

Audit Report

Cervical Cancer Quality Performance Indicators Endometrial Cancer Quality Performance Indicators

**Clinical Audit Data:
01 October 2022 to 30 September 2023**

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Endometrial & Cervical Cancer QPI Overview

Patients diagnosed October 2022 - September 2023



Number of Patients Diagnosed
Endometrial - 361
Cervical - 153



5 Year Net Survival
Endometrial - 76.5%
Cervical - 73.4%

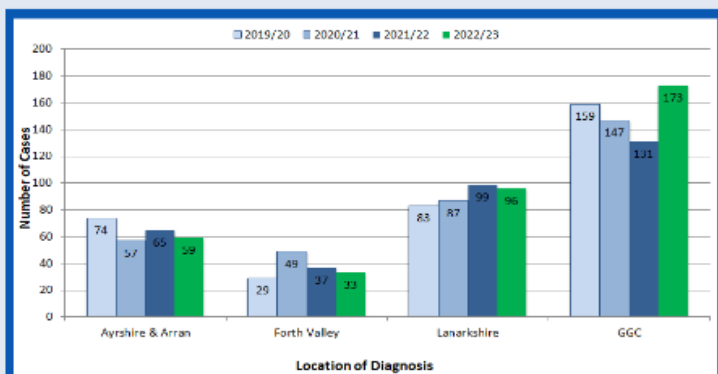
Source: Public Health Scotland

Median Age at Diagnosis

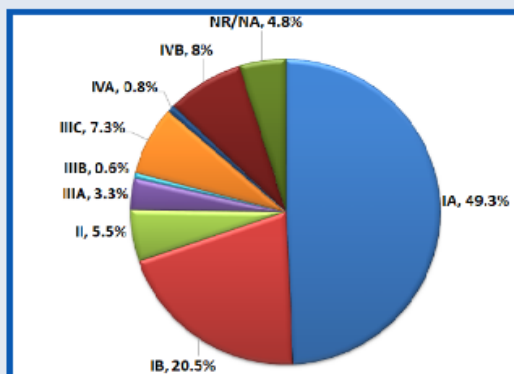
Endometrial
67

Cervical
48

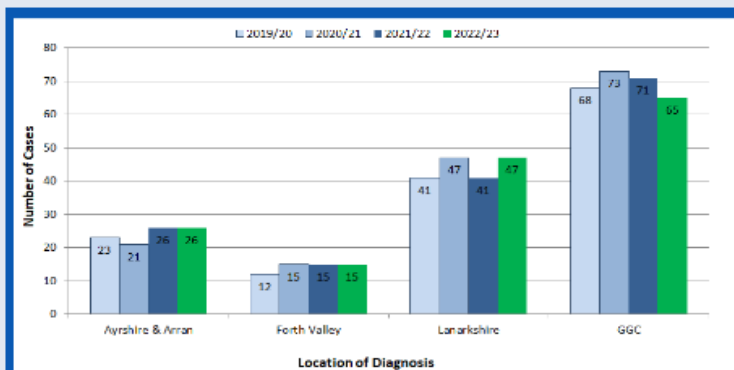
Health Board Of Diagnosis - Endometrial



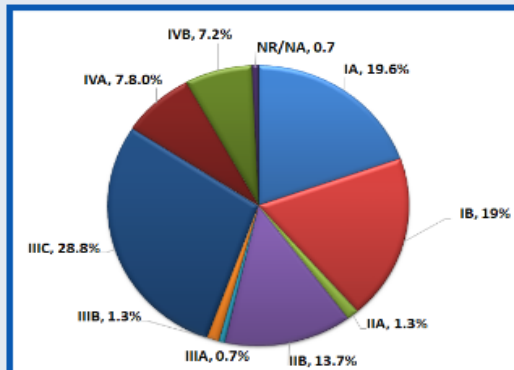
FIGO Stage - Endometrial



Health Board Of Diagnosis - Cervical



FIGO Stage - Cervical



Executive Summary

This report contains an assessment of the performance of West of Scotland (WoS) gynaecological cancer services using clinical audit data relating to patients diagnosed with endometrial or cervical cancer between 1st October 2022 and 30th September 2023.

