

West of Scotland Cancer Network

**Urological Cancer
Managed Clinical Network**



Audit Report

Renal Cancer Quality Performance Indicators

Clinical Audit Data: 1st January - 31st December 2024

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Renal Quality Performance Indicators Overview

Patients diagnosed: Jan -Dec 2024

Number of WoS cases: **599**

Gender of patients: Male 61% Female 39%

Median age of patients: Male 67 Female 71

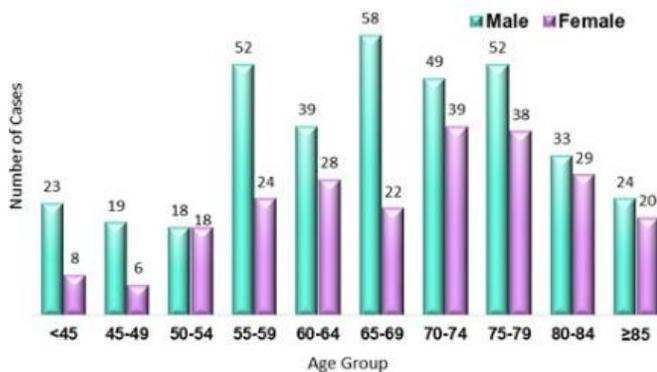
1 year Net survival* 80.1% 77.8%
5 year Net survival* 63.1% 59.6%

* PHS. Net non-age standardised survival for patients diagnosed 2015-19 in Scotland

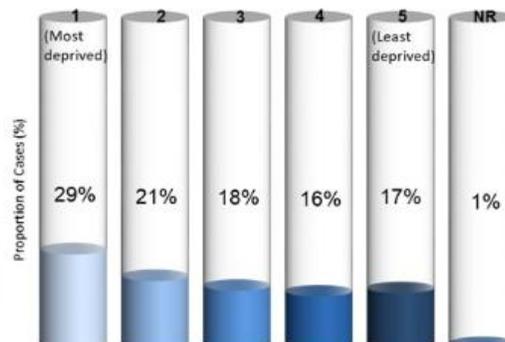
Number of cases by Board



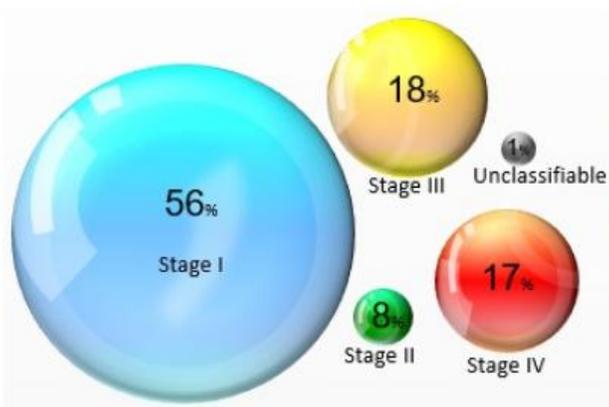
5 Year Age Distribution



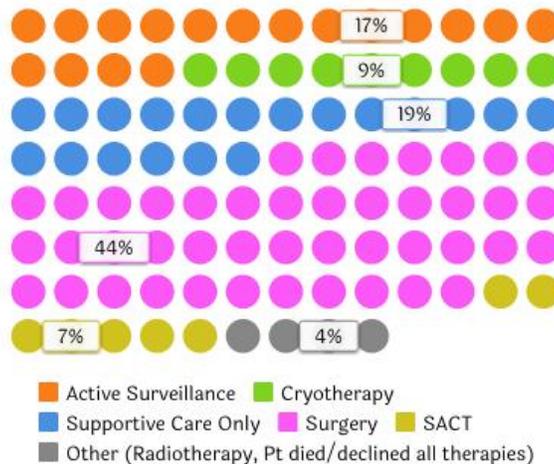
SIMD



Stage



First Treatment Type



Executive Summary:

This report provides an assessment of the performance of West of Scotland (WoS) urological cancer services based on clinical audit data for patients diagnosed with renal cancer during the twelve-month period from 1 January to 31 December 2024.

