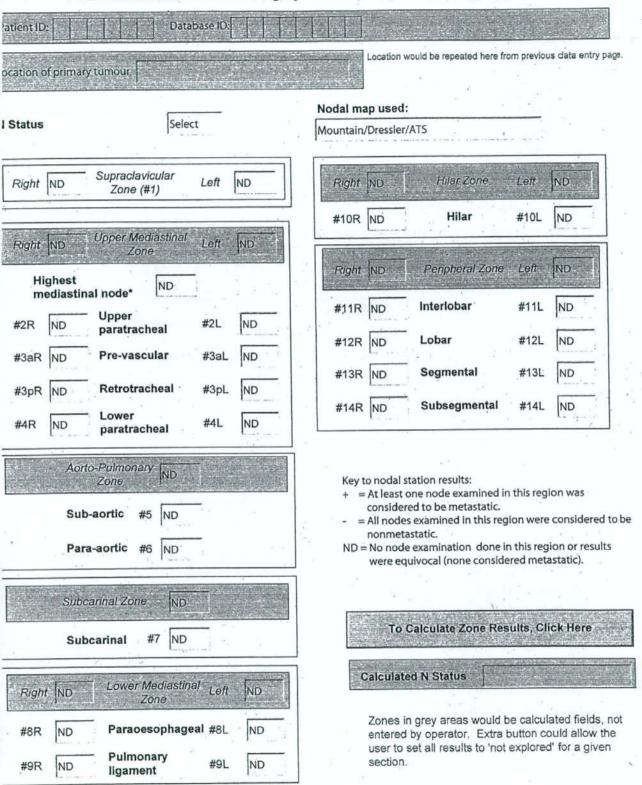
DATA ELEMENTS FOR PROSPECTIVE PHASE OF LUNG STAGING PROJECT Pretreatment/Evaluative N Category Based on Clinical and Imaging



Pretreatment/Evaluative N Category Based on Clinical and Imaging, Continued

Patient ID: Database	se ID:	
The second secon		
Size of largest node explored	cm	
Location of largest node explored	Select	-
	3	

Page 10 of 21

Pre-Treatment/Evaluative N Category Based on Cytology or Biopsy Results Database ID: Patient ID: Location would be repeated here from previous data entry page. Location of primary tumour Nodal map used: N Status Select Mountain/Dressler/ATS Supraclavicular Right ND ND Hilar Zone Left ND Right ND Left Zone (#1) ND #10R ND Hilar #10L Upper Mediastinal Right ND Left Zone ND Right ND Peripheral Zone Left Highest ND mediastinal node Interlobar ND #11R ND Upper ND #2L ND paratracheal Lobar #12L ND ND #12R Pre-vascular ND #3aL #3aR ND Segmental ND #13R ND Retrotracheal ND ND #3pL #3pR Subsegmental ND #14R ND #14L Lower ND ND #4R paratracheal Key to nodal station results: Aorto-Pulmonary = At least one node explored in this region was positive for tumo Zone (*For the "highest" field, this means the highest mediastinal no explored was positive). = All nodes explored in this region were negative for tumour. Sub-aortic ND (*For the "highest" field, this means the highest mediastinal no explored was negative). Para-aortic #6 ND ND = No node exploration done in this region or results were equivocal and no node was positive for tumour. Subcarinal Zone ND To Calculate Zone Results, Click Here #7 ND Subcarinal Calculated N Status Lower Mediastinal ND Right ND Zone

Paraoesophageal #8L

Pulmonary

ligament

#8R

#9R

ND

ND

ND

ND

#9L

Zones in grey areas would be calculated fields, not entered by operator. Extra button could allow the user to set all results to 'not explored' for a given section.

