

West of Scotland Cancer Network

**Urological Cancer
Managed Clinical Network**



Audit Report

Testicular Cancer Quality Performance Indicators

Clinical Audit Data: 01 October 2024 to 30 September 2025

Dr Hilary Glen
MCN Clinical Lead

Karen Connor
MCN Manager

Kallely Soumine George
Information Officer

Testicular Cancer Data Overview

Patients diagnosed between October 2024 - September 2025

Number of WoS cases diagnosed:

71

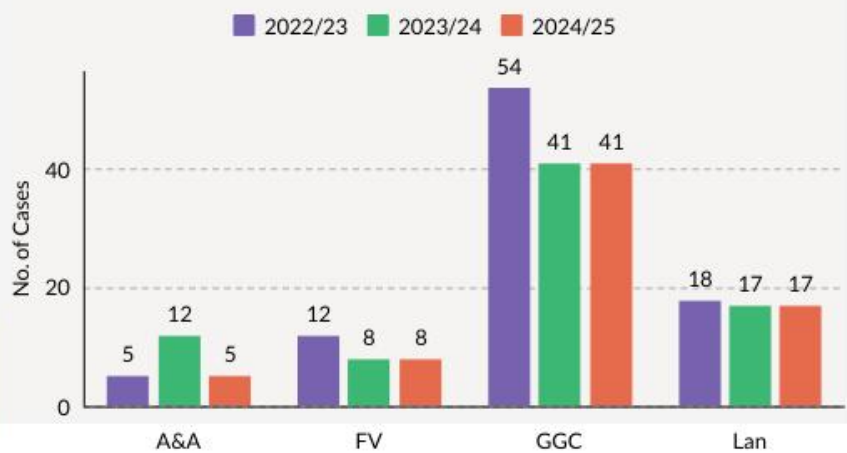
Median age of patients:

36

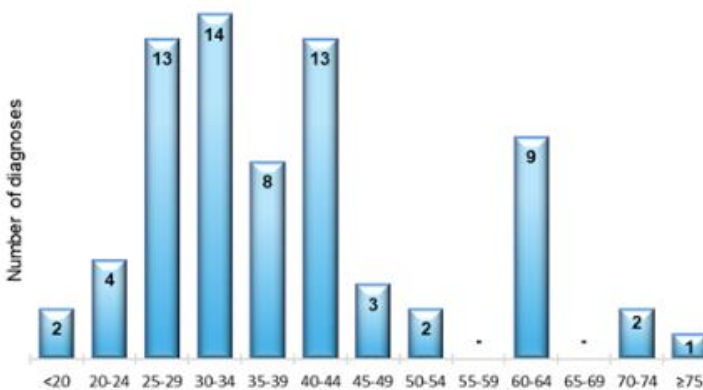
Case ascertainment:

