

Audit Report

Ovarian Cancer Quality Performance Indicators

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

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Ovarian Cancer Quality Performance Indicators

Patients Diagnosed: October 2022 - September 2023

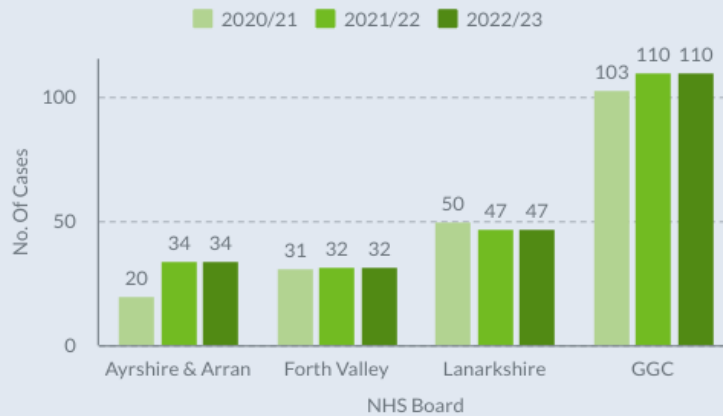
Number Diagnosed
2022/23: **210**

Case Ascertainment: **81.1%**

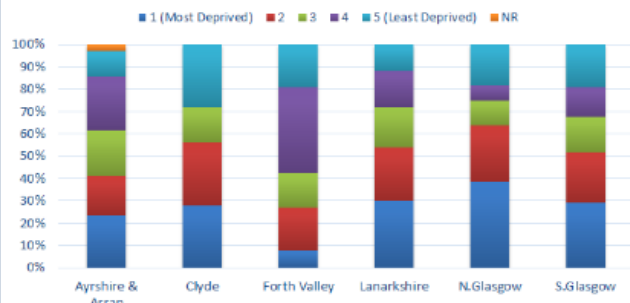
As measured against PHS ACaDMe comparative data:

Median Age at
Diagnosis: **67**

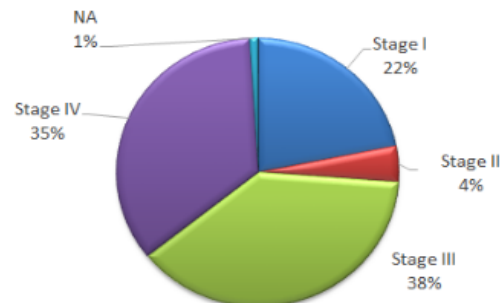
Where are patients diagnosed



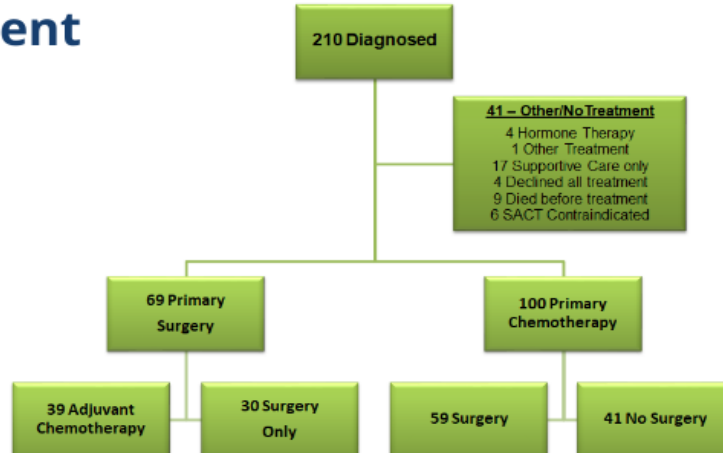
SIMD Category



FIGO Stage



Treatment



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 ovarian 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 Ovarian Cancer MCN is encouraged by the results presented in this report which demonstrate that patients with ovarian cancer in the WoS continue to receive a consistently high standard of care. Targets were met at regional level for all but three of the QPIs reported with excellent outcomes for QPIs related to CT or MRI scan prior to commencing treatment, complete pathology report for patients undergoing pelvic clearance surgery, histological diagnosis prior to starting chemotherapy, no residual disease following surgery and very low surgical mortality rates. This reflects the very high quality of care provided by Ovarian 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 where targets have been achieved 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 determine if unfit patients were reviewed by an oncologist / experienced clinician (i.e. local leads) and if there were any delays along the patient's pathways which have contributed to their ability to be investigated / treated.

