

West of Scotland Cancer Network

**Urological Cancer
Managed Clinical Network**



Audit Report

Prostate Cancer Quality Performance Indicators

Clinical Audit Data: 01 July 2021 to 30 June 2022

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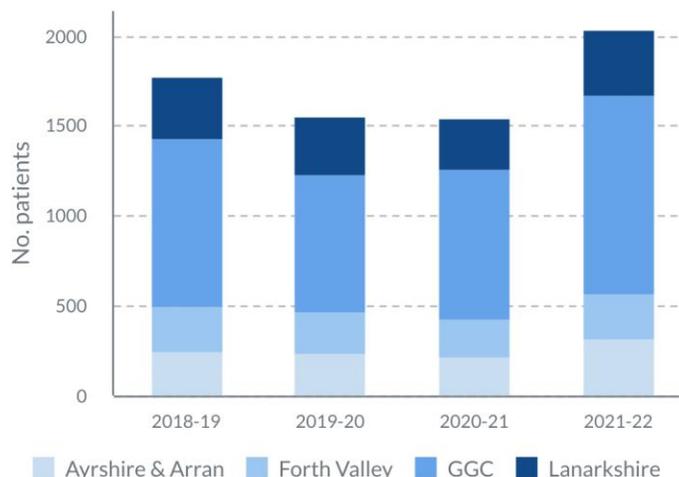
Prostate Cancer Quality Performance Indicators: Data Overview

Patients diagnosed July 2021 - June 2022

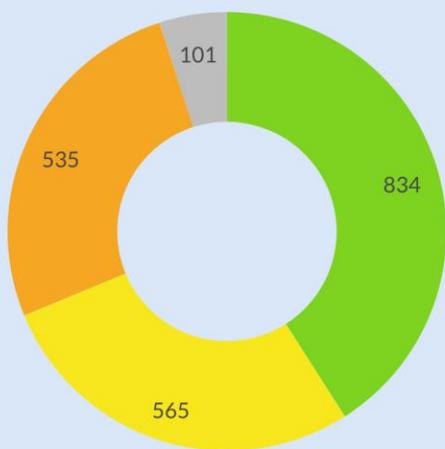
Number of patients	2035
Median age of patients	71
Age Standardised Net Survival*	
1 Year Survival	96%
5 Year Survival	84%

* patients diagnosed 2013-2017.
www.publichealthscotland.scot/publications/cancer-survival-statistics/

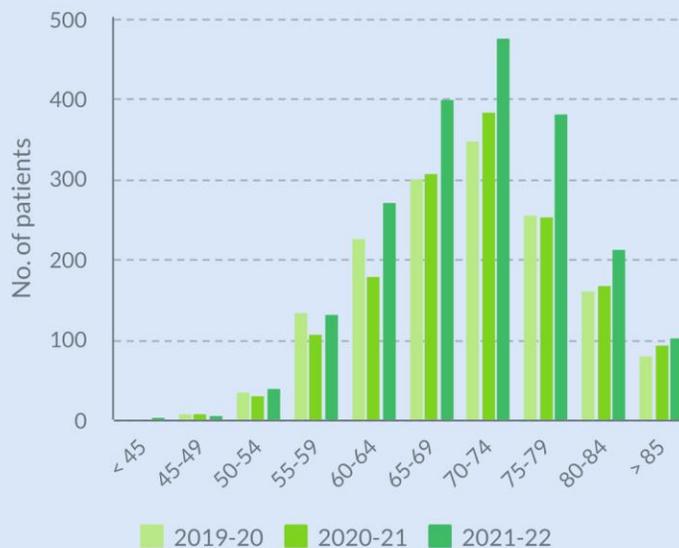
Where are patients diagnosed



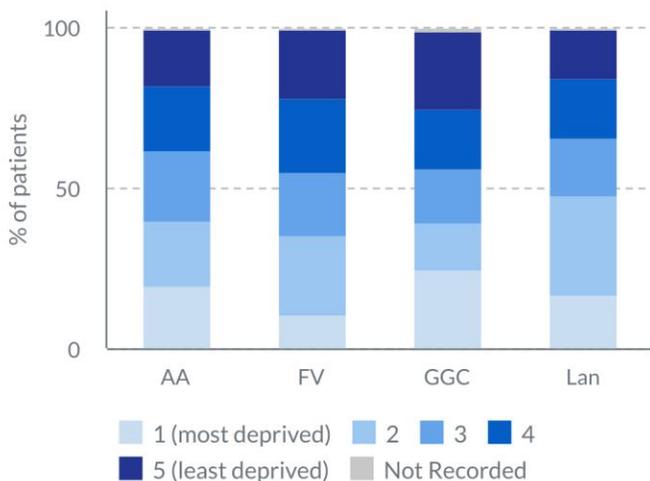
Stage at Presentation



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 2021 and 30 June 2022.

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 across the West of Scotland. NHS Boards have found some of the targets for these QPIs challenging to meet. Encouragingly, improvements can be seen in a number of areas in the last year including surgical margins (QPI 5), assessment of post-surgical incontinence (QPI 8) and radiotherapy in patients with a low metastatic burden (QPI 15(ii)). There are some measures where the QPI definitions would benefit from review in light of current best practice, including QPI 7ii and QPI 11. Definitions for these measures have now been updated as part of the recent Formal Review of Prostate Cancer QPIs and revised definitions will be reported in future years.

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

Actions required:

- MCN to suggest that the definition for QPI 4(i) is reviewed at the next Formal Review of Prostate Cancer QPIs to take into account patients with locally advanced cancers that commence hormone therapy prior to MDT and do not progress with further treatment.
- MCN to continue to closely monitor performance against QPI 5 and take appropriate action if improvements in surgical margins following radical prostatectomy do not continue.
- NHSGGC to ensure that allocation of surgical patients and capacity is coordinated so that all surgeons undertake more than 50 procedures per year.
- NHS Ayrshire & Arran to ensure complete recording of the date of MRI for all patients.
- All NHS Boards to ensure PI-RAD/Likert score is recorded for all patients having upfront pre-biopsy MRI, to ensure consistency in reporting and streamline clinical decision making, except where it is known that the patient has metastatic disease at the time of MRI.
- NHSGGC to ensure that burden of disease is assessed and recorded for all patients with metastatic prostate cancer.
- NHS Ayrshire & Arran and NHS Forth Valley to develop a clear action plan to increase the proportion of patients with low metastatic burden having radiotherapy.
- MCN to monitor performance against QPI 15ii and consider whether there is a need to review the target for this measure at the next Formal Review of Prostate Cancer QPIs in light of performance in 2022-23.

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.

