West of Scotland Cancer Network

Oesophago-Gastric Cancer
Managed Clinical Network

Audit Report

Oesophago-Gastric Cancer
Quality Performance Indicators

Report of the 2023 Clinical Audit Data

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Upper GI Cancer Quality Performance Indicators: Data Overview

Patients diagnosed January - December 2023

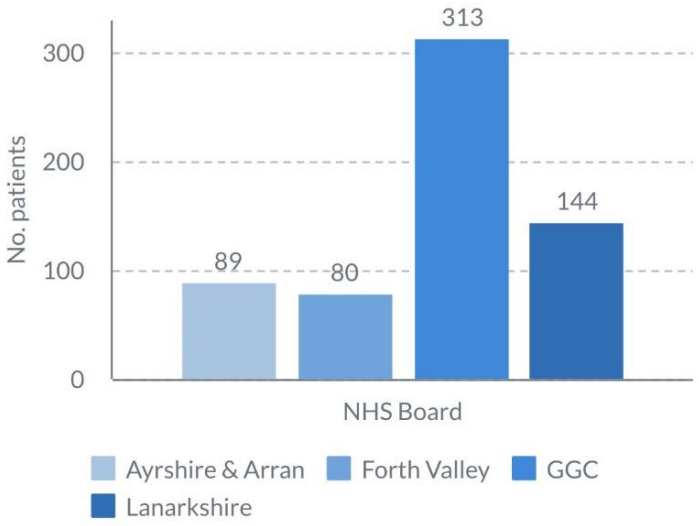
Number of patients	626

Median Age of Patients:	
Oesophageal Cancer	71
Gastric Cancer	72

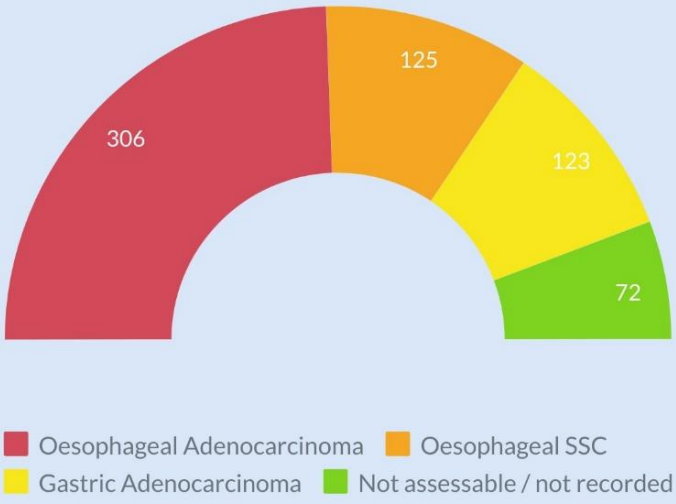
Patient gender:

	Male	Female
Oesophageal Cancer	71%	29%
Gastric Cancer	60%	40%

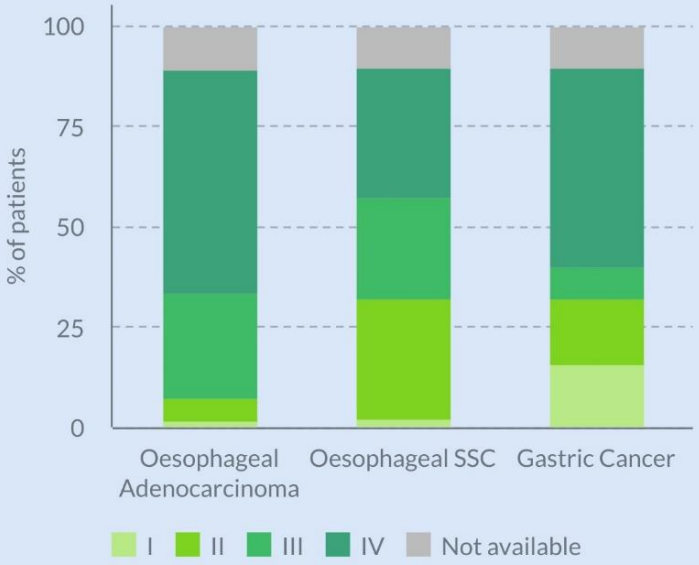
Where are patients diagnosed



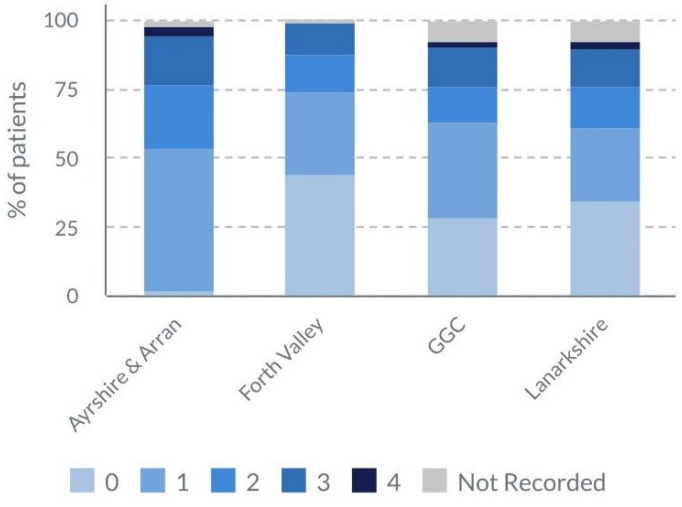
Site and Morphology



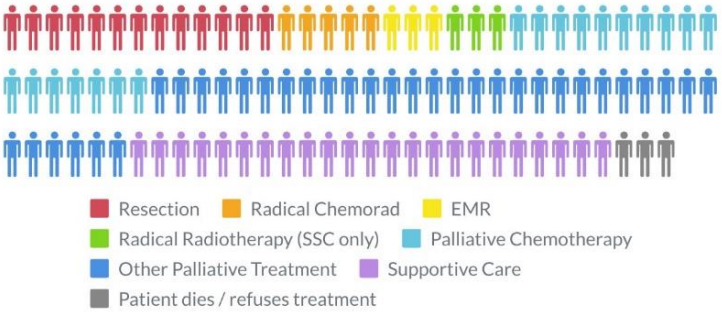
Stage of Disease at Diagnosis



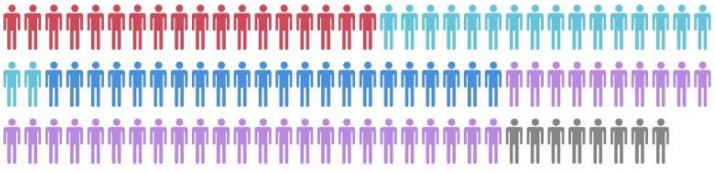
Performance Status of Patients



Treatment Type - Oesophageal Cancer



Treatment Type - Gastric Cancer



EXECUTIVE SUMMARY

This report presents an assessment of performance of West of Scotland (WoS) Oesophago-Gastric (OG) Cancer Services relating to patients diagnosed in the region between 01 January and 31 December 2023.

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.

The results presented within this report illustrate that some of the QPI targets set have been challenging for NHS Boards to achieve and there remains room for further service improvement. Where QPI targets were not met, NHS Boards have provided detailed comment. For some QPIs review indicated valid clinical reasons for QPI targets not being met, or that patient choice or co-morbidities had influenced patient management. In addition, some NHS Boards have identified action to be taken at a local level to address issues highlighted through local review of QPI performance, which are anticipated to result in improved performance in future years.

Key points of note:

- There remains no improvement in timely diagnosis following endoscopy (QPI 1) in 2023 despite previous implementation of an Endoscopy Quality Improvement Project. As a result a more detailed audit is taking place to ensure satisfactory quality of care across the region.
- The majority of patients with oesophageal or gastric cancer that are most at need are being seen by a dietician to optimise nutritional status (QPI 5ii). Low levels of mortality were reported following surgical resection (QPI 7).
- Curative treatment rates, whilst similar to England and Wales, remain low and work is being considered to explore increased diagnosis of early disease (QPI 11).

Actions identified within this report to improve provision of Upper GI cancer services across the WoS are follows:

- MCN to work with NHS Boards to explore the pathway to histological diagnosis across WoSCAN Boards and identify areas within individual NHS Boards where improvements can be made.
- NHSGGC to continue to ensure that clinical T, N and M stage is recorded at MDT where possible and the use of Mx is minimised now face-to-face MDTs have resumed.
- MCN proactively work with the new MDT system developers to agree an Upper GI dataset and roll out the new system to improve recording at MDT.
- NHS Ayrshire & Arran and NHSGGC to identify the point at which MUST score should be recorded for patients and ensure that assessments are consistently undertaken, and scores recorded and accessible to audit staff.
- NHSGGC to review patients at high risk of malnutrition that were not recorded as having had nutritional assessment and take steps to ensure that such patients are assessed by a dietician and that details of this assessment are accessible to audit staff.
- MCN to explore opportunities for cross MDT learning to reflect on how patients are selected for radical treatment.

- MCN to undertake additional analysis at a national level to review the patient and disease characteristics of patients commencing NACT and downstaging chemotherapy across Scotland once appropriate permissions have been secured.

- NHS Lanarkshire to set up a local SLWG to review cases where the circumferential surgical margin was not clear of tumour.

- MCN to work with NHS Ayrshire & Arran to explore the impact of patient fitness and disease at presentation on curative treatment rates.

- MCN to explore paths to increase diagnosis of early disease including Barrett's surveillance, improved diagnostic endoscopy, use of oesophageal cell collection devices and Upper GI referral pathways.

- MCN to work with pathology services to review the timelines for HER2 reporting within NHSGGC.

