

West of Scotland Cancer Network

**Skin Cancer
Managed Clinical Network**



Audit Report

Cutaneous Melanoma Quality Performance Indicators

Clinical Audit Data: 1st July 2023 to 30th June 2024

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Cutaneous Melanoma Quality Performance Indicators: Data Overview

Patients diagnosed July 2023 - June 2024

Number of patients

789

Median age of patients

66

Age Standardised Net Survival*

1 Year Survival

99%

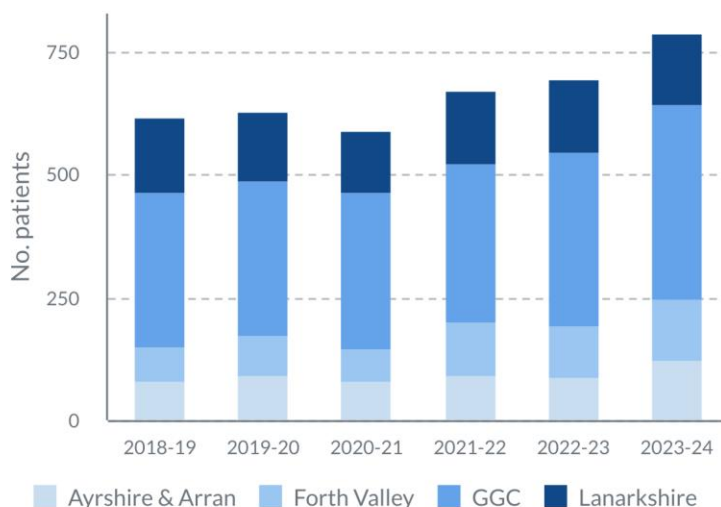
5 Year Survival

94%

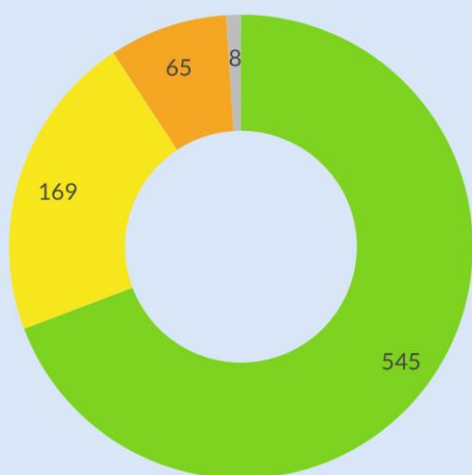
* patients diagnosed 2015-2019.

www.publichealthscotland.scot/publications/cancer-survival-statistics/

Where are patients diagnosed

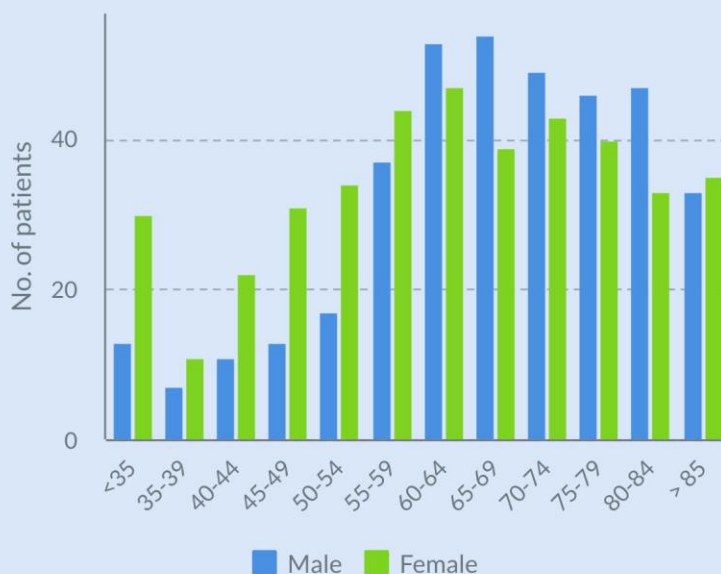


Stage at Presentation



■ Stage I ■ Stage II ■ Stage III ■ Stage IV

Age of patients



■ Male ■ Female

Site of Tumour - Men

■ Face ■ Trunk ■ Arms ■ Legs



Site of Tumour - Women

■ Face ■ Trunk ■ Arms ■ Legs



Executive Summary

This report presents an assessment of the performance of West of Scotland (WoS) Skin Cancer Services relating to patients diagnosed with cutaneous melanoma between 1st July 2023 and 30th June 2024. Cancer audit data underpins much of the development and service improvement work of the MCN and regular reporting of activity and performance is a fundamental requirement of an MCN to assure the quality of care delivered. The Skin Cancer MCN remains committed to improving the quality and completeness of clinical audit data to ensure continued robust performance assessment and the identification of areas for service improvement.

The results presented within this report illustrate that some of the QPI targets remain challenging, with room for further service improvement. The main areas for improvement relate to documentation of the examination of lymph node basins (QPI 4) and timely pathology reporting (QPI 7(i)), wide local excision (QPI 7(ii)) and CT/PET CT imaging (QPI 9). However it is encouraging that targets relating to diagnostic biopsy (QPI 1) and completeness of pathology reporting (QPIs 2 and 5) were consistently met by all Boards in this reporting period. Reflecting the changing management of melanoma, QPI 14 was introduced recently, looking at sentinel lymph node biopsies, and all NHS Boards have met the target. Note that QPI measures that have been met by all NHS Boards are included in the summary results table but not within the body of the report. Where significant variation in performance is evident, the Network is actively working with individual NHS Board clinical and management teams to provide additional support to aid improvement where required.