Summary of QPI Results

Key	
	Above Target Result
	Below Target Result
-	Indicates data based on less than 5 patients
	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 2: Radiological Staging – Patients with high risk prostate cancer, who are suitable for radical treatment, should be evaluated for locally advanced, nodal or bony metastatic disease (MRI and bone scan).	95%	2021 - 22	99% (107/108)	100% (58/58)	99% (310/312)	91% (105/116)	98% (580/594)
		2020 - 21	96%	98%	100%	96%	99%
		2019 - 20	98%	98%	98%	99%	98%
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%	2021 - 22	95% (195/206)	96% (192/199)	98% (823/843)	99% (261/264)	97% (1471/1512)
		2020 - 21	94%	96%	98%	97%	97%
		2019 - 20	94%	99%	97%	96%	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%	2020 - 21	91% (51/56)	95% (35/37)	95% (233/245)	100% (91/91)	96% (410/429)
		2020 - 21	95%	98%	98%	97%	98%
		2019 - 20	85%	96%	94%	93%	93%
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%	2021 - 22	-	-	21% (24/116)	-	21% (24/116)
		2020 - 21	-	-	23%	-	23%
		2019 - 20	-	-	22%	-	22%
QPI 6: Volume of Cases per Surgeon* – Number of radical prostatectomy procedures performed by a surgeon over a one year period.	50 minimum	2021 - 22	-	-	2 met 1 not met	-	2 met 1 not met
		2020 - 21	-	-	2 met 1 not met	-	2 met 1 not met
		2019 - 20	-	-	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): Hormone Therapy & Docetaxel Chemotherapy – Proportion of patients with metastatic prostate cancer who are treated with immediate hormone therapy (31 days) (LHRH agonist monotherapy, maximum androgen blockade or bilateral orchidectomy).	95%	2021 - 22	98% (55/56)	87% (33/38)	94% (225/239)	94% (85/90)	94% (398/423)
		2020 - 21	100%	90%	96%	96%	96%
		2019 - 20	100%	84%	99%	96%	96%
QPI 7(ii): Hormone Therapy & Docetaxel Chemotherapy – Proportion of patients with metastatic prostate cancer who are treated with immediate hormone therapy (31 days) and docetaxel chemotherapy.	70%	2021 - 22	0% (0/21)	0% (0/15)	2% (2/106)	0% (0/48)	1% (2/190)
		2020 - 21	0%	0%	0%	2%	1%
		2019 - 20	5%	11%	14%	11%	12%
QPI 8: Post-Surgical Incontinence^{*/**} - Proportion of prostate cancer patients who undergo radical prostatectomy that have returned a PROMs tool both pre-operatively and post-operatively (12-18 months following surgery) for assessment of incontinence.	50%	2021 - 22	-	-	42% (67/161)	-	42% (67/161)
		2020 - 21	-	-	0%	-	0%
		2019 - 20	-	-	0%	-	0%
QPI 11: Management of Active Surveillance^{**} - Proportion of men with prostate cancer under active surveillance who undergo bpMRI or mpMRI within 12-18 months of diagnosis.	95%	2021 - 22	52% (14/27)	38% (11/29)	52% (34/65)	19% (8/42)	41% (67/163)
		2020 - 21	61%	33%	39%	14%	40%
		2019 - 20	39%	66%	32%	39%	41%
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%	2021 - 22	92% (106/115)	96% (122/127)	100% (428/430)	96% (149/156)	97% (805/828)
		2020 - 21	93%	97%	100%	98%	98%
		2019 - 20	97%	76%	98%	85%	90%
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%	2021 - 22	96% (189/197)	93% (175/188)	95% (788/831)	91% (214/236)	94% (1366/1452)
		2020 - 21	95%	98%	94%	95%	95%
		2019 - 20	96%	97%	87%	88%	90%

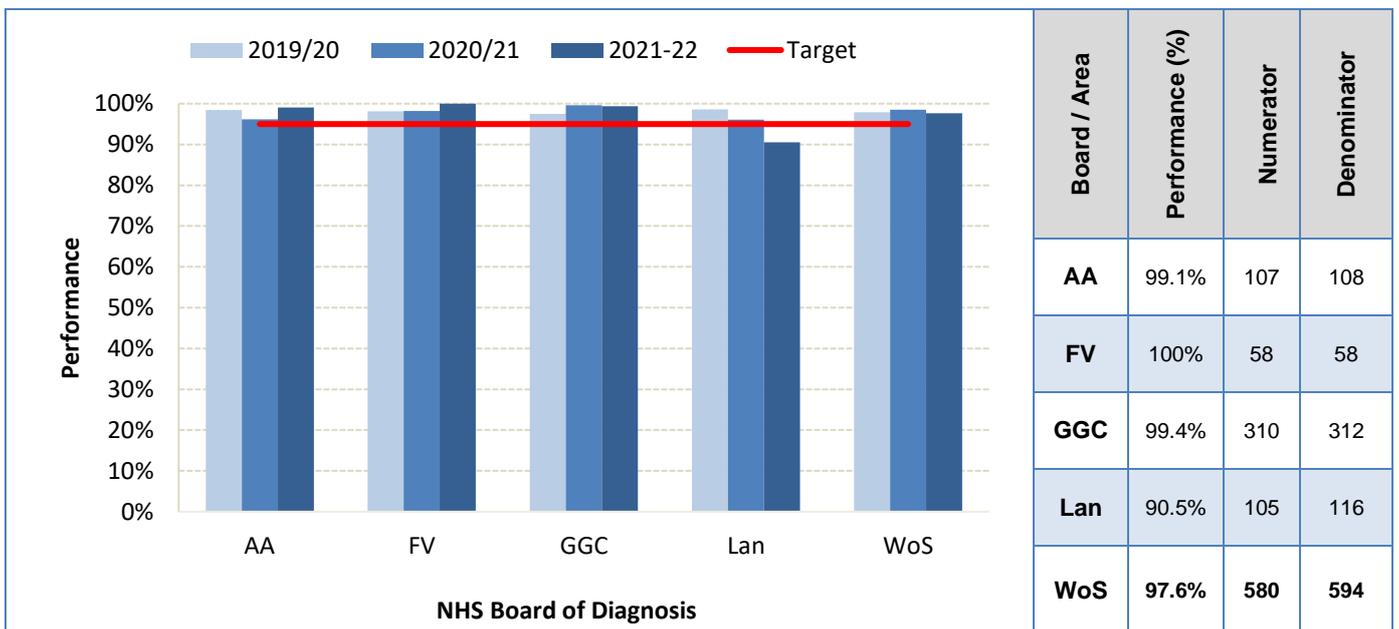
Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
QPI 15(i): Low Burden Metastatic Disease - Proportion of patients with metastatic prostate cancer in whom burden of disease is assessed.	95%	2021 - 22	100% (56/56)	100% (38/38)	73% (180/245)	99% (90/91)	85% (364/430/)
		2020 - 21	100%	100%	72%	100%	86%
		2019 - 20	100%	100%	63%	73%	75%
QPI 15(ii): Low Burden Metastatic Disease - Proportion of patients with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy.	60%	2021 - 22	36% (5/14)	27% (3/11)	66% (37/56)	72% (13/18)	59% (58/99)
		2020 - 21	35%	13%	54%	39%	39%
		2019 - 20	31%	20%	62%	30%	43%

