

# **Audit Report**

## **Ovarian 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 Officer**

# Ovarian Cancer Quality Performance Indicators

Patients Diagnosed: October 2023 - September 2024

Number of Patients  
Diagnosed in  
2023/24

197

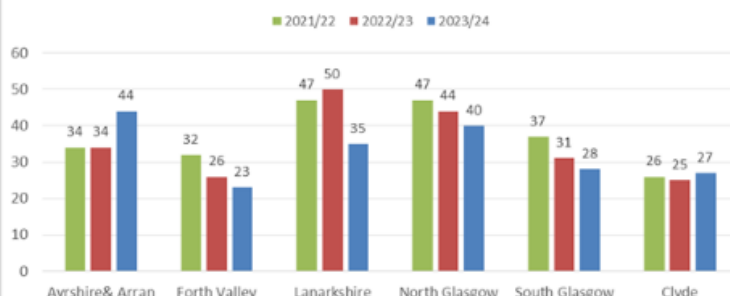


Mean Age at  
Diagnosis:

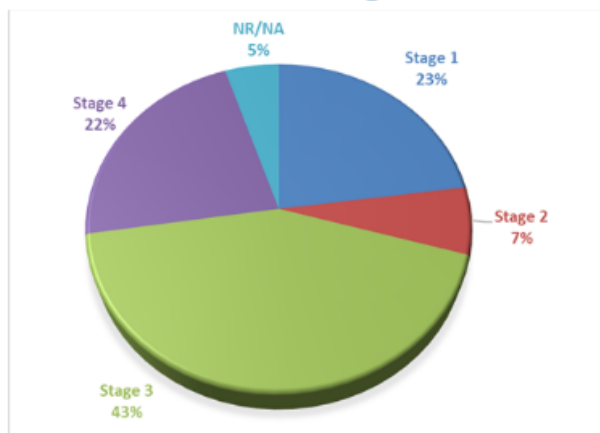
66



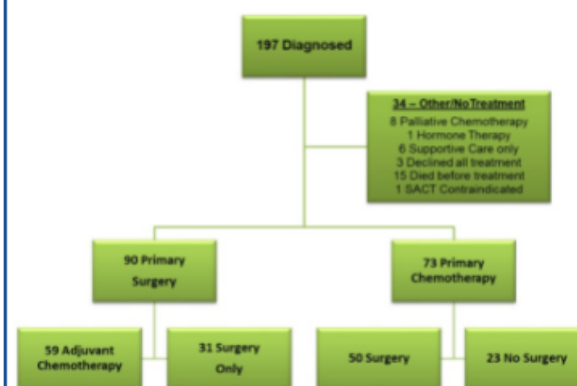
Location of Diagnosis



FIGO Stage



Treatment



QPI 6: Histopathological Reports

98%

Of patients undergoing definitive cytoreductive surgery had a complete pathology report containing all data items as defined by the Royal College of Pathologists.

95%



QPI Target

QPI 7: Histological Diagnosis

99%

Of patients who had a diagnosis of epithelial ovarian cancer confirmed by histology prior to starting chemotherapy.

95%



QPI Target

QPI 15: Surgical management in ovarian cancer

98%

Of patients with stage 1-3A epithelial ovarian cancer underwent primary surgery

90%



QPI Target

95%

Of patients with stage 1-3A epithelial ovarian cancer who underwent primary surgery achieved complete cytoreduction.

95%



QPI Target

68%

Of patients with stage 3B and above who underwent surgery (primary or delayed) achieved complete cytoreduction.

65%



QPI Target

0.7%

Of patients with epithelial ovarian cancer died within 30 days of surgery.

<5%



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 ovarian 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. A third review of the QPIs was completed in 2025. Performance against these revised QPI definitions are reported for patients diagnosed in 2023/24 for the first time in this report. Three new QPIs require new data fields and therefore can't be reported until next year.

### Key Achievements:

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

- **Histological diagnosis:** Almost all patients have a confirmed histological diagnosis prior to starting chemotherapy.
- **Pathology reports:** 98% of patients have a complete pathology record, reflecting high-quality reporting.
- **Surgical outcomes:** Despite the complexity of ovarian cancer debulking surgery, often involving multivisceral resections, surgical mortality rates remain low.
- **Primary surgery in early-stage disease (Stages 1–3a):** High rates of primary surgery are achieved, with 95% of this group having complete cytoreduction.
- **Advanced ovarian cancer:** 61% of patients undergo surgery, and of those, 68% achieve complete cytoreduction.

