

West of Scotland Cancer Network

**Urological Cancer
Managed Clinical Network**



Audit Report

Prostate Cancer Quality Performance Indicators

Clinical Audit Data: 01 July 2023 to 30 June 2024

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Prostate Quality Performance Indicators: Data Overview

Patients diagnosed Jul 2023 - Jun 2024

Number of patients 2649

Median Age of Patients: 71

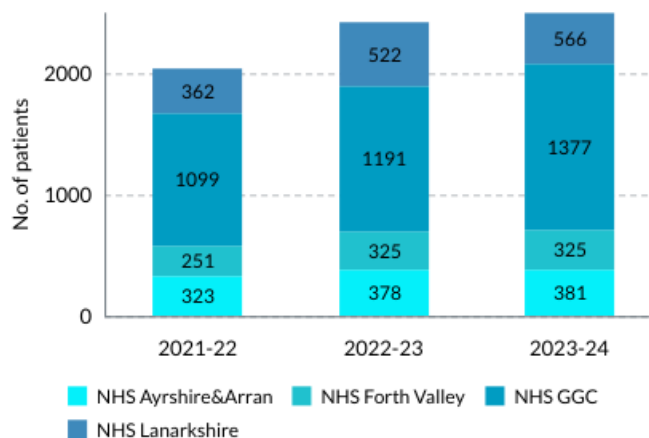
Age Standardised Net Survival

1 year Survival: 97%

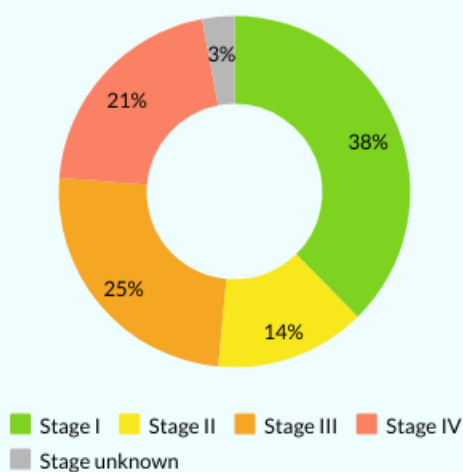
5 Year Survival: 84%

*Patients diagnosed 2015-2019
www.publichealthscotland.scot/publications/cancer-survival-statistics/

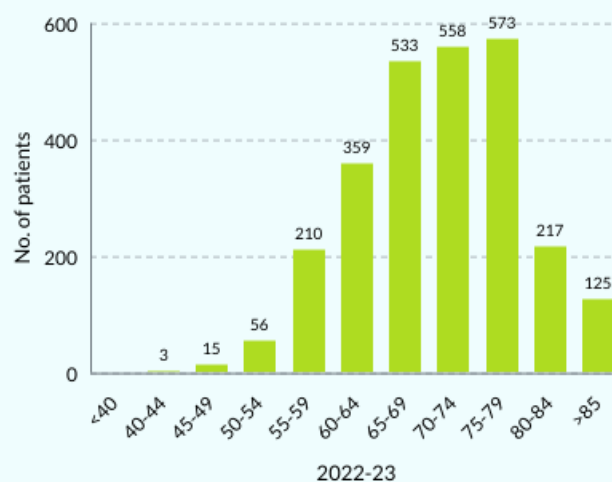
Number of cases by Board



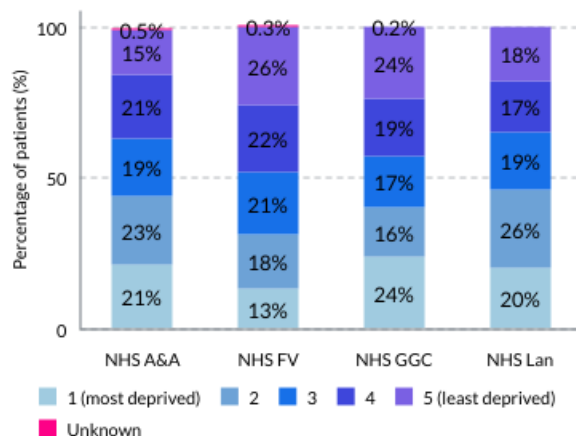
Stage at Diagnosis



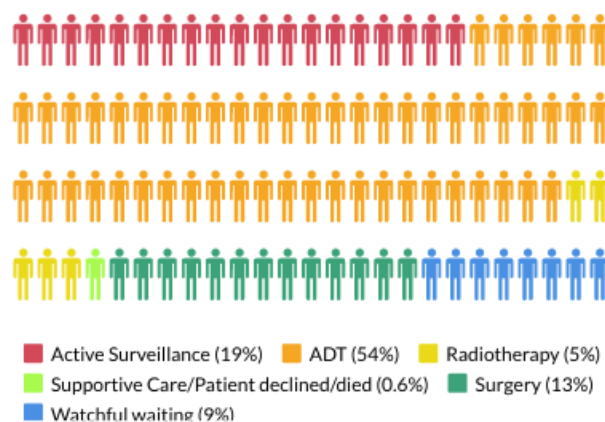
Age of Patients



Deprivation Index of Patients



First Treatment



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 prostate cancer between 01 July 2023 and 30 June 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. With the development of QPIs, this has now become a national programme to drive continuous improvement and ensure equity of care for patients across Scotland.

Overall WoS results are reassuring and demonstrate the high standard of care provided for prostate cancer patients. NHS Boards have found some of the targets for these QPIs challenging to meet. Encouragingly, improvements have been observed in a number of areas in the last year including MDT meeting (QPI 4i), surgical margins (QPI 5), ADT with additional systemic therapy (QPIs 7i & 7ii), diagnostic pre-biopsy MRI (QPIs 14i & 14ii) and low-burden metastatic disease (QPIs 15i & 15ii).