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 by the MCN.**

Oesophago-Gastric Cancer QPI Performance Summary Report

Oesophageal Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 1: Endoscopy Proportion of patients with oesophageal cancer who have a histological diagnosis made within 6 weeks of initial endoscopy and biopsy	95%	2023	83% (57/69)	94% (64/68)	87% (195/224)	94% (103/109)	89% (419/470)
		2022	90%	92%	88%	96%	90%
		2021	87%	94%	94%	95%	93%
QPI 3: MDT Meeting Proportion of patients with oesophageal cancer who are discussed at MDT meeting before definitive treatment	95%	2023	91% (63/69)	99% (66/67)	94% (216/230)	93% (100/107)	94% (445/473)
		2022	97%	98%	92%	84%	92%
		2021	91%	98%	92%	92%	93%
QPI 4 (i): Staging and Treatment Intent Proportion of patients with oesophageal cancer who have (i) TNM stage recorded at MDT meeting prior to treatment	90%	2023	97% (65/67)	91% (59/65)	87% (190/218)	88% (92/104)	89% (406/454)
		2022					
		2021					
QPI 4 (ii): Staging and Treatment Intent Proportion of patients with oesophageal cancer who have (ii) treatment intent recorded at MDT meeting prior to treatment	95%	2023	97% (65/67)	85% (56/66)	86% (188/218)	98% (102/104)	90% (411/455)
		2022					
		2021					
QPI 5 (i): Nutritional Assessment Proportion of patients with oesophageal cancer who undergo nutritional screening with the MUST before first treatment	95%	2023	79% (58/73)	75% (51/68)	66% (154/233)	65% (73/113)	69% (336/487)
		2022	75%	69%	69%	75%	71%
		2021	74%	71%	72%	68%	72%
QPI 5(ii): Nutritional Assessment Proportion of patients with oesophageal cancer at high risk of malnutrition (MUST Score or 2 or more) who are assessed by a dietitian	90%	2023	94% (30/32)	100% (33/33)	87% (74/85)	92% (47/51)	92% (184/201)
		2022	97%	100%	86%	100%	93%
		2021	97%	100%	87%	95%	93%

Oesophageal Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 6: Appropriate Selection of Surgical Patients Proportion of patients with oesophageal cancer who receive neo-adjuvant chemotherapy or chemoradiotherapy who then go on to have surgical resection	80%	2023	78% (7/9)	56% (9/16)	82% (28/34)	67% (12/18)	73% (56/77)
		2022	75%	75%	71%	83%	74%
		2021	83%	85%	71%	100%	78%
QPI 7 (a)*: 30 day Mortality Following Surgery Proportion of patients with oesophageal cancer who die within 30 days of surgical resection	< 5%	2023	0% (0/7)	-	0% (0/46)	0% (0/14)	0% (0/67)
		2022	0%	-	3%	0%	2%
		2021	0%	-	0%	8%	1%
QPI 7 (b)*: 90 day Mortality Following Surgery Proportion of patients with oesophageal cancer who die within 90 days of surgical resection	< 7.5%	2023	0% (0/7)	-	0% (0/39)	9% (1/11)	2% (1/57)
		2022	0%	-	3%	0%	2%
		2021	0%	-	5%	9%	5%
QPI 8*: Lymph Node Yield Proportion of patients with oesophageal cancer who undergo surgical resection where ≥15 lymph nodes are resected and pathologically examined	90%	2023	100% (7/7)	-	83% (38/46)	93% (13/14)	87% (58/67)
		2022	100%	-	84%	90%	87%
		2021	100%	-	91%	85%	90%
QPI 9*: Length of Hospital Stay Following Surgery Proportion of patients undergoing surgical resection for oesophageal cancer who are discharged within 14 days of surgical procedure	60%	2023	43% (3/7)	-	50% (23/46)	79% (11/14)	55% (37/67)
		2022	30%	-	60%	40%	52%
		2021	50%	-	58%	69%	60%
QPI 10 (i)*: Resection Margins Proportion of patients with oesophageal cancer who undergo surgical resection in which surgical margin is clear of tumour, i.e. negative surgical margin (i) circumferential	75%	2023	71% (5/7)	-	76% (35/46)	50% (7/14)	70% (47/67)
	70%	2022	60%	-	74%	60%	70%
		2021	83%	-	77%	69%	76%

Oesophageal Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 10 (ii)*: Resection Margins Proportion of patients with oesophageal cancer who undergo surgical resection in which surgical margin is clear of tumour, i.e. negative surgical margin (ii) longitudinal	95%	2023	100% (7/7)	-	98% (45/46)	100% (14/14)	99% (66/67)
		2022	90%	-	95%	100%	95%
		2021	100%	-	94%	92%	94%
QPI 11: Curative Treatment Rates Proportion of patients with oesophageal cancer who undergo curative treatment	35%	2023	15% (11/73)	40% (27/67)	30% (71/233)	25% (28/113)	28% (137/486)
		2022					
		2021					
QPI 13: HER2 Status for Decision Making Proportion of patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment for whom the HER2 status is reported prior to commencing treatment	90%	2023	63% (5/8)	100% (8/8)	75% (15/20)	79% (11/14)	78% (39/50)
		2022	82%	78%	70%	92%	79%
		2021	100%	80%	89%	100%	93%
QPI 15(i) : PD-L1 Status for Decision Making Proportion of patients with oesophageal or gastric adenocarcinoma cancer undergoing first line palliative chemotherapy as their initial treatment for whom the PD-L1 status is reported prior to commencing treatment	90%	2023	63% (5/8)	100% (8/8)	90% (18/20)	71% (10/14)	82% (41/50)
		2022					
		2021					
QPI 15(ii) : PD-L1 Status for Decision Making Proportion of patients with oesophageal squamous cell carcinoma cancer undergoing first line palliative chemotherapy as their initial treatment for whom the PD-L1 status is reported prior to commencing treatment	90%	2023	-	-	83% (5/6)	-	89% (8/9)
		2022					
		2021					

Gastric Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 1: Endoscopy Proportion of patients with gastric cancer who have a histological diagnosis made within 6 weeks of initial endoscopy and biopsy	95%	2023	93% (14/15)	91% (10/11)	83% (62/75)	84% (26/31)	85% (112/132)
		2022	87%	100%	79%	94%	87%
		2021	76%	92%	78%	90%	81%

Gastric Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 3: MDT Meeting Proportion of patients with gastric cancer who are discussed at MDT meeting before definitive treatment	95%	2023	100% (14/14)	100% (12/12)	95% (75/79)	100% (28/28)	97% (129/133)
		2022	97%	94%	91%	88%	92%
		2021	100%	100%	94%	96%	96%
QPI 4 (i): Staging and Treatment Intent Proportion of patients with gastric cancer who have (i) TNM stage recorded at MDT meeting prior to treatment	90%	2023	100% (16/16)	100% (12/12)	84% (64/76)	100% (31/31)	91% (137/486)
		2022					
		2021					
QPI 4 (ii): Staging and Treatment Intent Proportion of patients with gastric cancer who have (ii) treatment intent recorded at MDT meeting prior to treatment	95%	2023	88% (14/16)	83% (10/12)	91% (69/76)	97% (30/31)	91% (123/135)
		2022					
		2021					
QPI 5 (i): Nutritional Assessment Proportion of patients with gastric cancer who undergo nutritional screening with the MUST before first treatment	95%	2023	50% (8/16)	92% (11/12)	80% (64/80)	71% (22/31)	76% (105/139)
		2022	64%	72%	65%	70%	67%
		2021	66%	60%	81%	93%	78%
QPI 5 (ii): Nutritional Assessment Proportion of patients with gastric cancer at high risk of malnutrition (MUST Score or 2 or more) who are assessed by a dietitian	90%	2023	-	100% (5/5)	89% (31/35)	100% (8/8)	92% (47/51)
		2022	100%	100%	76%	100%	89%
		2021	100%	-	89%	100%	96%
QPI 6: Appropriate Selection of Surgical Patients Proportion of patients with gastric cancer who receive neo-adjuvant chemotherapy or chemoradiotherapy who then go on to have surgical resection	80%	2023	-	-	100% (8/8)	-	88% (14/16)
		2022	-	-	100%	100%	100%
		2021	-	-	80%	-	80%

