

**West of Scotland Cancer Network**

**Urological Cancer  
Managed Clinical Network**



# **Audit Report**

## **Testicular Cancer Quality Performance Indicators**

**Clinical Audit Data: 01 October 2023 to 30 September 2024**

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# Testicular Cancer Data Overview

Patients diagnosed between October 2023 - September 2024

Number of WoS cases diagnosed:

78

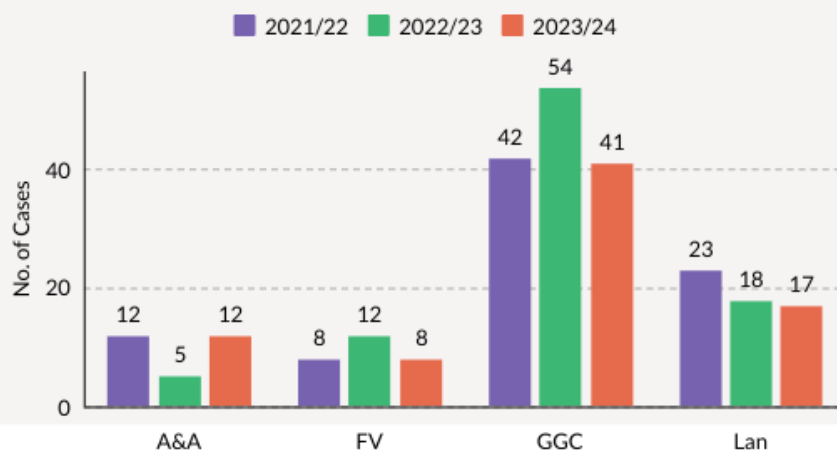
Median age of patients:

38

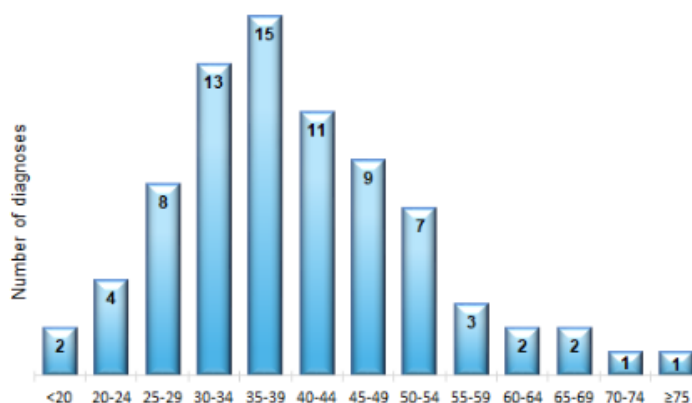
Case ascertainment:

