West of Scotland Cancer Network
Gynaecological Cancer
Managed Clinical Network

Audit Report

Cervical Cancer Quality Performance Indicators
Endometrial Cancer Quality Performance Indicators

Clinical Audit Data:
01 October 2021 to 30 September 2022

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Endometrial & Cervical Cancer QPI Overview

Patients diagnosed October 2021 - September 2022

Number of Patients Diagnosed

Endometrial - 332

Cervical - 153

5 Year Net Survival

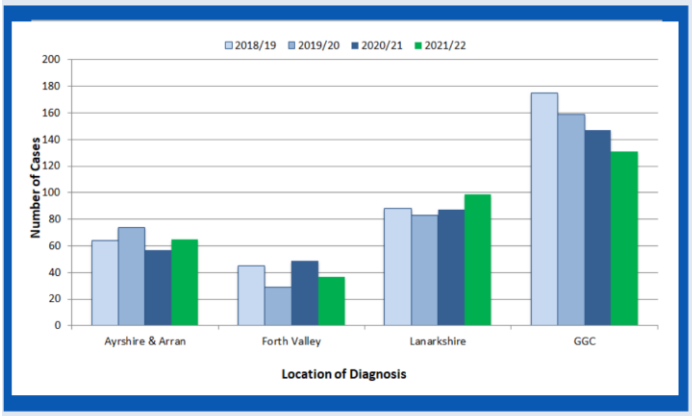
Endometrial - 76.2%

Cervical - 72.1%

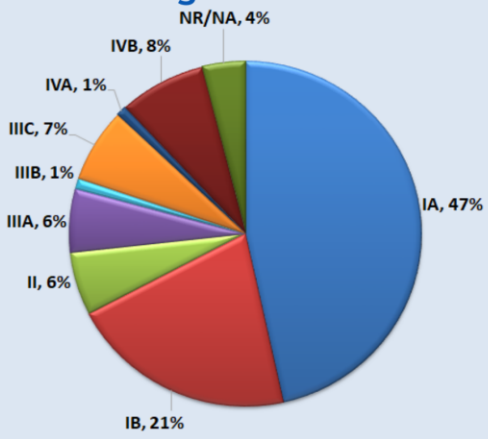
Souce: Public Health Scotland

Median Age at Diagnosis

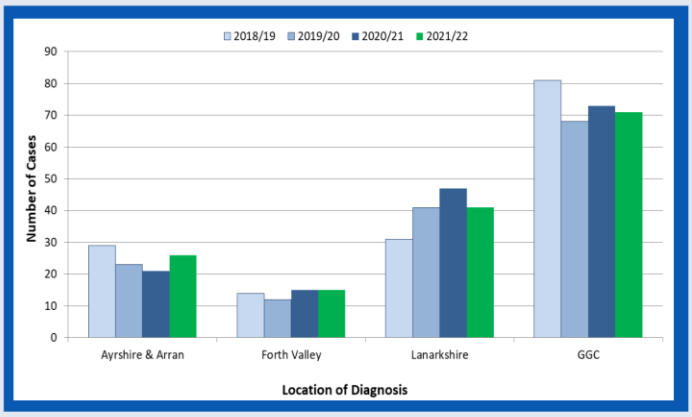
Health Board Of Diagnosis - Endometrial



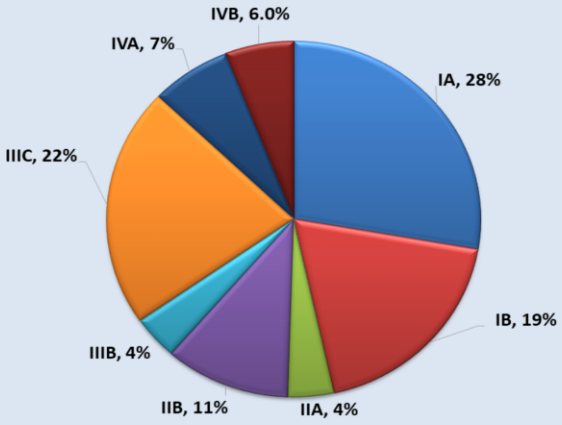
FIGO Stage - Endometrial



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 2021 and 30th September 2022.

