West of Scotland Cancer Network

Upper Gastro-intestinal Cancer Managed Clinical Network

Audit Report

Upper GI Cancer
Quality Performance Indicators

Report of the 2022 Clinical Audit Data

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Upper GI Cancer Quality Performance Indicators: Data Overview

Patients diagnosed January - December 2022

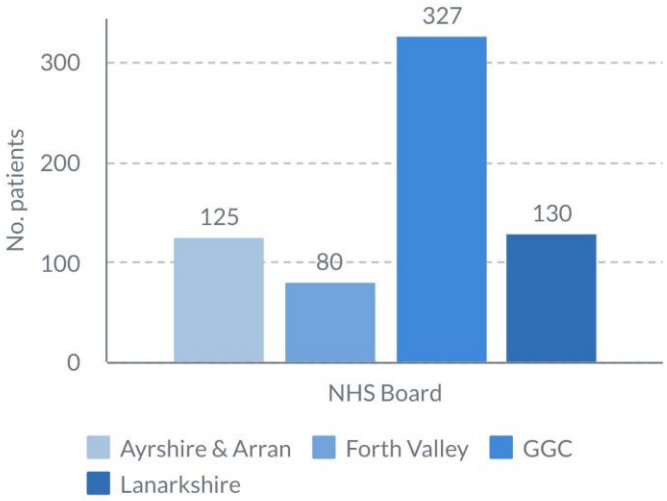
Number of patients	662

Median Age of Patients:	
Oesophageal Cancer	70
Gastric Cancer	75

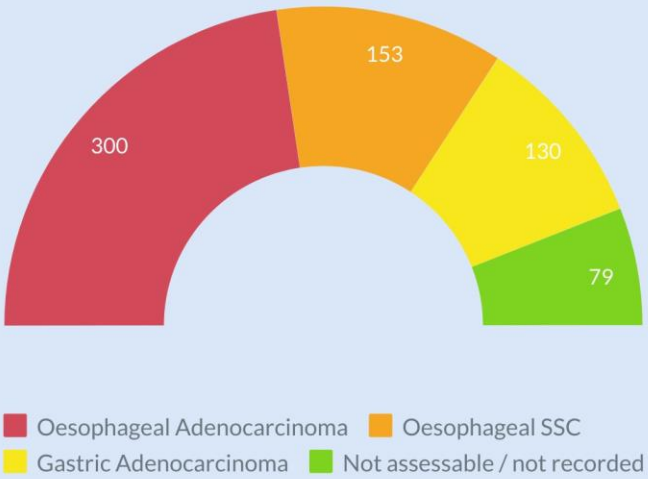
Patient gender:

	Male	Female
Oesophageal Cancer	70%	30%
Gastric Cancer	61%	39%

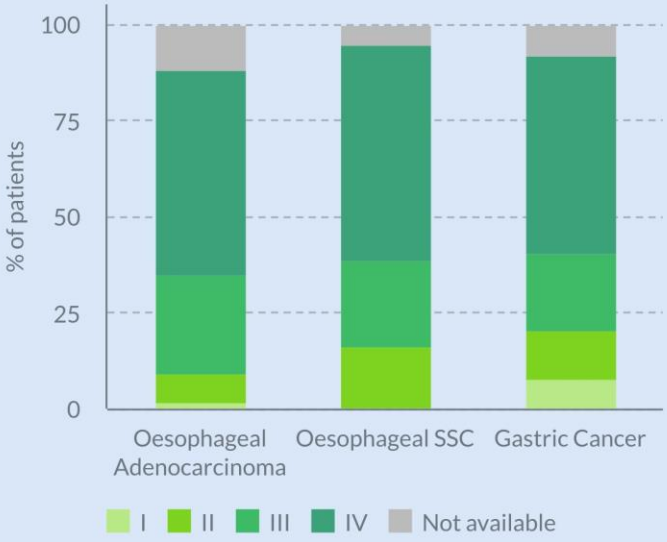
Where are patients diagnosed



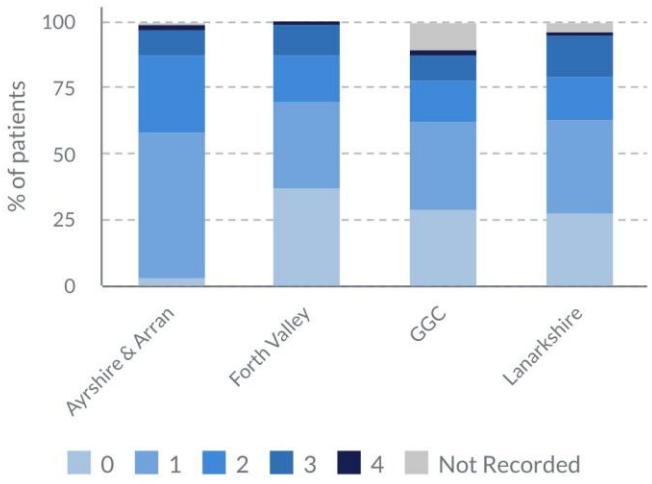
Site and Morphology



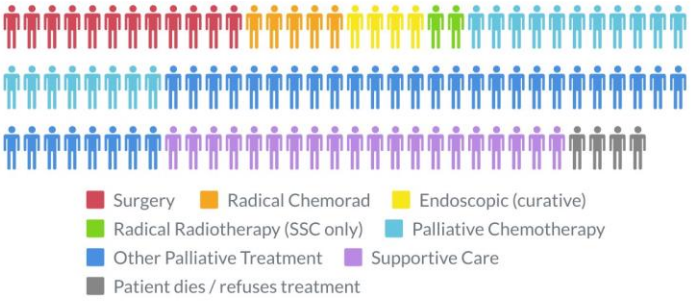
Stage of Disease at Diagnosis



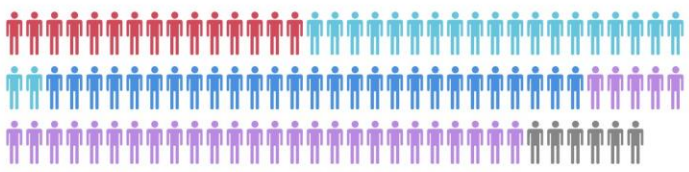
Performance Status of Patients



Treatment Type - Oesophageal Cancer



Treatment Type - Gastric Cancer



EXECUTIVE SUMMARY

This report presents an assessment of performance of West of Scotland (WoS) Upper Gastro-intestinal (GI) Cancer Services relating to patients diagnosed in the region between 01 January and 31 December 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.

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. In the main these indicate valid clinical reasons or that, in some cases, patient choice or co-morbidities have influenced patient management. Additionally, positive action has already been taken at a local level to address some issues highlighted through local review of QPI performance. It is anticipated that these positive changes will result in improved performance in future years. NHS Boards are encouraged to continue with this proactive approach of reviewing data and addressing issues as necessary, in order to work towards increasingly advanced performance against targets, and demonstration of overall improvement in quality of the care and service provided to patients.

Key points of note:

- There was no improvement in timely diagnosis following endoscopy (QPI 1) in 2022 despite the implementation of an Endoscopy Quality Improvement Project, however work in this area is ongoing.
- The development of a new MDT system is underway which, when implemented, should improve recording of clinical information and consequently performance against QPIs 4(i), 4(ii) and 5(i).
- Low levels of mortality were reported following surgical resection (QPI 7).
- Collaboration between the National Oesophago Gastric Cancer Audit and cancer networks in Scotland has demonstrated that curative treatment rates across England, Scotland and Wales are very similar when adjusted for differences in age, tumour type, performance status and clinical stage (QPI 11).
- HER2 testing has recently been brought in-house to NHSGGC from London (QPI 13).
- Lower number of patients had surgical resection for upper GI cancer within NHS Ayrshire & Arran (13 patients) and NHS Lanarkshire (14 patients) in 2022; work is ongoing to combine these services within a single surgical site, location as yet to be determined.

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

- NHSGGC to report to MCN on results of the audit currently underway to look at Upper GI cancers missed at endoscopy.
- NHSGGC to build on the previous Endoscopy Improvement Plan by (i) raising awareness via the Endoscopic User Group and (ii) improving the effectiveness of the guidance posters by working with the medical illustration department to produce coloured posters for improved visibility in clinics.
- NHS Lanarkshire to review the timeliness of MDT discussions; patients within NHS Lanarkshire were discussed an average of 20 days following diagnosis in 2022.