QPI 10 – Surgery for Advanced Disease

- Local leads to further explore those patients not meeting the QPI criteria to determine if there have been any delays in their diagnostic pathways and provide written feedback to the MCN.

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 allow the plans to be reviewed at the Regional Cancer Oversight Group.

	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
QPI 2 -Proportion of patients with epithelial ovarian cancer having a CT scan or MRI of the abdomen and pelvis performed to exclude the presence of metastatic disease prior to starting treatment.	95%	2022/23	100% (34/34)	100% (25/25)	100% (49/49)	100% (43/43)	100% (30/30)	100% (25/25)	100% (206/206)
		2021/22	100% (32/32)	100% (31/31)	100% (47/47)	100% (46/46)	100% (35/35)	100% (25/25)	100% (216/216)
		2020/21	100%	100%	98%	100%	100%	100%	99.5%
QPI 3 - Proportion of patients with epithelial ovarian cancer who are discussed at a MDT meeting before definitive treatment.	95%	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)
		2020/21	94%	86%	92%	98%	96%	92%	93%
QPI 4 - Proportion of patients with early stage epithelial ovarian cancer (FIGO Stage 1) undergoing primary surgery for ovarian cancer, having their stage of disease adequately assessed, (TAH, BSO, Omentectomy and washings), to determine suitability for adjuvant therapies.	90%	2022/23	-	-	-	92% (23/25)	-	-	89% (32/36)
		2021/22	-	89% (8/9)	-	100% (15/15)	n/a	-	94% (32/34)
		2020/21	-	-	-	100%	-	-	87%

Quality Performance Indicator (QPI)	Performance by NHS Board								
	Target	Year	AA	FV	Lan	NG	SG	Clyde	WoS
QPI 6: Proportion of patients with epithelial ovarian cancer undergoing pelvic clearance surgery having a complete pathology report as defined by the Royal College of Pathologists.	95%	2022/23	n/a	-	-	98% (100/102)	-	-	98% (110/112)
		2021/22	100% (7/7)	100% (9/9)	-	90% (93/103)	-	-	91% (116/127)
		2020/21	-	-	80%	92%	80%	-	90%
QPI 7 – Proportion of patients with epithelial ovarian cancer having a histological diagnosis obtained by percutaneous image-guided biopsy or laparoscopy prior to starting chemotherapy.	90%	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)
		2020/21	100%	92%	95%	100%	95%	100%	97%
QPI 9 - Proportion of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum based compound.	90%	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)
		2020/21	80%	62%	76%	88%	92%	81%	80%
QPI 10(i) - Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing surgery.	65%	2022/23	44% (12/27)	44% (8/18)	51% (20/39)	72% (23/32)	56% (15/27)	47% (9/19)	54% (87/162)
		2021/22	54% (14/26)	45% (9/20)	56% (18/32)	71% (29/41)	61% (20/33)	62% (13/21)	60% (103/173)
		2020/21	63%	54%	63%	61%	52%	53%	58%
QPI 10(ii) - Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing surgery where no residual disease is achieved.	60%	2022/23	n/a	n/a	n/a	82% (22/27)	n/a	-	79% (22/28)
		2021/22	-	n/a	n/a	65% (20/31)	-	-	63% (22/35)
		2020/21	-	-	-	81%	-	n/a	82%