Pre-treatment/Evaluative N Category Based on Cytology or Biopsy Results, Continued

	and the same of th	
Patient ID: Datab	ase ID:	
Size of largest node explored	cm	
Location of largest node explored	Select	
Number of N3 nodes explored		
Number of positive N3 nodes		
N3 extracapsular involvement	Select	
Number of N2 nodes explored		
Number of positive N2 nodes		
N2 extracapsular involvement	Select	2
Number of N1 nodes explored		
lumber of positive N1 nodes		
N1 extracapsular involvement	Select	x 2

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT Additional Nodules, by Pre-Treatment/Evaluative Findings

prompted by responses re: additional nodules elsewhere in data entry screens

tient ID:	Database ID:		
□ Sepa	arate nodule(s) in same lobe		
38	Number of additional nodules in same lobe		
	Method of detection/measurement Select		
Т3	Size (cm) of largest nodule by above method	are a	
	Distance (cm) of closest nodule from main mass cm	Y	
(Prompt j time for j nodules in same lobe)->			
28	Morphology/Immunohistochemistry/molecular marker suggest:		
	Select		
Γ Sepa	arate nodule(s) in other ipsilateral lobes		i i
	Number of nodules in other ipsilateral lobes		
T4	Method of detection/measurement Select		
(Prompt k times	Size (cm) of largest nodule by above method	, N	
for k nodules in ipsilateral lobe)->	Histology of additional nodule #k: Select		
	Morphology/Immunohistochemistry/molecular marker suggest:	7	
	Select		
┌ Sepa	arate nodule(s) in contralateral lobes		
	Number of nodules in contralateral lobes		9)
M1a	Method of detection/measurement Select		No.
ompt m times	Size (cm) of largest nodule by above methodcm		
m nodules in htralateral lobe) ->	Histology of additional nodule #m: Select		
	Morphology/Immunohistochemistry/molecular marker suggest:		
	Select		-

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT T-Descriptors by Post-Surgical/Pathological Findings

radentio.	Database ID.
Lung tumour T Select	by post-surgical/pathological findings
Size of primary tumour	(Longest Dimension) by post-surgical/pathological findings
Venous invasion	Select
Status of the fissures	Select
Lymphatic vessel invasion	Select
Pleural lavage cytology	Select

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER Page 14 of 21

DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT
T-Descriptors by Post-Surgical/Pathological Findings, Continued

Patient ID:	Patabase ID:	
For	each relevant section (as determined by pT sta	tus), please check <u>all</u> that apply:
Section 1 (pT1):	Tumour =< 3 cm, surrounded by lung or visceral pleura, v proximal to lobar bronchi (i.e. not in the main bronchus) (Superficial spreading tumour of any size with its invasiv may extend proximal to the main bronchus	pT1a vs pT1b vs pT1, NOS will be calculated field
Section 2 (pT2-T3):	Tumour more than 3 cm but less than or equal to 5 cm in greatest dimension Tumour more than 5 cm in greatest dimension but	Tumour invades the visceral pleura Specify depth of visceral pleural invasion:
(Although these ar	less than or equal to 7 cm	Select
T2-descriptors, Please complete Section 2	Tumour involves the main bronchus, 2 cm or more distal to the carina	Assessed by elastic stain?
for tumours classified as either T2 or T3 or T4)	Tumour with atelectasis /obstructive pneumonitis extending to hilar region but not involving entire lung	Select
Section 3	Tumour greater than 7 cm in greatest dimension	
(pT3-T4:	Tumour invades chest wall, specify depth of invasion:	
Although these	Apical chest wall invasion (formerly superior sulcus tumo	ur), check all that apply:
are T3-descriptors,	☐ Involving subclavian vessels ☐ Involving chest	1700 PA. 170- Paste (50).
please complete Section 3	☐ Involving brachial plexus ☐ Involving symp	•
for tumours classified as either	Invesion of the disphesers	
T3 or T4.)	Invasion of the diaphragm Invasion of mediastinal pleura	
	Invasion of parietal pericardium	
	Invasion of phrenic nerve	
40	Tumour in the main bronchus less than 2 cm distal to the carina, but y	without involvement of the carina
7. 3.	Tumour with associated atelectasis or obstructive pneumonitis of the	
	Separate tumour nodule(s) of same histologic type in the same lobe a	
Section 4	Invasion of mediastinum (mediastinal soft tissue)	
(pT4):	Invasion of heart	
	Invasion of visceral pericardium	
7	Invasion of great vessels, specify:	
41	Superior vena cava Inferior vena cava Aorta	Main trunk of pulmonary artery
4.	Pulmonary artery (within the pericardium)	nonary vein (within the pericardium)
	Invasion of trachea	
	Invasion of oesophagus	
	Invasion of carina	
	Invasion of recurrent laryngeal nerve	2
	Apical chest wall invasion (formerly superior sulcus tumor	ur) involving vertebral bone
	Other invasion of the vertebrae	*
	Additional tumour nodule(s) on same side of lung as prim	ary tumour but in different lobe (redirect user)

