



Audit Report

Cervical Cancer Quality Performance Indicators Endometrial Cancer Quality Performance Indicators

**Clinical Audit Data:
01 October 2024 to 30 September 2025**

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Endometrial & Cervical Cancer QPI Overview

Patients Diagnosed: October 2024 - September 2025



Number of Patients Diagnosed
Endometrial: 360
Cervical: 151

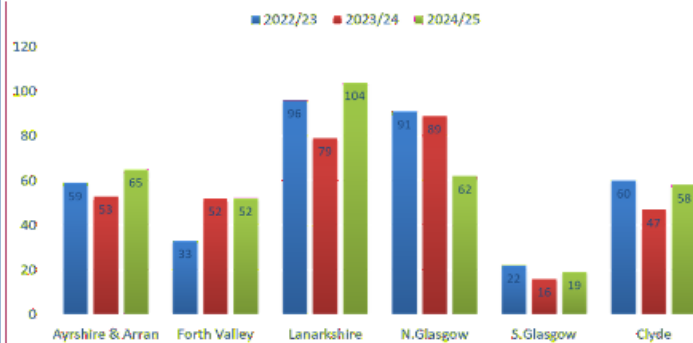


5 Year Net Survival
Endometrial: 76.5%
Cervical: 73.4%
 Source: Public Health Scotland

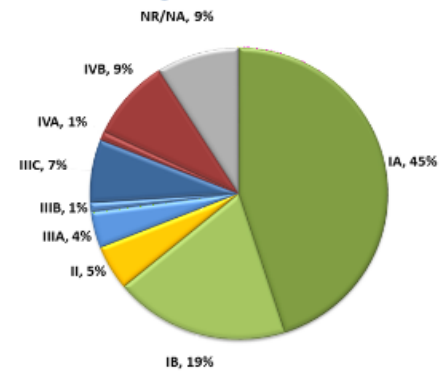


Median Age at Diagnosis
Endometrial: 66
Cervical: 66

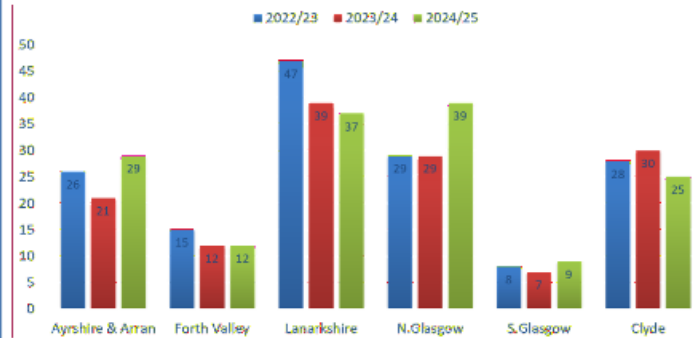
Health Board of Diagnosis - Endometrial



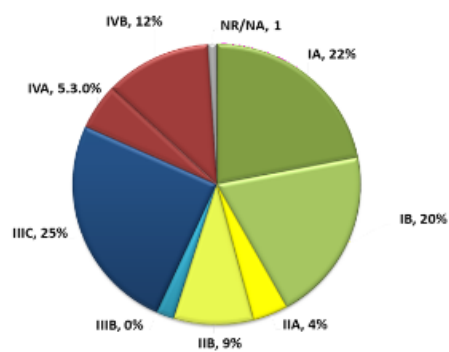
FIGO Stage - Endometrial



Health Board of Diagnosis - Cervical



FIGO Stage - Cervical



QPI 1: Radiological Staging

98%

Patients with endometrial cancer had their stage of disease assessed by magnetic resonance imaging (MRI) and/or computed tomography (CT) prior to definitive treatment.

90%



QPI Target

QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy

86%

Of patients with endometrial cancer underwent TH/ (BSO). 90% were completed by minimal access approach.

85%



QPI Target

QPI 5: Surgical Margins

100%

Patients with surgically treated cervical cancer had clear resection margins.

95%



QPI Target

QPI 7: Chemoradiation

94%

Patients with cervical cancer undergoing radical radiotherapy received concurrent platinum-based chemotherapy.

70%



QPI Target

Executive Summary

This report presents a detailed evaluation of the performance of the West of Scotland (WoS) Gynaecological Cancer services for patients diagnosed with endometrial or cervical cancer between 1 October 2024 and 30 September 2025. The examination of Quality Performance Indicator (QPI) data has provided a robust framework for ensuring quality assurance across the region. By adhering to this annual reporting cycle, we aim to ensure that every patient receives the highest standard of care, regardless of where they are treated within the region. By focusing on the key areas highlighted through the QPI analysis, the MCN has made significant progress in enhancing service delivery and ensuring equitable care for all patients.