Cancer audit has underpinned much of the regional development and service improvement work of the MCN and the regular reporting of activity and performance have been fundamental in assuring the quality of care delivered across the region. The well established national Quality Performance Indicator (QPI) programme has helped to drive continuous improvement and ensure equity of care for patients across Scotland.

The results demonstrate excellent performance against endometrial cancer QPI targets met at regional level, for all but one of the QPIs. As with previous years QPI 1 Radiological Staging and QPI 4 Laparoscopic Surgery were consistently met by all Boards. Minimally invasive surgical rates show year on year improvement and are anticipated to improve further as the robotic skills within the Gynaecology Oncology central surgical team expand. Considerable improvement is noted for QPI 2 MDT Discussion with all Boards achieving the target for the first time.

Cervical cancer measures also show excellent performance with all five QPI targets being met at regional level. QPI 6 56 Day Treatment Time for Radical Radiotherapy was also met by all NHS Boards. 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.

These results would indicate 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 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 outcome of discussions on Endometrial & Cervical Cancer QPIs at the Gynaecology Governance Meeting with the Regional Lead Cancer Clinician and MCN Clinical Lead concluded that no underlying issues were identified, and no specific remedial improvement actions were required.

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%	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)
		2020/21	98%	100%	100%	100%	100%	91%	98%
QPI 2 - Multidisciplinary Team Meeting (MDT). Patients with endometrial cancer should be discussed by a multidisciplinary team (MDT) prior to definitive treatment.	95%	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)
		2020/21	98%	63%	99%	87%	91%	68%	86%
QPI 3 - Total Hysterectomy and Bilateral Salpingo-Oophorectomy. Patients with endometrial cancer should undergo total hysterectomy (TH) and bilateral salpingo-oophorectomy (BSO).	85%	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)
		2020/21	87%	96%	94%	89%	100%	80%	91%
QPI 4 - Laparoscopic Surgery (Hosp. of Surgery) Patients with endometrial cancer undergoing definitive surgery should undergo laparoscopic surgery, where clinically appropriate.	70%	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)	75% (3/4)	84% (26/34)	86% (237/276)
		2020/21	97%	82%	98%	74%	65%	77%	82.3%

Endometrial Cancer	Performance by Board								
QPI	Target	Year	A&A	FV	LS	NG	SG	Clyde	WoS
*QPI 6 – Chemotherapy. Patients with stage IV endometrial cancer should have SACT or hormone therapy.	75%	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)
		2020/21	-	-	-	83%	-	80%	74%

***Small numbers in some Boards - percentage comparisons over a single year should be viewed with caution.*

‘-’ Data not shown due to small numbers (denominator less than 5)

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%	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)
		2020/21	85%	100%	95%	89%	100%	100%	93%
*QPI 4 - Radical Hysterectomy. Patients with stage IB1 cervical cancer should undergo radical hysterectomy.	85%	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)
		2020/21	n/a	-	-	100%	n/a	n/a	100%
*QPI 5 - Surgical Margins. (Hosp. of Surgery) Patients with surgically treated cervical cancer should have clear resection margins.	95%	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)
		2020/21	-	-	100%	91%	-	-	91%

Cervical Cancer	Performance by Board								
QPI	Target	Year	A&A	FV	LS	NG	SG	Clyde	WoS
*QPI 6 - 56 Day Treatment Time for Radical Radiotherapy. Treatment time for patients with cervical cancer undergoing radical radiotherapy should be no more than 56 days.	90%	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)
		2020/21	100%	100%	96%	100%	-	100%	99%
*QPI 7 – Chemoradiation. Patients with cervical cancer undergoing radical radiotherapy should receive concurrent platinum-based chemotherapy.	70%	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)
		2020/21	100%	100%	96%	100%	-	100%	94%

