West of Scotland Cancer Network
Gynaecological Cancer
Managed Clinical Network

Audit Report

Cervical Cancer Quality Performance Indicators
Endometrial Cancer Quality Performance Indicators

Clinical Audit Data:
01 October 2023 to 30 September 2024

Dr Rhona Lindsay
Consultant Gynaecological Oncologist
MCN Clinical Lead

Kevin Campbell
MCN Manager

Julie McMahon
Information Analyst

Endometrial & Cervical Cancer QPI Overview

Patients diagnosed October 2023 - September 2024

Number of Patients Diagnosed

Endometrial - 336

Cervical - 153

5 Year Net Survival

Endometrial - 76.5%

Cervical - 73.4%

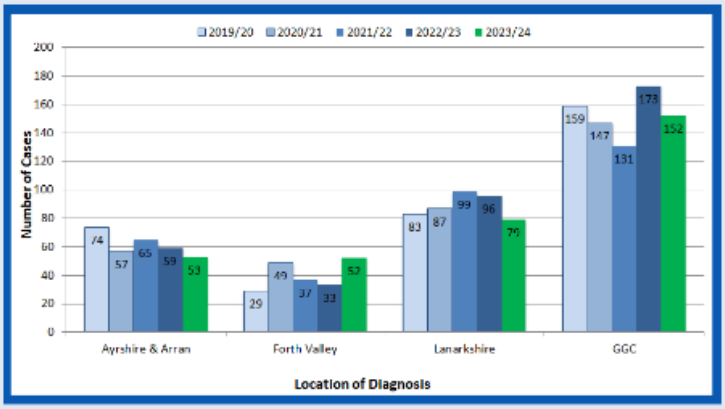
Souce: Public Health Scotland

Median Age at Diagnosis

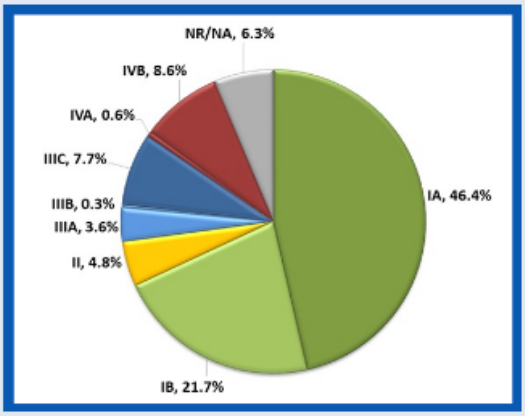
Endometrial 67yrs

Cervical 50yrs

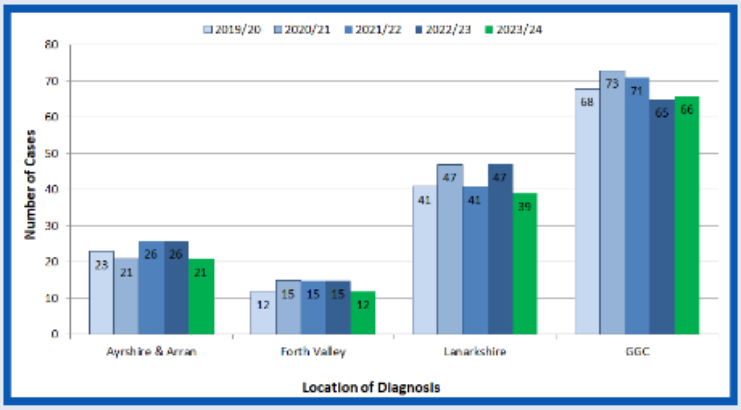
Health Board Of Diagnosis - Endometrial



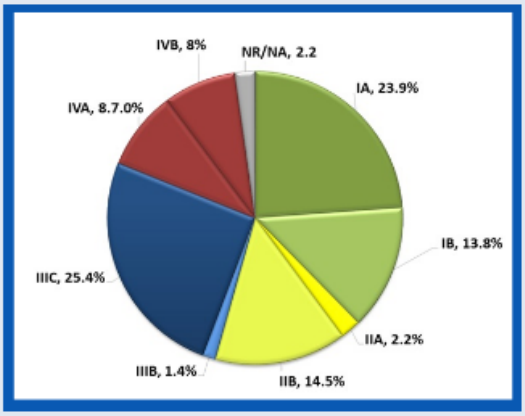
FIGO Stage - Endometrial



Health Board Of Diagnosis - Cervical



FIGO Stage - Cervical



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 2023 and 30 September 2024. 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.

