

Faster Cancer Treatment Indicators: Use cases

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Purpose of this document

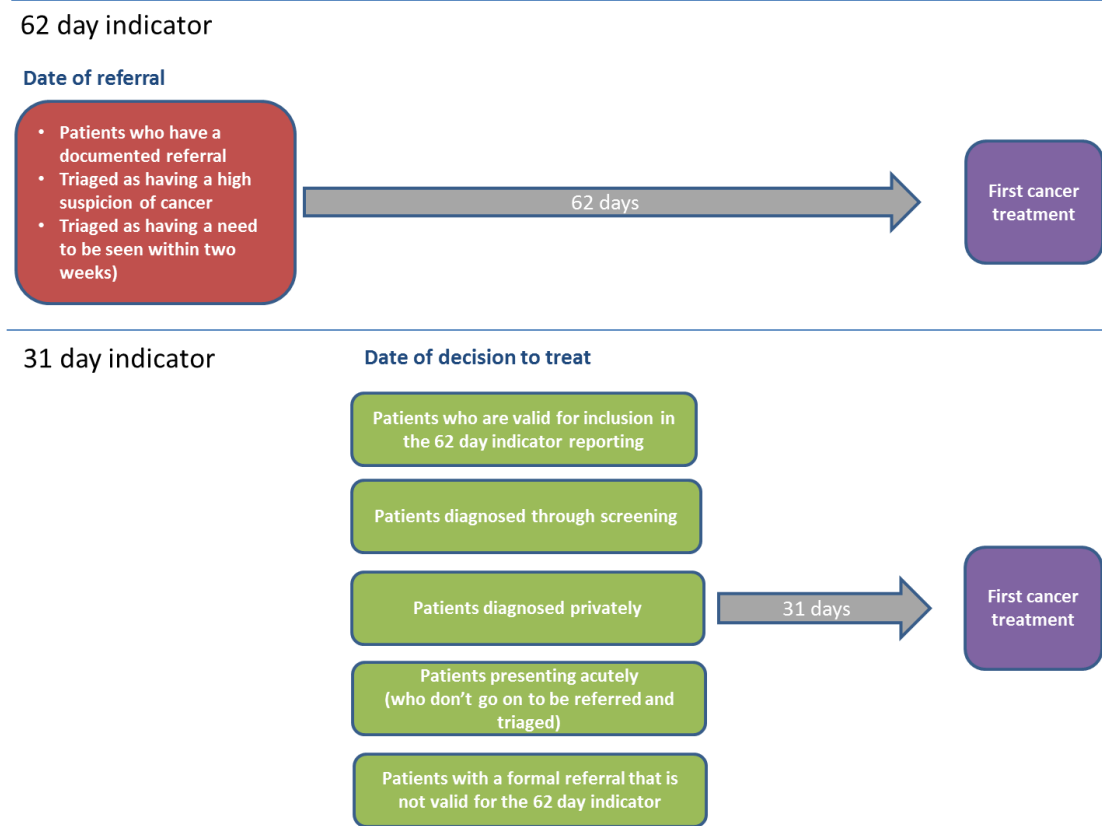
This document provides example scenarios or use cases that demonstrate how the reporting requirements for the ‘faster cancer treatment’ indicators (the FCT indicators) are applied.

DHBs began collecting baseline data on the FCT indicators during 2012/13 financial year. From 1 October 2014 the 62-day indicator will replace the current Shorter waits for cancer health target. DHBs are required to report on the 62-day indicator and the 31-day indicator.

This document is intended to be read in conjunction with *Faster Cancer Treatment Indicators: Business Rules and Data Definitions* (March 2014). The use cases in this document are intended to clarify how these FCT indicator data definitions are to be applied.

Patients start their cancer pathway through a variety of entry points with differing information known about the status of their disease. Figure 1 shows how some of the different pathway entry points should relate to the two FCT indicators.

Figure 1: Cancer pathway entry points and the FCT indicators



Intended audience

The intended audiences for this document are:

- anyone working in a DHB who is responsible for collecting and submitting FCT indicator data to the Ministry
- software developers designing, implementing and altering provider systems to ensure they export information in a format suitable for loading into the FCT database
- business analysts verifying that all required data elements are present and specified correctly.

How to read the use cases

The use cases have been divided into three sections:

1. 62-day and 31-day indicator use cases.
2. 31-day indicator only use cases.
3. use cases that are not reported.

Each use case has a case history that describes the patient's cancer pathway. The case history section is followed by a table showing the data that would be reported to the Ministry. A table giving the rationale and the page numbers in the section of the *Faster Cancer Treatment Indicators: Business Rules and Data Definitions* document is also included. Colour coding has been used to link the part of the case history that relates to the reported data. As section 3 has no reported data there is no colour coding.

The use cases are fictitious and are structured to highlight how the FCT business rules and data definitions should be applied. The need to highlight certain attributes means that these cases may not reflect usual clinical practice.

Section 1: 62-day and 31-day indicator use cases

1 Surgery as the first treatment use case (62-day and 31-day indicators)

Date	Day count		Activity
	62	31	
26/09/2013	0		A referral is received from a primary care general practitioner. Patient is a 38-year-old male and has some abdominal pain with occasional rectal bleeding.
28/09/2013	2		Triaged by gastroenterology service as needing to be seen within two weeks with a high suspicion of cancer.
07/10/2013	11		Colonoscopy performed and changes consistent with cancer were observed. Tissue sample sent for histology. The patient was internally referred to a colorectal surgeon.
15/10/2013	19		Histology report confirms cancer of the colon.
21/10/2013	25		Attended at colorectal clinic first specialist assessment (FSA). Diagnosis discussed with patient.
23/10/2013	27		The patient's case was presented at the colorectal cancer multidisciplinary meeting (MDM). The MDM treatment recommendation was for surgery.
01/11/2013	36	0	The patient is seen in a follow-up colorectal clinic, MDM treatment option is discussed and the patient agrees to have surgery. A theatre booking is requested.
01/12/2013	66	30	Patient was admitted as an inpatient under colorectal surgeon.
02/12/2013	67	31	Surgery: right hemicolectomy with anastomosis carried out.
			FCT indicator pathway stops here
16/12/2013			Follow-up visit with colorectal surgeon.
30/12/2013			Patient has FSA with medical oncology and accepted for chemotherapy.
14/01/2014			Admitted as day case for insertion of vascular access device.
29/01/2014			Chemotherapy education.
30/01/2014			Adjuvant post-operative chemotherapy starts.

