	123	16.4	40	5.3
Pelvis/Ureter								
	173	59.5	29	10.0	68	23.4	21	7.2
Penis								
	105	53.6	36	18.4	44	22.4	11	5.6
Urethra								
	12	41.4	2	6.9	12	41.4	3	10.3
Prostatic Urethra								
	9	60.0	1	6.7	4	26.7	1	6.7
Other or								
Not Recorded	136	63.0	11	5.1	35	16.2	34	15.7
Totals								
	17123	69.8	1340	5.5	4477	18.2	1592	6.5

Chart 27

Source of Referral by Organ - 2003

Organ	GP		Urologist		Other		Not	
							Recorded	
	N	%	N	%	N	%	N	%
Prostate								
	11235	70.0	1631	10.2	2161	13.5	1028	6.4
Bladder	- 22-	7 2.0	252	4.0	1112		44=	-0
	5335	73.9	353	4.9	1113	15.4	417	5.8
Kidney	980	43.5	270	12.0	877	38.9	127	5.6
Testis								
1 (31)	622	68.4	96	10.5	143	15.7	49	5.4
Pelvis/Ureter								
	194	56.7	33	9.6	85	24.9	30	8.8
Penis								
	104	58.1	22	12.3	37	20.7	16	8.9
Urethra								
	18	45.0	4	10.0	16	40.0	2	5.0
Prostatic Urethra								
	11	73.3	1	6.7	3	20.0	0	0.0
Other or								
Not Recorded	111	52.4	42	19.8	33	15.6	26	12.3
Totals								
	18610	68.4	2452	9.0	4468	16.4	1695	6.2

Chart 28

"Other" Sources of Referral by Organ included:

	Prostate	Bladder	Kidney	Testis	Pelvis/ Ureter	Penis	Urethra	Prostatic Urethra
Consultant								
Physicians	371	172	268	13	2	13		
Consultant Surgeons	328	147	218	23	7	7	3	1
A & E	266	253	80	30	4	5		1
Gynaecology	1	71	17		1		3	
Care of Elderly	54	23	19			1		
Haematology	17	6	14					1
Oncologists	25	9	37	7	2			
Discovered during								
Urological Follow-up	503	118	35	2	8	5	3	1
Radiology	1	2	10	14		1		
Incidental Finding	128	36	30	2	1			
Other	259	93	66	16	3	7	1	

Chart 29

Source of Referral by Region - 2004 Region could be identified in 24529/24532 tumours (99.9%)

Region	GP		Urologist		Other		Not	
			Ü				Recorded	
	N	%	N	%	N	%	N	%
England	15152	70.5	1121	5.2	3750	17.4	1476	6.9
Scotland								
	520	69.4	39	5.2	171	22.8	19	2.5
Wales								
	1231	66.9	109	5.9	414	22.5	86	4.7
Northern Ireland								
	219	49.7	71	16.1	141	32.0	10	2.3
Total UK								
	17122	69.8	1340	5.5	4476	18.2	1591	6.5

Chart 30

Priority of GP Referrals by Organ 2004

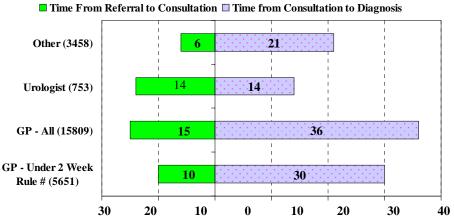
Priority	Prostate		Bladder		Kidney		Testis		Pelvis/ Ureter		Penis		Totals	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Under 2														
week rule	3955	36.8	1772	39.6	379	42.7	336	59.4	64	37.0	42	40.0	6548	38.6
Emergency														
	306	2.8	221	4.9	66	7.4	21	3.7	12	6.9	6	5.7	632	3.7
Urgent														
	2816	26.2	1210	27.0	246	27.7	142	25.1	52	30.1	33	31.4	4499	26.5
Routine														
	2671	24.8	884	19.8	115	13.0	38	6.7	27	15.6	20	19.0	3755	22.1
Discovered														
during														
urological														
follow-up	29	0.3	5	0.1	3	0.3	1	0.2	0	0.0	0	0.0	38	0.2
Unknown /														
Not														
Recorded	983	9.1	383	8.6	78	8.8	28	4.9	18	10.4	4	3.8	1494	8.8
Total														
	10760		4475		887		566		173		105		16966	

Chart 31

Priority of GP Referrals by Organ 2003

Priority	Prostate	Bladder	Kidney	Testis	Pelvis/ Ureter	Penis	Totals
N / %	(11235)	(5335)	(980)	(622)	(194)	(104)	(18470)
Under 2 week rule	3537	1970	375	362	69	35	6348
	31.5%	36.9%	38.3%	58.2%	35.6%	33.7%	34.4%
Under 2 week rule downgraded	38	18	1	2	0	0	59
	0.3%	0.3%	0.1%	0.3%			0.3%
Emergency	399	262	83	24	13	1	782
	3.6%	4.9%	8.5%	3.9%	6.7%	1.0%	4.2%
Urgent	3213	1575	293	145	54	35	5315
	28.6%	29.5%	29.9%	23.3%	27.8%	33.7%	28.8%
Routine	2887	1041	135	46	42	20	4171
	25.7%	19.5%	13.8%	7.4%	21.6%	19.2%	22.6%
Discovered during urological follow-up	28	5	1	1	0	0	35
-	0.2%	0.1%	0.1%	0.2%			0.2%
Unknown / Not Recorded	1133	464	92	42	16	13	1760
	10.1%	8.7%	9.4%	6.8%	8.2%	12.5%	9.5%

Median Time to First Consultation and Diagnosis in Days by Referral Source in Days Excluding tumours diagnosed before Referral* - 2004



^{*} Times were calculated when dates of referral, consultation and diagnosis were known and diagnosis date was not before referral date (N=20,189/24,532=82.3% tumours) Referral Source was recorded in 20,020/20,189 cases:

GP - 15809/17123 = 92.3%; Urologist 753/1340 = 56.2%; Other 3458/4477 = 77.2%).

Chart 33

Times to First Consultation and Diagnosis in Days when referred by GP (15,809 tumours) Excluding those diagnosed before Referral - 2004

Days to Diagnosis	Time to fir	st	Time from first		
	Consultation	on	consultation to		
			Diagnosis		
	N	%	N	%	
0 *					
	903	5.7	1661	10.5	
1 – 14					
	6999	44.3	2402	15.2	
15 – 28					
	2864	18.1	2575	16.3	
29 - 60					
	3096	19.6	4379	27.7	
More than 60 days					
	1947	12.3	4792	30.3	

^{* =} the number seen either on the day of referral or diagnosed at first consultation

[#] Referral priority was recorded in 96.4% (14601/15152) GP referrals in England where 2 week rule operates

Times to First Consultation and Diagnosis in Days when referred by GP under the 2 week rule (5,651 tumours) Excluding those diagnosed before Referral - 2004

Days to Diagnosis	Time to fire		Time from first consultation to Diagnosis		
	N	%	N	%	
0 *					
	88	1.6	693	12.3	
1 – 14					
	4913	86.9	963	17.0	
15 – 28					
	452	8.0	1054	18.7	
29 - 60					
	132	2.3	1680	29.7	
More than 60 days					
	66	1.2	1261	22.3	

^{* =} the number seen either on the day of referral or diagnosed at first consultation

Chart 35

Times to First Consultation and Diagnosis in Days when referred by a Urologist (753 tumours) Excluding those diagnosed before Referral - 2004

Days to Diagnosis	Time to firs Consultation	-	Time from first consultation to Diagnosis		
	N	%	N	%	
0 *					
	216	28.7	207	27.5	
1 – 14					
	168	22.3	173	23.0	
15 – 28					
	147	19.5	85	11.3	
29 - 60					
	136	18.1	157	20.8	
More than 60 days					
	86	11.4	131	17.4	

^{* =} the number seen either on the day of referral or diagnosed at first consultation

Times to First Consultation and Diagnosis in Days when referred by "Other" source (3,458 tumours) Excluding those diagnosed before Referral - 2004

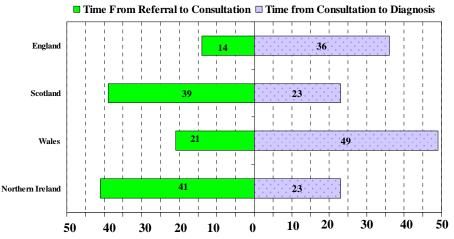
Days to Diagnosis	Time to fire		Time from first consultation to Diagnosis		
	N	%	N	%	
0 *					
	1264	36.6	589	17.0	
1 – 14					
	952	27.5	878	25.4	
15 – 28					
	471	13.6	458	13.2	
29 - 60					
	469	13.6	679	19.6	
More than 60 days					
	302	8.7	854	24.7	

^{* =} the number seen either on the day of referral or diagnosed at first consultation

Chart 37

Median Time to First Consultation and Diagnosis in Days by Region for tumours referred by GP - 2004

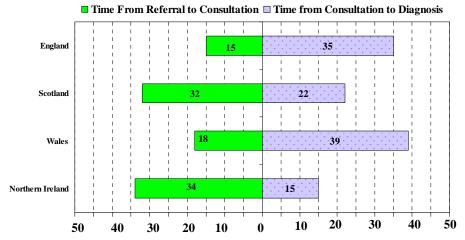
Excluding tumours diagnosed before Referral*



^{*} Times were calculated when region, dates of referral, consultation and diagnosis were known and diagnosis date was not before referral date N = 15,808/17,122 = 92.3% of GP referrals

$\begin{tabular}{ll} Median\ Time\ to\ First\ Consultation\ and\ Diagnosis\ in\ Days\ by\ Region\ for\ tumours\ referred\ by\ GP\ -\ 2003 \end{tabular}$

Excluding tumours diagnosed before Referral*



^{*} Times were calculated when region, dates of referral, consultation and diagnosis were known and diagnosis date was not before referral date N=16,930/18,610=90.9% of GP referrals

Chart 39

Times to First Consultation and Diagnosis in Days by Region for tumours referred by GP - 2004 Excluding tumours diagnosed before Referral