86.6%

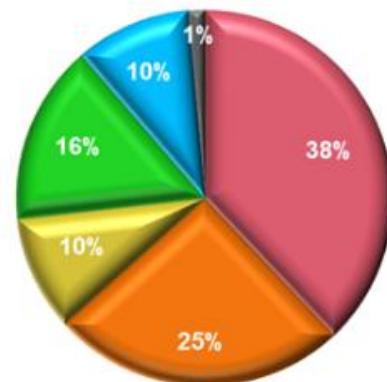
Number of patients by Board



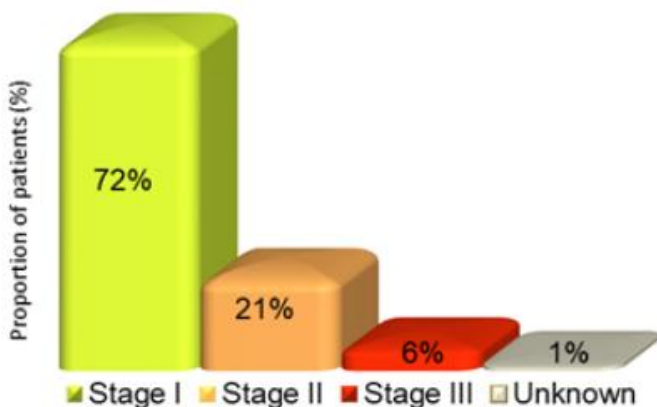
5-Year Age Distribution



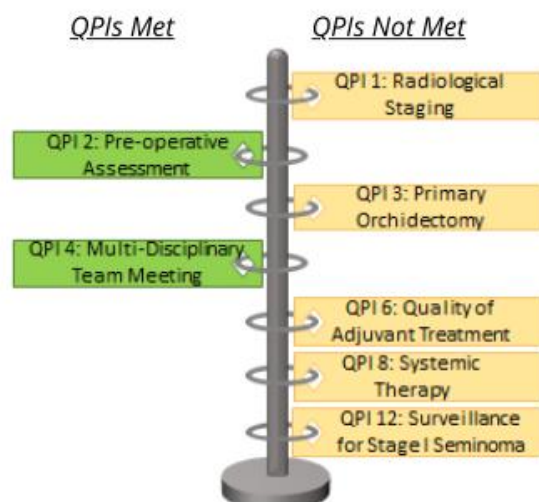
SIMD



Stage



QPI Overview



Executive Summary

This report contains an assessment of the performance of West of Scotland (WoS) urological cancer services using clinical audit data relating to patients diagnosed with testicular cancer in the twelve months between 01 October 2024 and 30 September 2025

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. Additionally the measurement of performance against QPIs has helped to drive continuous improvement and ensure equity of care for patients across Scotland.

In the eleventh year of Testicular Cancer QPI analysis, Boards demonstrated variable but generally good performance, showcasing the high standard of care provided for testicular cancer patients across the West of Scotland. Regional targets for pre-operative assessment and MDT discussion were met at 100%, indicating that NHS Boards are providing effective, high-quality care and treatment for patients with testicular cancer.

For QPIs that did not meet the target, NHS Boards have provided detailed commentary, primarily citing valid clinical reasons or, in some cases, patient choice influencing management. QPIs that were achieved, including QPI 2 (Pre-operative Assessment) and QPI 4 (MDT Discussion), are presented in the Performance Summary; therefore, detailed graphical presentation for these QPIs has not been included in the main report. QPI 6, QPI 8, and QPI 12 are reported at regional level due to low case numbers and in recognition of the centralisation of treatment within the region.

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

Actions required:

QPI 1: Radiological Staging

- NHS Lanarkshire to ensure the CT scan requests for testicular cancer staging are submitted with clear urgency to support appropriate prioritisation.
- MCN to continue to closely monitor NHS Lanarkshire performance.

QPI 6: Quality of Adjuvant Treatment

- The Regional Germ Cell/Oncology Team (Beatson West of Scotland Cancer Centre, NHSGGC) to review the current referral pathway for adjuvant treatment and provide feedback on potential areas for improvement.

QPI 8: Systemic Therapy

- The Regional Germ Cell/Oncology Team (Beatson West of Scotland Cancer Centre, NHSGGC) to review the current referral process for systemic therapy in testicular cancer patients and identify potential areas for improvement.

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.

Testicular Cancer QPI Performance Summary Report

Testicular MCN					
Year	A&A	FV	GGC	Lan	WoSCAN
2024 - 25	5	8	41	17	71
2023 - 24	12	8	41	17	78
2022 - 23	5	12	54	18	89