90.7%

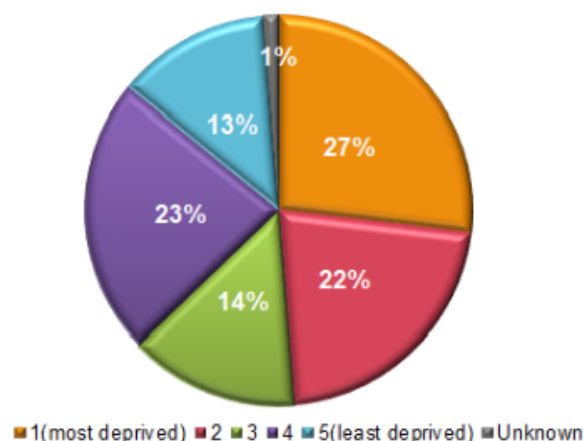
Number of patients by Board



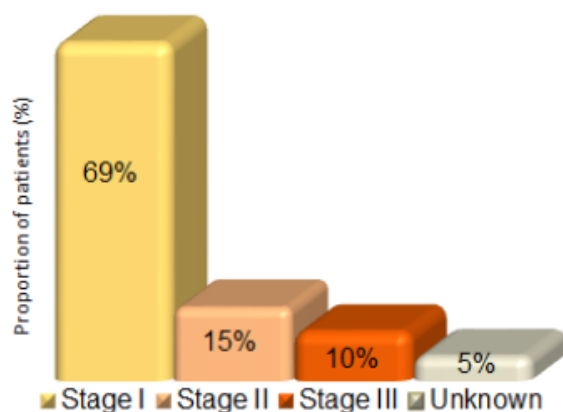
5-Year Age Distribution



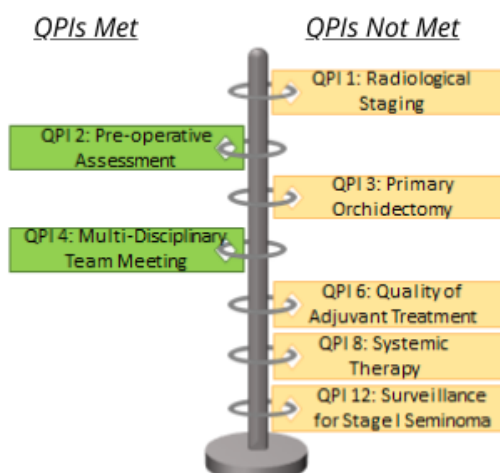
SIMD



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 2023 and 30 September 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. Additionally the measurement of performance against QPIs has helped to drive continuous improvement and ensure equity of care for patients across Scotland.

In the tenth 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 (97%) and MDT discussion (100%), were met, indicating effective provision of high-quality care and treatment for testicular cancer patients by the Boards.

Where QPI targets were not met, NHS Boards have provided detailed commentary. In the main these indicate valid clinical reasons or that, in some cases, patient choice may have influenced patient management. QPI 4: MDT discussion was met by all Boards and therefore a detailed graph has not been included for this QPI in the main report. QPI 6, QPI 8, and QPI 12 are reported at a regional level due to the low case numbers and to align with 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**

- MCN to monitor NHS Forth Valley performance closely for any further decline in results and to assess the impact of the change in local processes.

#### **QPI 8: Systemic Therapy**

- MCN to continue to closely monitor performance for any ongoing decline in results.

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
2023 - 24	12	8	41	17	<b>78</b>
2022 - 23	5	12	54	18	<b>89</b>
2021 - 22	12	8	42	23	<b>85</b>