Targets were met at regional level for all but three of the QPIs reported with excellent outcomes for QPIs related to surgery, complete pathology report for patients undergoing pelvic clearance surgery and histological diagnosis prior to starting chemotherapy. This reflects the very high quality of care provided by Gynaecological Cancer MDTs across the WoS and allows the MCN to focus on the aspects of the service that did not achieve the QPI target this year. Note that QPI measures that have been met by all NHS Boards are included in the summary results table but not within the body of the report.

Where QPI targets were not met, the majority of NHS Boards have provided detailed commentary. In the main these indicate valid clinical reasons or that, in some cases, patient choice or co-morbidities / poor performance status have influenced patient management. There are a number of actions required as a consequence of this assessment of performance against the agreed criteria.

### Action Required:

#### *QPI 9: First-line Chemotherapy*

- Local leads to further review cases to establish whether there was any delay in the patient pathway that contributed to their poor fitness and whether the appropriate clinician reviewed patient prior to decision.

#### *QPI 15iii: Surgical Management*

- Local leads to further review cases to establish whether there was any delay in the patient pathway that contributed to inoperability and patient decline.

A summary of actions has been included within the Action Plan Report 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.**

Key	
	Above Target Result
	Below Target Result
-	No comparable measure for previous years

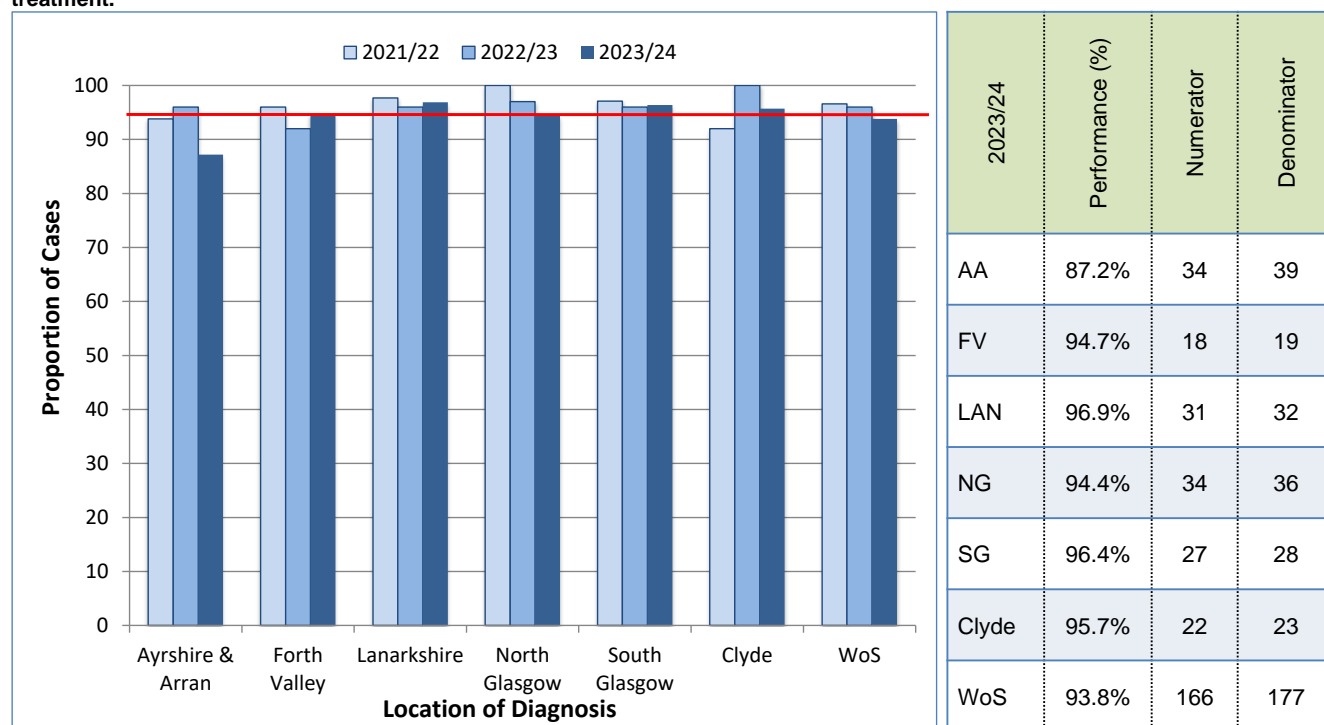
Quality Performance Indicator (QPI)	Performance by NHS Board								
	Target	Year	AA	FV	Lan	NG	SG	Clyde	WoS
<b>QPI 3</b> - Proportion of patients with epithelial ovarian cancer who are managed through a regional MDT process before definitive treatment.  (2023/24 QPI wording changed to patients with epithelial ovarian cancer who are managed through 'a regional MDT process' before definitive treatment)	95%	2023/24	87% (34/39)	95% (18/19)	97% (31/32)	94% (34/36)	96% (27/28)	96% (22/23)	94% (166/177)
		2022/23	96% (27/28)	92% (23/25)	96% (46/48)	97% (40/41)	96% (25/26)	100% (21/21)	96% (182/189)
		2021/22	94% (30/32)	96% (24/25)	98% (43/44)	100% (45/45)	97% (33/34)	92% (23/25)	97% (198/205)
<b>QPI 6:</b> Proportion of patients with epithelial ovarian cancer undergoing pelvic clearance surgery having a complete pathology report as defined by the Royal College of Pathologists. (Analysed by Board of Surgery)	95%	2023/24	100% (8/8)	-	-	97% (101/104)	-	n/a	98% (118/121)
		2022/23	n/a	-	-	98% (100/102)	-	-	98% (110/112)
		2021/22	100% (7/7)	100% (9/9)	-	90% (93/103)	-	-	91% (116/127)
<b>QPI 7</b> – Proportion of patients with epithelial ovarian cancer having a histological diagnosis obtained by percutaneous image-guided biopsy or laparoscopy prior to starting chemotherapy.	90%	2023/24	100% (14/14)	100% (11/11)	100% (15/15)	100% (15/15)	94% (17/18)	100% (9/9)	99% (81/82)
		2022/23	89% (16/18)	93% (14/15)	100% (23/23)	95% (20/21)	88% (15/17)	100% (12/12)	94% (100/106)
		2021/22	100% (19/19)	100% (13/13)	91% (20/22)	96% (23/24)	100% (20/20)	93% (13/14)	96% (108/112)