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. With the development of QPIs, this has now become a national programme to drive continuous improvement and ensure equity of care for patients across Scotland.

The majority of QPI targets were successfully achieved by the Boards, reflecting excellent performance across the region, with all targets met by NHS Forth Valley. Notable areas of achievement include QPI 11: Leibovich Score, which met regional target at 100%. Reassuringly, most surgeons routinely performing renal cancer operations met the minimum target of 15 procedures for QPI 12. There were no reported cases of mortality within 30 or 90 days following cryotherapy procedures (QPI 8) signifying an improvement in patient outcomes.

Boards reviewed cases and provided clinical comments where QPI targets were not achieved. In the main, these indicate valid clinical reasons or situations where co-morbidities have influenced decisions around patient management. With the implementation of a new regional MDT system, data recording is expected to improve, which should positively impact future reporting periods.

QPI 2(ii): Histological Diagnosis, QPI 3: Clinical Staging -TNM, QPI 4: MDT Meeting, QPI 7: Nephron Sparing Surgery, QPI 8: 30/90-Day Mortality - Cryotherapy, RFA, Surgery, QPI 9: Systemic Therapy, QPI 11: Leibovich Score and QPI 13: Trifecta Rate were met by all Boards, and therefore detailed graphs have not been included for these QPIs in the main report.

There are a number of actions required as a consequence of this assessment of performance against the agreed criteria.

Actions required:

QPI 2(i): Histological diagnosis prior to treatment

- NHS Lanarkshire to review local processes to ensure pre-treatment histological diagnosis is consistently pursued and to consider central referral when local re-biopsy is not feasible.

QPI 10: Prognostic Scoring in Metastatic Disease

- NHSGGC to remind the MDT to document prognostic scores in all discussions of metastatic patients.

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

Summary of Renal QPI Results

Key			
Above QPI target	-	Restricted data where the denominator is less than 5	
Below QPI target	*	Data where the denominator is zero	
Indicates no comparable measure for previous years	**	Board adjusted figure	

Summary of the QPI results for clinical audit data.

Renal MCN					
	A&A	FV	GGC	LAN	WoSCAN
2024	104	87	274	134	599
2023	90	66	278	100	534
2022	93	71	261	113	538

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	LAN	WoSCAN
QPI 1-Radiological Diagnosis: Proportion of patients with RCC receiving active treatments who undergo pre-treatments cross-sectional imaging of the chest, abdomen +/- pelvis.	95%	2024	100% (42/42)	100% (54/54)	99.5% (183/184)	94% (76/81)	98% (355/361)
		2023	96%	100%	100%	97%	99%
		2022	100%	97.6%	100%	97.1%	99.1%
QPI 2(i)-Histological Diagnosis: Proportion of patients with RCC where surgery is not the primary treatment who have a histological diagnosis before treatments, via biopsy. Cryotherapy / Radiofrequency ablation/ Stereotactic ablative radiotherapy (SABR)	90%	2024	100% (7/7)	92% (12/13)	95% (20/21)	54% (7/13)	85% (46/54)
		2023	-	-	100%	87%	96%
		2022	92.9%	100%	85.7%	80.0%	89.6%
QPI 2(ii)-Histological Diagnosis: Proportion of patients with RCC where surgery is not the primary treatments who have a histological diagnosis before treatments, via biopsy. Systemic Anti-Cancer Therapy (SACT)	90%	2024	-	100% (6/6)	100% (20/20)	93% (14/15)	98% (43/44)
		2023	-	100%	100%	100%	100%
		2022	-	-	100%	100%	100%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	LAN	WoSCAN
QPI 3-Clinical Staging–TNM: Proportion of patients whose RCC is staged pre-treatments using the TNM staging system	98%	2024	100% (104/104)	99% (86/87)	99% (270/274)	99% (133/134)	99% (593/599)
		2023	100%	100%	100%	100%	100%
		2022	100%	100%	98.5%	100%	99.3%
QPI 4-Multi-Disciplinary Team (MDT) Meeting: Proportion of patients with RCC who are discussed at the MDT before definitive treatments.	95%	2024	97% (99/102)	98% (82/84)	97% (265/272)	97% (129/133)	97% (575/591)
		2023	99%	98%	95%	98%	97%
		2022	98.9%	100%	96.9%	100%	98.3%
QPI 7-Nephron Sparing Treatment: Proportion of patients with T1aN0M0 RCC who undergo nephron sparing treatment (cryotherapy, RFA, SABR or robotic / laparoscopic / open partial nephrectomy).	50%	2024	100% (15/15)	93% (28/30)	92% (46/50)	100% (25/25)	95% (114/120)
		2023	88%	88%	90%	100%	92%
		2022	95.5%	100%	87.0%	81.3%	90.0%
QPI 8(i)-30 Day Mortality Following Treatment for RCC: Proportion of patients who die within 30 days of treatments for RCC. (a) Cryotherapy	<2%	2024	0% (0/6)	0% (0/12)	0% (0/19)	0% (0/14)	0% (0/51)
		2023	-	-	0%	0%	0%
		2022	0%	0%	0%	0%	0%
QPI 8(i)-30 Day Mortality Following Treatment for RCC: Proportion of patients who die within 30 days of treatments for RCC. (b) RFA	<2%	2024	*	*	*	*	*
		2023	*	*	*	*	*
		2022	*	*	*	*	*