Where QPI targets were not met, the NHS Boards have provided detailed commentary. In the main, these indicate valid clinical reasons, or that, in some cases, patient choice or co-morbidities have influenced patient management.

QPI 4(i): multi-disciplinary team meeting, QPI 5: surgical margins, QPI 8(i): assessment of post-treatment patient reported outcome measures and QPI 14(i): diagnostic pre-biopsy MRI were met by all Boards, and therefore detailed graphs have not been included for these QPIs in the main report.

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

QPI 4 (ii): Multi-Disciplinary Team (MDT) Meeting

- NHSGGC to list for discussion at presentation, those patients with a clear clinical diagnosis of metastatic disease for whom the full range of staging investigations may not be necessary.

QPI 7 (ii): Androgen Deprivation Therapy (ADT) with Additional Systemic Therapy

- MCN to make use of Chemocare data going forward to provide additional context to the QPI results and allow comparison of treatment provision and treatment timelines between NHS Boards.
- MCN to ensure clinical feedback regarding the refinement of this QPI to focus on hormone sensitive patients, is formally submitted to any future national Formal Review process.
- NHS Lanarkshire to address oncology clinic capacity issues.

QPI 11: Management of Active Surveillance

- NHS Lanarkshire to review non-compliant cases and provide detailed explanations to the MCN, including whether access to diagnostic imaging contributed to non-compliance with CMP active surveillance guidance and the QPI performance.

QPI 14 (ii): Diagnostic Pre-biopsy MRI

- MCN to initiate discussions with NHS Lanarkshire radiology regarding consistently low rates of targetable lesions.

QPI 15 (i): Low Burden Metastatic Disease

- NHSGGC management to remind the MDT to document disease burden for all metastatic cases.

QPI 15 (ii): Low Burden Metastatic Disease

- MCN to monitor performance in future years and review data in more detail if NHS Ayrshire & Arran and NHS Lanarkshire radiotherapy treatment rates remain low.

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.

WoSCAN Performance Summary Report

Key	
	Above Target Result
	Below Target Result
-	Indicates data based on less than 5 patients
*	Indicates denominator is zero
	Indicates no comparable measure for previous years

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
QPI 4(i): Multi-Disciplinary Team Meeting (MDT). Proportion of patients with non-metastatic prostate cancer (TanyNanyM0) discussed at the MDT before definitive treatment.	95%	2023 - 24	97% (305/315)	99.6% (248/249)	98% (1105/1123)	99% (449/454)	98% (2107/2141)
		2022 - 23	96%	97%	97%	97%	97%
		2021 - 22	95%	96%	98%	99%	97%
QPI 4(ii): Multi-Disciplinary Team Meeting (MDT). Proportion of patients with metastatic prostate cancer (TanyNanyM1) discussed at the MDT within 6 weeks of commencing treatment.	95%	2023 - 24	92% (57/62)	98% (57/58)	91% (218/239)	95% (101/106)	93% (433/465)
		2022 - 23	89%	91%	93%	96%	93%
		2021 - 22	91%	95%	95%	100%	96%
QPI 5: Surgical Margins[^] – Proportion of patients with pathologically confirmed, organ confirmed (stage pT2) prostate cancer who undergo radical prostatectomy in which tumour is present at the margin, i.e. positive surgical margin.	< 20%	2023 - 24	-	*	18% (33/189)	-	17% (33/193)
		2022 - 23			13%		13%
		2021 - 22			21%		21%
QPI 6: Volume of Cases per Surgeon[^] – Number of radical prostatectomy procedures performed by a surgeon over a one year period.	50 minimum	2023 - 24	1 Not Met	*	4 Met	1 Not Met	4 Met 2 Not Met
		2022 - 23			3 met 1 not met		3 met 1 not met
		2021 - 22			2 met 1 not met		2 met 1 not met

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
QPI 7(i): Androgen Deprivation Therapy (ADT) with Additional Systemic Therapy – Proportion of patients with metastatic prostate cancer (TanyNanyM1) who undergo immediate management with ADT.	95%	2023 - 24	100% (62/62)	95% (54/57)	94% (222/236)	94% (98/104)	95% (436/459)
		2022 - 23	96%	86%	91%	97%	93%
		2021 - 22	98%	87%	94%	94%	94%
QPI 7(ii): Androgen Deprivation Therapy (ADT) with Additional Systemic Therapy – Proportion of patients with metastatic prostate cancer (TanyNanyM1) who undergo immediate management with ADT, plus additional systemic therapy.	60%	2023 - 24	50% (29/58)	54% (28/52)	48% (111/230)	32% (33/102)	46% (201/442)
		2022 - 23	36%	34%	48%	11%	36%
		2021 - 22					
QPI 8: Assessment of Post-Treatment Patient Reported Outcome Measures (PROMs)^{^**} - Proportion of patients with prostate cancer who undergo radical treatment that have returned a PROMs tool both pre and post treatment for assessment of quality of life issues (i) Radical prostatectomy	50%	2022 - 23			62% (170/273)		62% (170/273)
		2021 - 22			65%		65%
		2020 - 21			42%		42%
QPI 11: Management of Active Surveillance^{**} - Proportion of men with prostate cancer under active surveillance who undergo MRI (biparametric (bpMRI) or multiparametric (mpMRI)) or prostate biopsy within 18 months of diagnosis.	95%	2022 - 23	75% (15/20)	91% (19/21)	83% (131/157)	52% (44/84)	74% (209/282)
		2021 - 22	72%	82%	80%	60%	77%
		2020 - 21					
QPI 14(i): Diagnostic Pre-biopsy MRI - Proportion of patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.	95%	2023 - 24	96% (204/213)	99% (172/174)	100% (660/660)	99% (279/281)	99% (1315/1328)
		2022 - 23	95%	99%	99.5%	98%	98%
		2021 - 22	92%	96%	99.5%	96%	97%
QPI 14(ii): Diagnostic Pre-biopsy MRI - Proportion of patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/ Likert system of grading.	95%	2023 - 24	100% (284/284)	97% (260/267)	98% (1098/1125)	84% (363/432)	95% (2005/2108)
		2022 - 23	100%	96%	95%	87%	94%
		2021 - 22	96%	93%	95%	91%	94%

