



SACT dataset – frequently asked questions

February 2020 v1.0

Treatment intent addendum

Q1. How has the SACT treatment intent data item changed from SACT v2 to SACT v3?

Treatment intent is designed to communicate the aim of a course of systemic treatment. In SACT v2, treatment intent had the following response options: *adjuvant*, *neoadjuvant*, *curative*, *palliative* and *disease modification*.

Through the clinical consultation process to develop SACT v3 these responses have been revised to more accurately reflect current practice.

Treatment intent has been split into the following two data items:

- i) **Adjunctive therapy** (data item #49)
- ii) **Intent of treatment** (data item #15)

The response options for these two data items are detailed below:

#49 Adjunctive therapy	
1	Adjuvant
2	Neoadjuvant
3	Not applicable (primary treatment)
9	Not known

#15 Intent of treatment	
01	Curative—aiming to permanently eradicate disease
02	Palliative—aiming to extend life expectancy
03	Palliative—aiming to relieve and/or control malignancy
04	Palliative—aiming to achieve remission
05	Palliative—aiming to delay tumour progression
98	Other
99	Not known

In summary, the following changes have been made to the response options:

- **Curative** (01) – Additional explanation has been added to highlight the circumstances where this response option would apply
- **Palliative** (02; 03; 04; 05) – Split into multiple response options with explanations designed to reflect the variety of aims which may apply to palliative treatment.



- **Other** (98) – Available as a response option if none of the other options apply or if there is another treatment intent which should be recorded in addition to one of the listed options.
- **Multiple responses** can be selected (more detail in Q6-8).

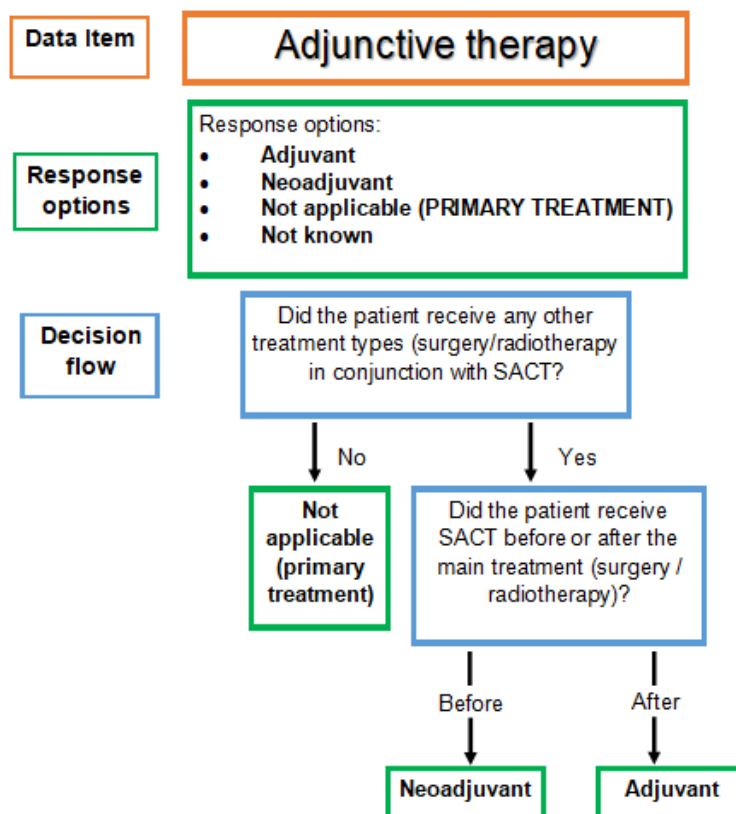
Q2. Why has adjunctive therapy been split out as a separate data item?

The adjunctive therapy data item is designed to capture treatments given as a secondary intervention to support and improve the efficacy of a primary intervention (generally surgery or radiotherapy).

- **Adjuvant treatments** – are given after the primary intervention to improve efficacy
- **Neoadjuvant treatments** – are given before the primary intervention to improve efficacy
- **Not applicable (primary treatment)** – should be selected when a treatment is the primary intervention and is not given in support of any other intervention.

This status is independent from the intent of treatment. Adjuvant treatments may be curative or palliative in their intent.

The decision tree below demonstrates how this data item should be interpreted:





Q3. Why have the options for treatment intent changed?