Quality Performance Indicator (QPI)	Performance by NHS Board								
	Target	Year	AA	FV	Lan	NG	SG	Clyde	WoS
QPI 10(iii) - Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing delayed primary surgery after chemotherapy where no residual disease is achieved.	60%	2022/23	n/a	n/a	n/a	66% (21/32)	n/a	n/a	66% (21/32)
		2021/22	n/a	n/a	n/a	73% (33/45)	n/a	n/a	73% (33/45)
		2020/21	n/a	n/a	n/a	68%	n/a	n/a	68%
QPI 11 - Proportion of patients with epithelial ovarian cancer who undergo genetic testing.	90%	2022/23	94% (30/32)	100% (20/20)	85% (39/46)	97% (36/37)	96% (25/26)	100% (22/22)	94% (172/183)
		2021/22	90% (26/29)	86% (18/21)	84% (31/37)	90% (35/39)	84% (26/31)	88% (22/25)	87% (158/182)
		2020/21	77%	81%	67%	91%	96%	91%	83%
QPI 12(i) - Proportion of patients with epithelial ovarian cancer who die within 30 days of surgery.	<5%	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)
		2020/21	-	0%	0%	0%	0%	-	0%

Location of Surgery

QPIs 4, 6, 10(ii) and 10(iii) are reported by location of surgery rather than by location of diagnosis. Surgical management of ovarian cancer is provided by Gynaecological Oncologists working in the regional specialist surgical centre in Glasgow Royal Infirmary (represented by North Glasgow on charts). Some patients with an RMI of less than 200, i.e. cancer is not suspected pre-operatively, may receive surgery in their local hospital however are subsequently diagnosed with epithelial ovarian cancer when post-operative pathology is available.

In Year 2022/23 129 patients (61.4%) underwent surgery. Hospital of surgery is noted below.

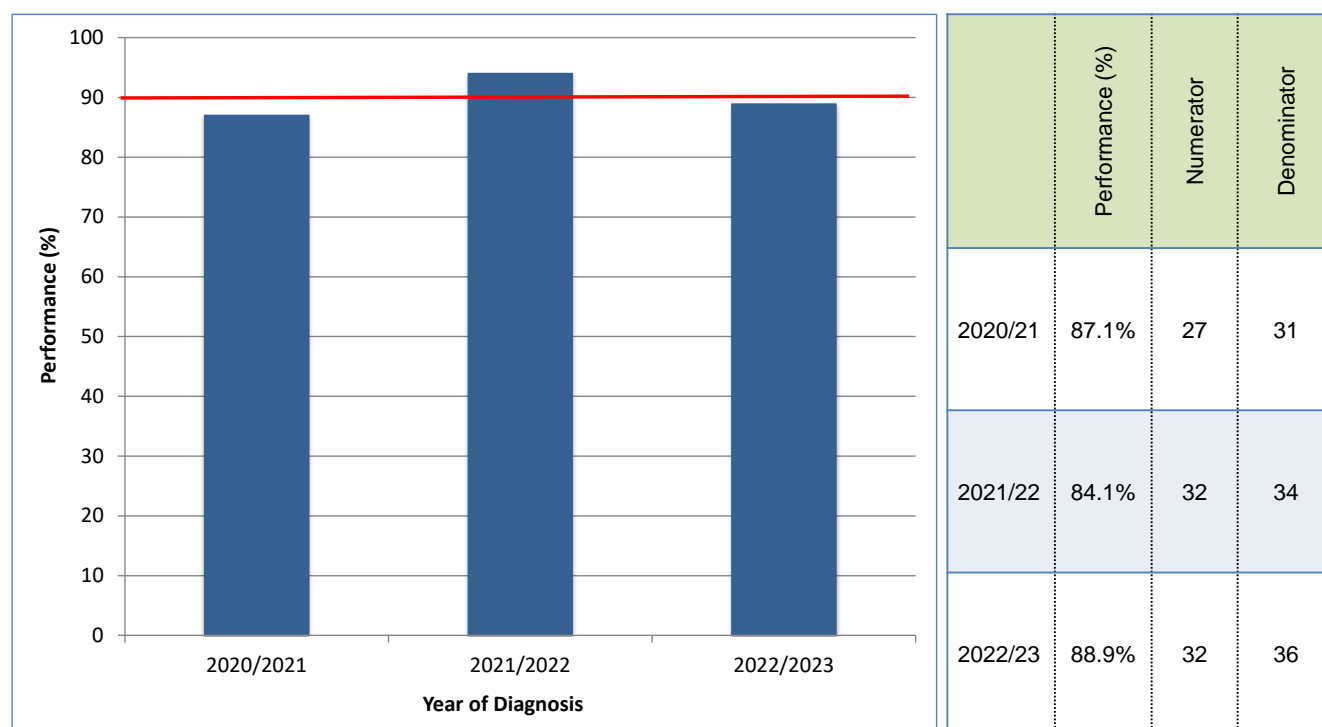
- 113 cases in regional specialist centre (GRI)
- 6 cases in NHSGGC (not specialist surgical centre)
- 10 cases were operated on outwith NHSGGC