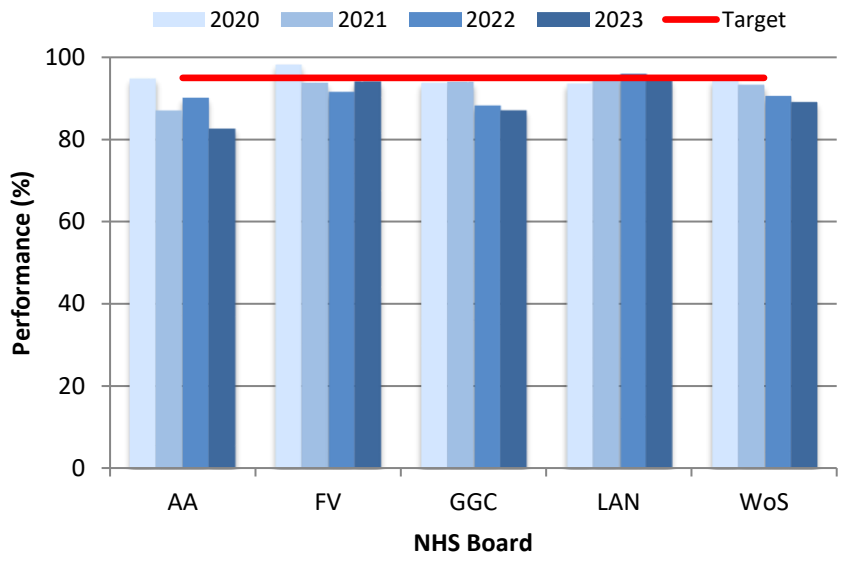
Gastric Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 7 (a)*: 30 day Mortality Following Surgery Proportion of patients with gastric cancer who die within 30 days of surgical resection	< 5%	2023	-	-	0% (0/20)	-	0% (0/26)
		2022	-	-	0%	-	0%
		2021	-	-	0%	-	0%
QPI 7 (b)*: 90 day Mortality Following Surgery Proportion of patients with gastric cancer who die within 90 days of surgical resection	< 7.5%	2023	-	-	0% (0/15)	-	0% (0/24)
		2022	-	-	0%	-	0%
		2021	-	-	0%	-	0%
QPI 8*: Lymph Node Yield Proportion of patients with gastric cancer who undergo surgical resection where ≥15 lymph nodes are resected and pathologically examined	80%	2023	-	-	70% (14/20)	-	77% (20/26)
		2022	-	-	79%	-	81%
		2021	-	-	62%	-	67%
QPI 9*: Length of Hospital Stay Following Surgery Proportion of patients undergoing surgical resection for gastric cancer who are discharged within 14 days of surgical procedure	60%	2023	-	-	65% (13/20)	-	73% (19/26)
		2022	-	-	86%	-	76%
		2021	-	-	69%	-	67%
QPI 10 (ii)*: Resection Margins Proportion of patients with gastric cancer who undergo surgical resection in which surgical margin is clear of tumour, i.e. negative surgical margin (ii) longitudinal	95%	2023	-	-	86% (18/21)	-	89% (24/27)
		2022	-	-	81%	-	87%
		2021	-	-	100%	-	100%
QPI 11: Curative Treatment Rates Proportion of patients with gastric cancer who undergo curative treatment	35%	2023	13% (2/16)	33% (4/12)	20% (16/80)	16% (5/31)	19% (27/139)
		2022	9%	6%	21%	12%	15%
		2021	3%	20%	19%	7%	13%

*QPIs reported by Board of Diagnosis with the exception of those marked * which are reported by Board of Surgery.*

QPI 1: Biopsy Procedure

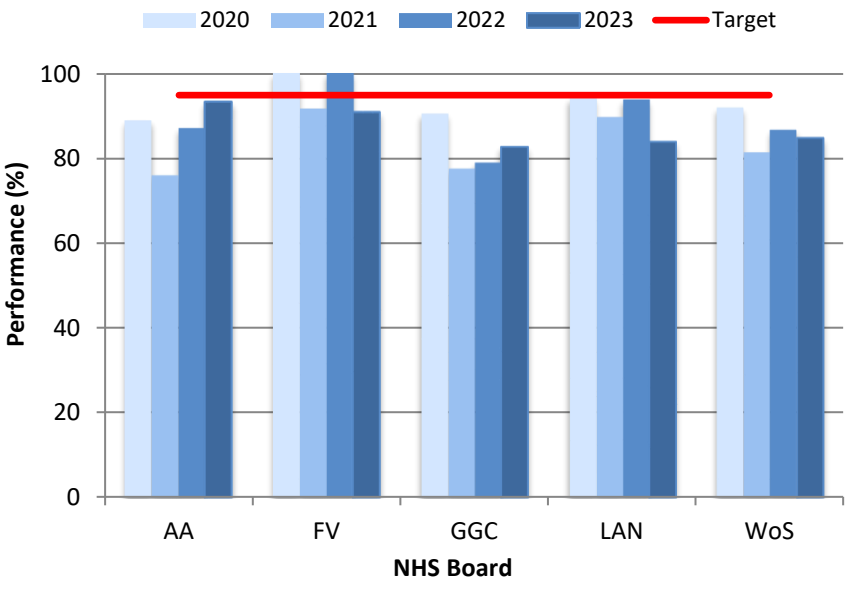
QPI 1:	Patients with oesophageal or gastric cancer should undergo endoscopy and biopsy to reach a diagnosis of cancer.
Numerator:	Number of patients with oesophageal or gastric cancer who undergo endoscopy who have a histological diagnosis made within 6 weeks of initial endoscopy and biopsy.
Denominator:	All patients with oesophageal or gastric cancer who undergo endoscopy.
Exclusions:	No exclusions.
Target:	95%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	82.6%	57	69
FV	94.1%	64	68
GGC	87.1%	195	224
Lan	94.5%	103	109
WoS	**89.1%**	**419**	**470**

Gastric Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	93.3%	14	15
FV	90.9%	10	11
GGC	82.7%	62	75
Lan	83.9%	26	31
WoS	**84.8%**	**112**	**132**

Just under half of patients who did not have a histological diagnosis within 6 weeks of initial endoscopy did ultimately have a histological diagnosis, although for 25% of patients this was more than 12 weeks after their initial endoscopy. For other patients, re-biopsy was not undertaken where it was not considered to be in the patient's best interest; for instance for some patients not suitable for treatment other than supportive care.

To meet this measure NHS Boards need to ensure:

- High detection rates of oesophago-gastric cancer at first endoscopy
- Appropriate selection of patients for repeat endoscopy where no histological diagnosis was made on initial endoscopy
- Timely repeat endoscopy to ensure 42 day target is met.

Initial analysis on the pathway suggests that there may be some variation across WoSCAN in the proportion, and timeliness, of patients having histological diagnosis.

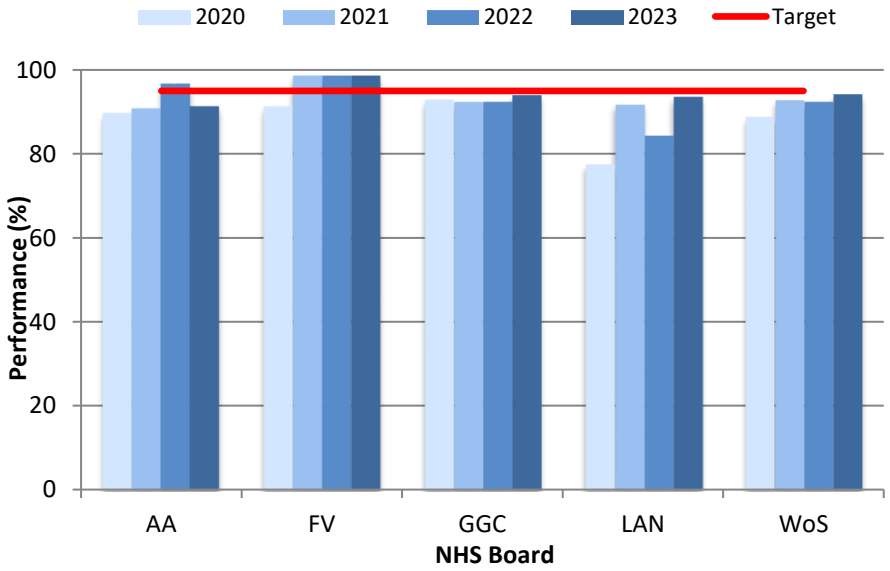
Action required:

- **MCN to work with NHS Boards to explore the pathway to histological diagnosis across WoSCAN Boards and identify areas within individual NHS Boards where improvements can be made.**

QPI 3: MDT Discussion

QPI 3:	Patients should be discussed by a multidisciplinary team prior to definitive treatment.
Numerator:	Number of patients with oesophageal or gastric cancer discussed at the MDT before definitive treatment.
Denominator:	All patients with oesophageal and gastric cancer.
Exclusions:	Patients who died before first treatment.
Target:	95%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	91.3%	63	69
FV	98.5%	66	67
GGC	93.9%	216	230
Lan	93.5%	100	107
WoS	**94.1%**	**445**	**473**

This measure was met for patients with gastric cancer across all WoSCAN Boards with 97.0% of patients being discussed at MDT prior to definitive treatment.

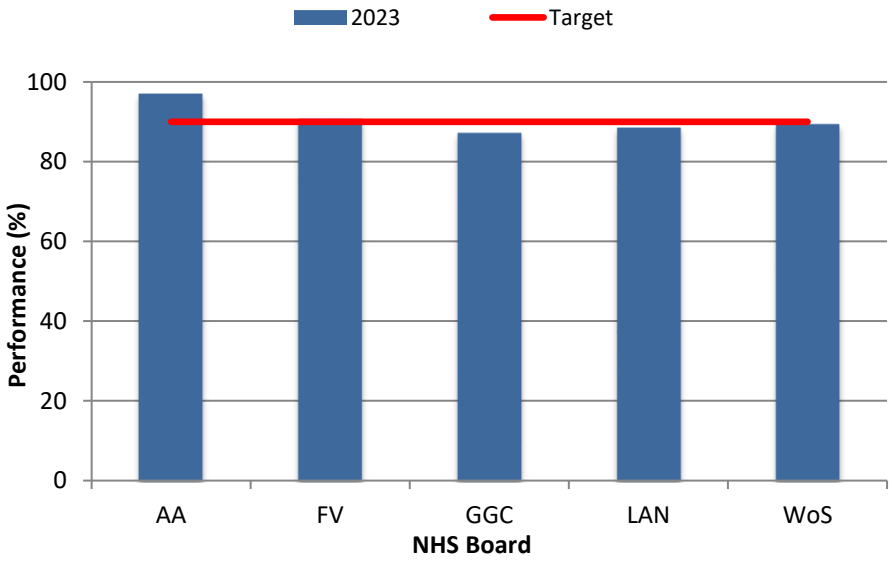
All NHS Boards reviewed both oesophageal and gastric cancer patients that were not discussed at MDT before first treatment. The vast majority of these patients received appropriate emergency treatment prior to MDT discussion, such as stent insertion, as this was considered to be in the best interest of patients. Only seven patients were not discussed at MDT; all were for best supportive care only, five died within two weeks and all within two months of diagnosis.