Reported data for surgery as the first treatment (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061975
Sex	M	M
DHB of domicile	M	121
Date of diagnosis		15102013
Primary site ICD10	M	C18
Date of receipt of referral	M	26092013
DHB of receipt of referral	M	121
Date patient informed of diagnosis		21102013
Date of first multidisciplinary meeting (MDM)		23102013
Date of decision-to-treat	M	01112013
Date of first treatment	M	02122013
Type of first treatment	M	01
DHB of service for first treatment	M	121
Source of referral		01
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		3
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	Yes	The patient did not receive treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: If the date the patient agrees to treatment is not recorded use the date the surgical booking is requested.

2 Chemotherapy as the first treatment use case (62-day and 31-day indicators)

Date	Day count		Activity
	62	31	
26/09/2013	0		A referral is received from a primary care general practitioner. Patient is a 38-year-old male and has some abdominal pain with occasional rectal bleeding.
28/09/2013	2		Triaged by gastroenterology service as needing to be seen within two weeks with a high suspicion of cancer.
07/10/2013	11		Colonoscopy performed and changes consistent with cancer were observed. The patient was internally referred to a colorectal surgeon.
15/10/2013	19		Histology report confirms cancer of the colon.
21/10/2013	25		Attended at colorectal clinic first specialist assessment (FSA). Diagnosis discussed with patient. Staging investigations show metastatic disease to liver and lung.
23/10/2013	27		The patient's case was presented at the colorectal cancer multidisciplinary meeting (MDM). The MDM treatment recommendation was for a referral to medical oncology.
01/11/2013	36		The patient is seen in a follow-up colorectal clinic, MDM treatment options are discussed and the patient agrees to the proposed treatment pathway.
12/11/2013	47	0	The patient is seen by medical oncology and agrees to chemotherapy.
20/11/2013	55	8	The first dose of chemotherapy is given.
05/3/2014			Patient reassessed and accepted for surgery, theatre booking request is sent.

FCT indicator pathway stops here

Reported data where chemotherapy is the first treatment (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061975
Sex	M	M
DHB of domicile	M	121
Date of diagnosis		15102013
Primary site ICD10	M	C18
Date of receipt of referral	M	26092013
DHB of receipt of referral	M	121
Date patient informed of diagnosis		21102013
Date of first multidisciplinary meeting (MDM)		23102013
Date of decision-to-treat	M	12112013
Date of first treatment	M	20112013
Type of first treatment	M	03
DHB of service for first treatment	M	121
Source of referral		01
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	The patient received treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: In this case the patient agrees to a treatment pathway on 1/11/2013 however this is a proposed treatment and it is being explained by a service that will not be delivering the proposed treatment. It is best to use the date (12/11/2013) when the patient is seen by medical oncology (the service that is delivering the treatment) and agrees to chemotherapy. On 12/11/2013 medical oncology has also accepted the patient as being suitable for chemotherapy.

3 Concurrent radiation and chemotherapy treatments use case (62-day and 31-day indicators)

Date	Day count		Activity
	62	31	
26/09/2013	0		A referral is received from a primary care general practitioner. Patient is a 38-year-old male and has some abdominal pain with occasional rectal bleeding.
28/09/2013	2		Triaged by gastroenterology service as needing to be seen within two weeks with a high suspicion of cancer.
07/10/2013	11		Colonoscopy performed and changes consistent with cancer were observed. Tissue sample sent for histology. The patient was internally referred to a colorectal surgeon.
15/10/2013	19		Histology report confirms cancer of the rectum.
21/10/2013	25		Attended at colorectal clinic first specialist assessment (FSA). Diagnosis discussed with patient.
23/10/2013	27		The patient's case was presented at the colorectal cancer multidisciplinary meeting (MDM). The MDM treatment recommendation was for the patient to have pre-operative radiation therapy with concurrent chemotherapy followed by surgery.
01/11/2013	36		The patient is seen in a follow-up colorectal clinic, MDM treatment options are discussed and the patient agrees to the proposed course of treatment. The patient is referred to radiation oncology and medical oncology.
12/11/2013	47		The patient reviewed by radiation oncology and agrees to radiotherapy.
13/11/2013	48	0	The patient reviewed by medical oncology and agrees to chemotherapy.
20/11/2013	55	7	Radiation therapy and chemotherapy treatments are started.
05/01/2014			Patient reassessed and accepted for surgery, theatre booking request is sent.

FCT indicator pathway stops here

Reported data for concurrent radiation and chemotherapy treatments (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061975
Sex	M	M
DHB of domicile	M	121
Date of diagnosis		15102013
Primary site ICD10	M	C20
Date of receipt of referral	M	26092013
DHB of receipt of referral	M	121
Date patient informed of diagnosis		21102013
Date of first multidisciplinary meeting (MDM)		23102013
Date of decision-to-treat	M	13112013
Date of first treatment	M	20112013
Type of first treatment	M	09
DHB of service for first treatment	M	121
Source of referral		01
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	The patient received treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: When concurrent treatment is planned a decision to treat should be recorded for each modality in the hospital's patient management system. To calculate the:

- **31-day indicator** use the last decision to treat date and the first treatment date of either of the two modalities
- **62-day indicator** use the date the referral was received and the first treatment date.

4 Metastatic cancer including a hospital admission use case (62-day and 31-day indicators)

Date	Day count		Activity
	62	31	
26/09/2013	0		A referral is received from a primary care general practitioner. Patient has suspicious lump in his neck.
26/09/2013	0		Triaged by ear, nose and throat (Otorhinolaryngology) service as needing to be seen within two weeks and having a high suspicion of cancer.
07/10/2013	11		First specialist assessment (FSA). At the FSA the clinician arranged for the necessary investigations to be performed.
07/10/2013	11		A fine needle aspiration (FNA) was performed.
21/10/2013	25		FNA reported as metastatic adenocarcinoma of possible pulmonary origin.
23/10/2013	27		The patient was referred to respiratory medicine with cancer.
01/11/2013	36		Attended at respiratory clinic FSA. Diagnosis discussed with patient.
04/11/2013	39		The patient's case was presented at the thoracic cancer multidisciplinary meeting (MDM). At the MDM the patient was recommended for palliative chemotherapy to be seen post staging CT scan.
04/11/2013	39		Mid-afternoon the patient presented to hospital acutely unwell and was admitted under Medical Oncology. A CT scan was performed urgently and the patient was reviewed by Radiation Oncology and accepted for palliative radiotherapy.
05/11/2013	40	0	Patient agrees to have radiotherapy and treatment planning is completed.
06/11/2013	41	1	Radiotherapy was given.
			FCT indicator pathway stops here

Reported data for metastatic cancer including a hospital admission (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061976
Sex	M	M
DHB of domicile	M	121
Date of diagnosis		21102013
Primary site ICD10	M	C34
Date of receipt of referral	M	26092013
DHB of receipt of referral	M	121
Date patient informed of diagnosis		01112013
Date of first multidisciplinary meeting (MDM)		04112013
Date of decision-to-treat	M	05112013
Date of first treatment	M	06112013
Type of first treatment	M	02
DHB of service for first treatment	M	121
Source of referral		01
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	The patient received treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: Even though this patient has metastatic cancer as the patient has not been treated for cancer previously this case is included in the FCT reporting.