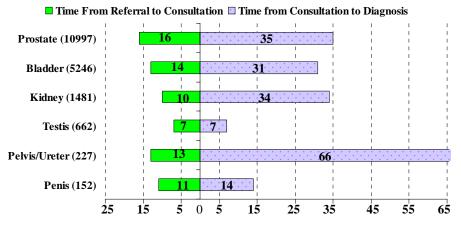
	Time to Consultation		•	Time to Diagnosis		
Region	Median	Mean	Range (0-95%) in days	Median	Mean	Range (0-95%) In days
Total England (13998 tumours)	14	33.1	0 – 90	36	89.6	0 – 336
Scotland (476 tumours)	39	46.8	0 – 99	23	55.1	0 – 194
Wales (1134 tumours)	21	38.8	0 – 129	49	105.4	0 – 312
Northern Ireland (200 tumours)	41	58.3	0 – 151	23	81.3	0 - 318

Times to First Consultation and Diagnosis in Days by Region for tumours referred by GP - 2003 Excluding tumours diagnosed before Referral

	Time to Consultation			Time to Diagnosis		
Region	Median	Mean	Range (0-95%) in days	Median	Mean	Range (0-95%) In days
Total England (14869 tumours)	15	30.4	0 – 92	35	88.0	0 – 325
Scotland (801 tumours)	32	44.4	0 – 120	22	77.0	0 – 296
Wales (952 tumours)	18	36.5	0 – 114	39	121.7	0 – 391
Northern Ireland (308 tumours)	34	49.3	0 – 147	15	71.1	0 - 475

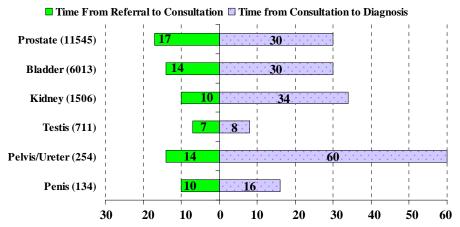
Chart 41

Median Time to First Consultation and Diagnosis in Days by Organ Excluding tumours diagnosed before Referral* 2004 dataset



^{*} Times were calculated when dates of referral, consultation and diagnosis were known and diagnosis date was not before referral date (N = 20,189/24,532=82.3% tumours - Bladder = 5246/6073=86.4%; Kidney = 1481/2104=70.4%; Testis = 662/750=88.3%; Pelvis/Ureter = 227/291=78.0%; Penis = 152/196=77.6%. Prostate tumours were only included if they were >T1b = 10997/13017=84.5%

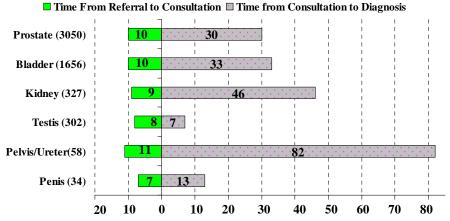
Median Time to First Consultation and Diagnosis in Days by Organ Excluding tumours diagnosed before Referral* 2003 dataset



^{*} Times were calculated when dates of referral, consultation and diagnosis were known and diagnosis date was not before referral date (N = 21,294/27,225 = 78.2% tumours - Bladder = 6013/7218 = 83.3%; Kidney = 1506/2254 = 66.8%; Testis = 711/910 = 78.1%; Pelvis/Ureter = 254/342 = 74.3%; Penis = 134/179 = 74.9%. Prostate tumours were only included if they were >T1b = 11545/14015 = 82.4%

Chart 43

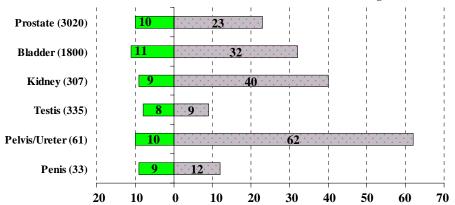
Median Time to First Consultation and Diagnosis in Days by Organ When referred by GP under the 2 week rule Excluding tumours diagnosed before Referral* 2004 dataset



^{*} Times were calculated when dates of referral, consultation and diagnosis were known and diagnosis date was not before referral date .N = 20,189/24,532 = 82.3% tumours - Bladder = 1656/1767 = 93.7%; Kidney = 327/378 = 86.5%; Testis = 302/336 = 89.9%; Pelvis/Ureter = 58/64 = 90.6%; Penis = 34/42 = 81.0%. Prostate tumours were only included if they > T1b = 3050/3233 = 94.3%

Median Time to First Consultation and Diagnosis in Days by Organ When referred by GP under the 2 week rule Excluding tumours diagnosed before Referral* 2003 dataset

■ Time From Referral to Consultation **■** Time from Consultation to Diagnosis



^{*} Times were calculated when dates of referral, consultation and diagnosis were known and

diagnosis date was not before referral date ((N = 21,294/27,225 = 78.2% tumours -

Bladder = 1800/1904 = 94.5%; Kidney = 307/359 = 85.5%;

Testis = 335/358 = 93.6%; Pelvis/Ureter = 61/67 = 91.0%; Penis = 33/34 = 97.1%.

Prostate tumours were only included if they > T1b = 3020/3189 = 94.7%

Chart 45

Times to First Consultation and Diagnosis in Days - All Referrals Excluding Patients Diagnosed before Referral

Year	Time betwe First Consu			Time between First Consultation and Diagnosis in Days			
	Median	Mean	Range (0 – 95%)	Median	Mean	Range (0 – 95%)	
2004 (20,189)	14	36.6	0 – 92	34	87.2	0 - 315	
2003 (21,294)	14	31.3	0 – 96	30	91.5	0 - 359	
2002 (22,634)	17	43.9	0 – 106	29	85.6	0 - 332	
2001 (21,632)	19	34.0	0 - 107	30	87.2	0 – 327	
2000 (18,722)	22	35.1	0 – 109	29	77.0	0 – 272	
1999 (15,912)	-	-	-	53*	84.7*	0 – 282*	

^{*} In 1999 only referral date and diagnosis date were recorded therefore these figures represent total time to diagnosis

Chart 46

Median Total Times to Diagnosis in Days - All Referrals Excluding Patients Diagnosed before Referral

Median number of days between referral and diagnosis

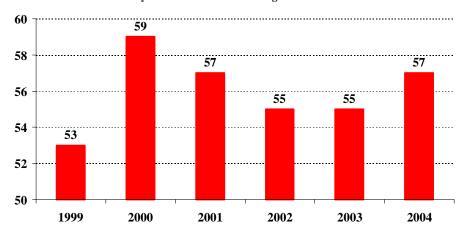


Chart 47

Times to Definitive Treatment in Days by Organ - 2004 Excluding tumours diagnosed or treated before referral

Organ	Time between Definitive T			Time between Diagnosis and Definitive Treatment in days			
	Median	Mean	Range (0 – 95%)	Median	Mean	Range (0 – 95%)	
Prostate (7233)	112	184.1	0 – 599	31	41.1	0 – 158	
Bladder (2612)	63	90.7	0 – 285	0	7.4	0 – 87	
Kidney (844)	65	93.8	0 – 272	0	6.9	0 - 97	
Testis (346)	16	28.0	0 – 103	0	4.1	0 – 17	
Pelvis/Ureter (145)	117	144.7	0 – 308	6	15.2	0 – 102	
Penis (89)	56	121.6	0 – 325	15	34.8	0 - 133	

Definitive treatment date was recorded in 69.0% tumours (16923/24532)

Chart 48

Times to Definitive Treatment in Days by Organ - 2003 Excluding tumours diagnosed or treated before referral

Organ	Time between Definitive T			Time between Diagnosis and Definitive Treatment in days			
	Median	Mean	Range (0 – 95%)	Median	Mean	Range (0 – 95%)	
Prostate (7035)	107	188.1	0 – 665	30	48.4	0 – 152	
Bladder (3151)	65	104.8	0 – 273	0	20.5	0 – 104	
Kidney (862)	63	98.0	0 – 269	0	21.2	0 – 99	
Testis (373)	16	67.6	0 – 126	0	5.6	0 – 31	
Pelvis/Ureter (171)	111	174.7	0 – 396	16	31.1	0 – 110	
Penis (82)	48	80.1	3 – 350	12	22.6	0 - 85	

Definitive treatment date was recorded in 65.1% tumours (17730/27225)

Chart 49

Times to Definitive Treatment in Days by Organ - 2004 When referred by GP under the two week rule excluding tumours diagnosed or treated before referral

Organ	Time betwee Definitive To		Time between Diagnosis and Definitive Treatment in days			
	Median	Mean	Range (0 – 95%)	Median	Mean	Range (0 – 95%)
Prostate (1995)	75	106.1	0 – 283	23	41.3	0 – 139
Bladder (779)	52	66.1	3 – 156	0	17.6	0 - 78
Kidney (174)	75	90.2	14 – 198	7	23.8	0 - 98
Testis (169)	17	23.9	1 – 70	0	3.2	0 – 12
Pelvis/Ureter (35)	134	147.7	32 – 272	21	36.9	0 – 92
Penis (16)	56	134.4	4 – 454	39	47.9	0 - 98

Definitive treatment date was recorded in 72.9% tumours referred by GP under the 2 week rule (4429/6073)

Times to Definitive Treatment in Days by Organ - 2003 When referred by GP under the two week rule excluding tumours diagnosed or treated before referral

Organ	Time between Definitive T		Time between Diagnosis and Definitive Treatment in days			
	Median	Mean	Range (0 – 95%)	Median	Mean	Range (0 – 95%)
Prostate (1769)	67	98.3	0 – 282	25	40.8	0 – 135
Bladder (894)	54	72.8	8 – 181	0	22.1	0 – 110
Kidney (176)	71	88.9	1 – 184	0	24.6	0 – 112
Testis (163)	17	99.5	1 – 77	0	4.1	0 – 27
Pelvis/Ureter (41)	104	133.0	25 – 301	22	31.1	0 – 89
Penis (21)	40	68.6	0 – 132	0	19.1	0 - 78

Definitive treatment date was recorded in 70.6% tumours referred by GP under the 2 week rule (4281/6066)

Chart 51

Times to Definitive Treatment in Days - Prostate Cancer by Stage - 2004 When referred by GP under the two week rule excluding tumours diagnosed or treated before referral