Post-Surgical/Pathological N Category Patient ID: Database ID: Location would be repeated here from previous data entry pag Location of primary tumour Nodal map used: pN Status Select Mountain/Dressler/ATS Supraclavicular Right ND Left ND Hilar Zone Right ND Left. Zone (#1) ND Hilum #10R ND #10L ND Upper Mediastinal Right ND Left ND Zone. Peripheral Zone Right ND Left ND Highest ND mediastinal node* Interlobar ND #11R ND #111 Upper ND #2L ND paratracheal Lobar #121 ND #12R ND #3aR ND Pre-vascular #3aL ND Segmental #13R ND #13L ND #3pR Retrotracheal ND ND #3pL Subsegmental ND #14R ND #141 Lower #4R ND #4L ND paratracheal Aorto-Pulmonary Key to nodal station sampling results: ND Zone + = At least one node sampled in this region was positive for turn (*For the "highest" field, this means the highest mediastinal n sampled was positive). Sub-aortic ND = All nodes sampled in this region were negative for tumour. (*For the "highest" field, this means the highest mediastinal n Para-aortic ND sampled was negative). ND = No node sampling done in this region or results were equivocal and no node was positive for tumour Subcarinal Zone ND Subcarinal #7 ND To Calculate Zone Results, Click Here Lower Mediastinal Right ND Left ND Calculated pN Status Zone Zones in grey areas would be calculated fields, not ND Paraoesophageal #8L ND #8R

Pulmonary

ligament nodes

#9L

ND

#9R

ND

entered by operator. Add links to illustrations of nodal maps. Extra button could allow the user to set

all results to 'not explored' for a given section.

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Post-Surgical/Pathological N Category, Continued

Patient ID: Database ID				
pN Staging, Continued:			e e	* *
	*			
* 2				
Direct nodal invasion from tumour?	Select			197
				* * *
			v (*)	ē.
Size of largest node sampled	cm	. 6		. 1
Location of largest node sampled	Select	34		6
Number of N3 nodes sampled				
Number of positive N3 nodes				4.
N3 extracapsular involvement	Select			
		*		
Number of N2 nodes sampled		, ,	A	
Number of positive N2 nodes				
N2 extracapsular involvement	Select		e :	*.
Number of N1 nodes sampled		102		
Number of positive N1 nodes				
N1 extracapsular involvement	Select			

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT Additional Nodules, by Post-Surgical/Pathological Findings

Page 17 of 21 These boxes prompti by responses re: additional nodules elsewhere in data en screens

Patient ID:	Database (Di	
Гs	Separate nodule(s) in same lobe	
	Number of additional nodules in same lobe	
	Method of detection/measurement Select	
рТ3	Size (cm) of largest nodule by above method	
(Prompt j	Distance (cm) of closest nodule from main mass cm	
for j nodu same lobe	e)→ Histology of additional nodule #j: Select	
	Morphology/Immunohistochemistry/molecular marker suggest:	
	Select	
┌ Se	eparate nodule(s) in other ipsilateral lobes	
	Number of nodules in other ipsilateral lobes	
pT4	Method of detection/measurement Select	
(Prompt k time		
for k nodules in ipsilateral lobe)	-> Histology of additional nodule #k: Select	
	Morphology/Immunohistochemistry/molecular marker suggest:	-
	Select	91
┌ Sep	parate nodule(s) in contralateral lobes	
	Number of nodules in contralateral lobes	
рМ1а	Method of detection/measurement Select	
ompt m times	Size (cm) of largest nodule by above method cm	
m nodules in tralateral lobe) -	> Histology of additional nodule #m: Select	
	Morphology/Immunohistochemistry/molecular marker suggest:	
	Select	

DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT M-Descriptors, No Attempt to Resect Primary Tumour

User would be prompte the primary tumour (ba	d to complete this pag sed on the response to	ge ONLY if there w o the question on	the TRE	ATMENT pag	e).
M status by pre-treatment/evalu	uative finding Select	A - 100 AND 1-000		100 1 100 100 100 100 100 100 100 100 1	
Pleural nodules Specify:	Select	Biopsied or resect	ed?	Select	
Pleural effusion Specify:	Select	Cytology	Select	-1	
Pericardial effusion Specify:	Select	Cytology	Select		1.1
If there is metastasis to co the user would be promp in the corresponding sect the "Additional Nodules b Evaluative Findings" page	ted to enter data ion on y Pre-Treatment/	Prompted only if "y Q whether any dist site biopsied or res Metastasis biop resected?	ant ected: sied or		4 #
Bone	Select	Select			
Liver	Select	Select	-	-	
Brain	Select	Select			
Abdominal lymph nodes	Select	Select			
Other distant lymph nodes	Select	Select .			
Peritoneum	Select	Select		134	
Adrenals	Select	Select			
CI.I.	Select	Select	an element to a	20	
Skin					

Please document presence, number of lesions, and whether biopsied/resected for any other

sites of metastasis not listed above:

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INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT

M-Descriptors Before and After Attempted Resection of the Primary Tumour

							A
M Status Before	Attempted F	Resection of th	e Primary Tumou	Select .			
				-			-
M Status After At	tempted Re	section of the	Primary Tumour	Select		,	
	3			* ±	4.4	1	
Time to the second		14				2	
Pleural nodules	Specify:	Select		Biopsied	Select	4	-
			4 10 40 40	or resected	? ¹		=
Pleural effusion	Specify:	Select	er e	Cytology	Select		
Pericardial effusion	Specify:	Select		Cytology	Select		_
Contralateral lung	metastasis	Select	If yes, promp Nodules by P Pathological	ost-Surgical/			
Contralateral lung Were any of the al			Nodules by P Pathological	ost-Surgical/	ge .		
			Nodules by P Pathological	ost-Surgical/ Findings" pa	ge .		
	bove first dia	egnosed at reso Prompted or Q whether a	Nodules by P Pathological ection? hly if "yes" to ny were first	ost-Surgical/ Findings" pa	ge .		
	bove first dia	ngnosed at reso	Nodules by P Pathological ection? nly if "yes" to by were first t resection	ost-Surgical Findings" pa Selec	ge .		
ω 16	bove first dia	egnosed at reso Prompted or Q whether a	Nodules by P Pathological ection? hly if "yes" to ny were first	ost-Surgical, Findings" pa Selec	ge .		
ω 16	bove first dia	egnosed at reso Prompted or Q whether a	Nodules by P Pathological ection? any if "yes" to any were first t resection Check here diagnosed a	ost-Surgical, Findings" pa Selec	ge .		
	bove first dia	Prompted or Q whether a diagnosed a	Nodules by P Pathological ection? If yes" to ny were first t resection Check here diagnosed a	ost-Surgical, Findings" pa Selec	ge .		

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

DATA ELEMENTS FOR F	PROSPECTIVE LUNG STAGING PROJECT
M-Descriptors Before and After	er Attempted Resection of the Primary Tumour