5 Patient care is accessed across multiple DHBs use case (62-day and 31-day indicators)

Date	Day count		Activity	
	62	31		
26/09/2013	0		A referral is received from a primary care general practitioner. Patient is a 60-year-old woman who has a persistent cough with some haemoptysis. A chest X-ray has been ordered.	
28/09/2013	2		Triaged by respiratory medicine service as needing to be seen within two weeks and with a high suspicion of cancer. X-ray report is suspicious of cancer.	
07/10/2013	11		First specialist assessment (FSA). The patient seen by a visiting clinician at a first specialist assessment in their local hospital (DHB of domicile). At the FSA the clinician arranged for the necessary investigations to be performed.	
15/10/2013	19		Test result reports including biopsy results are available from the laboratory.	
16/10/2013	20		Clinical nurse specialist phones patient to discuss results and referral to Thoracic Surgeon at the regional hospital.	
21/10/2013	25		FSA: the patient sees thoracic surgeon at the regional hospital. Test results reviewed and the diagnosis of cancer and role of surgery as a treatment option is discussed with patient.	
23/10/2013	27	0	The patient phones clinic agreeing to have surgery. A theatre booking is requested.	
24/10/2013	28	1	The patient's case is presented at the thoracic cancer multidisciplinary meeting (MDM). At the MDM, surgery is confirmed as the best treatment option.	
01/11/2013	36	9	Patient admitted as an inpatient under thoracic surgeon at the regional hospital.	
02/11/2013	37	10	Patient has surgery and the lung tumour is removed.	FCT indicator pathway stops here
22/11/2013			Patient has an outpatient follow-up at local DHB.	

Reported data patient care is accessed across multiple DHBs (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061953
Sex	M	F
DHB of domicile	M	093
Date of diagnosis		15102013
Primary site ICD10	M	C34
Date of receipt of referral	M	26092013
DHB of receipt of referral	M	093
Date patient informed of diagnosis		16102013
Date of first multidisciplinary meeting (MDM)		24102013
Date of decision-to-treat	M	23102013
Date of first treatment	M	02112013
Type of first treatment	M	01
DHB of service for first treatment	M	091
Source of referral		01
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	The patient received treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

6 Palliative (best supportive) care as treatment use case (62-day and 31-day indicators)

Date	Day count		Activity
	62	31	
26/09/2013	0		A referral is received from a primary care general practitioner (GP). Patient is a 60-year-old woman who has a suspicious lump in her neck.
27/09/2013	1		Triaged by ear, nose and throat (otorhinolaryngology) service, as needing to be seen within two weeks and as having a high suspicion of cancer.
07/10/2013	11		First specialist assessment (FSA). At the FSA the clinician arranged for the necessary investigations to be performed.
07/10/2013	11		A fine needle aspiration (FNA) was performed.
14/10/2013	20		FNA reported as metastatic adenocarcinoma consistent with pulmonary origin.
16/10/2013	27		The patient was internally referred to respiratory medicine and a CT scan is requested.
01/11/2013	36		Respiratory clinic FSA. Diagnosis is discussed with patient.
04/11/2013	39		The patient's case was presented at the thoracic cancer multidisciplinary meeting (MDM). At the MDM, as the patient's disease is wide spread, palliative care is recommended.
05/11/2013	40	0	Patient attends a follow-up visit. MDM recommendations are discussed and patient agrees to be referred to a community based palliative care service close to the patient's home.
06/11/2013	41	1	A referral letter is sent to the palliative (best supportive) care service, with copy to the patient's GP. The patient is discharged back to the care of their GP. NB GP is also an appropriate provider of best supportive care.
			FCT indicator pathway stops here
01/04/2014			Patient presents at the emergency department with severe back pain. Tests show mass pressing on spinal cord. Referred to radiation oncology service, patient is seen and palliative radiation treatment is agreed.
02/04/2014			Planning for palliative radiation treatment completed and first dose given.

Reported data for palliative (best supportive) care case (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061954
Sex	M	F
DHB of domicile	M	081
Date of diagnosis		14102013
Primary site ICD10	M	C34
Date of receipt of referral	M	26092013
DHB of receipt of referral	M	081
Date patient informed of diagnosis		01112013
Date of first multidisciplinary meeting (MDM)		04112014
Date of decision-to-treat	M	05112013
Date of first treatment	M	06112013
Type of first treatment	M	06
DHB of service for first treatment	M	081
Source of referral		01
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	The patient received treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: In cases such as this the patient has already had a definitive treatment decision (ie, palliative (best supportive) care) agreed and implemented. Any further treatments required for subsequent symptoms, for example the patient's primary health care professional referred the patient for palliative radiation treatment or subsequently is referred for surgery; are **not** the first treatment for this cancer. See also the date of first treatment definition in *Faster Cancer Treatment Indicators: Business Rules and Data Definitions*.

7 Haematological cancer with an acute admission use case (62-day and 31-day indicators)

Date	Day count		Activity
	62	31	
18/09/2013			A 45-year-old female presents at hospital emergency department acutely unwell. The patient is admitted under general medicine for investigations.
21/09/2013			Following further tests the patient is discharged and a referral is sent to haematology outpatients with a high suspicion of cancer.
23/09/2013	0		Referral is received in haematology outpatients.
23/09/2013	0		Triaged as needing to be seen within two weeks with a high suspicion of cancer.
27/09/2013	4		Preliminary laboratory results are suggestive of a B cell lymphoma.
27/09/2013	4		The patient is rung and requested to come into hospital. On arrival patient is admitted under haematology.
30/09/2013	7		Patient discharged post biopsy.
03/10/2013	11		Diagnosis of Hodgkin's lymphoma is confirmed on biopsy.
08/10/2013	16	0	Treatment plan discussed and agreed with patient.
09/10/2013	17	1	First chemotherapy treatment given.
			FCT indicator pathway stops here

Reported data for haematology with an acute admission case (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061968
Sex	M	F
DHB of domicile	M	022
Date of diagnosis		03102013
Primary site ICD10	M	C81
Date of receipt of referral	M	23092013
DHB of receipt of referral	M	022
Date patient informed of diagnosis		
Date of first multidisciplinary meeting (MDM)		
Date of decision-to-treat	M	08102013
Date of first treatment	M	09102013
Type of first treatment	M	03
DHB of service for first treatment	M	022
Source of referral		05
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	The patient received treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: In this case the initiating event is the referral to haematology outpatients not the initial hospital admission. The referral is processed and triaged within haematology outpatients. The level of suspicion of cancer and the need to be seen within two weeks are determined and recorded in the hospital's system.