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 1 Radiological Staging and QPI 4 Laparoscopic Surgery with all NHS Boards meeting the QPI targets. It is reassuring that the majority of patients have their disease stage assessed prior to definitive treatment in order to minimise unnecessary or inappropriate treatment, and encouraging that the majority of surgical cases undergo laparoscopic surgery, minimising post-operative complications and length of hospital stay. These excellent minimally invasive surgical rates are anticipated to improve further as the robotic skills within the Gynaecology Oncology central surgical team advance.

For cervical cancer targets relating to QPI 5 Surgical Margins, QPI 6 56 Day Treatment Time for Radical Radiotherapy and QPI 7 Chemoradiation were met by all NHS Boards. The quality of radical surgery for cervical cancer has an important influence on local control of the tumour and ultimately survival. Therefore, the high rates of clear resection margins in the WoS provide assurance in relation to the quality of surgical care delivered across the region. Similarly, prolongation of overall treatment has been shown to result in a decrease on local control rates, and compliance with the 56 day target for radiotherapy completion for WoS patients demonstrates that gaps in treatment are minimised where possible.

Some of the QPI targets remain challenging for NHS Boards to achieve and there remains room for further service improvement particularly around MDT discussion in endometrial cancer and stage IV endometrial patients receiving SACT or Hormone Therapy. It should also be noted that performance is affected by the small numbers of patients on which some measures are based.

Where QPI targets were not 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.

Improvement actions required as a consequence of this assessment of performance against the agreed criteria are noted below.

Action Required:

QPI 2: Multidisciplinary Team Meeting (MDT)

- MCN clinical lead to communicate to all members of the regional MDT reminding them to submit all endometrial cancers to the MDT pre-treatment for review.

Cervical FIGO Stage

- MCN to investigate the shift towards more advanced FIGO stage in cervical cancer in order to better understand the reasons for this.

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.

Endometrial/Cervical Cancer Performance Summary Report

Endometrial Cancer	Performance by Board								
QPI	Target	**Year**	**WoS**	**A&A**	**FV**	**LS**	**NG**	**SG**	**Clyde**
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%	2021/22	98% (181/185)	96% (49/51)	100% (16/16)	95% (39/41)	100% (51/51)	100% (9/9)	100% (17/17)
		2020/21	98%	98%	100%	100%	100%	100%	91%
		2019/20	99%	98%	100%	100%	98%	100%	96%
QPI 2 - Multidisciplinary Team Meeting (MDT). Patients with endometrial cancer should be discussed by a multidisciplinary team (MDT) prior to definitive treatment.	95%	2021/22	89% (257/288)	97% (55/57)	72% (23/32)	98% (85/87)	91% (68/75)	89% (8/9)	64% (18/28)
		2020/21	86%	98%	63%	98.6%	87%	91%	68%
		2019/20	89%	97%	71%	100%	89%	90%	66%
QPI 3 - Total Hysterectomy and Bilateral Salpingo-Oophorectomy. Patients with endometrial cancer should undergo total hysterectomy (TH) and bilateral salpingo-oophorectomy (BSO).	85%	2021/22	90% (262/291)	93% (51/55)	86% (24/28)	89% (81/91)	93% (69/74)	67% (6/9)	91% (31/34)
		2020/21	91%	87%	96%	94%	89%	100%	80%
		2019/20	90%	92%	93%	82%	95%	96%	92%
QPI 4 - Laparoscopic Surgery (Hosp. of Surgery) Patients with endometrial cancer undergoing definitive surgery should undergo laparoscopic surgery, where clinically appropriate.	70%	2021/22	86% (237/276)	90% (34/38)	93% (13/14)	95% (60/63)	80% (101/126)	-	84% (26/34)
		2020/21	82%	97%	82%	98%	74%	65%	77%
		2019/20	77%	83%	95%	96%	61%	91%	67%

***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)

Endometrial Cancer	Performance by Board								
QPI	Target	**Year**	**WoS**	**A&A**	**FV**	**LS**	**NG**	**SG**	**Clyde**
***QPI 6 – Chemotherapy.** Patients with stage IV endometrial cancer should have SACT or hormone therapy.	75%	2021/22	67% (16/24)	-	67% (4/6)	60% (3/5)	100% (5/5)	-	-
		2020/21	74%	-	-	-	83%	-	80%
		2019/20	86%	n/a	-	-	100%	-	75%

