West of Scotland Cancer Network

Colorectal Cancer
Managed Clinical Network

Audit Report

Colorectal Cancer Quality Performance Indicators

Clinical Audit Data:
1st April 2024 and 31st March 2025

Dr Janet Graham
MCN Clinical Lead

Kevin Campbell
MCN Manager

Christine Urquhart
Information Analyst

Colorectal Cancer Quality Performance Indicators: Data Overview

Patients diagnosed April 2024 - March 2025

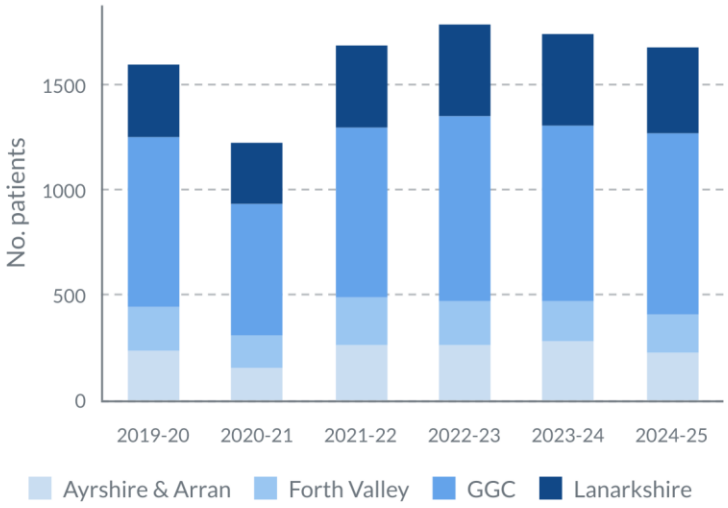
Number of patients	1683
Median age of patients	70

Age Standardised Net Survival*

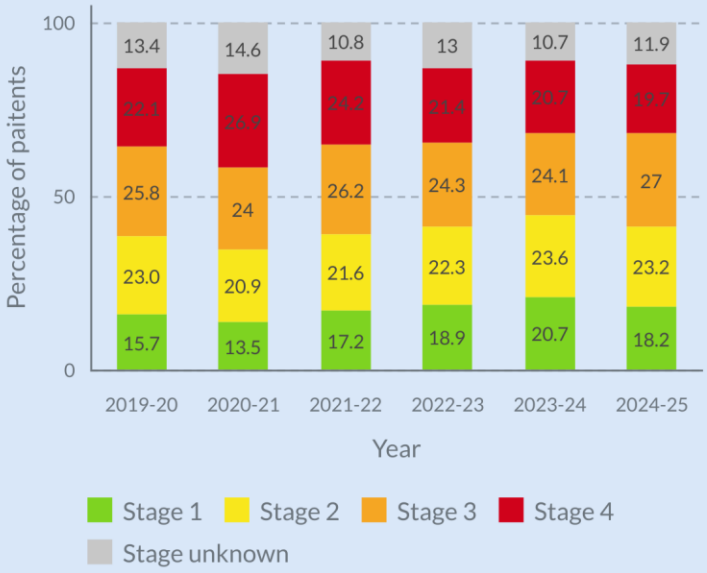
	1995-99	2005-09	2015-19
1 Year	73%	77%	78%
5 Year	52%	58%	60%

* Presented by year of diagnosis
www.publichealthscotland.scot/publications/cancer-survival-statistics/

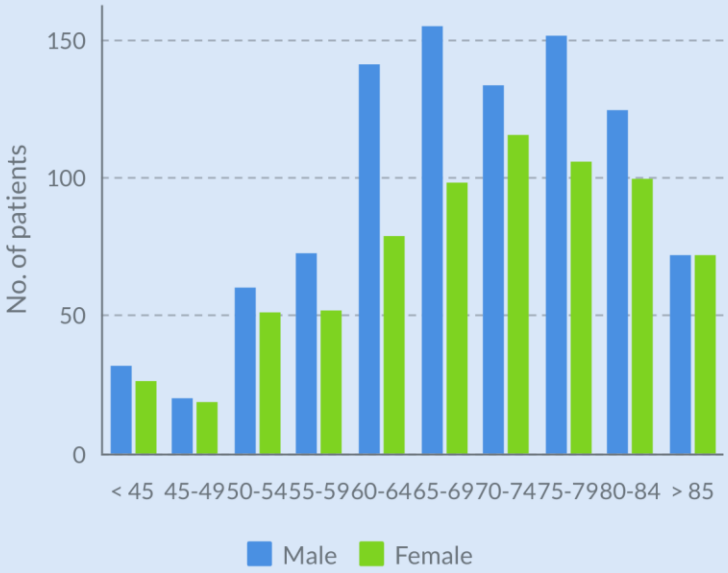
Where are patients diagnosed



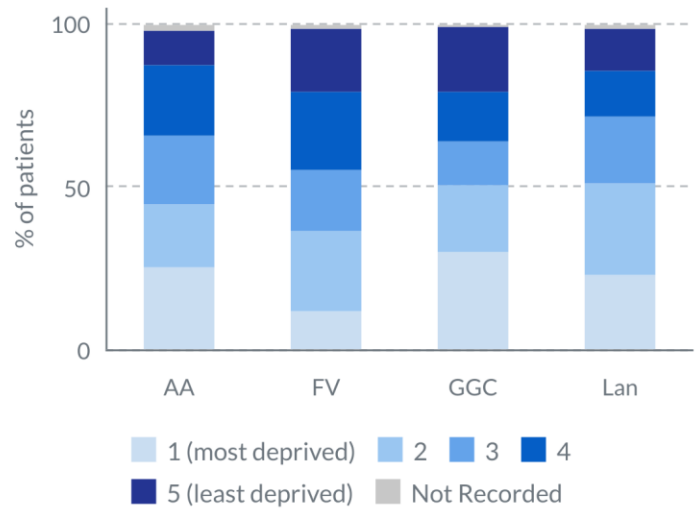
Stage at Presentation



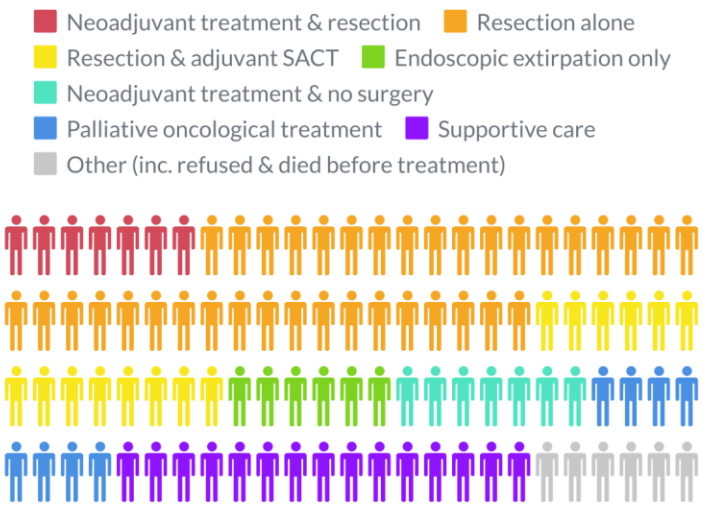
Age of patients



Deprivation Index of Patients



Treatment



Executive Summary

This report presents the performance of the West of Scotland (WoS) Colorectal Cancer services relating to patients diagnosed in the twelve months between 1st April 2024 and 31st March 2025.