Action Required:

- **NHSGGC to ensure that where patients do not require further treatment following diagnosis, then this is agreed and clearly recorded by the MDT.**
- **As a good practice point, the MCN to highlight to WoSCAN Boards the need to record where the MDT agrees no WLE is required in light of the changes in the QPI definition.**
- **NHSGGC to highlight to clinicians the importance of documenting where lymph node examination has not been possible due to a virtual consultation. The patients should then have their lymph nodes examined at the next face-to-face review, even if this is a surgical procedure.**
- **NHSGGC to discuss with clinical teams the adoption of a template letter which would include information on the clinical examination of draining lymph node basins.**
- **MCN and NHS Lanarkshire to explore the proportion of patients declining WLE across WoSCAN Boards to seek assurance that that NHS Lanarkshire figures are in line with other Boards.**
- **NHSGGC to report outcomes of discussions regarding staffing within the Dermatopathology service and performance against QPI 7(i) to the MCN Advisory Board and RCOG.**
- **NHS Ayrshire & Arran and NHS Lanarkshire to review the first six months performance for 2024-25 (July – December 2024) to ensure the anticipated improvements in performance in pathology reporting times (QPI 7(ii)) are realised. The output of this review should be reported to the MCN Advisory Board and RCOG.**
- **NHSGGC, NHS Ayrshire & Arran and NHS Lanarkshire to feed back to the MCN Advisory Board on their reviews of the pathway to WLE.**
- **NHS Lanarkshire to implement a robust process for requesting BRAF testing where clinically indicated.**

- **MCN to escalate radiology resourcing issues highlighted in QPI 9 to RCOG for regional consideration.**

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 allow the plans to be reviewed at the Regional Cancer Oversight Group.**

Performance Summary Report

Key	
	Above Target Result
	Below Target Result
-	Less than 5 patients in denominator

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 1(i): Diagnostic Biopsy Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician – Patient with diagnostic excision biopsy as their initial procedure	90%	2023-24	100% (123/123)	100% (107/107)	100% (323/324)	100% (135/135)	100% (688/689)
		2022-23	100%	99%	98%	99%	99%
		2021-22	99%	100%	99%	100%	99%
QPI 1(ii): Diagnostic Biopsy* Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician – Patients with diagnostic partial biopsy as their initial procedure	90%	2023-24	-	100% (14/14)	98% (64/65)	100% (6/6)	99% (86/87)
		2022-23	-	100%	97%	100%	98%
		2021-22	100%	91%	98%	100%	98%
QPI 2: Pathology Reporting Proportion of patients with cutaneous melanoma who undergo diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset)	90%	2023-24	100% (124/124)	99% (106/107)	100% (330/330)	100% (137/137)	100% (697/698)
		2022-23	100%	92%	98%	99%	98%
		2021-22	99%	92%	99%	96%	97%
QPI 3(i): Multi-Disciplinary Team Meeting (MDT) Proportion of patients with stage IA cutaneous melanoma who are discussed at a MDT meeting	95%	2023-24	100% (61/61)	100% (56/56)	100% (185/185)	100% (63/63)	100% (365/365)
		2022-23	100%	100%	100%	100%	100%
		2021-22	100%	100%	100%	100%	100%
QPI 3(ii): Multi-Disciplinary Team Meeting (MDT) Proportion of patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment	95%	2023-24	95% (59/62)	97% (64/66)	92% (196/212)	99% (78/79)	95% (397/419)
		2022-23	92%	98%	95%	94%	95%
		2021-22	87%	95%	95%	91%	93%

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 4: Clinical Examination of Draining Lymph Nodes Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.	95%	2023-24	100% (123/123)	96% (117/122)	91% (364/399)	96% (137/142)	94% (741/786)
		2022-23	100%	89%	93%	90%	93%
		2021-22	100%	80%	93%	91%	92%
QPI 5: Sentinel Node Biopsy Pathology* Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).	90%	2023-24	100% (30/30)	98% (39/40)	96% (108/112)	100% (40/40)	98% (217/222)
		2022-23	100%	93%	98%	100%	97%
		2021-22	94%	100%	100%	95%	98%
QPI 6: Wide Local Excisions Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.	95%	2023-24	92% (107/116)	100% (118/118)	96% (361/378)	94% (130/139)	95% (716/751)
		2022-23	98%	99%	98%	91%	97%
		2021-22	96%	96%	98%	96%	97%
QPI 7 (i): Time to Wide Local Excision Proportion of patients with cutaneous melanoma where diagnostic biopsy is reported within 21 days	90%	2023-24	33% (41/125)	75% (92/122)	81% (317/389)	55% (77/141)	68% (527/777)
		2022-23	24%	58%	73%	82%	67%
		2021-22	23%	55%	81%	83%	70%
QPI 7 (ii): Time to Wide Local Excision Proportion of patients with cutaneous melanoma where wide local excision is undertaken within 63 days of diagnostic biopsy reporting	90%	2023-24	29% (31/108)	98% (115/117)	73% (265/361)	48% (63/130)	66% (474/716)
		2022-23	29%	89%	82%	52%	70%
		2021-22	53%	69%	83%	57%	71%
QPI 8: BRAF Status* Proportion of patients with stage III or IV cutaneous melanoma who have their BRAF status checked	90%	2023-24	100% (7/7)	100% (13/13)	98% (40/41)	75% (9/12)	95% (69/73)
		2022-23	100%	100%	100%	100%	100%
		2021-22	-	100%	100%	95%	99%

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 9: Imaging for Patients with Advanced Melanoma Proportion of patients with pathologically confirmed stage IIC and above cutaneous melanoma who undergo CT or PET CT within 35 days of pathology report being issued	95%	2023-24	80% (16/20)	63% (12/19)	70% (43/61)	43% (12/28)	65% (83/128)
		2022-23	67%	71%	68%	62%	67%
		2021-22	88%	37%	75%	46%	61%
QPI 10(i): Systemic Therapy* Proportion of patients with unresectable stage III or IV cutaneous melanoma undergoing SACT	60%	2023-24	-	-	-	-	-
		2022-23	-	-	-	-	57%
		2021-22	-	-	-	-	80%
QPI 10(ii): Systemic Therapy* Proportion of patients with resected stage III or IV cutaneous melanoma undergoing adjuvant SACT	60%	2023-24	86% (6/7)	45% (5/11)	63% (24/38)	80% (8/10)	65% (43/66)
		2022-23	80%	71%	64%	67%	67%
		2021-22	-	33%	75%	59%	62%
QPI 14: Sentinel Lymph Node Biopsy Proportion of patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma that undergo SLNB	45%	2023-24	55% (29/53)	59% (36/61)	58% (106/183)	47% (40/85)	55% (211/382)
		2022-23	55%	83%	58%	50%	59%
		2021-22	70%	70%	51%	54%	57%