M Status After Attempted Resection of the Primary Tumour Specify M Status After Attempted Resection of the Primary Tumour Specify Sites of distant metastases: Presence/ Number of Lesions Bone Select	primary tumour (based	ed to complete this plot to the response to wers repeated from previous	page ONLY if there was a res the question on the TREATM ous page for reference	ection attemp MENT page).	t of the	
Presence/ Number of Lesions Bone Select Sel						
Presence/ Number of Lesions Bone Select Sel						
Number of Lesions resected? resected? resected (if yes, check the Select S	Sites of distant metasta	1.10	to Question A below:	"yes, resected" for a given site: Date	to Que	estion B belo netastasis fir
Liver Select Select Select Abdominal lymph nodes Select Select Select Other distant lymph nodes Select Select Peritoneum Select Select Select Adrenals Select Select Select Select Select Select Adrenals Select Select Select Select *Select Select Select Select Select Select Select Select Select Select Select Select Select Select Select Select Selec			The state of the s	(2) 人名意内尔特特尔特特斯·阿拉尔斯特特的第三人称单数。		
Brain Select Select Select Select Select Other distant lymph nodes Select	Bone	Select	Select			
Abdominal lymph nodes Select	Liver	Select	Select			
Other distant lymph nodes Select	Brain	Select	Select			
Peritoneum Select *Question A: Were any of these distant sites biopsied or resected? *Question B: Were any of these distant metastases first diagnosed at resection? Select	Abdominal lymph nodes	Select	Select		ĘU	
Adrenals Select	Other distant lymph nodes	Select	Select		ŀΠ	Jr
Skin Select	Peritoneum	Select	Select	5		Jer
Bone marrow Select Select Select *Question A: Were any of these distant sites biopsied or resected? Select *Question B: Were any of these distant metastases first diagnosed at resection? Select	Adrenals	Select	Select			
*Question A: Were any of these distant sites biopsied or resected? Select **Question B: Were any of these distant metastases first diagnosed at resection? Select	Skin	Select	Select			
*Question A: Were any of these distant sites biopsied or resected? Select **Question B: Were any of these distant metastases first diagnosed at resection? Select	Bone marrow	Select	Select			
**Question B: Were any of these distant metastases first diagnosed at resection? Select	¥	, , , , , , , , , , , , , , , , , , ,	are produced by the production of the	(DD/MM/	m .	al water
	*Question A: W	ere any of these distant s	ites biopsied or resected? Selec	t Name ()		
Please document presence, number of lesions, histological/cytological confirmation for any other	**Question B: We	ere any of these distant m	etastases first diagnosed at resectio	ñ?	Select	
	Please document presence, nu	mber of lesions, histologi	ical/cytological confirmation for any	other		31

Use an asterisk (*) to identify additional sites of metastasis that were first diagnosed at resection.

DUTCOME			
ate of Last Follow-Up: - CDD/MN]- m		
ital Status at Last Contact	Select		
Cause of Death, if Deceased:	Select	e o	1
		* :-	
Check here if results of molecular	studies are available for this case.		8

肺癌 TNM改定とDB JNCDBの項目

日本PCS肺癌小作業部会

ガイドラインのUpdate

American Society of Clinical Oncology Treatment of Unresectable Non-Small-Cell Lung Cancer Guideline:Update2003⇒update in progress

Cancer Care Ontario and ASCO Adjuvant Chemotherapy and Adjuvant Radiation Therapy for Stages I-IIIA Resectable NSCLC Guideline : 2007

ASTROもガイドライン制定を総会で提案 Evidence-based Medicine (EBM)の手法による 肺癌診療ガイドライン: 2003⇒2005⇒2009 放射線治療計画ガイドライン: 2004 ⇒2008 日本放射線科専門医会・医会、日本放射線腫瘍学会、

日本医学放射線学会編

肺癌に関するQuality Index

- ガイドラインのupdateが相次いでおり、 その内容をどこまで取り入れるか
 - SRTやPETなど施設により可否がわかれる内容 がある
 - Stage |〜||IIのAdjuvant療法などコンセンサスが 成立していない内容がある 年齢や合併症などの影響

今後の数年は、TNMの改定の影響が 大きいと予想されている

TNM Classification

UICCの重要な活動のひとつである各臓器の TNM病期分類の改訂と維持は、

TNM Prognostic Factors Core Group (L. Sobin委員長、アメリカ) で実施

- 現行のUICC6は現在改訂中
- 2009年に新たなUICC7が刊行予定
- 2010年にUICC7の運用開始予定

肺癌のTNM Classification : IASLCによるデータベース構築

- 肺がんは担当学会である世界肺癌学会 (IASLC、西條長宏理事長)が独自に改定案 をまとめた唯一の臓器がん
- IASLCは、UICC7に向けて学会が独自に staging projectを立ち上げた
- (staging committee、P.Goldstraw委員長)
- 約10万件の症例を登録したデータベース を構築