Quality Performance Indicator (QPI)	Performance by NHS Board								
	Target	Year	AA	FV	Lan	NG	SG	Clyde	WoS
<b>QPI 9</b> - Proportion of patients with a histological or cytological diagnosis of epithelial ovarian cancer who receive chemotherapy treatment.  (2023/24 QPI updated to remove reference to 'platinum based compound' and replace with 'chemotherapy treatment'. Denominator changed to only include those patients with a 'histological or cytological diagnosis')	90%	2023/24	74% (28/38)	89% (16/18)	82% (22/27)	88% (30/34)	100% (24/24)	80% (16/20)	85% (136/161)
		2022/23	80% (24/30)	84% (16/19)	76% (34/45)	85% (29/34)	73% (19/26)	81% (17/21)	79% (139/175)
		2021/22	86% (25/29)	56% (14/25)	73% (27/37)	95% (39/41)	79% (23/29)	92% (22/24)	81% (150/185)
<b>QPI 12(i)</b> - Proportion of patients with epithelial ovarian cancer who die within 30 days of surgery. (Analysed by Board of Surgery)	<5%	2023/24	0% (0/11)	-	0% (0/6)	1% (1/117)	-	-	1% (1/141)
		2022/23	-	-	0% (0/5)	0% (0/114)	-	-	0% (0/129)
		2021/22	0% (0/8)	0% (0/10)	0% (0/5)	0% (0/112)	-	-	0% (0/141)
<b>QPI 15 (i)</b> – Proportion of patients with stage 1-3A epithelial ovarian cancer who undergo primary surgery.	90%	2023/24	94% (16/17)	100% (5/5)	100% (11/11)	100% (13/13)	100% (5/5)	100% (10/10)	98% (60/61)
<b>QPI (15 (ii))</b> - Proportion of patients with stage 1-3A epithelial ovarian cancer undergoing primary surgery where complete cytoreduction (Analysed by Board of Surgery)	95%	2023/24	88% (7/8)	-	-	96% (44/46)	-	-	95% (61/64)
<b>QPI 15 (iii)</b> - Number of patients with stage 3B and above epithelial ovarian cancer who undergo surgery (primary or delayed)	70%	2023/24	70% (16/23)	31% (5/16)	57% (12/21)	71% (17/24)	65% (15/23)	60% (9/15)	61% (74/122)
<b>QPI 15 (iv)</b> - Proportion of patients with stage 3B and above epithelial ovarian cancer who undergo surgery (primary or delayed) and achieve complete cytoreduction. (Analysed by Board of Surgery)	65%	2023/24	-	n/a	-	68% (48/71)	-	-	68% (52/77)