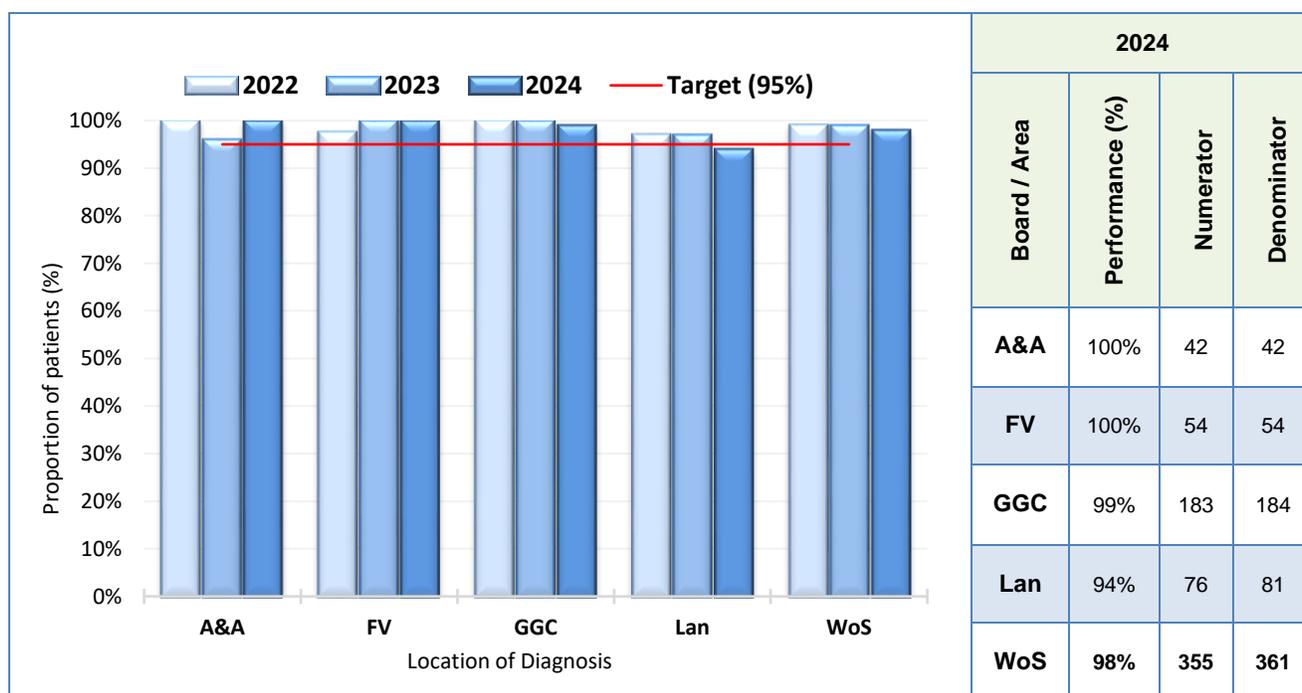
Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	LAN	WoSCAN
~QPI 8(i)-30 Day Mortality Following Treatment for RCC: Proportion of patients who die within 30 days of treatments for RCC. (c) Surgery	<2%	2024	0% (0/18)	0% (0/16)	0% (0/202)	0% (0/30)	0% (0/266)
		2023	0%	0%	0%	0%	0%
		2022	0%	0%	0%	0%	0%
QPI 8(ii)-90 Day Mortality Following Treatment for RCC: Proportion of patients who die within 90 days of treatments for RCC. (a) Cryotherapy	<2%	2024	0% (0/5)	0% (0/9)	0% (0/16)	0% (0/12)	0% (0/42)
		2023	-	-	0%	0%	0%
		2022	0%	0%	0%	-	0%
QPI 8(ii)-90 Day Mortality Following Treatment for RCC: Proportion of patients who die within 90 days of treatments for RCC. b) RFA	<2%	2024	*	*	*	*	*
		2023	*	*	*	*	*
		2022	*	*	*	*	*
~QPI 8(ii)-90 Day Mortality Following Treatment for RCC: Proportion of patients who die within 90 days of treatments for RCC. (c) Surgery	<2%	2024	0% (0/18)	0% (0/16)	0.5% (1/200)	0% (0/30)	0.4% (1/265)
		2023	0%	0%	0%	0%	0%
		2022	0%	0%	0.5%	0%	0.4%
QPI 9-Systemic Therapy: Proportion of patients presenting with advanced and/or metastatic RCC who receive initial SACT within 12 months of diagnosis. <i>Patients diagnosed 1st January 2023 - 31st December 2023</i>	40%	2023	-	71% (5/7)	72% (18/25)	70% (7/10)	74% (34/46)