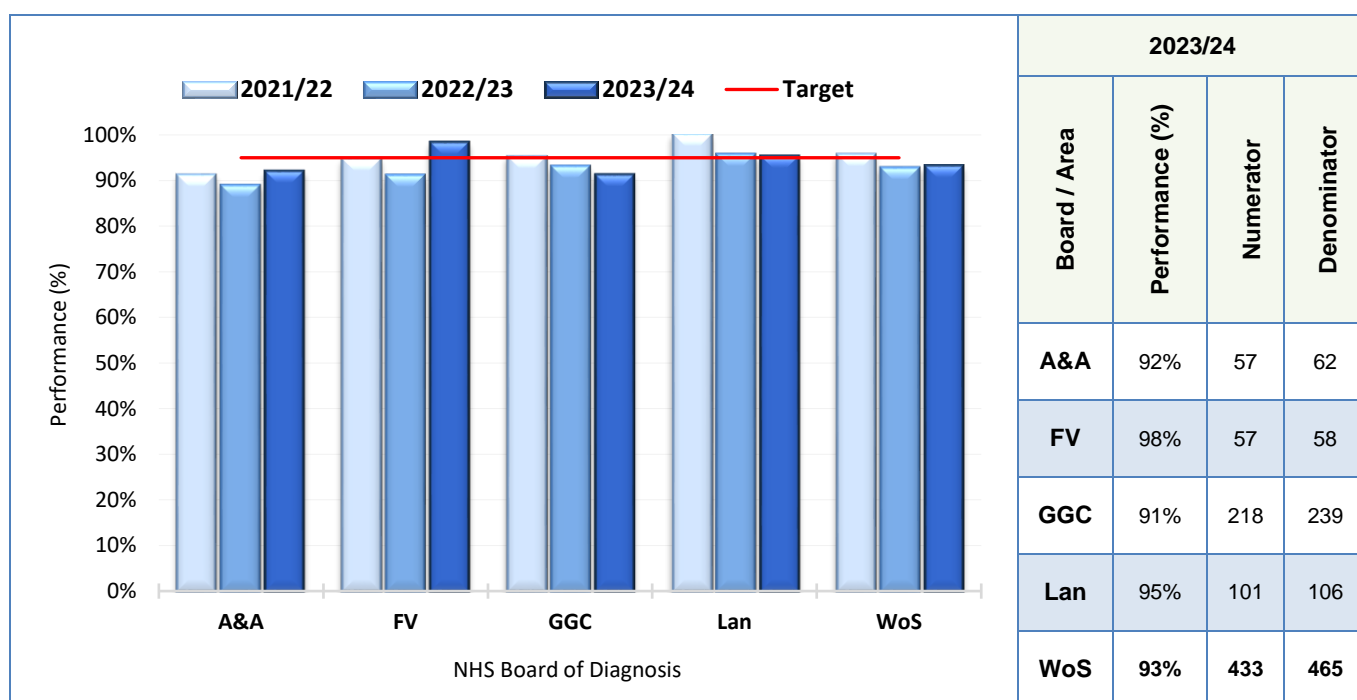
Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
QPI 15(i): Low Burden Metastatic Disease - Proportion of patients with metastatic prostate cancer in whom burden of disease is assessed.	95%	2023 - 24	100% (62/62)	100% (58/58)	84% (203/241)	100% (106/106)	92% (429/467)
		2022 - 23	100%	100%	77%	96%	88%
		2021 - 22	100%	100%	74%	99%	85%
QPI 15(ii): Low Burden Metastatic Disease - Proportion of patients with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy.	60%	2023 - 24	56% (14/25)	60% (9/15)	68% (57/84)	50% (23/46)	61% (103/170)
		2022 - 23	38%	60%	69%	46%	60%
		2021 - 22	36%	27%	66%	72%	59%

(^) QPI Reported by Board of Surgery

(**) QPI Reported one year in arrears

QPI 4: Multi-Disciplinary Team (MDT) Meeting

QPI 4 Title:	Patients should be discussed by a multidisciplinary team prior to definitive treatment.
Specification (ii)	Metastatic prostate cancer (TanyNanyM1)
Numerator (ii):	Number of patients with metastatic prostate cancer (TanyNanyM1) discussed at the MDT within 6 weeks of commencing treatment.
Denominator (ii):	All patients with metastatic prostate cancer (TanyNanyM1).
Exclusions:	Patients who died before first treatment.
Target:	95%



The region narrowly missed the target with a performance of 93%, although NHS Forth Valley and NHS Lanarkshire successfully met the target.

NHS Ayrshire & Arran noted that patients not meeting the QPI criteria began hormone therapy pre-MDT and were considered unfit for further treatment.

NHSGGC reported that three patients were not discussed at MDT, while others experienced delays due to the need for biopsy/staging investigations prior to MDT, or late referral to the MDT following ADT initiation. They noted that patients with a clear clinical diagnosis of metastatic disease, for whom the full range of staging investigations may not be necessary, will be listed for discussion at presentation.

Action:

- **NHSGGC to list for discussion at presentation, those patients with a clear clinical diagnosis of metastatic disease for whom the full range of staging investigations may not be necessary.**

QPI 6: Volume of Cases per Surgeon

QPI 6 Title:	Surgery should be performed by surgeons who perform the procedure routinely.
Specifications:	Number of radical prostatectomies performed by each surgeon in a given year.
Exclusions:	None
Target:	Minimum of 50 procedures per surgeon in a 1 year period.

The number of radical prostatectomies performed per surgeon 2023/24.