Stage	Time between Referral and Definitive Treatment in days			Time between Diagnosis and Definitive Treatment in days			
	N	Median	Mean	Range (0 – 95%)	Median	Mean	Range (0 – 95%)
Stage I (T1a N0 M0 Well Differentiated)	0	-	-	-	-	-	-
Stage II (T1a N0 M0 Mod or Poor differentiation T1b, 1c, 1, 2, N0 M0 Any differentiation	T1 –55 T1a – 8 T1b – 8 T1c – 194 T2 – 404	118	291.6 149.8 162.9	12 - 333 56 - 535 25 - 171 3 - 415 1 - 320	41 18 12 47 41	21.8 44.9 64.9	0 - 207 0 - 30 0 - 85 0 - 163 0 - 151
Stage III (T3 N0 M0 Any differentiation)	465	63	86.1	1 – 235	22	36.7	0 – 134
Stage IV (T4 N0 M0 Any differentiation Any T N1 M0 Any differentiation Any T Any N M1 Any differentiation)	282	43	60.0	1 – 167	14	228	0 - 84

Times to Definitive Treatment in Days - Prostate Cancer by Stage - 2003 When referred by GP under the two week rule excluding tumours diagnosed or treated before referral

Stage	Time between Referral and Definitive Treatment in days			Time between Diagnosis and Definitive Treatment in days			
	N	Median	Mean	Range (0 – 95%)	Median	Mean	Range (0 – 95%)
Stage I (T1a N0 M0 Well Differentiated)	6	114	113.8	33 – 120	7	25.8	0 – 67
Stage II (T1a N0 M0 Mod or Poor differentiation T1b, 1c, 1, 2, N0 M0 Any differentiation	T1 -52 T1a - 5 T1b - 4 T1c - 154 T2 - 410	113 110 96 119 84	133 141 145.2		57 9 58 48 34	64.6 28.4 47.5 59.3 49.2	0 - 69 5 - 69 0 - 158
Stage III (T3 N0 M0 Any differentiation)	464	60	86.8	0 – 255	24	40.5	0 – 132
Stage IV (T4 N0 M0 Any differentiation Any T N1 M0 Any differentiation Any T Any N M1 Any differentiation)	337	42	56.6	0 – 147	13	21.9	0 - 79

Chart 53

Times to First Consultation, Diagnosis and Definitive Treatment in Days by Prostate (10997 tumours)- 2004 dataset

Excluding tumours diagnosed before Referral and those with T1a or T1b

Days to Diagnosis	Time to first	Time to first		Time from first		Time from Diagnosis	
	Consultation	ı	consultatio	on to	to Definitive		
					Treatment		
	N	%	N	%	N	%	
0 *							
	1012	9.2	1529	13.9	1407	12.8	
1 – 14							
	4230	38.5	1672	15.2	943	8.6	
15 – 28							
	2012	18.3	1582	14.4	1311	11.9	
29 - 60							
	2250	20.5	2802	25.5	1458	13.3	
More than 60 days							
	1493	13.6	3412	31.0	2100	19.1	
Not Recorded							
	-		-		3778	34.4	

^{*} = the number seen either on the day of referral or diagnosed and/or treated at first consultation

Times to First Consultation, Diagnosis and Definitive Treatment in Days by Prostate (11545 tumours)- 2003 dataset

Excluding tumours diagnosed before Referral and those with T1a or T1b

Days to Diagnosis	Time to first Consultation		Time from consultation Diagnosis		Time from Diagnosis to Definitive Treatment	
	N	%	N	%	N	%
0 *	1008	8.7	1596	13.8	1755	15.2
1 – 14	4289	37.2	2069	17.9	1034	9.0
15 – 28	2238	19.4	1846	16.0	1180	10.2
29 - 60	2395	20.7	2596	22.5	1378	11.9
More than 60 days	1615	14.0	3438	29.8	2072	17.9
Not Recorded	-		-		4126	35.7

 $^{*=}$ the number seen either on the day of referral or diagnosed and/or treated at first consultation

Chart 55

Times to First Consultation, Diagnosis and Definitive Treatment in Days by Bladder (5246 tumours)- 2004 dataset Excluding tumours diagnosed before Referral

Days to Diagnosis	Time to firs	Time from	first	Time from Diagnosis			
	Consultation		consultatio	on to	to Definitive		
					Treatment		
	N	%	N	%	N	%	
0 *							
	706	13.5	583	11.1	2939	56.0	
1 – 14							
	2170	41.4	883	16.8	243	4.6	
15 – 28							
	906	17.3	961	18.3	283	5.4	
29 - 60							
	961	18.3	1613	30.7	374	7.1	
More than 60 days							
	503	9.6	1206	23.0	246	4.7	
Not Recorded							
	-		-		1161	22.1	

^{*} = the number seen either on the day of referral or diagnosed and/or treated at first consultation

Times to First Consultation, Diagnosis and Definitive Treatment in Days by Bladder (6013 tumours)- 2003 dataset Excluding tumours diagnosed before Referral

Days to Diagnosis				first on to	Time from Diagnosis to Definitive Treatment	
	N	%	N	%	N	%
0 *	691	11.5	617	10.3	3361	55.9
1 – 14	2337	38.9	1099	18.3	297	4.9
15 – 28	1196	19.9	1127	18.7	322	5.4
29 - 60	1178	19.6	1724	28.7	360	6.0
More than 60 days	611	10.2	1446	24.0	364	6.1
Not Recorded	-		-		1309	21.8

^{*} = the number seen either on the day of referral or diagnosed and/or treated at first consultation

Chart 57

Times to First Consultation, Diagnosis and Definitive Treatment in Days by Kidney (1481 tumours)- 2004 dataset Excluding tumours diagnosed before Referral

Days to Diagnosis	Time to firs	Time to first		first	Time from Diagnosis	
	Consultation	n	consultatio	on to	to Definitive	
			Diagnosis		Treatment	;
	N	%	N	%	N	%
0 *						
	290	19.6	152	10.3	854	57.7
1 – 14						
	676	45.6	281	19.0	83	5.6
15 – 28						
	253	17.1	217	14.7	73	4.9
29 - 60						
	168	11.3	393	26.5	112	7.6
More than 60 days						
	94	6.3	438	29.6	96	6.5
Not Recorded		·				·
	-		-		263	17.8

^{*} = the number seen either on the day of referral or diagnosed and/or treated at first consultation

Times to First Consultation, Diagnosis and Definitive Treatment in Days by Kidney (1506 tumours)- 2003 dataset Excluding tumours diagnosed before Referral

Days to Diagnosis	Consultation		Time from consultation Diagnosis		Time from Diagnosis to Definitive Treatment	
	N	%	N	%	N	%
0 *	289	19.2	180	12.0	868	57.6
1 – 14	679	45.1	261	17.3	60	4.0
15 – 28	254	16.9	231	15.3	75	5.0
29 - 60	174	11.6	399	26.5	95	6.3
More than 60 days	110	7.3	435	28.9	113	7.5
Not Recorded	-		-		295	19.6

^{*=} the number seen either on the day of referral or diagnosed and/or treated at first consultation

Chart 59

Times to First Consultation, Diagnosis and Definitive Treatment in Days by Testis (662 tumours)- 2004 dataset Excluding tumours diagnosed before Referral

Days to Diagnosis				n first	Time from Diagnosis	
	Consultation	n	consultation Diagnosis	on to	to Definitive Treatment	
	N	%	N	%	N	%
0 *						
	117	17.7	84	12.7	456	68.9
1 – 14						
	452	68.3	386	58.3	82	12.4
15 – 28						
	43	6.5	118	17.8	7	1.1
29 - 60						
	29	4.4	46	6.9	10	1.5
More than 60 days						
	21	3.2	28	4.2	4	0.6
Not Recorded						
	-		-		103	15.6

^{*} = the number seen either on the day of referral or diagnosed and/or treated at first consultation

Times to First Consultation, Diagnosis and Definitive Treatment in Days by Testis (711 tumours)- 2003 dataset Excluding tumours diagnosed before Referral

Days to Diagnosis	Consultation		Time from		Time from Diagnosis to Definitive	
			Diagnosis		Treatment	
	N	%	N	%	N	%
0 *	111	15.6	88	12.4	469	66.0
1 – 14	486	68.4	403	56.7	85	12.0
15 – 28	53	7.5	123	17.3	10	1.4
29 - 60	34	4.8	59	8.3	12	1.7
More than 60 days	27	3.8	38	5.3	11	1.5
Not Recorded	-		-		124	17.4

 $[\]ensuremath{^*}$ = the number seen either on the day of referral or diagnosed and/or treated at first consultation

C. Histology

Histological confirmation was available in 91% of all tumours. This is 4% increase from 2003 figure and may reflect the fact that many participants use their histology departments to prompt registration of new patients. Every effort should be made to record data on patients seen in clinics and on the wards, where there is no histological diagnosis.

Chart 61

Histological Confirmation of Diagnosis by Organ

Organ	Confirmation		Confirmation		Not	
	Obtained		Not Obtained		Recorded	
	N	%	N	%	N	%
Prostate (14858)						
	13881	93.4	691	4.7	286	1.9
Bladder (6073)						
	5689	93.7	205	3.4	179	2.9
Kidney (2104)	1425	67.7	608	28.9	71	3.4
Testis (750)	1423	07.7	000	20.7	7.1	5.4
1 esus (750)	685	91.3	47	6.3	18	2.4
Pelvis/Ureter (291)						
	235	80.8	48	16.5	8	2.7
Penis (196)			_			
	186	94.9	2	1.0	8	4.1
Urethra (29)	28	96.6	0	0.0	1	3.4
Prostatic Urethra	20	70.0	U	0.0	1	3.4
(15)	15	100.0	0	0.0	0	0.0
Other or	100		Ū	0.0	Ü	0.0
Not Recorded (216)	80	37.0	111	51.4	25	11.6
Totals (24532)						
, , ,	22224	90.6	1712	7.0	596	2.4