*QPI Reported by Board of Surgery

** QPI Reported one year in arrears

QPI 2: Radiological Staging

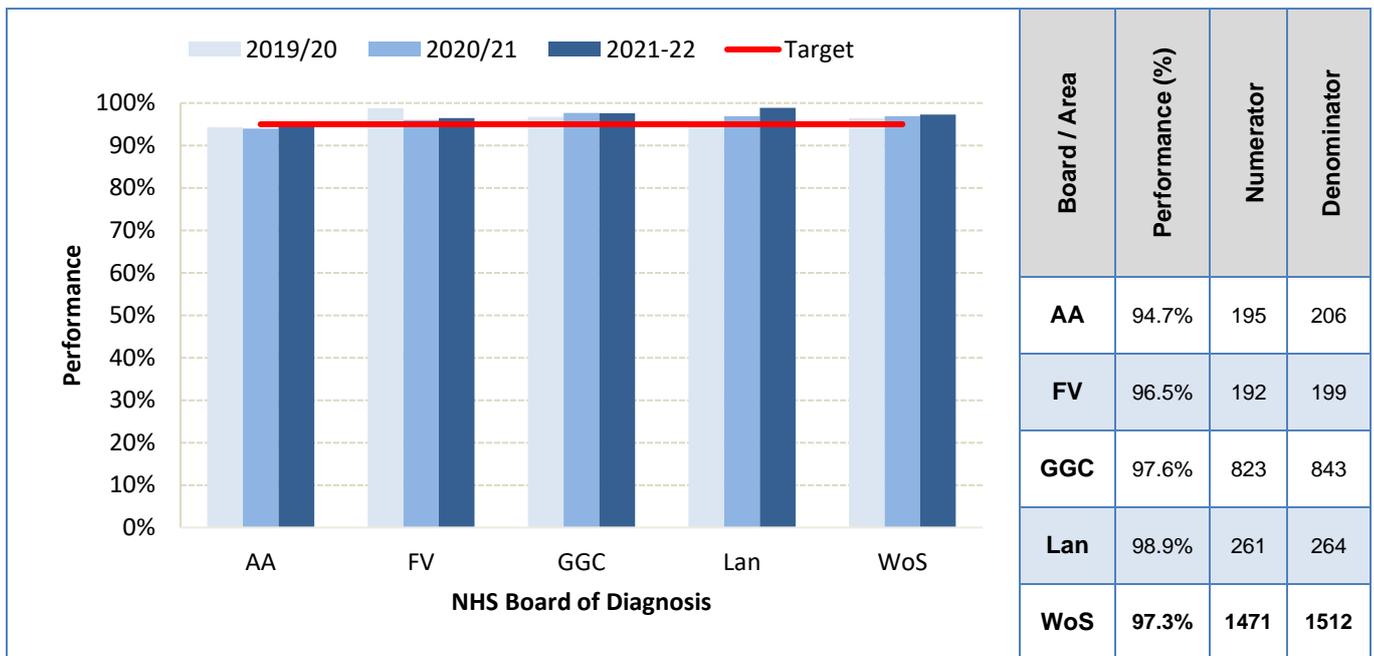
QPI Title:	Patients with high risk prostate cancer, who are suitable for radical treatment, should be evaluated for locally advanced, nodal or bony metastatic disease.
Numerator:	Number of patients with high risk prostate cancer undergoing radical treatment who have an MRI of the prostate and isotope bone scan (or alternative whole body MRI evaluation).
Denominator:	All patients with high risk prostate cancer undergoing radical treatment.
Exclusions:	<ul style="list-style-type: none"> • Patients unable to undergo an MRI scan • Patients who decline MRI • Patients with T2c tumours (with no other high risk factors)
Target:	95%



Results for this QPI indicate that high risk prostate cancer patients undergoing radical treatment are having appropriate imaging, with the QPI target being comfortably met across all WoS Boards except NHS Lanarkshire. Review of patients in NHS Lanarkshire not having an MRI and isotope bone scan highlighted that 8 patients were staged with a CT and Bone Scan given high PSA and Gleason scores. A further 3 patients were considered to be high risk and were staged with an MRI only. All patients were considered to have been staged appropriately as per local MDT discussion.

QPI 4: Multi-Disciplinary Team (MDT) Meeting

QPI Title:	Patients should be discussed by a multidisciplinary team prior to definitive treatment.
Specification (i)	Non-metastatic prostate cancer (TanyNanyM0)
Numerator:	Number of patients with non-metastatic prostate cancer (TanyNanyM0) discussed at the MDT before definitive treatment.
Denominator:	All patients with non-metastatic prostate cancer (TanyNanyM0).
Exclusions:	Patients who died before first treatment.
Target:	95%

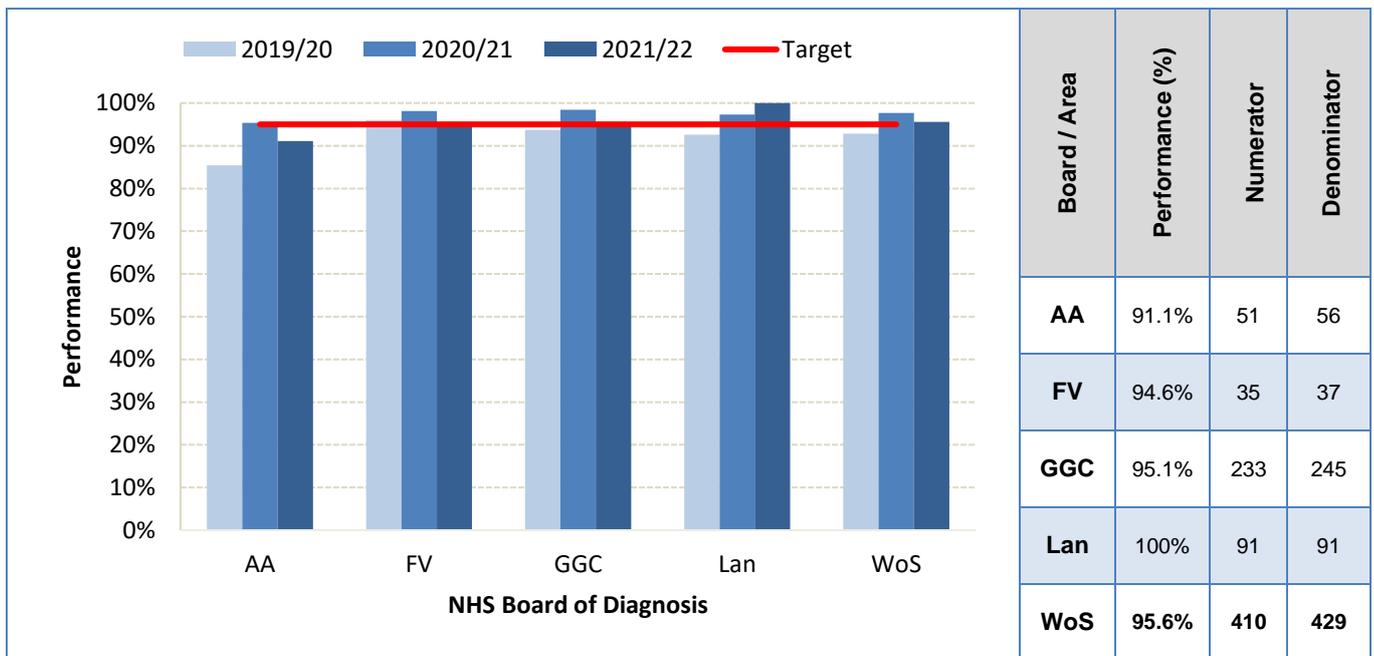


The vast majority of patients with non-metastatic prostate cancer were discussed at MDT prior to definitive treatment, with the target being met at a regional level. Performance in NHS Ayrshire and Arran narrowly missed the 95% target as 11 patients were started on hormone therapy prior to MDT discussion, which was clinically appropriate, and were not fit enough for, or refused, further treatment. The definition for this QPI should be reviewed at the next Formal Review of Prostate Cancer QPIs to take account patients appropriately treated with hormone therapy prior to MDT who did not progress with further treatment.