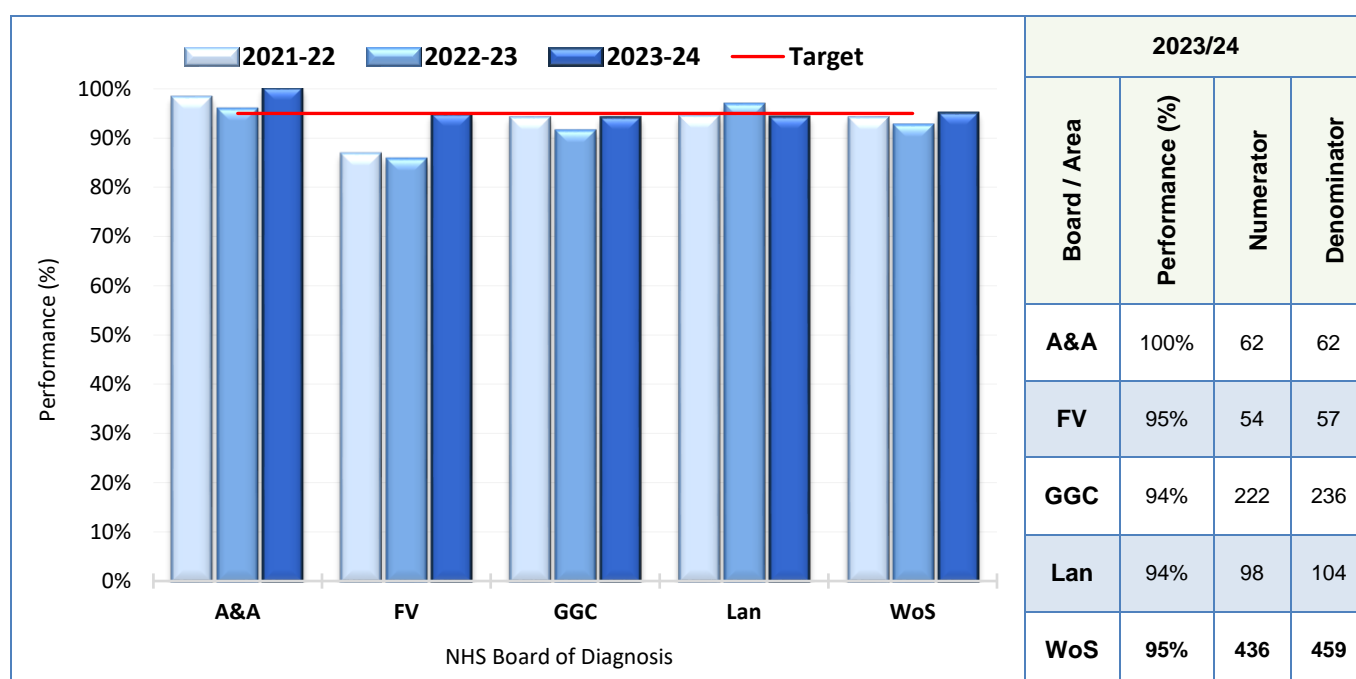
	No. of Operating Surgeons	No. of Procedures*	No. of Surgeons Meeting Target
NHS A&A	1	17	0
NHSGGC	4	355	4
NHS Lan	1	1	0
WoS	6	373	4

**Data source: eCASE*

Robotic prostatectomy cases for NHS Ayrshire & Arran and NHS Lanarkshire were only partially repatriated during this reporting period. As a result, surgical case volumes are not yet fully representative, and a more accurate reflection is expected in the next reporting period. Both Boards are anticipated to see increased surgical volumes in the coming year. For a two year period, following repatriation, additional audit data is being reported on a quarterly basis which includes volume of cases per surgeon.

QPI 7: Androgen Deprivation Therapy (ADT) with Additional Systemic Therapy

QPI 7 Title:	Patients with metastatic prostate cancer should undergo immediate androgen deprivation therapy (ADT), with additional systemic therapy where appropriate.
Specification (i)	Immediate ADT
Numerator (i):	Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate ADT.
Denominator (i):	All patients presenting with metastatic prostate cancer (TanyNanyM1).
Exclusions:	<ul style="list-style-type: none"> • Patients documented to have declined immediate ADT • Patients enrolled in clinical trials
Target:	95%