Colour Key	
	Above QPI target
	Below QPI target

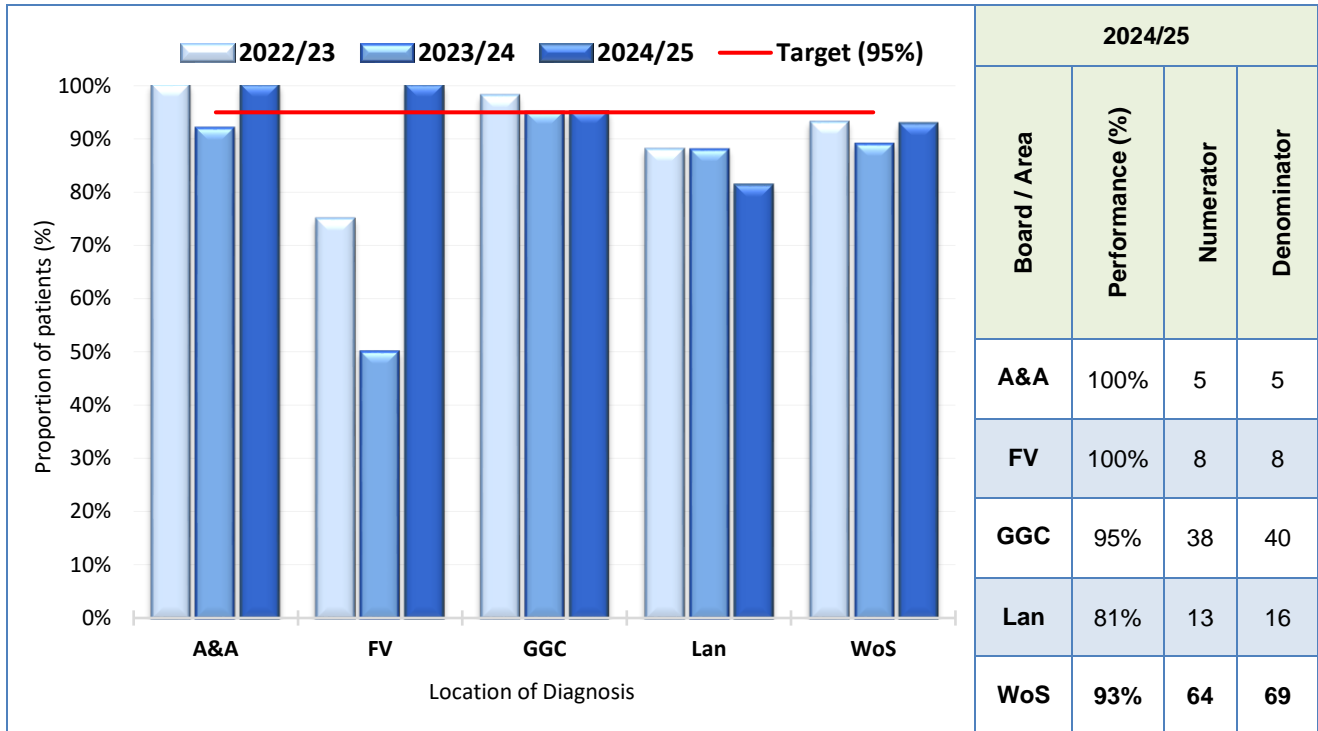
Quality Performance Indicator (QPI)	QPI target	Year	Performance by NHS Board of diagnosis				
			A&A	FV	GGC	Lan	WoSCAN
QPI 1: Radiological Staging - Patients with testicular cancer should be evaluated with appropriate imaging to detect the extent of disease and guide treatment decision making.	95%	2024 - 25	100% (5/5)	100% (8/8)	95% (38/40)	81% (13/16)	93% (64/69)
		2023 - 24	92%	50%	95%	88%	89%
		2022 - 23	100%	75%	98%	88%	93%
QPI 2: Pre-operative Assessment - Patients with testicular cancer should have pre-operative assessment of the testicle and Serum Tumour Markers (STMs).	95%	2024 - 25	100% (5/5)	100% (8/8)	100% (40/40)	100% (16/16)	100% (69/69)
		2023 - 24	100%	100%	97%	94%	97%
		2022 - 23	100%	92%	98%	100%	98%
*QPI 3: Primary Orchiectomy - Patients with testicular cancer should have primary orchiectomy within 3 weeks of ultrasonographic diagnosis.	95%	2024 - 25	80% (4/5)	100% (8/8)	98% (39/40)	88% (14/16)	94% (65/69)
		2023 - 24	75%	83%	93%	88%	88%
		2022 - 23	100%	75%	96%	94%	93%
QPI 4: Multi-Disciplinary Team Meeting - Patients with testicular cancer should be discussed by a Multi Disciplinary Team (MDT) to agree a definitive management plan post orchiectomy with staging and pathology.	95%	2024 - 25	100% (5/5)	100% (8/8)	100% (40/40)	100% (17/17)	100% (70/70)
		2023 - 24	100%	100%	100%	100%	100%
		2022 - 23	100%	100%	96%	100%	98%

Quality Performance Indicator (QPI)	QPI target	Year	Performance by NHS Board of diagnosis				
			A&A	FV	GGC	Lan	WoSCAN
QPI 6: Quality of Adjuvant Treatment - Patients with stage I seminoma receiving adjuvant single dose carboplatin should have an AUC of 7mg/ml/min based on isotopic estimation of creatinine clearance. <i>All systemic treatment is provided regionally</i>	95%	2024 - 25					79% (23/29)
		2023 - 24					82%
		2022 - 23					92%
QPI 8: Systemic Therapy - Patients with metastatic testicular cancer who are undergoing systemic therapy should receive Systemic Anti-Cancer Therapy (SACT) within 3 weeks of a MDT decision to treat with SACT. <i>All systemic treatment is provided regionally</i>	95%	2024 - 25					53% (10/19)
		2023 - 24					65%
		2022 - 23					88%
QPI 12: Surveillance for Stage I Seminoma - Patients with stage I seminoma under surveillance should undergo Magnetic Resonance Imaging (MRI) scanning of the abdomen (+/-pelvis) within 8 months of initial staging CT scan.	85%	2023 - 24					67% (4/6)
		2022 - 23					83%
		2021 - 22					100%