Action Required:

- **MCN to suggest that the definition for QPI 4(i) is reviewed at the next Formal Review of Prostate Cancer QPIs to take into account patients with locally advanced cancers that commence hormone therapy prior to MDT and do not progress with further treatment.**

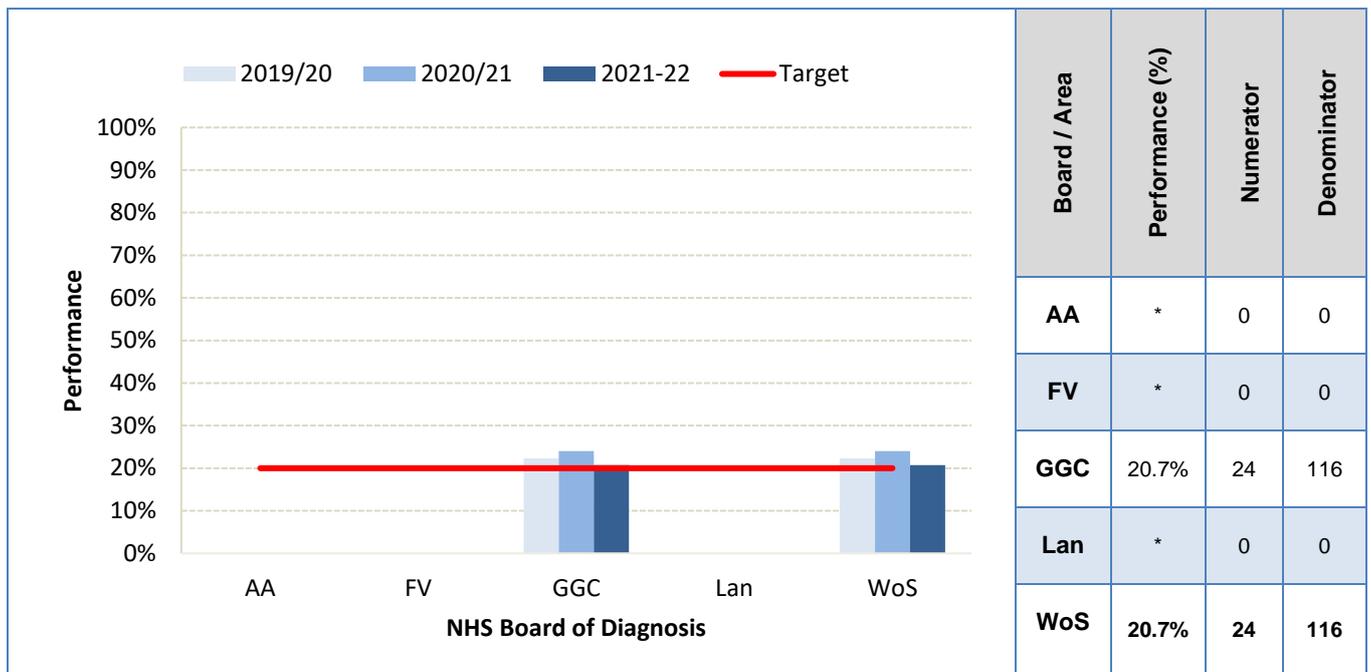
QPI Title:	Patients should be discussed by a multidisciplinary team prior to definitive treatment.
Specification (ii)	Metastatic prostate cancer (TanyNanyM1)
Numerator:	Number of patients with metastatic prostate cancer (TanyNanyM1) discussed at the MDT within 6 weeks of commencing treatment.
Denominator: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



Following an improvement in performance against this specification in 2020-21, the target for patients with metastatic prostate cancer being discussed at MDT within 6 weeks of commencing treatment was not met in NHS Ayrshire & Arran. Review of patients not meeting the QPI indicated that all were discussed at MDT, and all but one within 8 weeks of definitive treatment. The two patients from NHS Forth Valley not meeting the QPI were reviewed and valid clinical reasons were provided.

QPI 5: Surgical Margins

QPI Title:	Organ confined prostate cancers which are surgically treated with radical prostatectomy should be completely excised.
Numerator:	Number of patients with stage pT2 prostate cancer who underwent radical prostatectomy in which tumour is present at the margin.
Denominator:	All patients with stage pT2 prostate cancer who underwent radical prostatectomy.
Exclusions:	None
Target:	< 20%



Note that this QPI includes all surgeries undertaken within the audit period, including patients diagnosed prior to the audit period but undergoing surgery after a period of active surveillance. All patients receiving surgery for prostate cancer are now referred to, and operated on, by the regional robotics team in NHSGGC.

The proportion of patients with tumour present at the margins following radical prostatectomy had increased in recent years, possibly associated with nerve-sparing procedures being offered to some patients to improve both post-surgical outcomes and survivorship, in line with evolving clinical practice across the world. Results from 2021-22 indicate that performance against this measure has improved, although the target of less than 20% has been narrowly missed. Provisional analysis of data for the second half of 2022 suggests further improvement will be seen in the next reporting cycle with positive margin rates over this period considerably lower than the 20% target. In view of improving outcomes in this area, no action is proposed for NHSGGC but performance will continue to be closely monitored by the MCN.

Action Required:

- **MCN to continue to closely monitor performance against QPI 5 and take appropriate action if improvements in surgical margins following radical prostatectomy do not continue.**

QPI 6: Volume of Cases per Surgeon

QPI 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 2021/22.

	No. of Operating Surgeons	No. of Procedures	No. of Surgeons Meeting Target
GGC	3	233	2
WoS	3	233	2

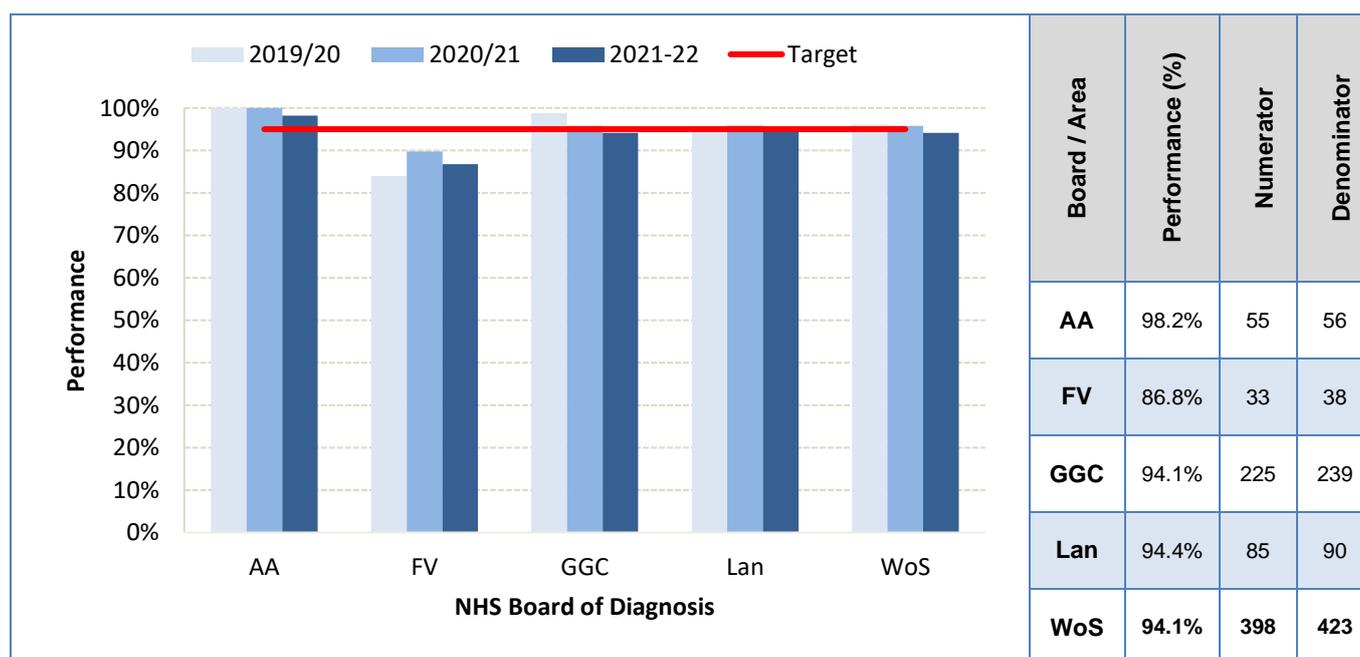
All patients receiving surgery for prostate cancer are now referred to, and operated on, by the regional robotics team in NHSGGC. Within NHSGGC one surgeon performed 44 procedures, it is anticipated that this surgeon's volumes will increase in future years as two procedures per day can now be scheduled.