Treatment intent is designed to communicate the aim of a course of systemic treatment. Treatment intent will be interpreted by a variety of audiences and so it is essential to provide detailed explanation to avoid misinterpretation and ensure consistent, clear communication. The description must be clear to:

1. **Patients:** to enable them to make decisions about whether or not to have a particular treatment
2. **Clinical community:** to enable a shared understanding of the population being treated and enable benchmarking of outcomes from particular treatments
3. **Cancer registries:** to ensure data is correctly grouped and analysed to provide meaningful insights, for example identifying variation in practice

The more precise descriptions are designed to provide clarity for the audiences detailed above, better align with patients' and doctors' goals of treatment and allow clear coded definitions for the SACT dataset.

Q4. Why are there now multiple palliative response options?

The term "palliative" as a treatment intent has become unhelpful with the development of a growing cohort of patients with incurable but treatable cancers. Following diagnosis of an "incurable" cancer, many patients will live for several years and be treated with a number of different "lines" of treatment. In addition, new treatments are constantly becoming available which extend the options for patients who may be expected to live only a few months based on the current standard of care.

The clinical community have agreed that "palliative" treatment intent should cover all of the above scenarios and suggested several goals for palliative treatment, all supporting an overall goal of improving/ maintaining the quality of life of patients. These goals include:

1. Systemic therapy aiming to extend life
2. Systemic therapy aimed to relieve/control malignancy related symptoms
3. Systemic therapy aimed to prevent/delay malignancy related symptoms
4. Systemic therapy aimed to delay tumor progression

The SACTv3 treatment intent response options have been updated to reflect this range of goals and provide further explanation to clarify that "palliative treatment intent" does not mean the patient is at the end of life.



Q5. Why has disease modification been removed as a treatment intent response option?

Disease modification was available in SACT v2 to allow for accurate recording of treatments that were intended to control cancer, often for many years, without the expectation of eradicating the disease. This situation is now covered by the additional palliative treatment intent response options. Relevant palliative treatment intent responses should be selected for these patients.

Q6. Treatment intent is now a repeating data item, what does this mean?

In SACTv3 treatment intent is a repeating data item, meaning more than one response option can be selected. Clinical staff should select all responses which are relevant to the patient. Further details of permissible combinations of responses are described below.

Q7. What if more than one of the palliative option applies for a specific treatment?

See Q6 above.

Q8. Treatment intent is a repeating data item. Does this mean I can select any combination of response options?

The main aim of making treatment intent a repeating data item is to allow any combination of palliative intents to be selected. The tables below indicate response option combinations we would expect to receive.

Curative regimens

Intent of treatment
Curative—aiming to permanently eradicate disease
Palliative—aiming to extend life expectancy
Palliative—aiming to relieve and/or control malignancy
Palliative—aiming to achieve remission
Palliative—aiming to delay tumour progression
Other
Not known

Green – responses expected in combination
Red – responses NOT expected in combination



Palliative regimens

Intent of treatment
Curative—aiming to permanently eradicate disease
Palliative—aiming to extend life expectancy
Palliative—aiming to relieve and/or control malignancy
Palliative—aiming to achieve remission
Palliative—aiming to delay tumour progression
Other
Not known

Regimens with unknown intent

Intent of treatment
Curative—aiming to permanently eradicate disease
Palliative—aiming to extend life expectancy
Palliative—aiming to relieve and/or control malignancy
Palliative—aiming to achieve remission
Palliative—aiming to delay tumour progression
Other
Not known

Point to note:

- We would not expect "01 Curative" to be combined with any of the palliative options "02;03;04;05"
- A treatment intent is either "Curative" or "Palliative", not both.
- Any combination of the "Palliative" options is accepted "02;03;04;05".
- "98 Other" can also be used on its own if the intent is not covered by any of the other the response options.
- "98 Other" can also be used in combination with any of the curative or palliative response options if the treatment is being used with an additional intent which is not covered by the existing options.



A summary of the changes is provided in the table below:

SACTv2	SACTv3	Status	Reason
Adjuvant	Adjuvant	Moved to separate data item	Designed to capture treatments given as a secondary intervention to support and improve the efficacy of a primary intervention (generally surgery or radiotherapy). This status is independent from the intent of treatment. Adjuvant treatments may be curative or palliative in their intent
Neoadjuvant	Neoadjuvant		
Curative	Curative – aiming to permanently eradicate disease	Additional explanation added	Continue to use if the patient is being treated with a curative intent.
Palliative	Palliative – aiming to extend life expectancy	Split into multiple response options. Any combination of the palliative intent options can be used.	Allows for a more accurate recording of palliative intent, which does not mean end of life care.
	Palliative – aiming to relieve and/or control malignancy related symptoms		
	Palliative – aiming to achieve remission		
	Palliative – aiming to delay tumour progression		
Not present in SACT v2	Other	Additional data item in SACT v3	Allows a more accurate recording of intent of treatment, if the options available are not applicable.
Not present in SACT v2	Unknown		