Please note that the number of operations carried out in local hospitals is small therefore comparisons of percentages should be made with caution.

QPI 4 - Patients with early stage disease have an adequate staging operation

QPI Title:	Patients undergoing surgery for early stage epithelial ovarian cancer (FIGO Stage 1) have an adequate staging operation which includes Total Abdominal Hysterectomy (TAH), Bilateral Salpingo-Oophorectomy (BSO), omentectomy and washings.
Numerator:	Number of early stage (FIGO Stage 1) epithelial ovarian cancer patients having primary surgery involving TAH, BSO, omentectomy and washings.
Denominator:	All early stage (FIGO Stage 1) epithelial ovarian cancer patients undergoing primary surgery.
Exclusions:	Patients having fertility conserving surgery. Patients presenting for emergency surgery
Target:	90%

Figure 1: Proportion of early stage (FIGO Stage 1) epithelial ovarian cancer patients having primary surgery involving TAH, BSO, omentectomy and washings.



Numbers of patients included within this QPI are small which can have a considerable effect on overall proportions and making comparisons between NHS Boards difficult.

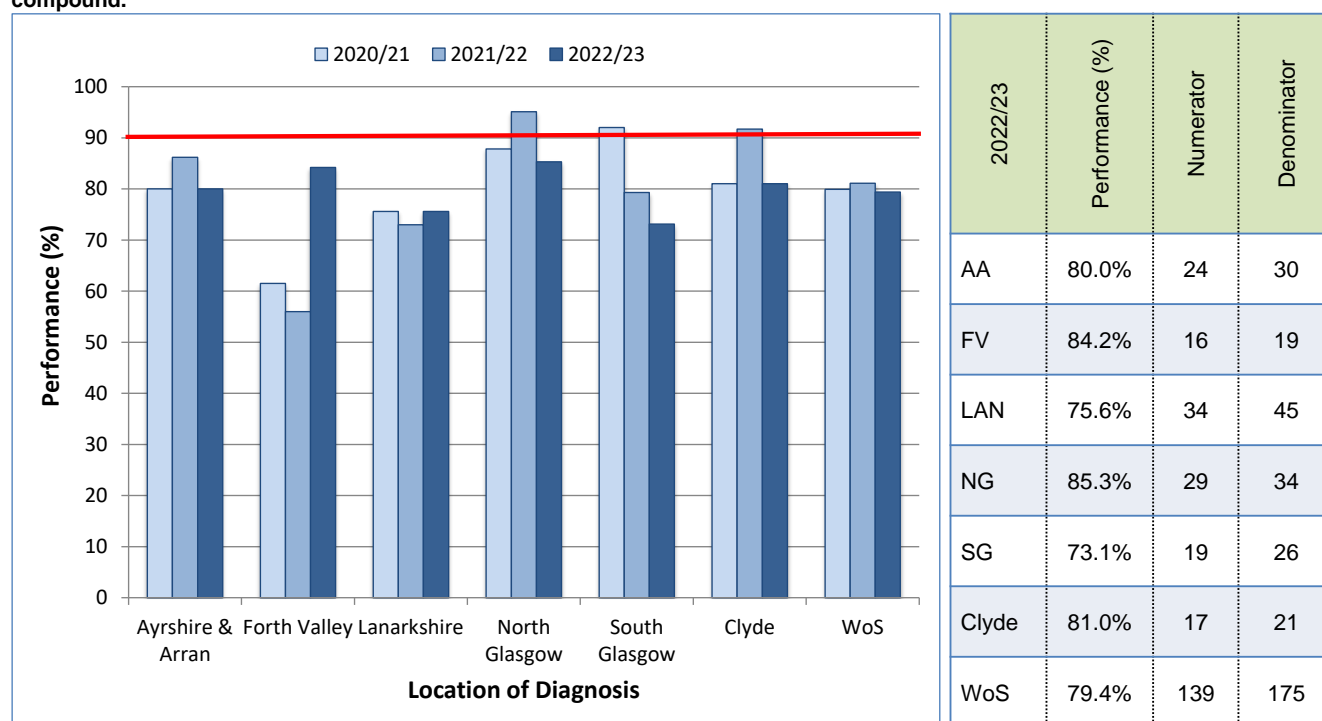
NHS Ayrshire & Arran and South Glasgow sector of NHSGGC did not meet the target however this relates to two patients. Detailed clinical reasons were provided by both Boards following clinical review. The clinical review gleaned further case details (not recorded within the QPI database) which resulted in the Board concluding that one case should have been excluded from the QPI.

It is anticipated that this QPI will be archived at the forthcoming Formal Review of ovarian cancer QPIs.

QPI 9 – First-line chemotherapy

QPI 9:	Chemotherapy treatment of epithelial ovarian cancer should include a platinum based compound
Numerator:	Number of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum-based compound.
Denominator:	All patients with epithelial ovarian cancer.
Exclusions:	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.
Target:	90%

Figure 2: Proportion of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum-based compound.



Across the WoS 79% of patients received chemotherapy with a platinum compound with no Board achieving the 90% target. In the main, factors relating to patient fitness, patients declining treatment and rapid disease progression were cited by Boards as impacting on patient suitability for chemotherapy.