***Small numbers in some Boards - percentage comparisons over a single year should be viewed with caution.*

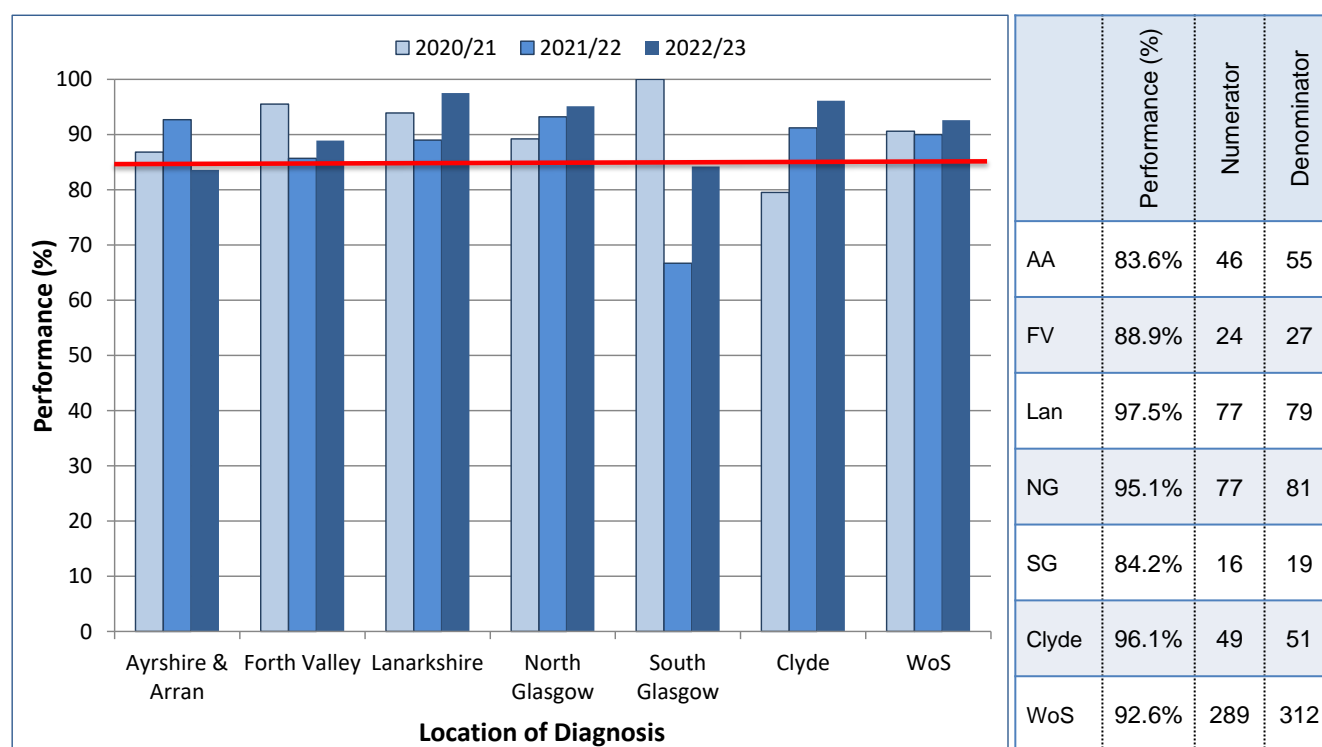
‘-’ Data not shown due to small numbers (denominator less than 5)

4.2. Endometrial Cancer – Quality Performance Indicators

QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy

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

Figure 1: Proportion of patients with endometrial cancer who undergo total hysterectomy/bilateral salpingo-oophorectomy.