*QPI analysed by Location of Surgery

QPI 1: Radiological Staging

QPI 1 Title:	Patients with testicular cancer should be evaluated with appropriate imaging to detect the extent of disease and guide treatment decision making.
Numerator:	Number of patients with testicular cancer undergoing CT scanning of the chest, abdomen and pelvis within 3 weeks of orchidectomy.
Denominator:	All patients with testicular cancer undergoing orchidectomy.
Exclusions:	• Patients undergoing chemotherapy prior to orchidectomy.
Target:	95%



In the West of Scotland, performance is 93%, with all Boards except NHS Lanarkshire meeting the target. NHS Lanarkshire has consistently not met the target for three consecutive reporting years.

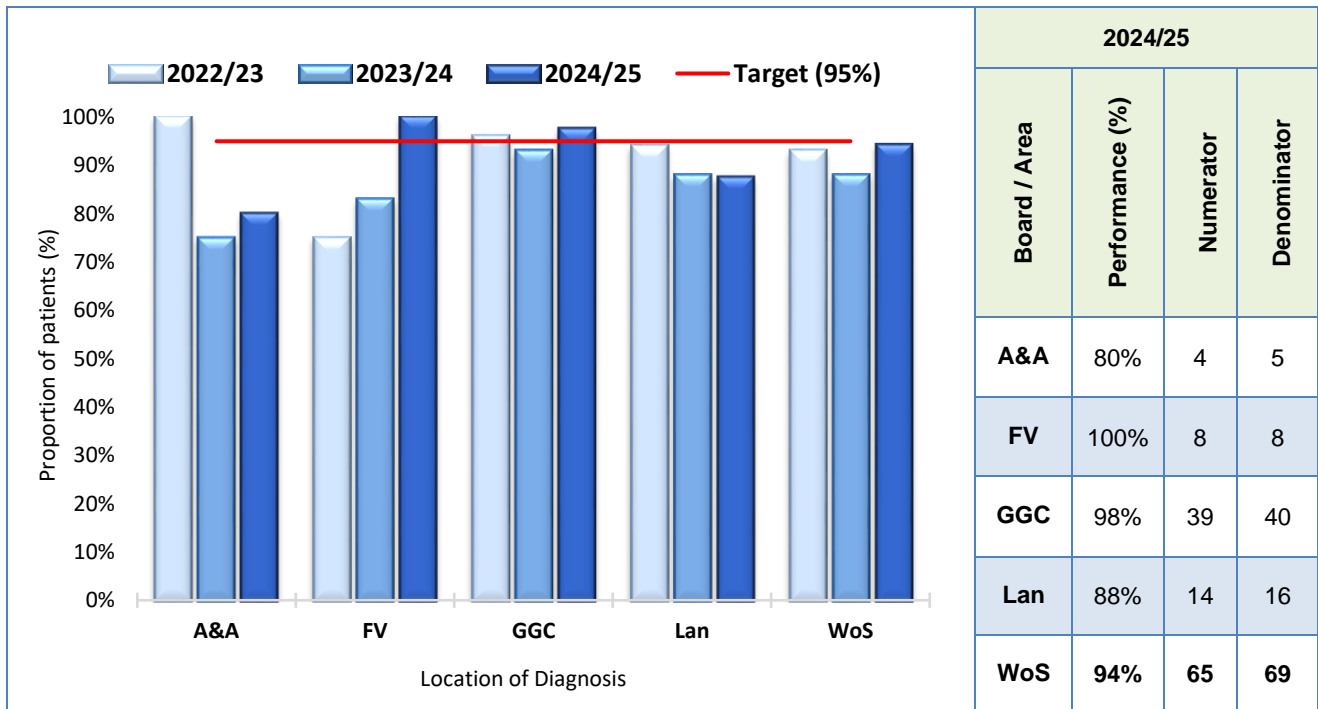
NHS Lanarkshire commented that most patients received imaging within expected timeframes; however, three did not have CT scans within 21 days post orchidectomy. Two experienced minor delays (12 and 4 days) due to request timing and prioritisation. In one case, pre-operative CT imaging was already completed, so no repeat scan was needed. The findings have been discussed at the Urology Continuing Medical Education (CME) and staff reminded to request CT scans promptly.