		2022	-	63%	57%	60%	60%
		2021	100%	42.9%	53.1%	85.7%	60.8%
QPI 10-Prognostic Scoring in Metastatic Disease: Patients with metastatic Renal Cell Carcinoma (RCC) should be assigned a valid prognostic score following diagnosis.	90%	2024	100% (15/15)	100% (13/13)	86% (37/43)	92% (22/24)	92% (87/95)
		2023	100%	92%	93%	72%	89%
		2022	100%	100%	94.4%	91.7%	95.2%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	LAN	WoSCAN
~QPI 11-Leibovich Score: Proportion of patients with clear cell RCC who are assigned a Leibovich score following radical nephrectomy.	100%	2024	100% (15/15)	100% (13/13)	100% (81/81)	100% (26/26)	100% (135/135)
		2023	100%	100%	100%	83%	97%
		2022	100%	100%	100%	100%	100%
QPI 12: Volume of Cases per Surgeon - Number of renal surgical resections performed by each surgeon in a given year (SMR01 data).	Min-imum of 15	2024	1 Met 1 Not Met**	1 Met	5 Met**	2 Met**	9 Met 1 Not Met
		2023	2 Met	1 Met	5 Met**	2 Met**	10 Met
		2022**	2 Met	1 Met	5 Met	2 Met	10 Met
~QPI 13-Trifecta Rate: Proportion of patients with T1a RCC undergoing partial nephrectomy who achieve trifecta (ischaemia time conditions met, negative surgical margins and no complications).	50%	2024	*	*	94% (58/62)	*	94% (58/62)
		2023	*	*	82%	*	82%
		2022	*	*	84.6%	*	84.6%