- MCN to continue to work with MDT system developers to agree an Upper GI dataset thereby improving accuracy and completeness of data recording at MDT and subsequent analysis of MDT data.
- NHS Forth Valley to ensure that actions are implemented to improve recording of treatment intent at the MDT, including highlighting the need for recording to MDT members.
- NHSGGC to progress work on the new dietetic pathway to ensure that all patients have MUST score recorded, those with a high risk of malnutrition are assessed by a dietician and that details of this assessment are accessible to audit staff.
- All NHS Boards to support the continued development of local prehabilitation services.
- WoSCAN to review performance against QPI 10(i) over a number of years to enable assessment of variation in the involvement of circumferential margins between NHS Boards.

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.**

Upper GI 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%	2022	90% (82/91)	92% (54/59)	88% (217/246)	96% (93/97)	90% (446/493)
		2021	87%	94%	94%	95%	93%
		2020	95%	98%	94%	93%	94%
QPI 3: MDT Meeting Proportion of patients with oesophageal cancer who are discussed at MDT meeting before definitive treatment.	95%	2022	97% (85/88)	98% (60/61)	92% (238/258)	84% (80/95)	92% (463/502)
		2021	91%	98%	92%	92%	93%
		2020	89%	91%	93%	77%	89%
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%	2022	93% (86/92)	95% (59/62)	86% (225/261)	95% (92/97)	90% (462/512)
		2021	95%	96%	92%	92%	93%
		2020	93%	98%	97%	88%	94%
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%	2022	99% (91/92)	79% (49/62)	87% (227/261)	93% (90/97)	89% (457/512)
		2021	99%	93%	93%	95%	95%
		2020	98%	100%	95%	97%	97%
QPI 5 (i): Nutritional Assessment Proportion of patients with oesophageal cancer who undergo nutritional screening with the MUST before first treatment.	95%	2022	75% (69/92)	69% (43/62)	69% (180/261)	75% (73/97)	71% (365/512)
		2021	74%	71%	72%	68%	72%
		2020	71%	80%	77%	89%	79%
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%	2022	97% (37/38)	100% (31/31)	86% (91/106)	100% (56/56)	93% (215/231)
		2021	97%	100%	87%	95%	93%
		2020					

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%	2022	75% (9/12)	75% (9/12)	71% (30/42)	83% (10/12)	74% (58/78)
		2021	83%	85%	71%	100%	78%
		2020	-	78%	68%	80%	73%
QPI 7 (a)*: 30 day Mortality Following Surgery Proportion of patients with oesophageal cancer who die within 30 days of surgical resection.	< 5%	2022	0% (0/9)	-	3% (1/40)	0% (0/9)	2% (1/58)
		2021	0%	-	0%	8%	1%
		2020	-	-	0%	0%	0%
QPI 7 (b)*: 90 day Mortality Following Surgery Proportion of patients with oesophageal cancer who die within 90 days of surgical resection.	< 7.5%	2022	0% (0/6)	-	3% (1/38)	0% (0/6)	2% (1/50)
		2021	0%	-	5%	9%	5%
		2020	-	-	3%	0%	2%
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%	2022	100% (10/10)	-	84% (36/43)	90% (9/10)	87% (55/63)
		2021	100%	-	91%	85%	90%
		2020	-	-	80%	100%	85%
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%	2022	30% (3/10)	-	60% (26/43)	40% (4/10)	52% (33/63)
		2021	50%	-	58%	69%	60%
		2020	71%	-	62%	-	62%
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	70%	2022	60% (6/10)	-	74% (32/43)	60% (6/10)	70% (44/63)
		2021	83%	-	77%	69%	76%
		2020	-	-	80%	43%	74%
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%	2022	90% (9/10)	-	95% (41/43)	100% (10/10)	95% (60/63)
		2021	100%	-	94%	92%	94%
		2020	-	-	94%	100%	96%

Oesophageal Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 11: Curative Treatment Rates Proportion of patients with oesophageal cancer who undergo curative treatment.	35%	2022	21% (19/92)	34% (21/62)	24% (63/261)	15% (15/97)	23% (118/512)
		2021	14%	31%	29%	20%	25%
		2020	10%	29%	23%	17%	21%
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%	2022	82% (9/11)	78% (7/9)	70% (14/20)	92% (12/13)	79% (42/53)
		2021	100%	80%	89%	100%	93%
		2020	78%	-	68%	47%	65%

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%	2022	87% (27/31)	100% (18/18)	79% (49/62)	94% (30/32)	87% (124/143)
		2021	76%	92%	78%	90%	81%
		2020	89%	100%	90%	94%	92%
QPI 3: MDT Meeting Proportion of patients with gastric cancer who are discussed at MDT meeting before definitive treatment.	95%	2022	97% (32/33)	94% (16/17)	91% (59/65)	88% (29/33)	92% (133/145)
		2021	100%	100%	94%	96%	96%
		2020	93%	91%	88%	87%	89%
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%	2022	97% (32/33)	83% (15/18)	86% (57/66)	97% (32/33)	91% (136/150)
		2021	100%	93%	91%	93%	93%
		2020	97%	92%	90%	94%	92%
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%	2022	91% (30/33)	61% (11/18)	80% (53/66)	94% (31/33)	83% (125/150)
		2021	90%	100%	97%	90%	94%
		2020	100%	92%	90%	97%	94%

Gastric Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 5 (i): Nutritional Assessment Proportion of patients with gastric cancer who undergo nutritional screening with the MUST before first treatment.	95%	2022	64% (21/33)	72% (13/18)	65% (43/66)	70% (23/33)	67% (100/150)
		2021	66%	60%	81%	93%	78%
		2020	61%	33%	87%	94%	79%
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%	2022	100% (10/10)	100% (12/12)	76% (19/25)	100% (10/10)	89% (51/57)
		2021	100%	-	89%	100%	96%
		2020					
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%	2022	-	-	100% (8/8)	-	100% (13/13)
		2021	-	-	80%	-	80%
		2020	-	-	67%	-	73%
QPI 7 (a)*: 30 day Mortality Following Surgery Proportion of patients with gastric cancer who die within 30 days of surgical resection.	< 5%	2022	-	-	0% (0/16)	-	0% (0/23)
		2021	-	-	0%	-	0%
		2020	-	-	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%	2022	-	-	0% (0/15)	-	0% (0/21)
		2021	-	-	0%	-	0%
		2020	-	-	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%	2022	-	-	79% (11/14)	-	81% (17/21)
		2021	-	-	62%	-	67%
		2020	-	-	100%	-	100%
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%	2022	-	-	86% (12/14)	-	76% (16/21)
		2021	-	-	69%	-	67%
		2020	-	-	90%	-	82%

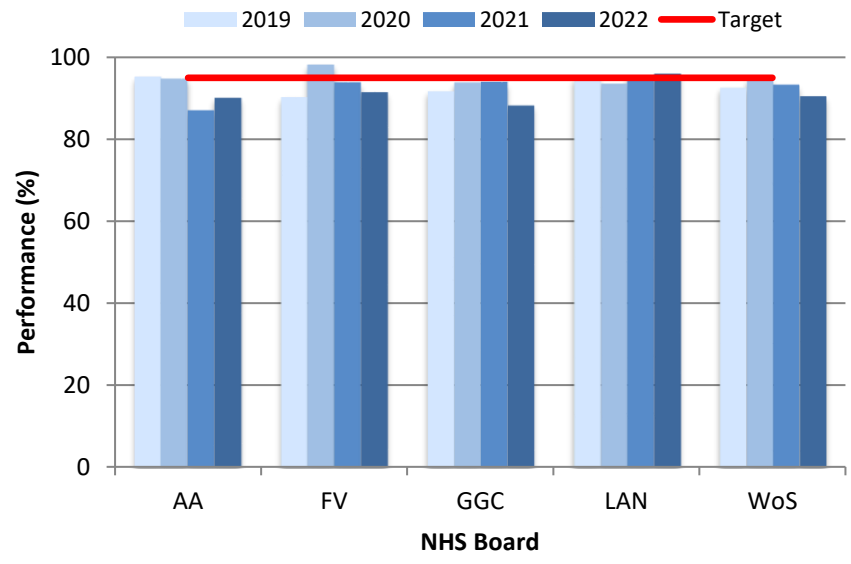
Gastric Cancer	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 10 (ii)*: Resection Margins Proportion of patients with gastric cancer who undergo surgical resection in which surgical margin is clear of tumour, i.e. negative surgical margin (ii) longitudinal	95%	2022	-	-	81% (13/16)	-	87% (20/23)
		2021	-	-	100%	-	100%
		2020	-	-	90%	-	93%
QPI 11: Curative Treatment Rates Proportion of patients with gastric cancer who undergo curative treatment.	35%	2022	9% (3/33)	6% (1/18)	21% (14/66)	12% (4/33)	15% (22/150)
		2021	3%	20%	19%	7%	13%
		2020	0%	0%	19%	11%	12%