Chart 62

Known Histology by Organ

	Prostate	Bladder	Kidney	Testis	Pelvis/ Ureter	Penis	Urethra	Prostatic Urethra
Adenocarcinoma	13502 98.9%	95 1.7%	1337* 89.2%	4 0.6%	16 6.5%	4 2.5%	4 14.8%	1 7.1%
TCC	33 0.2%	5441 96.7%	153 10.2%	2 0.3%	226 92.2%	4 2.5%	18 66.7%	12 85.7%
SCC	25 0.2%	76 1.4%	5 0.3%	13 2.0%	1 0.4%	150 84.3%	5 18.5%	1 7.1%
Mixed TCC / SCC	-	17 0.3%	2 0.1%	4 0.6%	1 0.4%	-	-	-
Seminoma	-	-	-	373 57.3%	-	-	-	-
Teratoma	-	-	1 0.1%	173 26.6%	1 0.4%	-	-	-
Mixed Seminoma / Teratoma	-	-	1 0.1%	82 12.6%	-	-	-	-
High Grade PIN	84 0.6%	-	-	-	-	-		
Other	39 0.3%	121 2.1%	101 6.7%	48 7.4%	5 2.0%	17 10.7%	1 3.7%	1 7.1%

^{*}N.B. Includes 1284 renal cell carcinomas

Chart 63

"Other" Histologies reported included:

	Prostate	Bladder	Kidney	Testis	Penis
Carcinoma in situ	1	35			10
Oncocytoma			19		
Sarcoma/Liposarcoma					
/Leiomyosarcoma	2	4	11	5	1
Haematological cancers	4	4	4	17	
Leydig cell				13	
Adenocarcinoma & TCC	1	2			
Sertoli	2	3	3		1
Metastatic carcinomas		1		1	
Small cell ca/papillary					
renal cell / spindle cell	3	35	37	2	
Undifferentiated /					
anaplastic carcinoma		4	1		

Chart 64

Basis of Diagnosis when Histological Confirmation Not Obtained (1712 tumours – 7.0% of total)

Organ	Radiology	Cytology	Tumour Marker	Clinical	Other
Prostate (691 tumours)	139	19	363	513	17
Bladder (205 tumours)	50	14	0	90	39
Kidney (608 tumours)	560	4	2	63	14
Testis (37 tumours)	32	0	2	13	2
Pelvis/Ureter (48 tumours)	40	8	0	7	0
Penis (2 tumours)	1	0	0	2	0

N.B. More than one method might be used for each tumour

Chart 65

Known Differentiation by Organ Percentage & Total of Known Differentiation

Organ	Well		Moderate		Poor		% of Total
(Number Known)	N	%	N	%	N	%	Tumours Reported
Prostate (11402)							
	725	6.4	7644	67.0	3033	26.6	76.7
Bladder (4493)							
	1150	25.6	1662	37.0	1681	37.4	74.0
Pelvis/Ureter (78)							
, ´	4	5.1	43	55.1	31	39.7	26.8
Penis (118)							
, í	45	38.1	49	41.5	24	20.3	60.2
Urethra (21)							
. ,	3	14.3	8	38.1	10	47.6	72.4
Prostatic Urethra							
(10)	1	10.0	4	40.0	5	50.0	66.7

N.B. Testis and Kidney not included - RCPath minimum data set does not ask for this data which would be irrelevant to the vast majority of testicular tumours, which are mostly germ cell tumours. Kidney tumours are generally given a nuclear grade rather than a differentiation score.

D. Staging

Participants were asked to return both clinical and, where appropriate, pathological* TNM categories using the 2002 version of the TNM classification for Urological tumours which were included in the data dictionary sent to all participants.

In order to make interpretation of the resultant information easier each patient was staged, wherever possible, using the classifications as shown in the following charts. If the pathological TNM categories were given and appropriate then these were used for the staging, failing this clinical TNM categories were used.

*The pathological assessment of the primary tumour (pT) entails a "resection of the primary tumour or biopsy adequate to evaluate the highest pT category"

Less than 50% of the returns had either the full pathological TNM or clinical TNM categories and an estimate had to be made from what information was provided. (Many forms did not include any N and M categories or these were recorded as "X" – Cannot be assessed.) Whilst 65% of the returns had a relevant clinical T category (i.e. not X or null) only 31% of these had the clinical N and M categories relevantly recorded (i.e. not X or null). A plea for more accurate data recording is given and the suggestion that the BCR data may be more fully recorded if completed during the relevant Multi Disciplinary Team meeting.

The data on the following charts should therefore be regarded with caution.

The number of prostate cancers with metastases at presentation has yet again shown a small but significant decline at 95% CI whilst the number with T1c shows a significant rise at 95% CI. Chart 66

Staging of Kidney Tumours A total of 2104 Kidney Tumours were reported Staging could be estimated in 1587 (75.4%)

Known Staging	Total Known	
	N	%
Stage I		
(T1 N0 M0)	594	37.4
Stage II		
(T2 N0 M0)	281	17.7
Stage III		
(T1, T2, T3 N0,N1		
M0)	434	27.3
Stage IV	278	17.5
(T4 N0,N1 M0		
Any T N2 M0	including 206	13.0
Any T any N M1)	with metastases	

N.B. A pathological staging for Kidney tumours was only included for those where radical or organ conserving surgery was performed (n = 1070)

Staging of Pelvis / Ureteric Tumours A total of 291 Tumours were reported Staging could be estimated in 211 (72.5%)

Known Staging	Total Known	
	N	%
Stage 0a		
(Ta N0 M0)	59	28.0
Stage 0is		
(Tis N0 M0)	1	0.5
Stage I		
(T1 N0 M0)	47	22.3
Stage II		
(T2 N0 M0)	32	15.2
Stage III		
(T3 N0 M0)	42	19.9
Stage IV	30	14.2
(T4 N0 M0		
Any T N1, N2, N3 M0	including 2	0.9
Any T any N M1)	with metastases	

N.B. A pathological staging for Pelvis / Ureteric tumours was only included for those where radical or organ conserving surgery was performed (n =148)

Chart 68

Staging of Bladder Tumours A total of 6073 BladderTumours were reported Staging could be estimated in 4889 (80.5%)

Known Staging	Total Known	
	N	%
Stage 0a		
(Ta N0 M0)	2343	47.9
Stage 0is		
(Tis N0 M0)	86	1.8
Stage I		
(T1 N0 M0)	1339	27.4
Stage II		
(T2a, 2b N0 M0)	615	12.6
Stage III		
(T3a, 3b, 4a N0 M0)	304	6.2
Stage IV	202	4.1
(T4b N0 M0		
Any T N1, N2, N3 M0	including 69	1.4
Any T any N M1)	with metastases	

N.B. A pathological staging for Stage II, III or IV Bladder tumours was only included for tumours where radical surgery was performed (n =243)

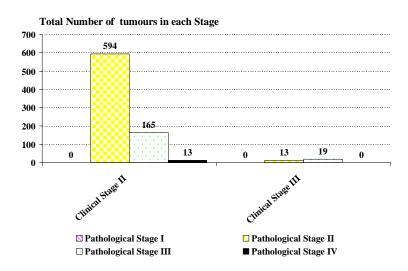
Staging of Prostate Tumours A total of 14858 Prostate Tumours were reported Staging could be estimated in 10049 (67.6%)

Known Staging	Total Known	
	N	%
Stage I	59	0.6
(T1a N0 M0		
Well Differentiated)		
Stage II	t1 - 535	5.3
(T1a N0 M0 Mod or Poor differentiation	t1a - 189	1.9
T1b, 1c, 1, 2, N0 M0 Any	t1b - 199	2.0
differentiation)	t1c - 2150	21.4
	t2 - 3447	34.3
Stage III	2217	22.1
(T3 N0 M0 Any differentiation)		
Stage IV	1252	12.4
(T4 N0 M0 Any differentiation		
Any T N1 M0 Any differentiation	including 716	7.1
Any T Any N M1 Any differentiation)	with metastases	

N.B. A pathological staging for Prostate tumours was only included for those where radical surgery was performed (n = 1036)

Chart 70

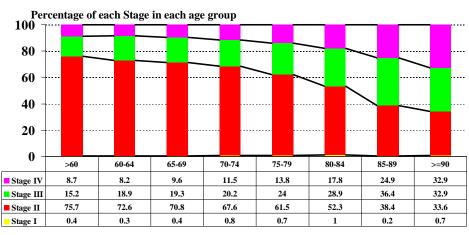
Staging of Prostate Tumours Comparison of clinical & pathological staging



N.B. A pathological staging for Prostate tumours was only included for those where radical surgery was performed (n=1036). Staging could be compared in 78.9% of these (817/1036).

Staging of Prostate Tumours by Age Group

Total in Stage I where age was known = 59 Total in Stage II where age was known = 6489 Total in Stage IIII where age was known = 2199 Total in Stage IV where age was known = 1250



Stage I ■ Stage II ■ Stage IV

Chart 72

Prostate Cancers reported 1998 - 2004

	1998 (6 months only)	1999	2000	2001	2002	2003	2004
Total number reported	2909	9781	12892	15099	16580	16055	14858
Median age at diagnosis	74	73	73	73	72	72	72
Number having T1c	250 8.6%	1366 14.0%	1636 15.8%	2107 17.4%	2316 18.3%	2156 18.9%	2150 21.5%
Number having Metastases (M +ve)	43 14.9%	1214 12.4%	1267/10329* 12.6%	1441 / 12100* 11.9%	1262 / 12645* 10.0%	971/11393* 8.5%	716/10049* 7.1%

st Number where staging could be estimated

^{*} Age could be calculated when both date of birth and diagnosis date were recorded

Staging of Prostate Tumours by PSA

Numbers falling in each category*
PSA was recorded in 84.7% tumours (12582/14858)

Gleason scores were recorded in 85.9% tumours (12756/14858)

Known Clinical Staging	Total Patients	PSA 0-5 N %	PSA 6-10 N %	PSA 11-20 N %	PSA 21-50 N %	PSA > 50 N %
Stage I (T1a N0 M0 Well Differentiated)	48	28 58.3%	8 16.7%	7 14.6%	5 10.4%	0
Stage II (T1a N0 M0 Mod or Poor differentiation T1b, 1c, 1, 2, N0 M0 Any differentiation)	5946	743 12.5%	2262 38.0%	1686 28.4%	854 14.4%	401 6.7%
Stage III (T3 N0 M0 Any differentiation)	1758	54 3.1%	225 12.8%	374 21.3%	506 28.8%	599 34.1%
Stage IV (T4 N0 M0 Any differentiation Any T N1 M0 Any differentiation Any T Any N M1 Any differentiation)	942	18 1.9%	42 4.5%	81 8.6%	189 20.1%	612 65.0%
Totals	8694 *	843 9.7%	2537 29.2%	2148 24.7%	1554 17.9%	1612 18.5%

N.B. Excluding pathologies other than Adenocarcinoma.