Action Required:

- **NHSGGC to ensure that allocation of surgical patients and capacity is coordinated so that all surgeons undertake more than 50 procedures per year.**

QPI 7: Hormone Therapy and Docetaxel Chemotherapy

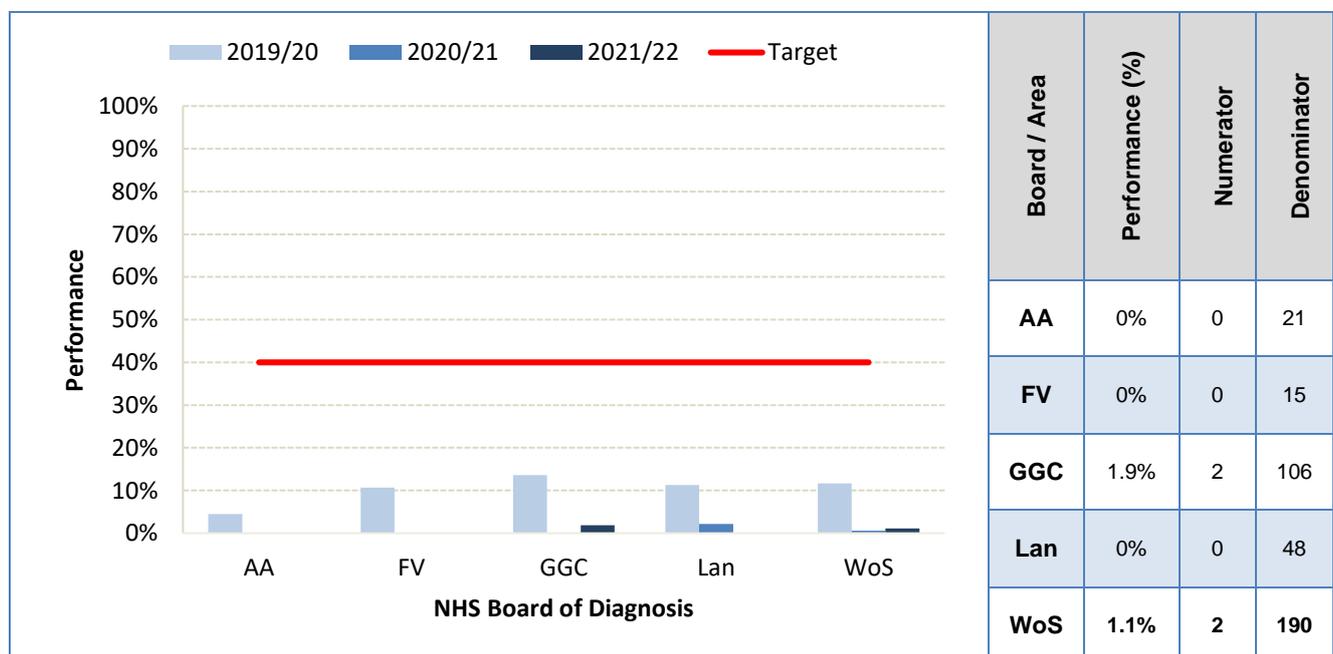
QPI Title:	Patients with metastatic prostate cancer should undergo immediate hormone therapy and chemotherapy where appropriate.
Specification (i)	Immediate hormone therapy
Numerator:	Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate hormone therapy.
Denominator: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



The proportion of patients with metastatic disease undergoing immediate hormone therapy has been lower in NHS Forth Valley than in other NHS Boards over a number of years. NHS Forth Valley have reviewed patients not starting immediate hormone therapy in 2021-22 and valid clinical reasons were given for 4 patients. For one patient the GP was requested to give hormone therapy but there was a delay in medication being prescribed.

In addition NHSGGC and NHS Lanarkshire narrowly missed the target with patients not starting immediate hormone therapy due to delays in diagnosing metastatic disease (6 patients), the need for further investigations before commencing treatment (e.g. PSA testing, testing for synchronous malignancies) or patient related factors. Three patients in NHSGGC also failed this QPI as they were not discussed at MDT; while these patients did have hormone therapy they did not meet the QPI as it was not possible to assess the timeliness of treatment.

QPI Title:	Patients with metastatic prostate cancer should undergo immediate hormone therapy and chemotherapy where appropriate.
Specification (ii)	Immediate hormone therapy and Docetaxel chemotherapy
Numerator:	Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate hormone therapy and Docetaxel chemotherapy.
Denominator:	All patients presenting with metastatic prostate cancer (TanyNanyM1).
Exclusions:	<ul style="list-style-type: none"> • Patients documented to have declined immediate hormone therapy • Patients documented to have declined chemotherapy • Patients enrolled in clinical trials • Patients receiving ARTA (Androgen Receptor Targeted Agent) treatment
Target:	40%



In April 2020, Docetaxel prescribing was suspended because of the increased COVID-19 exposure risk in line with the Covid-19 National Cancer Medicines Advisory Group advice (NCMAG001), which approved routine off label use of oral Abiraterone in patients diagnosed with metastatic hormone sensitive prostate cancer who would otherwise be offered Docetaxel. Within the current QPI definition patients receiving Abiraterone (ARTA) as an alternative to Docetaxel are excluded from this QPI and therefore the patients included in the denominator are those were not fit enough to receive ARTA; as such the current definition is no longer relevant or helpful in informing improvements in patient care. This QPI has been amended at the recent Formal Review of Prostate Cancer QPIs and in subsequent

years will include all systemic treatments (including ARTA) in line with advances in clinical practice, enabling more robust assessment of performance in this area from the next reporting cycle.

QPI 8: Post Surgical Incontinence

QPI Title:	Post surgical incontinence for patients with prostate cancer should be assessed using a validated PROMs (Patient Reported Outcome Measures) tool.
Numerator:	Number of patients with prostate cancer undergoing radical prostatectomy that have returned a PROMs tool both pre-operatively and post-operatively (12-18 months following surgery) for assessment of incontinence.
Denominator:	All patients with prostate cancer undergoing radical prostatectomy.
Exclusions:	<ul style="list-style-type: none"> • Patients who undergo salvage prostatectomy • Patients who receive adjuvant radiotherapy within 12 months of surgery
Target:	50%