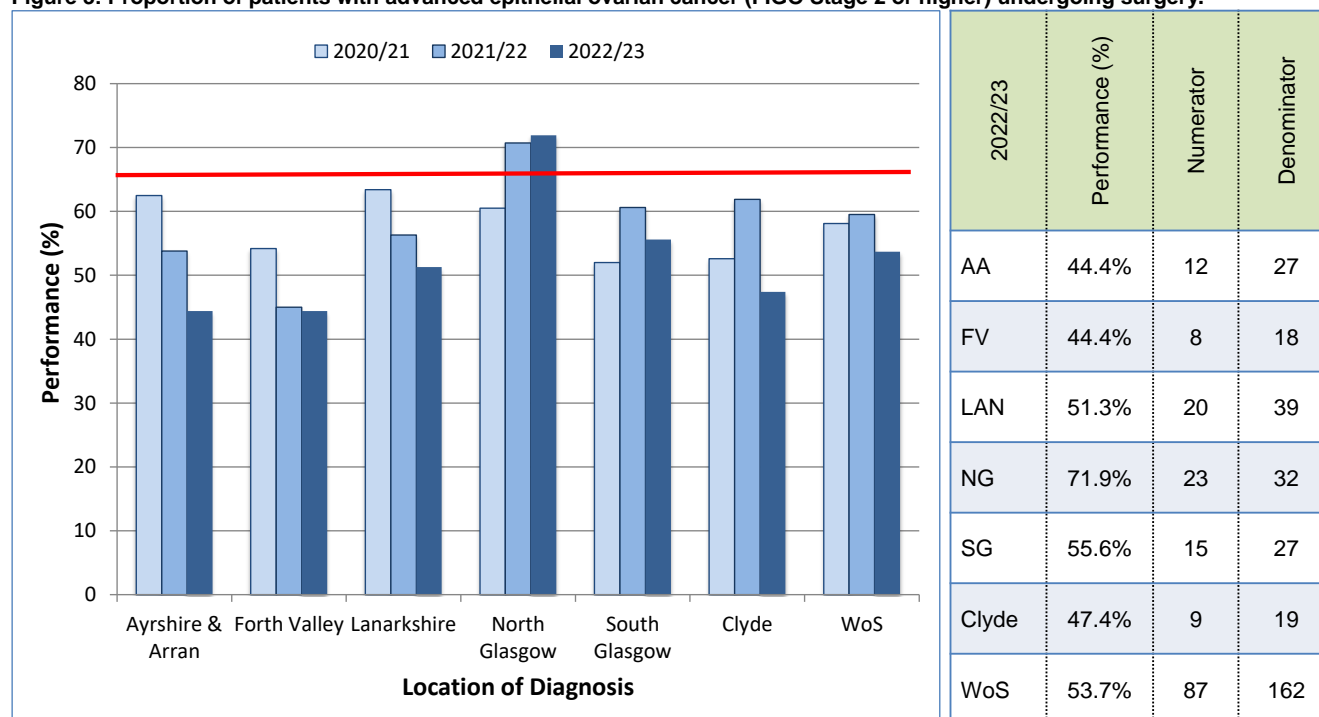
Action Required:

- Local leads to further review cases to determine if unfit patients were reviewed by an oncologist / experienced clinician (i.e. local leads) and if there were any delays along the patient's pathways which have contributed to their ability to be investigated / treated.

QPI 10 – Surgery for Advanced Disease

QPI 10(i):	Patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) should undergo primary or delayed surgery.
Numerator:	Number of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing surgery (primary or delayed).
Denominator:	All patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher)
Exclusions:	No Exclusions
Target:	65%

Figure 3: Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing surgery.



Board feedback on reasons for patients not undergoing primary or delayed surgery included patients that were fit only for best supportive care; patients that had neo-adjuvant chemotherapy and died before surgery, patients that declined surgery, patients that were not suitable candidates for surgery; patients who died before treatment and patients who refused treatment. Review of cases in NHS Ayrshire & Arran highlighted that three patients were noted as undergoing surgery in a private hospital in England. These patients were erroneously included and should be excluded from the cohort due to having their definitive treatment privately funded and undertaken outwith NHS Scotland.