Actions:

- NHS Lanarkshire to ensure the CT scan requests for testicular cancer staging are submitted with clear urgency to support appropriate prioritisation.
- MCN to continue to closely monitor NHS Lanarkshire performance.

QPI 3: Primary Orchidectomy

QPI 3 Title:	Patients with testicular cancer should have primary orchidectomy within 3 weeks of ultrasonographic diagnosis.
Numerator:	Number of patients with testicular cancer undergoing orchidectomy within 3 weeks of ultrasonographic diagnosis.
Denominator:	All patients with testicular cancer undergoing orchidectomy.
Exclusions:	• Patients undergoing chemotherapy prior to orchidectomy.
Target:	95%

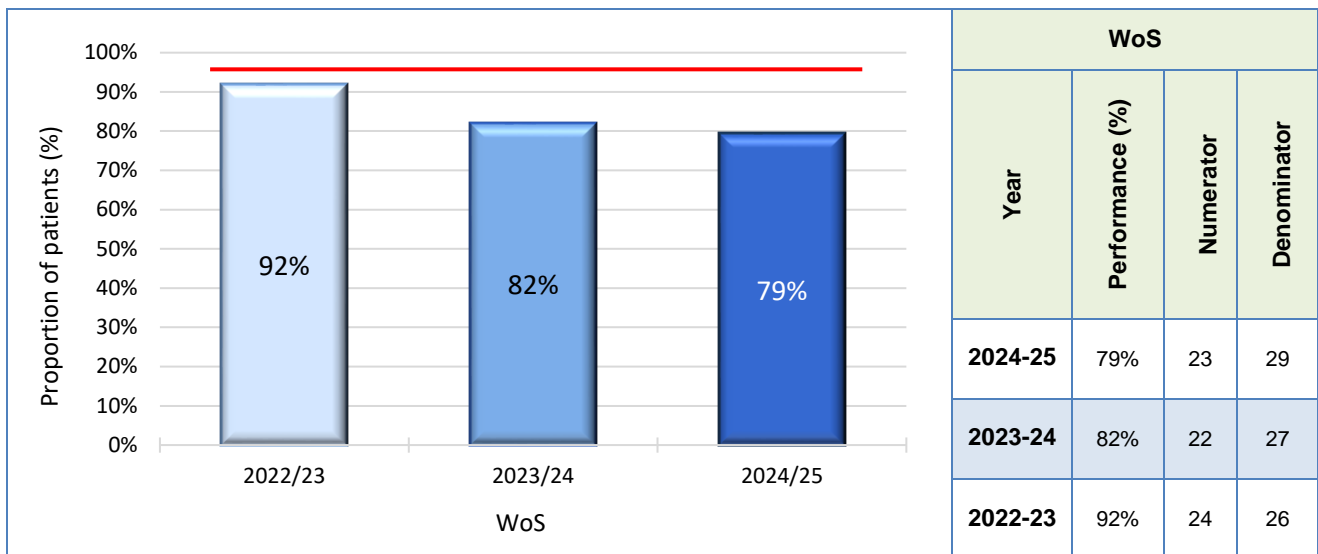


It should be noted that the number of patients included within the denominator is low and can have a considerable effect on overall proportions; therefore comparisons between NHS Boards should be viewed with caution.

Boards reviewed the cases that did not meet the target. NHS Ayrshire & Arran and NHS Lanarkshire reported a small number of patients who did not undergo orchidectomy within three weeks of ultrasound. Delays were attributed to a communication issue in one case, ongoing surveillance imaging, and patient choice to defer surgery pending repeat ultrasound.

QPI 6: Quality of Adjuvant Treatment

QPI 6 Title:	Patients with stage I seminoma receiving adjuvant single dose carboplatin should have an AUC of 7mg/ml/min based on isotopic estimation of creatinine clearance.
Numerator:	Number of patients with stage I seminoma undergoing adjuvant single dose carboplatin AUC7, based on isotopic estimation of creatinine clearance, within 8 weeks of orchidectomy.
Denominator:	All patients with stage I seminoma undergoing adjuvant single dose carboplatin AUC7.
Exclusions:	• Patients who are treated within a clinical trial.
Target:	95%



Performance against this QPI in the West of Scotland was 79%, reflecting a downward trend compared with previous years. It should be noted that treatment is centralised within the region. The relatively small number of cases can significantly impact overall performance percentages.