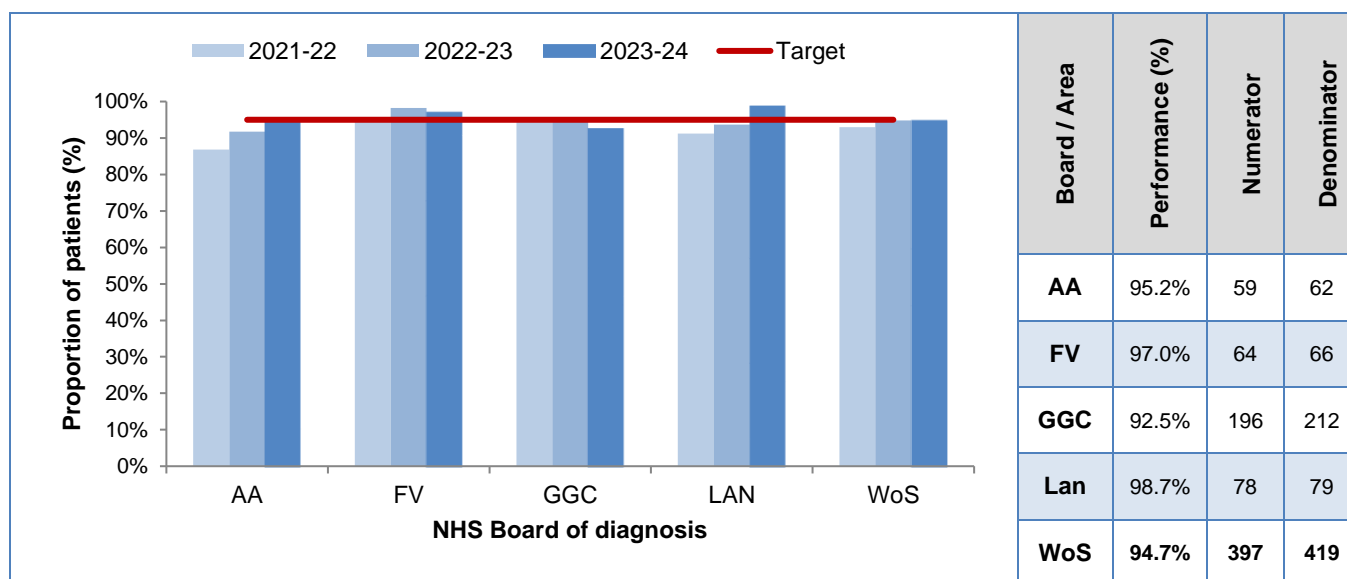
**Small numbers in some Boards - percentage comparisons over a single year should be viewed with caution.*

QPI 3: Multi-Disciplinary Team Meeting (MDT)

Description:	Proportion of patients with cutaneous melanoma who are discussed at MDT meeting before definitive treatment. The specifications of this QPI are separated to ensure clear measurement of both: (i) Patients with stage IA cutaneous melanoma who are discussed at a MDT meeting; and (ii) Patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.
Numerator:	(i) Number of patients with stage IA cutaneous melanoma discussed at the MDT meeting. (ii) Number of patients with stage IB and above cutaneous melanoma who are discussed at the MDT meeting before definitive treatment (wide local excision, chemotherapy/SACT, supportive care and radiotherapy)
Denominator:	(i) All patients with stage IA cutaneous melanoma. (ii) All patients with stage IB and above cutaneous melanoma.
Exclusions:	(i) No exclusions (ii) Patients who died before first treatment.
Target:	95%

Specification (i) was met by all Boards within WoSCAN in 2023-24.

Specification (ii)



NHSGGC has reviewed the 16 cases where the QPI was not met; all patients were ultimately discussed at MDT but this was after definitive treatment. Three of these patients had WLE as first treatment while eight did not progress to WLE due to patient choice or clinical factors (for five of these patients the MDT agreed that no WLE was required). For these 11 patients their diagnostic biopsy was also their definitive treatment making MDT discussion prior to definitive treatment impossible.

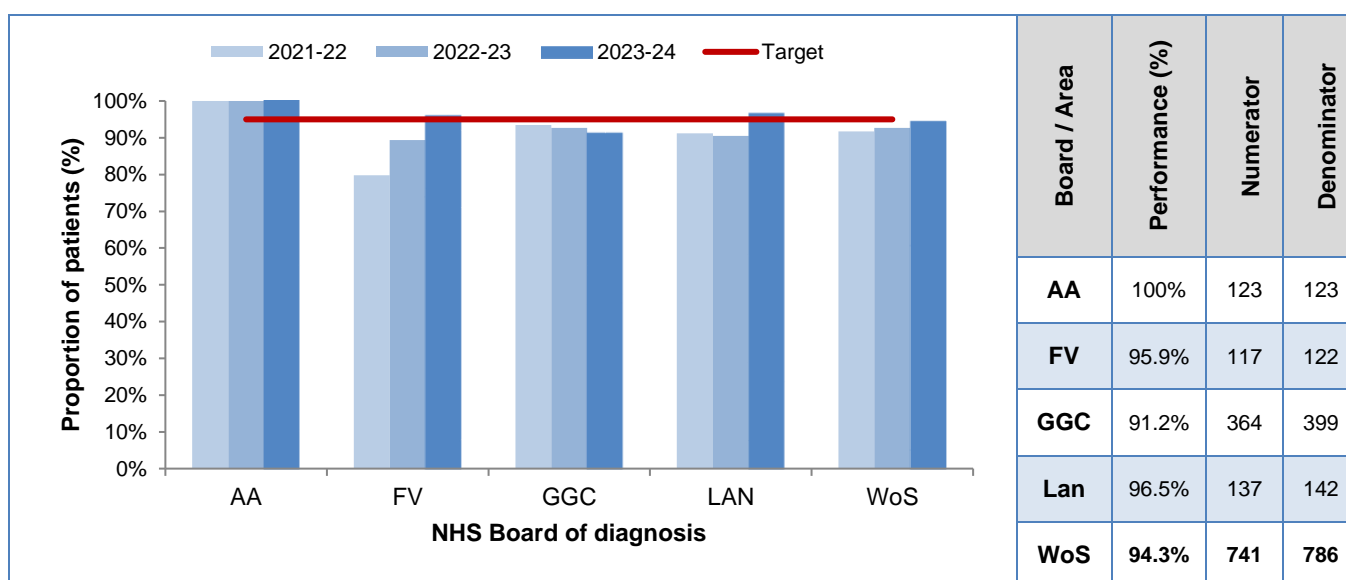
Review of the results indicate that patients are being discussed appropriately at MDT and that there are no clinical concerns. Following the recent Formal Review of Cutaneous Melanoma QPIs it has been agreed that this QPI will be amended to exclude patients where the MDT has agreed that no WLE is required. Excluding these patients from analysis would have resulted in NHSGGC performance of 95% and therefore this amendment is anticipated to result in this measure being met by all WoSCAN Boards in future.