**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**	**WoS**	**A&A**	**FV**	**LS**	**NG**	**SG**	**Clyde**
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%	2021/22	93% (97/104)	95% (20/21)	100% (7/7)	93% (27/29)	100% (20/20)	57% (4/7)	95% (19/20)
		2020/21	93%	85%	100%	95%	89%	100%	100%
		2019/20	97%	100%	83%	100%	95%	93%	100%
***QPI 4 - Radical Hysterectomy.** Patients with stage IB1 cervical cancer should undergo radical hysterectomy.	85%	2021/22	92% (22/24)	83% (5/6)	-	-	-	-	86% (6/7)
		2020/21	100%	n/a	-	100%	-	n/a	n/a
		2019/20	79%	-	-	100%	-	-	-

Cervical Cancer	Performance by Board								
QPI	Target	**Year**	**WoS**	**A&A**	**FV**	**LS**	**NG**	**SG**	**Clyde**
***QPI 5 - Surgical Margins. (Hosp. of Surgery)** Patients with surgically treated cervical cancer should have clear resection margins.	95%	2021/22	98% (57/58)	-	-	-	98% (41/42)	-	100% (7/7)
		2020/21	91%	-	-	100%	91%	-	-
		2019/20	95%	-	-	-	93%	-	100%
***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%	2021/22	99% (67/68)	100% (12/12)	100% (5/5)	95% (19/20)	100% (15/15)	-	100% (12/12)
		2020/21	99%	100%	100%	96%	100%	-	100%
		2019/20	96%	100%	-	95%	88%	100%	100%
***QPI 7 – Chemoradiation.** Patients with cervical cancer undergoing radical radiotherapy should receive concurrent platinum-based chemotherapy.	70%	2021/22	88% (60/68)	83% (10/12)	100% (5/5)	95% (19/20)	800% (12/15)	-	92% (11/12)
		2020/21	94%	100%	100%	91%	91%	-	100%
		2019/20	88%	100%	-	85%	81%	89%	83%

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

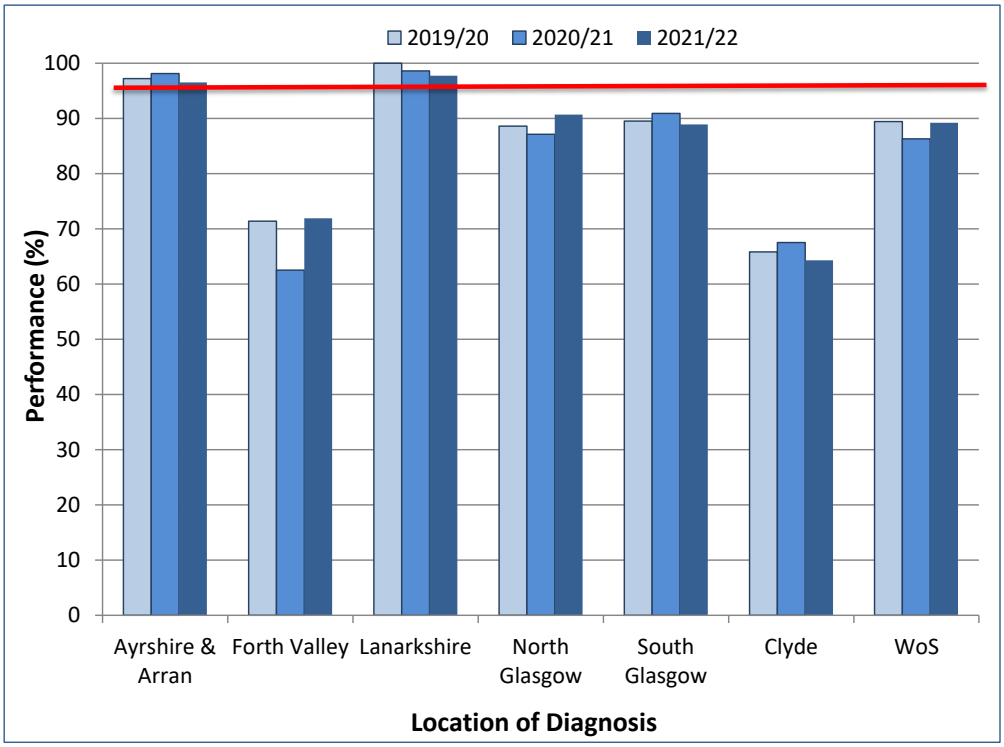
'-' Data not shown due to small numbers (denominator less than 5)