The Colorectal Cancer MCN is encouraged by the results presented in this report which demonstrate that patients with colorectal 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 radical treatment; surgery, radiotherapy and chemotherapy. This reflects the very high quality of care provided by Colorectal 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 and all sectors within NHSGGC are included in the summary results table but not within the body of the report.

Two new QPIs were reported for the third year and improvements in service can been seen since the introduction of these measures. The proportion of patients with colorectal liver metastases that are referred to the HPB MDT (QPI 15) has increased and both targets were met at a regional level for the first time in 2024-25. MMR/MSI testing (QPI 16(i)) was not routinely undertaken for all patients in WoSCAN in 2021 but was rolled out throughout the region in early 2022. The target was met at a regional level for the first time in 2023-24 with further improvements in 2024-25. Considerable progress can also be seen in the proportion of patients referred to genetics services (QPI 16(ii)).

The third Formal Review of the colorectal cancer QPIs has just been completed; this has resulted in amendments to the QPIs that will be reported in future years, including the addition of challenging new measures to facilitate advances in clinical recording and improvements in surgical services going forwards.

Actions Required:

- **South Glasgow sector of NHSGGC to review patients with rectal cancer undergoing surgical resection where margins were not clear of tumour, feedback results to the MCN Advisory Board and progress any improvement actions identified as a result of this review.**

- **Although QPI 9(ii) was met by NHS Lanarkshire in this audit period, NHS Lanarkshire and MCN to continue to monitor performance against this measure.**

- **NHSGGC to review the presentation of patients having emergency surgery, and patients presenting to Accident and Emergency, over a five year period to assess whether there is any variation in how patients present between NHSGGC sectors**.

- **South Glasgow sector of NHSGGC to ensure that all patients with colorectal liver metastases not meeting the specific exclusions of QPI 15 are referred to an HPB MDT to enable HPB clinicians to make decisions on whether the patients liver metastases can be treated**.

- **MCN to work with all NHS Boards to review any patients under the age of 70 where MMR/MSI results are suggestive of Lynch Syndrome but have not yet been referred to Genetics Services and consider referral.**

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

WoSCAN Colorectal Cancer Performance Summary Report

Key	
	Above Target Result
	Below Target Result
-	< 5 patients included within measure

QPI	Target	Year	AA	FV	NG	SG	Clyde	GGC	Lan	WoS
QPI 1(i): Proportion of patients with colon cancer who undergo CT chest, abdomen and pelvis before definitive treatment.	**95%**	2024-25	99% (95/96)	92% (65/71)	99% (96/97)	99% (165/167)	100% (129/129)	99% (390/393)	98% (175/178)	98% (725/738)
		2023-24	98%	99%	100%	97%	99%	99%	99%	99%
		2022-23	99%	99%	100%	100%	100%	100%	100%	100%
QPI 1(ii): Proportion of patients with rectal cancer who undergo CT chest, abdomen and pelvis and MRI pelvis before definitive treatment.	**95%**	2024-25	100% (30/30)	100% (20/20)	89% (31/35)	91% (42/46)	94% (49/52)	92% (122/133)	100% (59/59)	95% (231/242)
		2023-24	100%	100%	97%	98%	100%	98%	100%	99%
		2022-23	100%	100%	98%	84%	100%	93%	100%	96%
QPI 2: Proportion of patients with colorectal cancer who undergo surgical resection who have the whole colon visualised by colonoscopy or CT colonography pre-operatively, unless the non-visualised segment of the colon is to be removed.	**95%**	2024-25	91% (90/99)	86% (72/84)	91% (99/109)	86% (158/184)	85% (123/145)	87% (380/438)	83% (144/174)	86% (686/795)
		2023-24	90%	88%	85%	87%	84%	86%	85%	86%
		2022-23	88%	90%	87%	88%	86%	87%	85%	87%
† **QPI 5:** Proportion of patients with colorectal cancer who undergo surgical resection where ≥ 12 lymph nodes are pathologically examined.	**90%**	2024-25	94% (117/124)	99% (88/89)	92% (115/125)	91% (183/201)	94% (148/157)	92% (446/483)	94% (187/198)	94% (838/894)
		2023-24	95%	96%	93%	91%	92%	92%	93%	93%
		2022-23	99%	87%	91%	92%	93%	92%	87%	92%
† **QPI 7(i):** Proportion of patients with rectal cancer who undergo surgical resection in which the circumferential margin is clear of tumour (primary surgery and neoadjuvant short course radiotherapy).	**95%**	2024-25	100% (20/20)	100% (14/14)	100% (25/25)	91% (20/22)	100% (26/26)	97% (71/73)	100% (28/28)	99% (133/135)
		2023-24	96%	95%	96%	95%	100%	97%	95%	96%
		2022-23	96%	100%	100%	97%	96%	98%	100%	98%

QPI	Target	Year	AA	FV	NG	SG	Clyde	GGC	Lan	WoS
† **QPI 7(ii):** Proportion of patients with rectal cancer who undergo surgical resection in which the circumferential margin is clear of tumour (neoadjuvant chemotherapy, long course radiotherapy, long course chemoradiotherapy or short course radiotherapy with long course intent).	**85%**	2024-25	83% (5/6)	-	100% (17/17)	70% (7/10)	100% (17/17)	93% (41/44)	100% (10/10)	94% (58/62)
		2023-24	-	100%	92%	67%	96%	88%	88%	90%
		2022-23	100%	-	92%	87%	100%	92%	92%	93%
† **QPI 8:** Proportion of patients who undergo surgical resection for colorectal cancer who return to theatre to deal with complications related to the index procedure (within 30 days of surgery).	**<10%**	2024-25	6% (8/132)	5% (5/99)	7% (10/139)	5% (11/215)	8% (14/185)	6% (35/539)	6% (12/218)	6% (60/988)
		2023-24	5%	1%	4%	1%	6%	4%	7%	4%
		2022-23	7%	5%	3%	5%	4%	4%	5%	5%
† **QPI 9(i):** Proportion of patients who undergo colonic anastomosis with anastomotic leak as a post-operative complication.	**< 5%**	2024-25	4% (3/74)	4% (2/47)	4% (2/54)	1% (1/105)	2% (2/93)	2% (5/252)	4% (5/116)	3% (15/489)
		2023-24	3%	3%	2%	0%	3%	2%	5%	3%
		2022-23	6%	6%	0%	5%	1%	3%	2%	3%
† **QPI 9(ii):** Proportion of patients who undergo rectal anastomosis with anastomotic leak as a post-operative complication.	**< 10%**	2024-25	4% (2/46)	9% (3/33)	4% (2/46)	7% (5/76)	5% (3/55)	6% (10/177)	9% (5/57)	6% (20/313)
		2023-24	5%	3%	4%	3%	3%	3%	14%	5%
		2022-23	9%	3%	3%	3%	3%	3%	8%	5%
† **QPI 10(i):** Proportion of patients with colorectal cancer who die within 30 days of elective surgical resection.	**< 3%**	2024-25	0% (0/112)	1% (1/86)	1% (1/130)	2% (3/198)	0% (0/162)	1% (4/490)	1% (2/180)	1% (7/868)
		2023-24	1%	0%	0%	1%	2%	1%	1%	1%
		2022-23	2%	1%	0%	1%	1%	1%	1%	1%
† **QPI 10(i):** Proportion of patients with colorectal cancer who die within 90 days of elective surgical resection.	**< 4%**	2024-25	0% (0/109)	1% (1/83)	1% (1/121)	2% (3/189)	0% (0/158)	1% (4/468)	2% (4/171)	1% (9/831)
		2023-24	1%	0%	1%	1%	2%	2%	1%	1%
		2022-23	3%	1%	0%	1%	2%	1%	1%	1%