Key Achievements:

The QPI results indicate that the overall quality of endometrial and cervical cancer services across WoS Boards is excellent. Key highlights include:

- **Radiological Staging:** Patient having stage of disease assessed prior to definitive treatment in endometrial cancer has been consistently met by all boards over the past 3 years.
- **Surgical Margins:** 100% of patients undergoing surgery for cervical cancer had clear resection margins.
- **Chemoradiation:** 94% of patients undergoing radical radiotherapy for cervical cancer received concurrent platinum-based chemotherapy.

For endometrial cancer, QPI 1 (Radiological Staging) and QPI 3 (Total Hysterectomy (TH) and Bilateral Salpingo-Oophorectomy (BSO)) were met regionally. It is reassuring that the majority of patients have their disease stage assessed prior to definitive treatment, helping to minimise unnecessary or inappropriate treatment. It is also encouraging that the majority of surgical patients underwent TH/BSO, with 90% of procedures completed using a minimal-access approach, thereby minimising post-operative complications and length of hospital stay.

For cervical cancer, targets relating to QPI 5 (Surgical Margins) and QPI 7 (Chemoradiation) were met by all NHS Boards. The quality of radical surgery for cervical cancer has an important influence on local tumour control and, ultimately, survival. Therefore, the high rates of clear resection margins across the West of Scotland provide assurance regarding the quality of surgical care delivered throughout the region.

These results show that we continue to deliver high quality clinical care to women with endometrial and cervical cancer in the West of Scotland. Where any QPI target has not been met NHS Boards have provided detailed clinical commentary. NHS Boards are encouraged to continue with this proactive approach of reviewing data and addressing issues as necessary, in order to work towards increasingly advanced performance against targets, and demonstration of overall improvement in quality of the care and service provided to patients.

Following the latest formal review, QPI 1: Radiological Staging (cervical), QPI 6: 56 Day Treatment for Radical Radiotherapy (cervical) and QPI 4: Laparoscopic Surgery (endometrial) have all been archived. Endometrial QPIs for MDT discussion and Genetic Testing require new items or a new data definition and will be reported in next year's analysis.

Action Required:

QPI 3i: Total Hysterectomy and Bilateral Salpingo-Oophorectomy

- NHSGGC South Glasgow to further review cases to see whether there was any delay in the patient pathway that contributed to patient decline and if there were opportunities to improve patient's fitness.

QPI 6 – Chemotherapy.

- Local leads to further review cases to see whether there was any delay in the patient pathway that contributed to patient decline and if there were opportunities to improve patient's fitness.

A summary of actions has been included within the Action Plan accompanying this report and templates have been provided to Boards. **Completed Action Plans should be returned to WoSCAN in a timely manner to facilitate further scrutiny at a regional level and to allow co-ordinated regional action where appropriate.**

Endometrial & Cervical Cancer QPI Performance Summary Report

	Above Target Result
	Below Target Result

Endometrial Cancer									
QPI	Target	Year	AA	FV	LS	NG	SG	Clyde	WoS
QPI 1 - Radiological Staging. Patients with endometrial cancer should have their stage of disease assessed by magnetic resonance imaging (MRI) and/or computed tomography (CT) prior to definitive treatment.	90%	2024/25	100% (45/45)	96% (26/27)	97% (59/61)	95% (38/40)	100% (13/13)	100% (32/32)	98% (213/218)
		2023/24	97% (30/31)	92% (24/26)	100% (40/40)	98% (43/44)	100% (10/10)	100% (27/27)	98% (174/178)
		2022/23	100% (45/45)	100% (20/20)	94% (48/51)	98% (49/50)	100% (13/13)	100% (33/33)	98% (208/212)
QPI 3i: Total Hysterectomy and Bilateral Salpingo-Oophorectomy Proportion of patients with endometrial cancer who undergo total hysterectomy (TH) and bilateral salpingo-oophorectomy (BSO).	85%	2024/25	92% (47/51)	89% (39/44)	89% (78/88)	85% (49/58)	58% (7/12)	83% (40/48)	86% (260/301)
		2023/24	87% (39/45)	87% (39/45)	96% (64/67)	90% (70/78)	92% (12/13)	95% (38/40)	91% (262/288)
		2022/23	84% (46/55)	89% (24/27)	98% (77/79)	95% (77/81)	84% (16/19)	96% (49/51)	92% (289/312)
QPI 3ii: Total Hysterectomy and Bilateral Salpingo-Oophorectomy (Hosp. of Surgery) Proportion of patients with endometrial cancer who undergo TH/BSO, completed by a minimal access approach. New QPI added at formal review	85%	2024/25	96% (27/28)	96% (27/28)	96% (54/56)	84% (104/124)	-	93% (26/28)	90% (241/267)
		2023/24							
		2022/23							