4.2. Endometrial Cancer – Quality Performance Indicators

QPI 2: Multidisciplinary Team Meeting (MDT)

Title:	Patients with endometrial cancer should be discussed by a multidisciplinary team prior to definitive treatment.
Numerator:	Number of patients with endometrial cancer discussed at MDT prior to definitive treatment.
Denominator:	All patients with endometrial cancer.
Exclusions:	Patients with atypical hyperplasia on pre-operative biopsy. Patients who died before first treatment.
Target:	95%

Figure 1: Proportion of patients with endometrial cancer who are discussed at a MDT meeting before definitive treatment.



	Performance (%)	Numerator	Denominator
AA	96.5%	55	57
FV	71.9%	23	32
Lan	97.7%	85	87
NG	90.7%	68	75
SG	88.9%	8	9
Clyde	64.3%	18	28
WoS	89.2%	257	288

The majority of patients not meeting the QPI are noted as being Grade 1. Historically the network has not mandated that these patients are discussed at the MDT preoperatively. Following last years audit report a communication was issued from the MCN Clinical Lead to clinicians to remind them that all patients with endometrial cancer should be discussed at the MDT prior to definitive treatment. Some improvement has been noted but only two units met the QPI target of 95%.

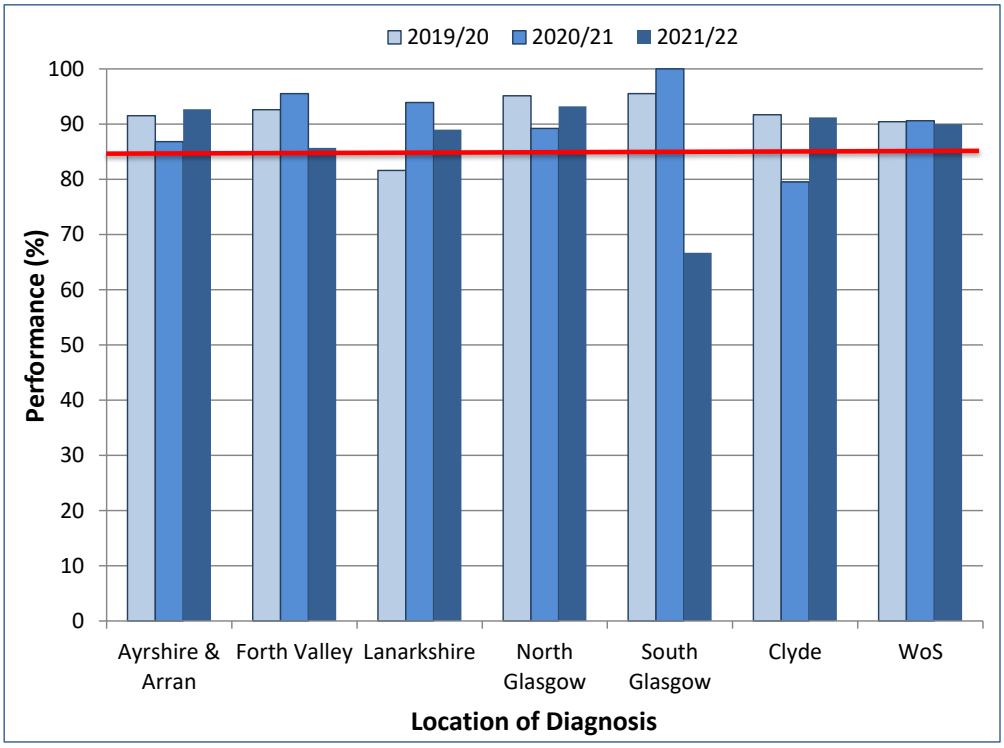
Action Required:

- MCN clinical lead to communicate to all members of the MDT reminding them to submit ALL endometrial cancers to the MDT pre-treatment for review.

QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy

Title:	Patients with endometrial cancer should undergo total hysterectomy and bilateral salpingo-oopherectomy.
Numerator:	Number of patients with endometrial cancer who undergo total hysterectomy/bilateral salpingo-oopherectomy.
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 2: Proportion of patients with endometrial cancer who undergo total hysterectomy/bilateral salpingo-oopherectomy.



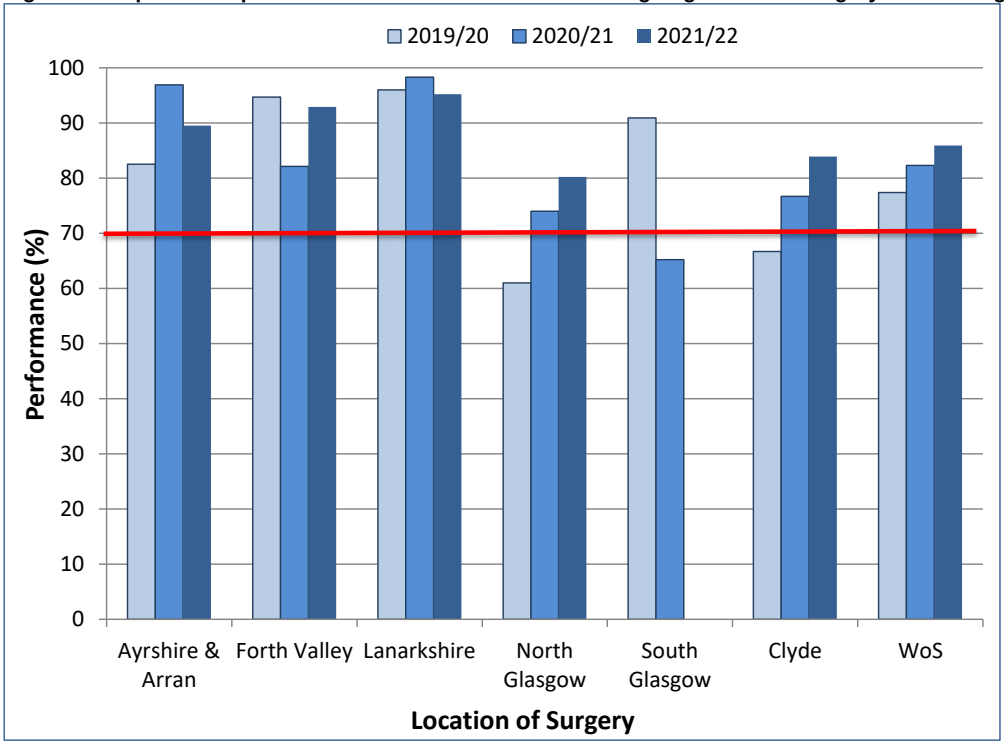
	Performance (%)	Numerator	Denominator
AA	92.7%	51	55
FV	85.7%	24	28
Lan	89.0%	81	91
NG	93.2%	69	74
SG	66.7%	6	9
Clyde	91.2%	31	34
WoS	90.0%	262	291

Review of patients not meeting this QPI in South Glasgow indicate that patients who did not have surgery were deemed not fit for any treatment. It should be noted that the denominator for South Glasgow is low in comparison to the other units.

QPI 4: Laparoscopic Surgery

Title:	Patients with endometrial cancer undergoing definitive surgery should undergo laparoscopic surgery, where clinically appropriate.
Numerator:	Number of patients with endometrial cancer undergoing definitive surgery who undergo laparoscopic surgery.
Denominator:	All patients with endometrial cancer undergoing definitive surgery.
Exclusions:	No exclusions.
Target:	70%

Figure 3: Proportion of patients with endometrial cancer undergoing definitive surgery who undergo laparoscopic surgery.



