

2016/2017 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on **4 July 2016**

Supervisor Information (First named supervisor will be the contact):

First Supervisor's Name and Title: Mrs. Kirsten Ballantine

Department - UOC &/or CDHB (if applicable): Children's Haematology Oncology Centre, Child Health, Christchurch Hospital

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First Supervisors Mailing Address: CHOC, Christchurch Hospital, Private Bag 4710, Christchurch 8140

Co-Supervisors Name and Title(s): Dr Siobhan Cross, Children's Haematology Oncology Centre, Child Health, Christchurch Hospital

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical X

Laboratory

Community

Project Title (20 words MAXIMUM):

The international staging system for pediatric cancers pilot study: A review of the NZCCR staging for CHOC patients

Project Description:

Introduction:

The collection of data on cancer stage by cancer registries allows meaningful comparisons of changes in cancer incidence and outcomes. However, there is currently no international consensus on which staging systems for childhood cancers should be adopted by population-based cancer registries. The New Zealand Children's Cancer Registry (NZCCR) holds detailed diagnostic and demographic information for all children diagnosed with cancer since 2000. Data is submitted electronically from New Zealand's two paediatric oncology centres – Starship Blood and Cancer Centre in Auckland and the Children's Haematology / Oncology Centre in Christchurch (CHOC). Historically there are many gaps and inconsistencies in the recording of staging information in the NZCCR due to ambiguity over appropriate staging terminology to use and a lack of training available for the clinical research associates who enter the diagnostic information.

In 2014 a panel of international experts met and developed the Toronto Paediatric Cancer Stage Guidelines. An international pilot study is currently underway in Australia and a number of institutions in Central America to test the feasibility of the coding scheme and to develop an on-line staging application that will ensure consistent and easy use of the coding rules. The NZCCR has been invited to participate in this pilot study.

Aim & impact (in lay terms):

This study will use the Toronto Paediatric Cancer Stage Guidelines to review and complete the staging information held by the NZCCR for all patients receiving treatment at CHOC since 2009. This study aims to;

- Improve the completeness and accuracy of staging information held by the NZCCR for future analyses – complete staging information will allow stratified comparison of outcomes between groups and/or over time and the identification of trends in late presentation
- Contribute to an international study – allowing us to provide feedback on the proposed staging guidelines / on-line staging application and to undertake comparative analyses with other population-based registries
- Retrospectively review the CHOC patient clinical summaries in order to identify any deficiencies which currently exist in the reporting of stage and other clinically relevant information (e.g. presentation history)
- Provide recommendations to the NZCCR National Working Group regarding whether the Toronto Paediatric Cancer Stage Guidelines should be adopted nationally and any NZCCR-specific modifications/additions that may be required
- Develop a single template to nationally standardise the prospective collection and reporting of paediatric cancer staging and other relevant disease-specific information (e.g. amplification of the n-myc gene in neuroblastoma)

Method:

Medical records and Health Connect South records for all paediatric cancer cases treated at Christchurch Hospital since 2009 will be reviewed to determine disease staging at diagnosis according to the 2-tier Toronto Paediatric Cancer Stage Guidelines and using the on-line staging application. The guidelines will be evaluated according to the ease of finding the staging information, the number of cases which were unable to be classified, and the usefulness of the staging information in evaluating New Zealand's child cancer services (e.g. whether there are ethnic differences in the frequency of advanced stage disease at diagnosis). We will also take the opportunity to review and complete gaps in other NZCCR data fields where required. Following completion of the staging pilot, a single template will be developed to ensure consistent national collection of cancer staging and other relevant diagnostic information.