### QPI 3 - Treatment planned and reviewed at a regional multi-disciplinary team meeting

<b>QPI Title:</b>	Patients with epithelial ovarian cancer should be managed through a regional multidisciplinary team (MDT) process† prior to definitive treatment.
<b>Numerator:</b>	Number of patients with epithelial ovarian cancer managed through a regional MDT process before definitive treatment.
<b>Denominator:</b>	All patients with epithelial ovarian cancer.
<b>Exclusions:</b>	Patients who died before first treatment. Patients with Risk of Malignancy Index <200.
<b>Target:</b>	95%

Figure 1: Proportion of patients with epithelial ovarian cancer who are managed through a regional MDT process before definitive treatment.



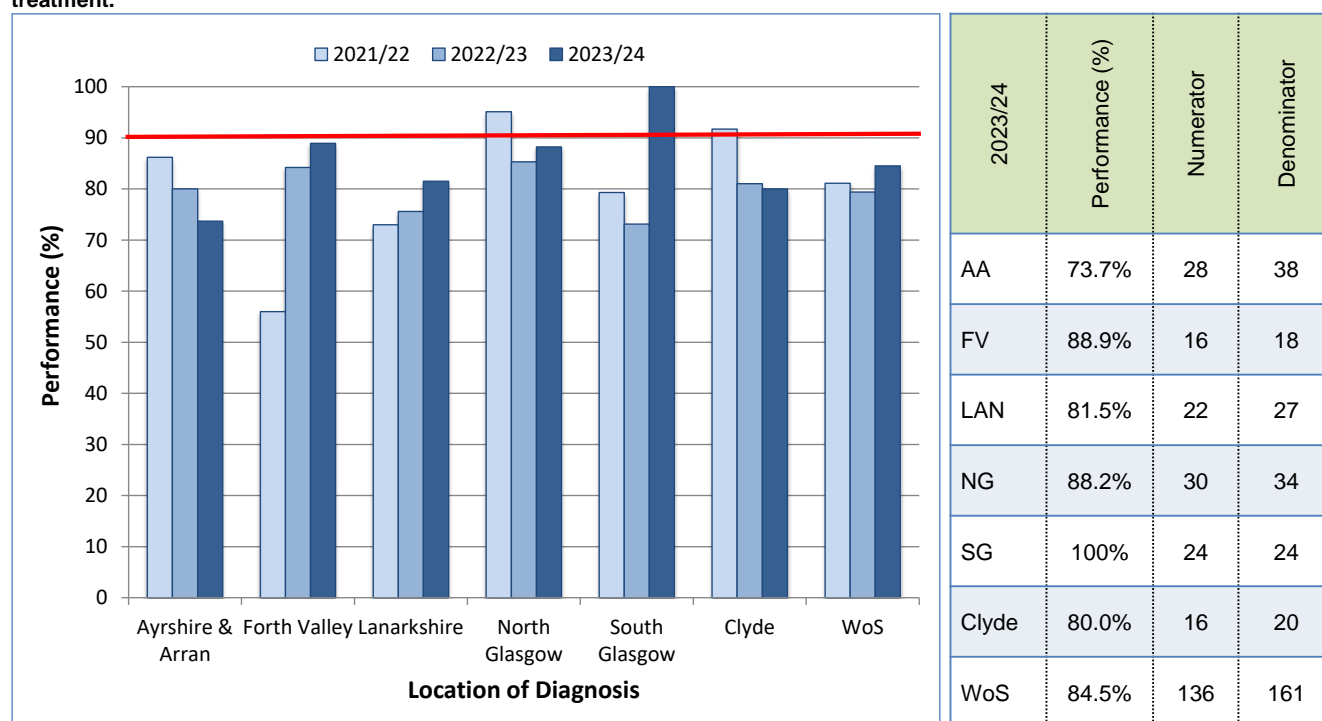
QPI wording changed at formal review to patients with epithelial ovarian cancer who are 'managed' through a regional MDT process before definitive treatment.