Chart 74

Gleason Sum Scores by Age Group - Prostate Tumours

Number falling into each category Gleason scores were recorded in 85.9% tumours (12756/14858)

Age could be recorded in 85.9% tumours (12/56/148).

Age Group	Total Patients	Gleason s	sum 2 – 4	Gleason s	um 5 – 6	Gleason sum 7		Gleason sum 8 – 10	
	1 atichts	N	%	N	%	N	%	N	%
< 60									
	1284	24	1.9	722	56.2	327	25.5	211	16.4
60 – 64									
	1644	25	1.5	871	53.0	482	29.3	266	16.2
65 – 69									
	2443	46	1.9	1164	47.6	753	30.8	480	19.6
70 – 74									
	2653	56	2.1	1134	42.7	831	31.3	632	23.8
75 – 79									
	2309	39	1.7	807	35.0	804	34.8	659	28.5
80 – 84									
	1552	18	1.2	454	29.3	532	34.3	548	35.3
85 – 89									
	505	11	2.2	124	24.6	165	32.7	205	40.6
>=90									
	117	4	3.4	20	17.1	35	29.9	58	49.6
Totals									
	12507	223	1.8	5296	42.3	3929	31.4	3059	24.5

^{*} Tumours where staging could be estimated, PSA was recorded and Histology = adenocarcinoma

Chart 75

Gleason Sum Score Related to Age

Gleason scores were recorded in 85.9% tumours (12756/14858) Age could be recorded in 98% (12507/12756) of these

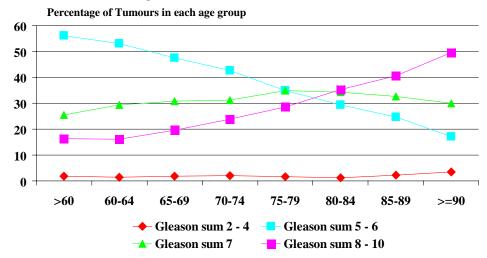


Chart 76

Staging of Testicular Tumours A total of 750Testicular Tumours were reported Staging could be estimated in 519 (69.2%)

Known Staging Total numbers where	Seminoma		Teratoma		Combined Seminoma/ Teratoma		Other Histology	
staging & histology known:		275		130		65		49
3.	N	%	N	%	N	%	N	%
Stage 0 (Tis N0 M0 S0,SX)	1	0.4	1	0.8	0	0.0	1	2.0
Stage I (T1,2,3,4 N0 M0 SX)	115	41.8	43	33.1	16	24.6	20	40.8
Stage IA (T1, N0 M0 S0)	68	24.7	13	10.0	12	18.5	5	10.2
Stage IB (T2, 3, 4, N0 M0 S0)	18	6.5	7	5.4	6	9.2	4	8.2
Stage IS (Any T N0 M0 S1, 2, 3)	63	22.9	52	40.0	23	35.4	14	28.6
Stage II (Any T, N1, 2, 3, M0, SX, 0, 1)	3	1.1	6	4.6	4	6.2	4	8.2
Stage III (Any T, Any N, M1, 1a, SX, 0, 1,2, 3 Any T, N1, 2, 3, M0, S2, 3	_				_			2.0
Any T, Any N, M1b, Any S)	7	2.5	8	6.2	4	6.2	1	2.0

Testicular Tumours by Serum Tumour Marker A total of 750 Testicular Tumours were reported Tumour markers and Histology were reported in 314 (41.9%)

Serum Tumour Marker	Semino	oma	Terato	ma	Combi		Other Histolo	gv
Total numbers where tumour					Terato			<i>8</i> /
marker & histology known:		160		83		45		26
	N	%	N	%	N	%	N	%
S0								
(Serum marker study levels within								
normal limits	95	59.4	27	32.5	18	40.0	11	42.3
S1								
(LDH <1.5*N and								
HCG (ml/U/ml) <5,000 and								
AFP (ng/ml) <1,000)								
	50	31.3	35	42.2	21	46.7	7	26.9
S2								
(LDH 1.5 – 10 *N or								
HCG (ml/U/ml) 5,000 - 50,000 or								
AFP (ng/ml) 1,000 – 10,000)	7	4.4	10	12.0	5	11.1	2	7.7
S3								
(LDH >10*N or								
HCG (ml/U/ml) > 50,000 or								
AFP (ng/ml) >10,000)	8	5.0	11	13.3	1	2.2	6	23.1

N.B. N indicates the upper limit or normal for the LDH assay

Chart 78

Staging of Penile Tumours A total of 196 Penile Tumours were reported Staging could be estimated in 129 (65.8%)

Known Staging	Total Known	
	N	%
Stage 0		
(Tis, a, N0 M0)	22	17.1
Stage I		
(T1 N0 M0	52	40.3
Stage II		
(T2 N0, N1 M0)	31	24.0
Stage III		
(T1, 2, N2 M0		
T3, N0, N1, N2, M0)	17	13.2
Stage IV	7	5.4
(T4 Any N M0		
Any T N3 M0	including 1	0.8
Any T Any N M1)	with metastases	

E. Initial Treatment Intention and Type

Inclusion of additional categories of treatment type has made analyses more meaningful by significantly reducing the number of "other" treatments. We note that the number of laparoscopic procedures is still increasing.

Chart 79

Initial Treatment Intention by Organ Percentage & Total of Known Intent

Organ	Curative		Palliative		No active		% of Total
					anti-cancer treatment		Tumours
(Number Known)	N	%	N	%	N	%	Reported
Prostate (11615)							
	5131	44.2	4750	40.9	1734	14.9	78.2
Bladder (5132)							
	4574	89.1	450	8.8	108	2.1	84.5
Kidney (1765)							
	1273	72.1	332	18.8	160	9.1	83.9
Testis (620)							
	613	98.9	6	1.0	1	0.2	82.7
Pelvis/Ureter (234)							
	189	80.8	32	13.7	13	5.6	80.4
Penis (146)							
	132	90.4	9	6.2	5	3.4	74.5
Urethra (25)							
	15	60.0	7	28.0	3	12.0	86.2
Prostatic Urethra							
(11)	7	63.6	2	18.2	2	18.2	73.3

Chart 80

Treatment Intention of Prostatic Tumours by PSA and Age Percentage by PSA in each Age Group

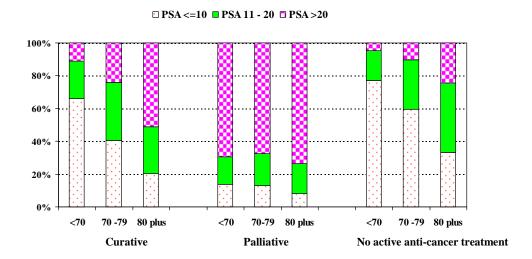


Chart 81

Known Treatment Management Kidney Tumours Total Numbers Reported with those as only Treatment in () (N.B. Excluding TCC's)

Treatment	Curative	Palliative
Surgery:		
Endoscopic Resection	5(5)	1
Radical Ablative Surgery	879 (807)	100 (47)
Organ Conserving Surgery *	82 (76)	-
Biopsy &/or Ultrasound guided biopsy	4 (2)	2 (1)
Other Surgery	12 (6)	7 (1)
Radiation Therapy	4	19 (9)
Systemic Chemotherapy	4	14 (4)
Hormone Therapy	2	6 (5)
Systemic Immunotherapy	19 (2)	50 (16)
Intravesical Immunotherapy	1	2
Palliative care	2	28 (20)
Referred to another centre / specialist	27 (5)	18 (4)
Surveillance / monitoring	18 (2)	5 (1)
Other Treatment	11 (1)	6 (2)

^{*} Performed by 36 centres, median per centre = 1, Range 1 - 12 90 centres performed no organ conserving surgery

Chart 82

Known Treatment Management - Pelvis/Ureteric Tumours Total Numbers Reported with those as only Treatment in () $\,$

Treatment	Curative	Palliative
Surgery:	6.60	
Endoscopic Resection Endoscopic Resection + 1 shot intravesical	6 (6)	1 (1)
chemotherapy		, ,
Radical Ablative Surgery	62 (51)	4 (3)
Organ Conserving Surgery	1 (1)	-
Cystoscopy	3	1
Other Surgery	3 (2)	-
Radiation Therapy	3	3 (1)
Systemic Chemotherapy	2	4 (3)
Referred to another centre / specialist	3 (2)	-
Intra-vesical Chemotherapy (course)	2 (1)	-
Immunotherapy	2	1(1)
Palliative care	-	7 (6)
Suveillance / Active Monitoring	2	-

Chart 83

Known Management by T category and Grade - Bladder Tumours Total Numbers Reported with those as only Treatment in ()

Treatment	Tis	Ta G1	Ta G2	Ta G3	T1 G1	T1 G2	T1 G3
Surgery:							
Endoscopic Resection	12 (5)	269 (194)	238 (157)	51 (29)	90 (65)	167 (116)	152 (75)
Endoscopic Resection + 1 shot intravesical chemotherapy	10 (4)	354 (292)	419 (363)	70 (44)	68 (61)	205 (156)	156 (92)
Radical Ablative Surgery	3 (1)	8 (5)	4 (3)	2 (2)	2 (1)	5 (2)	17 (9)
Organ Conserving Surgery	-	8 (1)	4 (2)	-	3 (1)	-	-
Biopsy / ultrasound guided biopsy	1	26 (9)	10 (3)	3 (1)	4	6	10 (2)
Cystoscopy	6	96 (8)	61 (8)	6	16 (2)	40 (13)	33 (4)
Other Surgery	-	5 (3)	2	-	2	-	2
Radiation Therapy	-	1	2	2 (1)	-	3 (1)	12
Intra-vesical Chemotherapy (course)	6 (2)	30	32	4	7	34	23 (2)
Intra-vesical Immunotherapy (course)	19 (8)	4	13 (1)	28 (1)	1	24 (1)	71 (1)
Surveillance / active monitoring	-	23 (2)	46 (3)	2	3	15 (2)	11 (1)
Referral	1 (1)	2 (1)	2	-	-	2(1)	8 (1)
Other Treatment	-	4 (2)	-	1	-	1	3 (1)
Total Tumours Reported	86	919	886	158	127	523	453