	Performance (%)	Numerator	Denominator
AA	89.5%	34	38
FV	92.9%	13	14
Lan	95.2%	60	63
NG	80.2%	101	126
SG	-	-	-
Clyde	83.9%	26	31
WoS	85.9%	237	276

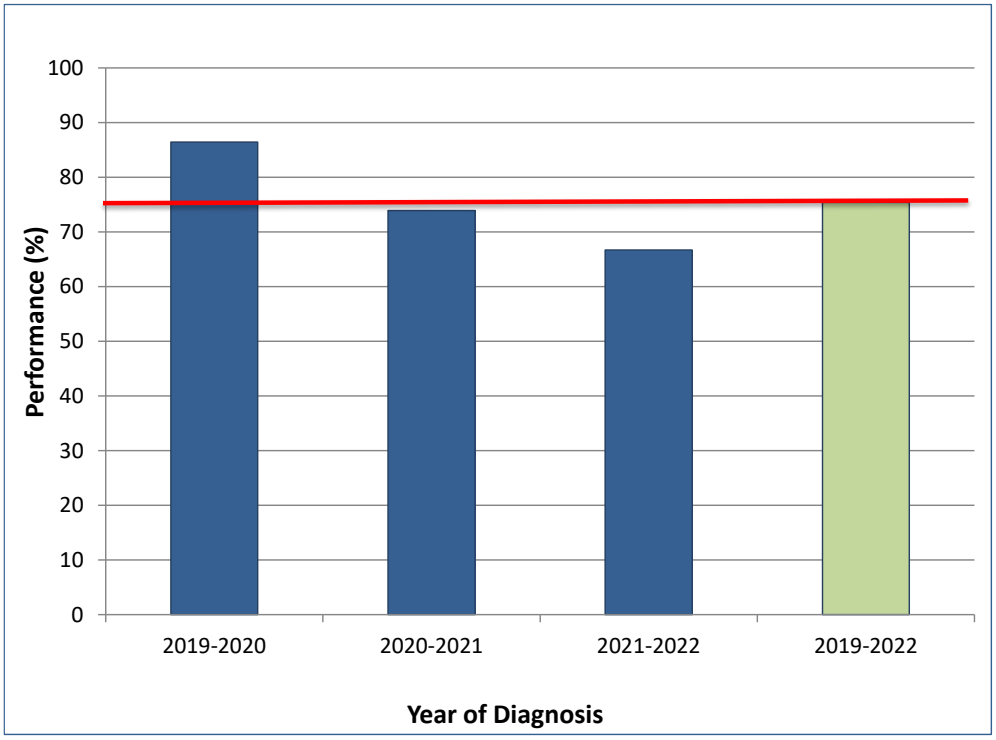
Whilst the QPI has been met by all Boards, the cases not meeting the QPI criteria in NHS GGC have been reviewed. The Board is reassured that the majority of cases undergoing open surgery, did so by a Gynaecological Oncologist as they had advanced but still operable disease. In advanced cases, the decision to perform open surgery was recommended by the MDT based on imaging / clinical presentation. Some of these cases required para-aortic nodal dissection which is currently performed via a laparotomy incision. The Gynaecology Oncology central surgical team are in the process of training towards competency in this robotically. This should further increase minimally invasive rates. However there will always be cases in whom a laparotomy is required for clinical reasons.

It should be noted that there remains a number of early stage endometrial cancer cases in whom minimally invasive surgery is not currently being considered / offered. These patients undergo open surgery including subtotal hysterectomies. These cases have been reviewed and it is likely that had a robotic approach been offered, that a total hysterectomy by this minimally invasive route would have been achieved, which is the preferred option. Reasons cited for open surgery included no vaginal access, high BMI and deep pelvis which are indications for a robotic approach. It is therefore anticipated that performance against this measure will further improve with the increase in use of the robotic approach.

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



	Performance (%)	Numerator	Denominator
2019/20	86.4%	19	22
2020/21	73.9%	17	23
2021/22	66.7	16	24
2017/21 (4 Year)	75.4	52	69

Due to the small numbers meeting the denominator criteria in each year of analysis individual unit results cannot be presented therefore Figure 8 shows overall WoS results.