NCCH呼吸器外科 淺村尚生

肺癌のTNM Classification

: IASLCによる改定案策定

・IASLCデータベースを基盤としたStaging committeeによる改定案策定

↓欧州・北米・アジア・豪州 の約10万例を集積

SEERデータ (アメリカ) による external validation: 妥当性を検証

IASLCのproposalとしてJ Thorac Oncol 誌に公表

肺癌のTNM Classification: UICCへの提出

AJCCの肺癌task forceは、 IASLCのproposalをそのままAJCC改定案 として採用し、UICCに提出(2008年5月)

(V. Rusch委員長=IASLCのstaging committee委員)

UICCの承認により、

肺がんに関するTNM分類は、

IASLC = AJCC = UICCの図式で、 全世界で使用されることになる予定

⇒世界初の成功例

NOCH呼吸器外科 淺村尚生

肺癌のTNM Classification: コメント・問題点

- IASLCのデータベースの問題点
 - 各地域から多くの症例が集積されているが、
- 欧米からはIII・IV期の割合が高い
- アジアからはIV期例の登録は極めて少ない
- 進行非小細胞肺がんにおいては、アジアと欧米 との予後の違いが指摘されており、解析結果に 影響した可能性あり
- 予後に関する妥当性は検討されているが、 治療選択上の意義についての検討が不十分 (NCCE腫瘍内科 久保田薫)

肺癌のTNM Classification: コメント・問題点

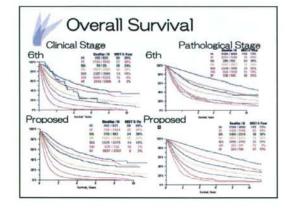
- 腫瘍径7cm以上をT3とするのは、腫瘍径と照射効果は相関があることから妥当
- 胸膜播種は根治的放射線治療の適応とならず、T4よりM1aに変更されたことは妥当
- 同一肺葉内の腫瘍結節がT4からT3に変更されたことは、根治照射可能症例と困難な症例があることより若干の問題がある

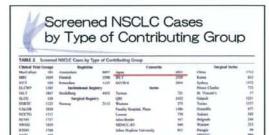
(神奈川県立CC放射線治療科 中山優子)

Proposed New TNM

Sixth Ed	Proposed	NO	N1	N2	N3
T1: ≦2cm	T1a	IA	IIA.	MA	IIIB
T1: >2-3cm	T1b	IA	IIA	IIA	IIB
T2: ≦5cm	T2a	8	IIA	IIA	1118
T2: >5-7cm	T2b	IIA.	IB	IIIA	IIB
T2 >7cm	7/3	IB	IIIA	MA	IIIB
T3 invasion	T3	IIB	IIIA	MA	IIB
T4 same lobe nodules	T3	IIB	IIIA	IIIA	118
T4 extension	T4	IIIA	IIIA	MB	IIB
M1 ipsilateral lung	T4	IIIA	IIIA	IIIB	IIIB
T4 pleural effusion	Mta	IV	N	N	IV
M1 contralateral lung	M1a	IV	IV	IV	IV
M1 distant	M1b	IV	IV	IV	IV

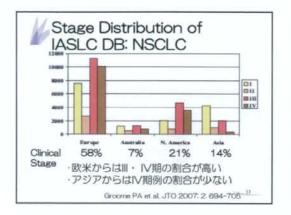
Goldstraw P et al. JTO 2007; 2: 706-714-10

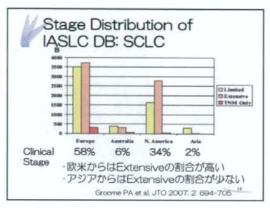




And Appendix Services and Appendix Services

Groome PA et al. JTO 2007; 2: 694-705





Initial Screening

of Submitted Cases

- Total cases submitted 100,869
- Passed initial screen for SCLC and NSCLC analyses 81,015
- Excluded 19.854

Carcinoid 546

- Other tumors (sarcoma, other) 569
- Other reasons
 - Outside 1990-2000 time frame 5443
- Incomplete survival data 1505
- Unknown histology or occult 2468 incomplete stage information 7720
- Recurrent case (or unknown status) 1536
- Duplicate cases removed 67