While all NHS Boards should continue to ensure patients are discussed promptly at MDT, review indicates that treatment decisions have been appropriate and in the best interest of patients.

QPI 4: Staging and Treatment Intent

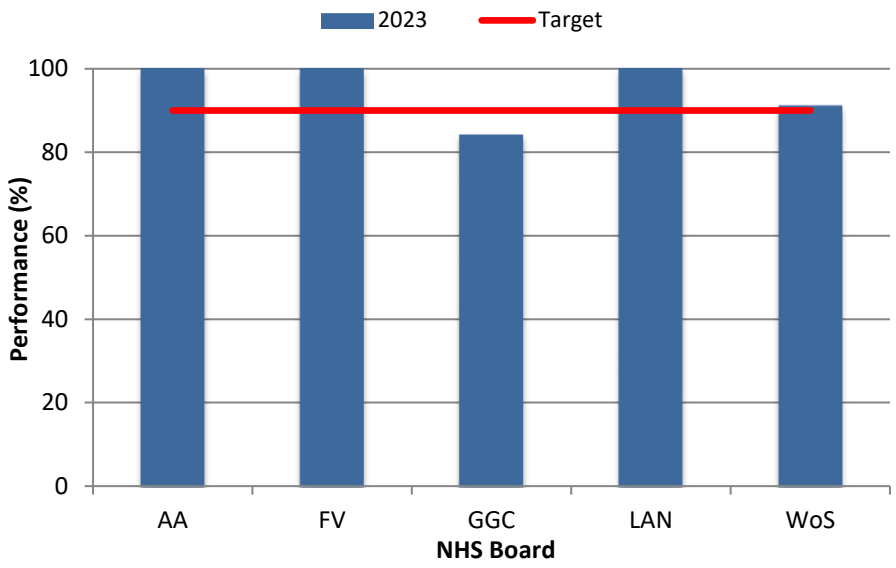
QPI 4(i):	Patients with oesophageal or gastric cancer should be staged using the TNM staging system and have this recorded at MDT prior to treatment commencing.
Numerator:	Number of patients with oesophageal or gastric cancer who have TNM stage recorded at MDT prior to treatment.
Denominator:	All patients with oesophageal or gastric cancer who are discussed at MDT prior to treatment.
Exclusions:	No exclusions.
Target:	90%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	97.0%	65	67
FV	90.8%	59	65
GGC	87.2%	190	218
Lan	88.5%	92	104
WoS	**89.4%**	**406**	**454**

Gastric Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	100%	16	16
FV	100%	12	12
GGC	84.2%	64	76
Lan	100%	31	31
WoS	**91.1%**	**123**	**135**

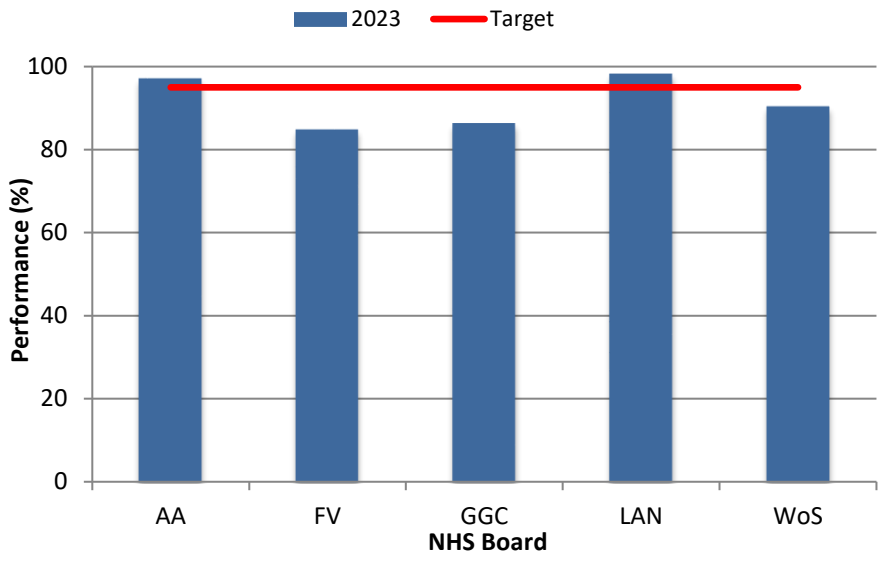
Due to some changes to the definition of this QPI, performance cannot be compared to that from previous years. Recording of TNM staging at MDT fell in NHSGGC in 2022 and was lower than other WoSCAN Boards in 2023 for both oesophageal and gastric cancer. Performance against this measure is likely to have been affected by the move to Microsoft Teams meetings following the COVID-19 pandemic in 2020, where data recorded could not be reviewed by the MDT in real time. Face-to-face MDTs resumed in NHSGGC in September 2023, towards the end of the current reporting period. This is anticipated to lead to improvements in the completeness of recording of TNM stage at MDT for future years of reporting. Further, an upgrade to the MDT system across WoSCAN is currently under development and should result in a considerable improvement in the recording of clinical stage at MDT once it is rolled out.

Action required:

- **NHSGGC to continue to ensure that clinical T, N and M stage is recorded at MDT where possible and the use of Mx is minimised now face-to-face MDTs have resumed.**

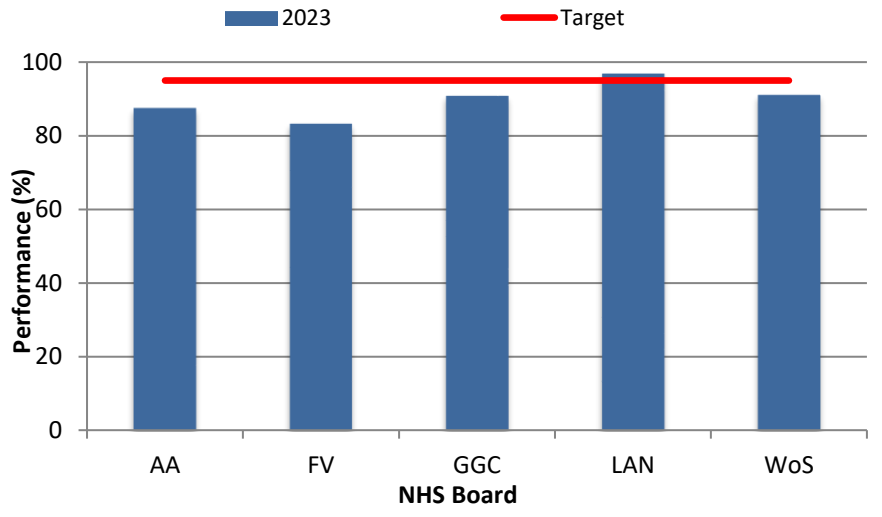
QPI 4(ii):	Patients with oesophageal or gastric cancer should have treatment intent recorded at MDT prior to treatment commencing.
Numerator:	Number of patients with oesophageal or gastric cancer who treatment intent recorded at MDT prior to treatment.
Denominator:	All patients with oesophageal or gastric cancer who are discussed at MDT prior to treatment.
Exclusions:	No exclusions.
Target:	95%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	97.0%	65	67
FV	84.8%	56	66
GGC	86.2%	188	218
Lan	98.1%	102	104
WoS	**90.3%**	**411**	**455**

Gastric Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	87.5%	14	16
FV	83.3%	10	12
GGC	90.8%	69	76
Lan	96.8%	30	31
WoS	**91.1%**	**123**	**135**

Due to some changes to the definition of this QPI, performance cannot be compared to that from previous years. Eleven patients died prior to MDT discussion while a further patient declined treatment. However 44 patients did progress to active treatment, 33 of these patients received curative treatment; this highlights a need to improve recording of treatment intent at the time of MDT. The re-introduction of face-to-face MDT meetings in NHSGGC in 2023 plus highlighting the importance of recording of treatment intent to the Forth Valley MDT are hoped to result in improvements in MDT recording in future years. As with staging data, the roll out of the MDT system currently being developed is anticipated to further improve recording of treatment intent at MDT throughout the region. The MCN will continue to monitor the recording of treatment intent while changes in the MDT system are progressed.