QPI	Target	Year	AA	FV	NG	SG	Clyde	GGC	Lan	WoS
† **QPI 10(ii):** Proportion of patients with colorectal cancer who die within 30 days of emergency surgical resection.	**< 15%**	2024-25	0% (0/20)	0% (0/12)	14% (1/7)	0% (0/16)	20% (4/20)	12% (5/43)	3% (1/37)	5% (6/112)
		2023-24	0%	10%	11%	0%	3%	4%	0%	3%
		2022-23	17%	25%	11%	6%	7%	8%	3%	9%
† **QPI 10(ii):** Proportion of patients with colorectal cancer who die within 90 days of emergency surgical resection.	**< 20%**	2024-25	5% (1/20)	8% (1/12)	14% (1/7)	6% (1/16)	25% (5/20)	16% (7/43)	3% (1/37)	9% (10/112)
		2023-24	6%	20%	22%	9%	21%	17%	4%	13%
		2022-23	21%	25%	11%	6%	14%	10%	3%	11%
QPI 11: Proportion of patients who are ≤ 74 years of age at diagnosis with stage III colorectal cancer that receive adjuvant chemotherapy.	**70%**	2024-25	75% (18/24)	76% (13/17)	89% (17/19)	90% (35/39)	90% (35/39)	90% (87/97)	76% (26/34)	84% (144/172)
		2023-24	86%	100%	86%	87%	71%	81%	82%	84%
		2022-23	84%	90%	76%	93%	76%	82%	78%	82%
***QPI 12(i):** Proportion of patients with colorectal cancer who die within 30 days of **neoadjuvant chemoradiotherapy** treatment with curative intent.	**< 1%**	2024-25	0% (0/5)	11% (1/9)	0% (0/10)	0% (0/22)	0% (0/26)	0% (0/58)	0% (0/27)	1% (1/99)
		2023-24	-	0%	0%	0%	0%	0%	0%	0%
		2022-23	0%	0%	0%	0%	0%	0%	0%	0%
***QPI 12(ii):** Proportion of patients with colorectal cancer who die within 90 days of **neoadjuvant chemoradiotherapy** treatment with curative intent.	**< 1%**	2024-25	0% (0/5)	29% (2/7)	0% (0/9)	0% (0/22)	0% (0/24)	0% (0/55)	0% (0/25)	2% (2/92)
		2023-24	-	0%	0%	0%	0%	0%	0%	0%
		2022-23	0%	0%	0%	0%	0%	0%	0%	0%
***QPI 12(i):** Proportion of patients with colorectal cancer who die within 30 days of **radiotherapy** treatment with curative intent.	**< 1%**	2024-25	0% (0/11)	-	-	0% (0/8)	0% (0/7)	0% (0/19)	0% (0/20)	0% (0/54)
		2023-24	0%	0%	0%	0%	0%	0%	6%	1%
		2022-23	0%	-	6%	0%	0%	2%	0%	1%

QPI	Target	Year	AA	FV	NG	SG	Clyde	GGC	Lan	WoS
***QPI 12(ii):** Proportion of patients with colorectal cancer who die within 90 days of **radiotherapy** treatment with curative intent.	**< 1%**	2024-25	0% (0/11)	-	-	0% (0/8)	0% (0/7)	0% (0/19)	0% (0/20)	0% (0/54)
		2023-24	0%	0%	0%	7%	0%	2%	7%	3%
		2022-23	0%	-	6%	0%	8%	3%	0%	2%
QPI 15(i): Proportion of patients with a new diagnosis of **synchronous** colorectal liver metastases who are referred to a HPB MDT to discuss their management.	**95%**	2024-25	100% (8/8)	-	100% (15/15)	90% (19/21)	100% (8/8)	95% (42/44)	95% (19/20)	95% (71/75)
		2023-24	-	71%	100%	100%	67%	93%	94%	92%
		2022-23	100%	100%	100%	75%	100%	91%	100%	95%
QPI 15(ii): Proportion of patients with a new diagnosis of **metachronous** colorectal liver metastases who are referred to a HPB MDT to discuss their management.	**95%**	2024-25	100% (11/11)	-	100% (10/10)	80% (4/5)	100% (8/8)	96% (22/23)	100% (14/14)	98% (47/48)
		2023-24	-	-	-	83%	88%	88%	100%	90%
		2022-23	-	-	80%	100%	-	93%	89%	93%
QPI 16(i): Proportion of patients with colorectal cancer who have MMR/MSI status assessed.	**95%**	2024-25	97% (182/188)	97% (146/150)	98% (190/194)	98% (304/311)	99% (260/263)	98% (754/768)	98% (369/376)	98% (1451/1482)
		2023-24	94%	96%	98%	98%	99%	98%	94%	96%
		2022-23	86%	92%	96%	94%	96%	95%	99%	94%
QPI 16(ii): Proportion of patients with results suggestive of Lynch Syndrome who are referred to genetics	**90%**	2024-25	67% (4/6)	-	60% (3/5)	100% (10/10)	63% (5/8)	78% (18/23)	-	74% (26/35)
		2023-24	67%	-	-	67%	30%	50%	-	57%
		2022-23	50%	20%	67%	100%	-	80%	50%	59%

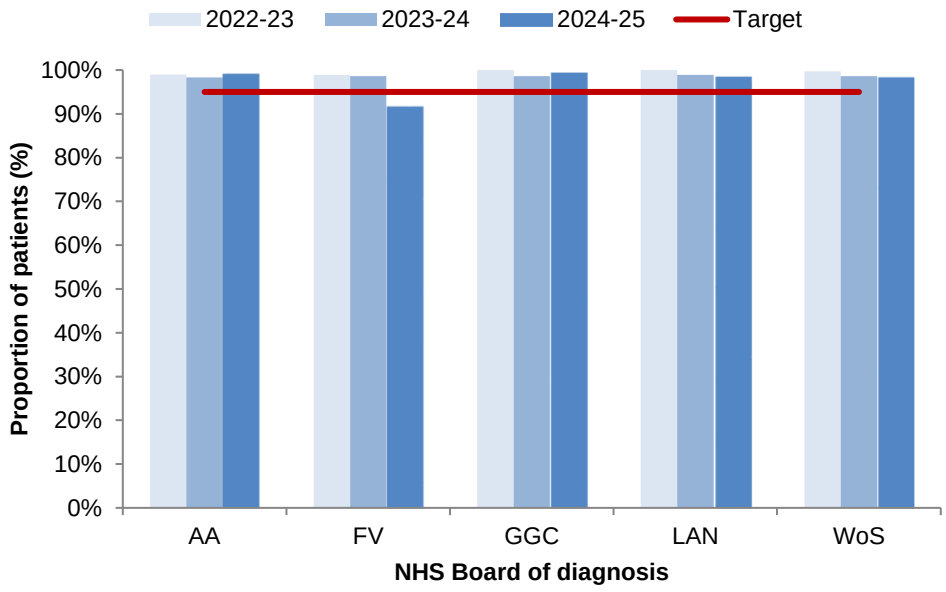
† QPIs 5, 7, 8, 9 and 10 are analysed by Board/hospital of surgery.