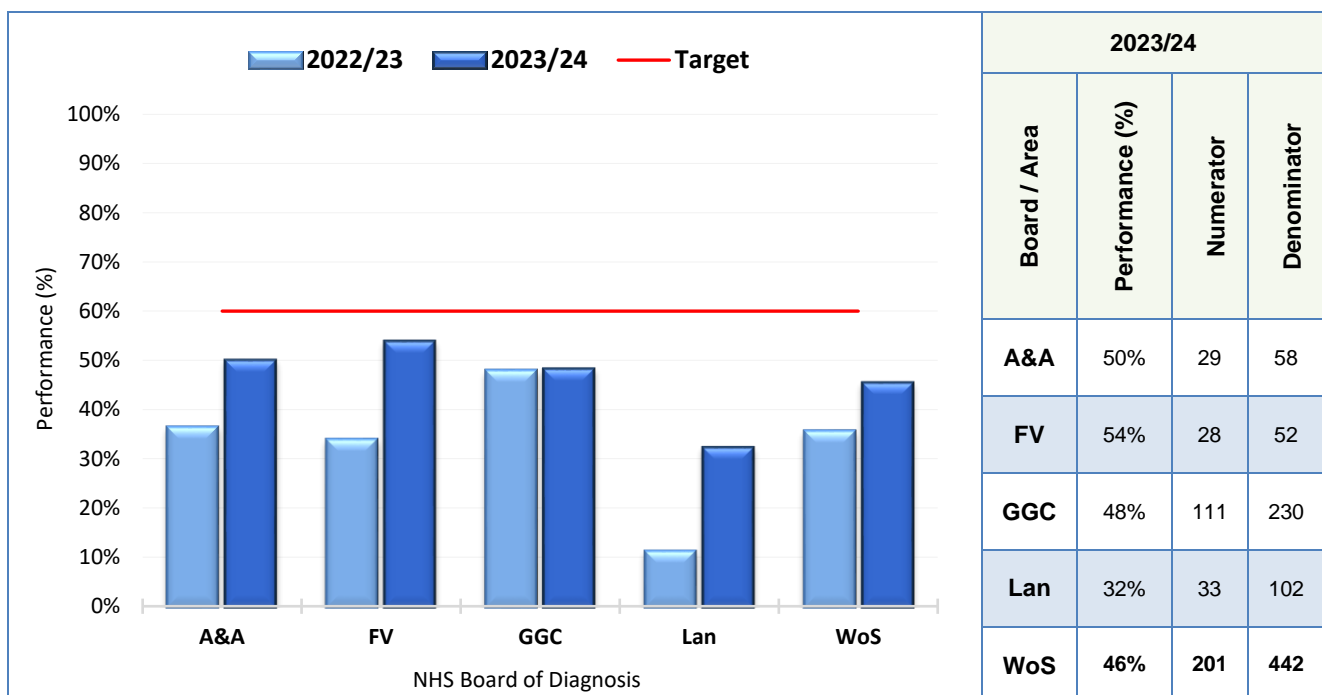


Overall, the 95% target was achieved regionally, while NHS Ayrshire & Arran achieved full compliance at 100%. NHS Forth Valley has had a consistently lower proportion of patients with metastatic disease receiving immediate hormone therapy compared to other Boards in recent years, but showed improvement this year.

NHS Lanarkshire noted that non-compliant cases were clinically reviewed, with delays mainly due to metastatic disease identified post-MDT, and one case managed with watchful waiting due to patient fitness and comorbidities.

NHSGGC commented that treatment delays were primarily due to immediate ADT initiation upon clinical diagnosis without MDT discussion, patient deaths prior to treatment, additional investigations and MDT re-discussions, comorbidities, the need for biopsy/staging investigations, and patient initiated delays.

QPI 7 Title:	Patients with metastatic prostate cancer should undergo immediate androgen deprivation therapy (ADT), with additional systemic therapy where appropriate.
Specification (ii)	Immediate ADT plus additional systemic therapy
Numerator (ii):	Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate ADT plus additional systemic therapy.
Denominator (ii):	All patients presenting with metastatic prostate cancer (TanyNanyM1).
Exclusions:	<ul style="list-style-type: none"> • Patients documented to have declined immediate ADT • Patients documented to have declined systemic therapy • Patients enrolled in clinical trials
Target:	60%



Following the formal review of the prostate cancer QPIs, the target was raised from 40% to 60%. The measurement of this indicator is complex, requiring multiple time parameters and treatment conditions to be satisfied in order to achieve the QPI target. Regional performance has improved since last year. While Board level performance remains below the 60% target, it aligns with data from the National Prostate Cancer Audit (NPCA) for patients diagnosed with prostate cancer in NHS hospitals in England and Wales.

This QPI only relates to newly diagnosed hormone sensitive prostate cancer patients, but this is not clear in the wording of the QPI. As a result, the denominator figures have included both hormone sensitive and castrate resistant patients, which may have impacted upon reported results. The MCN view is that future QPI iterations should clarify that the 100 day additional systemic therapy criterion applies only to patients with hormone sensitive disease.

The WoSCAN Information Team provided a breakdown of the number of patients receiving additional systemic therapy and proportion receiving treatment within the defined time parameters, to offer further context to QPI results. The MCN obtained SACT data from Chemocare to explore this in more detail. In this reporting year, 45% of newly diagnosed hormone-sensitive metastatic patients received SACT within the target timeframe, with an additional 14% receiving appropriate treatment but slightly outside the target window. This indicates good overall treatment coverage, though timing can be improved. Clarification of the QPI wording and inclusion criteria at the next national Formal Review will help refine future performance monitoring.

All Boards clinically reviewed the non-compliant cases, with the main reasons for non-compliance being clinical factors such as patient frailty, comorbidities, or disease progression, with some patients receiving hormone therapy only or experiencing treatment delays. Patient-driven scheduling and complex pathology were also noted. NHS Lanarkshire reported improved compliance from the previous year, though oncology capacity issues remain a challenge.