Regionally 94% of patients with ovarian cancer were managed through a regional MDT prior to definitive treatment. NHS Ayrshire & Arran and NHSGGC North sector both narrowly missed the 95% target. Feedback received from the Boards indicated that the majority of cases not meeting the QPI were patients requiring emergency treatment prior to MDT discussion, cases with a low suspicion of malignancy (RMI<200, normal tumour markers) therefore appropriate not to discuss at MDT preoperatively and cases that were diagnosed after surgery.

## QPI 9 – First-line chemotherapy

<b>QPI 9:</b>	Patients with epithelial ovarian cancer should receive chemotherapy treatment where clinically appropriate.
<b>Numerator:</b>	Number of patients with a histological or cytological diagnosis of epithelial ovarian cancer who receive chemotherapy treatment.
<b>Denominator:</b>	All patients with a histological or cytological diagnosis of epithelial ovarian cancer.
<b>Exclusions:</b>	Stage 1-IV Low grade serous ovarian carcinomas, Stage 1A-1C3 G1/G2 Endometrioid ovarian carcinomas, Stage 1A-1C1 clear cell ovarian carcinomas, Mucinous Stage 1A Grade 1 or 2, Mucinous Stage 1B-1C3 Grade 1 or 2, Patients who decline chemotherapy treatment.
<b>Target:</b>	90%

Figure 2: Proportion of patients with a histological or cytological diagnosis of epithelial ovarian cancer who receive chemotherapy treatment.



Following formal review the QPI was updated to remove reference to 'platinum based compound' and replace with 'chemotherapy treatment'. The denominator was updated to only include those patients with a histological or cytological diagnosis. These updates are reflected in the 2023/24 results.

Overall in the WoS 85% of patients with a histological or cytological diagnosis received chemotherapy, with only South Glasgow achieving the 95% target. In the main, factors relating to patient fitness, comorbidities and patients dying before treatment could commence were cited by Boards as impacting on patient suitability for chemotherapy.

