

The Spanish Data Base for the Staging of Lung Cancer. Experience of the Bronchogenic Carcinoma Cooperative Group of the Spanish Society of Pneumology and Thoracic Surgery (GCCB-S)



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Origins

The Bronchogenic Carcinoma Cooperative Group of the Spanish Society of Pneumology and Thoracic Surgery (GCCB-S) was incorporated in 1993 and consists of 20 Spanish hospitals with thoracic surgery units; that means that more than 50% of the hospitals with thoracic surgery participate in the Cooperative Group.

The main task of the Group is to register prospectively all patients undergoing thoracotomy for bronchogenic carcinoma. The members of the Group were involved in this activity from October 1993 to September 1997. Table I shows the number of patients registered each year.

Tab. I

Year	1993-94	1994-95	1995-96	1996-97	Total
Patients registered	718	823	835	619	2995

The information collected includes demographic, clinical, biological, diagnostic, surgical and pathological data and is entered in standard forms identical for all hospitals⁽¹⁾. At six-month intervals, the members of the Group send follow-up information to our Data Managing Office, located at the University Hospital of Valladolid.

Abstract

The Bronchogenic Carcinoma Cooperative Group of the Spanish Society of Pneumology and Thoracic Surgery (GCCB-S) has been enrolled in a prospective data collection project from patients with bronchogenic carcinoma who underwent thoracotomy in 20 Spanish hospitals from October 1993 to September 1997. In this 4-year period, 2995 patients were registered and demographic, clinical, biological, diagnostic, surgical, pathological and follow-up information collected in a homogeneous way. The main objectives of the Group are to describe the population with lung cancer at the time of diagnosis in Spain; to analyse operative morbidity; and to identify multiple prognostic factors. So far, some preliminary results have already been published concerning the description of the population, the methodology of the Group, the assessment of morbi-mortality, and the validation of the 1997 TNM classification.

Key words: Lung cancer, staging, clinical data-base.

Riassunto

Il Gruppo Cooperativo Carcinoma Broncogeno della Società Spagnola di Pneumologia e Chirurgia Toracica (GCCB-S) si è costituito allo scopo di raccogliere nell'ambito di uno studio prospettico, i dati relativi a pazienti affetti da carcinoma broncogeno e sottoposti a toracotomia in 20 Ospedali Spagnoli dall'ottobre 1993 al settembre 1997. In questo intervallo, 2995 pazienti sono stati arruolati nello studio e sono state raccolte, in maniera omogenea, le informazioni relative agli aspetti demografici, clinici, biologici, diagnostici, chirurgici, patologici ed i dati provenienti dal follow-up. Gli obiettivi principali del Gruppo di Studio sono la descrizione approfondita della popolazione dei pazienti spagnoli al momento della diagnosi; l'analisi della morbidità/mortalità operatoria e l'identificazione dei diversi fattori prognostici. Sono già stati pubblicati alcuni dei risultati preliminari della ricerca e riguardanti la descrizione della popolazione, le metodologie di lavoro, la determinazione della morbidità e mortalità operatoria e la conferma, sulla base dei dati di sopravvivenza, della validità dell'aggiornato Sistema di Stadiazione TNM presentato nel 1997.

Parole chiave: Carcinoma del polmone, stadiazione, data-base.

Objectives

The Group registers patients and collects information to attain the following objectives:

- 1) To describe the population with lung cancer at the time of diagnosis in Spain. This probably is the largest study ever undertaken in Spain on surgically treated patients. A preliminary report already has been published⁽¹⁾.
- 2) To analyse operative morbi-mortality. An initial report on the patients registered in the first year of our already has appeared in the literature⁽²⁾.
- 3) To identify multiple prognostic factors, not only anatomic, like those involved in the TNM classification, but also others, such as clinical and biological.

With the information obtained, an analysis of the benefits of surgery compared with its risks will be possible. Also, it is expected to contribute to other national data bases in the improvement of the classification of lung cancer^(3, 4).

Method

These are some characteristic of the study method:

- 1) The duration of the study is relatively short: four years, only.
- 2) The operability criteria within the Group are homogeneous⁽⁵⁾.
- 3) The Group's registry is prospective, done at real time in a single format for all participating members.
- 4) Each variable has been defined by one or more diagnostic methods in order to control the certainty of the classification.
- 5) The final results will be shown in the form of survival at annual intervals up to 10 years.
- 6) The results will be expressed both for clinical and pathological classification as defined initially and after being corrected for certainty.

The fulfilment of the objectives implies an internal strategy at two levels:

- 1) Group level: Organization system structured by functions; acceptance of quality controls of the clinical registries at the Data Managing Office and of the original medical records in the form of external clinical and surgical audits; acceptance of established authorship policies; and adequate financial support.
- 2) Study level: The information system consists of different components that work sequentially in a structured way: data collection process, analysis of data and diffusion of data. The data collection process (the clinical registry) is the most important element in this system, since the quality of the analysis and of the future decisions will depend on

it. It required an initial selection of variables, qualitative, to store the required information. The selection of those variables was determined by the objectives of the project, the type of study, the study setting and its structure.

Diffusion is the part of the information system the function of which is to vehicle the data or their analysis to the interested persons. Basically, there are two ways of diffusing information: directly, that is, generated by the group that constitutes the information system, and indirectly, in the form of scientific production.

Diffusion of information and preliminary results

Besides a number of congress communications, lectures and published abstracts, since 1995, the Group has published 5 papers in national or international journals. This scientific production can be divided in: descriptive and methodological studies^(1, 5); assessment of morbi-mortality⁽²⁾; analysis of staging⁽⁴⁾; evaluation of prognostic factors; and miscellaneous⁽⁶⁾.

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