Endometrial Cancer									
QPI	Target	Year	AA	FV	LS	NG	SG	Clyde	WoS
*QPI 6 – Chemotherapy. Patients with stage IV endometrial cancer should have SACT or hormone therapy.	75%	2024/25	-	33% (2/6)	71% (10/14)	-	-	57% (4/7)	61% (23/38)
		2023/24	-	100% (5/5)	67% (6/9)	100% (9/9)	-	-	84% (26/31)
		2022/23	-	40% (2/5)	64% (7/11)	100% (6/6)	-	-	72% (21/29)

(-) dash denotes a denominator of less than 5. Figures have been removed to ensure confidentiality.

Cervical Cancer									
QPI	Target	Year	AA	FV	LS	NG	SG	Clyde	WoS
*QPI 4 - Radical Hysterectomy. Patients with stage IB1 - IB2 cervical cancer should undergo radical hysterectomy. <i>*Clinical cohort revised for 24/25– removed patients with stage IA2 disease (as per recent guidance) that do not require radical hysterectomy.</i>	85%	2024/25	-	-	-	90% (9/10)	-	60% (3/5)	73% (19/26)
		2023/24	-	83% (5/6)	100% (5/5)	-	n/a	-	95% (20/21)
		2022/23	100% (6/6)	-	100% (9/9)	80% (4/5)	-	-	93% (25/27)

Cervical Cancer									
QPI	Target	Year	AA	FV	LS	NG	SG	Clyde	WoS
*QPI 5 - Surgical Margins. (Hosp. of Surgery) Patients with surgically treated cervical cancer should have clear resection margins.	95%	2024/25	-	n/a	100% (8/8)	100% (32/32)	n/a	100% (5/5)	100% (49/49)
		2023/24	-	n/a	100% (9/9)	97% (30/31)	n/a	-	98% (45/46)
		2022/23	100% (5/5)	-	100% (5/5)	97% (38/39)	-	n/a	96% (51/53)
*QPI 7 – Chemoradiation. Patients with cervical cancer undergoing radical radiotherapy should receive concurrent platinum-based chemotherapy.	70%	2024/25	100% (14/14)	100% (5/5)	100% (17/17)	94% (16/17)	100% (5/5)	75% (9/12)	94% (66/70)
		2023/24	100% (9/9)	50% (3/6)	88% (14/16)	93% (14/15)	-	77% (10/13)	86% (53/62)
		2022/23	88% (7/8)	67% (6/9)	81% (21/26)	87% (13/15)	-	94% (16/17)	84% (66/79)