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

QPI 1: Biopsy Procedure

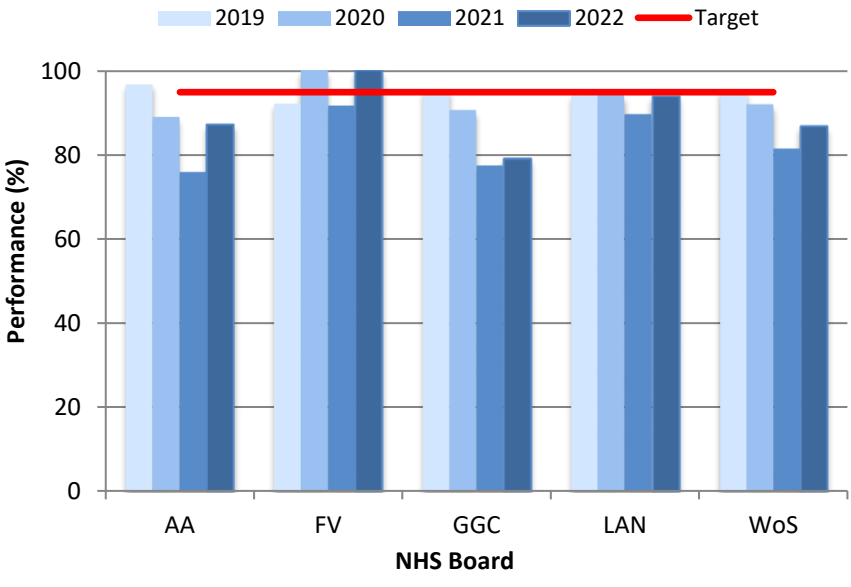
QPI 1:	Patients with oesophageal or gastric cancer should undergo endoscopy and biopsy to reach a diagnosis of cancer.
Numerator:	Number of patients with oesophageal or gastric cancer who undergo endoscopy who have a histological diagnosis made within 6 weeks of initial endoscopy and biopsy.
Denominator: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

Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	90.1%	82	91
FV	91.5%	54	59
GGC	88.2%	217	246
Lan	95.9%	93	97
WoS	**90.5%**	**446**	**493**

Gastric Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	87.1%	27	31
FV	100%	18	18
GGC	79.0%	49	62
Lan	93.8%	30	32
WoS	**86.7%**	**124**	**143**

Across the region approximately half of patients who did not have a histological diagnosis within 6 weeks of initial endoscopy did ultimately have a histological diagnosis. Of those patients that had a histological diagnosis more than 42 days after the initial endoscopy, review indicates many had initial biopsies that showed dysplasia but not cancer; given clinical suspicion further endoscopy and biopsy was ultimately undertaken resulting in a cancer diagnosis. 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.

An Endoscopic Improvement Plan was instituted in NHSGGC and rolled out across the WoS during the COVID-19 pandemic. NHS Boards were requested to relaunch the plan in 2022. Despite these efforts, performance continues to be low and further action is required.

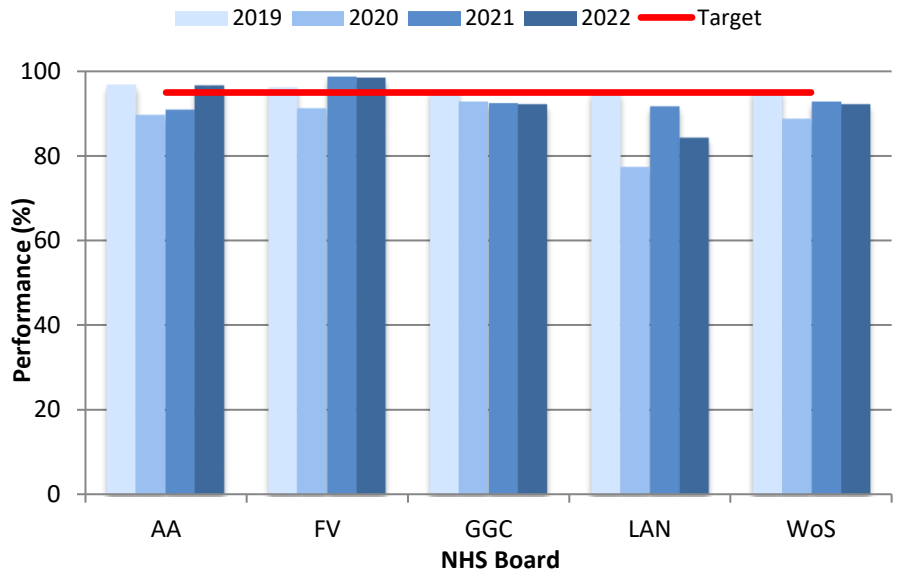
Action Required:

- **NHSGGC to report to MCN on results of the audit currently underway to look at Upper GI cancers missed at endoscopy.**
- **NHSGGC to build on the previous Endoscopy Improvement Plan by (i) raising awareness via the Endoscopic User Group and (ii) improving the effectiveness of the guidance posters by working with the medical illustration department to produce coloured posters for improved visibility in clinics.**

QPI 3: MDT Discussion

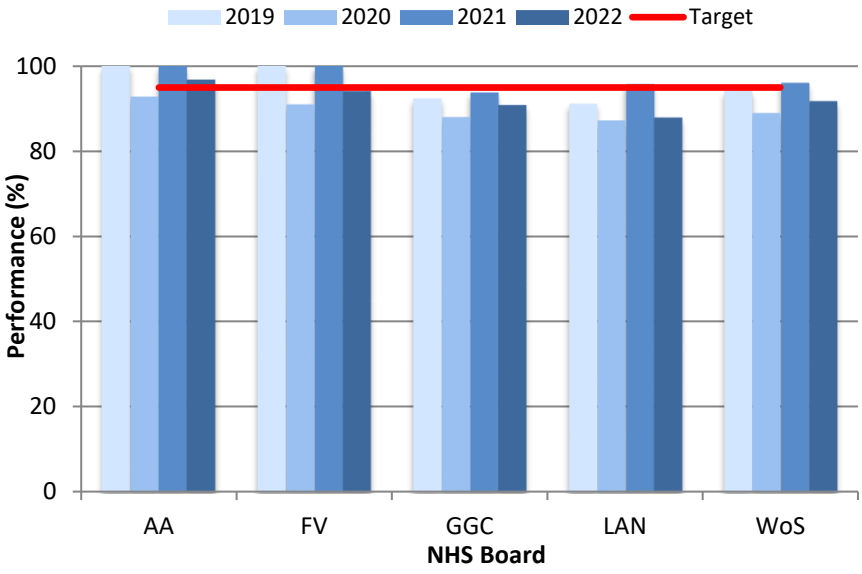
QPI 3:	Patients should be discussed by a multidisciplinary team prior to definitive treatment.
Numerator:	Number of patients with oesophageal or gastric cancer discussed at the MDT before definitive treatment.
Denominator:	All patients with oesophageal and gastric cancer.
Exclusions:	Patients who died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

Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	96.6%	85	88
FV	98.4%	60	61
GGC	92.2%	238	258
Lan	84.2%	80	95
WoS	**92.2%**	**463**	**502**

Gastric Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	96.7%	29	30
FV	94.1%	16	17
GGC	90.8%	59	65
Lan	87.9%	29	33
WoS	**91.7**	**133**	**145**

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 emergency stent insertion prior to MDT discussion due to the severity of symptoms experienced by the patient. In such cases clinicians are acting in the best interest of patients. Only 11 patients were not discussed at MDT, none of these were for treatment with curative intent and over half died within 2 weeks of diagnosis.

Performance in NHS Lanarkshire appears to have been lower than for other WoSCAN Boards in recent years. Review of cases suggests that the majority of these patients had emergency stenting after a mini MDT discussion and were subsequently discussed at the full MDT meeting. Analysis undertaken into the timings of MDT discussion indicate that there is on average a longer time between diagnosis and MDT discussion in NHS Lanarkshire than other Boards, and shorter times to MDT in NHS Forth Valley and Ayrshire & Arran, which may go some way to explain the higher performance in these two NHS Boards.