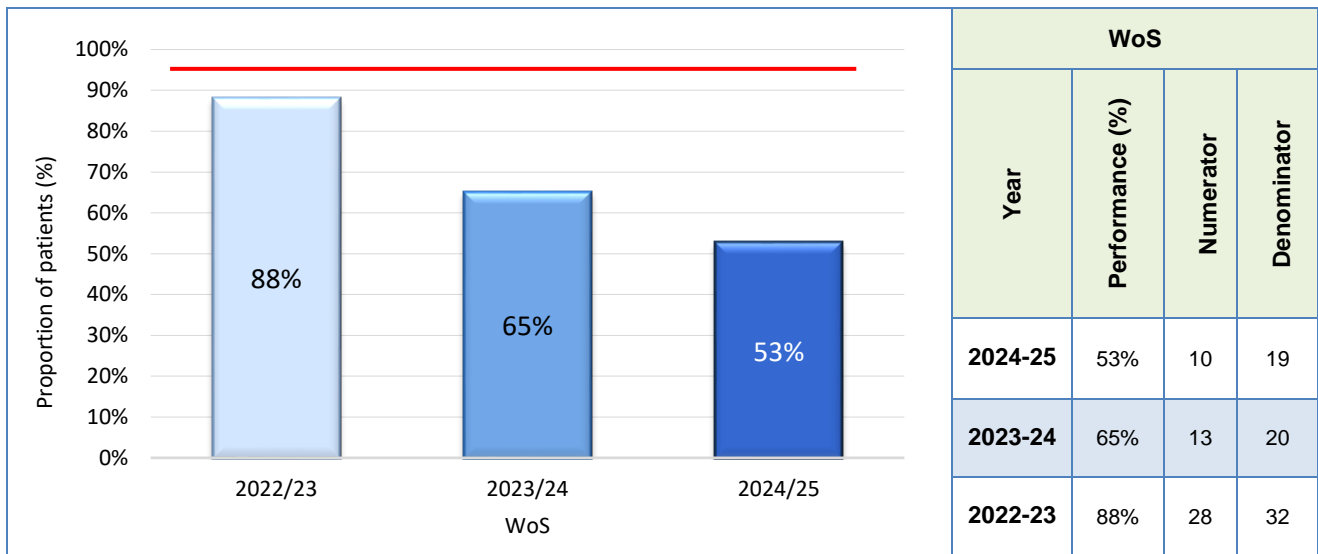
A small number of patients did not meet the 8 week target due to a range of logistical, administrative, patient-related and clinical factors, including MDT scheduling, pathway processing, and additional investigations. This overall trend suggests increasing delays in access to adjuvant treatment and warrants further review.

Action:

- The Regional Germ Cell/Oncology Team (Beatson West of Scotland Cancer Centre, NHSGGC) to review the current referral pathway for adjuvant treatment and provide feedback on potential areas for improvement.

QPI 8: Systemic Therapy

QPI 8 Title:	Patients with metastatic testicular cancer who are undergoing systemic therapy should receive Systemic Anti-Cancer Therapy (SACT) within 3 weeks of a MDT decision to treat with SACT.
Numerator:	Number of patients with metastatic testicular cancer undergoing SACT within 3 weeks of an MDT decision to treat with SACT.
Denominator:	All patients with metastatic testicular cancer undergoing SACT.
Exclusions:	<ul style="list-style-type: none"> • Patients whose primary chemotherapy management is as part of a chemotherapy clinical trial.
Target:	95%



Performance in the West of Scotland decreased to 53%. Similar to QPI 6, performance for QPI 8 shows a marked year-on-year decline, indicating increasing delays in access to systemic therapy, acknowledging the limited numbers and centralised service delivery.