Colour Key	
	Above QPI target
	Below QPI target

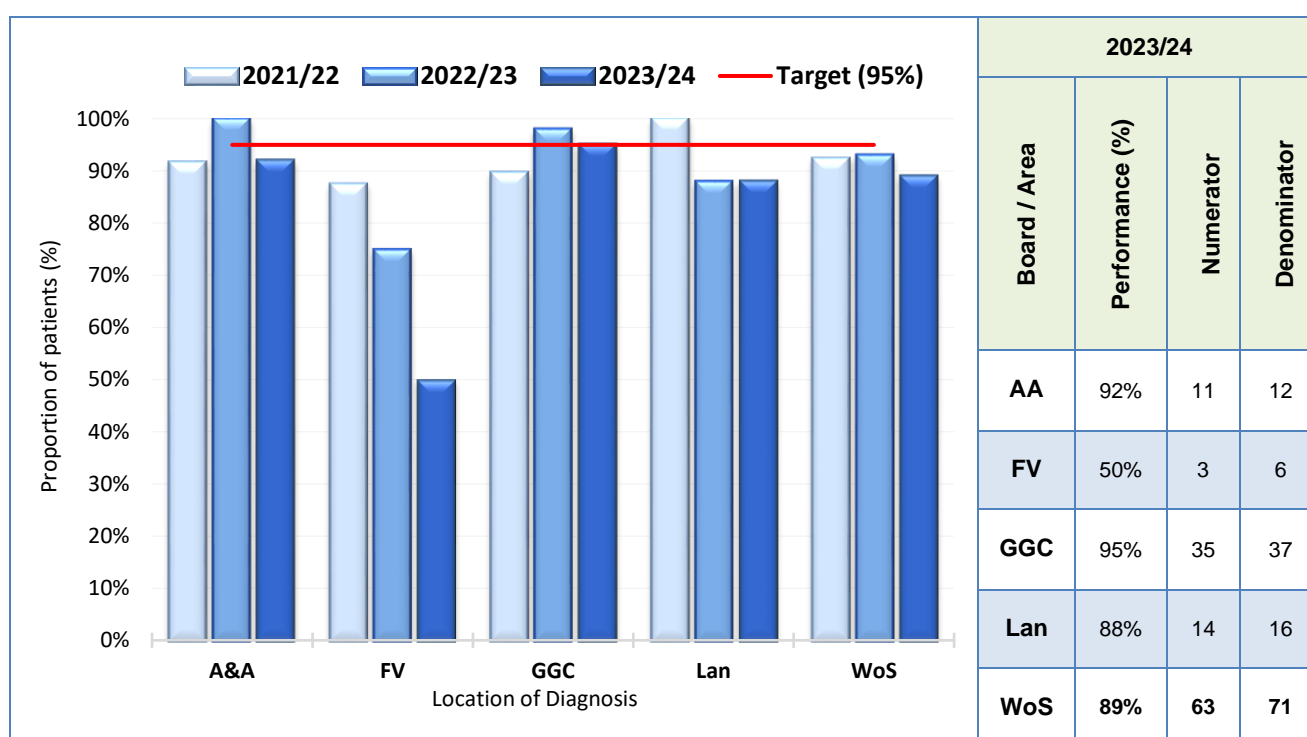
Quality Performance Indicator (QPI)	QPI target	Year	Performance by NHS Board of diagnosis				
			A&A	FV	GGC	LAN	WoSCAN
<b>QPI 1: Radiological Staging</b> - Patients with testicular cancer should be evaluated with appropriate imaging to detect the extent of disease and guide treatment decision making.	<b>95%</b>	2023 - 24	92% (11/12)	50% (3/6)	95% (35/37)	88% (14/16)	89% (63/71)
		2022 - 23	100%	75%	98%	88%	93%
		2021 - 22	92%	88%	90%	100%	92%
<b>QPI 2: Pre-operative Assessment</b> - Patients with testicular cancer should have pre-operative assessment of the testicle and Serum Tumour Markers (STMs).	<b>95%</b>	2023 - 24	100% (12/12)	100% (6/6)	97% (36/37)	94% (15/16)	97% (69/71)
		2022 - 23	100%	92%	98%	100%	98%
		2021 - 22	100%	100%	100%	100%	100%
<b>*QPI 3: Primary Orchiectomy</b> - Patients with testicular cancer should have primary orchiectomy within 3 weeks of ultrasonographic diagnosis.	<b>95%</b>	2023 - 24	75% (9/12)	83% (5/6)	93% (37/40)	88% (14/16)	88% (65/74)
		2022 - 23	100%	75%	96%	94%	93%
		2021 - 22	100%	80%	81%	95%	87%
<b>QPI 4: Multi-Disciplinary Team Meeting</b> - 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.	<b>95%</b>	2023 - 24	100% (12/12)	100% (7/7)	100% (38/38)	100% (17/17)	100% (74/74)
		2022 - 23	100%	100%	96%	100%	98%
		2021 - 22	92%	100%	98%	96%	96%

Quality Performance Indicator (QPI)	QPI target	Year	Performance by NHS Board of diagnosis				
			A&A	FV	GGC	LAN	WoSCAN
<b>QPI 6: Quality of Adjuvant Treatment</b> - 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%	2023 - 24					82% (22/27)
		2022 - 23					92%
		2021 - 22					
<b>QPI 8: Systemic Therapy</b> - 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%	2023 - 24					65% (13/20)
		2022 - 23					88%
		2021 - 22					71%
<b>QPI 12: Surveillance for Stage I Seminoma</b> - 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					83% (5/6)
		2022 - 23					100%
		2021 - 22					

\*QPI analysed by Location of Surgery

## QPI 1: Radiological Staging

<b>QPI 1 Title:</b>	Patients with testicular cancer should be evaluated with appropriate imaging to detect the extent of disease and guide treatment decision making.
<b>Numerator:</b>	Number of patients with testicular cancer undergoing CT scanning of the chest, abdomen and pelvis within 3 weeks of orchidectomy.
<b>Denominator:</b>	All patients with testicular cancer undergoing orchidectomy.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>Patients undergoing chemotherapy prior to orchidectomy.</li> </ul>
<b>Target:</b>	95%



In the West of Scotland, performance declined to 89%, with all boards except NHS GGC falling below the target. While acknowledging the small numbers, NHS Forth Valley has experienced a progressive decline in performance over the past three years.