8 Patient pathway starts outside the New Zealand health system use case (62-day and 31-day indicators)

Date	Day count		Activity
	62	31	
			A New Zealand citizen is completing a six month contract for work in Australia when she discovers a lump in her breast. She visits a local Australian doctor who orders a mammogram which when reported indicates a probable cancer. The patient decides to finish work early and return to her home in New Zealand. The Australian doctor documents the findings in a letter to the patient's New Zealand based general practitioner (GP).
28/09/2013	0		A referral from the New Zealand GP, with a copy of the Australian findings, is received and triaged by New Zealand DHB Breast service as needing to be seen within two weeks and with a high suspicion of cancer.
07/10/2013	9		DHB breast clinic first specialist assessment (FSA): At the FSA the clinician arranges for the necessary investigations to be performed.
07/10/2013	9		A core biopsy is performed.
10/10/2013	12		Tests confirm carcinoma of the breast.
23/10/2013	25		Attended DHB breast clinic. Diagnosis discussed with patient as well as possible options for treatment.
30/10/2013	32		The patient's case was presented at the breast cancer multidisciplinary meeting (MDM). The MDM recommends surgery.
31/10/2013	33	0	Patient attends a breast clinic and agrees to have surgery.
11/11/2013	44	11	Surgery, patient has a partial mastectomy.
			FCT indicator pathway stops here
16/12/2013			Patient is referred to radiation oncology for radiotherapy.
17/12/2013			Triaged by radiation oncology.
20/12/2013			Radiation oncology clinic visit and agrees to radiotherapy.
28/12/2013			Radiotherapy started.

Reported data patient pathway starts outside the New Zealand health system use case (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061969
Sex	M	F
DHB of domicile	M	022
Date of diagnosis		10102013
Primary site ICD10	M	C50
Date of receipt of referral	M	28092013
DHB of receipt of referral	M	022
Date patient informed of diagnosis		23102013
Date of first multidisciplinary meeting (MDM)		30102013
Date of decision-to-treat	M	31102013
Date of first treatment	M	11112013
Type of first treatment	M	01
DHB of service for first treatment	M	022
Source of referral		01
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	Patient received treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: While this case starts with the patient in Australia a diagnosis of cancer has not been confirmed and no treatment was started outside New Zealand. The patient is eligible for publically funded treatment in New Zealand and the referral is from a New Zealand based GP. Therefore the patient is eligible for inclusion in the FCT indicator reporting.

9 First surgical treatment is not completed use case (62-day and 31-day indicators)

Date	Day count		Activity
	62	31	
26/09/2013	0		A referral is received from a primary care general practitioner (GP). Patient is a 48-year-old male and has some abdominal pain with occasional rectal bleeding.
28/09/2013	2		Triaged by gastroenterology service as needing to be seen within two weeks with a high suspicion of cancer.
07/10/2013	11		Colonoscopy performed and changes consistent with cancer were observed. Tissue sample sent for histology. Probable diagnosis discussed with patient. The patient was referred to a colorectal surgeon.
15/10/2013	19		The histology report confirms cancer of the colon.
21/10/2013	25		Attended at colorectal clinic first specialist assessment (FSA). Diagnosis discussed with patient.
23/10/2013	27		The patient's case was presented at the colorectal cancer multidisciplinary meeting (MDM). The MDM treatment recommendation was for surgery.
01/11/2013	36	0	The patient is seen in a follow-up colorectal clinic, MDM treatment option is discussed and the patient agrees to have surgery. A theatre booking is requested.
01/12/2013	66	30	Patient was admitted as an inpatient under colorectal surgeon.
02/12/2013	67	31	Patient sent to theatre. In theatre the patient has a cardiac arrest on the operating table. Surgery does not proceed. The scheduled theatre time is spent stabilising the patient.
			FCT indicator pathway stops here
02/12/2013			Patient is transferred to coronary care unit.
04/12/2013			Patient discharged home.
22/12 /2013			Patient readmitted for surgery under colorectal surgeon.
23/12/2013			Surgery: right hemicolectomy with anastomosis is carried out.
08/01/2014			Follow-up visit with colorectal surgeon and is referred to medical oncology for adjuvant chemotherapy.

Reported data for First surgical treatment is not completed use case (62-day and 31-day indicators)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061965
Sex	M	M
DHB of domicile	M	121
Date of diagnosis		15102013
Primary site ICD10	M	C18
Date of receipt of referral	M	26092013
DHB of receipt of referral	M	121
Date patient informed of diagnosis		21102013
Date of first multidisciplinary meeting (MDM)		23102013
Date of decision-to-treat	M	01112013
Date of first treatment	M	02122013
Type of first treatment	M	01
DHB of service for first treatment	M	121
Source of referral		01
Clinician defined suspicion of cancer	M	30
2-week flag	M	1
Delay code 62		3
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	Yes	High suspicion of cancer and needs to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	Yes	The patient did not receive treatment within the 62-day timeframe	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: If the date the patient agrees to treatment is not recorded use the date the surgical booking is requested. A discussion with the Royal Australasian College of Surgeons, New Zealand National Office, confirmed that as the patient was on the operating table when the patient had a cardiac arrest the operation can be said to have started. In this case surgery is valid a first treatment (see Type of first treatment definition in the *Faster Cancer Treatment Indicators: Business Rules and Data Definitions*).