The results demonstrate excellent performance against endometrial cancer QPIs with all targets being met regionally. Notable areas of achievement include QPI 4 Minimally invasive surgical rates where 93% of patients undergoing definitive surgery underwent laparoscopic surgery. Patients with endometrial cancer within the WoS have benefitted from the introduction of robotic surgery within the region. In Glasgow Royal Infirmary, despite the complexity of cases, the Gynaecological Oncology surgeons have utilised the robotic platform to increase the rate of minimally invasive surgery.

Cervical cancer measures also show excellent performance with four of the five QPI targets being met at regional level. QPI's that have not been met by individual NHS Boards have been narrowly missed, only by one or two cases with valid clinical reasons cited by Boards to explain the non compliance with the QPI criteria. The denominator is low and therefore percentages should be interpreted with caution.

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.

The MCN have been actively involved in the third cycle of the national formal review of the Endometrial and Cervical Cancer QPIs to ensure that these remain clinically relevant and focus on key priority areas which impact most on improving clinical outcomes. The updated QPIs and associated documentation are due for publication in autumn 2025.

Endometrial/Cervical Cancer Performance Summary Report

Endometrial Cancer	Performance by Board								
QPI	Target	**Year**	**A&A**	**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%	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)
		2021/22	96% (49/51)	100% (16/16)	95% (39/41)	100% (51/51)	100% (9/9)	100% (17/17)	98% (181/185)
QPI 2 - Multidisciplinary Team Meeting (MDT). Patients with endometrial cancer should be discussed by a multidisciplinary team (MDT) prior to definitive treatment.	95%	2023/24	95% (39/41)	95% (40/42)	100% (76/76)	100% (73/73)	100% (13/13)	98% (42/43)	98% (283/288)
		2022/23	98% (50/51)	97% (30/31)	98% (87/89)	98% (77/79)	100% (17/17)	96% (49/51)	98% (310/318)
		2021/22	97% (55/57)	72% (23/32)	98% (85/87)	91% (68/75)	89% (8/9)	64% (18/28)	89% (257/288)
QPI 3 - Total Hysterectomy and Bilateral Salpingo-Oophorectomy. Patients with endometrial cancer should undergo total hysterectomy (TH) and bilateral salpingo-oophorectomy (BSO).	85%	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)
		2021/22	93% (51/55)	86% (24/28)	89% (81/91)	93% (69/74)	67% (6/9)	91% (31/34)	90% (262/291)

Endometrial Cancer	Performance by Board								
QPI	Target	**Year**	**A&A**	**FV**	**LS**	**NG**	**SG**	**Clyde**	**WoS**
QPI 4 - Laparoscopic Surgery (Hosp. of Surgery) Patients with endometrial cancer undergoing definitive surgery should undergo laparoscopic surgery, where clinically appropriate.	70%	2023/24	97% (33/37)	100% (27/27)	100% (44/44)	89% (139/156)	-	95% (20/21)	93% (267/286)
		2022/23	84% (31/37)	81% (13/16)	96% (54/56)	86% (122/142)	100% (10/10)	96% (42/44)	89% (272/305)
		2021/22	90% (34/38)	93% (13/14)	95% (60/63)	80% (101/126)	-	84% (26/34)	86% (237/276)
***QPI 6 – Chemotherapy.** Patients with stage IV endometrial cancer should have SACT or hormone therapy.	75%	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)
		2021/22	-	67% (4/6)	60% (3/5)	100% (5/5)	-	-	67% (16/24)