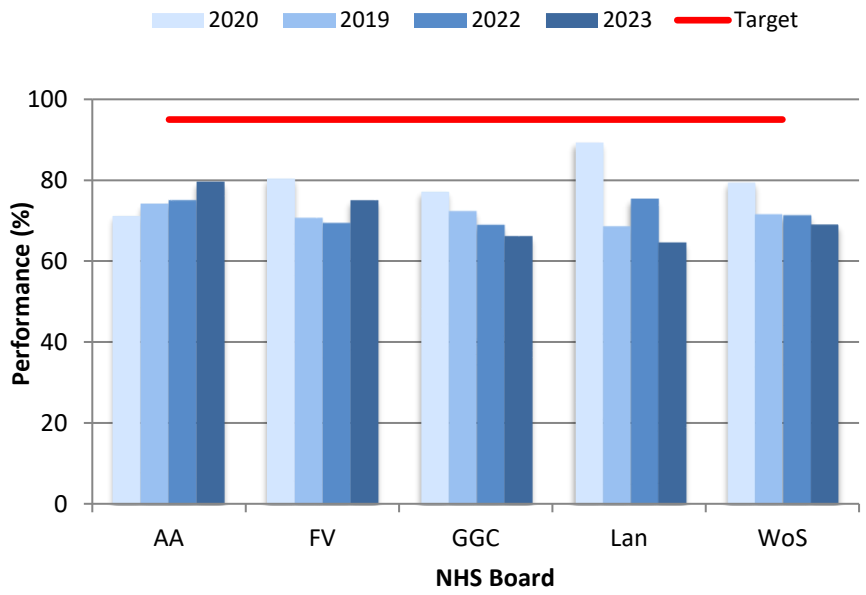
Action Required:

- **MCN proactively work with the new MDT system developers to agree an Upper GI dataset and roll out the new system to improve recording at MDT.**

QPI 5: Nutritional Assessment

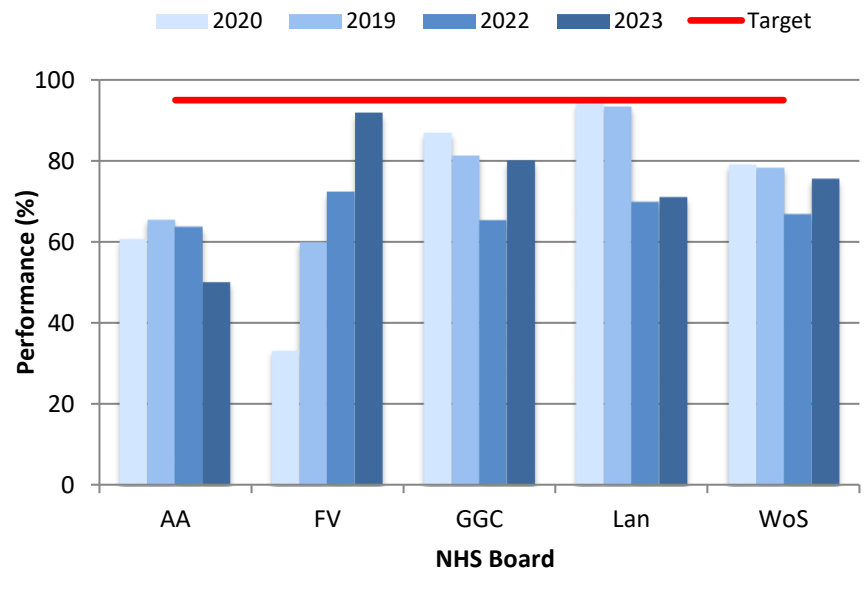
QPI 5(i):	Patients with oesophageal or gastric cancer should be appropriately assessed by a dietitian to optimise nutritional status.
Numerator:	Number of patients with oesophageal or gastric cancer who undergo nutritional screening with the MUST before first treatment.
Denominator:	All patients with oesophageal and gastric cancer.
Exclusions:	No exclusions.
Target:	95%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	79.5%	58	73
FV	75.0%	51	68
GGC	66.1%	154	233
Lan	64.6%	73	113
WoS	**69.0%**	**336**	**487**

Gastric Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	50.0%	8	16
FV	91.7%	11	12
GGC	80.0%	64	80
Lan	71.0%	22	31
WoS	**75.5%**	**105**	**139**

While there have been improvements in the recording of the Malnutrition Universal Screening Tool (MUST) scores of patients before treatment since the introduction of this QPI, performance against this measure has declined in recent years. In 2023 MUST was not recorded before treatment for more than a quarter of patients. The majority of patients not meeting this QPI did not have a MUST score recorded, although a significant minority did have it recorded after treatment and small numbers died before assessment.

Review of patients not meeting the QPI indicated that within NHS Lanarkshire all patients had been seen by an UGI dietician, regardless of MUST score recording, with the lack of recording of MUST due to the informal nature of referral to dietetic services. Similarly, in NHS Ayrshire & Arran over half of patients not having their MUST score were known to the dietetics service. These reviews suggest that the failure to meet this QPI is not a failure of quality of care, as patients are seen by the UGI dietician where appropriate, but rather a failure of recording.

Never-the-less it is recognised that MUST scores should be reported for all patients as early as possible in the staging process. As such all NHS Boards are working with the appropriate staff to ensure that MUST is recorded routinely, preferably at the point of first contact with patients. Some improvements have been made that should increase recording of MUST score in future years; in NHS Lanarkshire dietetics will put the MUST score at the top of all patient letters at their initial assessment and in NHS Forth Valley MUST has already started to be recorded within clinic letters.

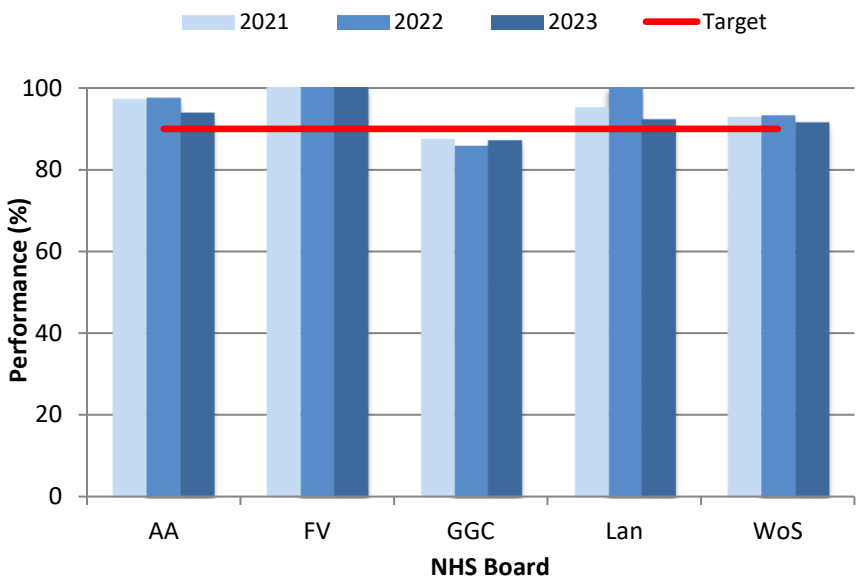
MUST scoring will also be included as a field in the MDT dataset and this will hopefully improve the recording of MUST throughout the region once the new system is rolled out.

Action required:

- **NHS Ayrshire & Arran and NHSGGC to identify the point at which MUST score should be recorded for patients and ensure that assessments are consistently undertaken, and scores recorded and accessible to audit staff.**

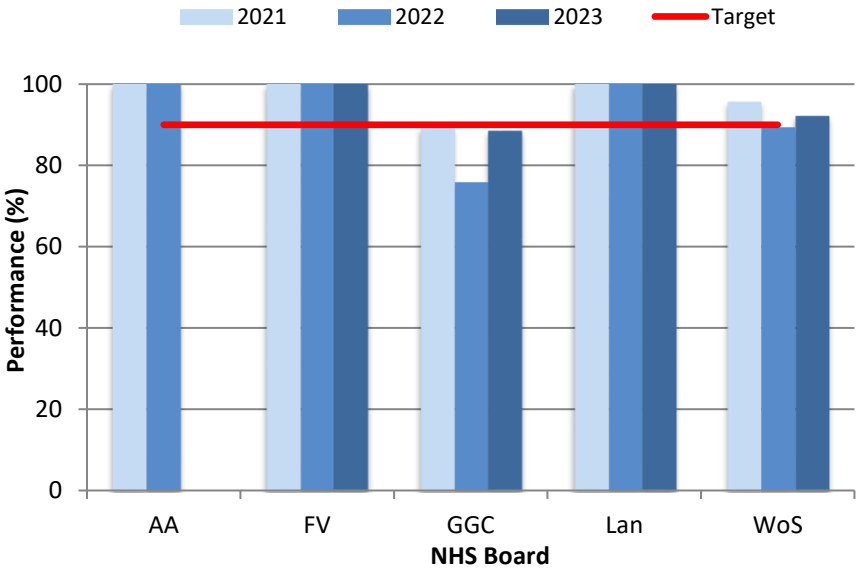
QPI 5(ii):	Patients with oesophageal or gastric cancer should be appropriately assessed by a dietitian to optimise nutritional status.
Numerator:	Number of patients with oesophageal or gastric cancer at high risk of malnutrition (MUST score of 2 or more) who are assessed by a dietitian.
Denominator:	All patients with oesophageal and gastric cancer at high risk of malnutrition (MUST score of 2 or more).
Exclusions:	No exclusions.
Target:	90%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	93.8%	30	32
FV	100%	33	33
GGC	87.1%	74	85
Lan	92.2%	47	51
WoS	**91.5%**	**184**	**201**

Gastric Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	-	-	-
FV	100%	5	5
GGC	88.6%	31	35
Lan	100%	8	8
WoS	**92.2%**	**47**	**51**

In NHSGGC, a lack of documentation on whether patients were assessed or not for nine of the 15 patients not meeting the QPI has made this QPI challenging to meet for the Board; in addition one patient declined nutritional assessment.