Section 2: 31-day indicator only use cases

1 An acute admission use case (31-day indicator only)

Date	Day count		Activity
	62	31	
18/09/2013			A 45-year-old female presents at hospital emergency department acutely unwell. The patient is admitted under general medicine for investigations.
21/09/2013			Following further tests the patient is discharged and a referral is sent to haematology outpatients with a high suspicion of cancer.
23/09/2013			Referral is received in haematology outpatients but the referral is not triaged immediately.
24/09/2013			Preliminary laboratory results are reported. These preliminary results are suggestive of B cell lymphoma.
24/09/2013			The patient is rung and requested to come into hospital. On arrival patient is admitted under haematology.
30/09/2013			Patient discharged post biopsy with arrangements in place for further staging investigations required to determine a definitive treatment plan.
03/10/2013			Diagnosis of Hodgkin's lymphoma is confirmed on biopsy.
08/10/2013		0	Treatment plan discussed and agreed with patient.
09/10/2013		1	First chemotherapy treatment given.

FCT indicator pathway stops here

Reported data for an acute admission case (31-day indicator only)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061968
Sex	M	F
DHB of domicile	M	022
Date of diagnosis		03102013
Primary site ICD10	M	C81
Date of receipt of referral		21092013
DHB of receipt of referral		022
Date patient informed of diagnosis		
Date of first multidisciplinary meeting (MDM)		
Date of decision-to-treat	M	08102013
Date of first treatment	M	09102013
Type of first treatment	M	03
DHB of service for first treatment	M	022
Source of referral		05
Clinician defined suspicion of cancer		
2-week flag		
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	Although referred with a high suspicion of cancer the referral was not triaged	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31 day timeframe	Pages 5, 6 and 25

Note: In this case the referral had not been processed and triaged within haematology outpatients. As this triage has not been completed (and not been recorded in the system) the level of suspicion of cancer and the need to be seen within two weeks has not been determined. The impact of test results overtakes the triage process and the patient is not included in the 62-day indicator.

2 Cancer discovered during surgery use case (31-day indicator only)

Date	Day count		Activity
	62	31	
04/11/2013			Mid-afternoon a patient presents at hospital emergency department acutely unwell. Patient is admitted under general surgery. A CT scan is performed urgently and several gall stones are found. Surgery for an acute cholecystectomy is scheduled.
05/11/2013			Patient has a cholecystectomy. However during surgery the liver appeared visually abnormal and a sample of the abnormal tissue is removed and sent for histology.
08/11/2013			The histology report states metastatic cancer of probable pulmonary origin.
08/11/2013			The patient was internally referred to and referral received by medical oncology. Further tests are carried out.
20/11/2013			Patient discharged from hospital.
30/11/2013			The patient's case was presented at the thoracic cancer multidisciplinary meeting (MDM). At the MDM the patient was recommended for palliative chemotherapy.
10/12/2013		0	Patient has a medical oncology clinic visit and agrees to chemotherapy.
23/12/2013		13	Chemotherapy started.
			FCT indicator pathway stops here

Reported data for cancer discovered during surgery (31-day indicator only)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061969
Sex	M	F
DHB of domicile	M	022
Date of diagnosis		08112013
Primary site ICD10	M	C34
Date of receipt of referral		08112013
DHB of receipt of referral		022
Date patient informed of diagnosis		
Date of first multidisciplinary meeting (MDM)		
Date of decision-to-treat	M	10122013
Date of first treatment	M	23122013
Type of first treatment	M	03
DHB of service for first treatment	M	022
Source of referral		05
Clinician defined suspicion of cancer		
2-week flag		
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	Cancer is found incidentally during surgery. No triage is recorded in the system so the level of suspicion of cancer and the need to be seen within two weeks have not been triggered for the 62-day indicator	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31 day timeframe	Pages 5, 6 and 25

3 A melanoma diagnosis with excision in primary care use case (31-day indicator only)

Date	Day count	Activity
	62 31	
19/12/2013		A 30-year-old female patient presents to general practitioner (GP) who removes suspicious skin lesion.
23/12/2013		The lab report diagnoses the lesion as melanoma with comment “completely but narrowly excised”.
7/01/2014		DHB receives a referral from the GP to the surgical department. The patient has a confirmed cancer and needs to be seen quickly.
10/01/2014		Patient triaged and confirmed as needing to be seen within two weeks.
22/01/2014	0	Surgical first specialist assessment (FSA). The need to “re-excise the lesion” is discussed. Patient agrees to the re-excision.
23/01/2014	1	A theatre booking request is sent.
20/03/2014	57	Patient receives wider excision for melanoma.
		FCT indicator pathway stops here
24/03/2014		Lab reports lesion excised with good clear margins.

Reported data for melanoma diagnosis with excision in primary care (31-day indicator)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061983
Sex	M	F
DHB of domicile	M	022
Date of diagnosis		23122013
Primary site ICD10	M	C43
Date of receipt of referral		7012014
DHB of receipt of referral		022
Date patient informed of diagnosis		
Date of first multidisciplinary meeting (MDM)		
Date of decision-to-treat	M	22012014
Date of first treatment	M	20032014
Type of first treatment	M	01
DHB of service for first treatment	M	022
Source of referral		01
Clinician defined suspicion of cancer		10
2-week flag		1
Delay code 62		
Delay code 31		3

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	Even though the patient needed to be seen within 2 weeks the patient has a confirmed cancer and so did not have a high suspicion of cancer	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	The original procedure was an excision biopsy likely to be for diagnostic purposes. The patient requires treatment based upon the results of that diagnostic test. The patient has not been definitively treated for this cancer previously	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	Yes	The patient did not receive treatment within the 31 days	Pages 5, 6 and 25

Note: If the GP had excised the melanoma with sufficiently wide margins and no re-excision was required then the GP's excision would have been the first treatment for that particular cancer. It is unclear whether the GP intended the excision to be a treatment or test. As a general principle when in doubt it is better to include a case in FCT reporting rather than exclude.

4 Final cancer diagnosis differs from working diagnosis use case (31-day indicator)

Date	Day count		Activity
	62	31	
28/09/2013	0		A referral, from GP is received. The referral is triaged by DHB breast service as needing to be seen within two weeks and with a high suspicion of cancer.
07/10/2013	9		DHB breast clinic first specialist assessment (FSA). At the FSA the clinician arranges for the necessary investigations to be performed.
07/10/2013	9		A core biopsy is performed.
10/10/2013	12		Tests show ductal carcinoma in-situ (DCIS) of the breast (not included in FCT reporting).
23/10/2013			Attended a DHB breast clinic. Diagnosis discussed with patient and as well as possible options for treatment.
30/10/2013			The patient's case was presented at the breast cancer multidisciplinary meeting (MDM). The MDM recommends surgery.
31/10/2013			Patient attends a breast clinic and agrees to have surgery.
11/11/2013	0		Surgery; patient has a partial mastectomy.
			FCT indicator pathway stops here
18/11/2013			Laboratory reports the surgical specimen as invasive cancer (C50).
16/12/2013			Patient is referred to radiation oncology for radiotherapy.
17/12/2013			Triaged by radiation oncology and radiotherapy is recommended.
20/12/2013			Radiation oncology clinic visit and patient agrees to radiotherapy.
28/01/2014			Radiotherapy started.