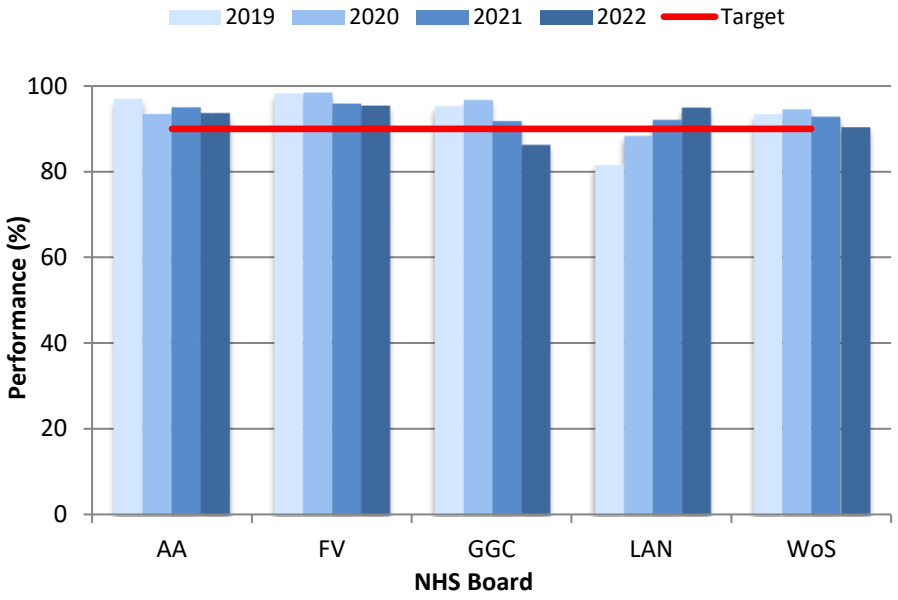
Action Required:

- **NHS Lanarkshire to review the timeliness of MDT discussions; patients within NHS Lanarkshire were discussed an average of 20 days following diagnosis in 2022.**

QPI 4: Staging and Treatment Intent

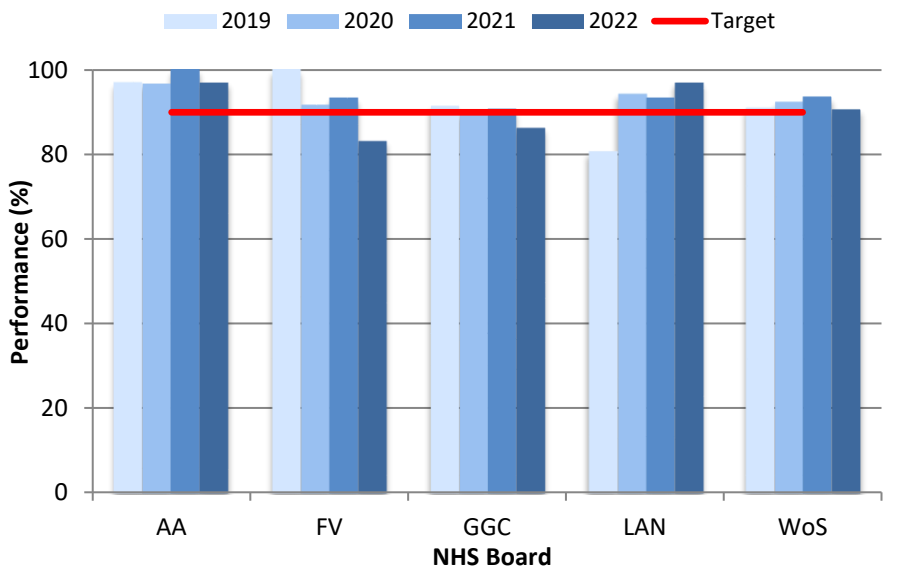
QPI 4(i):	Patients with oesophageal or gastric cancer should be staged using the TNM staging system and have this recorded at MDT prior to treatment commencing.
Numerator:	Number of patients with oesophageal or gastric cancer who have TNM stage recorded at MDT prior to treatment.
Denominator:	All patients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

Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	93.5%	86	92
FV	95.2%	59	62
GGC	86.2%	225	261
Lan	94.8%	92	97
WoS	**90.2%**	**462**	**512**

Gastric Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	97.0%	32	33
FV	83.3%	15	18
GGC	86.4%	57	66
Lan	97.0%	32	33
WoS	**90.7%**	**136**	**150**

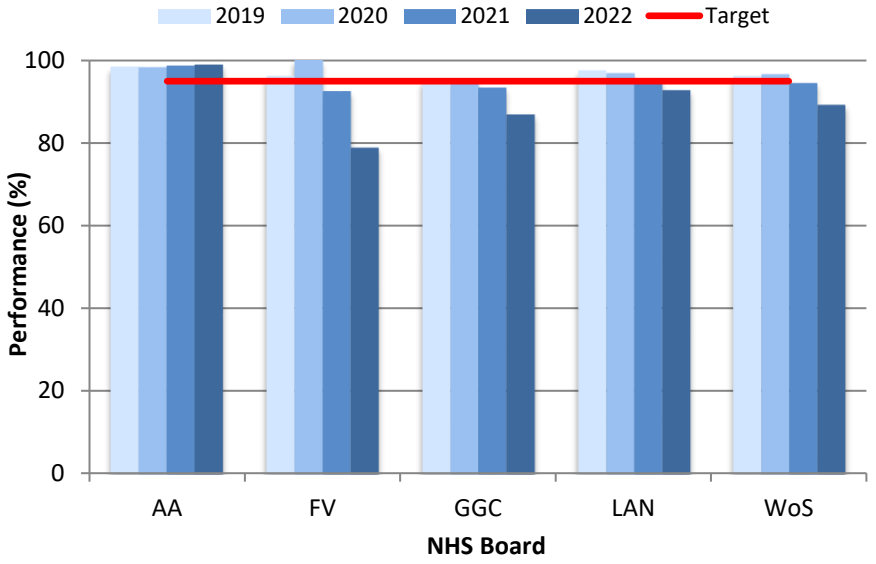
Recording of TNM staging at MDT fell in NHGGC in 2022. Performance against this measure is likely to have been affected by the move to Microsoft Teams meetings following the COVID-19 pandemic in 2020, where data recorded cannot be reviewed by the MDT in real time. Face-to-face MDTs resumed in NHSGGC in September 2023 and this is anticipated to lead to improvements in the completeness of recording of TNM stage at MDT in future. Further, an upgrade to the MDT system is currently under development and should result in a considerable improvement in the recording of clinical stage at MDT once it is rolled out.

A number of patients having curative endoscopic treatments (endoscopic mucosal resection (EMR)) may not be staged until after EMR and therefore fail this QPI. Amendments to data definitions have been made to take this into account and will be implemented from the next reporting cycle.

Further, some patients are recorded as Mx at MDT; these patients will not meet the QPI as currently defined as this category is not within the TNM classification (TNM Classification of Malignant Tumours, Eighth Edition, UICC, 2017).

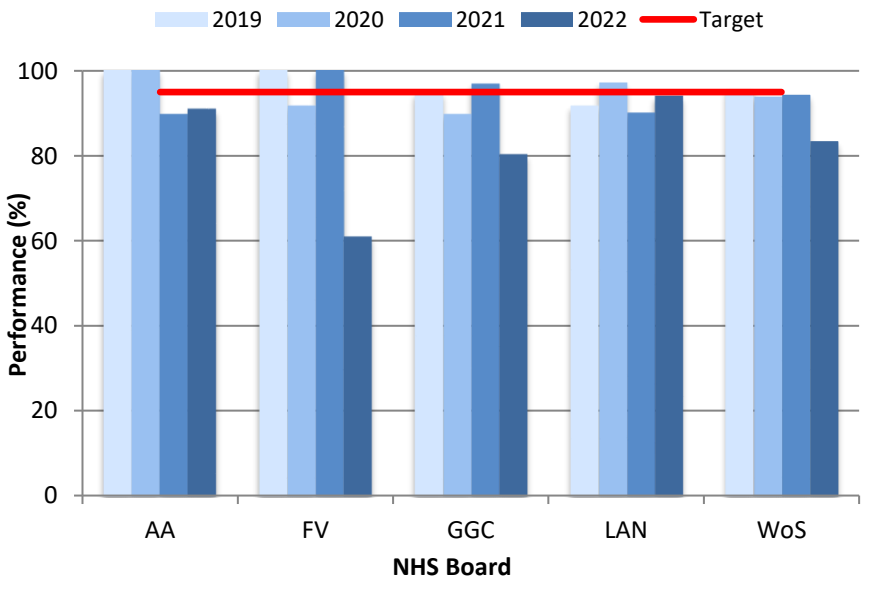
QPI 4(ii):	Patients with oesophageal or gastric cancer should have treatment intent recorded at MDT prior to treatment commencing.
Numerator:	Number of patients with oesophageal or gastric cancer who treatment intent recorded at MDT prior to treatment.
Denominator:	All patients with oesophageal and gastric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

Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	98.9%	91	92
FV	79.0%	49	62
GGC	87.0%	227	261
Lan	92.8	90	97
WoS	**89.3%**	**457**	**512**

Gastric Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	90.9%	30	33
FV	61.1%	11	18
GGC	80.3%	53	66
Lan	93.9%	31	33
WoS	**83.3%**	**125**	**150**

Performance against this QPI has fallen across a number of NHS Boards, most notably NHSGGC and NHS Forth Valley. Cases where treatment intent was not recorded were reviewed; while some patients died before MDT (11 patients) or refused treatment (2 patients), this was not the case for the majority of patients. For some, MDT discussion may have been deemed unnecessary as patients were receiving end of life care, however 21 of these patients received curative treatment (all from NHS Forth Valley or NHSGGC). This highlights a clear need to improve recording of treatment intent at the time of MDT. As with staging, the re-introduction of face-to-face MDT meetings in NHSGGC in 2023 and upgrade to the MDT system currently being developed are anticipated to result in a considerable improvement in the recording of treatment intent at MDT, while NHS Forth Valley will highlight the important of recording of treatment intent to MDT members.

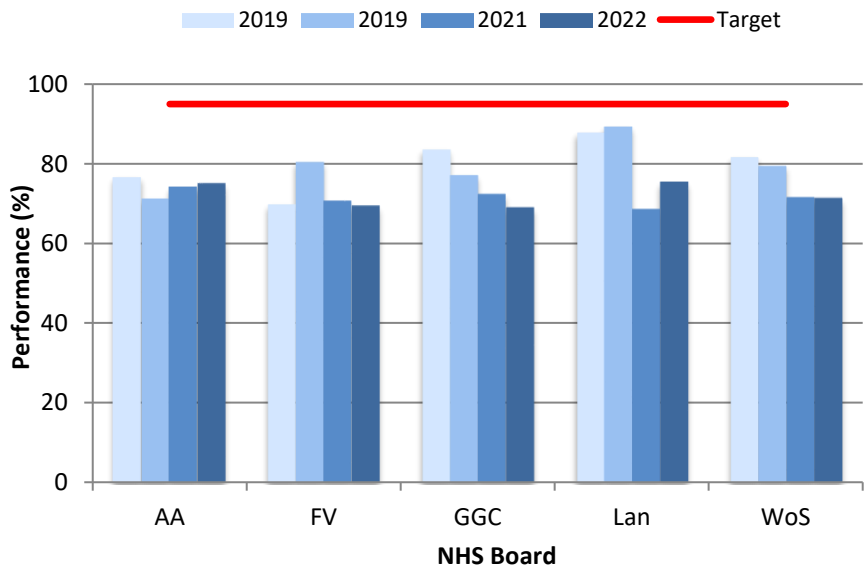
Action Required:

- **MCN to continue to work with MDT system developers to agree an Upper GI dataset thereby improving accuracy and completeness of data recording at MDT and subsequent analysis of MDT data.**
- **NHS Forth Valley to ensure that actions are implemented to improve recording of treatment intent at the MDT, including highlighting the need for recording to MDT members.**

QPI 5: Nutritional Assessment

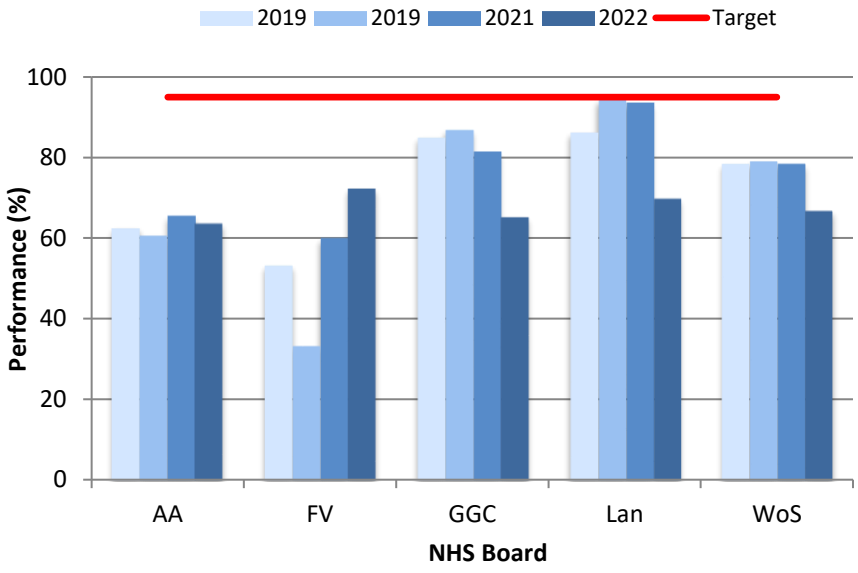
QPI 5(i):	Patients with oesophageal or gastric cancer should be appropriately assessed by a dietitian to optimise nutritional status.
Numerator:	Number of patients with oesophageal or gastric cancer who undergo nutritional screening with the MUST before first treatment.
Denominator:	All patients with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

Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	75.0%	69	92
FV	69.4%	43	62
GGC	69.0%	180	261
Lan	75.3%	73	97
WoS	**71.3%**	**365**	**512**

Gastric Cancer



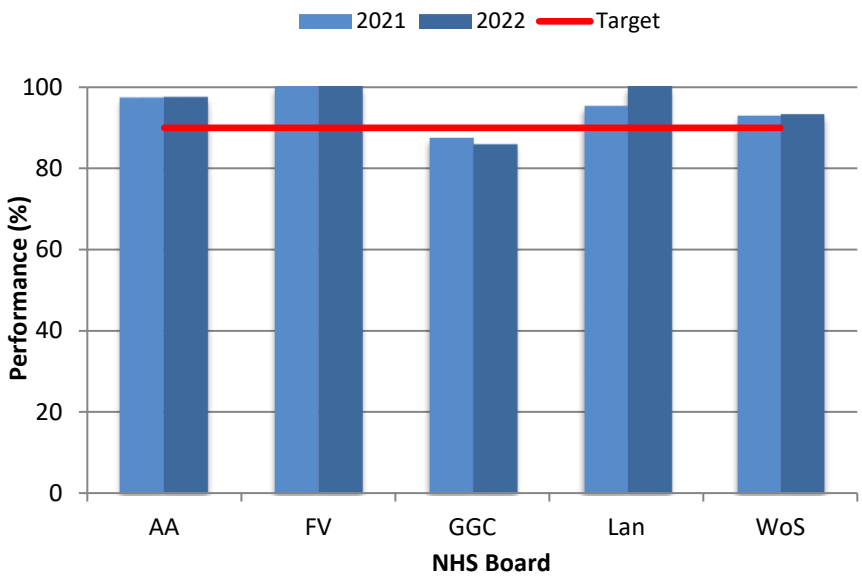
Board / Area	2022 Performance (%)	Numerator	Denominator
AA	63.6%	21	33
FV	72.2%	13	18
GGC	65.2%	43	66
Lan	69.7%	23	33
WoS	**66.7%**	**100**	**150**

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 and in 2022 more than a quarter of patients did not have a MUST score recorded before treatment. The majority of patients not meeting this QPI did not have a MUST score recorded, although a significant minority did have a MUST score recorded after treatment and small numbers died before assessment. It is likely that those patients without a MUST score recorded are largely those patients that are eating normally and have stable weight and therefore are unlikely to require referral to a dietician; never-the-less it is recognised that MUST scores should be reported for all patients as early as possible in the diagnostic 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 improve recording of MUST score in future years; NHSGGC are continuing to discuss a new dietetics pathway and NHS Lanarkshire implemented electronic patients assessments, which include MUST, from August 2023 while in NHS Forth Valley MUST has started to be recorded within clinic letters.

MUST scoring will 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.

