

RCR response to the public consultation of the upcoming v6 of the RTDS

1. Members welcomed the discussion around recording 'outcomes' ie clinical changes following treatment. They have advised that while most centres would not be able to record this automatically, it would be useful to see a non-mandatory option to record some of these in preparation for better electronic data recording.
2. But they have raised concerns that the dataset has gone from 26 data items per patient to about 75. They have advised that this is a huge amount of work if it has to be done manually by Trusts and would only be feasible if the manufacturers produce a toolkit for example both Elekta and Varian have developed a toolkit to automatically extract the data from either Mosaic or Aria and also went through many iterations during development.
- 3 They are supportive of the changes, many of which they feel were overdue (eg fractions). They have observed that it is important to record the number of fractions over attendances. Many patients are on twice daily treatment which amount to one attendance daily but two fractions; and this should be clearly recorded.

-An example has been provided that in Wales, they are looking to use the RTDS to record nationally agreed 'Time to RT' performance metrics which are a little more consistent with original The Joint Collegiate Council for Oncology (JCCO) targets and although ambitious, are achievable with real clinical benefit.

-There was a query seeking clarification on: England reports 'time to RT' via Somerset and whether there are plans to report this metric via RTDS.

The specific comments we've had are as follows:

- RP17 – members queried whether this should refer to '*units*' ie Gy, cGy etc rather than '*measurement*'. The latter implies something has been actively measured.
- RP9 – It was mentioned that these days most people refer to '*external beam*' rather than '*teletherapy*'.
- RP25 – Members felt that the categories may cause confusion and poor data quality if *more than one can be true*. Ie '*Aiming to completely eradicate disease*' and '*aiming to extend life expectancy*' are both aims of radical radiotherapy. They suggested perhaps the following should be used: '*aiming to completely eradicate disease and prolong life expectancy*' and '*aiming to prolong life expectancy alone*'.
- RPL2 – Members wondered if this could be used in an adaptive setting where potentially there could be a new plan for each fraction. The existing scheme could be used if fraction number is recorded too.