Action required:

- **NHSGGC to ensure that where patients do not require further treatment following diagnosis, then this is agreed and clearly recorded by the MDT.**
- **As a good practice point, the MCN to highlight to WoSCAN Boards the need to record where the MDT agrees no WLE is required in light of the changes in the QPI definition.**

QPI 4: Clinical Examination of Draining Lymph Node Basins

Description:	Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.
Numerator:	Number of patients with cutaneous melanoma who undergo clinical examination of relevant draining lymph node basins as part of clinical staging.
Denominator:	All patients with cutaneous melanoma.
Exclusions:	No exclusions.
Target:	95%



Examination of regional lymph nodes is universally agreed to be a key part of the assessment of patients with melanoma. There have been considerable improvements in performance against this measure in NHS Forth Valley and NHS Lanarkshire following work to improve recording of lymph node examinations. Review of cases where clinical examination of lymph nodes was not recorded in NHSGGC indicates that examinations are likely being undertaken before WLE but not recorded, although it was noted that patients who were given their results remotely were less likely to meet this QPI. NHSGGC will discuss adoption of a template letter, which would include information on the clinical examinations of draining lymph node basins. In addition, where patients receive their results remotely, clinicians will be encouraged to document the requirement for an examination to be undertaken at the patient's next appointment.

Action Required:

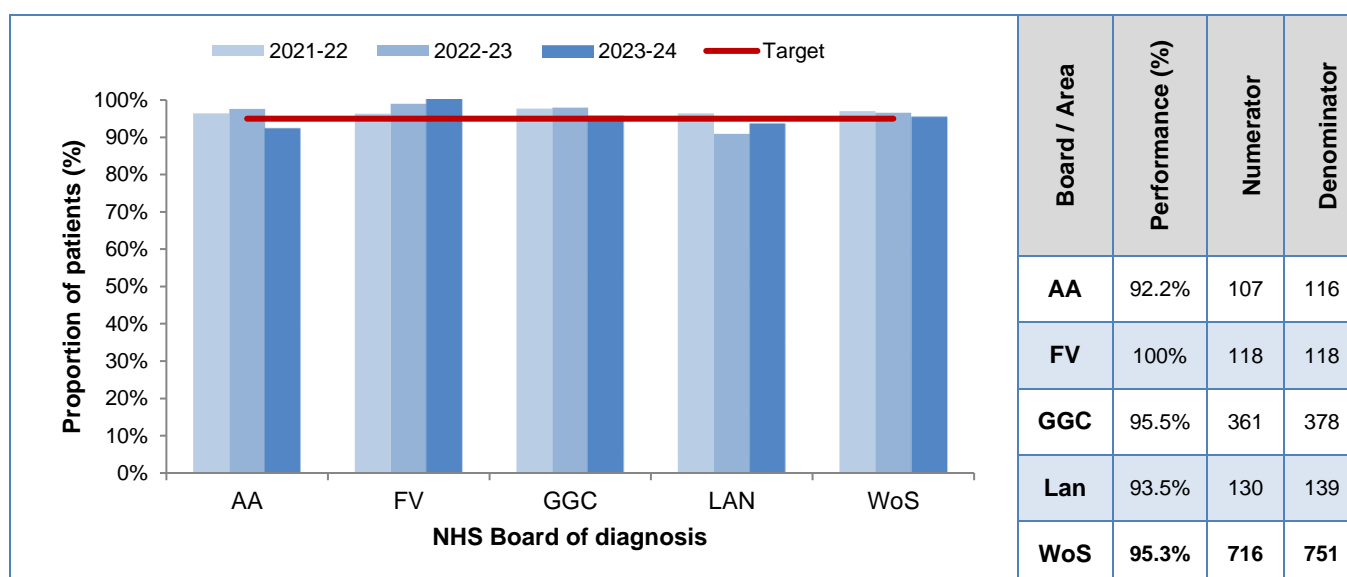
- **NHSGGC to highlight to clinicians the importance of documenting where lymph node examination has not been possible due to a virtual consultation. The patients should then**

have their lymph nodes examined at the next face-to-face review, even if this is a surgical procedure.

- **NHSGGC to discuss with clinical teams the adoption of a template letter which would include information on the clinical examination of draining lymph node basins.**

QPI 6: Wide Local Excisions

Description:	Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.
Numerator:	Number of patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who undergo a wide local excision.
Denominator:	All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy.
Exclusions:	Patients who require no wide local excision as agreed by MDT.
Target:	95%



Within NHS Ayrshire & Arran, the majority of patients not recorded as progressing to WLE are under the care of plastic surgery service and were awaiting WLE at the time of reporting. Issues with delays to WLE are discussed under QPI 7(ii) below.