~QPI analysed by Location of Surgery

QPI 1: Radiological Diagnosis

QPI 1 Title:	Patients with renal cancer should have cross sectional imaging for staging of Renal Cell Carcinoma (RCC). Cryotherapy / radiofrequency ablation (RFA) / stereotactic ablative radiotherapy (SABR)
Numerator:	Number of patients receiving active treatment with a diagnosis of RCC who undergo cross-sectional imaging (CT or MRI) of the chest, abdomen +/- pelvis (with contrast) before first treatment.
Denominator:	All patients receiving active treatment with a diagnosis of RCC.
Exclusions:	• No exclusions.
Target:	95%

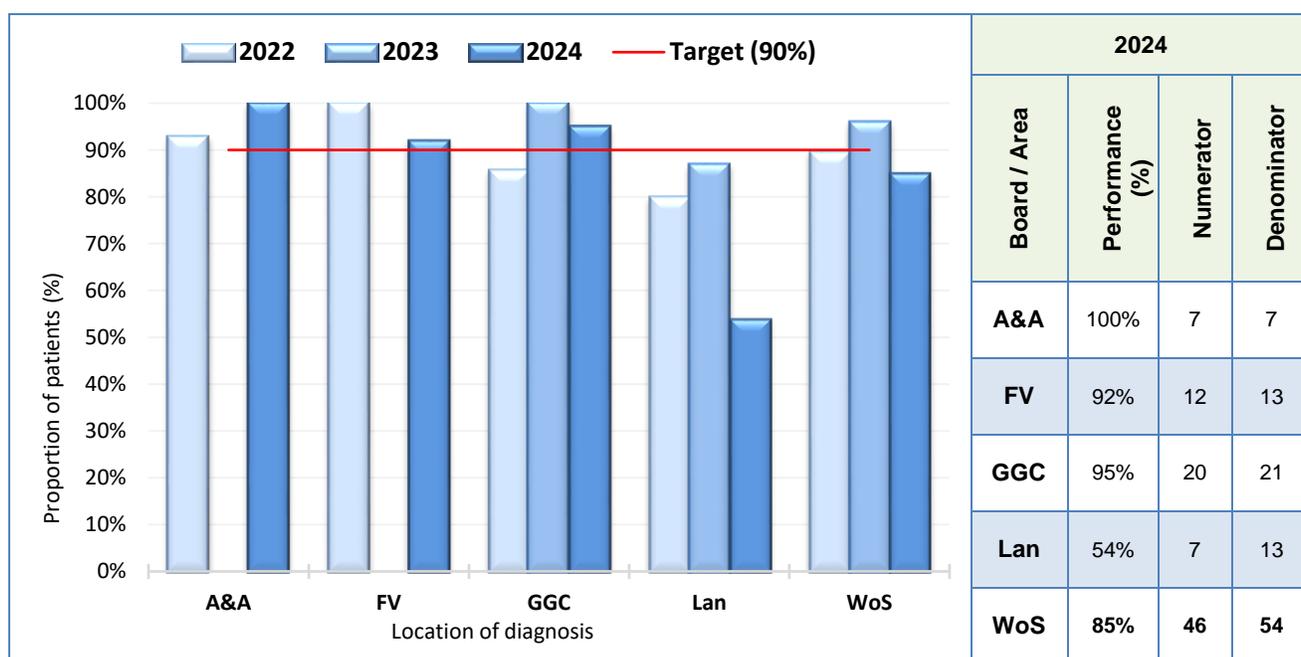


WoS performance was 98%, with 355 out of 361 actively treated patients receiving pre-treatment cross-sectional imaging of the chest, abdomen ± pelvis. NHS Lanarkshire narrowly missed the target at 94%, while all other Boards achieved it.

NHS Lanarkshire clinically reviewed the cases and reported that one patient did not meet the target due to the absence of CT chest imaging. One patient has since received cryotherapy and now meets the standard, while three patients awaiting cryotherapy have completed all required imaging and are expected to meet the target following treatment, resulting in an anticipated compliance of 99% (80/81). Lanarkshire also highlighted that current cryotherapy waiting times remain prolonged at approximately 200–250 days.