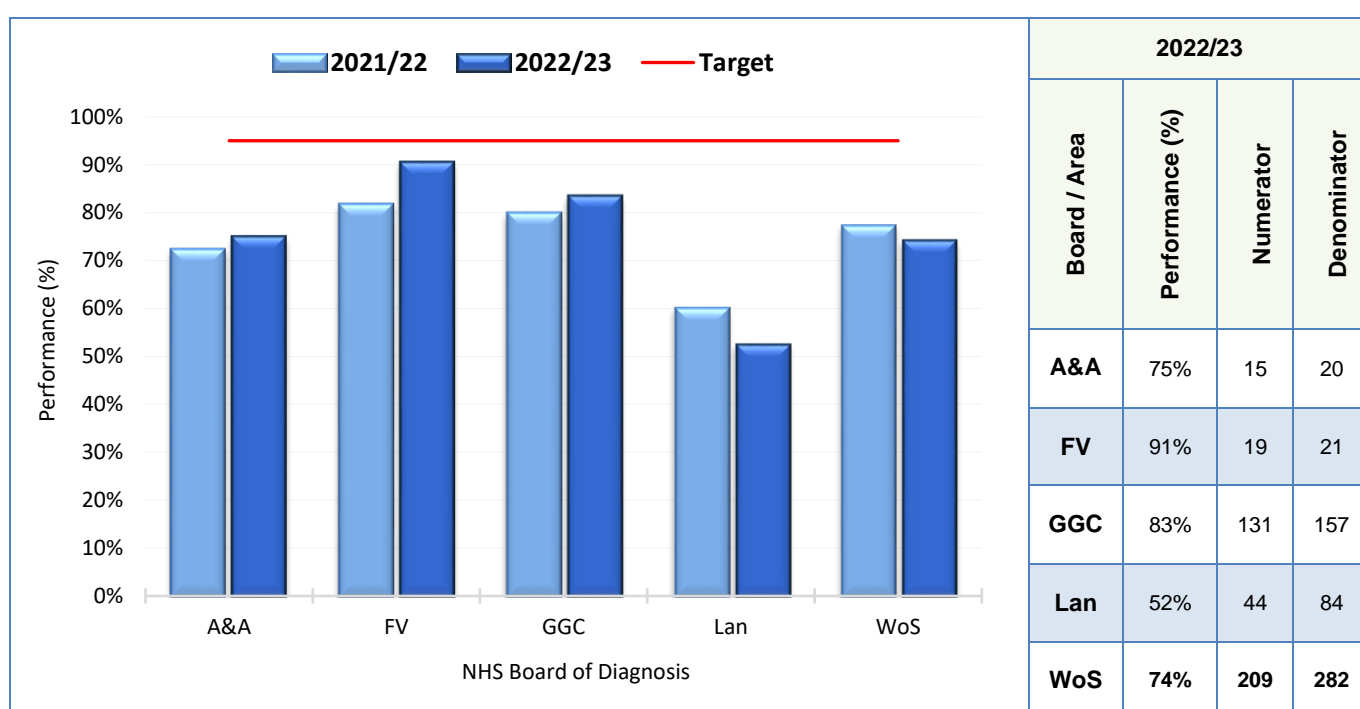
Understanding delays in commencing additional systemic therapy for hormone sensitive patients is essential, including whether these are due to capacity or other factors and therefore the MCN will continue to utilise Chemocare data as part of the annual audit review, to assess whether there is variance between Boards with regards to provision of treatment or timing of treatment.

Actions:

- **MCN to make use of Chemocare data going forward to provide additional context to the QPI results and allow comparison of treatment provision and treatment timelines between NHS Boards.**
- **MCN to ensure clinical feedback regarding the refinement of this QPI to focus on hormone sensitive patients, is formally submitted to any future national Formal Review process.**
- **NHS Lanarkshire to address oncology clinic capacity issues.**

QPI 11: Management of Active Surveillance

QPI 11 Title:	Men under active surveillance for prostate cancer should undergo MRI or prostate biopsy within 18 months of diagnosis.
Numerator:	Number of patients with prostate cancer under active surveillance who undergo MRI (bpMRI or mpMRI) or prostate biopsy within 18 months of diagnosis.
Denominator:	All patients with prostate cancer under active surveillance.
Exclusions:	<ul style="list-style-type: none"> • Patients unable to undergo an MRI scan: Pacemaker or other MRI incompatible implanted device, Cerebral aneurysm clip, Metal in eye, Claustrophobia, Unable to fit bore of scanner, Too heavy for MRI table • Patients who decline MRI • Patients who undergo radical treatment within 12 months
Target:	95%



This QPI is reported one year in arrears; therefore, the data presented relate to patients diagnosed in 2022–23.

Variation in practice is evident across the region, with NHS Lanarkshire emerging as a potential outlier over the past two years. The median interval between the surveillance imaging and the date of diagnosis across the Boards falls within the timeframe specified by the QPI.

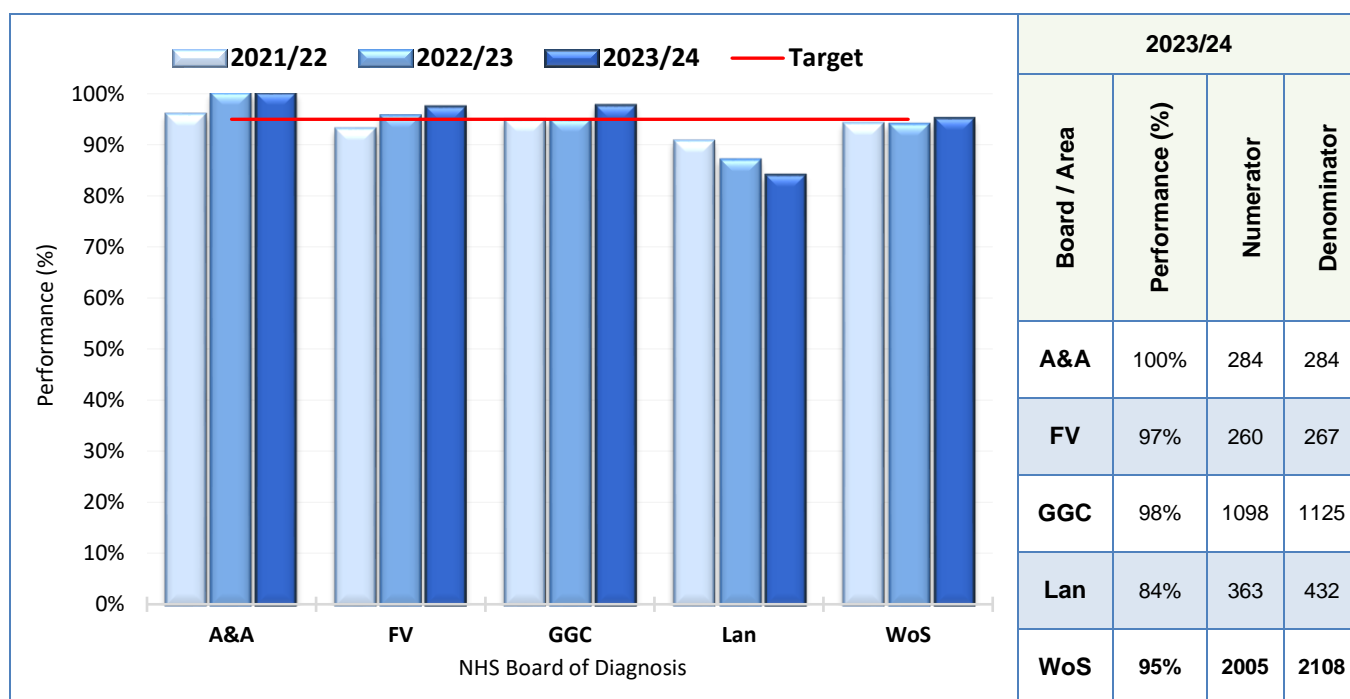
All Boards clinically reviewed the cases and reported instances where early surveillance imaging was performed, often due to rising PSA levels, patient anxiety, or ongoing oncology monitoring. NHS Ayrshire & Arran, NHSGGC, and NHS Forth Valley concluded that early imaging in their Board was clinically appropriate. However, further analysis of NHS Lanarkshire data is required to assess the extent of delays in surveillance imaging and to better understand the underlying causes.