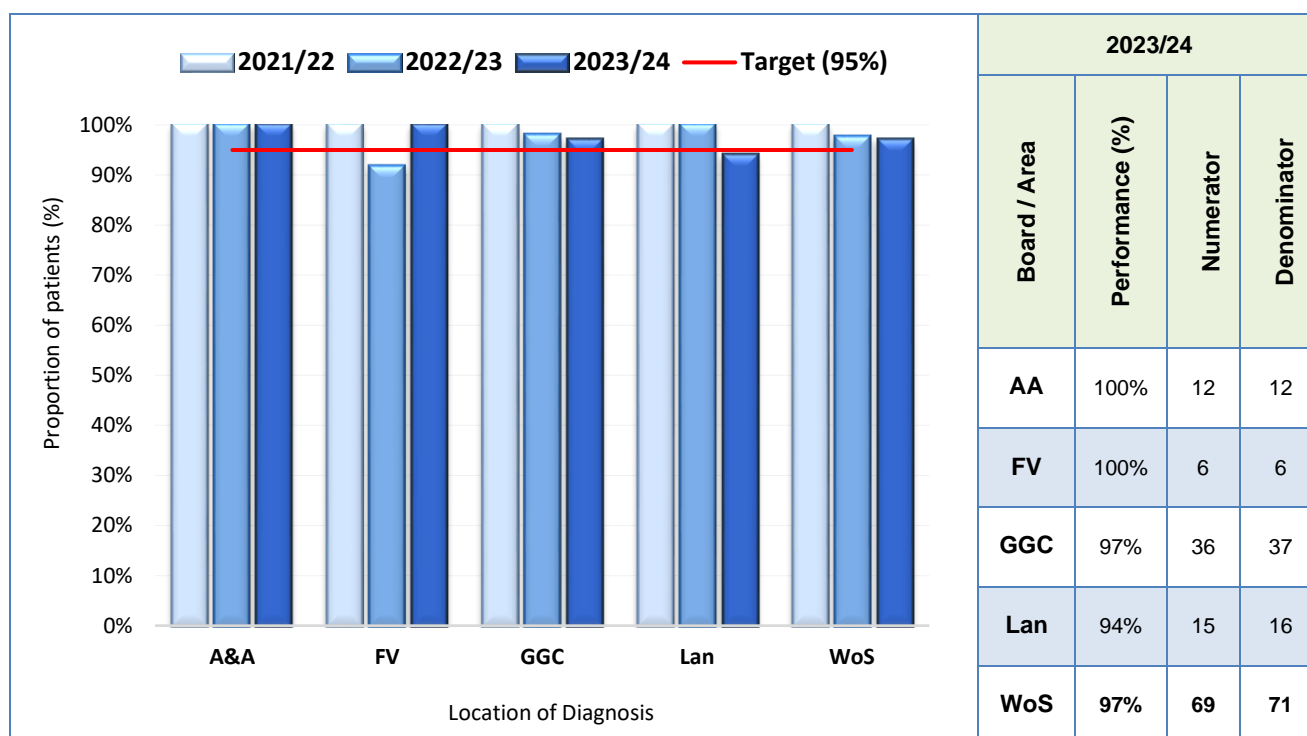
Boards reviewed cases and reported delays in meeting the target for CT following surgery, ranging from 1 – 21 days over the 3 week target. In some cases there were no obvious reasons documented for delay however case complexity and diagnostic delays contributed to the extended timelines in a small number of cases. To address these issues, NHS Forth Valley has implemented a policy to schedule inpatient CT and ultrasound scans on the same day, while NHS Lanarkshire Clinical Lead has reminded the local team to request CT scans at the initial assessment or at time of orchidectomy to minimise unnecessary delays.