JNCDB構築の必要性

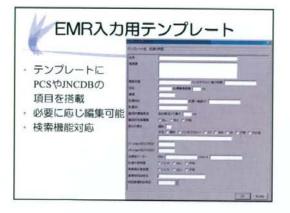
- 臨床に影響の大きなTNM病期分類の改訂に 強い影響力を発揮できるのが、よく整備され たDBである。
- 病期の情報や予後の情報が完全である必要あり
- 手術・病理病期のみでなく、臨床病期の症例 もDBで活用されている。
- 組織型やStagingを行った肺癌症例を全て登録
- 予後追跡

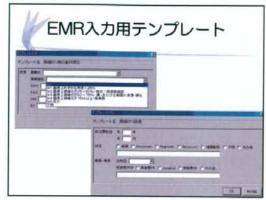
16

JNCDB案の項目についての 検討

- 目的
 - 電子カルテに搭載した調査項目の入力率および 内容の整合性を検討し、情報収集の精度につい て検討
- 方法
 - JNCDBおよびPCS0305の調査項目の一部を NCCHの電子カルテおよび放射線治療部門 システムに搭載し、入力内容を検討
 - 2007年5月より2008年5月までに根治照射を を施行した165症例について検討
 - 電子カルテの修正履歴で修正タイミングを検討







JNCDBデータフォーマット の精度 精度の高い項目 - 入力不要(情報の自動取得項目を含む) ID・Pt Name・Gender・Date of Birth Zip Code・Address Height&Weight

- 入力内容が引用可能
 - Symptom ーバラツキあり
 - HistoryのSmoking Index
 - BW loss
 - T-marker/血液ガス
 - Staging検査実施項目
 - Cytology/Pathology←不一致あり

JNCDBデータフォーマット の入力率

- 入力内容に修正率の高い項目
 - 入力内容が引用可能でも修正が多い
 - History:診療科DBと項目を一致させる必要あり 項目が多いDBほど精度が落ちていた
 - KPS:診療科DB がPS
 - TNM: categoryの不一致あり
 - 検査結果の整合性についてどの段階で判断するか
 - 手術症例はLNのstationが明記されているが、
 - 非手術症例はstationが不明
 - 放射線治療症例はN2/N3の評価可能であるが
 - 化学療法先行症例では解析困難

JNCDBデータフォーマット

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- :治療内容
- 入力率の高い項目
- 治療方針・Course・入退院
- 総線量・1回線量・線種/線質・照射方法
- 術式・sTNM・pTNM
- 化学療法薬剤・コース数・薬剤
- 入力内容に修正率の高い項目
 - 入力内容が引用可能でも修正が多い
 - Splitの理由: 入力忘れがある Curability: 入力忘れがある
 - 化学療法のタイミング:維持化学療法が問題

JNCDBデータフォーマット

- :経過観察
- 入力率の高い項目
 - 来院日と状態
 - 再発や転移の有無
- 急性有害事象

入力内容に修正率の高い項目

- 入力内容が引用可能でも修正が多い
 - 再發郵价
 - 再発形式: Regrowth · Recurrence定義が問題
 - 遅発性有害事象: CTCの利用率が低い

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注目すべき項目の 入力・修正率&修正タイミング

N=165	入力率	臨床で修正	調查中修正
Cyto/Patho	100%	9%	2%
合併疾患	82%	22%	11%
KPS	70%	9%	13%
T因子	94%	3%	9%
N因子	96%	11%	13%
再発部位	22%	4%	2%
再発形式	18%	9%	4%
遅発性SE	10%	3%	6%

JNCDB案の項目について

: まとめ

- 組織型や病期などの重要情報を確実に
 - TNM病期は改定での混乱も考慮する必要あり
 - 選択の根拠となったcategoryが明示されていると修正が容易⇒PCS0305
- 簡略化して精度をあげるべき項目
 - History
 - 治療詳細
 - 再発
 - 有害事象

JNCDB 関連−Ⅲ 前立腺癌