In NHS Lanarkshire, review of patients not progressing to WLE indicates that in seven of the nine cases the patient declined WLE, one patient was awaiting WLE at the time of reporting and the final patient died before WLE. This is the second year that there have been a considerable number of patients declining further surgery in NHS Lanarkshire. NHS Lanarkshire has previously ensured that patients that decline WLE are seen by a skin cancer nurse specialist to discuss their decision and should continue with this practice.

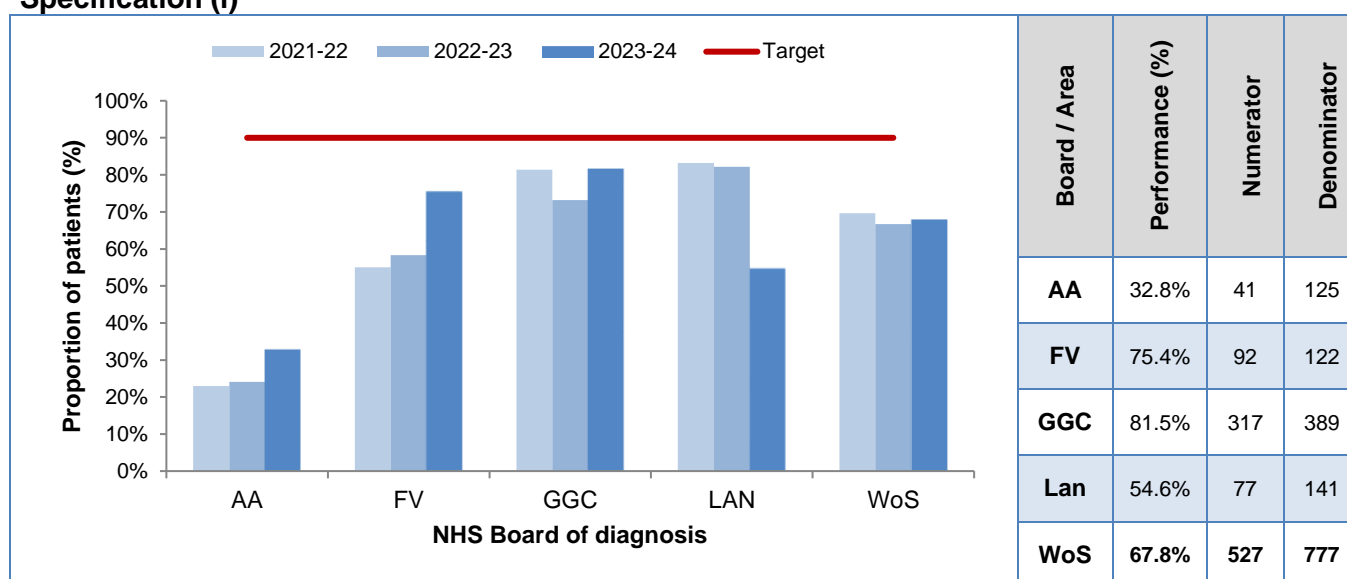
Action Required:

- **MCN and NHS Lanarkshire to explore the proportion of patients declining WLE across WoSCAN Boards to seek assurance that that NHS Lanarkshire figures are in line with other Boards.**

QPI 7: Time to Wide Local Excision

Description:	Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic biopsy.		
	Please note: Rather than an overall timeframe, this QPI measures two distinct elements of the pathway: (i) Diagnostic biopsy reported within 21 days; and (ii) Wide local excision undertaken within 63 days of diagnostic biopsy reporting.		
Numerator:	(i)	Number of patients with cutaneous melanoma undergoing diagnostic biopsy where this is reported within 21 days.	
	(ii)	Number of patients with cutaneous melanoma undergoing diagnostic biopsy where wide local excision is undertaken within 63 days of diagnostic biopsy reporting.	
Denominator:	(i)	All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy.	
	(ii)	All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who proceed to wide local excision.	
Exclusions:	No exclusions.		
Target:	90%		

Specification (i)



Results identify issues with the timeliness of pathology reporting across WoSCAN, with particular challenges apparent within NHS Ayrshire & Arran. All WoSCAN Boards have difficulties with recruitment within Pathology Services resulting in considerable resourcing issues. These pressures are further exacerbated by the increase in the numbers of urgent biopsies. In light of significant pathology pressures across the region, all NHS Boards within the WoS have implemented triaging of urgent cases with the aim of prioritising suspected melanoma cases; clinicians continue to be reminded of the need to provide adequate clinical information to Pathology Services to enable appropriate triage and workload allocation. Despite this prioritisation, timely reporting of these cases within the 21 day target continues to be challenging due to staffing levels and the volume of priority specimens.

Within NHS Ayrshire & Arran there has been some improvement in performance against this measure in 2023-24; however the service continues to rely on outsourcing for many patients. An additional pathologist has been in post since July 2024 and preliminary data for the second half of 2024 suggest

an improvement in pathology reporting time, which will hopefully be reflected in QPI results for 2024-25. Pathology resource issues remain on the organisational risk register for diagnostics and cancer services until this issue has been resolved.