Known Management by T category and Grade - Bladder Tumours where Age is <= 70
Total Numbers Reported with those as only Treatment in ()

Treatment	T2 G1	T2 G2	T2 G3	T3 G1	T3 G2	T3 G3	T4 G1	T4 G2	T4 G3
Surgery: Endoscopic Resection	2 (1)	14 (5)	68	3	4 (2)	27	-	5	23
Endoscopic Resection + 1 shot intravesical chemotherapy	1 (1)	7 (4)	23 (7)	1 (1)	-	4 (1)	-	1	3
Radical Ablative Surgery	2 (1)	10 (5)	59	2 (1)	11 (7)	35	1 (1)	1	31
Organ Conserving Surgery	-	-	-	-	2(1)	-	-	-	1
Other Surgery	-	-	2	-	-	4 (2)	-	-	1 (1)
Radiation Therapy	-	3 (1)	23 (3)	2	3	8 (2)	1	1	5 (1)
Systemic Chemotherapy	-	3	16 (1)	-	3	9	-	5	24 (9)
Intra-vesical Chemotherapy (course)	1 (1)	2	3	-	-	1	-	1	1
Hormone Therapy	-	1	-	-	-	1	1	-	-
Intra-vesical Immunotherapy (course)	-	-	3	-	-	-	-	-	1
Referral	-	1	16	-	-	5	-	2	4
Total Tumours Reported	6	28	137	5	18	71	2	9	59

Chart 84

Known Management by T category and Grade - Bladder Tumours where Age >70 Total Numbers Reported with those as only Treatment in ()

Treatment	T2 G1	T2 G2	T2 G3	T3 G1	T3 G2	T3 G3	T4 G1	T4 G2	T4 G3
Surgery: Endoscopic Resection	2 (2)	35	186	2	14	80	1 (1)	8	56
Endoscopic Resection + 1 shot intravesical chemotherapy	-	14 (8)	40	-	1	13	1 (1)	1(1)	2
Radical Ablative Surgery	-	6 (3)	24 (9)	1(1)	4 (3)	28 (15)	-	1	21 (12)
Organ Conserving Surgery	1 (1)	-	2 (1)	-	-	1	-	-	-
Cystoscopy	-	2	24 (1)	-	-	3	-	-	3 (1)
Other Surgery	-	1	1	-	1 (1)	3	-	-	2
Radiation Therapy	1	10 (1)	120	1	9 (2)	48	1 (1)	3	30
Systemic Chemotherapy	-	1	12	-	3	8 (1)	-	1	13 (2)
Intra-vesical Chemotherapy (course)	-	2	2	-	-	1	-	-	2
Hormone Therapy	-	-	2	-	-	2	-	-	1
Intra-vesical Immunotherapy (course)	-	-	2	-	-	1	-	-	-
Referral	-	6	24 (4)	1	2	2	-	2	6
Other Treatment	-	-	2	-	1	-	-	1	-
Total Tumours Reported	3	57	281	3	22	135	3	10	94

Known Management Intention - Prostate Tumours Total Numbers Reported with those as only Treatment in ()

Treatment	Curative	Palliative/ No active anti- cancer treatment
Surgery:		
Endoscopic Resection	402 (207)	448 (130)
Endoscopic Resection + 1 shot intravesical chemotherapy	10 (4)	4
Radical Ablative Surgery	1693 (1461)	27 (17)
Organ Conserving Surgery	33 (17)	39 (18)
Brachytherapy	206 (117)	12 (5)
Biopsy / Ultrasound guided biopsy	445 (72)	453 (40)
Other Surgery	11 (4)	4 (1)
Radiation Therapy	1908 (580)	275 (42)
Systemic Chemotherapy /	16 (2)	18 (6)
Intravesical Chemotherapy (course)	` `	
Hormone Therapy	1657 (321)	4342 (3537)
Intravesical Immunotherapy /	2(1)	4 (2)
Intravesical Immunotherapy (course)		
Watchful waiting	45 (11)	443 (339)
Surveillance / Active monitoring	105 (42)	928 (744)
Referral to another centre / specialist	415 (58)	89 (12)
Other Treatment	41 (16)	41 (16)

Chart 87

Known Management by PSA - Prostate Tumours where age is <=70 Total Numbers Reported with those as only Treatment in ()

Treatment	PSA	PSA	PSA	PSA	PSA	PSA
	0-5	6-10	11-15	16-20	21-50	>50
Surgery:	56 (29)	46 (22)	18 (4)	16 (6)	29 (7)	41 (8)
Endoscopic Resection						
Radical Ablative Surgery	316 (281)	820 (698)	239 (194)	65 (57)	27 (18)	8 (7)
Biopsy /Ultrasound guided biopsy	67 (1)	224	90 (1)	46	98 (1)	93
Brachytherapy	33 (20)	104 (61)	19 (8)	7 (5)	3 (1)	1 (1)
Other Surgery	1 (1)	2	3 (3)	1	1	1
Radiation Therapy	126 (43)	493 (169)	258 (61)	139 (38)	258 (38)	70 (7)
Chemotherapy (systemic or	4	4 (3)	5 (1)	2	5 (1)	2
intravesical course)						
Hormone Therapy	95	408 (105)	280 (90)	173 (70)	451 (192)	664 (496)
Watchful waiting	24 (20)	49 (38)	19 (12)	6 (4)	2 (2)	1
Surveillance / Active monitoring	92 (74)	145 (109)	45 (36)	15 (10)	4 (2)	4 (1)
Referral to another centre / specialist	59 (14)	196 (40)	65 (15)	21 (5)	41 (8)	20 (1)
Other Treatment	10 (5)	19 (8)	7 (1)	2	9 (4)	6 (1)

Chart 88

Known Management by PSA $\,$ - Prostate Tumours where age is $\,>70$ Total Numbers Reported with those as only Treatment in ()

Treatment	PSA	PSA	PSA	PSA	PSA	PSA
	0-5	6-10	11-15	16-20	21-50	>50
Surgery:	83 (42)	84 (33)	52 (19)	41 (15)	86 (26)	124 (23)
Endoscopic Resection						
Radical Ablative Surgery	20 (18)	65 (57)	26 (20)	8 (6)	6 (5)	10 (2)
Biopsy /Ultrasound guided biopsy	21 (6)	132 (40)	142 (48)	101 (34)	165 (34)	185 (26)
Brachytherapy	2 (1)	21 (15)	8 (4)	2	1	4 (1)
Other Surgery	-	1	1	-	-	2
Radiation Therapy	41 (13)	267 (95)	221 (65)	137 (31)	198 (39)	53 (5)
Chemotherapy (systemic or intravesical course)	1 (1)	4 (1)	1 (1)	3	2	3
Hormone Therapy	88 (48)	415 (217)	474 (276)	410 (266)	1079 (774)	1514 (1189)
Watchful waiting	40 (22)	136 (104)	91 (71)	42 (25)	51 (44)	7 (2)
Surveillance / Active monitoring	77 (56)	255 (191)	172 (129)	71 (51)	88 (75)	25 (7)
Referral to another centre / specialist	8	53 (10)	34 (6)	17 (2)	31 (5)	16 (8)
Other Treatment	3 (2)	10 (6)	8 (3)	3 (1)	4 (1)	6 (1)

Chart 89

${\bf Known\ Management\ -\ Testicular\ Tumours} \\ {\bf Total\ Numbers\ Reported\ with\ those\ as\ only\ Treatment\ in\ (\)}$

Treatment	Curative	Palliative
Radical Ablative Surgery	567 (314)	4 (1)
Organ Conserving Surgery	2 (2)	-
Other Surgery	4 (1)	-
Radiation Therapy	76 (7)	-
Systemic Chemotherapy	125 (3)	2
Intravesical Chemotherapy (course)	3 (1)	1 (1)
Surveillance/active monitoring	21 (1)	-
Referral to another centre/specialist	82 (3)	1
Other Treatment	6 (2)	-

 ${\bf Known\ Management\ -\ Penile\ Tumours} \\ {\bf Total\ Numbers\ Reported\ with\ those\ as\ only\ Treatment\ in\ (\)}$

Treatment	Curative	Palliative
Surgery:		
Radical Ablative Surgery	35 (29)	3 (2)
Organ Conserving Surgery	72 (52)	2
Biopsy / US guided biopsy	8 (3)	1
Other Surgery	11 (3)	1
Radiation Therapy	3 (1)	1
Systemic Chemotherapy	-	2 (1)
Referral to another centre/specialist	13 (7)	1
Surveillance/Active Monitoring	5 (3)	1
Other Treatment	-	1 (1)

Chart 91

Laparoscopic Procedures PerformedNumber of tumours recorded as being operated on laparoscopically = 497

Organ	Procedure and Number	Organ	Procedure and Number
	Reported		Reported
Prostate 290 total	284 Radical prostatectomies 2 Lymph node sampling/staging 1 Bilateral lymphadenectomy 3 Procedure not recorded	Kidney 169 total	141 Nephrectomy13 Nephroureterectomy7 Partial Nephrectomy2 Converted procedures6 Procedure not recorded
Bladder 4 total	3 Radical cystectomies 1 Radical prostatourethrectomy & ileal canal diversion	Pelvis/Ureter 34 total	31 Nephroureterectomy 1 Nephrectomy 2 Procedure not recorded

Laparoscopic Surgery by Organ and Stage Number of tumours recorded as being operated on laparoscopically = 497

Staging	Prostate	Bladder	Kidney	Pelvis/Ureter
	N	N	N	N
Stage 0a	N/A	1	N/A	9
Stage I	-	2	107	6
Stage II	247	1	14	5
Stage III	21	-	12	2
Stage IV	-	-	4	-
Not Recorded	22	-	32	12
Totals	290	4	169	34

F. Tertiary Referrals

We note a reduction in the percentage (6%) of tertiary referrals in 2004. This is primarily due to the large decrease in returns from one major tertiary referral centre.