Cervical Cancer	Performance by Board								
QPI	Target	**Year**	**A&A**	**FV**	**LS**	**NG**	**SG**	**Clyde**	**WoS**
QPI 1 - Radiological Staging. Patients with cervical cancer should have their stage of disease assessed by magnetic resonance imaging (MRI) prior to definitive treatment.	95%	2023/24	94% (15/16)	100% (12/12)	92% (23/25)	86% (19/22)	-	95% (20/21)	93% (93/100)
		2022/23	100% (18/18)	82% (9/11)	94% (34/36)	100% (19/19)	100% (5/5)	91% (21/23)	95% (106/112)
		2021/22	95% (20/21)	100% (7/7)	93% (27/29)	100% (20/20)	57% (4/7)	95% (19/20)	93% (97/104)

Cervical Cancer	Performance by Board								
QPI	Target	**Year**	**A&A**	**FV**	**LS**	**NG**	**SG**	**Clyde**	**WoS**
***QPI 4 - Radical Hysterectomy.** Patients with stage IB1 cervical cancer should undergo radical hysterectomy.	85%	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)
		2021/22	83% (5/6)	-	-	-	-	86% (6/7)	92% (22/24)
***QPI 5 - Surgical Margins. (Hosp. of Surgery)** Patients with surgically treated cervical cancer should have clear resection margins.	95%	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)
		2021/22	-	-	-	98% (41/42)	-	100% (7/7)	98% (57/58)
***QPI 6 - 56 Day Treatment Time for Radical Radiotherapy.** Treatment time for patients with cervical cancer undergoing radical radiotherapy should be no more that 56 days.	90%	2023/24	100% (9/9)	100% (6/6)	100% (16/16)	100% (15/15)	-	92% (12/13)	98% (61/62)
		2022/23	100% (8/8)	100% (9/9)	100% (26/26)	100% (15/15)	-	100% (17/17)	100% (79/79)
		2021/22	100% (12/12)	100% (5/5)	95% (19/20)	100% (15/15)	-	100% (12/12)	99% (67/68)

Cervical Cancer	Performance by Board								
QPI	Target	**Year**	**A&A**	**FV**	**LS**	**NG**	**SG**	**Clyde**	**WoS**
***QPI 7 – Chemoradiation.** Patients with cervical cancer undergoing radical radiotherapy should receive concurrent platinum-based chemotherapy.	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)
		2021/22	100% (12/12)	100% (5/5)	95% (19/20)	100% (15/15)	-	100% (12/12)	88% (60/68)

4.2. Endometrial Cancer – Quality Performance Indicators

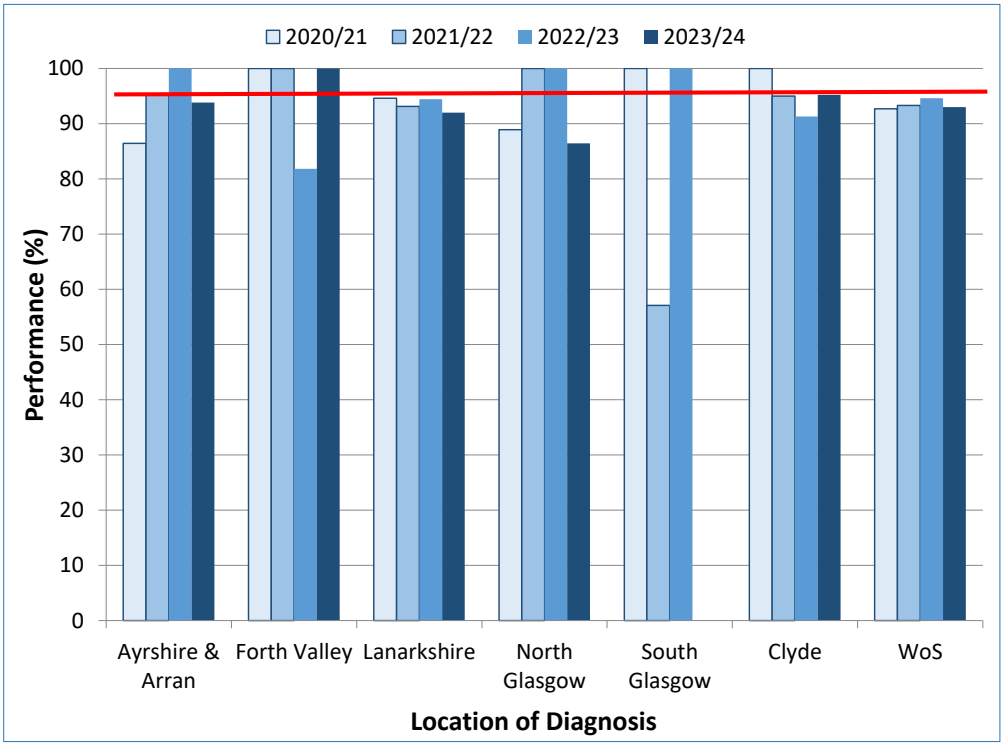
QPI 6: Systemic Anti-Cancer Treatment/Hormone Therapy