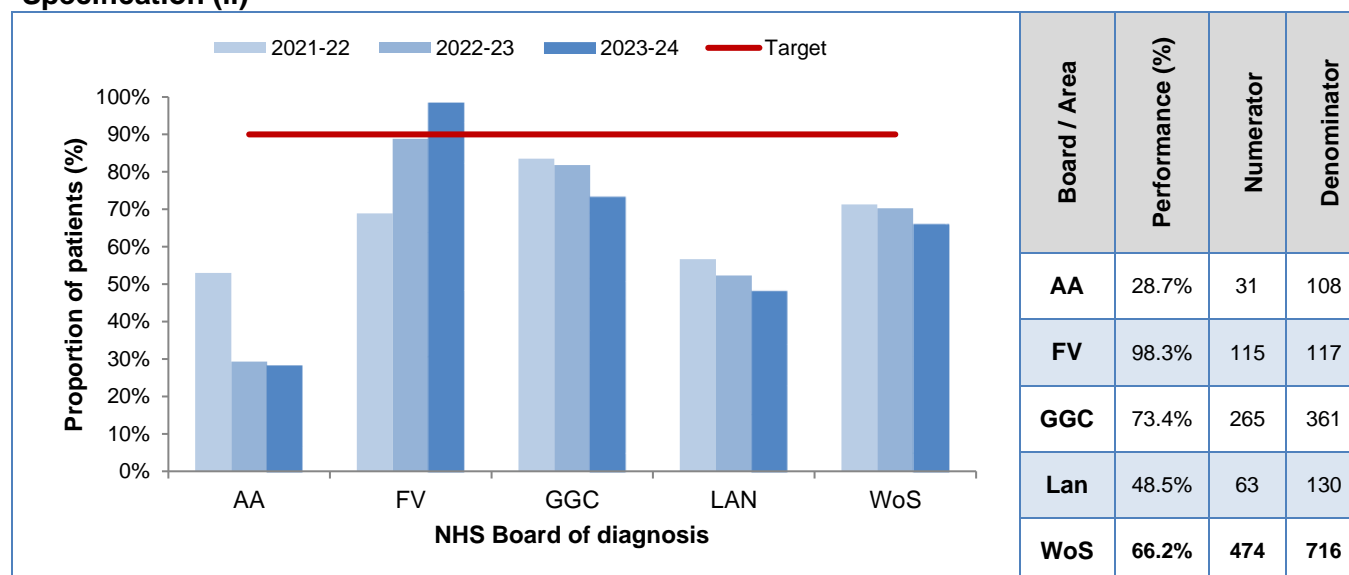
Within NHSGGC, review of delays with pathology reporting highlighted considerable delays in both processing and reporting time; reflecting a lack of both consultant pathologists and laboratory staff. Clear communication of the priority of specimens by clinicians and triage within Dermatopathology Services is helping prioritisation of high risk patients, but with the result of exacerbating delays for cases where clinical suspicion of melanoma is low. The dermatopathology service is currently on the NHSGGC risk register with discussion ongoing. NHSGGC should report results of these discussions, and any subsequent action, to the MCN and RCOG.

The drop in performance in NHS Lanarkshire was notable; NHS Lanarkshire was the only WoSCAN Board where performance against this measure declined. NHS Lanarkshire began including a score of the level of suspicion of melanoma to pathology request forms for excision biopsies from March 2024, to allow pathology to prioritise the most suspicious specimens. Pathology services within the Board recently audited reporting times and found that, as a consequence, pathology reports for melanoma were reported 5 to 6 days quicker than previously. It is anticipated that this will result in improvements in performance against this QPI in 2024-25.

Actions required:

- **NHSGGC to report outcomes of discussions regarding staffing within the Dermatopathology service and performance against QPI 7(i) to the MCN Advisory Board and RCOG.**
- **NHS Ayrshire & Arran and NHS Lanarkshire to review the first six months performance for 2024-25 (July – December 2024) to ensure the anticipated improvements in performance in pathology reporting times (QPI 7(ii)) are realised. The output of this review should be reported to the MCN Advisory Board and RCOG.**

Specification (ii)



Within NHS Ayrshire & Arran significant issues remain with the pathway to WLE. Plastic surgery services are currently supplied by NHSGGC through a service level agreement. There have been resource issues within this service and recruitment is currently underway following discussions between the NHS Ayrshire & Arran Medical Director and NHSGGC, which it is hoped will relieve some of the pressure on the service. In addition the Board have arranged an MDT business meeting to discuss how improvements can be made to the timeliness of this pathway.

NHS Lanarkshire is in the process of identifying common factors for patients that did not meet this measure to ascertain whether delays were for specific cases (for example patients requiring general anaesthetic) or during specific periods where there were resource issues. The Board has started to record the target date for WLE at MDT; this information is passed to staff responsible for booking WLEs at the end of each MDT meeting.

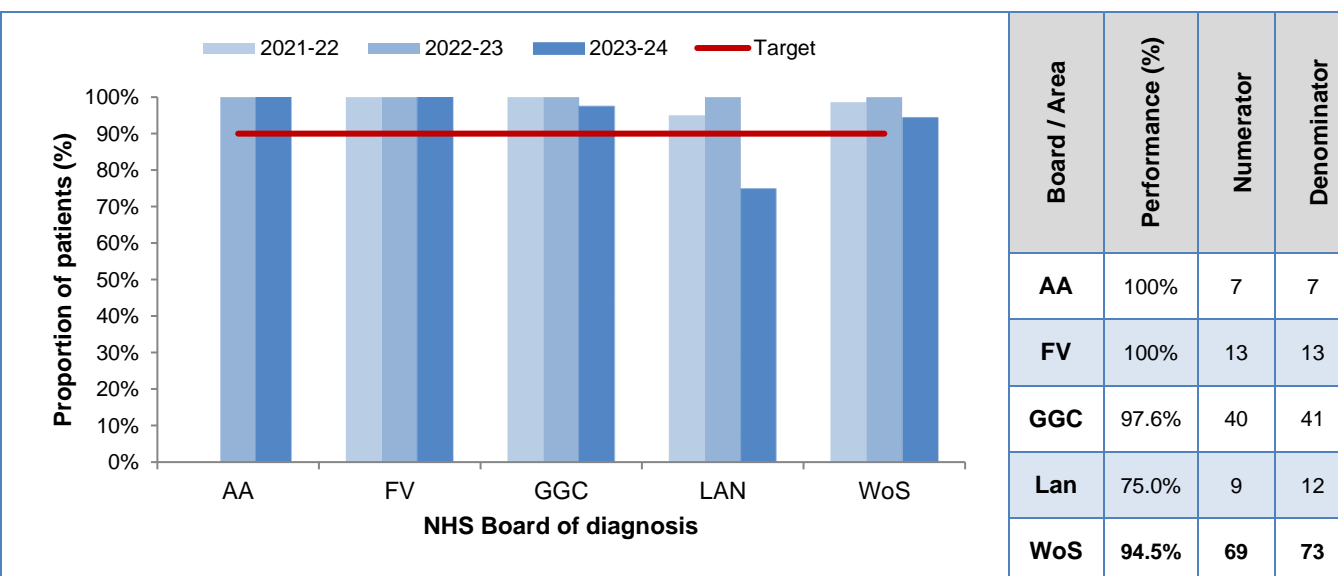
Review of NHSGGC patients not meeting this measure concluded that pathway delays were often multifactorial, with patients frequently waiting more than 14 days for their first clinic appointment as well as there being delays to WLE for patients having surgery under both general and local anaesthetic. NHSGGC now circulate a weekly list of new melanoma cases which highlight patients to clinical teams in advance of the MDT meeting to speed up the clinical pathway where possible. In addition, NHSGGC plans to review the pathway to WLE to identify areas where improvements can be made to the pathway.