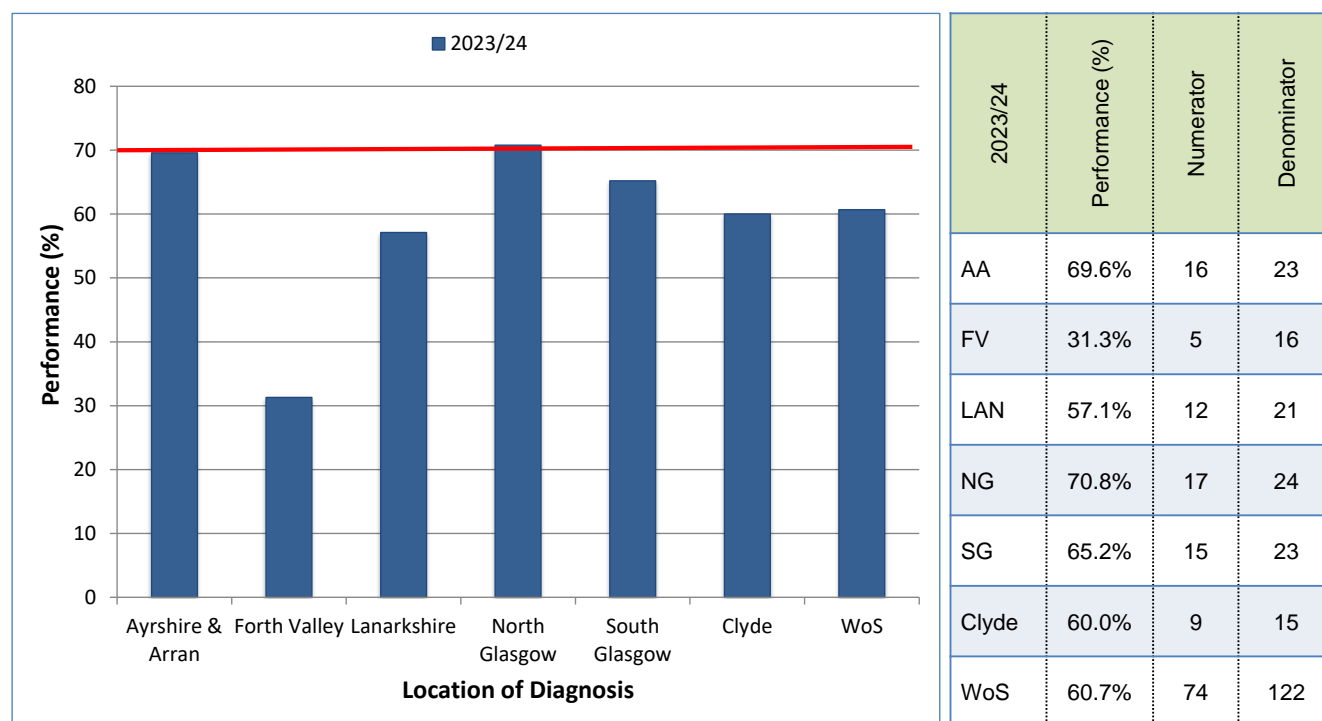
### Action Required:-

- Local leads to further review cases to establish whether there was any delay in the patient pathway that contributed to their poor fitness and whether the appropriate clinician reviewed patient prior to decision.

## QPI 15 – Surgical management in ovarian cancer

<b>QPI 15(iii):</b>	Patients with epithelial ovarian cancer should undergo primary or delayed surgery with the aim to achieve complete cytoreduction.
<b>Numerator:</b>	Number of patients with stage 3B and above epithelial ovarian cancer who undergo surgery (primary or delayed).
<b>Denominator:</b>	All patients with stage 3B and above epithelial ovarian cancer.
<b>Exclusions:</b>	No Exclusions
<b>Target:</b>	65%

Figure 3: Proportion of patients with stage 3B and above epithelial ovarian cancer undergoing surgery (primary or delayed).



This is the first year of reporting this QPI. Regionally 61% of patients with stage 3B and above underwent surgery (primary or delayed) which falls short the 70% target. Variance across the Boards was noted with performance ranging from 71% in North Glasgow to 31% in NHS Forth Valley. All cases not meeting the QPI were reviewed and feedback included cases that were deemed inoperable at the time of MDT, and cases that were assessed but deemed not suitable or fit to proceed to surgery.

### Action Required:

- Local leads to further review cases to establish whether there was any delay in the patient pathway that contributed to inoperability and patient decline.



## Appendix 1: Meta Data

Report Title	Cancer Audit Report: Ovarian Cancer Quality Performance Indicators			
Time Period	Patients diagnosed between 01 October 2023 to 30 September 2024			
Data extraction date	23rd September 2025 Cancer audit is a dynamic process with patient data continually being revised and updated as more information becomes available. This means that apparently comparable reports for the same time period and cancer site may produce different figures if extracted at different times.			
Data Quality	Ovarian Cancer			
	Health Board of diagnosis	(01/10/2023-30/09/2024) Audit	Cancer Reg 2019-23*	Case Ascertainment
	Ayrshire & Arran	44	40	110%
	Forth Valley	23	30	76.7%
	GGC	95	138	68.8%
	Lanarkshire	35	57	61.4%
	WoS Total	197	265	74.3%

### Copyright

The content of this report is © copyright WoSCAN unless otherwise stated.

Organisations may copy, quote, publish and broadcast material from this report without payment and without approval provided they observe the conditions below. Other users may copy or download material for private research and study without payment and without approval provided they observe the conditions below.

The conditions of the waiver of copyright are that users observe the following conditions:

- Quote the source as the West of Scotland Cancer Network (WoSCAN).
- Do not use the material in a misleading context or in a derogatory manner.
- Where possible, send us the URL.

The following material may not be copied and is excluded from the waiver:

- The West of Scotland Cancer Network logo.
- Any photographs.

Any other use of copyright material belonging to the West of Scotland Cancer Network requires the formal permission of the Network