Chart 93

Tertiary Referrals - Overall Data by Organ 6% (1476/24532) of all tumours were tertiary referrals (referred by a Urologist (1392) or Oncologist (84))

		` •	0	` ′			
Organ	Number	Mean Age at	Males	Females	* % of Total	** % of Total	** % of Total
	Recorded	Diagnosis & Range			Registrations	Registrations	Registrations
						In 2003	in 2002
Prostate							
	900	68.3; 21 - 95	900		6.1	11.4	8. <i>7</i>
Bladder							
	203	69.5; 31 - 94	152	49	3.3	5.6	2.1
Kidney		·					
·	257	64.2; 20 - 98	160	97	12.2	14.2	9.3
Testis		,					
	28	39.1; 20 - 65	28		3.7	14.7	8.1
Pelvis/Ureter							
	32	68.4; 51 - 83	17	15	11.0	9.9	8.9
Penis		ĺ					
	40	67.1; 40 - 88	40		20.4	13.4	15.7
Urethra		, and the second					
	3	69.7; 64 - 73	1	2	10.3	10.0	16.0
Prostatic		,					
Urethra	1	81	1		6.7	6.7	15.8
Other							
	4	75.7; 66 - 82	3	1	13.8	8.2	6.0
Not recorded							
	8	56.7; 39 - 68	8		4.3	25.2	1.1

^{* %} of the total registrations for each tumour site e.g. prostate = 900/14858 = 6.1%

^{**} Equivalent figures recorded for diagnoses in 2002 & 2003

G. Clinical Trial Status / Delay to Diagnosis and discussion at MDT meeting

This field has continues to be poorly completed with some 42% of the returns not including the information and a further 18% where the clinical trial status was unknown. It is with regret that we note that only 2.9% of patients appeared to be eligible for clinical trials.

Delay to diagnosis and discussion at MDT meeting. These were new items for 2003 and continue to be well completed. It is pleasing to note that the number of new cancers being discussed at an MDT meeting has risen significantly at the 95% CI from 55% in 2003 to 70% in 2004.

Chart 94

Clinical Trial Status
Status was reported in 58% of cases (14224 / 24532)

Trial Status		
	N	%
Patient eligible, consented to and		
entered trial	554	2.3
Patient eligible for trial but declined		
entry	148	0.6
Patient ineligible for trial	1231	5.0
Patient not considered for trial	7839	32.0
Clinical trial status unknown	4452	18.1
Not Recorded	10308	42.0

Chart 95

Delay to Diagnosis Question completed in 88.8% of cases (21794 / 24532)

Delay		
	N	%
None	18816	76.7
Patient Delay	351	1.4
Radiology Delay	335	1.4
Repeat Biopsies	607	2.5
Clinical Delay	688	2.8
Administrative Delay	227	0.9
DNA (unspecified reasons)	77	0.3
Other Delay	693	2.8
Not Recorded	2738	11.2

Chart 96

Was the Patient discussed at an MDT meeting with formation of a management plan?

Response		
	N	%
Yes		
	17257	70.3
No		
	5368	21.9
Not Known or Not Recorded		
	1907	<i>7.8</i>

H. Completeness of Data

The trends are favourable. Whilst the recording of NHS number has improved significantly it still remains a problem and has implications for matching our data to that of other cancer registries and conforming to our plans for the future to retain the NHS number as the only patient identifiable item.

Chart 97

Completeness of Data -1
Percentage and numbers of Total Returns unknown

Data Item	2004		2003		2002	
	Number	% of	Number	% of	Number	% of
	Unknown	Total	Unknown	Total	Unknown	Total
		Returns		Returns		Returns
		24532		27225		28351
Centre no or Cons no	0	0	0	0	0	0
Hospital number	***760	3.1	*993	3.6	**499	1.8
NHS number	2975	12.1	4753	17.5	8801	31.0
Postcode	948	3.9	1251	4.6	1769	6.2
Sex	113	4.6	93	0.3	78	0.3
Date of Birth	244	10.0	137	0.5	159	0.6
Organ	181	7.4	151	0.6	177	0.6
Date of Diagnosis	84	0.3	1184	4.3	551	1.9
Referral Source	1592	6.5	1694	6.2	2087	7.4
Priority of GP Referrals	776/17123	4.5	625/18610	3.4	1172/19893	5.9
Date of Referral	2419	9.9	3588	13.2	3436	12.1
Date of First Consultation	2101	8.6	2004	7.4	2286	8.1
Date of Definitive Treatment	7707	31.4	9495	34.9	10071	35.5
Delay to Diagnosis #	2738	11.2	2865	10.5	-	-
Histological confirmation	593	2.4	1836	6.7	1626	5.7
Basis of diagnosis if no	175/1713	10.2	255/1724	14.8	131/1484	8.8
Histology						

includes private patients, *=160+220 from 1 centre with data extraction problems; **=385 *** = 168pp +552 from 2 centres with extraction problems

Chart 98

Completeness of Data -2
Percentage and numbers of Total Returns unknown

Data Item	2004		2003		2002	
	Number	% of Total	Number	% of Total	Number	% of Total
	Unknown	Returns	Unknown	Returns	Unknown	Returns
		24532		27225		28351
Histology	787/22226	3.5	1228/23650	5.2	834/25241	3.3
Differentiation	5230/22226	23.5	5294/23650	22.3	4551/25241	16.1
Clinical T Category	2669	10.9	2715	10.0	1876	6.6
Clinical N Category	4057	16.5	4233	15.5	4430	15.6
Clinical M Category	4453	18.2	4548	16.7	3881	13.7
Pathological T Category*	1503/10343	14.5	821/5171	15.9	1228/5482	22.4
Pathological N Category*	2411/10343	23.3	966/5171	18.7	1443/5482	26.3
Pathological M Category*	2448/10343	23.7	987/5171	19.1	1477/5482	26.9
PSA at time of Diagnosis	2276/14858	15.3	2812/16055	17.5	2086/16580	12.6
Gleason Scores	2102/14858	14.1	2600/16055	16.2	2112/16580	7.4
S Category	436/750	58.1	468/910	51.4	558/984	56.7
Treatment Intention	4949	20.2	5958	21.9	5759	20.3
Treatment Type	703/17559	4.0	720/18939	3.8	975/20133	4.8
Clinical Trial Status	10705	43.6	12218	44.9	12897	45.5
Discussed at MDT #	1907	<i>7.8</i>	1819	6.7	-	-
Pathological Ref. No. #	6322	25.8	10466	38.4	-	-

 $^{^*}$ A pathological staging for Stage II, III or IV bladder tumours and all prostate tumours was only expected where radical surgery was performed. For kidney & pelvis/ureteric tumours it was only expected for those where radical or organ conserving surgery was performed.

[#] New data item 2003

[#] New data item 2003

Appendix – Participants over the Years

The following table displays a list of all Hospitals contributing data to the BCR during the pilot period 1st April to 30th September 1998 and the six consecutive 12 month periods from January 1999 to December 2004. The final column shows those contributing data for the complex operations dataset for the calendar year 2004. Hospitals contributing six months or less data in 2004 are marked \checkmark .

N.B. Not all consultants from each participating hospital have contributed data

	4000	1000	••••	•			•004	Complex Ops
Hospital	1998	1999	2000	2001	2002	2003	2004	2004
Aberdeen Royal Infirmary	√	✓	✓	✓	✓	√	✓	
Addenbrooke's Hospital	✓	✓	,	,	,	√	✓	
Airedale General Hospital	✓	✓	✓	✓	✓	√	✓	
Alexandra Hospital	✓	✓	✓	✓	✓	✓	✓	√
Altnagelvin Area Hospital		✓					✓	✓
Antrim Hospital			✓	✓	✓.	✓		
Arrowe Park Hospital		✓	✓	✓	✓	✓	✓	
Ashford Hospital		✓		✓	✓			
Ayr Hospital		✓	✓	✓	✓	✓	✓	✓
Balfour Hospital				✓				
Barnet & Chase Farm Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Barnsley DGH		✓	✓	✓				
Basildon Hospital		✓	✓	✓	✓	✓	✓	✓
Bassetlaw District General Hospital		✓					✓	
Battle Hospital	✓	✓	✓	✓	✓	✓	✓	
Bedford Hospital	✓	✓	✓	✓	✓	✓	✓	
Belfast City Hospital	✓	✓	✓	✓	✓	✓	✓	
Belford Hospital				✓	✓			
Blackburn Royal Infirmary		✓	✓	✓	✓	✓	✓	
Bolton Royal Infirmary	✓	✓	✓	✓	✓	✓	✓	
Borders General Hospital				✓	✓	✓		
Bradford Royal Infirmary		✓	✓	✓	✓	✓	✓	✓
Bristol Oncology Centre	✓	✓						
Bromley Hospital		✓	✓	✓	✓	✓	✓	
Bronglais Hospital	✓	✓	✓	✓	✓	✓	✓	
Broomfield Hospital	✓		✓	✓			✓	
Burnley General Hospital			✓	✓	✓	✓		
Calderdale Royal Hospital	✓	✓	✓	✓	✓	✓	✓	
Castle Hill Hospital		✓	✓	✓	✓	✓	✓	✓
Central Middlesex Hospital	✓	✓						
Cheltenham General Hospital	✓	✓	✓	✓		✓		
Chesterfield & North Derbyshire	✓	1	✓	✓	✓		✓	
Christie Hospital		√	✓	✓	✓	✓	✓	
Churchill Hospital	✓	✓	·	·	·	√	✓	✓
City Hospital NHS Trust	· •	·	·	·	· ✓	•	· •	•
Colchester General Hospital	,	✓	✓	·	· ✓	✓	✓	✓
Conquest Hospital		· •	, /	·	·	·	· /	·
Conquest Hospital		•	•	•	•	•	•	•