Actions Required:

- **NHSGGC, NHS Ayrshire & Arran and NHS Lanarkshire to feed back to the MCN Advisory Board on their reviews of the pathway to WLE.**

QPI 8: BRAF Status

Description:	Proportion of patients with stage III or IV cutaneous melanoma who have their BRAF status checked.
Numerator:	Number of patients with stage III or IV cutaneous melanoma who have their BRAF status checked.
Denominator:	All patients with stage III or IV cutaneous melanoma.
Exclusions:	No exclusions.
Target:	90%



Review of the three patients included within this measure that did not have their BRAF status checked found that for two of these patients the MDT concluded that BRAF testing was not indicated as the clinical decision was that no further treatment was required. For the third patient the need for testing was identified by the MDT but the test was not requested. As this QPI is based on small numbers of patients, it is anticipated that there may be variation in performance within individual NHS Boards

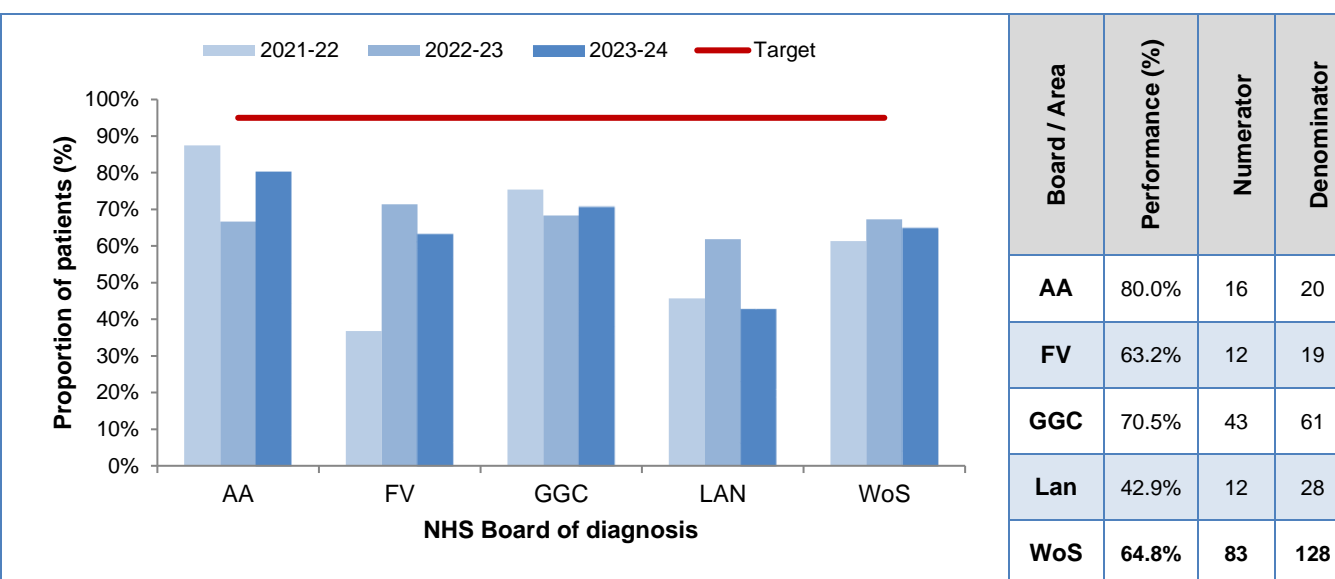
between years due to chance. Nevertheless, NHS Lanarkshire may wish to consider automatic requesting of BRAF testing by pathology services, as is the case in NHSGGC.

Action required:

- **NHS Lanarkshire to implement a robust process for requesting BRAF testing where clinically indicated.**

QPI 9: Imaging for Patients with Advanced Melanoma

Description:	Proportion of patients with stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of diagnosis.
Numerator:	Number of patients with pathologically confirmed stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of pathology report being issued.
Denominator:	All patients with pathologically confirmed stage IIC and above cutaneous melanoma.
Exclusions:	No exclusions.
Target:	95%



All NHS Boards reviewed the cases where patients did not have CT imaging within 35 days of diagnosis. The majority of patients not meeting this QPI (37 of 45 patients) did have complete CT imaging, but more than 35 days after diagnosis.

Across WoSCAN, work was undertaken to improve communication between cancer clinicians and Radiology Services to ensure appropriate prioritisation of melanoma patients; radiologists are now active participants in the Skin Cancer MCN Advisory Board. However provision of timely radiology services continues to be challenging and consequently this will be escalated to RCOG where the impact of constraints to radiology resources can be considered across tumour groups.

Eight patients across WoS (6%) were recorded as having no CT scan or incomplete imaging. Some patients were not considered fit for further treatment and therefore imaging was not considered to be clinically appropriate, while one patient declined further investigation.

