Clinical Data Set

The Royal College of Ophthalmologists National Ophthalmology Database (NOD) Age-related Macular Degeneration (AMD) Audit Data Set

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1 Introduction and Funding

A data set comprises a set of defined variables representing clinical information about a patient with a given condition. Data sets already exist for cataract, retinal detachment, macular hole surgery and corneal cross-linking. Collection of agreed data sets allows comparison of outcomes across different platforms, including paper notes, proprietary electronic patient records and open-source databases. The benefits of this approach have already been seen in the national cataract data set.

This document describes a proposed data set for the Royal College of Ophthalmologists' National Ophthalmology Database (RCOphth NOD) age-related macular degeneration (AMD) audit. The data set has been composed by the AMD Audit Advisory Group and is a derivative of the main AMD Data Set published by The Royal College of Ophthalmologists' Informatics and Audit Sub-committee.

Funding

Roche Products Limited have provided funding to support the conduct of this study. Roche Products Limited has had no further involvement in the project. The project has been supported by an unrestricted, hands-off grant provided by Bayer plc. Bayer plc has no involvement whatsoever in the development or implementation of the project. We are grateful for the funding received from these organisations. We also receive ongoing support through subscription fees from participating hospitals.

2 Application

The purpose of this data set is to represent an agreed set of clinical information which can be collected on patients with late AMD (geographic atrophy or neovascular disease) for the purposes of the RCOphth NOD AMD Audit. As well as defining the items to be collected, the data set also describes the format for each item. The data set can be used as a basis for clinical care, outcome analysis, clinical audit, revalidation, and research in line with the Audit's specified objectives (see outcome measures below). Common use of the data set will ensure that information collected by different clinicians, using different paper or electronic systems in different locations, is easily transferable, and can therefore form the basis of large, anonymised databases for audit and outcomes research. Each data item is colour coded according to the following scheme;

Category	
Mandatory	Data items which are essential for all applications, and must be collected
Desirable	Advised as valuable for audit or knowledge extraction purposes
Optional	Data items which are required for some applications, and may be collected

The RCOphth NOD AMD Audit's key outcome and process measures are:

- Percentage of eyes (or patients) for which treatment was offered or started (when appropriate) within 14 days of referral
- Percentage of eyes (or patients) completing the loading phase of 3 injections, within 10 weeks of the first injection
- Percentage of eyes for which follow-up was delayed by more than 14 days after the planned follow-up interval on at least one occasion in the first 12 months
- Median visual acuity change from baseline to months 12 and 24 (adjusted for baseline age and visual acuity)
- Percentage of eyes with a good visual acuity state (≥70 ETDRS letters or ≤ 0.3 LogMAR) after 12 and 24 months
- Complications of treatment e.g. presumed infectious endophthalmitis or intra-ocular inflammation

3 Scope

This data set applies to people with Late AMD only. (See NICE Guideline NG82 https://www.nice.org.uk/guidance/ng82- Age-related macular degeneration February 2018 for definitions of Early and Late AMD). Visual loss in Late AMD is usually a consequence of either the "dry" form of Late AMD (also known as geographic atrophy), the "wet" active form of Late AMD (also known as choroidal neovascularisation or neovascular AMD), the "indeterminate" form of Late AMD, or the "wet" inactive from of Late AMD (also known as disciform scar). Multiple forms of Late AMD may be present in an eye at the same time.

4 Principles

The data set is designed to comply with the following principles:

1. **The data set should be a subset of information routinely collected**

   The intention is not to burden already busy clinicians with additional work, so the data set should be constructed of items that are, or should be, recorded as part of the routine clinical management of the patient. The data set for the RCOphth NOD AMD audit may require some changes to existing electronic medical record (EMR) systems with the addition of a small number of new items, such as the date of receipt of referral from primary care, and mandatory entry of others, such as visual acuity at baseline and after 12 and 24 months of follow-up.