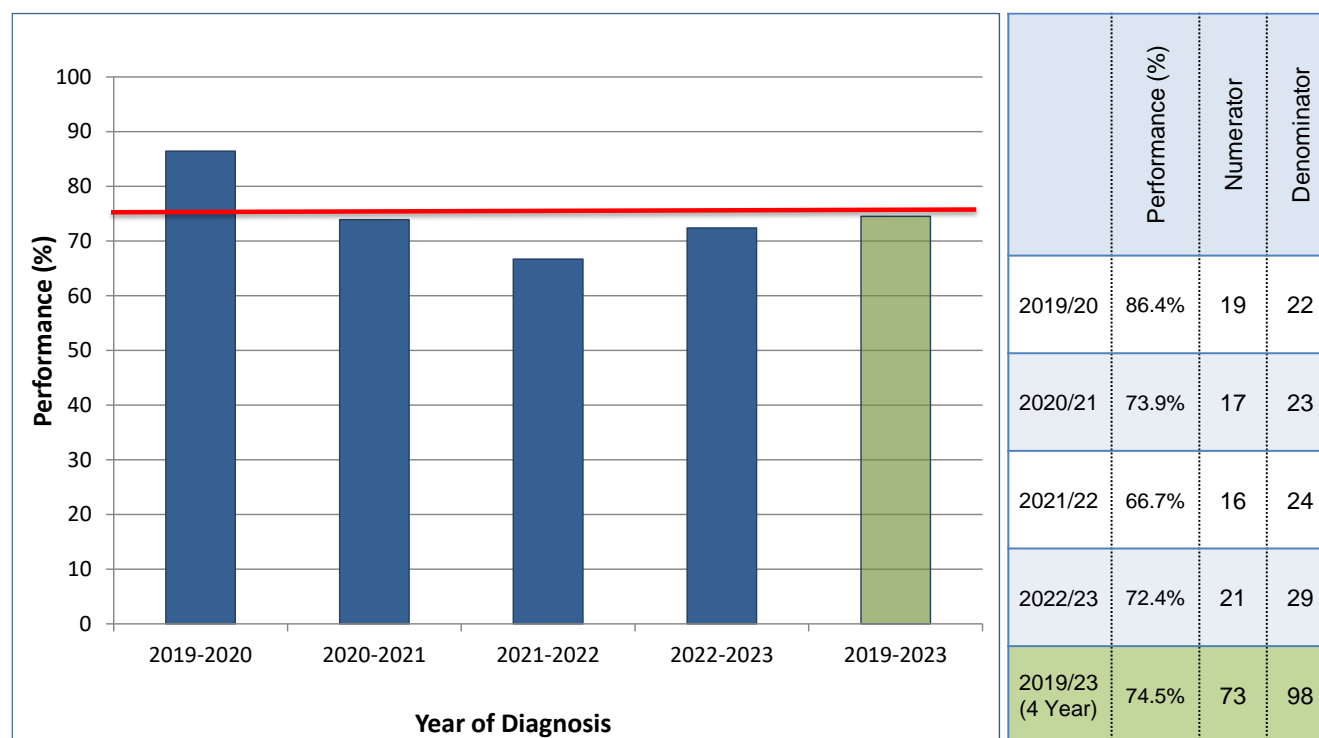


Performance against this QPI has improved in the last year in all Boards with the exception of NHS Ayrshire & Arran. Review of patients not meeting this QPI in NHS Ayrshire & Arran and the South Glasgow sector of NHS GGC concluded that there was a cohort of patients where surgical intervention was considered not appropriate due to the frailty and comorbidities of the patients.

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%

Figure 2: Proportion of patients with stage IV endometrial cancer receiving SACT or hormone therapy.



Due to the small numbers meeting the denominator criteria in each year of analysis individual unit results cannot be presented therefore Figure 2 shows overall WoS results.

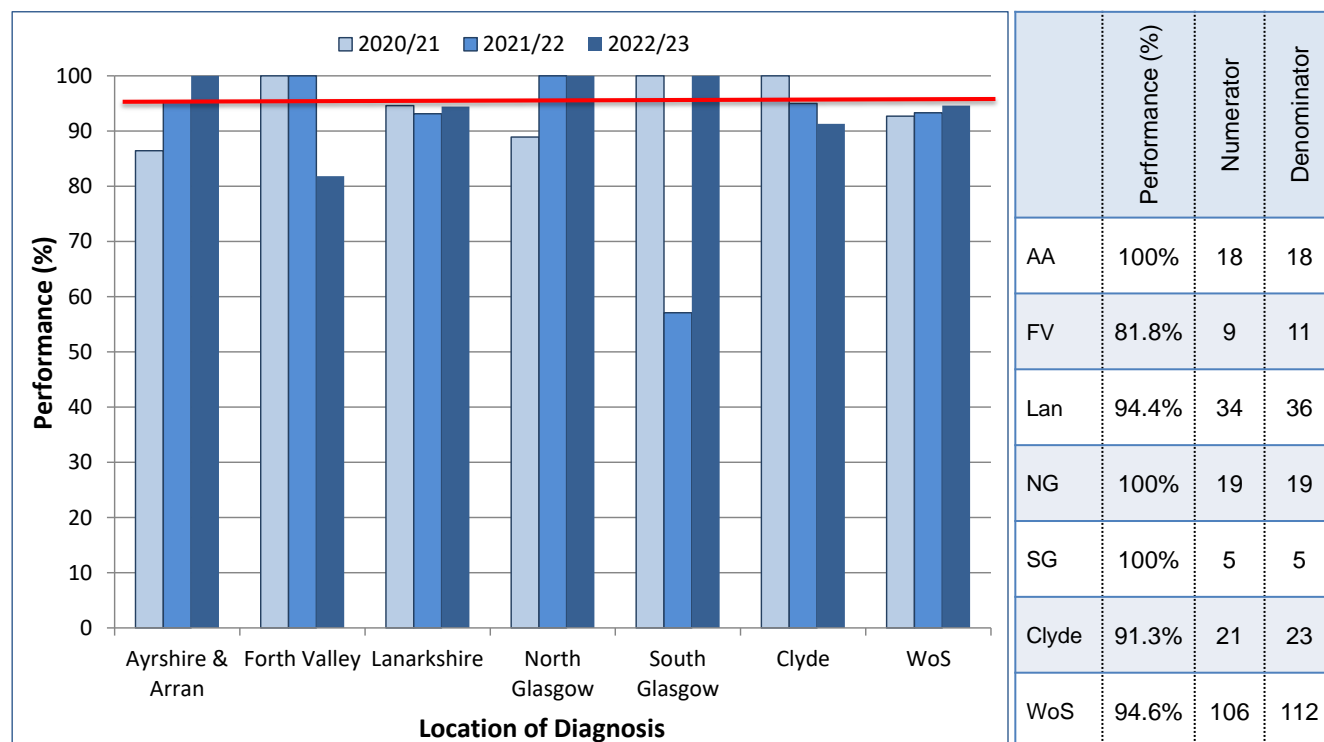
Overall WoS performance shows a small improvement in compliance from the previous year. Only NHS Forth Valley and NHS Lanarkshire missed the QPI target with a performance of 40% and 64% respectively. Review of patients in NHS Forth Valley and NHS Lanarkshire not meeting the QPI concluded that the majority of patients were deemed not suitable or fit to proceed with SACT treatment.