Reported data for final cancer diagnosis differs from working diagnosis (31-day indicator)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061969
Sex	M	F
DHB of domicile	M	022
Date of diagnosis		18112013
Primary site ICD10	M	C50
Date of receipt of referral		28092013
DHB of receipt of referral		022
Date patient informed of diagnosis		23102013
Date of first multidisciplinary meeting (MDM)		30102013
Date of decision-to-treat	M	31102013
Date of first treatment	M	11112013
Type of first treatment	M	01
DHB of service for first treatment	M	022
Source of referral		01
Clinician defined suspicion of cancer		30
2-week flag		1
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	Patient is triaged as a high suspicion of cancer and a need to be seen within 2 weeks. However the provisional diagnosis of DCIS at treatment excludes the patient from this indicator	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer (C50) previously	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31 day timeframe	Pages 5, 6 and 25

Note: In this case the patient diagnosis has changed from DCIS, an ICD10 D-code excluded from FCT reporting, to C50 which is included in FCT reporting. As the treatment given was based on the core biopsy diagnosis of DCIS, the patient would not be on the 62-day pathway and considered to be less urgent than other cases. The final histological diagnosis was incidental and not expected. In this situation the decision to treat date and date of first treatment are the same. This case is included in the 31-day FCT reporting.

5 Prostate cancer use case (31-day indicator only)

Date	Day count		Activity
	62	31	
19/12/2013			A referral is received by the Urology service from a primary care general practitioner (GP) for an asymptomatic 64-year-old patient presenting with an elevated PSA and inconclusive findings on examination.
20/12/2013			Patient triaged as having a high suspicion of cancer but there is no need to be seen within two weeks.
07/01/2014			Patient attends a first specialist assessment where an examination identifies an abnormal prostate. A TRUS biopsy for histology is planned.
13/01/2014			Patient phones the urology clinic and after discussion with a clinical nurse specialist agrees to have the TRUS biopsy.
03/03/2014			A TRUS biopsy is performed.
10/03/2014			Histology report confirms prostate cancer.
12/03/2014	0		Patient seen at follow-up urology clinic. Treatment plan is agreed.
12/03/2014	0		Treatment agreed to is active surveillance by a urologist.
			FCT indicator pathway stops here
14/03/2014			A letter outlining the plan is sent to the patient and the patient's GP.

Reported data for case with prostate cancer (31-day indicator)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061949
Sex	M	M
DHB of domicile	M	011
Date of diagnosis		10032014
Primary site ICD10	M	C61
Date of receipt of referral		19122013
DHB of receipt of referral		011
Date patient informed of diagnosis		
Date of first multidisciplinary meeting (MDM)		
Date of decision-to-treat	M	12032014
Date of first treatment	M	12032014
Type of first treatment	M	05
DHB of service for first treatment	M	011
Source of referral		01
Clinician defined suspicion of cancer		30
2-week flag		0
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	The patient has a high suspicion of cancer but did not need to be seen within two weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31 day timeframe	Pages 5, 6 and 25

6 A known cancer referral use case (31-day indicator only)

Date	Day count		Activity
	62	31	
01/06/2013			A 44-year-old male patient who has been under the infectious diseases team's care in a tertiary DHB is noted to have two small leukoplakic lesions on his left side of his tongue.
28/06/2013			Lesions are biopsied.
30/06/2013			Lab report states that sample shows inflammation only in the anterior specimen and early invasive squamous cell carcinoma in the posterior specimen. Patient is referred back to DHB of domicile by tertiary DHB.
10/07/2013			A referral and a copy of the lab results are received by DHB of domicile. The referral is triaged as needing to be seen within two weeks with a confirmed cancer.
17/07/2013			Patient attends a first specialist assessment. A CT scan of head and neck and a X-ray panorex are requested.
05/08/2013			CT scan of head and neck and X-ray panorex are completed.
09/08/2013			Ear, nose and throat (otorhinolaryngology) multidisciplinary meeting (MDM) recommends proceeding with surgery.
09/08/2013		0	Patient agrees to have the surgery.
25/09/2013		47	Patient has surgery to remove lesions.
			FCT indicator pathway stops here

Reported data for known cancer referral (31-day indicator)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19051969
Sex	M	M
DHB of domicile	M	011
Date of diagnosis		30062013
Primary site ICD10	M	C02
Date of receipt of referral		10072013
DHB of receipt of referral		011
Date patient informed of diagnosis		
Date of first multidisciplinary meeting (MDM)		09082013
Date of decision-to-treat	M	09082013
Date of first treatment	M	25092013
Type of first treatment	M	01
DHB of service for first treatment	M	011
Source of referral		06
Clinician defined suspicion of cancer		
2-week flag		
Delay code 62		
Delay code 31		3

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	The patient has a confirmed cancer and so did not have a high suspicion of cancer	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	Yes	The patient did not receive treatment within the 31 days	Pages 5, 6 and 25

7 Young adult with an acute admission use case (31-day indicator only)

Date	Day count		Activity
	62	31	
18/09/2013			A 15-year-old female (date of birth 22/09/1997) is admitted acutely unwell. The patient is admitted under general medicine for investigations.
21/09/2013			Chest X-ray shows a mediastinal mass and subsequent CT scan additional widespread lymphadenopathy.
23/09/2013			Following testing the patient is transferred under the care of medical oncology.
27/09/2013			Patient discharged post biopsy.
29/09/2013			Diagnosis of Hodgkin's lymphoma is reported on biopsy result.
30/09/2013		0	Treatment plan discussed with patient and family (note the patient is now 16 years old).
03/10/2013		3	First chemotherapy treatment given (note the patient is now 16 years old).
			FCT indicator pathway stops here

Reported data for young adult with an acute admission case (31-day indicator only)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	22061997
Sex	M	F
DHB of domicile	M	022
Date of diagnosis		29092013
Primary site ICD10	M	C81
Date of receipt of referral		
DHB of receipt of referral		
Date patient informed of diagnosis		
Date of first multidisciplinary meeting (MDM)		
Date of decision-to-treat	M	30092013
Date of first treatment	M	03102013
Type of first treatment	M	03
DHB of service for first treatment	M	022
Source of referral		
Clinician defined suspicion of cancer		
2-week flag		
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	This patient was admitted acutely. There was no triage of a referral recorded in the system. The high suspicion of cancer and the need to be seen within two weeks were not determined / recorded so the 62-day indicator criteria are not met	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously and turned 16 prior to treatment and is under the care of adult services.	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: If this patient was 15 years old at the time of treatment she would not be included in the FCT reporting.