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

QPI 1: Radiological Diagnosis and Staging

QPI 1:	Patients with colorectal cancer should be evaluated with appropriate imaging to detect extent of disease and guide treatment decision making.
Numerator:	(i) Number of patients with colon cancer who undergo CT chest, abdomen and pelvis before definitive treatment. (ii) All patients with rectal cancer undergoing definitive treatment who undergo CT chest, abdomen and pelvis and MRI pelvis before definitive treatment.
Denominator:	(i) All patients with colon cancer. (ii) All patients with rectal cancer undergoing definitive treatment (chemoradiotherapy or surgical resection).
Exclusions:	(i) Patients who refuse investigation, patients who undergo emergency surgery, patients undergoing supportive care only, patients who undergo palliative treatment (chemotherapy, radiotherapy, surgery or stenting) and patients who died before first treatment. (ii) Patients who refuse investigation, patients who undergo emergency surgery, patients with a contraindication to MRI, patients who undergo Transanal Endoscopic Microsurgery (TEM) / Transanal Minimally Invasive Surgery (TAMIS), patients who undergo Transanal Resection of Tumour (TART), patients who undergo palliative treatment (chemotherapy, radiotherapy, surgery or stenting) and patients who died before treatment.
Target:	95%

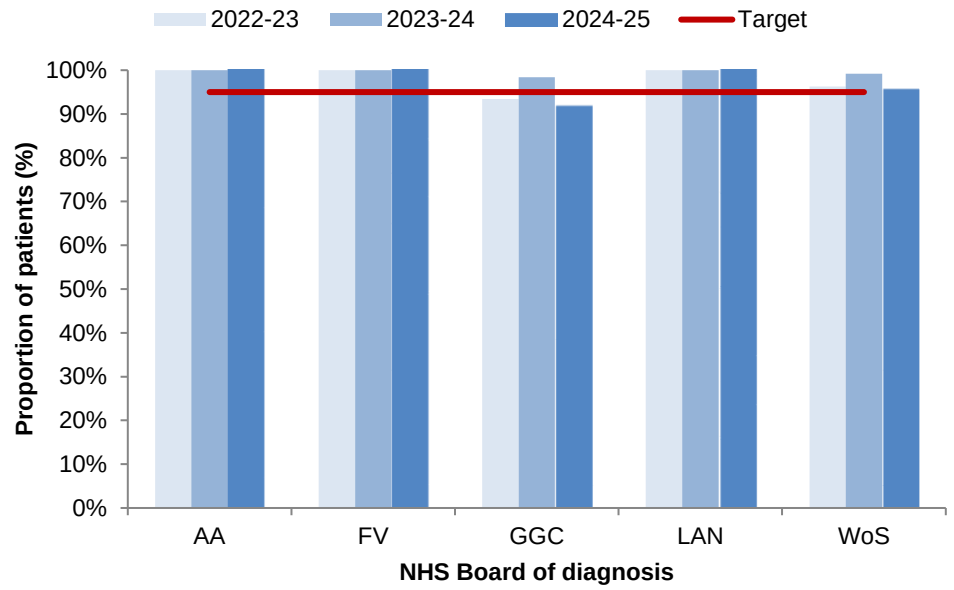
Specification (i) – patients with colon cancer.



Board / Area	Performance (%)	Numerator	Denominator
AA	99.0%	95	96
FV	91.5%	65	71
NG	99.0%	96	97
SG	98.8%	165	167
Clyde	100%	129	129
GGC	99.2%	390	393
Lan	98.3%	175	178
WoS	**98.2%**	**725**	**738**

This specification was not met in NHS Forth Valley as six patients did not have full imaging recorded prior to surgery. One of these patients did have imaging in the private sector but complete information was not available for reporting. In other cases colon cancer was not expected at the time of surgery. For all patients CT of the chest, abdomen and pelvis was undertaken after surgery. Performance against this measure has been high within NHS Forth Valley in previous years and it is likely that performance this year reflects the chance impact of a small number of incidental findings. Nevertheless, the Board has highlighted the importance of complete imaging of patients prior to definitive treatment to the MDT.

Specification (ii) – patients with rectal cancer



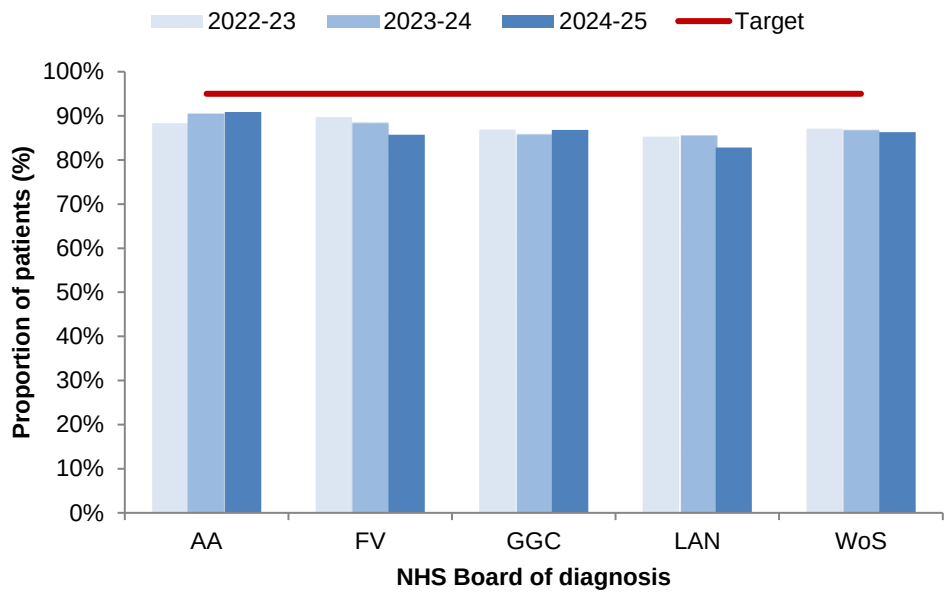
Board / Area	Performance (%)	Numerator	Denominator
AA	100%	30	30
FV	100%	20	20
NG	88.6%	31	35
SG	91.3%	42	46
Clyde	94.2%	49	52
GGC	91.7%	122	133
Lan	100%	59	59
WoS	**95.5%**	**231**	**242**

Review of patients not meeting the QPI in NHSGGC showed that all but one of these patients did not have an MRI of the pelvis as they were considered to have distal sigmoid or rectosigmoid tumours rather than rectal cancer at the time of imaging; however patients were subsequently confirmed as having rectal cancer. The South Glasgow sector of NHSGGC now request MRI imaging for all potential rectosigmoid tumours while the North Sector of NHSGGC are also considering this. The Clyde sector of NHSGGC are working to improve lesion localisation via colonoscopy upskilling and robust MDT discussion.