### **Action:**

- MCN to monitor NHS Forth Valley performance closely for any further decline in results and to assess the impact of the change in local processes.

## QPI 2: Pre-operative Assessment

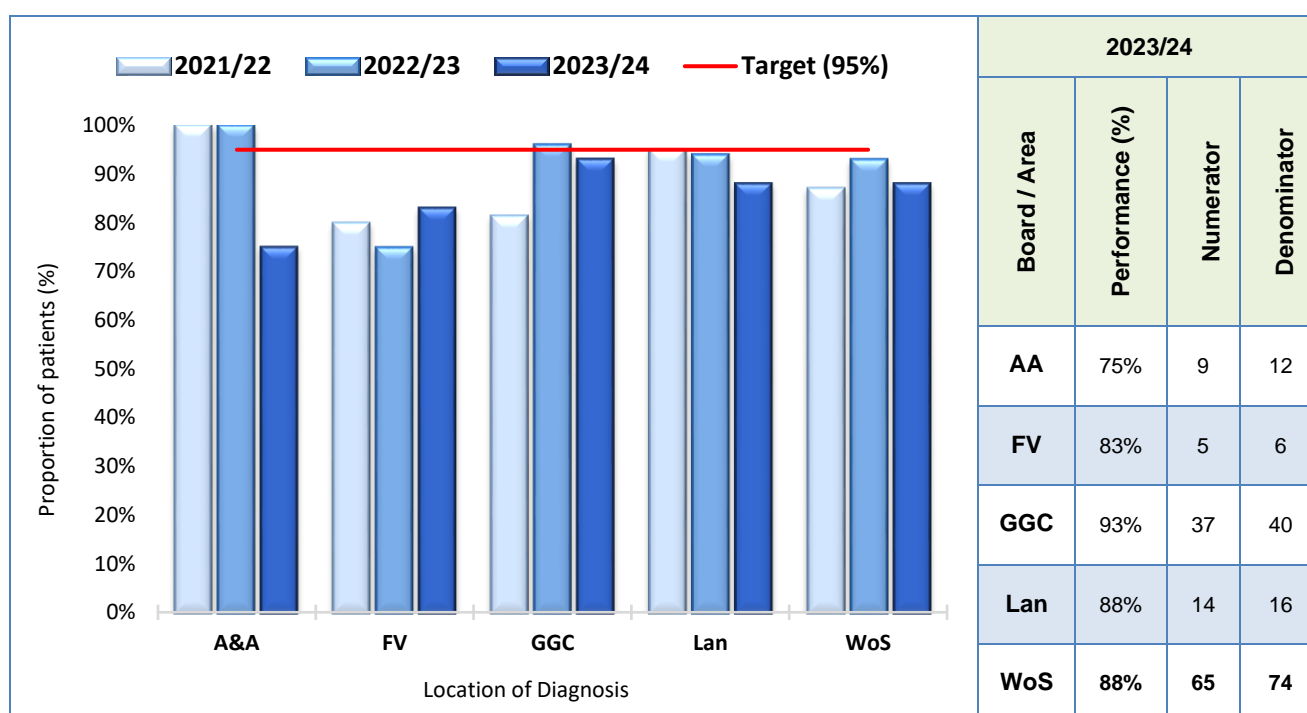
<b>QPI 2 Title:</b>	Patients with testicular cancer should have pre-operative assessment of the testicle and Serum Tumour Markers (STMs).
<b>Numerator:</b>	Number of patients with testicular cancer undergoing orchidectomy, who undergo a pre-operative assessment of the testicle which, at a minimum, includes: (i) STMs (ii) testicular ultrasound.
<b>Denominator:</b>	All patients with testicular cancer undergoing orchidectomy.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients who decline pre-operative assessment.</li> <li>• Patients undergoing chemotherapy prior to orchidectomy.</li> </ul>
<b>Target:</b>	<b>95%</b>



Overall, the pre-operative assessment for testicular cancer patients in the West of Scotland was 97%, surpassing the 95% target. Although NHS Lanarkshire narrowly missed the target with a 94% achievement, the case was clinically reviewed and found to be appropriately imaged and treated, with on call radiologist recommending CT rather than an ultrasound scan.