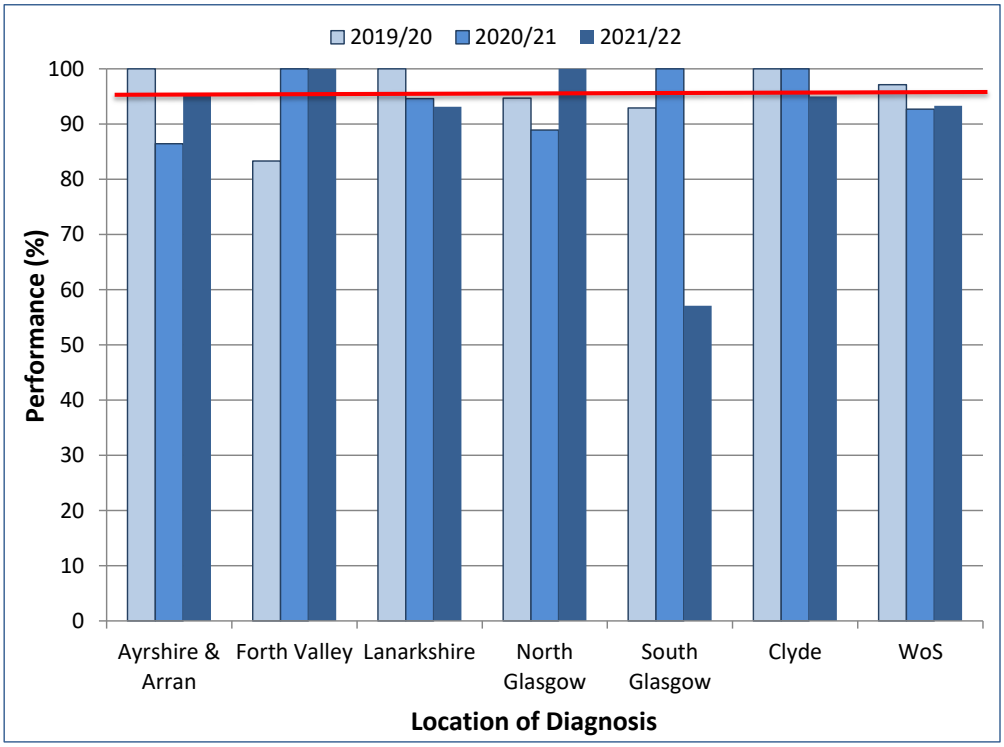
Patients with stage IV endometrial cancer who did not receive SACT or hormone therapy were reviewed. The majority of patients were deemed not fit for SACT as per oncology review, due to comorbidities or metastatic disease and were for best supportive care only. Other reasons provided included; patients who died before SACT, patient with no tissue diagnosis due to clinical condition and patient where tumour was not ER/PR positive.

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



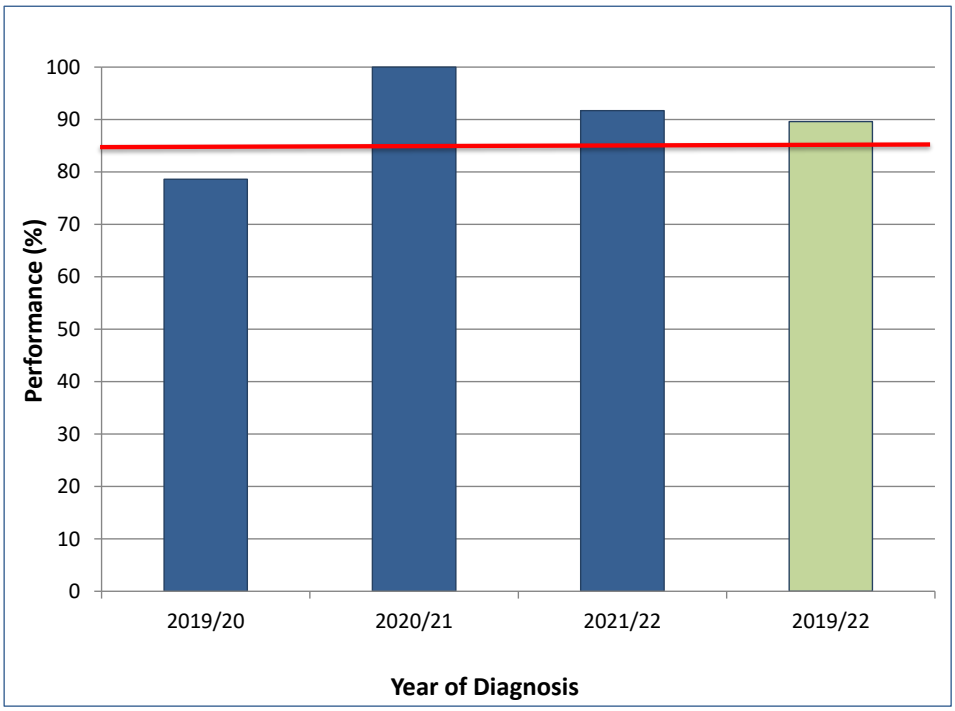
	Performance (%)	Numerator	Denominator
AA	95.2%	20	21
FV	100%	7	7
Lan	93.1%	27	29
NG	100%	20	20
SG	57.1%	4	7
Clyde	95.0%	19	20
WoS	93.3%	97	104

Cases not meeting the QPI were reviewed and in the majority of cases patients presented with advanced disease or significant co-morbidities and a MRI was not deemed to add any clinical information to assist in treatment planning.