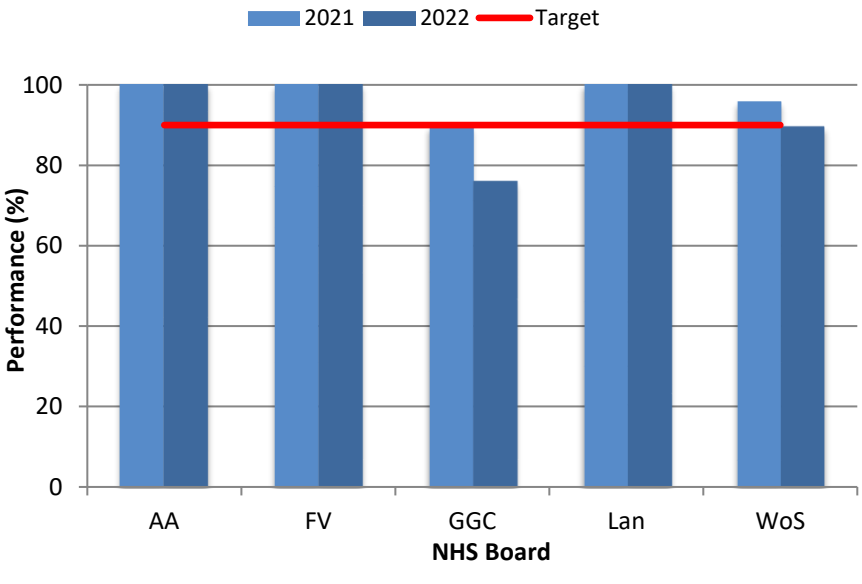
QPI 5(ii):	Patients with oesophageal or gastric cancer should be appropriately assessed by a dietitian to optimise nutritional status.
Numerator:	Number of patients with oesophageal or gastric cancer at high risk of malnutrition (MUST score of 2 or more) who are assessed by a dietitian.
Denominator:	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	2022 Performance (%)	Numerator	Denominator
AA	97.4%	37	38
FV	100%	31	31
GGC	85.8%	91	106
Lan	100%	56	56
WoS	**93.1%**	**215**	**231**

Gastric Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	100%	10	10
FV	100%	12	12
GGC	76.0%	19	25
Lan	100%	10	10
WoS	**89.5%**	**51**	**57**

There has been a slight decline in the proportion of patients with a high risk of malnutrition recorded as being assessed by a dietician within NHSGGC. A lack of documentation on whether patients were assessed has made this QPI challenging to meet for the Board; in addition some patients declined nutritional assessment or did not respond to telephone calls. As highlighted under specification (i), NHSGGC is currently in discussions about a new dietetic pathway, which will hopefully improve performance in this area.

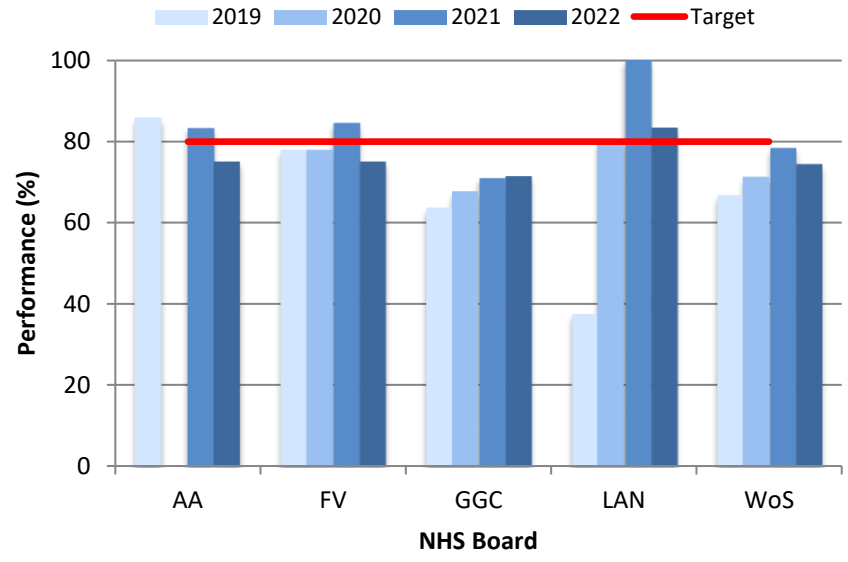
Action Required:

- **NHSGGC to progress work on the new dietetic pathway to ensure that all patients have MUST score recorded, those with a high risk of malnutrition 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	2022 Performance (%)	Numerator	Denominator
AA	75.0%	9	12
FV	75.0%	9	12
GGC	71.4%	30	42
Lan	83.3%	10	12
WoS	**74.4%**	**58**	**78**

This measure was met for patients with gastric cancer with all 13 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. The continued development of prehabilitation services in the region will hopefully reduce the numbers of patients unable to progress with surgery due to fitness issues and therefore ultimately improve performance against this QPI.

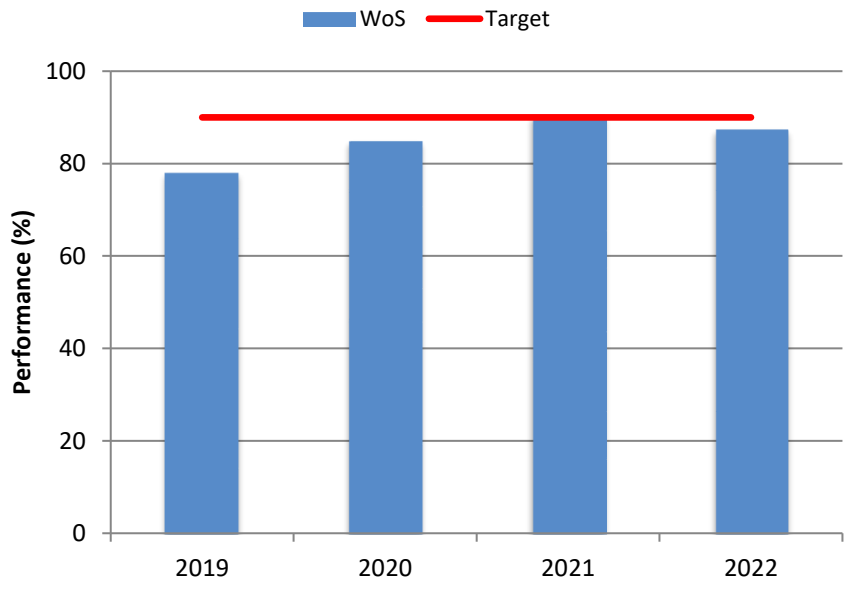
Action Required:

- **All NHS Boards to support the continued development of local prehabilitation services.**

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%

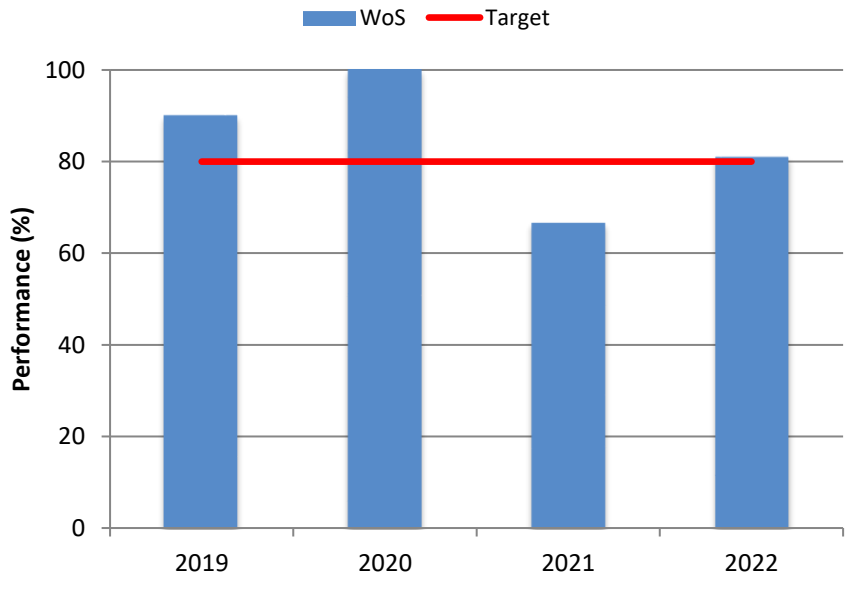
Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	100%	10	10
FV	*	0	0
GGC	83.7%	36	43
Lan	90.0%	9	10
WoS	**87.3%**	**55**	**63**