2. **Items not required for likely analysis should be excluded**

   The collection of data requires time and effort, and therefore the total number of items should be kept to a minimum. The range of analyses likely to be conducted on the data is largely predictable, and items not required for these analyses should be excluded.

3. **Items in common with other College data sets should be congruent**

   A number of data items (for example visual acuity, IOP) will be common to other ophthalmic data sets. It makes sense to ensure that only one definition for each item is

used throughout all data sets, particularly within a subspecialty. This data set is therefore closely related to the existing macular hole and retinal detachment data sets.

4. **The data set should be capable of implementation in an electronic patient record**

   It is likely that the maximum benefit of the data set will only be achieved when information is being routinely collected using electronic patient record systems. It is therefore essential that it is capable of being implemented electronically.

5 Data types

Each item of the data set has a data type, from the list below. These correspond to data types available in most relational database management systems (RDMS), which generally form the core of EPR systems.

Type	Description
NULL	A special entity representing an uncertain or unassigned value
INTEGER	An integer value, normally unsigned (i.e. zero or positive values)
FLOAT	A floating-point value, positive or negative
BOOL	A value representing true or false
STRING	A value containing text (alphanumeric data) of unspecified length
ENUM	A value which represents one of a limited range of values
DATE	A value representing a date
DATETIME	A value representing a date and time

6 Age-related macular degeneration data set

Item	Description	Values/format
NOD-specific patient identifier	The RCOphth NOD does not hold any patient identifiable data, such as an NHS number or a local hospital number. For organisations using an EMR system, any link to patient identifiers must be destroyed during the extraction and before the related data are transferred to the RCOphth NOD. This ensures that no re-identification of patients is possible after data transfer to NOD. To enable tracking of a given patient over time, a new and unique identifier will be allocated to each patient by the EMR and at the point of data extraction. This unique identifier does not enable patient re-identification by RCOphth NOD.	INTEGER or STRING
Age (Date of birth)	The age of the patient in years at the time of presentation or at the time of an event or treatment. As the age will change, it will be derived from date of birth. However, the actual date of birth and all subsequent dates for a given patient will be perturbed by the same random number of dates to prevent patient identification prior to submission to the RCOphth NOD.	DATE
Sex	The patient's biological sex	ENUM (Male, Female)
Provider Organisation e.g. NHS Trust, Health Board or equivalent organisation commissioned to provide the service	ODS CODE (England - allocated by NHS Digital) or equivalent for organisations in Northern Ireland, Scotland or Wales	Text and numbers

Site at which treatment took place	ODS CODE (England) or equivalent	Text and numbers
Ethnic category	The ethnicity of the patient using the classification used for the 2011 census.	ENUM A = White – British B = White – Irish C = Any other White background D = Mixed - White and Black Caribbean E = Mixed - White and Black African F = Mixed - White and Asian G = Any other mixed background H = Asian or British Asian – Indian J = Asian or British Asian – Pakistani K = Asian or British Asian – Bangladeshi L = Any other Asian or British Asian background M = Black or Black British – Caribbean N = Black or Black British – African P = Any other Black or Black British background R = Chinese S = Any other ethnic group Z = Not stated
Smoking status		ENUM (Never smoked, Ex-smoker, Current smoker)
Date of receipt of initial referral	Date of receipt of the original referral from primary care with suspected NvAMD. This is vital to enable the Audit to report on starting treatment, when appropriate, within 14 days of receipt of the initial referral from	DATE

	primary care and in accordance with NICE guidance.	