4.3. Cervical Cancer – Quality Performance Indicators

QPI 1: Radiological Staging

Title:	Patients with cervical cancer should have their stage of disease assessed by MRI prior to definitive treatment.
Numerator:	All patients with cervical cancer having MRI of the pelvis carried out prior to definitive treatment.
Denominator:	All patients with cervical cancer.
Exclusions:	Patients with histopathological FIGO stage 1A1 disease. Patients unable to undergo MRI due to contraindications. Patients with histopathological FIGO stage IVB disease. Patients who refuse MRI investigation.
Target:	95%

Figure 3: Proportion of patients with cervical cancer who have an MRI of the pelvis performed prior to first treatment.



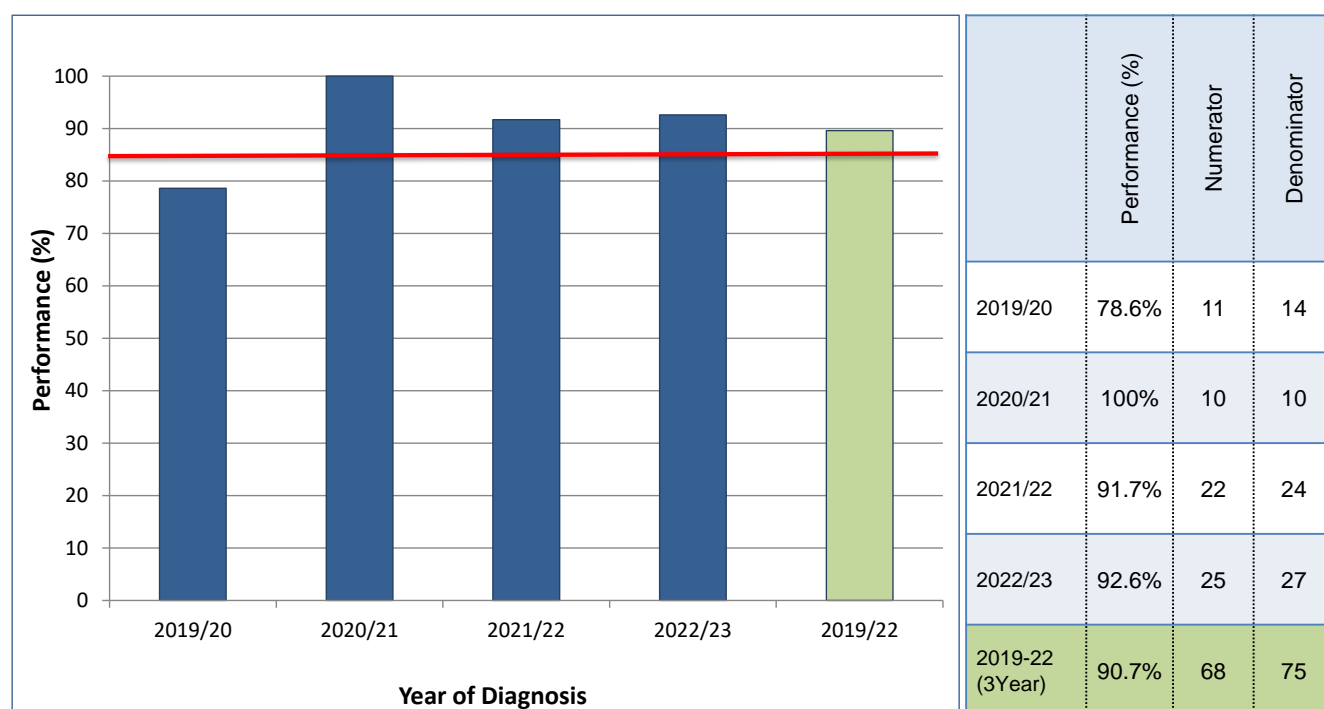
It should be noted that numbers are low and this can have a greater effect on proportions