8 Clinical trial use case (31-day indicator only)

Date	Day count	Activity
	62 31	
16/09/2013		A 55-year-old male patient presents at hospital emergency department acutely unwell. Patient is admitted under general medicine for investigations.
17/09/2013		Patient is referred internally (as an inpatient) to a haematologist with a high suspicion of cancer. Further tests are carried out.
19/09/2013		Patient diagnosed with chronic myeloid leukaemia.
19/09/2013		Patient informed of diagnosis, treatment options are discussed, including participation in a clinical treatment trial.
20/09/2013	0	Patient signs consent form to participate in a clinical trial.
20/09/2013	0	Patient signs consent form to participate in a clinical treatment trial.
		FCT indicator pathway stops here
23/09/2013		Patient discharged from inpatient stay.
09/10/2013		Patient is not accepted on to the clinical trial.
11/10/2013		Treatment plan is revised and discussed with patient.
25/10/2013		First chemotherapy treatment is given.

Reported data for clinical trial (31-day indicator)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061958
Sex	M	M
DHB of domicile	M	011
Date of diagnosis		19092013
Primary site ICD10	M	C92
Date of receipt of referral		
DHB of receipt of referral		011
Date patient informed of diagnosis		19092013
Date of first multidisciplinary meeting (MDM)		
Date of decision-to-treat	M	20092013
Date of first treatment	M	20092013
Type of first treatment	M	10
DHB of service for first treatment	M	011
Source of referral		
Clinician defined suspicion of cancer		
2-week flag		
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	This patient was admitted acutely. The referral identified was internal and no triage of this referral was recorded in the system. The high suspicion of cancer and the need to be seen within two weeks were not determined / recorded so the 62-day indicator criteria are not met	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31-day timeframe	Pages 5, 6 and 25

Note: Clinical trials that are considered a first treatment are those trials that focus on trialling a type of treatment rather than focusing on other aspects of care.

9 A diagnosis that transforms into cancer use case (31-day indicator only)

Date	Day count		Activity
	62	31	
17/09/2012			A 53-year-old male patient is referred by a primary care general practitioner with chronic fatigue.
25/09/2012			Patient is triaged by general medicine and booked for a first specialist assessment (FSA). There is no high suspicion of cancer and no need to be seen within two weeks. Patient is contacted and tests are arranged.
02/10/2012			Patient test results indicate a myeloproliferative disorder (an ICD10 D-code).
20/10/2012			General medicine FSA: patient informed of diagnosis, a management plan is discussed and further tests ordered.
30/09/2012			Bone marrow biopsy performed.
20/02/2013			Monitoring blood screening is carried out.
18/08/2013			Monitoring blood screening is carried out.
20/02/2014			Monitoring blood screening is carried out.
20/03/2014			Monitoring blood screening is carried out.
22/04/2014			Monitoring blood screening is carried out.
05/05/2014			Bone marrow biopsy performed.
08/05/2014			Patient is diagnosed with acute myeloid leukaemia.
12/05/2014			The change in diagnosis is discussed and a treatment plan is agreed with patient.
12/05/2014		0	Patient agrees to proceeding with chemotherapy treatment.
14/05/2014		2	First chemotherapy treatment given.
			FCT indicator pathway stops here

Reported data for a diagnosis that transforms into cancer (31-day indicator)

Record type	M	A
National Health Index (NHI) number	M	AAANNNN
First name		
Family name		
Date of birth	M	19061959
Sex	M	M
DHB of domicile	M	011
Date of diagnosis		08052014
Primary site ICD10	M	C92
Date of receipt of referral		
DHB of receipt of referral		011
Date patient informed of diagnosis		12052014
Date of first multidisciplinary meeting (MDM)		
Date of decision-to-treat	M	12052014
Date of first treatment	M	14052014
Type of first treatment	M	03
DHB of service for first treatment	M	011
Source of referral		
Clinician defined suspicion of cancer		
2-week flag		
Delay code 62		
Delay code 31		

(M = mandatory)

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	Patient was not referred (and not triaged) with a high suspicion of cancer and a need to be seen within 2 weeks	Pages 8, 21 and 24
Eligible for 31-day indicator	Yes	Patient has not been treated for this cancer previously	Pages 9 and 21
Delay code 62	No	As the patient is not eligible for the 62-day indicator no delay code is reported	Pages 5, 6 and 25
Delay code 31	No	The patient received treatment within the 31 day timeframe	Pages 5, 6 and 25

Note: Myeloproliferative disorders are ICD10 D-codes and these codes are not included in the FCT indicator reporting. However when the disorder transforms into a different state and a new diagnosis is made (eg, acute myeloid leukaemia) the case is included in the FCT indicator reporting.

Section 3: Cases that are not reported

1 Patient receives a private treatment and public adjuvant¹ treatment use case (case not reported)

Date	Day count		Activity
	62	31	
26/09/2013			A referral is received from a primary care general practitioner for a patient who has a suspicious lump in her breast.
28/09/2013			Triaged by breast service as needing to be seen within two weeks and as having a high suspicion of cancer.
07/10/2013			DHB breast clinic first specialist assessment (FSA). At the FSA the clinician arranged for the necessary investigations to be performed.
07/10/2013			A fine needle aspiration (FNA) was performed.
10/10/2013			FNA report confirms cancer.
23/10/2013			Attended at DHB breast clinic. Diagnosis is discussed with patient and as well as possible options for treatment.
25/10/2013			Patient elects to see a breast surgeon privately.
30/10/2013			The patient's case was presented at the breast cancer multidisciplinary meeting (MDM). The MDM recommends surgery.
01/11/2013			Patient has a partial mastectomy at the local private hospital.
05/12/2013			Patient is referred to medical oncology for chemotherapy by the private breast surgeon.
06/12/2013			Triaged by medical oncology and accepted for chemotherapy.
10/12/2013			Medical oncology clinic visit and accepted for chemotherapy.
12/12/2013			Chemotherapy started.

¹ Adjuvant treatment is treatment that is given in addition to the primary, main or initial treatment.