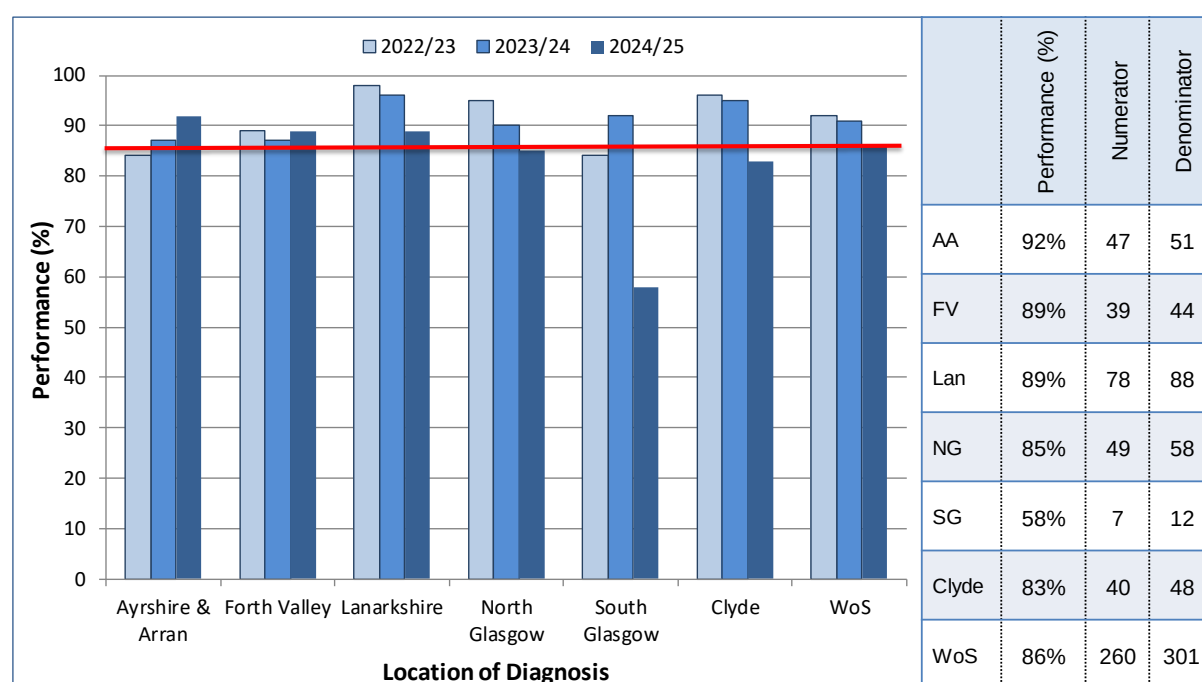
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*Interpretation of individual Board-level percentages should be undertaken with caution because several cohorts are small. The regional denominator and numerator should therefore be considered alongside the percentage when assessing performance.

4.2. Endometrial Cancer – Quality Performance Indicators

QPI 3i: Total Hysterectomy and Bilateral Salpingo-Oophorectomy

Title:	Proportion of patients with endometrial cancer who undergo, total hysterectomy (TH) and bilateral salpingo-oophorectomy (BSO).
Numerator:	All patients with endometrial cancer who undergo TH/BSO
Denominator:	All patients with endometrial cancer
Exclusions:	Patients with FIGO Stage IV disease. Patients who decline surgical treatment. Patients having neo-adjuvant chemotherapy.
Target:	85%



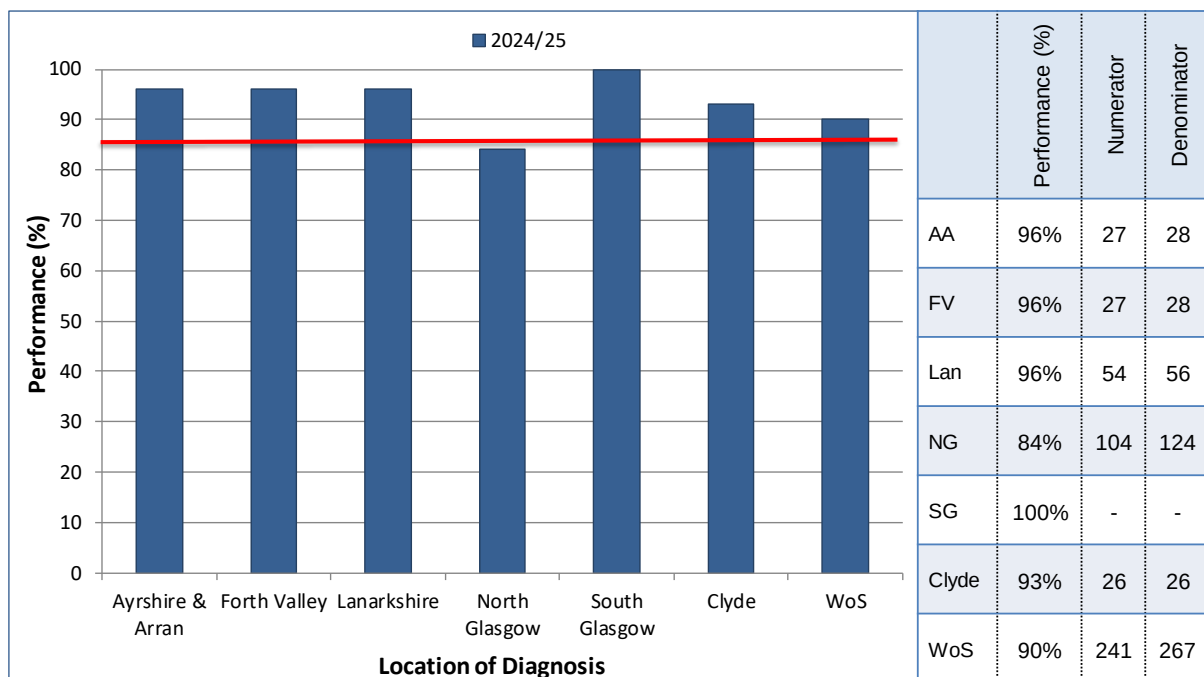
Clinical notes for cases not meeting the QPI in NHSGGC were reviewed. In the majority of cases patients were deemed unfit for surgery due to co-morbidities and level of fitness, 2 young patients were for total hysterectomy and bilateral salpingectomies (ovarian conservation) which was agreed at the time of MDT.