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

Gastric Cancer



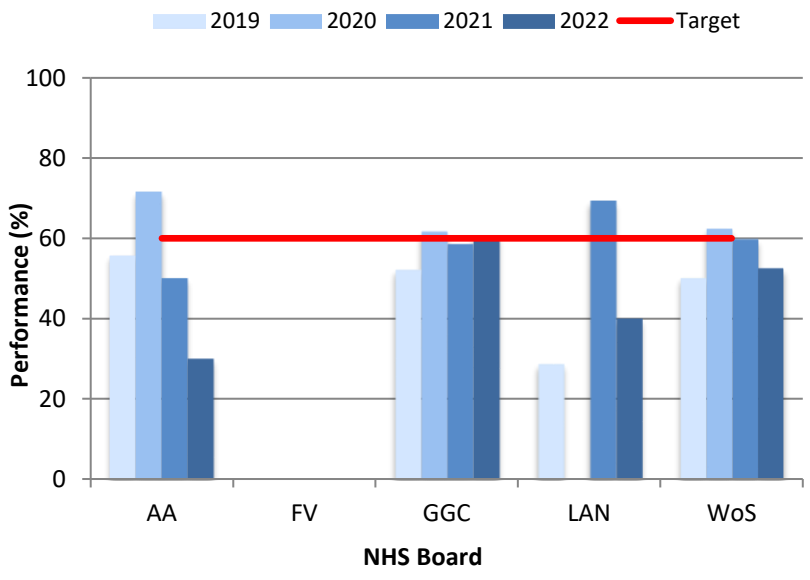
Board / Area	2022 Performance (%)	Numerator	Denominator
AA	-	-	-
FV	*	0	0
GGC	78.6%	11	14
Lan	-	-	-
WoS	**81.0%**	**17**	**21**

Review of surgeries where less than 15 lymph nodes were resected and examined showed no pattern in the operating surgeons or type of surgery. 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	2022 Performance (%)	Numerator	Denominator	**Median no. of days**
AA	30.0%	3	10	**20**
FV	*	0	0	**-**
GGC	60.5%	26	43	**13**
Lan	40.0%	4	10	**16.5**
WoS	**52.4%**	**33**	**63**	**14**

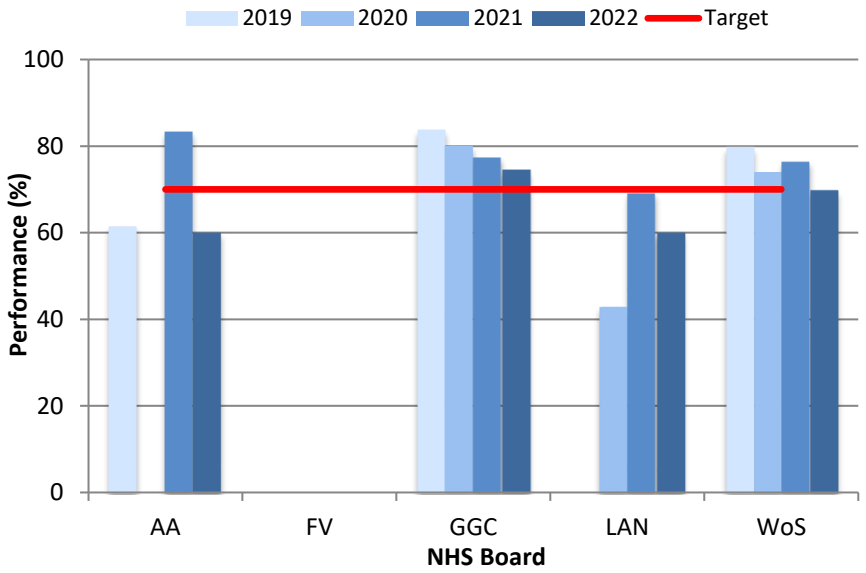
The QPI has been met for patients with gastric cancer with a median length of hospital stay for WoSCAN patients of 10 days following surgery.

Review of oesophageal cancer patients not being discharged within 14 days of surgery in NHS Ayrshire & Arran and NHS Lanarkshire reveals that the majority of these patients had a longer stay due to post-operative complications such as anastomotic leaks (6 patients across both Boards) and respiratory complications (4 patients across both Boards). In NHS Lanarkshire some patients had delays to discharge due to having a slower recovery in terms of mobility and nutrition; the Board are keen to introduce prehabilitation support for patients to improve their fitness before surgery, which should 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:	70%

Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	60.0%	6	10
FV	*	0	0
GGC	74.4%	32	43
Lan	60.0%	6	10
WoS	**69.8%**	**44**	**63**

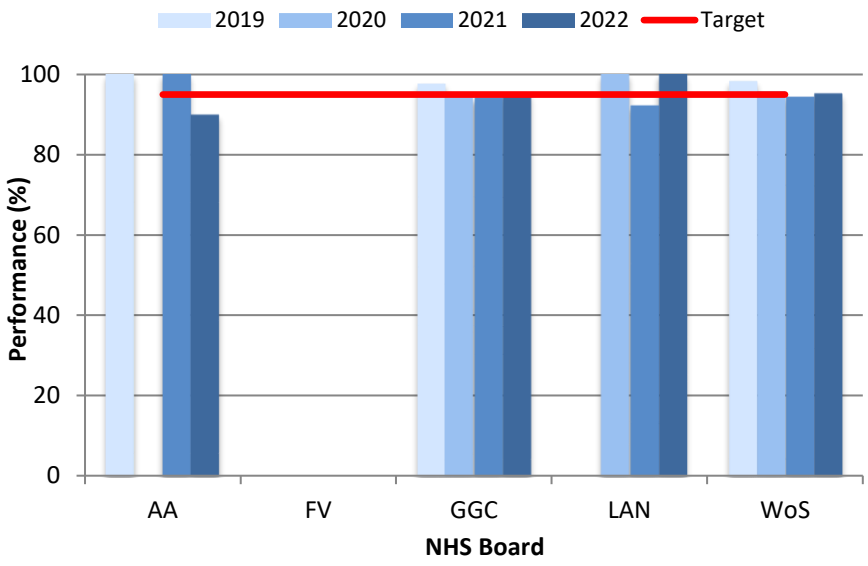
This QPI is based on small numbers of patients so it is hard to interpret variations in performance across years and between NHS Boards. The QPI target was not met in NHS Lanarkshire and NHS Ayrshire & Arran, although review of cases across these two NHS Boards indicated that tumour was at the circumferential margin for only 1 patient, 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 considered to be a marker of disease and the small numbers of patients included within the QPI rather than the quality of surgery.

Action Required:

- **WoSCAN to review performance against QPI 10(i) over a number of years to enable assessment of variation in the involvement of circumferential margins between NHS Boards.**

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%

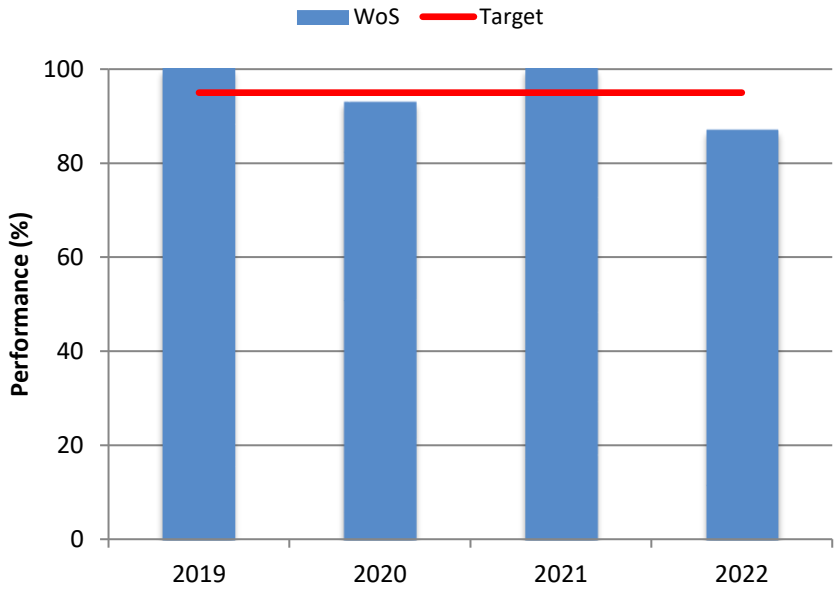
Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	90%	9	10
FV	*	0	0
GGC	95.3%	41	43
Lan	100%	10	10
WoS	**95.2%**	**60**	**63**

NHS Ayrshire & Arran narrowly missed the 95% target due to the outcome of a single patient.