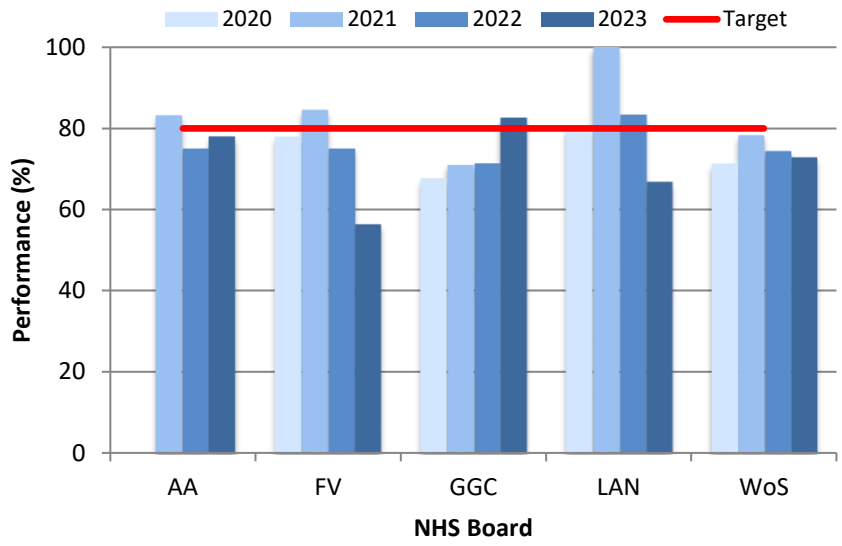
Action Required:

- **NHSGGC to review patients at high risk of malnutrition that were not recorded as having had nutritional assessment and take steps to ensure that such patients are assessed by a dietician and that details of this assessment are accessible to audit staff.**

QPI 6: Appropriate Selection of Surgical Patients

QPI 6:	Patients with oesophageal or gastric cancer whose treatment plan is neoadjuvant chemotherapy or chemoradiotherapy followed by surgery should progress to surgery following completion of this treatment.
Numerator:	Number of patients with oesophageal or gastric cancer who receive neoadjuvant chemotherapy or chemoradiotherapy who then undergo surgical resection.
Denominator:	All patients with oesophageal or gastric cancer who receive neoadjuvant chemotherapy or chemoradiotherapy.
Exclusions:	No exclusions.
Target:	80%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	77.8%	7	9
FV	56.3%	9	16
GGC	82.4%	28	34
Lan	66.7%	12	18
WoS	**72.7%**	**56**	**77**

This measure was met for patients with gastric cancer across all Boards with 87.5% of patients receiving neoadjuvant therapy progressing to surgical resection.

NHS Boards not meeting the target have undertaken detailed clinical review of oesophageal and gastric cancer patients not progressing to surgery. As in previous years it was noted that patients could not always progress to surgery due to disease progression or patient fitness, while other patients chose not to have surgery. These results reflect the difficulties of getting a predominantly elderly, comorbid population through radical treatment and the need to adapt treatment plans to changing circumstances. A dedicated upper-GI prehabilitation services was piloted in the region, however due to discontinued funding this service has not continued. It is hoped that a prehabilitation service can be re-established.

It should be highlighted that high performance against this measure could be the result of clinicians being conservative about progressing with curative treatment. It is desirable to achieve a cure where possible and therefore patients with more advanced stage or borderline fitness may be offered radical treatment. The MCN are keen to explore the possibility of visiting other MDTs either within the region or across other regions in Scotland to reflect on how patients are selected for radical treatment.

In addition, analysis of the patients included within this QPI across NHS Boards in Scotland would be useful in understanding how patient presentation and treatment selection may impact on performance against this measure; including review of the use of downstaging chemotherapy.

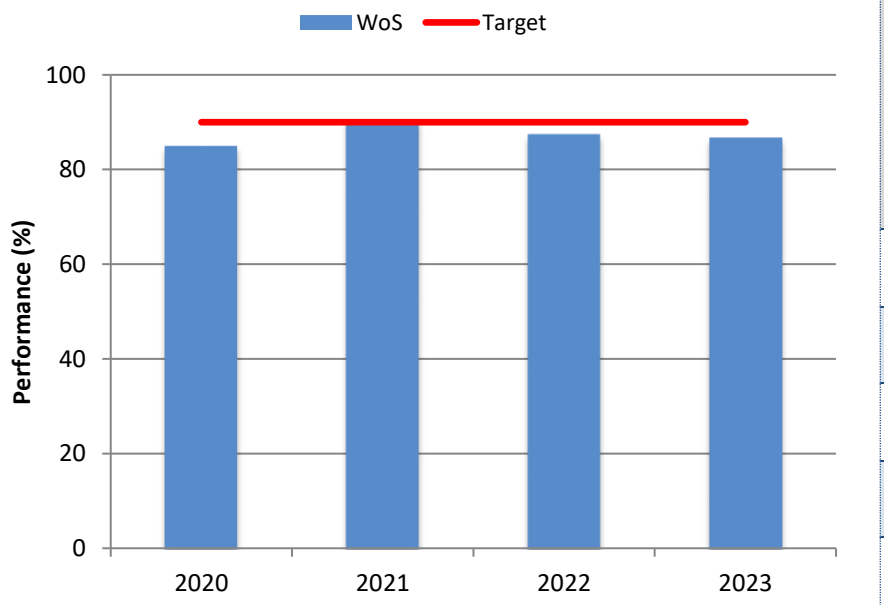
Action Required:

- **MCN to explore opportunities for cross MDT learning to reflect on how patients are selected for radical treatment.**
- **MCN to undertake additional analysis at a national level to review the patient and disease characteristics of patients commencing NACT and downstaging chemotherapy across Scotland once appropriate permissions have been secured.**

QPI 8: Lymph Node Yield

QPI 8:	For patients with oesophageal or gastric cancer undergoing curative resection the number of lymph nodes examined should be maximised.
Numerator:	Number of patients with oesophageal or gastric cancer who undergo surgical resection where ≥15 lymph nodes are resected and pathologically examined.
Denominator:	All patients with oesophageal or gastric cancer who undergo surgical resection.
Exclusions:	No exclusions.
Target:	Oesophageal - 90% Gastric - 80%

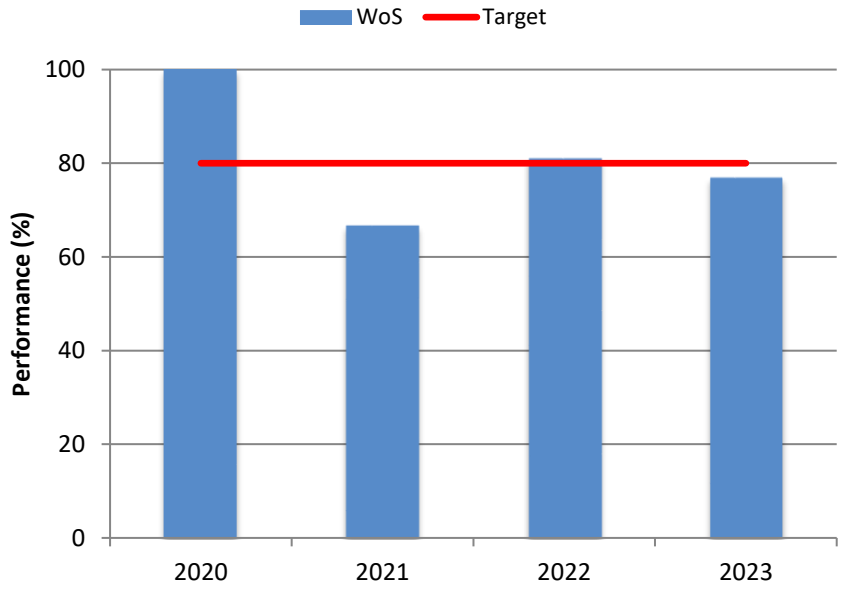
Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	100%	7	7
FV	*	0	0
GGC	82.6%	38	46
Lan	92.9%	13	14
WoS	**86.6%**	**58**	**67**

Due to the small numbers in individual boards overall WoS figures are displayed.

Gastric Cancer



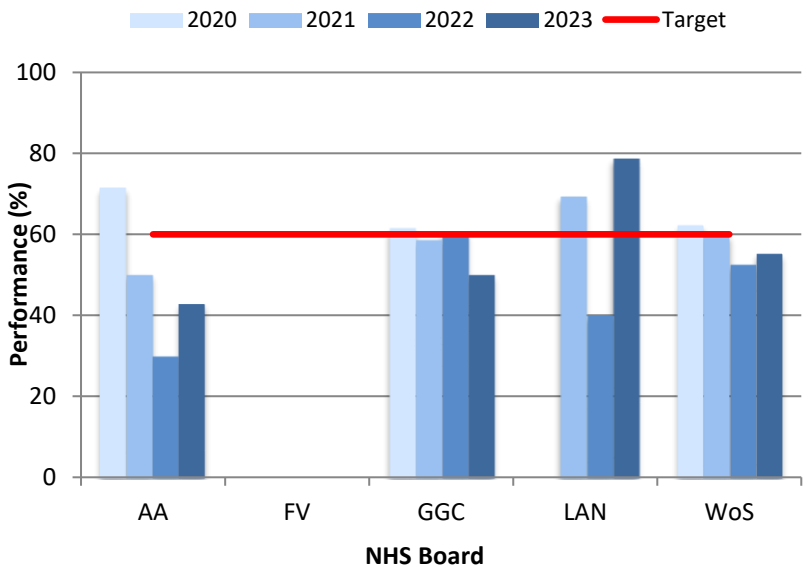
Board / Area	2023 Performance (%)	Numerator	Denominator
AA	-	-	-
FV	*	0	0
GGC	70.0%	14	20
Lan	-	-	-
WoS	**76.9%**	**20**	**26**

Review of surgeries within NHSGGC where less than 15 lymph nodes were resected and examined showed no pattern in the operating surgeon, type of surgery or pathologist. While surgeons aim to undertake radical resection where appropriate, and pathologists work hard to try and identify the requisite number of nodes, resection of 15 or more lymph nodes can be challenging in some patients where lymph node yield is impacted by adjuvant therapies or for co-morbid patients where it is in the patients best interest to undergo a more conservative resection.