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



	Performance (%)	Numerator	Denominator
2019/20	78.6%	11	14
2020/21	100%	10	10
2021/22	91.7%	22	24
2019-22 (3Year)	89.6%	43	48

Due to the small numbers meeting the denominator criteria in each year of analysis individual unit results cannot be presented therefore Figure 15 shows WoS yearly results.

Only Ayrshire & Arran missed the QPI target with a performance of 83.3% against the 85% QPI target. However this equates to one patient who requested fertility sparing surgery rather than radical hysterectomy due to age.

Cervical FIGO Stage

Five year comparison of cervical cancer staging data indicated a shift towards the higher stages in 2021/22 compared to previous years. In 2017/18, 3.8% of patients were noted as FIGO Stage III compared to 25.5% in 2021/22. This may be due to the impact of COVID-19 with patients not diagnosed in 2020 being diagnosed in 2021 potentially with more advanced disease. The MCN will investigate further to better understand reasons for this.

	Hospital of Diagnosis									
	2017/18		2018/19		2019/20		2020/21		2021/22	
Stage	n	%	n	%	n	%	n	%	n	%
I	73	46.8%	78	50.3%	56	38.9%	61	39.1%	72	47.1%
II	45	28.8%	44	28.4%	46	31.9%	33	21.2%	23	15.0%
III	6	3.8%	13	8.4%	13	9.0%	24	15.4%	39	25.5%
IV	10	6.4%	12	7.7%	21	14.6%	30	19.2%	19	12.4%
NR/NA	22	14.1%	8	5.2%	8	5.6%	8	5.1%	0	0.0%
Total	156		155		144		156		153	

Action Required:

- MCN to investigate the shift towards more advanced FIGO stage in cervical cancer in order to better understand the reasons for this.

Appendix 1: Meta Data

<table>
<tr><td>Report Title</td><td>Cancer Audit Report: Endometrial & Cervical Cancer Quality Performance Indicators</td></tr>
<tr><td>Time Period</td><td>Patients diagnosed between 01 October 2021 to 30 September 2022</td></tr>
<tr><td>QPI Version</td><td></td></tr>
<tr><td>Data extraction date</td><td>2200 hrs on 12th April 2023</td></tr>
<tr><td>Data Quality</td><td>Endometrial Cancer
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<tr><th>Health Board of diagnosis</th><th>(01/10/2021-30/09/22) Audit</th><th>Cancer Reg 2017-2021</th><th>Case Ascertainment</th></tr>
<tr><td>Ayrshire & Arran</td><td>65</td><td>69</td><td>94.2%</td></tr>
<tr><td>GGC</td><td>131</td><td>179</td><td>73.2%</td></tr>
<tr><td>Forth Valley</td><td>37</td><td>42</td><td>88.1%</td></tr>
<tr><td>Lanarkshire</td><td>99</td><td>86</td><td>115.1%</td></tr>
<tr><td>WoS Total</td><td>332</td><td>376</td><td>88.3%</td></tr>
</table>
Cervical Cancer
<table>
<tr><th>Health Board of diagnosis</th><th>(01/10/20-30/09/21) Audit</th><th>Cancer Reg 2017-2021</th><th>Case Ascertainment</th></tr>
<tr><td>Ayrshire & Arran</td><td>26</td><td>25</td><td>104%</td></tr>
<tr><td>GGC</td><td>71</td><td>77</td><td>92.2%</td></tr>
<tr><td>Forth Valley</td><td>15</td><td>18</td><td>83.3%</td></tr>
<tr><td>Lanarkshire</td><td>41</td><td>43</td><td>95.3%</td></tr>
<tr><td>WoS Total</td><td>153</td><td>163</td><td>93.9%</td></tr>
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