### QPI 3: Primary Orchidectomy

<b>QPI 3 Title:</b>	Patients with testicular cancer should have primary orchidectomy within 3 weeks of ultrasonographic diagnosis.
<b>Numerator:</b>	Number of patients with testicular cancer undergoing orchidectomy within 3 weeks of ultrasonographic diagnosis.
<b>Denominator:</b>	All patients with testicular cancer undergoing orchidectomy.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients undergoing chemotherapy prior to orchidectomy.</li> </ul>
<b>Target:</b>	95%



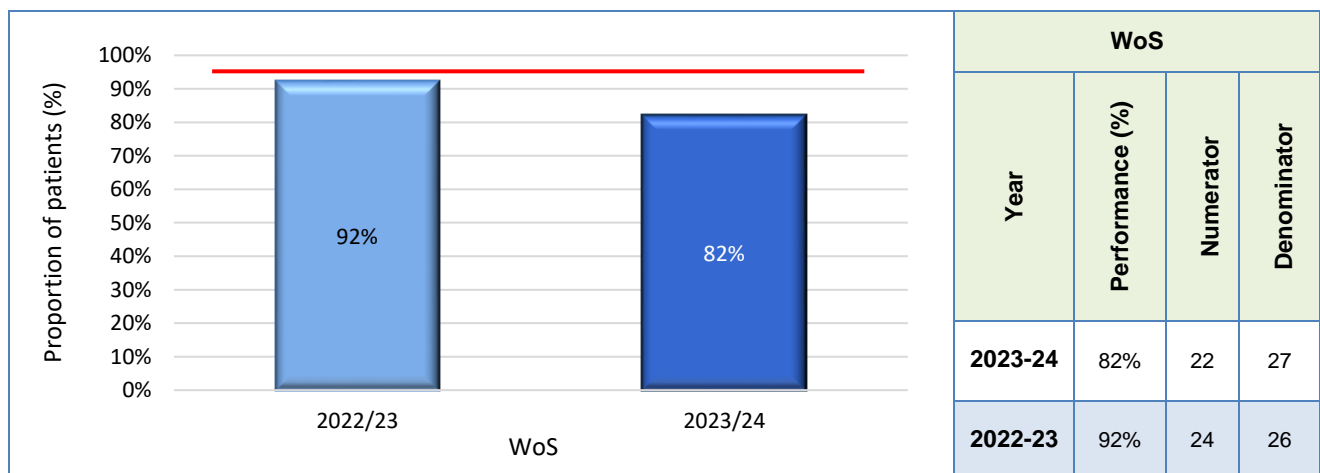
It should be noted that the number of patients included within the denominator is low and can have a considerable effect on overall proportions; therefore comparisons between NHS Boards should be viewed with caution.

NHS Ayrshire & Arran reported delays for three patients due to various factors, including patient-requested delays and transport issues, and noted that the team will work to prevent future delays from exceeding the three-week target. NHS Forth Valley noted a 12-day delay in a complex case, while NHS GGC and NHS Lanarkshire reported delays related to referral and diagnostic issues and emergency presentation, with ongoing efforts to streamline processes where appropriate.



## **QPI 6: Quality of Adjuvant Treatment**

<b>QPI 6 Title:</b>	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.
<b>Numerator:</b>	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.
<b>Denominator:</b>	All patients with stage I seminoma undergoing adjuvant single dose carboplatin AUC7.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients who are treated within a clinical trial.</li> </ul>
<b>Target:</b>	<b>95%</b>