7 Baseline assessment/start of treatment (to be recorded for each eye)

Item	Description	Values/format
Assessment date	Date of this assessment	DATE
Date of start of treatment	Date on which first treatment given following referral, when appropriate, (if different to date of baseline assessment). This is vital to enable the audit to report starting treatment, when appropriate, within 14 days of receipt of referral from primary care and in accordance with NICE guidance.	DATE
Baseline Distance Visual Acuity	Recorded on the day treatment started or in the 7 days before treatment	FLOAT (LogMAR, ETDRS letter score)
Date of Baseline Distance Visual Acuity		DATE
Eye laterality	Data for each eye needs to be recorded separately as the data may not the same for both eyes. The laterality is an important key in linking submitted data files together and not all patients will have both eyes treated.	ENUM (Right, Left)
Significant ocular co-morbidity	Ocular disease, other than AMD, that may have an impact on visual acuity change after the initiation of treatment e.g. glaucoma, DR or presence of geographic atrophy, sub-retinal fibrosis, amblyopia, previous vitrectomy, high myopia, inherited retina dystrophy,	ENUM

	angioid streaks, multifocal choroiditis, other	
Choroidal neovascularisation	Present or absent	ENUM (with subtype if recorded)
Retinal thickness on OCT imaging	Thickness of the ETDRS central 1mm subfield on OCT imaging	INTEGER
Treatment with intra-vitreal therapy		ENUM (None, Ranibizumab, Aflibercept, Bevacizumab, Brolucizumab or other please specify)
Type of professional administering treatment	Medical or Non-medical	ENUM
Planned follow-up interval	Intended interval till next review in days or weeks. This is vital to enable the Audit to report on delays from the planned follow-up interval.	INTEGER
Treatment with PDT		ENUM (None, PDT)
CVI offered or completed	Offer of certification as having Sight or Severe Sight Impairment, if appropriate	ENUM (Not appropriate, SI certification offered or completed, SSI certification offered or completed)

8 Follow-up assessment (to be recorded for each eye and at each visit)

Item	Description	Values/format
Assessment Date	Date of attendance and/or surgery	DATE
Distance Visual Acuity	Recorded on the day, or within 7 days, of further treatment	FLOAT (LogMAR, ETDRS letter score)
Date of Distance Visual Acuity	Date for the relevant Visual Acuity assessment	DATE
Distance visual acuity at months 12 and 24 (+ or - 56 days)	This data is vital to enable the Audit to report visual acuity outcomes after 12 and 24 months.	FLOAT (LogMAR, ETDRS letter score)
Eye laterality	Data for each eye needs to be recorded separately as the data may not the same for both eyes. The laterality is an important key in linking submitted data files together and not all patients will have both eyes treated.	ENUM (Right, Left)
Distance visual acuity recorded at every visit		FLOAT (LogMAR, ETDRS letter score)
Significant ocular co-morbidity	Ocular disease, other than AMD, or surgery that may have an impact on visual acuity change after the initiation of treatment e.g. new geographic atrophy or sub-retinal fibrosis, cataract and/or vitrectomy surgery, other	ENUM
Retinal thickness on OCT imaging	Thickness of the ETDRS central 1mm subfield on OCT imaging	INTEGER

Disease activity based on OCT imaging +/- the presence of specific abnormalities		ENUM (Active disease or inactive disease) Active disease = Sub-retinal fluid, Intra-retinal cysts
Treatment with intra-vitreal therapy		ENUM (None, Ranibizumab, Aflibercept, Bevacizumab, Brolucizumab or other – please specify)
Type of professional administering treatment	Medical or Non-medical	ENUM
Planned follow-up options	Plans for follow-up to include: - Ongoing follow-up with further review in provider eye clinic - Ongoing follow-up but involving shared care with community optometrists - Permanently stopping treatment and discharge - Permanently stop treatment but with continued follow up by provider	ENUM (Other – please specify)
Planned follow-up interval	Intended interval till next review in days or weeks when ongoing follow-up planned. This is vital to enable the Audit to report on delays from the planned follow-up interval.	INTEGER
CVI offered or completed	Offer of certification as having Sight or Severe Sight Impairment, if appropriate	ENUM (Not appropriate, SI certification offered or completed, SSI certification offered or completed)
Ocular complications of intra-vitreal therapy	This is vital to enable the Audit to report on the safety of intra-vitreal therapy for AMD.	ENUM (None, Traumatic cataract, Retinal Detachment, Presumed infectious endophthalmitis,

		other Intra-ocular inflammation)

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