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 84% against the 75% target. NHS Ayrshire & Arran and NHS Lanarkshire did not achieve the QPI target, however this represented 5 cases. The 5 patients not receiving SACT were all assessed by oncology and deemed not suitable, not fit to proceed with SACT treatment or they died before treatment could commence.

4.3. Cervical Cancer – Quality Performance Indicators

QPI 1: Patients with cervical cancer should have their stage of disease assessed by magnetic resonance imaging (MRI) prior to definitive treatment.



	Performance (%)	Numerator	Denominator
AA	93.8%	15	16
FV	100%	12	12
Lan	92.0%	23	25
NG	86.4%	19	22
SG	-	-	-
Clyde	95.2%	20	21
WoS	93.0%	93	100

MRI scans of the pelvis are used to determine the local extent of early stage cervical cancers and to help plan the radicality of oncological treatment. All cases were reviewed by local Leads. There were valid clinical reasons for those patients who did not have an MRI prior to definitive treatment. This includes occult cervical cancer being diagnosed at the time of hysterectomy and patient being unfit for active treatment.

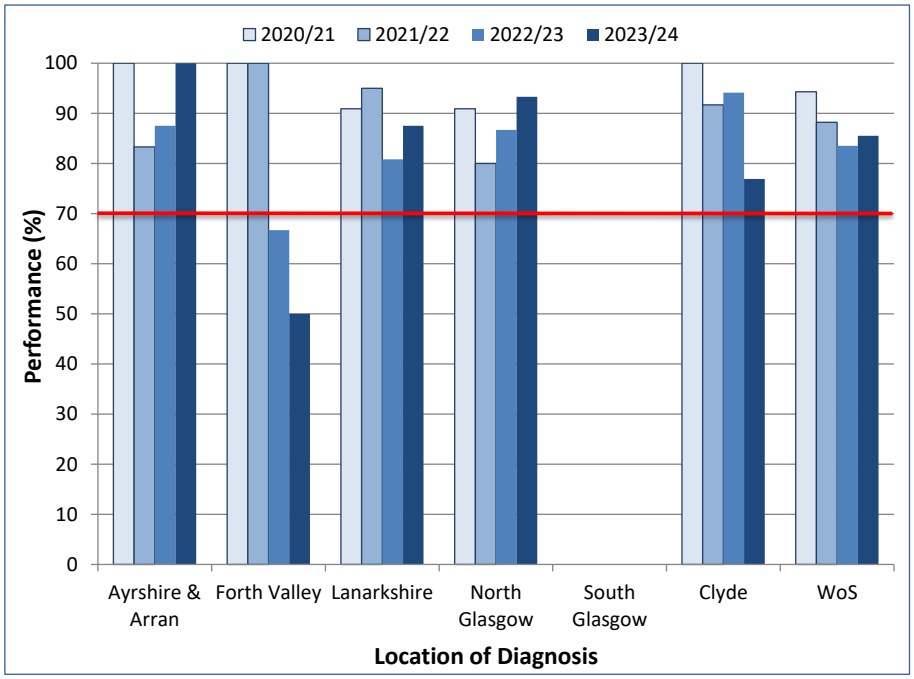
QPI 4: Radical Hysterectomy

Title:	Patients with FIGO stage IB1 cervical cancer should undergo radical hysterectomy
Numerator:	All patients with FIGO stage IB1 cervical cancer who undergo radical hysterectomy.
Denominator:	All patients with FIGO stage IB1 cervical cancer.
Exclusions:	Patients who decline surgery. Patients who undergo fertility conserving treatment. Patients who have neo-adjuvant chemotherapy. Patients enrolled into surgical trials.
Target:	85%

Results for this QPI are based on small numbers of patients. NHS Forth Valley was the only board that did not meet the QPI, achieving 83% against the 85% target. However, this shortfall related to a single patient who was not suitable for radical hysterectomy and was managed appropriately by the clinical team.

QPI 7 – Chemoradiation.

Title:	Patients with cervical cancer undergoing radical radiotherapy should receive concurrent platinum-based chemotherapy.