Gastric Cancer



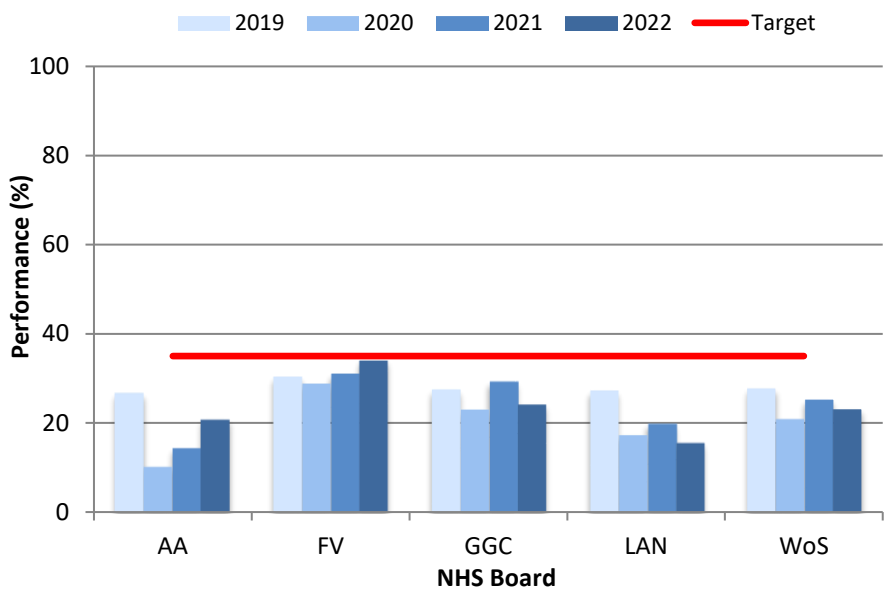
Board / Area	2022 Performance (%)	Numerator	Denominator
AA	-	-	-
FV	*	0	0
GGC	81.3%	13	16
Lan	-	-	-
WoS	**87.0%**	**20**	**23**

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 all had microscopic involvement of the surgical margins that was not suspected at the time of surgery, therefore results are not considered to reflect any concerns with surgical performance.

QPI 11: Curative Treatment Rates

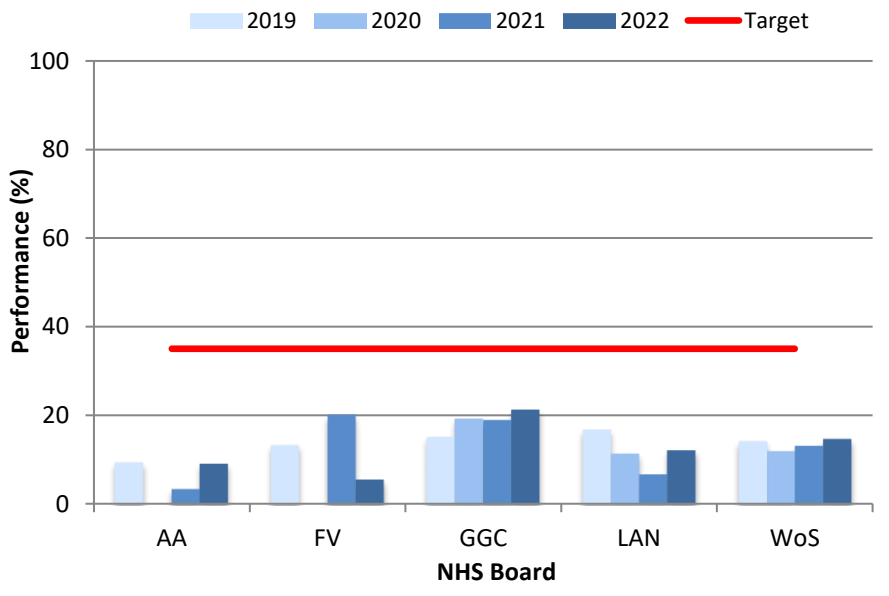
QPI 11:	Patients with oesophageal or gastric cancer should undergo curative treatment whenever possible.
Numerator:	Number of patients with oesophageal or gastric cancer who undergo curative treatment. • Neoadjuvant chemoradiotherapy or chemotherapy followed by surgery; • Primary surgery; • Radical chemoradiotherapy;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

Oesophageal Cancer



Board / Area	2022 Performance (%)	Numerator	Denominator
AA	20.7%	19	92
FV	33.9%	21	62
GGC	24.1%	63	261
Lan	15.5%	15	97
WoS	**23.0%**	**118**	**512**

Gastric Cancer



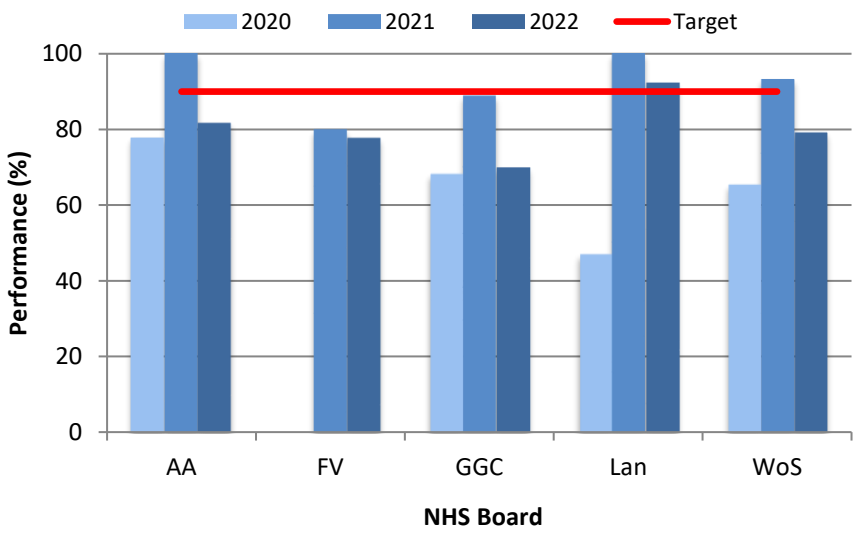
Board / Area	2022 Performance (%)	Numerator	Denominator
AA	9.1%	3	33
FV	5.6%	1	18
GGC	21.2%	14	66
Lan	12.1%	4	33
WoS	**14.7%**	**22**	**150**

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 very 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. The target for this QPI was derived from figures from the National Oesophago-Gastric Cancer Audit (NOGCA), an audit covering England and Wales. To better understand the differences in reported curative treatment rates between Scotland and the rest of the UK, UK wide analysis has been undertaken; preliminary results suggest that Scotland had a lower curative treatment rate than England and Wales. However, when figures were adjusted for patient and disease related factors there was little difference in the intent of treatment given to patients across the UK. This suggests that differences in reported curative treatment rates are due to the stage of disease, age and fitness of patients included within analysis rather than differences in treatment decisions made by clinicians.

It is hoped that the continued roll out of cytosponge across WoSCAN will facilitate the early diagnosis of upper GI cancer and result in the improvement of curative treatment rates.

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	2022 Performance (%)	Numerator	Denominator
AA	81.8%	9	11
FV	77.8%	7	9
GGC	70.0%	14	20
Lan	92.3%	12	13
WoS	**79.2%**	**42**	**53**

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 for three cases there were delays in testing within the laboratory; for others there was insufficient samples to enable analysis. Performance against this QPI is based on small numbers of patients and consequently outcomes for individual patients can have a considerable impact on NHS Board performance. Delays within the laboratory for a very small number of patients has impacted on performance against this measure in 2022 for NHSGGC, however improvements in this area are anticipated in 2023 now that HER2 testing has become established within the NHS Board. The MCN will ensure that performance against this QPI is reviewed in the next reporting cycle.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Upper GI Cancer Quality Performance Indicators
Time Period	Patients diagnosed between 1 January and 31 December 2022
QPI Version	Upper GI Cancer QPIs v4.0
Data extraction date	2200 hrs on 5 July 2023
Data Quality	

Health Board of diagnosis	2022 Audit Data	Cases from Cancer registry (2017-2021)	Case Ascertainment
Ayrshire & Arran	125	110	113.6%
Forth Valley	80	80	100%
GGC	327	364	89.8%
Lanarkshire	130	148	87.8%
WoS Total	**662**	**702**	**94.3%**