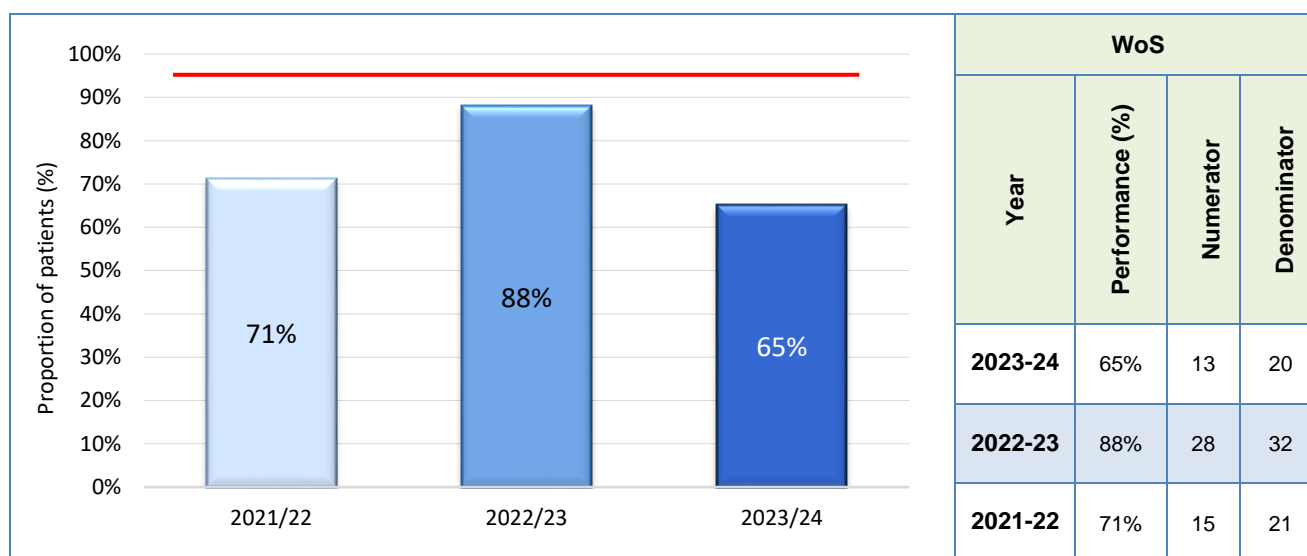
Performance against this QPI in the West of Scotland was 82% (22 out of 27 cases), reflecting a decline from the previous year. It should be noted that the relatively small number of cases can significantly impact overall performance percentages.

Boards reviewed cases and provided detailed reasons for not meeting the QPI target, including requirement for repeat CT, co-morbidities preventing EDTA, no venous access for EDTA and difficulties contacting patients to schedule appointments.

Given that all systemic treatment is delivered regionally within the Beatson West of Scotland Cancer Centre, the MCN will continue to monitor this QPI closely in subsequent reporting years.

## **QPI 8: Systemic Therapy**

<b>QPI 8 Title:</b>	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.
<b>Numerator:</b>	Number of patients with metastatic testicular cancer undergoing SACT within 3 weeks of an MDT decision to treat with SACT.
<b>Denominator:</b>	All patients with metastatic testicular cancer undergoing SACT.
<b>Exclusions:</b>	<ul style="list-style-type: none"><li>• Patients whose primary chemotherapy management is as part of a chemotherapy clinical trial.</li></ul>
<b>Target:</b>	<b>95%</b>



Performance against this QPI in the West of Scotland declined in the current reporting year, with 65% (13 out of 20 cases) meeting the target, compared to 88% in the previous year. It should be noted that performance against this QPI can be significantly influenced by small case numbers.

Clinical commentary from the Boards suggests that although patients are receiving appropriate treatment, this is not consistently delivered within the QPI defined timeframes. NHS Forth Valley noted that some cases were excluded from the QPI due to incomplete staging information. With the introduction of the new MDT system, staging will be routinely recorded, and improvements in performance are anticipated. NHS GGC reviewed cases and reported that five patients exceeded the target by between 1 and 6 days, with delays caused by repeat Serum Tumour Markers (STMs), patient-related factors, and no documented reason for delay in three cases. NHS Lanarkshire reviewed its cases: one had a 4-day delay for carboplatin, and another more complex case had a 41-day delay due to necessary investigations which confirmed metastatic disease.