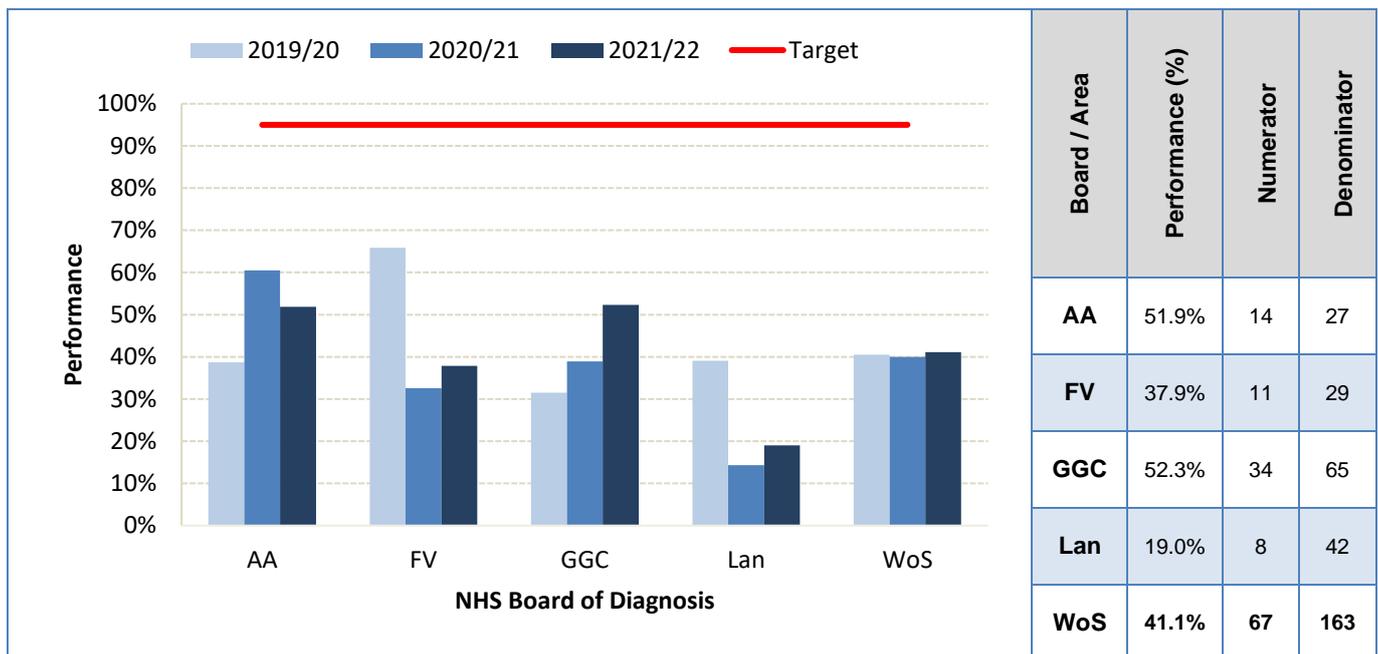
Audit Period	2019-20			2020-21			2021-22		
	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator
AA	*	0	0	*	0	0	*	0	0
FV	*	0	0	*	0	0	*	0	0
GGC	0%	0	156	0%	0	153	41.6%	67	161
Lan	*	0	0	*	0	0	*	0	0
WoS	0%	0	156	0%	0	153	41.6%	67	161

As this indicator looks at the use of the PROMs tool 12-18 months post surgery, the QPI is reported one year in arrears. As such, data presented here are for patients diagnosed in 2018-19, 2019-20 and 2020-21.

All radical prostatectomies for patients diagnosed within WoSCAN were undertaken in NHSGGC. Pre-operative EPIC-26 questionnaires have been issued to all patients being considered for radical treatment since early 2020. Post-operative questionnaires have also been sent to all patients 12 months after surgery starting from June 2022. This will include many, but not all of the patients in this cohort. In cases where patients have been provided with both forms return rate for both questionnaires appears to be a little over 60%, suggesting that this target should be met for the next reporting cycle when all patients will receive both pre-operative and post-operative EPIC-26 questionnaires.

QPI 11: Management of Active Surveillance

QPI Title:	Men under active surveillance for prostate cancer should undergo biparametric MRI (bpMRI) or multiparametric MRI (mpMRI) within 12- 18 months of diagnosis.
Numerator:	Number of patients with prostate cancer under active surveillance who undergo bpMRI or mpMRI within 12-18 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 • Patients who decline MRI
Target:	95%



This QPI is reported one year in arrears so data presented are for patients diagnosed in 2020-21. Review of results indicated that the majority (88%) of these patients did have an mpMRI or bpMRI but for many the imaging was outwith the 12-18 month window. Of the twenty patients that had no imaging, the vast majority (16 patients) were from NHS Lanarkshire. Across all NHS Boards most patients not meeting this QPI had MRI imaging approximately 12 months after their initial MRI but less than 12 months after pathological diagnosis; this is considered to be clinically appropriate. In addition, there were a small number of patients that had imaging earlier due to a change in symptoms.

Following the recently completed Formal Review of Prostate Cancer QPIs the definition of this QPI has been amended to allow mpMRI / bpMRI from 11 months to 18 months following diagnosis, for patients having biopsy as an alternative to mpMRI / bpMRI to meet the QPI and for patients undergoing radical treatment within 12 months of diagnosis to be excluded.

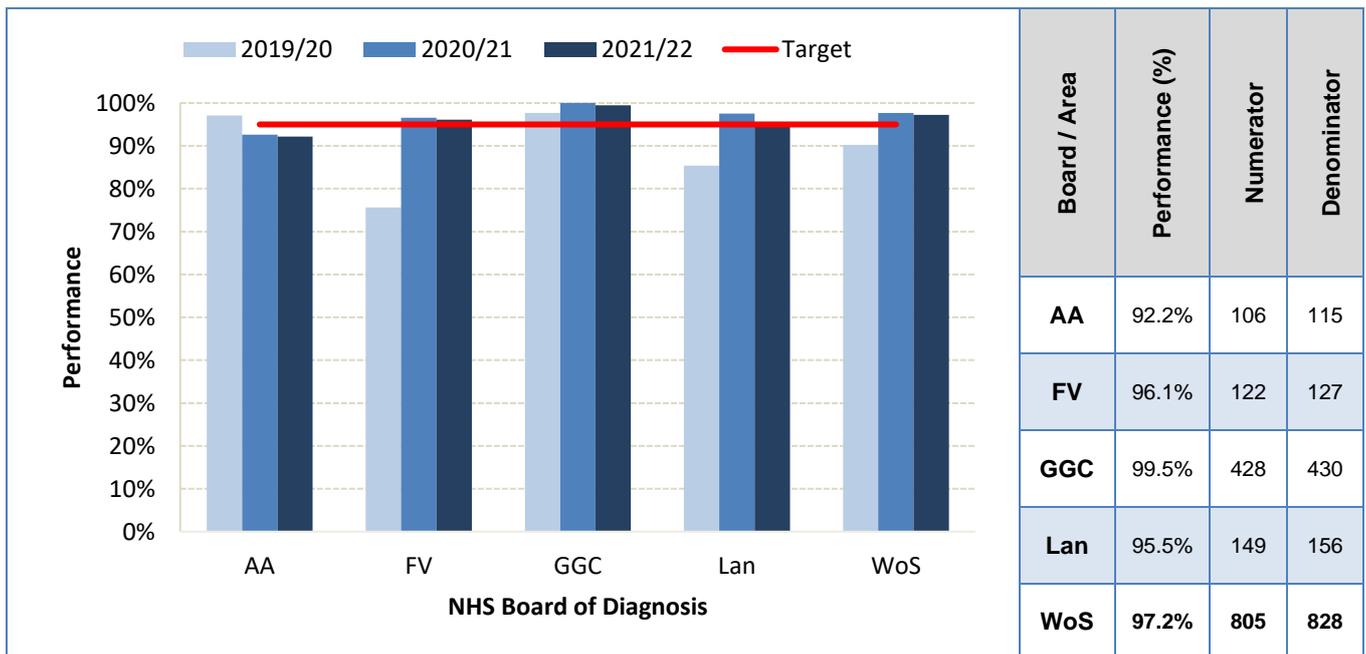
NHS Forth Valley have reminded nurses booking surveillance MRIs to schedule imaging a year from the date of TRUS/pathological biopsy rather than date of the initial MRI, while NHSGGC clinical staff will also be reminded of the QPI requirements. In NHS Lanarkshire the audit team will inform the responsible consultant and CNS team of the timeframe within which patients are due to have surveillance MRI scan on a quarterly basis.