Action required:

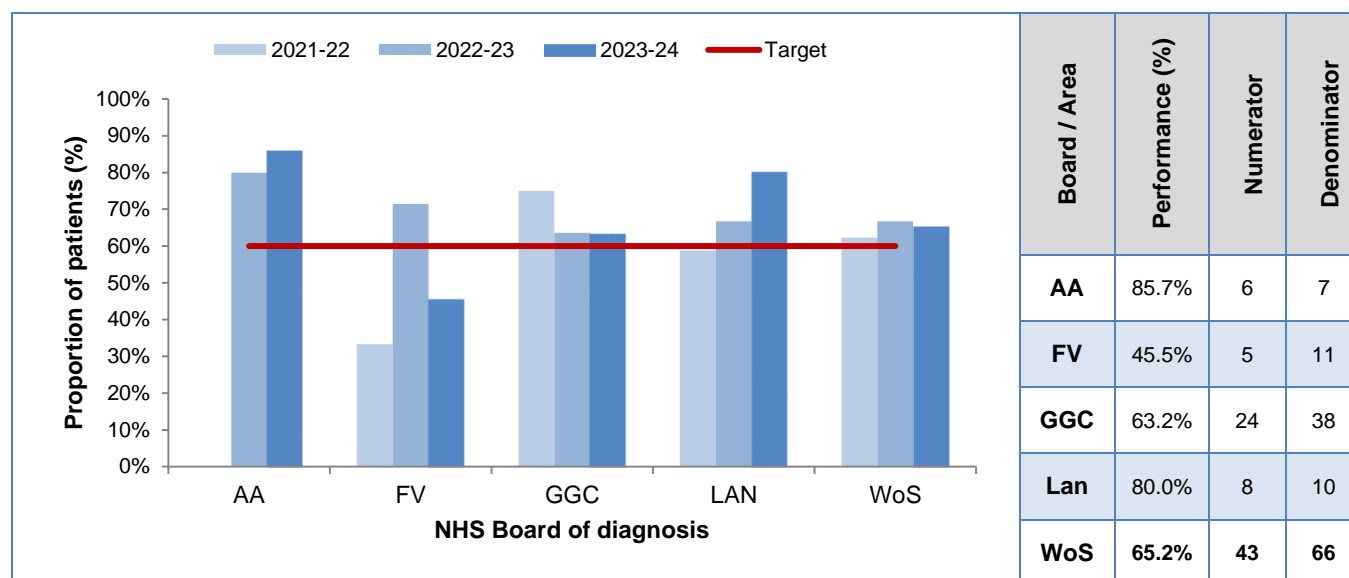
- MCN to escalate radiology resourcing issues highlighted in QPI 9 to RCOG for regional consideration.

QPI 10: Systemic Therapy

Description:	Proportion of patients with stage III or IV cutaneous melanoma undergoing SACT. Please note: The specifications of this QPI are separated to ensure clear measurement of both: <ul style="list-style-type: none">(i) Patients with unresectable stage III or IV cutaneous melanoma who undergo SACT; and(ii) Patients with resected stage III or IV cutaneous melanoma who undergo adjuvant SACT.
Numerator:	<ul style="list-style-type: none">(i) Number of patients with unresectable stage III or IV cutaneous melanoma who undergo SACT.(ii) Number of patients with resected stage III or IV cutaneous melanoma who undergo adjuvant SACT.
Denominator:	<ul style="list-style-type: none">(i) All patients with unresectable stage III or IV cutaneous melanoma.(ii) All patients with resected stage III or IV cutaneous melanoma.
Exclusions:	<ul style="list-style-type: none">(i) Patients who died before first treatment.(ii) Patients who died before SACT treatment
Target:	60%

Specification (i) Performance against this measure is not presented within this report due to the small number of patients included within the denominator. QPI audit data only includes information on the first episode of treatment following initial diagnosis of melanoma. As such, results are of the very small proportion of Stage III and IV patients that present with advanced disease at diagnosis and are not considered to be an accurate reflection of the quality of oncology services provided. This measure has been archived within the updated QPI definitions due to be published imminently.

Specification (ii)



This QPI is based on small numbers of patients and as such outcomes for a small number of patients can have a considerable impact on performance. Review of patients that did not undergo SACT in NHS Forth Valley indicated that for five patients SACT was not clinically appropriate while one patient declined treatment; no areas of clinical concern were highlighted. As for specification (i), this measure has been archived within the updated QPI definitions due to be published imminently.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Cutaneous Melanoma Quality Performance Indicators																										
Time Period	Patients diagnosed between 01 July 2023 to 30 June 2024																										
Measurability version	Melanoma-QPI-Measurability-v4.1-Final.pdf (isdscotland.org)																										
Data extraction date	0700 hrs on 21 November 2024																										
Data Quality	<table> <tr> <th>Health Board of diagnosis</th><th>2023-24 Audit Data</th><th>Cases from Cancer registry (2018-2022)</th><th>Case Ascertainment</th></tr> <tr> <td>Ayrshire & Arran</td><td>125</td><td>110</td><td>113.6%</td></tr> <tr> <td>Forth Valley</td><td>122</td><td>90</td><td>135.6%</td></tr> <tr> <td>GGC</td><td>400</td><td>359</td><td>111.4%</td></tr> <tr> <td>Lanarkshire</td><td>142</td><td>143</td><td>99.3%</td></tr> <tr> <td>WoS Total</td><td>789</td><td>701</td><td>112.6%</td></tr> </table>			Health Board of diagnosis	2023-24 Audit Data	Cases from Cancer registry (2018-2022)	Case Ascertainment	Ayrshire & Arran	125	110	113.6%	Forth Valley	122	90	135.6%	GGC	400	359	111.4%	Lanarkshire	142	143	99.3%	WoS Total	789	701	112.6%
Health Board of diagnosis	2023-24 Audit Data	Cases from Cancer registry (2018-2022)	Case Ascertainment																								
Ayrshire & Arran	125	110	113.6%																								
Forth Valley	122	90	135.6%																								
GGC	400	359	111.4%																								
Lanarkshire	142	143	99.3%																								
WoS Total	789	701	112.6%																								

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