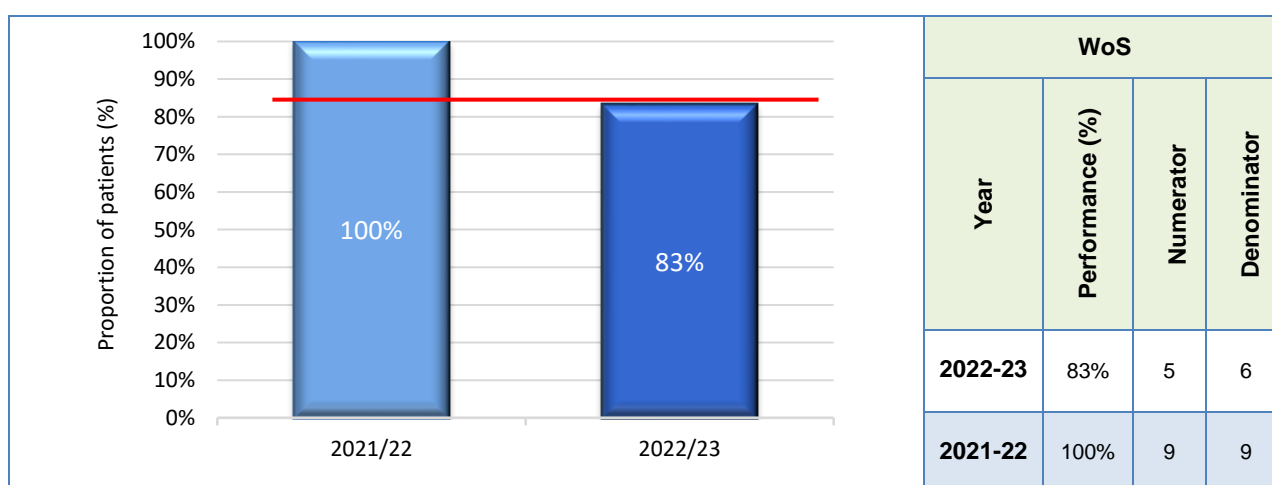
Given the centralisation of systemic treatment within the Beatson West of Scotland Cancer Centre, the MCN will continue to monitor this QPI closely over the next reporting years.

### **Action:**

- MCN to continue to closely monitor performance for any ongoing decline in results.

## QPI 12: Surveillance for Stage I Seminoma

<b>QPI 12 Title:</b>	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.
<b>Numerator:</b>	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.
<b>Denominator:</b>	All patients with stage I seminoma under surveillance.
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>• Patients who are unable to undergo a MRI scan (e.g. pacemaker, cerebral aneurysm clip, claustrophobia etc.),</li> <li>• Patients who decline MRI,</li> <li>• Patients who have received adjuvant chemotherapy,</li> <li>• Patients who have received adjuvant radiotherapy.</li> </ul>
<b>Target:</b>	<b>85%</b>



The West of Scotland narrowly missed the target, achieving 83% compliance with this QPI (5 out of 6 cases). Given the small patient denominator, overall proportions may be significantly affected, and comparisons between individual years should be interpreted with caution.

The case that did not meet the target was reviewed, and the delay was attributed to patient-related factors out-with the control of the NHS Board.

## **Appendix 1: Meta Data**

Report Title	Cancer Audit Report: Testicular Cancer Quality Performance Indicators					
Time Period	Patients diagnosed between 01 October 2023 to 30 September 2024					
QPI Version	Testicular Cancer QPIs V4.0: ( <a href="#">Testicular cancer clinical quality performance indicators: February 2023 – Healthcare Improvement Scotland</a> )					
Data extraction date	2200 hrs on 27th January 2025					
Data Quality		Ayrshire & Arran	Forth Valley	GGC	Lanarkshire	WoS
	Cases from audit	12	8	41	17	78
	Cases from ISD (2019-2023)	9	9	50	19	86
	Case ascertainment	133.3%	88.9%	82.0%	89.5%	90.7%

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