Action:

- **NHS Lanarkshire to review non-compliant cases and provide detailed explanations to the MCN, including whether access to diagnostic imaging contributed to non-compliance with CMP active surveillance guidance and the QPI performance.**

QPI 14: Diagnostic Pre-biopsy MRI

QPI 14 Title:	Patients with prostate cancer who undergo biopsy should be evaluated initially with a pre-biopsy biparametric MRI (bpMRI) or multiparametric MRI (mpMRI) and reported using a PI-RADS/Likert system of grading.
Specification (ii):	Patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/ Likert system of grading.
Numerator (ii):	Number of patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/Likert system of grading.
Denominator (ii):	All patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.
Exclusions:	No Exclusions.
Target:	95%



NHS Lanarkshire's performance has shown a progressive decline over the past three years.

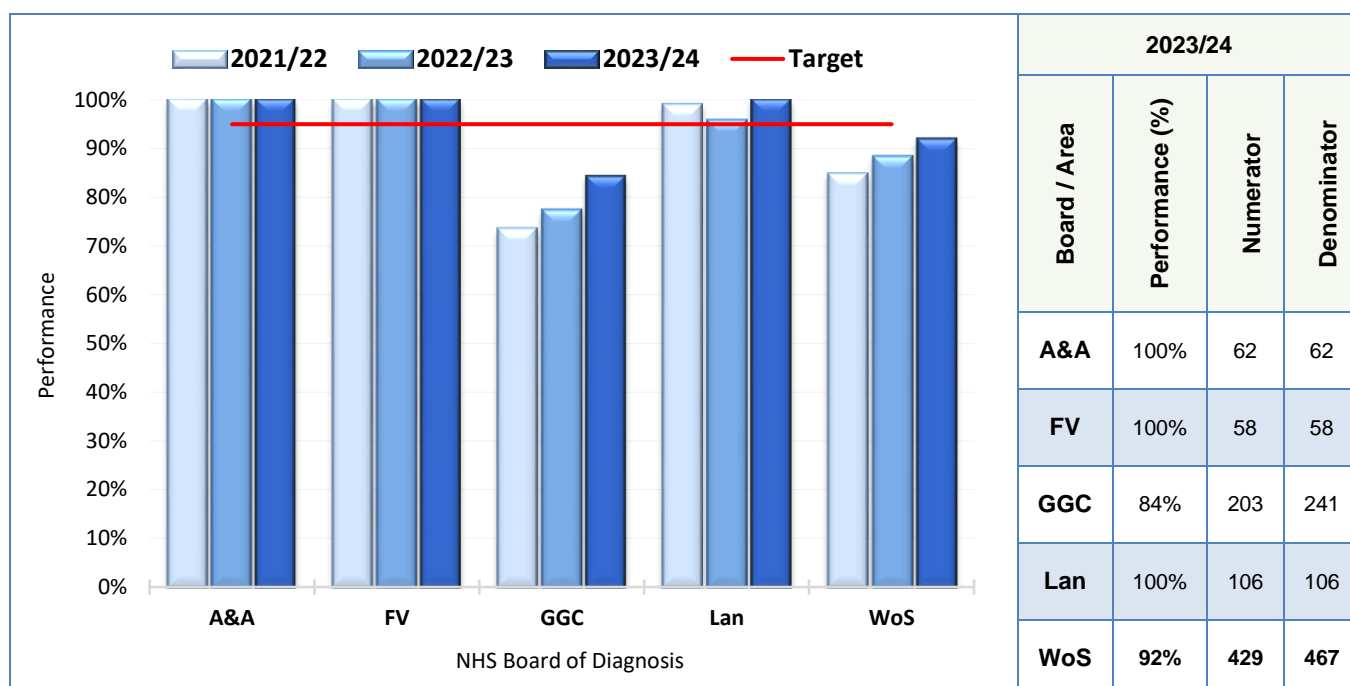
The Board reported that several cases involved high PSA density without corresponding targetable lesions, while others presented with locally advanced or metastatic disease. Some cases had suboptimal imaging due to factors such as hip replacements. NHS Lanarkshire has consistently observed lower rates of targetable lesions compared to other Boards, warranting further examination.

Action:

- **MCN to initiate discussions with NHS Lanarkshire radiology regarding consistently low rates of targetable lesions.**

QPI 15: Low Burden Metastatic Disease

QPI 15 Title:	Patients presenting with metastatic prostate cancer should have their burden of disease assessed, and undergo radiotherapy where appropriate.
Specification (i):	Patients presenting with metastatic prostate cancer in whom burden of disease is assessed.
Numerator (i):	Number of patients presenting with metastatic prostate cancer in whom burden of disease is assessed.
Denominator (i):	All patients presenting with metastatic prostate cancer.
Exclusions:	No Exclusions
Target:	95%



Performance across the WoS has improved compared to the previous years but still falls short of the target. While the other three Boards achieved 100% compliance, NHS GGC remained below target, despite showing improvement from the previous year.

