Person with cancer—neoadjuvant therapy indicator, code N

Exported from METEOR (AIHW's Metadata Online Registry)

Person with cancer—neoadjuvant therapy indicator, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Neo-adjuvant therapy
METEOR identifier:	370014
Registration status:	Health!, Standard 06/03/2009
Definition:	Whether a person with a solid tumour has received neoadjuvant therapy, as represented by a code.
Data Element Concept:	Person with cancer—neoadjuvant therapy indicator
Value Domain:	Yes/no code N

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Boolean
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	1	Yes
	2	No

Data element attributes

Collection and usage attributes

Guide for use: To be reported when therapy is received after a diagnosis of cancer and prior to primary surgical treatment.

This data item is used to flag cases in which tumour descriptors, for example solid tumour size, may be inaccurate due to shrinkage from neoadjuvant therapy.

Yes - indicates that the client has received neo-adjuvant therapy after a diagnosis of cancer and prior to primary surgical treatment

No - indicates that the client did not receive neo-adjuvant therapy after a diagnosis of cancer and prior to primary surgical treatment

For invasive breast cancer:

Information is obtained from

- Clinical notes on pathology report mentions that patient underwent chemotherapy prior to surgery
- Microscopy section of pathology report describes tumour changes as a result of neoadjuvant therapy (coder may be alerted to look for this detail by a long interval between biopsy and wider excision)
- Hospital notification indicates that admission if for chemotherapy only (and admission date is before that for surgery)

Comments: Preoperative chemotherapy and/or radiotherapy may be received after a diagnosis of cancer but before surgical treatment.

The effects of chemotherapy and/or radiotherapy prior to surgery will shrink the tumour and so the size of the tumour found from the subsequent surgical excision will be smaller than the original size of the tumour at the time of diagnosis. This impacts on the TNM-T and staging classification, and is important to take into account for analysis and research.

Source and reference attributes

Origin: National Breast and Ovarian Cancer Centre (NBOCC)

Australasian Association of Cancer Registries (AACR)

Australian Institute of Health and Welfare (AIHW)

Reference documents: Johnson CH, Adamo M (eds.), SEER Program Coding and Staging Manual 2007. National Cancer Institute, NIH Publication number 07-5581, Bethesda, MD 2007.

Relational attributes

Implementation in Data Set Specifications:
Breast cancer (Cancer registries) DSS
   Health!, Superseded 01/09/2012

Breast cancer (cancer registries) NBPDS
   Health!, Standard 01/09/2012