QPI 2: Histological diagnosis prior to treatment

QPI 2 Title:	Patients with renal cancer not undergoing surgery should have a histological diagnosis prior to commencing treatment.
Specification (i):	Cryotherapy / radiofrequency ablation (RFA) / stereotactic ablative radiotherapy (SABR)
Numerator (i):	Number of patients with RCC undergoing cryotherapy, radiofrequency ablation or SABR as their first treatment who have a histological diagnosis (confirmed by biopsy) before commencing treatment.
Denominator (i):	All patients with RCC undergoing cryotherapy, radiofrequency ablation or SABR as their first treatment.
Exclusions:	<ul style="list-style-type: none"> • Patients with inherited genetic renal cancer.
Target:	90%



Overall WoS performance was 85%, with most patients receiving a histological diagnosis prior to cryotherapy, RFA, or SABR. All Boards met the target except NHS Lanarkshire, which did not achieve the QPI for the fourth consecutive year and showed a further decline in the current reporting year. Small patient numbers may influence comparisons across Boards.

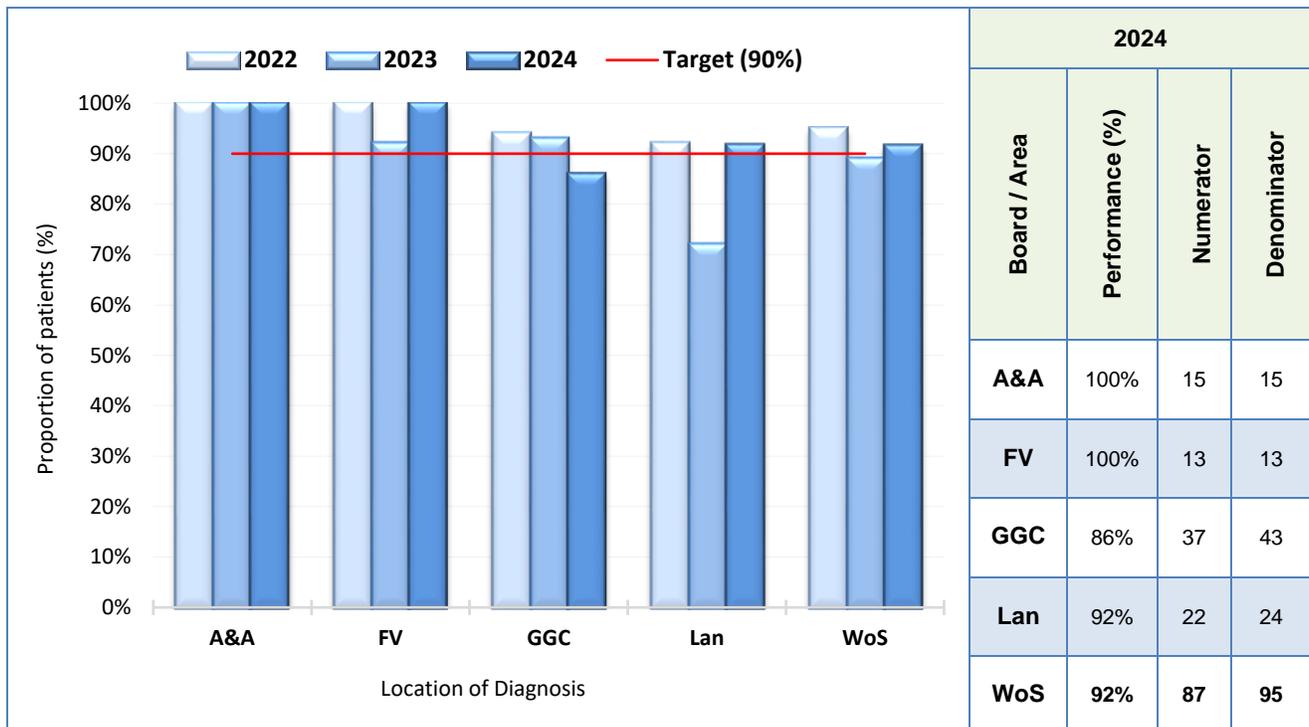
The majority of patients met the QPI, with any exceptions generally due to clinical considerations. NHS Lanarkshire noted that the case numbers were small, and non-compliance was mainly linked to the characteristics of specific lesions and MDT-led clinical decisions. In several cases, lesions were cystic or not suitable for biopsy, and two patients had biopsies where the samples were insufficient for a definitive diagnosis. Two further patients already have confirmed histology and will meet the target once cryotherapy is completed. Final compliance is expected to be 69% (9/13) once all outstanding treatments have taken place.