The lack of a pre-operative MRI for these patients, with tumours of the upper rectum, will have no negative impact on patient outcomes. This QPI is to be archived in future years as appropriate radiological staging and diagnosis is now considered to be embedded within services across Scotland.

QPI 2: Pre-Operative Imaging of the Colon

QPI 2:	Patients with colorectal cancer undergoing elective surgical resection should have the whole colon visualised pre-operatively
Numerator:	Number of patients who undergo elective surgical resection for colorectal cancer who have the whole colon visualised by colonoscopy or CT colonography before surgery, unless the non visualised segment of the colon is to be removed.
Denominator:	All patients who undergo elective surgical resection for colorectal cancer.
Exclusions:	Patients who undergo palliative surgery. Patients who have incomplete bowel imaging due to obstructing tumour
Target:	95%



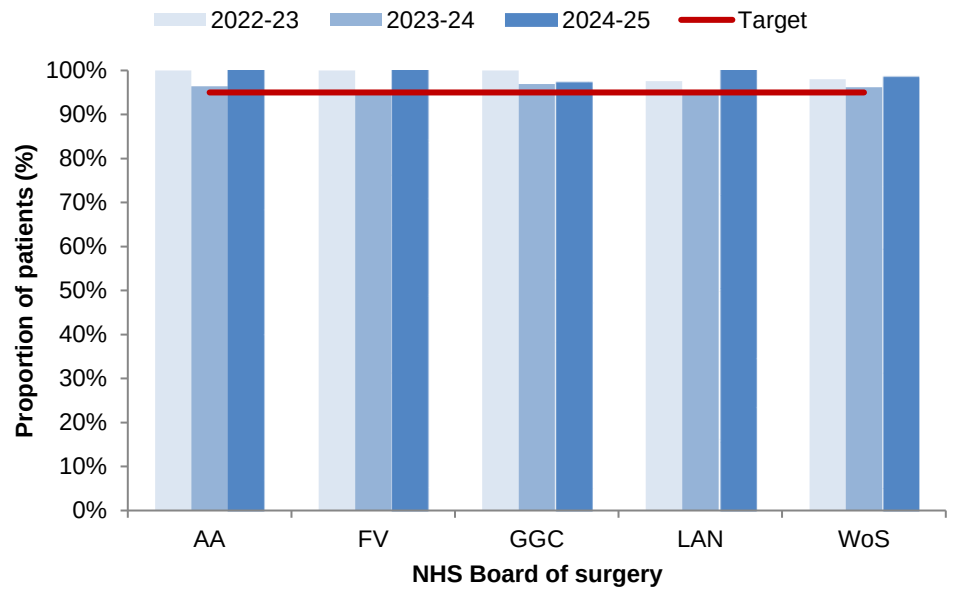
Board / Area	Performance (%)	Numerator	Denominator
AA	90.9%	90	99
FV	85.7%	72	84
NG	90.8%	99	109
SG	85.9%	158	184
Clyde	84.8%	123	145
GGC	86.8%	380	438
Lan	82.8%	144	174
WoS	**86.3%**	**686**	**795**

The QPI definition was changed at the last Formal Review to require imaging to be undertaken within 6 months of surgery. However, more patients now receive chemotherapy following chemoradiotherapy or radiotherapy and this has lengthened the period from endoscopy to surgery; consequently this six month timeframe is no longer appropriate. At the recent Formal Review of QPIs this measure was amended so that in future years the QPI will report the proportion if patients having imaging prior to first treatment. In 2024-25 96% of patients diagnosed in WoSCAN, and included within the QPI, had their whole colon visualised prior to first treatment. As such, there are no clinical concerns around the provision on pre-operative imaging.

QPI 7: Surgical Margins

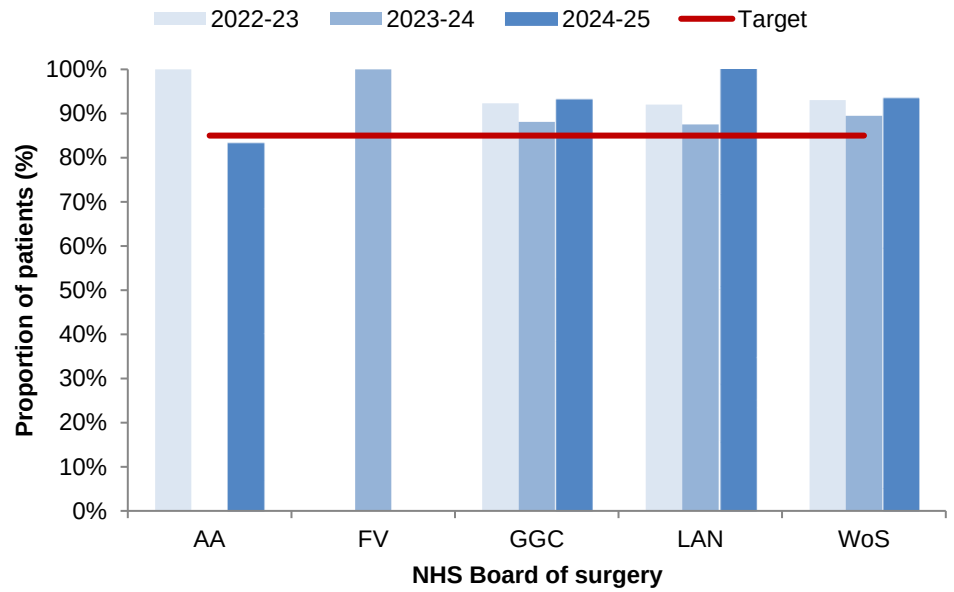
QPI 7:		Rectal cancers undergoing surgical resection should be adequately excised.
Numerator:	(i)	Number of patients with rectal cancer who undergo elective primary surgical resection or immediate/early surgical resection following neo-adjuvant short course radiotherapy in which the circumferential margin is clear of tumour.
	(ii)	Number of patients with rectal cancer who undergo elective surgical resection following neo-adjuvant chemotherapy, long course radiotherapy, long course chemoradiotherapy or short course radiotherapy with long course intent in which the circumferential margin is clear of tumour.
Denominator:	(i)	All patients with rectal cancer who undergo elective primary surgical resection or immediate/early surgical resection following neo-adjuvant short course radiotherapy.
	(ii)	All patients with rectal cancer who undergo elective surgical resection following neo-adjuvant chemotherapy, long course radiotherapy, long course chemoradiotherapy or short course radiotherapy with long course intent (delay to surgery).
Exclusions:	(i)	Patients who undergo transanal endoscopic microsurgery (TEM) / Transanal Minimally Invasive Surgery (TAMIS) or transanal resection of tumour (TART).
	(ii)	Patients who undergo transanal endoscopic microsurgery (TEM) / Transanal Minimally Invasive Surgery (TAMIS) or transanal resection of tumour (TART).
Target:	(i)	95%
	(ii)	85%