QPI 9: Length of Hospital Stay Following Surgery

QPI 9:	Length of hospital stay following surgery for oesophageal or gastric cancer should be as short as possible.
Numerator:	Number of patients undergoing surgical resection for oesophageal or gastric cancer who are discharged within 14 days of surgical procedure.
Denominator:	All patients undergoing surgical resection for oesophageal or gastric cancer.
Exclusions:	No exclusions.
Target:	60%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	42.9%	3	7
FV	*	0	0
GGC	50.0%	23	46
Lan	78.6%	11	14
WoS	**55.2%**	**37**	**67**

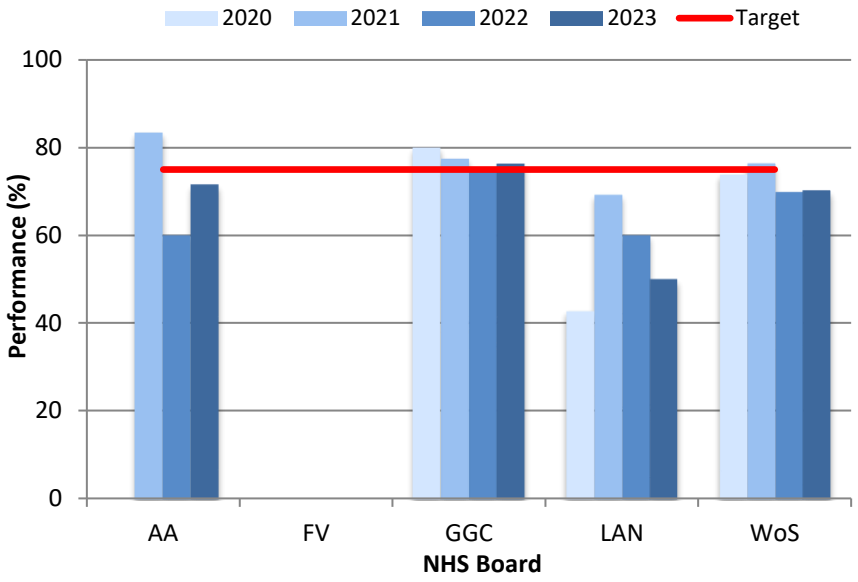
The QPI target has been met for patients with gastric cancer across all WoSCAN Boards.

Review of oesophageal cancer patients not being discharged within 14 days of surgery in NHS Ayrshire & Arran and NHSGGC reveals that the majority of these patients had a longer stay due to post-operative complications such as anastomotic leaks (9 patients across both Boards) or other minor complications reflecting surgery in a comorbid elderly population. Delays in discharge were generally by a few days. While reducing the length of hospital stay for this group of patients without raising the bar of fitness for surgery is challenging, prehabilitation support for patients to improve their fitness before surgery and continuing to develop minimally invasive surgery could help to enhance recovery following surgery.

QPI 10: Resection Margins

QPI 10 (i):	Oesophageal cancers which are surgically resected should be adequately excised.
Numerator:	Number of patients with oesophageal cancer who undergo surgical resection in which circumferential surgical margin is clear of tumour.
Denominator:	All patients with oesophageal cancer who undergo surgical resection.
Exclusions:	No exclusions.
Target:	75%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	71.4%	5	7
FV	*	0	0
GGC	76.1%	35	46
Lan	50.0%	7	14
WoS	**70.1%**	**47**	**67**

The target of this QPI increased from 70% to 75% this year following formal review of the QPI definitions. The new QPI target was not met in NHS Lanarkshire and NHS Ayrshire & Arran, although review of cases across these two NHS Boards indicated that tumour was at the circumferential margin for only two patients, with others less than 1mm from the margin. The ability of a surgeon to achieve a clear margin is dependent on the location of the tumour and it is not always possible to remove more tissue. As such results are often a marker of disease and the small numbers of patients included within the QPI rather than the quality of surgery. This QPI is based on small numbers of patients so it is hard to interpret variations in performance across years and between NHS Boards, however performance against this measure has been lower in NHS Lanarkshire in recent years, as such the Board plan to set up a local SLWG to review cases where circumferential margins were not clear of tumour.

Action Required:

- **NHS Lanarkshire to set up a local SLWG to review cases where the circumferential surgical margin was not clear of tumour.**

QPI 10 (ii):	Oesophageal and gastric cancers which are surgically resected should be adequately excised.
Numerator:	Number of patients with oesophageal or gastric cancer who undergo surgical resection in which longitudinal surgical margin is clear of tumour.
Denominator:	All patients with oesophageal or gastric cancer who undergo surgical resection.
Exclusions:	No exclusions.
Target:	95%

The QPI has been met for patients with oesophageal cancer across all WoSCAN Boards with the longitudinal surgical margin being clear of tumour for 98.5% of patients.

Gastric Cancer

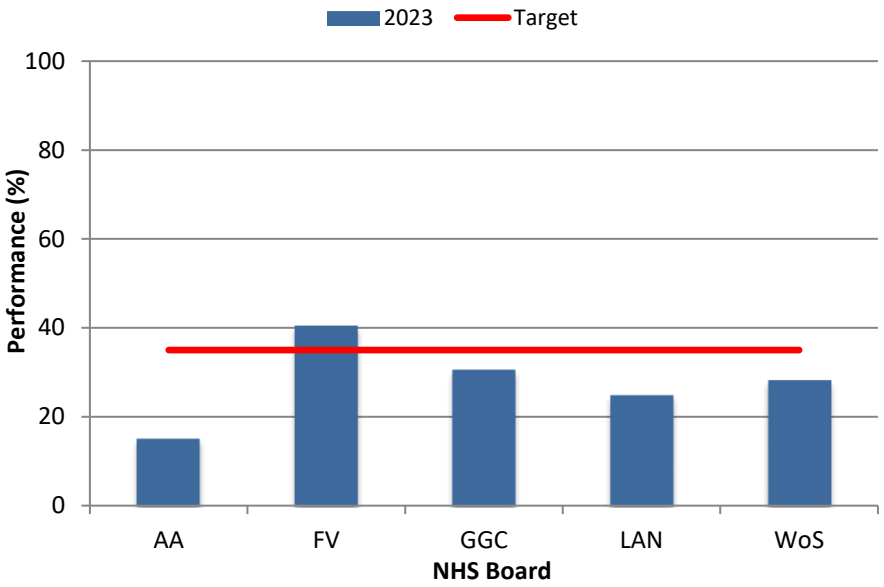
Board / Area	2023 Performance (%)	Numerator	Denominator
AA	-	-	-
FV	*	0	0
GGC	85.7%	18	21
Lan	-	-	-
WoS	**88.9%**	**24**	**27**

Overall WoS results are displayed in the figure above due to the small number of patients in each NHS Board. Review of the three patients where longitudinal margins were not clear indicated that this was a reflection of disease progression or the need for emergency intervention rather than surgical techniques; one patient did not meet the QPI as pathology was not available at the time of download and therefore it was not possible to confirm this patient had met the QPI. Results are not considered to reflect any concerns with surgical performance.

QPI 11: Curative Treatment Rates

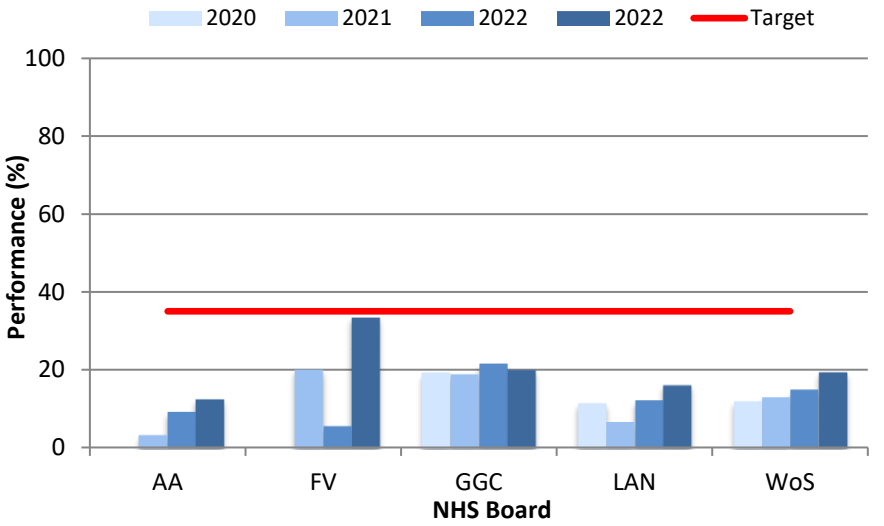
QPI 11:	Patients with oesophageal or gastric cancer should undergo curative treatment whenever possible.
Numerator:	Number of patients with oesophageal or gastric cancer who undergo curative treatment. • Neoadjuvant chemoradiotherapy or chemotherapy followed by surgery; • Primary surgery; • Radical chemoradiotherapy • Radical radiotherapy; and • Endoscopic Mucosal Resection
Denominator:	All patients with oesophageal or gastric cancer.
Exclusions:	No exclusions.
Target:	35%

Oesophageal Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	15.1%	11	73
FV	40.3%	27	67
GGC	30.5%	71	233
Lan	24.8%	28	113
WoS	**28.2%**	**137**	**486**

Gastric Cancer



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	12.5%	2	16
FV	33.3%	4	12
GGC	20.0%	16	80
Lan	16.1%	5	31
WoS	**19.4%**	**27**	**139**

Review of oesophageal and gastric patients not having curative treatment indicate that a high percentage of patients are not suitable for curative treatment due to the presence of metastatic disease, locally advanced disease or poor performance status. Due to late presentation of disease and high levels of comorbidity this QPI is challenging and will be very hard to achieve unless efforts are made to improve levels of health and to establish awareness campaigns aimed at encouraging patients to present early; when cure is achievable. Never-the-less WoSCAN are keen to ensure that treatment decisions continue to be reviewed and challenged to ensure that patients receive the best care.