With the pending revisions to the definition of this QPI, all NHS Boards reinforcing the requirements of the active surveillance pathway to clinicians, the agreement of a stand-alone active surveillance

protocol for WoSCAN which was published in March 2023 and as the impact of COVID-19 pandemic on surveillance MRIs recedes, improvements in timely surveillance MRI imaging are anticipated in future.

QPI 14: Diagnostic Pre-biopsy MRI

QPI 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 (i):	Patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation
Numerator:	Number of patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.
Denominator:	All patients with prostate cancer who undergo biopsy.
Exclusions:	<ul style="list-style-type: none"> • Patients unable to undergo an MRI scan • Patients who decline MRI • Patients who have undergone TURP • Patients who have undergone laser enucleation • Patients with locally advanced (Clinical T3 and above) and / or M1 disease.
Target:	95%

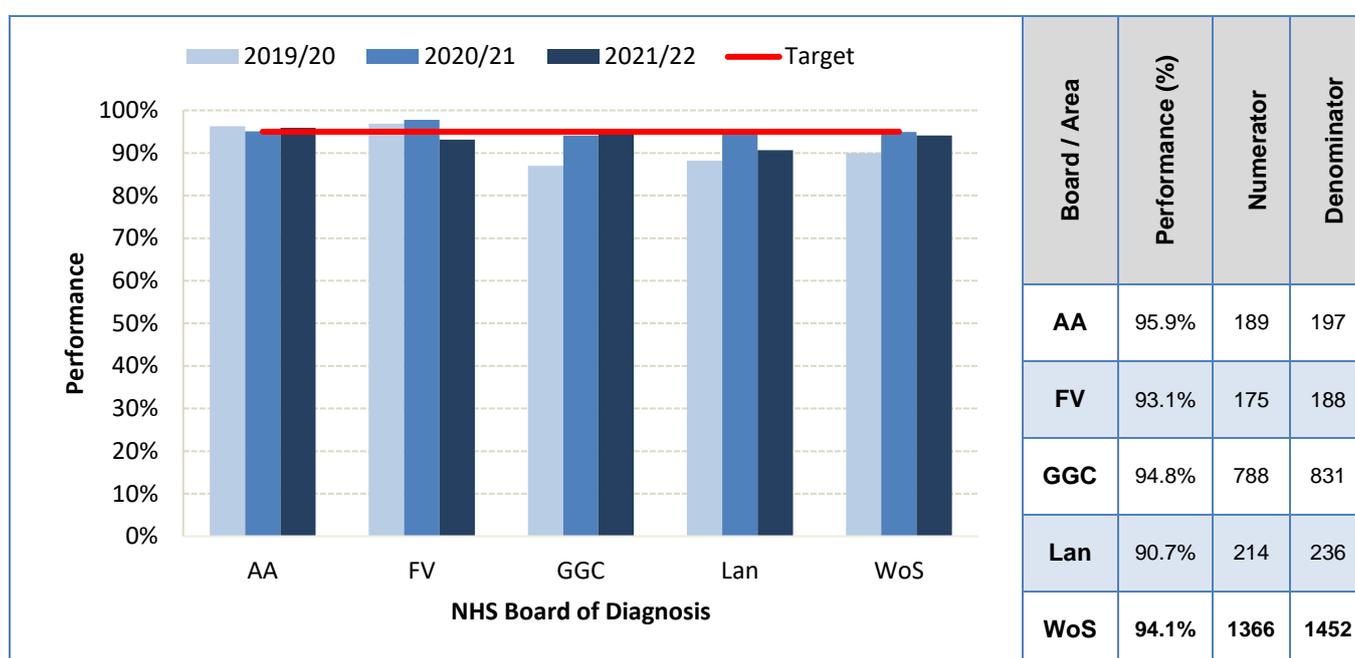


NHS Ayrshire & Arran was the only NHS Board where less than 95% of patients undergoing biopsy had a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation. Review of patients not meeting the QPI highlighted that 7 of these patients had high PSA and / or suspicious rectal exam therefore went straight to TRUS biopsy; a further 2 patients did have a mpMRI but the date of imaging was not recorded and therefore it was not possible to confirm that imaging was prior to biopsy.

Action Required:

- **NHS Ayrshire & Arran to ensure complete recording of the date of MRI for all patients.**

QPI 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:	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:	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%



Review of patients not meeting this QPI in NHSGGC, NHS Forth Valley and NHS Lanarkshire indicated that for 24 patients the PI-RAD/Likert score was not assessable due to imaging artefacts such as those caused by hip prostheses. While PI-RAD/Likert scores are most relevant for earlier stage disease, to help identify when biopsy is required, it is good practice to record for locally advanced disease as well to ensure consistency of reporting and streamlining of clinical decision making. However, where a diagnosis of metastatic prostate cancer has been made prior to MRI then recording of PI-RADS/Likert score is not relevant.

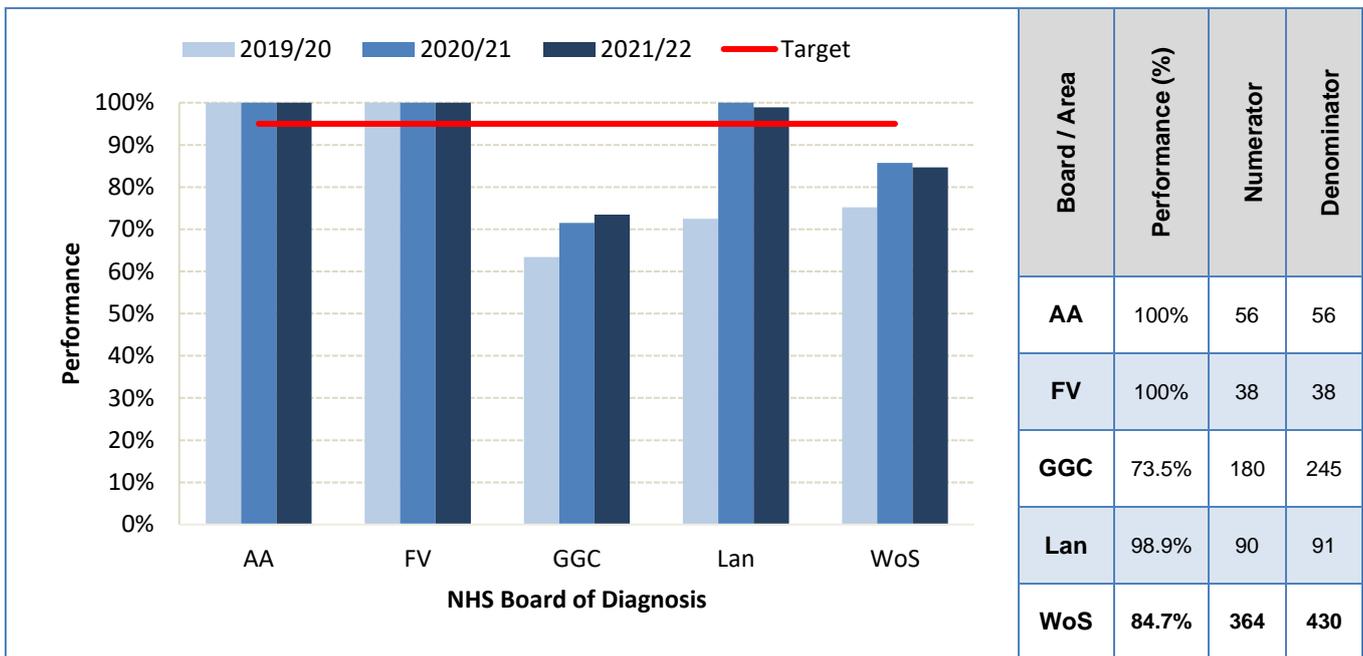
NHSGGC will remind radiologists of the requirement to report PI-RAD/Likert scores for all prostate MRIs. NHS Forth Valley have agreed with radiology that if an MRI report does not have a LIKERT/PI-RADS grade noted, this will be recorded at the MDT discussion.