Specification (i)



Board / Area	Performance (%)	Numerator	Denominator
AA	100%	20	20
FV	100%	14	14
NG	100%	25	25
SG	90.9%	20	22
Clyde	100%	26	26
GGC	97.3%	71	73
Lan	100%	28	28
WoS	**98.5%**	**133**	**135**

Specification (ii)



Board / Area	Performance (%)	Numerator	Denominator
AA	83.3%	5	6
FV	-	-	-
NG	100%	17	17
SG	70.0%	7	10
Clyde	100%	17	17
GGC	93.2%	41	44
Lan	100%	10	10
WoS	**93.5%**	**58**	**62**

Within the South Glasgow sector of NHSGGC five patients did not have clear margins; these cases have been independently reviewed. Three procedures were undertaken robotically, one laparoscopically and one was a complex open surgery. None of the patients had an involved margin with clearance of between 0.7mm and 0.8mm in four instances.

It is important that surgical margins are clear of tumour wherever possible to ensure the best outcomes for patients. Within the South Glasgow sector of NHSGGC the radiology team are re-examining pre-operative imaging and pathology services are reviewing pathology specimens of cases where the margins were not clear. These will feed into an MDT review of treatment with the aim of identifying whether there are any areas for improvements in practice. However it should be noted that this measure

is based on small numbers of patients and that overall the circumferential margins were clear of tumour for 87.5% of rectal cancer surgeries undertaken within the sector (specification (i) and (ii) combined).

Action required:

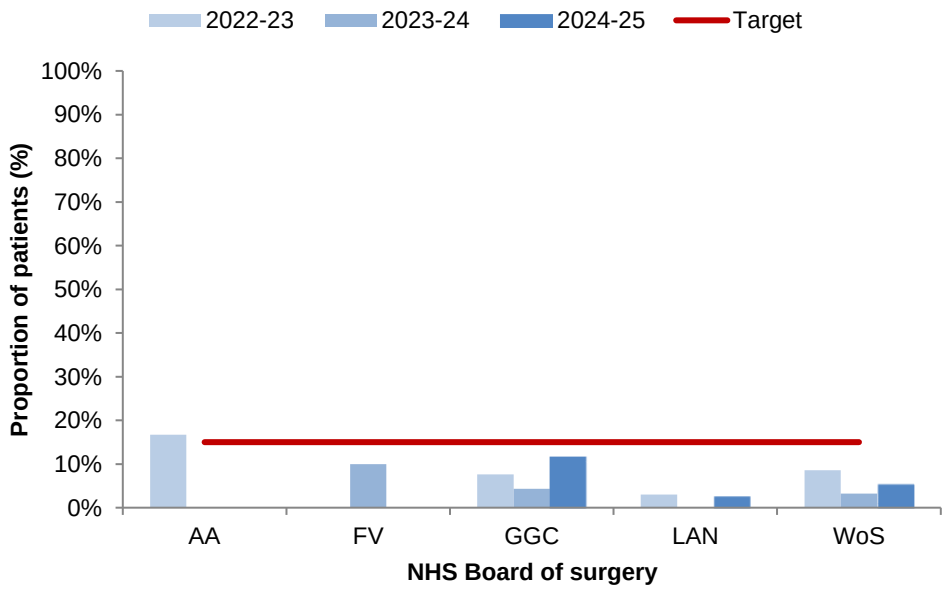
- **South Glasgow sector of NHSGGC to review patients with rectal cancer undergoing surgical resection where margins were not clear of tumour, feedback results to the MCN Advisory Board and progress any improvement actions identified as a result of this review.**

QPI 10: 30 and 90 Day Mortality Following Surgical Resection

QPI 10:	Mortality after surgical resection for colorectal cancer.		
Numerator:	(i)	Number of patients with colorectal cancer who undergo elective surgical resection who die within 30 or 90 days of surgery.	
	(ii)	Number of patients with colorectal cancer who undergo emergency surgical resection who die within 30 or 90 days of surgery.	
Denominator:	(i)	All patients with colorectal cancer who undergo elective surgical resection.	
	(ii)	All patients with colorectal cancer who undergo emergency surgical resection.	
Exclusions:	No exclusions.		
Target:	**(i)**	**Elective surgery:**	30 day <3% 90 day <4%
	(ii)	**Emergency surgery:**	30 day <15% 90 day <20%

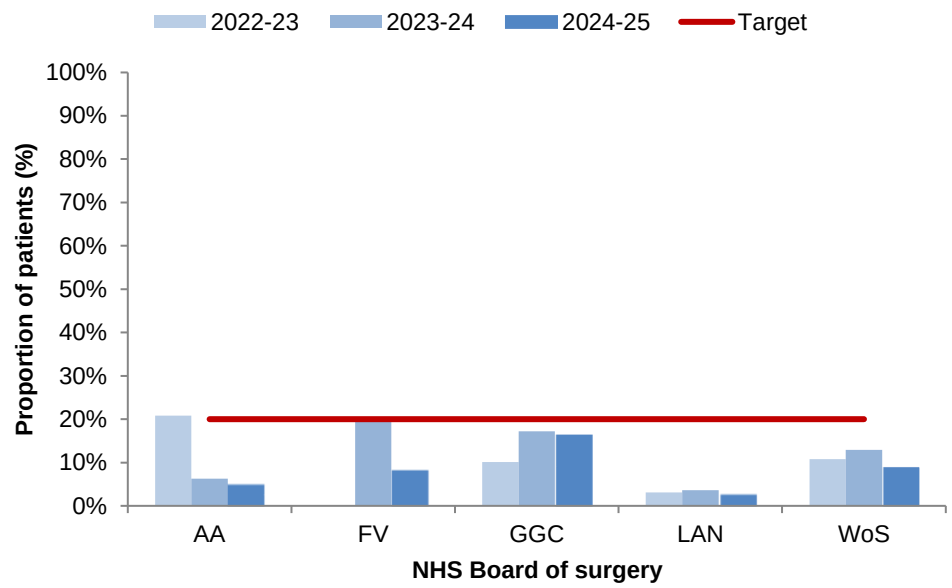
Elective Surgery – 30 & 90 day mortality. The QPI was met by all NHS Boards and Sectors.

Emergency Surgery – 30 day mortality.