Action:

- NHS Lanarkshire to review local processes to ensure pre-treatment histological diagnosis is consistently pursued and to consider central referral when local re-biopsy is not feasible.

QPI 10: Prognostic Scoring in Metastatic Disease

QPI 10 Title:	Patients with metastatic Renal Cell Carcinoma (RCC) should be assigned a valid prognostic score following diagnosis.
Numerator:	Number of patients with metastatic RCC who are assigned a valid prognostic score following diagnosis.
Denominator:	All patients diagnosed with metastatic RCC.
Exclusions:	• No exclusions
Target:	90%



The overall performance for WoS was 92%, exceeding the 90% target, with all Boards meeting the target except NHSGGC.

NHSGGC highlighted that the prognostic score was not documented in six cases. While four of these patients were recommended for supportive care only, documentation of the prognostic score remains important for all metastatic patients. The MDT will be reminded to ensure the score is recorded in all future discussions.

The new MDT system, launching this year, will include a dedicated field for prognostic scores, which is expected to improve documentation during all MDT discussions and, in turn, enhance the results, with compliance monitored by the MCN.

Action:

- NHSGGC to remind the MDT to document prognostic scores in all discussions of metastatic patients.

QPI 12: Volume of cases per surgeon

QPI 12 Title:	Renal surgical resection should be performed by surgeons who perform the procedures routinely.
Description:	Number of renal surgical resections performed by each surgeon in a given year.
Exclusions:	<ul style="list-style-type: none"> • No exclusions.
Target:	Minimum 15 procedures per surgeon in a 1 year period.

Renal surgical resection includes nephrectomy, partial nephrectomy and nephroureterectomy

	No. of Operating Surgeons	No. of Procedures	No. of Surgeons Meeting Target
*A&A	2	39	1
^FV	1	25	1
*GGC	5	293	5
*Lan	2	43	2
WoS	10	400	9

**Board adjusted figures as per comments
^SMR01 figures*

SMR01 data is used to measure performance for this QPI (rather than QPI audit data) and although the source data indicates that a small number of surgeons did not meet the minimum target of 15 procedures, further local scrutiny of the data has identified some SMR01 data recording issues or that in some cases surgeons from other specialties were assisting with renal procedures. This data also includes renal surgical resections for non-cancer diagnoses, as defined within the QPI specification.

The data shown represents the Board adjusted figures based on detailed information provided by the Boards. In light of Board review findings and the adjusted figures, all Boards except NHS Ayrshire & Arran concluded that surgeons routinely operating on renal cancer achieved the QPI target.

NHS Ayrshire & Arran reported that the introduction of robotic nephrectomy in 2024 has resulted in most procedures being undertaken by one surgeon, with the second surgeon performing only non-robotic cases for selected patients, leading to lower surgical volumes.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Renal Cancer Quality Performance Indicators					
Time Period	Patients diagnosed between 1st January - 31st December 2024					
QPI Version	Renal Cancer Clinical QPIs V5.0 (June 22) (Renal cancer clinical quality performance indicators: June 2022 – Healthcare Improvement Scotland)					
Data extraction date	1000 hrs on 28 October 2025. (<i>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.</i>)					
Data Quality		Ayrshire & Arran	Forth Valley	GGC	Lanarkshire	WoS
	Cases from audit	104	87	274	134	599
	Cases from ISD (2019-23)	83	69	268	107	528
	Case ascertainment	125%	126%	102%	125%	113%

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