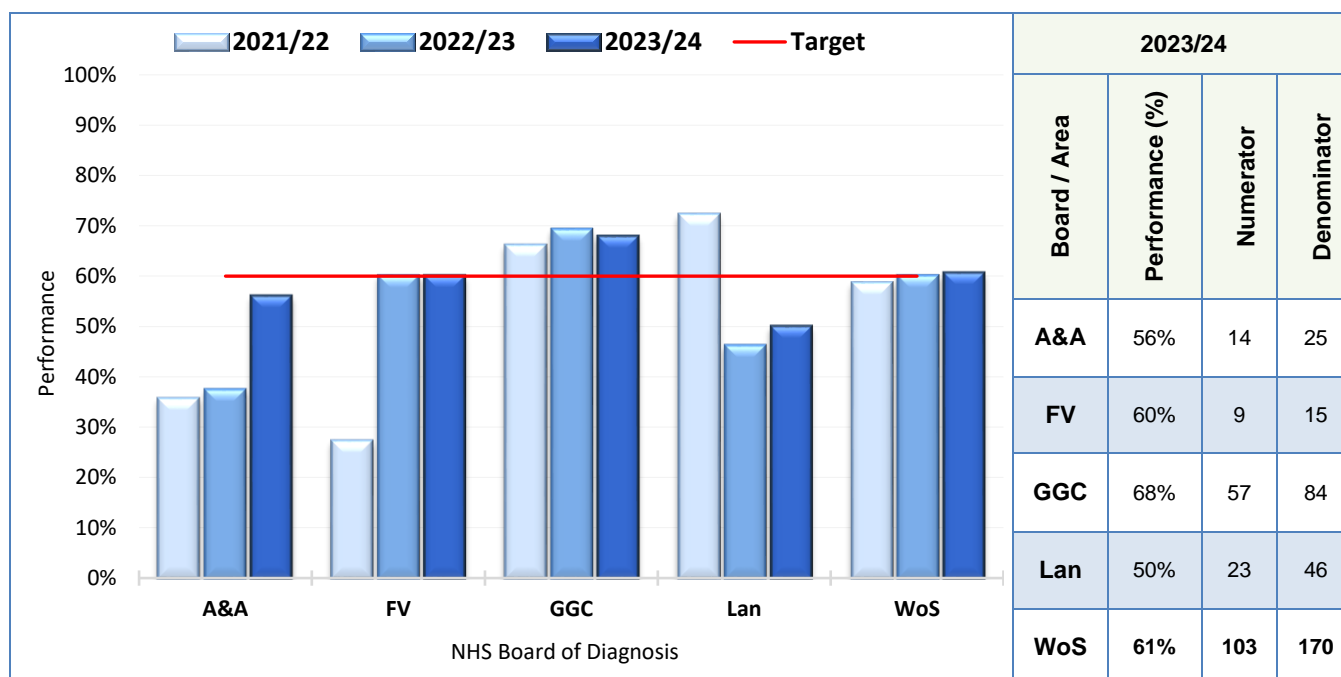
NHS GGC reported that disease burden was not documented in several cases, mainly due to incomplete staging or clinical decisions where limited metastatic disease was treated with radical intent, making formal burden classification not applicable. They noted that they will continue to remind the MDT to document disease burden for all metastatic cases.

It is anticipated that the regional MDT system will support improvements in the documentation of disease burden once fully implemented.

Action:

- **NHSGGC management to remind the MDT to document disease burden for all metastatic cases.**

QPI 15 Title:	Patients presenting with metastatic prostate cancer should have their burden of disease assessed, and undergo radiotherapy where appropriate.
Specification (ii):	Patients presenting with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy.
Numerator (ii):	Number of patients presenting with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy
Denominator (ii):	All patients with metastatic prostate cancer who have a low metastatic burden.
Exclusions:	Patients documented to have declined radiotherapy treatment.
Target:	60%



Regional performance has shown modest improvement, with the overall target met. However, the small denominator in some Boards makes it difficult to compare performance across the Boards.

NHSGGC has consistently exceeded the target, while NHS Ayrshire & Arran has demonstrated notable improvement compared to the previous year.

Although NHS Ayrshire & Arran performance falls short of the target, the Board noted that the referral process for patients suitable for radiotherapy has been reviewed and improved. Following case reviews, Boards reported that treatment decisions were based on individual patient factors. Common reasons cited for non-compliance include advanced age, frailty, and multiple co-morbidities, which made patients unsuitable for radiotherapy. In some instances, radiotherapy was deferred until symptomatic or local progression. Other patients were managed with ADT alone or in combination with ARTA, based on clinical judgement. All treatment decisions were considered clinically appropriate by Boards.

Action:

- **MCN to monitor performance in future years and review data in more detail if NHS Ayrshire & Arran and NHS Lanarkshire radiotherapy treatment rates remain low.**

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Prostate Cancer Quality Performance Indicators					
Time Period	Patients diagnosed between 01 July 2023 to 30 June 2024					
QPI Version	Prostate Cancer QPIs V5.0 (April 2023) : Prostate cancer clinical quality performance indicators: April 2023 – Healthcare Improvement Scotland					
Data extraction date	2200 hrs on 07 April 2025					
Data Quality		Ayrshire & Arran	Forth Valley	GGC	Lanarkshire	WoS
	Cases from Audit 2023-24	381	325	1377	566	2649
	Cases from Cancer registry (2019-23)	315	269	1045	406	2035
	Case ascertainment	121.0%	120.8%	131.8%	139.4%	130.2%

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