Board / Area	Performance (%)	Numerator	Denominator
AA	0%	0	20
FV	0%	0	12
NG	14.3%	1	7
SG	0%	0	16
Clyde	20.0%	4	20
GGC	11.6%	5	43
Lan	2.7%	1	37
WoS	**5.4%**	**6**	**112**

Emergency Surgery – 90 day mortality



Board / Area	Performance (%)	Numerator	Denominator
AA	5.0%	1	20
FV	8.3%	1	12
NG	14.3%	1	7
SG	6.3%	1	16
Clyde	25.0%	5	20
GGC	16.3%	7	43
Lan	2.7%	1	37
WoS	**8.9%**	**10**	**112**

Within the Clyde sectors of NHSGGC neither the 30 nor 90 day mortality targets were met. Review of these cases indicated that three patients had unpreventable multi-organ failure, one had palliative resection and one frail patient chose to have treatment withdrawn; no clinical issues were identified. Larger numbers of emergency operations in Clyde may suggest different patient uptake of screening and symptomatic pathways. NHSGGC plan to review these cases to assess whether there are differences in the mode of presentation of patients between sectors.

Action required:

- **NHSGGC to review the presentation of patients having emergency surgery, and patients presenting to Accident and Emergency, over a five year period to assess whether there is any variation in how patients present between NHSGGC sectors**.

QPI 12: 30 and 90 Day Mortality Following Radical Radiotherapy

QPI 12:	Mortality after radical radiotherapy for colorectal cancer.
Numerator:	Number of patients with colorectal cancer who undergo neo-adjuvant chemoradiotherapy or radiotherapy with curative intent who die within 30 or 90 days of treatment
Denominator:	All patients with colorectal cancer who undergo neo-adjuvant chemoradiotherapy or radiotherapy with curative intent.
Exclusions:	No exclusions.
Target:	<1%

Neoadjuvant chemoradiotherapy.

Board / Area	30 Day Mortality					90 Day Mortality				
	2024 - 25 Performance	Numerator	Denominator	2023 - 24 Performance	2022 – 23 Performance	2024 - 25 Performance	Numerator	Denominator	2023 - 24 Performance	2022 – 23 Performance
AA	0%	0	5	0%	0%	0%	0	5	0%	0%
FV	11.1%	1	9	0%	0%	28.6%	2	7	0%	0%
NG	0%	0	10	0%	0%	0%	0	9	0%	0%
SG	0%	0	22	0%	0%	0%	0	22	0%	0%
Clyde	0%	0	26	0%	0%	0%	0	24	0%	0%
GGC	0%	0	58	0%	0%	0%	0	55	0%	0%
Lan	0%	0	27	0%	0%	0%	0	25	0%	0%
WoS	**1.0%**	**1**	**99**	0%	0%	**2.2%**	**2**	**92**	0%	0%

Two patients from NHS Forth Valley died within 90 days of neoadjuvant chemoradiotherapy; one due to an ischemic stroke and one from progressive disease. Review of the case notes by consultants concluded that this was unlikely to be related to their radiotherapy treatment and that no areas of clinical concern were identified. Due to the small numbers of patients included within this measure, the outcome of a small numbers of patient can affect performance against this measure; mortality was 0% in NHS Forth Valley in previous years.

Radical radiotherapy The QPI was met by all NHS Boards and Sectors.

QPI 15: Colorectal Liver Metastases

QPI 15: Patients with a new diagnosis of colorectal liver metastases should be referred to a Hepatobiliary (HPB) multidisciplinary team (MDT) to discuss their management.

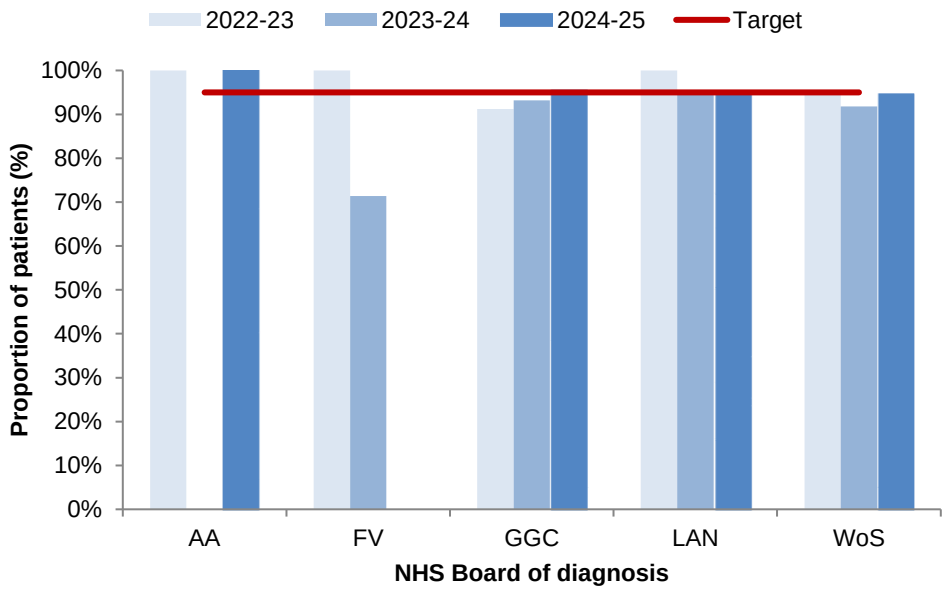
Numerator:
(i) Number of patients with a new diagnosis of synchronous colorectal liver metastases who are referred to a HPB MDT.
(ii) Number of patients registered at a Colorectal Cancer MDT with a new diagnosis of metachronous colorectal liver metastases who are referred to a HPB MDT.

Denominator:
(i) All patients with a new diagnosis of synchronous colorectal liver metastases.
(ii) All patients registered at a Colorectal Cancer MDT with a new diagnosis of metachronous colorectal liver metastases.

Exclusions:
- Patients in whom the primary colorectal cancer is unresectable.
- Patients with extrahepatic disease.
- Patients who are clinically unfit for surgery.
- Patients who decline consideration of surgery.

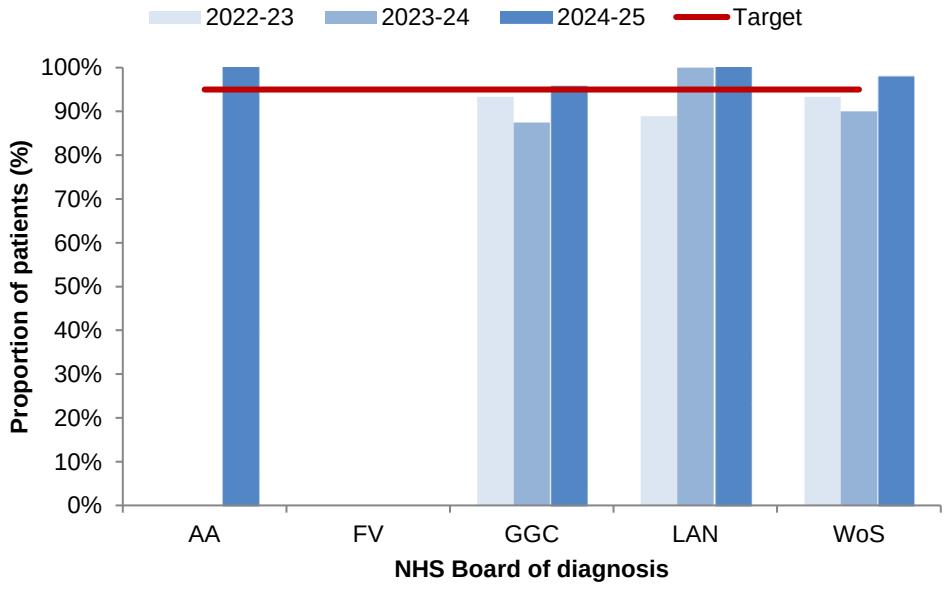
Target: **95%**

Specification (i)



