

# COSD8 - What's changed since COSD7

The updated version of the COSD8 includes new data-items, re-alignment of data structure, amendments and contains corrections eg where there were errors in previous versions and updates where clinical coding or staging values changed from COSD Data set v7.0.

To make the recording of recurrence, metastatic disease, progression and transformation easier and more logical, a new pathway (non-primary cancer pathway) has been created (replacing the old Recurrence pathway).

This allows and creates an intuitive flowing pathway to accurately record recurrence, progression and transformation as follows:

1. Where the disease comes back after the patient has been given the all clear, or told they are cancer free in the form of a recurrence, or if you do not have an existing cancer record on your system (but the patient was diagnosed with cancer at another hospital), you can now record a progression or a transformation as a '**non-primary cancer pathway**' as follows:
  - Record the date where the non-primary cancer diagnosis was confirmed or agreed (This will normally be the date of the authorised pathology report which confirms this or if this is not available at the time it will be the date of the Multidisciplinary Team Meeting when the diagnosis was agreed) using [**CR6500 - Date Of Non-Primary Cancer Diagnosis (Clinically Agreed)\***], along with:
    - What pathway the patient is on if this is not the Primary Cancer Pathway, using the [**CR6510 - Non Primary Cancer Pathway**]
    - The type of recurrence or metastatic disease diagnosed by the clinical team, using [**CR6520 - Recurrence or Metastatic Type**]
    - Record the site of the metastatic disease, if any, at diagnosis, more than one site can now be recorded, using [**CR1590 - Metastatic Site**]
    - Where a cancer has progressed, record the ICD10 code of the original diagnosis. This will normally be agreed at the MDT by the clinical team, using [**CR6900 - Progression (ICD)**]
2. Where the disease has progressed or transformed within the diagnostic or treatment phase of the primary diagnosis, or where there are metastases present, you can now record:
  - The type of metastatic disease diagnosed by the clinical team, using [**CR6960 - Metastatic Type**] along with:
  - Record the site of the metastatic disease, if any, at diagnosis, more than one site can be recorded, using [**CR6970 - Metastatic Site**]
  - The DATE the progression was agreed by the clinical team, using [**CR6910 - Progression Date (Primary Pathway)**]
  - The DATE the transformation was agreed by the clinical team, using [**CR7020 - Transformation Date (Primary Pathway)**], along with:
    - The TRANSFORMATION DIAGNOSIS using the SNOMED International / SNOMED CT code for the cell type of the tumour recorded as part of a Cancer Care Spell. This can be recorded as well as or instead of

MORPHOLOGY (ICD03) TRANSFORMATION, using [**CR7000 - Morphology (SNOMED) Transformation**]

- The version of SNOMED used to encode MORPHOLOGY (SNOMED) PATHOLOGY and TOPOGRAPHY (SNOMED) PATHOLOGY, using [**CR7030 - SNOMED Version (Transformation)**]
- The morphology code for the transformation of the cancer as defined by ICD-O-3. This can be recorded as well as or instead of MORPHOLOGY (SNOMED) TRANSFORMATION, using [**CR7010 - Morphology (ICDO3)\* Transformation**]

**There are also other improvements across the data set as follows:**

- The 'Clinical Trials' section, making the items more reflective of clinical practice within the trials teams
- A new section for 'Risk Assessments' ('Smoking Status' and 'Alcohol Use') as well as grouping the 'Nurse Specialist' items together
- An update to the staging fields across the data set to accommodate the changes within both v8 of AJCC and UICC
- A new 'Adjunctive Therapy' type and better 'Cancer Treatment Intent' fields
  - these will be aligned with both RTDS and SACT in the next few years as they are updated
- Wherever possible duplication has been removed across all the data sets
- Many CTYA data items have been re-aligned within other data sets to help improve the accuracy and ascertainment of these data and remove duplication
- 'Menopausal Status' has been added to the Breast data set
- A new 'Liver' data set has been added on the advice of clinical experts

**In addition carcinoma in-situ of the skin (D04.0 - D04.9) is no longer required to be collected through the COSD data collection process and submitted to the NCRAS.**

***Note: In order to standardise all cancer data sets and improve terminology within COSD/NHS Digital; Gynaecology, Haematology and Urology have been changed across the data set to Gynaecological, Haematological and Urological. This means any section name or data set item name will have changed accordingly.***