Review of patients where MRI of the pelvis was not carried out prior to treatment concluded that there were valid clinical reasons for MRI not being carried out. These included patients who had metastatic cervical cancer and were for best supportive care. In this situation, an MRI does not aid clinical decision making and is an unnecessary investigation. In addition, there were patients who were diagnosed post-op (occult cancer when the indication for surgery had been pre invasive disease) or patients who could not tolerate MRI.

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%

Figure 4: Proportion of patients with stage IB1 cervical cancer (as defined by radiology and/or histopathology) who undergo radical hysterectomy.



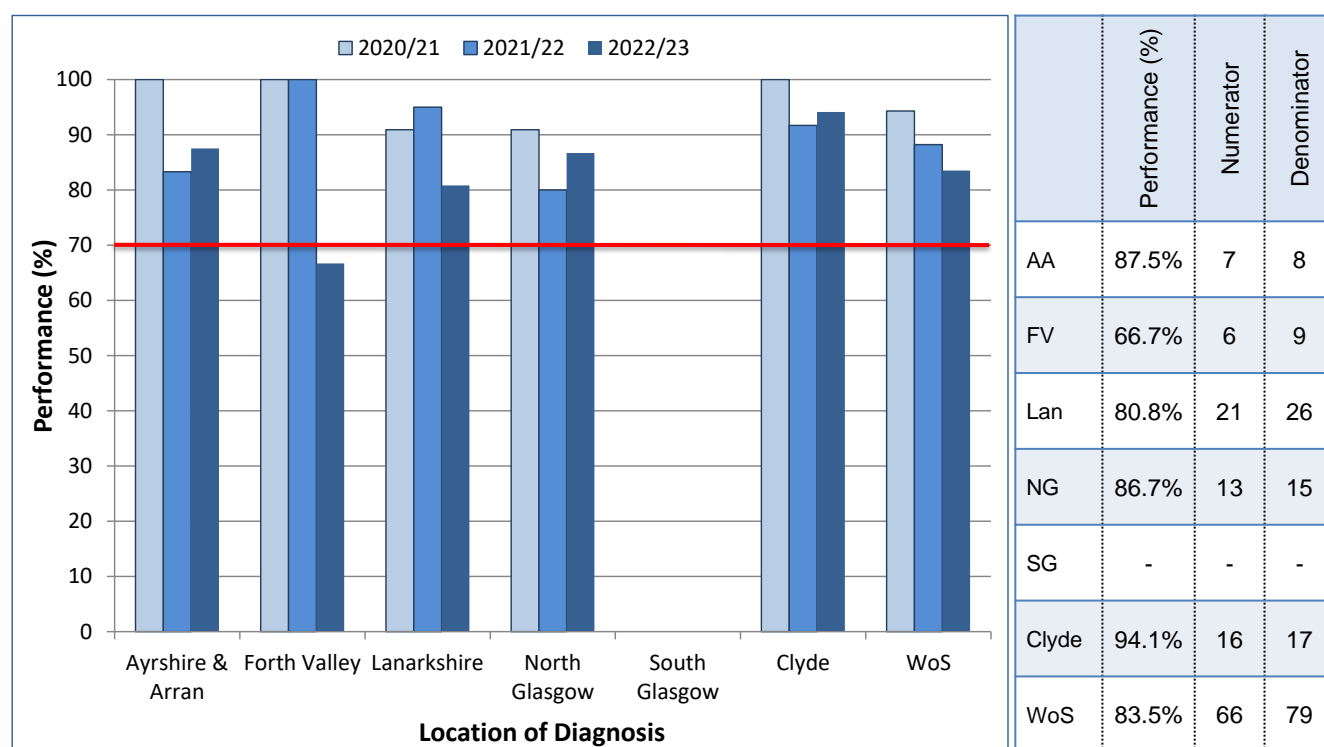
Due to the small numbers meeting the denominator criteria in each year of analysis individual unit results cannot be presented therefore Figure 4 shows WoS yearly results.