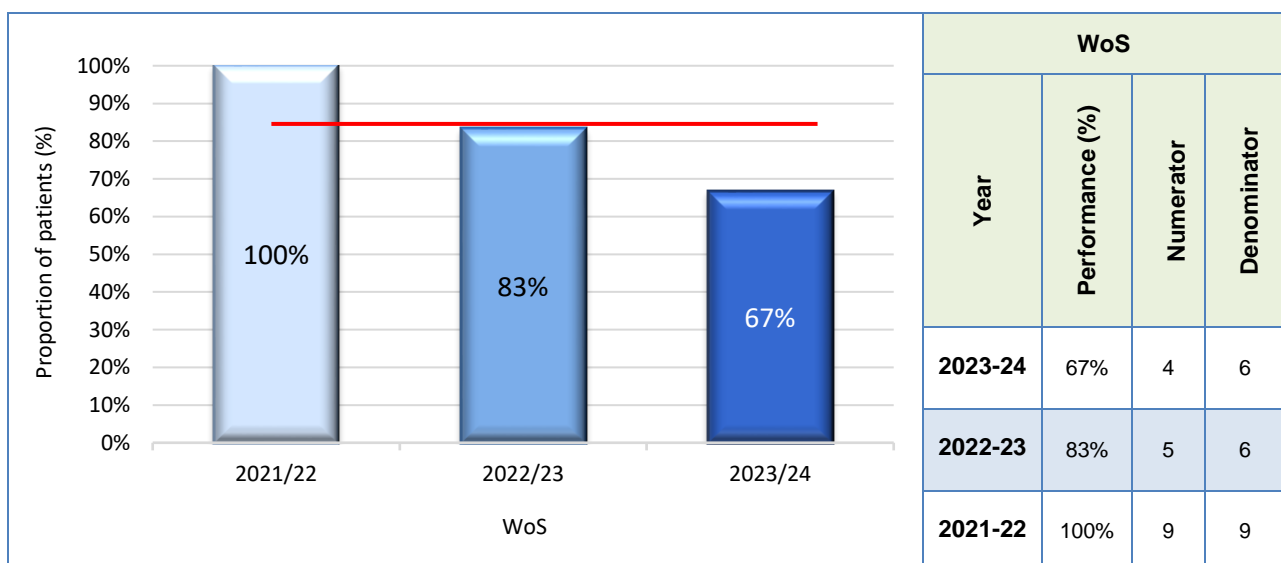
A small number of patients did not commence systemic therapy within the target timeframe. Clinical commentary from Boards suggests that delays were due to a combination of patient choice, additional counselling, non-attendance, additional clinical assessment, treatment planning, and post-operative factors. Most delays were short and related to individual patient circumstances or pathway requirements.

Action:

- The Regional Germ Cell/Oncology Team (Beatson West of Scotland Cancer Centre, NHSGGC) to review the current referral process for systemic therapy in testicular cancer patients and identify potential areas for improvement.

QPI 12: Surveillance for Stage I Seminoma

QPI 12 Title:	Patients with stage I seminoma under surveillance should undergo Magnetic Resonance Imaging (MRI) scanning of the abdomen (+/- pelvis) within 8 months of initial staging CT scan.
Numerator:	Number of patients with stage I seminoma under surveillance who undergo MRI scan of the abdomen (+/- pelvis) within 8 months of initial staging CT scan.
Denominator:	All patients with stage I seminoma under surveillance.
Exclusions:	<ul style="list-style-type: none"> • Patients who are unable to undergo a MRI scan (e.g. pacemaker, cerebral aneurysm clip, claustrophobia etc.), • Patients who decline MRI, • Patients who have received adjuvant chemotherapy, • Patients who have received adjuvant radiotherapy.
Target:	85%



Given the limited patient denominator, overall percentages may be significantly influenced, and year-on-year comparisons should be interpreted with caution. Although patient numbers are very low, performance declined compared to previous years, with 67% compliance against this QPI. Treatment is centralised within the region.

Cases that did not meet the surveillance timeframe were associated with delays and gaps in follow-up processes. These cases have been reviewed, with improvements made to administrative and referral pathways to support timely surveillance.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Testicular Cancer Quality Performance Indicators					
Time Period	Patients diagnosed between 01 October 2024 to 30 September 2025					
QPI Version	Testicular Cancer QPIs V4.0: (Testicular cancer clinical quality performance indicators: February 2023 – Healthcare Improvement Scotland)					
Data extraction date	27th January 2026. (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		Ayrshire & Arran	Forth Valley	GGC	Lanarkshire	WoS
	Cases from audit	5	8	41	17	71
	Cases from ISD (2020-2024)	9	8	45	19	82
	Case ascertainment	56%	100%	91%	90%	87%

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