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	As this patient had her first treatment for this cancer privately this case is not eligible for inclusion in the reporting	Pages 8, 21 and 24
Eligible for 31-day indicator	No	The patient had her first treatment for cancer privately	Pages 9 and 21
Delay code 62	No	Patient is not eligible for the 62-day indicator	Pages 5, 6 and 25
Delay code 31	No	Patient is not eligible for the 31-day indicator	Pages 5, 6 and 25

Note: If the patient was referred for post-operative radiation therapy the results would be the same.

Reported data for case which receives a private treatment and public adjuvant treatment

This patient would not be reported as part of the faster cancer treatment indicator reporting.

2 Suspicion of cancer but no cancer is found use case (case not reported)

Date	Day count		Activity
	62	31	
26/09/2013			A referral is received from a primary care general practitioner (GP). Patient has a persistent cough with some haemoptysis. A chest X-ray has been ordered.
28/09/2013			Triaged by respiratory medicine service as needing to be seen within two weeks and with a high suspicion of cancer. X-ray report is suspicious of cancer.
07/10/2013			First specialist assessment (FSA). At the FSA the clinician arranged for the necessary investigations to be performed.
17/10/2013			Results of investigations are consistent with pneumonia.
04/11/2013			No other test results suggest cancer.
05/11/2013			Follow-up visit with respiratory medicine. Test results are discussed with patient who is discharged back to GP.
06/11/2013			A discharge letter is sent to patient's GP.

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	The patient has a high suspicion of cancer and needs to be seen within 2 weeks but patient does not have a diagnosis of cancer and does not receive a treatment for cancer	Pages 8, 21 and 24
Eligible for 31-day indicator	No	Patient does not have a diagnosis of cancer and does not receive a treatment for cancer	Pages 9 and 21
Delay code 62	No	Patient is not eligible for the 62-day indicator	Pages 5, 6 and 25
Delay code 31	No	Patient is not eligible for the 31-day indicator	Pages 5, 6 and 25

Reported data for case with suspected cancer

This patient would not be reported as part of the faster cancer treatment indicator reporting.

3 Non-malignant or low grade tumours use case (case not reported)

Date	Day count		Activity
	62	31	
17/09/2013			A referral is received from the screening unit for a patient with a suspicious lump in her breast.
20/09/2013			Triaged by DHB breast service as needing to be seen within two weeks and as having a high suspicion of cancer. The necessary investigations are ordered.
02/10/2013			Tests confirm ductal carcinoma in situ (DCIS).
09/10/2013			First specialist assessment (FSA). Diagnosis is discussed with patient as well as possible options for treatment. Patient needs an anaesthetic assessment before a decision on treatment can be made.
10/10/2013			The patient's case was presented at the breast cancer multidisciplinary meeting (MDM). At the MDM, surgery is the recommended treatment option.
23/10/2013			Patient attended at DHB breast clinic and agreed to surgery but wishes to be considered for immediate reconstruction.
01/11/2013			Referral sent requesting an assessment regarding patient suitability for immediate reconstruction.
19/12/2013			Patient has a mastectomy followed by reconstruction.

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	Patient has been referred from a screening unit. Patient has DCIS (D05) which is a primary diagnosis that is excluded from FCT reporting	Pages 8, 21 and 24
Eligible for 31-day indicator	No	Patient has DCIS (D05) which is a primary diagnosis that is excluded from FCT reporting	Pages 9 and 21
Delay code 62	No	Patient is not eligible for the 62-day indicator	Pages 5, 6 and 25
Delay code 31	No	Patient is not eligible for the 31-day indicator	Pages 5, 6 and 25

Reported data for case with non-malignant or low grade tumour

This patient would not be reported as part of the faster cancer treatment indicator reporting.

4 Aggressive malignant neoplasm of the skin use case (case not reported)

Date	Day count		Activity
	62	31	
16/01/2014	0		A referral is received from a primary care general practitioner (GP) for a patient with an unusual skin lesion that could be cancerous.
17/01/2014	1		Patient is triaged as needing to be seen within two weeks and as having a high suspicion of cancer.
30/01/2014	14	0	Surgical first specialist assessment (FSA): treatment options are discussed. Patient agrees to excision of the lesion.
31/01/2014	15	1	A theatre booking request is sent.
17/03/2014	60	18	Patient receives a wide excision of the skin lesion.
24/03/2014			Lab reports a basal cell carcinoma (C44) and no residual lesion.

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	The patient has a high suspicion of cancer and needs to be seen within 2 weeks but this patient has a primary diagnosis that is excluded from FCT reporting	Pages 8, 21 and 24
Eligible for 31-day indicator	No	This patient has a primary diagnosis that is excluded from FCT reporting	Pages 9 and 21
Delay code 62	No	Patient is not eligible for the 62-day indicator	Pages 5, 6 and 25
Delay code 31	No	Patient is not eligible for the 31-day indicator	Pages 5, 6 and 25

Reported data for aggressive malignant neoplasm of the skin

This patient would not be reported as part of the faster cancer treatment indicator reporting.

5 Suspected prostate cancer use case (case not reported)

Date	Day count		Activity
	62	31	
19/12/2013			A primary care general practitioner (GP) refers a 70-year-old patient who presents with difficulty passing urine, an elevated PSA and inconclusive findings on examination, to the urology service.
20/12/2013			Patient triaged as having a high suspicion of cancer but there is no need to be seen within two weeks.
07/01/2014			Patient attends a first specialist assessment where an examination identifies a suspicious prostate. A TRUS biopsy for histology is planned.
10/01/2014			Patient phones the urology clinic and after discussion with a clinical nurse specialist declines the TRUS biopsy.
12/01/2014			Treatment plan changes to regular surveillance of PSA by GP with re-referral range identified by urologist. A letter outlining the plan is sent to the patient and the patient's GP.

Criteria	Result	Rationale	Reference in FCT data definitions document
Eligible for 62-day indicator	No	There was no need for the patient to be seen within 2 weeks even though there was a high suspicion of cancer. The patient has not been treated for cancer	Pages 8, 21 and 24
Eligible for 31-day indicator	No	No diagnosis of cancer has been made there remains a suspicion of cancer. The patient has not been treated for cancer	Pages 9 and 21
Delay code 62	No	Patient is not eligible for the 62-day indicator.	Pages 5, 6 and 25
Delay code 31	No	Patient is not eligible for the 31-day indicator.	Pages 5, 6 and 25

Reported data for case with suspected prostate cancer

This patient would not be reported as part of the faster cancer treatment indicator reporting.