Only NHS Ayrshire & Arran and North Glasgow missed the QPI target. However this equates to two patients, one patient had their cervical cancer diagnosed post-operatively (it was not known preop) and the other patient had a stage 2b cervical cancer on MRI and therefore should not be treated surgically.

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 platinum-based chemotherapy.
Denominator:	All patients with cervical cancer undergoing radical radiotherapy.
Exclusions:	No exclusions.
Target:	70%

Figure 5: Proportion of patients with cervical cancer undergoing radical radiotherapy who receive concurrent platinum-based chemotherapy



This QPI is based on small numbers of patients so it is difficult to interpret variations in performance across years and between NHS Boards. NHS Forth Valley reviewed the 3 cases who did not meet the target and noted that these patients were not suitable for platinum based chemotherapy after radical radiotherapy due to frailty.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Endometrial & Cervical Cancer Quality Performance Indicators																																																		
Time Period	Patients diagnosed between 01 October 2022 to 30 September 2023																																																		
QPI Version																																																			
Data extraction date	2200 hrs on 10 th April 2024																																																		
Data Quality	<p>Endometrial Cancer</p> <table> <tr> <th>Health Board of diagnosis</th><th>(01/10/2022-30/09/23) Audit</th><th>Cancer Reg 2018-2022</th><th>Case Ascertainment</th></tr> <tr> <td>Ayrshire & Arran</td><td>59</td><td>67</td><td>88.1%</td></tr> <tr> <td>GGC</td><td>173</td><td>168</td><td>103%</td></tr> <tr> <td>Forth Valley</td><td>33</td><td>38</td><td>86.8%</td></tr> <tr> <td>Lanarkshire</td><td>96</td><td>94</td><td>102.1%</td></tr> <tr> <td>WoS Total</td><td>361</td><td>367</td><td>98.4%</td></tr> </table> <p>Cervical Cancer</p> <table> <tr> <th>Health Board of diagnosis</th><th>(01/10/22-30/09/23) Audit</th><th>Cancer Reg 2018-2022</th><th>Case Ascertainment</th></tr> <tr> <td>Ayrshire & Arran</td><td>26</td><td>27</td><td>96.3%</td></tr> <tr> <td>GGC</td><td>65</td><td>78</td><td>83.3%</td></tr> <tr> <td>Forth Valley</td><td>15</td><td>18</td><td>83.3%</td></tr> <tr> <td>Lanarkshire</td><td>47</td><td>43</td><td>109.3%</td></tr> <tr> <td>WoS Total</td><td>153</td><td>166</td><td>92.2%</td></tr> </table>			Health Board of diagnosis	(01/10/2022-30/09/23) Audit	Cancer Reg 2018-2022	Case Ascertainment	Ayrshire & Arran	59	67	88.1%	GGC	173	168	103%	Forth Valley	33	38	86.8%	Lanarkshire	96	94	102.1%	WoS Total	361	367	98.4%	Health Board of diagnosis	(01/10/22-30/09/23) Audit	Cancer Reg 2018-2022	Case Ascertainment	Ayrshire & Arran	26	27	96.3%	GGC	65	78	83.3%	Forth Valley	15	18	83.3%	Lanarkshire	47	43	109.3%	WoS Total	153	166	92.2%
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