Performance against this measure has been lower in NHS Ayrshire & Arran in recent years and the MCN are working with the Board to explore whether these differences are related to the disease stage and fitness of patient being diagnosed.

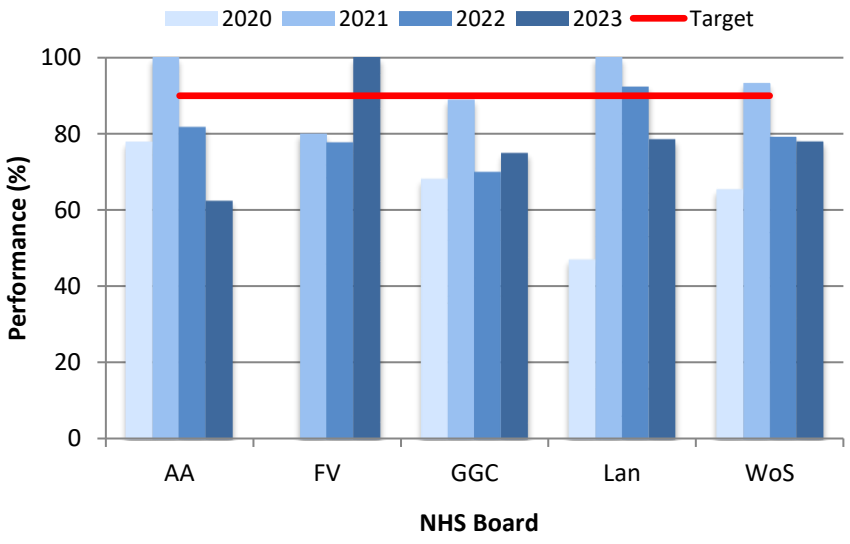
The MCN will explore paths to increase diagnosis of early disease including Barrett's surveillance, improved diagnostic endoscopy, use of oesophageal cell collection devices and Upper GI referral pathways.

Action Required:

- **MCN to work with NHS Ayrshire & Arran to explore the impact of patient fitness and disease at presentation on curative treatment rates.**
- **MCN to explore paths to increase diagnosis of early disease including Barrett's surveillance, improved diagnostic endoscopy, use of oesophageal cell collection devices and Upper GI referral pathways.**

QPI 13: HER2 Status for Decision Making

QPI 13:	HER2 status should be available to inform treatment decision making in patients with oesophageal or gastric adenocarcinoma.
Description:	Proportion of patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment for whom the HER2 status is reported prior to commencing treatment.
Numerator:	Number of patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment for whom the HER2 status is reported prior to commencing treatment.
Denominator:	All patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment.
Exclusions:	No exclusions
Target:	90%



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	62.5%	5	8
FV	100%	8	8
GGC	75.0%	15	20
Lan	78.6%	11	14
WoS	**78.0%**	**39**	**50**

Performance against this measure improved considerably in 2021 due to increased awareness of the need for HER2 testing, however decreases in the proportion of patients having HER2 results prior to treatment were seen in 2022. Historically all HER2 testing was undertaken in London; in 2022 local HER2 testing was undertaken for NHSGGC patients for the first time and local testing (in NHSGGC) has now been rolled out to all WoSCAN Boards.

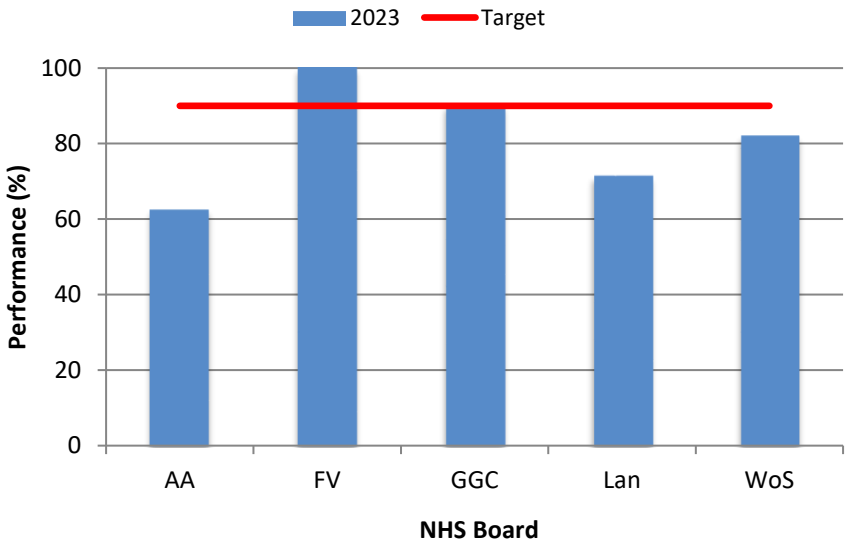
Review of patients not meeting the QPI indicate that two patients did not have HER2 status tested, for others the HER2 status was reported after the commencement of chemotherapy. For many of these patients FISH testing was required to confirm HER2 status as immunohistochemistry (IHC) results were inconclusive. It is considered to be in the patient's best interest to commence palliative chemotherapy as soon as possible. Where HER2 status is not available at this time, it is clinically appropriate to commence chemotherapy, as treatment can be adapted in light of HER2 status for subsequent cycles. The MCN will work with pathology services in NHSGGC to explore the timelines to pathology request, immunohistochemistry (IHC) reporting and any subsequent FISH reporting where required.

Action Required:

- **MCN to work with pathology services to review the timelines for HER2 reporting within NHSGGC.**

QPI 15: PD-L1 Status for Decision Making

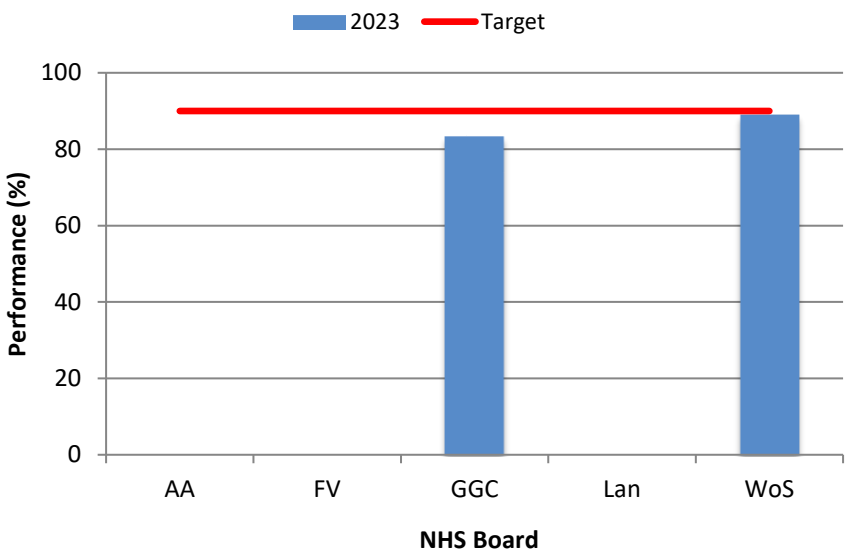
QPI 15 (i):	PD-L1 status should be available to inform treatment decision making in patients with oesophageal or gastric cancer.
Numerator:	Number of patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment for whom the PD-L1 status is reported prior to commencing treatment.
Denominator:	All patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment.
Exclusions:	No exclusions.
Target:	90%



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	62.5%	5	8
FV	100%	8	8
GGC	90.0%	18	20
Lan	71.4%	10	14
WoS	**82.0%**	**41**	**50**

This is a new QPI developed at the most recent Formal Review of Upper GI cancer QPIs and is reported here for the first time. Of the nine patients that did not have PD-L1 status reported prior to the start of chemotherapy, three did not have PD-L1 status reported at any time while others commenced chemotherapy before results were reported. Review of the three patients not tested showed that for two of these patients testing was not clinically appropriate. This result will act as a benchmark against which future performance can be measured.

QPI 15 (ii):	PD-L1 status should be available to inform treatment decision making in patients with oesophageal or gastric cancer.
Numerator:	Number of patients with oesophageal squamous cell carcinoma undergoing first line palliative chemotherapy as their initial treatment for whom the PD-L1 status is reported prior to commencing treatment.
Denominator:	All patients with oesophageal squamous cell carcinoma undergoing first line palliative chemotherapy as their initial treatment.
Exclusions:	No exclusions.
Target:	90%



Board / Area	2023 Performance (%)	Numerator	Denominator
AA	-	-	-
FV	-	-	-
GGC	83.3%	5	6
Lan	*	0	0
WoS	**88.9%**	**8**	**9**

There were only small numbers of patients included within this QPI, and as such performance against this measure should be treated with caution. All patients had PD-L1 testing, for one of these results were reported after the commencement of chemotherapy. These results will act as a benchmark against which future performance can be measure.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Oesophago-Gastric Cancer Quality Performance Indicators
Time Period	Patients diagnosed between 1 January and 31 December 2023
QPI Version	Upper GI Cancer QPIs v5.0
Data extraction date	2200 hrs on 3 July 2024
Data Quality	

Health Board of diagnosis	2023 Audit Data	Cases from Cancer registry (2018-2022)	Case Ascertainment
Ayrshire & Arran	89	114	78.1%
Forth Valley	80	85	94.1%
GGC	313	352	88.9%
Lanarkshire	144	148	97.3%
WoS Total	**626**	**699**	**89.6%**