Hospital	1998	1999	2000	2001	2002	2003	2004	Complex Ops 2004
Cookridge Hospital		✓	✓	✓				
County Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Cumberland Infirmary	✓	✓	✓	✓				
Darent Valley Hospital		✓	✓	✓	✓	✓	✓	
Derby City General Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Derriford Hospital	✓	✓	✓	✓	✓	✓	✓	✓
District General Hospital, Southport	✓	✓	✓	✓	✓	✓	✓	✓
Doncaster Royal Infirmary	✓	✓	✓				✓	
Dorset County Hospital		✓	✓	✓	✓	✓	✓	✓
Dr Gray's Hospital				✓	✓	✓		
Dumfries & Galloway Royal Infirmary				✓	✓	✓		
Eastbourne District Hospital		✓	✓				✓	
Edith Cavell Hospital	✓	✓	✓	✓	✓		✓	
Epsom General Hospital	✓	✓	✓	✓	✓	✓	✓	
Freeman Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Frimley Park Hospital		✓	✓	✓	✓	✓		
Furness General Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Gartnavel General Hospital	✓	✓	✓	✓	✓	✓	✓	
George Eliot Hospital	✓	✓	✓	✓	✓	✓	✓	
Glan Clwyd Hospital	✓	✓	✓	✓	✓	✓	✓	
Glasgow Royal Infirmary		✓	✓	✓	✓	✓		
Gloucestershire Royal Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Good Hope District General Hospital		✓	✓	✓	✓	✓	✓	
Goole & District Hospital		✓						
Grimsby DGH			✓	✓	✓	✓	✓	
Guy's Hospital		✓	✓	✓	✓		✓	✓
Hammersmith Hospital	✓	✓						
Harold Wood Hospital		✓	✓	✓				
Harrogate District Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Heartlands & Solihull NHS Trust	✓	✓		✓	✓	✓		
Hemel Hempstead General Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Hillingdon Hospital		✓	✓	✓	✓	✓	✓	✓
Homerton Hospital						✓	✓	
Hope Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Huddersfield Royal Infirmary	✓	✓	✓	✓	✓	✓	✓	✓
Institute of Urology				✓	✓	✓	✓	✓
Inverclyde Royal Hospital		✓	✓	✓	✓	✓	✓	
James Cook University Hospital	✓	✓	✓	✓	✓	✓	✓	✓
James Paget Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Kent and Sussex Hospital		✓	✓	✓	✓	✓	✓	✓
Kettering General Hospital		✓	✓	✓	✓	✓	✓	
Kidderminster Hospital	✓	✓	✓	✓	✓	✓	✓	
King George Hospital	✓	✓	✓	✓	✓	✓	✓	✓
King's College Hospital	✓	✓	✓	✓	✓	✓	✓	
King's Mill Hospital	✓	✓	✓	✓	✓	✓	✓	
Kingston Hospital		✓	✓	✓	✓		✓	
Leicester General Hospital	✓	✓	✓	✓	✓	✓	✓	
Leighton Hospital	✓	✓	✓	✓	✓	✓	✓	
.								

Hospital	1998	1999	2000	2001	2002	2003	2004	Complex Ops 2004
Lincoln & Louth NHS Trust		✓	✓	✓		✓	✓	✓
Lister Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Lorn Island District General Hospital				✓	✓	✓		
Luton & Dunstable Hospital		✓			✓	✓		
Maidstone Hospital					✓	✓	✓	
Manchester Royal Infirmary				✓	✓	✓	✓	
Mayday University Hospital	✓	1	1	1	√	✓		
Medway Maritime Hospital	✓	√	✓	✓	✓	✓	✓	
Mid Ulster Hospital						✓		
Milton Keynes General Hospital			✓	✓	√	✓	✓	
Monklands District General Hospital				√	1	1	√	✓
Morriston Hospital	✓	✓	✓	√	1		√	
Mount Vernon & Watford Hospitals	,	·	·	·	ŕ		✓	✓
Nevill Hall Hospital			1	✓	✓	✓	✓	✓
New Cross Hospital			, 1	·	, ✓	· ✓	· ✓	·
			·	·	, ✓	√	•	•
Ninewells Hospital			•	•	v ✓	√	✓	✓
Noble's Isle of Man Hospital		✓	1	√	∨	√	•	•
Norfolk & Norwich Hospital		•	•	•	•		,	,
North Devon District Hospital	,	,		,	,	√	√	√
North Hampshire Hospital	√	✓	√	√	√	√	√	✓
North Middlesex Hospital	✓	√	✓	√	√	√	√	
Northampton General Hospital		✓		✓	✓	✓	✓	,
Northwick Park Hospital	_	_						✓.
Nottingham City Hospital	✓	✓.	✓	✓.	✓	✓.		✓
Ormskirk District General Hospital		✓	✓	✓	✓	✓	✓	✓
Perth Royal Infirmary		✓	✓	✓	✓	✓		
Pilgrim Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Pinderfields Hospital	✓	✓	✓	✓	✓			
Prince Philip Hospital				✓	✓		✓	
Princess Alexandra Hospital	✓	✓	✓	✓	✓		✓	
Princess Margaret Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Princess Of Wales Hospital		✓				✓	\checkmark	
Queen Elizabeth Hospital, Birmingham	✓	✓	✓	✓	✓	✓	✓	✓
Queen Elizabeth Hospital, Woolwich		✓	✓	✓	✓	✓	✓	
Queen Elizabeth Hospital, King's Lynn		✓	✓	✓	✓			
Queen Margaret Hospital		✓	✓	✓	✓	✓	✓	✓
Queen's Hospital	✓	✓	✓	✓	✓	✓	✓	
Raigmore Hospital				✓	✓	✓		
Rotherham District General Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Royal Alexandra Hospital (Paisley)		✓	✓	✓	✓	✓	✓	
Royal Bournemouth Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Royal Cornwall Hospital	✓	✓	✓	✓	✓	✓	✓	
Royal Devon and Exeter Hospital	✓	✓	✓	✓	✓	✓	✓	
Royal Free Hospital	✓	✓	✓		✓	✓	✓	
Royal Glamorgan Hospital	✓	✓	✓	✓	✓	✓	✓	
Royal Gwent Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Royal Hallamshire Hospital	✓	✓	✓	✓	✓	✓	✓	
Royal Hampshire County Hospital	✓	✓	✓	✓	✓	✓	✓	✓

Hospital	1998	1999	2000	2001	2002	2003	2004	Complex Ops 2004
Royal Lancaster Infirmary	√	√	2000	2001	2002	2002	200.	2001
Royal Liverpool University Hospital	·	·	✓	✓	✓	✓	✓	
Royal Orthopaedic Hospital	·	✓	✓	•	•	✓	•	
	✓	, ✓	, ✓	✓	✓	√	✓	✓
Royal Preston Hospital	, ✓	, ✓	, ✓	* ✓	√	√	, ✓	•
Royal Shrewsbury Hospital Royal Surrey County Hospital	•	•	, ✓	· /	, ✓	√	•	
	1	✓	∀	•	•	√	✓	
Royal Sussex County Hospital	∨	∨	∨	✓	✓	∀	∨	
Royal United Hospital								
Salisbury District Hospital	√	√	√	√	√	✓	√	✓
Sandwell District General Hospital	✓	√	√	√	√	,	√	
Scarborough Hospital		✓	✓	✓	✓	✓	✓	✓
Scunthorpe General Hospital		✓						
Southampton General Hospital		_				✓.	✓.	✓.
Southend Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Southern General Hospital				✓	✓	✓		
Southmead Health Services Trust	✓	✓	✓	✓	✓	✓	✓	✓
St Bartholomew's Hospital		✓	✓	✓	✓	✓		
St George's Hospital	✓	✓	✓	✓	✓	✓		✓
St Helier Hospital			✓	✓	✓	✓	✓	
St James's University Hospital	✓	✓	✓	✓	✓	✓	\checkmark	
St John's Hospital				✓	✓	✓		
St Mary's Hospital, Portsmouth	✓	✓	✓	✓	✓	✓	✓	
St Mary's Hospital, IOW		✓	✓	✓	✓	✓	✓	
St Mary's Hospital, London		✓	✓					
St Peter's Hospital		✓						
St Richard's Hospital	✓	✓	✓	✓	✓	✓	✓	✓
St Vincents Hospital		✓		✓				
Stafford DGH	✓	✓	✓	✓				
Stepping Hill Hospital		✓	✓	✓		✓	✓	
Stirling Royal Infirmary	✓	✓	✓	✓	✓	✓	✓	✓
Stobhill Hospital			✓	✓	✓	✓	✓	
Stoke Mandeville Hospital					✓			
Stracathro Hospital		✓	✓	✓	✓	✓		
Sunderland Royal Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Taunton And Somerset Hospital		✓	✓	✓	✓	✓	✓	
The Countess of Chester Hospital							✓	
The Ipswich Hospital	✓	✓	✓	✓	✓	✓	✓	✓
The Royal Oldham Hospital		√	✓	√	✓	✓	✓	
Torbay Hospital		· ✓	· ✓	·	· ✓	√ ·		
Ulster Hospital Dundonald		✓	✓	·	✓	<i>,</i> ✓	✓	√
United Bristol Health Care Trust	✓	· ✓	· ✓	·	, ✓	· ✓	✓	•
	•	, ✓	, ✓	· ·	, ✓	√	, ✓	
University Hospital of North Durham	1	∨	∀	✓	V	∀	•	✓
University Hospital of North Stafford	v ✓	∀	∨	∀		∀	✓	∨
University Hospital Of Wales	٧	٧	٧	_	1	٧	٧	٧
Vale of Leven Hospital	,	,	,	√	√	,	,	,
Walsall Manor Hospital N H S Trust	√	√	√	√	√	√	√	√
Walsgrave Hospital	✓	✓	√	√	√	√	√	√
Wansbeck General Hospital		✓	✓	✓	✓	✓	✓	✓

Hospital	1998	1999	2000	2001	2002	2003	2004	Complex Ops 2004
Warrington District General Hospital	✓	✓	✓	✓	✓			
Warwick Hospital	✓	✓	✓	✓	✓	✓	✓	✓
West Suffolk Hospital	✓	✓	✓	✓	✓	✓	✓	
West Wales General Hospital		✓	✓	✓	✓		✓	
Western General Hospital, Edinburgh		✓	✓	✓	✓	✓		✓
Western Isles Hospital				✓	✓			
Weston - Super - Mare General Hospital	✓	✓	✓	✓	✓	✓	✓	
Wexham Park Hospital				✓		✓	✓	
Whipps Cross Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Whiston Hospital		✓	✓	✓	✓	✓	✓	✓
Wigan Infirmary					✓	✓		
Wishaw General Hospital					✓	✓		
Worcester Royal Infirmary				✓	✓	✓	✓	
Worthing Hospital	✓	✓	✓	✓	✓		✓	
Wrexham Maelor Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Wycombe General Hospital	✓	✓	✓	✓	✓	✓	✓	
Yeovil District Hospital		✓	✓	✓	✓	✓	✓	
York District Hospital	✓	✓	✓	✓	✓	✓	✓	✓
Ysbyty Gwynedd Hospital	✓	✓	✓	✓	✓		✓	✓