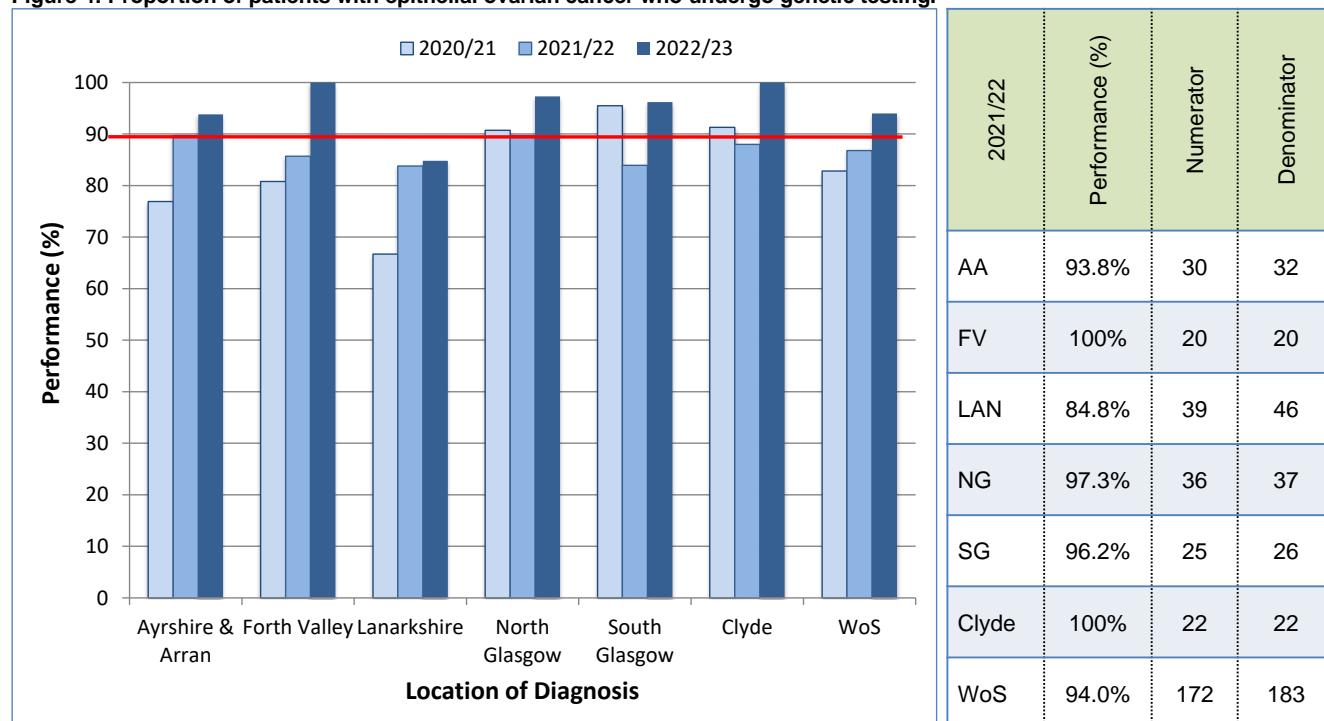
Action Required:

- Local leads to further explore those patients not meeting the QPI criteria to determine if there have been any delays in their diagnostic pathways and provide written feedback to the MCN.

QPI 11: Genetic Testing in Non-Mucinous Epithelial Ovarian Cancer.

QPI Title:	Patients with ovarian cancer should have access to genetic testing.
Numerator:	Number of patients with non-mucinous epithelial ovarian cancer who undergo genetic testing.
Denominator:	All patients with non-mucinous epithelial ovarian cancer.
Exclusions:	Patients with low grade serous disease.
Target:	90%

Figure 4: Proportion of patients with epithelial ovarian cancer who undergo genetic testing.



Overall in the WoS 94% patients underwent genetic testing which exceeds the 90% QPI target. All units with the exception of NHS Lanarkshire met the QPI target and all showed improvement on the previous years results.

Review of patients who did not undergo genetic testing in NHS Lanarkshire concluded that the majority of cases had no histological or cytological diagnosis and therefore genetic testing was not feasible. One additional case had no record of referral or results. NHS Lanarkshire added that actions put in place in the previous two reporting periods have noted small increases in compliance year on year and the Board will continue to highlight the importance of genetic referral.

It is anticipated at the forthcoming formal review of ovarian QPIs that patients who do not have a histological or cytological diagnosis will be excluded from the denominator of this QPI going forward.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Ovarian Cancer Quality Performance Indicators			
Time Period	Patients diagnosed between 01 October 2022 to 30 September 2023			
Data extraction date	2200 hrs on 24 th July 2024			
Data Quality	Ovarian Cancer			
	Health Board of diagnosis	(01/10/2022-30/09/2023) Audit	Cancer Reg 2018-22*	Case Ascertainment
	Ayrshire & Arran	34	40	85.0%
	Forth Valley	26	30	86.7%
	GGC	100	135	74.1%
	Lanarkshire	50	54	92.6%
	WoS Total	210	259	81.1%

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