Board / Area	Performance (%)	Numerator	Denominator
AA	100%	8	8
FV	-	-	-
NG	100%	15	15
SG	90.5%	19	21
Clyde	100%	8	8
GGC	95.5%	42	44
Lan	95.0%	19	20
WoS	**94.7%**	**71**	**75**

Specification (ii)



Board / Area	Performance (%)	Numerator	Denominator
AA	100%	11	11
FV	-	-	-
NG	100%	10	10
SG	80.0%	4	5
Clyde	100%	8	8
GGC	95.7%	22	23
Lan	100%	14	14
WoS	**97.9%**	**47**	**48**

In this third year of reporting of the proportion of patients with liver metastases that are referred to the HPB MDT, performance has improved and the target has been met at a regional level for both patients with synchronous and metachronous metastases. The measures were not met in the South Glasgow sector of NHSGGC due to three patients not being referred. Review of these cases highlighted that two had bilobar metastases and were referred for chemotherapy while for one the MDT recommended referral to the Liver MDT, however this was not carried out. The sector has identified an action to ensure that all patients with metastatic liver disease are discussed at an HPB MDT, unless they meet the exclusion criteria set out by the QPI.

This QPI reports only a small proportion of the 339 patients diagnosed with colorectal cancer liver metastases and registered with the colorectal cancer MDT during 2024-25, as the vast majority fall into

one of the four exclusion categories (the most common being patients having extra-hepatic disease). While some patients will not be recorded as having colorectal cancer liver metastases within the audit if their liver metastases diagnosis is not registered with the colorectal cancer MDT, it is estimated that this will be relatively small numbers of patients and that the vast majority of liver metastases are captured within cancer audit.

Action Required:

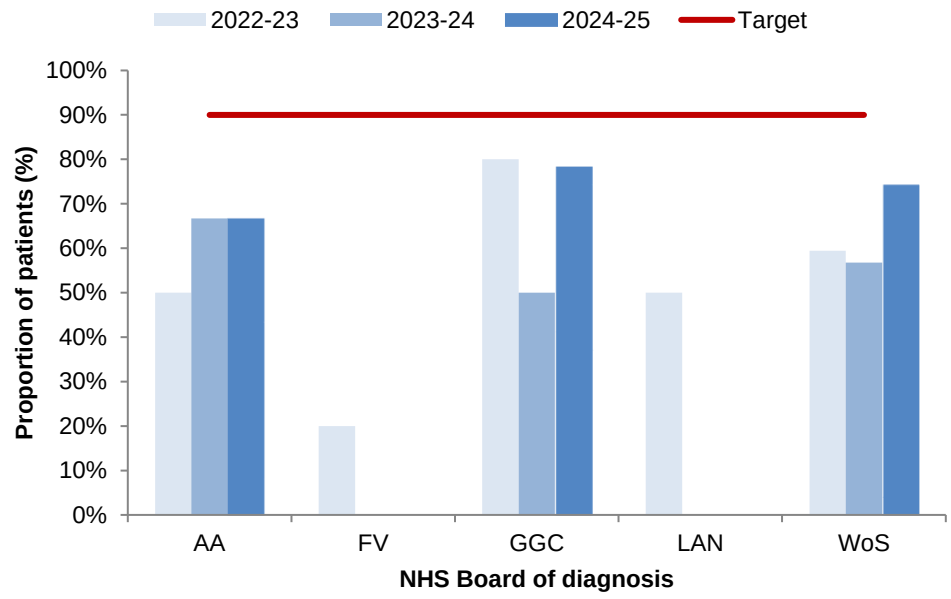
- **South Glasgow sector of NHSGGC to ensure that all patients with colorectal liver metastases not meeting the specific exclusions of QPI 15 are referred to an HPB MDT to enable HPB clinicians to make decisions on whether the patients liver metastases can be treated**.

QPI 16: Assessment of Mismatch Repair (MMR) / Microsatellite Instability (MSI) Status

QPI 16:	Patients with colorectal cancer should have their tumour Mismatch Repair (MMR) / Microsatellite Instability (MSI) status assessed and be referred to genetics if results are suggestive of Lynch Syndrome.
Numerator:	(i) Number of patients with colorectal cancer who have MMR/MSI status assessed. (ii) Number of patients with colorectal cancer who have MMR/MSI status assessed and where results are suggestive of Lynch Syndrome are referred to genetics.
Denominator:	(i) All patients with colorectal cancer. (ii) All patients with colorectal cancer who have MMR/MSI status assessed where results are suggestive of Lynch Syndrome.
Exclusions:	No exclusions.
Target:	**(i) 95%** **(ii) 90%**

Specification (i) The QPI was met by all NHS Boards and Sectors.

Specification (ii)



Board / Area	Performance (%)	Numerator	Denominator
AA	66.7%	4	6
FV	-	-	-
NG	60.0%	3	5
SG	100%	10	10
Clyde	62.5%	5	8
GGC	78.3%	18	23
Lan	-	-	-
WoS	**74.3%**	**26**	**35**

Performance against this measure has improved in the most recent year of reporting. Of the 9 patient not referred to genetics five were over the age of 70; this measure will be amended in future years to exclude patients over the age of 70 due to differences in the criteria for genetic testing for these patients. Four patients under the age of 70 had not been referred to genetics at the time of reporting.

Molecular testing results are often reported after patients have been discussed at the MDT following surgery. Once results are available they are posted on the NHSGGC Clinical Portal but no result or alert is sent to the responsible clinician or the MDT, resulting in some results suggestive of Lynch Syndrome being missed and not referred onto genetics services. Reporting of this QPI helps to identify such patients, and the MCN will work with the WoSCAN Boards to facilitate the review of the four patients under the age of 70 who had not been referred to genetics now that these patients have been identified and offer referral to genetics where appropriate.

Action Required:

- **MCN to work with all NHS Boards to review any patients under the age of 70 where MMR/MSI results are suggestive of Lynch Syndrome but have not yet been referred to Genetics Services and consider referral.**

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Colorectal Cancer Quality Performance Indicators
Time Period	Patients diagnosed between 01 April 2024 to 31 March 2025
QPI Version	Colorectal Cancer QPIs v4
Data extraction date	2 October 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	

Health Board of diagnosis	2024-25 Audit Data	Cases from Cancer registry (2019-2023)	Case Ascertainment
Ayrshire & Arran	223	259	86.1%
FV	184	222	82.9%
GGC	862	861	100.1%
Lanarkshire	414	405	102.2%
WoS Total	**1683**	**1747**	**96.3%**