Numerator:	All patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.
Denominator:	All patients with cervical cancer who undergo radical radiotherapy.
Exclusions:	No exclusions.
Target:	70%



	Performance (%)	Numerator	Denominator
AA	100%	9	9
FV	50.0%	3	6
Lan	87.5%	14	16
NG	93.3%	14	15
SG	-	-	-
Clyde	76.9%	10	13
WoS	85.5%	53	62

The NHS Forth Valley patients who did not meet the QPI have been reviewed by clinical teams. There were valid clinical reasons why chemotherapy was not given in all except in one patient for whom it was not documented.

Appendix 1: Meta Data

<table>
<tr><td>Report Title</td><td>Cancer Audit Report: Endometrial & Cervical Cancer Quality Performance Indicators</td></tr>
<tr><td>Time Period</td><td>Patients diagnosed between 01 October 2023 to 30 September 2024</td></tr>
<tr><td>QPI Version</td><td>v4</td></tr>
<tr><td>Data extraction date</td><td>2200 hrs on 9th April 2025</td></tr>
<tr><td>Data Quality</td><td>Endometrial Cancer
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<tr><th>Health Board of diagnosis</th><th>(01/10/2023-30/09/24) Audit</th><th>Cancer Reg 2019-2023</th><th>Case Ascertainment</th></tr>
<tr><td>Ayrshire & Arran</td><td>53</td><td>65</td><td>81.5%</td></tr>
<tr><td>GGC</td><td>152</td><td>165</td><td>92.1%</td></tr>
<tr><td>Forth Valley</td><td>52</td><td>39</td><td>133.3%</td></tr>
<tr><td>Lanarkshire</td><td>79</td><td>96</td><td>82.3%</td></tr>
<tr><td>WoS Total</td><td>336</td><td>365</td><td>92.1</td></tr>
</table>
Cervical Cancer
<table>
<tr><th>Health Board of diagnosis</th><th>(01/10/23-30/09/24) Audit</th><th>Cancer Reg 2019-2023</th><th>Case Ascertainment</th></tr>
<tr><td>Ayrshire & Arran</td><td>21</td><td>26</td><td>80.8%</td></tr>
<tr><td>GGC</td><td>66</td><td>75</td><td>88.0%</td></tr>
<tr><td>Forth Valley</td><td>12</td><td>14</td><td>85.7%</td></tr>
<tr><td>Lanarkshire</td><td>39</td><td>46</td><td>84.8%</td></tr>
<tr><td>WoS Total</td><td>138</td><td>161</td><td>85.7%</td></tr>
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