Action Required:

- NHSGGC South Glasgow to further review cases to see whether there was any delay in the patient pathway that contributed to patient decline and if there were opportunities to improve patient's fitness.

QPI 3ii: Total Hysterectomy and Bilateral Salpingo-Oophorectomy

Title:	Patients with endometrial cancer should undergo total hysterectomy (TH) and bilateral salpingo-oophorectomy (BSO), using a minimal access approach
Numerator:	All patients who undergo TH/BSO completed by a minimal access approach.
Denominator:	All patients with endometrial cancer who undergo TH/BSO.
Exclusions:	Patients with FIGO Stage IV disease. Patients having neo-adjuvant chemotherapy.
Target:	85%



(-) dash denotes a denominator of less than 5.

Clinical notes for the 22 NHSGGC cases that did not meet the QPI were reviewed. No cases were identified as being suitable for minimal-access surgery. Reasons why patients were not considered suitable included the presence of complex ovarian cysts, a uterus measuring >20 cm, severe endometriosis/frozen pelvis, a large incisional hernia, and suspicious para-aortic (PA) lymph nodes.

QPI 6: Systemic Anti-Cancer Treatment/Hormone Therapy

Title:	Patients with stage IV endometrial cancer should have SACT or Hormone Therapy.
Numerator:	All patients with stage IV endometrial cancer receiving SACT or Hormone Therapy.
Denominator:	All patients with stage IV endometrial cancer.
Exclusions:	Patients who refuse any SACT or hormone therapy.
Target:	75%

Results for this QPI are based on small numbers of patients. Performance across the WoS was 61% against the 75% target. Only NHS Ayrshire & Arran met the QPI target. All boards reviewed cases not meeting the target. The main reasons provided were that patients were unfit for treatment due to co-morbidities and poor performance status and were for BSC only as per MDT outcome and were therefore treated appropriately.

Action Required:

- Local leads to further review cases to see whether there was any delay in the patient pathway that contributed to patient decline and if there were opportunities to improve patient's fitness.

4.3. Cervical Cancer – Quality Performance Indicators

QPI 4: Radical Hysterectomy

Title:	Patients with stage IB1-IB2 cervical cancer should undergo radical hysterectomy.
Numerator:	Number of patients with FIGO stage IB1-IB2 cervical cancer who undergo radical hysterectomy.
Denominator:	All patients with FIGO stage IB1-IB2 cervical cancer.
Exclusions:	Patients who decline surgery. Patients who undergo fertility conserving treatment. Patients who have neo-adjuvant chemotherapy. Patients enrolled into surgical trials.

Results for this QPI are based on small numbers of patients and this can have a greater effect on proportions. Performance across the WoS was 73% against the 85% target. Only NHSGGC North Glasgow sector met the QPI target. All units reviewed cases not meeting the QPI and reasons provided included cases where patients received LLETZ only and cases where surgery wasn't appropriate.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Endometrial & Cervical Cancer Quality Performance Indicators		
Time Period	Patients diagnosed between 01 October 2024 to 30 September 2025		
QPI Version	V5.0		
Data extraction date	8 th April 2026		
Data Quality	Endometrial Cancer		
	Health Board of diagnosis	(01/10/2024-30/09/25) Audit	Cancer Reg 2020-2024
	Case Ascertainment		
	Ayrshire & Arran	65	65
	GGC	139	161
	Forth Valley	52	41
	Lanarkshire	104	97
	WoS Total	360	364
			100%
			86.3%
			126.8%
			107.2%
			98.9%
	Cervical Cancer		
	Health Board of diagnosis	(01/10/24-30/09/25) Audit	Cancer Reg 2020-2024
	Case Ascertainment		
	Ayrshire & Arran	29	25
	GGC	73	73
	Forth Valley	12	14
	Lanarkshire	37	47
	WoS Total	151	159
			116%
			100%
			85.7%
			78.7%
			95.0%

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