Action Required:

- **All NHS Boards to ensure PI-RAD/Likert score is recorded for all patients having upfront pre-biopsy MRI, to ensure consistency in reporting and streamline clinical decision making, except where it is known that the patient has metastatic disease at the time of MRI.**

QPI 15: Low Burden Metastatic Disease

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

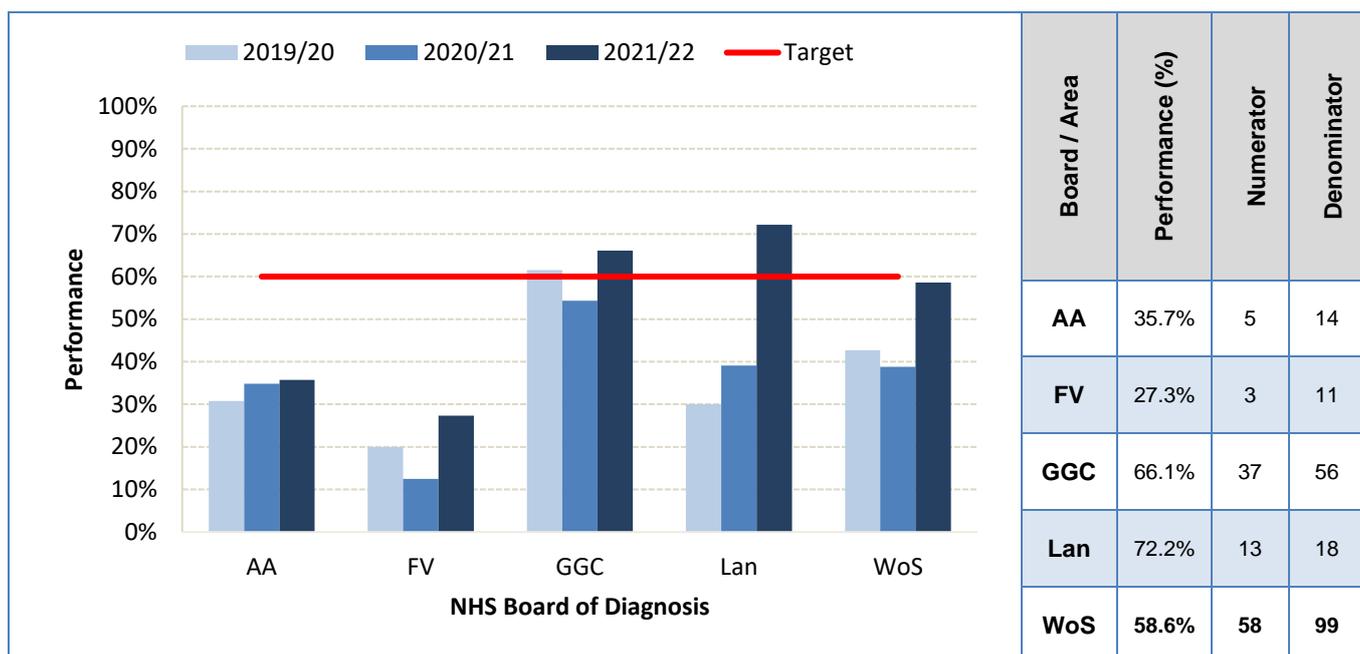


Within NMSGGC disease burden was not assessed for 65 patients with metastatic prostate cancer, with only a marginal improvement in performance since 2021-22. Recording of disease burden is anticipated to improve following the merger of the Glasgow and Clyde MDTs in spring 2022 and the MDT being reminded to document disease burden for all metastatic cases following QPI reporting last year, however any impact of these actions will not be seen until results for patients diagnosed 2022-23 are analysed in the next reporting cycle. NMSGGC will reiterate to the MDT the need to document disease burden for all metastatic case.

Action Required:

- **NMSGGC to ensure that burden of disease is assessed and recorded for all patients with metastatic prostate cancer.**

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



Performance against this measure has improved considerably at a regional level. While numbers of patients included within this QPI are relatively small, making comparisons between NHS Boards difficult, performance was higher in NHS GGC and NHS Lanarkshire compared with other NHS Boards.

Cases not meeting the target were reviewed. Within NHS Ayrshire & Arran, of the 9 patients not having radiotherapy 6 were considered not fit enough for treatment and a further 3 were being considered for radiotherapy at the time of reporting. Within NHS Forth Valley review indicated that patients did not receive radiotherapy due to clinical reasons which were confirmed as appropriate by oncology.

The prostate cancer CMG was updated in early 2021 to include treatment options for patients with low burden metastatic disease and a presentation on the treatment pathways for metastatic cancer patients was made at the MCN education day in May 2022. This is likely to have contributed to the improvement in performance in 2021-22 and should improve performance further in the next reporting cycle.

Action Required:

- **NHS Ayrshire & Arran and NHS Forth Valley to develop a clear action plan to increase the proportion of patients with low metastatic burden having radiotherapy.**
- **MCN to monitor performance against QPI 15ii and consider whether there is a need to review the target for this measure at the next Formal Review of Prostate Cancer QPIs in light of performance in 2022-23.**

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Prostate Cancer Quality Performance Indicators																												
Time Period	Patients diagnosed between 01 July 2021 to 30 June 2022																												
Data Source	Prostate Cancer QPIs V4.0 Cancer Quality Performance Indicators (QPIs) (healthcareimprovementscotland.org)																												
Data extraction date	2200 hrs on 10 April 2023																												
Data Quality	<table border="1"> <thead> <tr> <th></th> <th>Ayrshire & Arran</th> <th>Forth Valley</th> <th>GGC</th> <th>Lanarkshire</th> <th>WoS</th> </tr> </thead> <tbody> <tr> <td>Cases from audit 2021-22</td> <td>323</td> <td>251</td> <td>1099</td> <td>362</td> <td>2035</td> </tr> <tr> <td>Cases from ISD (2017-21)</td> <td>260</td> <td>257</td> <td>918</td> <td>347</td> <td>1782</td> </tr> <tr> <td>Case ascertainment</td> <td>124.2%</td> <td>97.7%</td> <td>119.7%</td> <td>104.3%</td> <td>114.2%</td> </tr> </tbody> </table>						Ayrshire & Arran	Forth Valley	GGC	Lanarkshire	WoS	Cases from audit 2021-22	323	251	1099	362	2035	Cases from ISD (2017-21)	260	257	918	347	1782	Case ascertainment	124.2%	97.7%	119.7%	104.3%	114.2%
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