West of Scotland Cancer Network

Breast Cancer
Managed Clinical Network

Audit Report

Breast Cancer Quality Performance Indicators

Clinical Audit Data:
01 January 2023 to 31 December 2023

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Breast Cancer Quality Performance Indicators

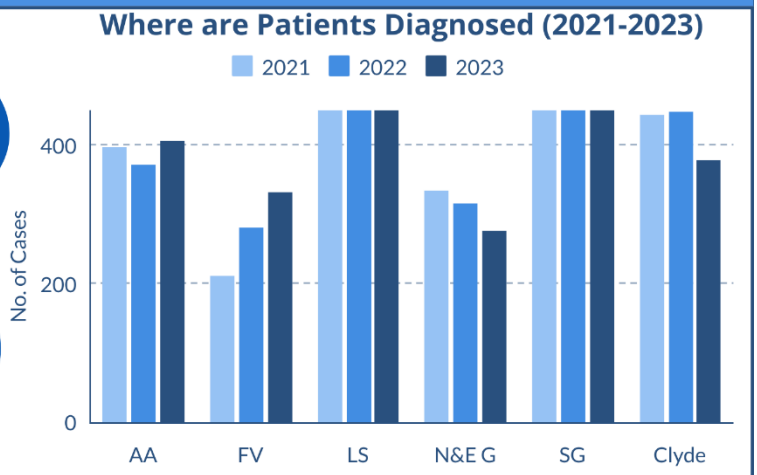
Patients Diagnosed: January 2023 - December 2023

Number of Patients Diagnosed in 2023

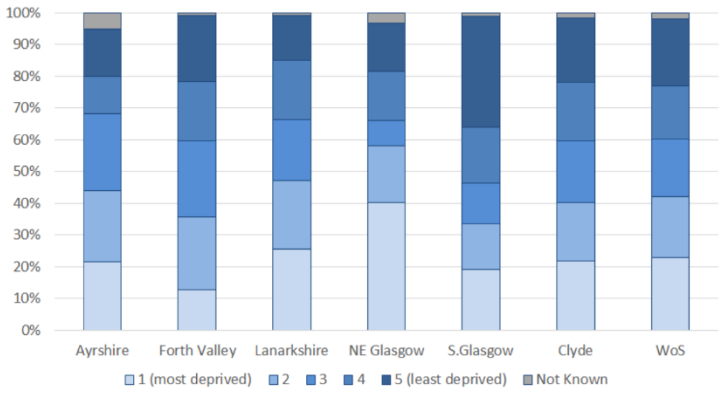
2616

Median Age at Diagnosis

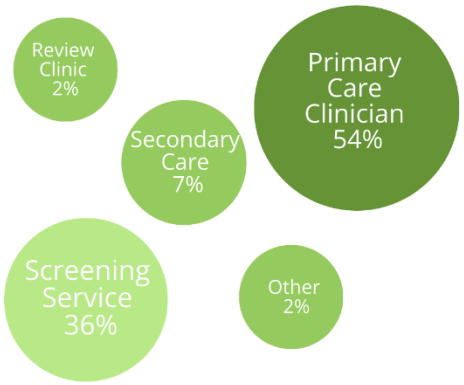
63



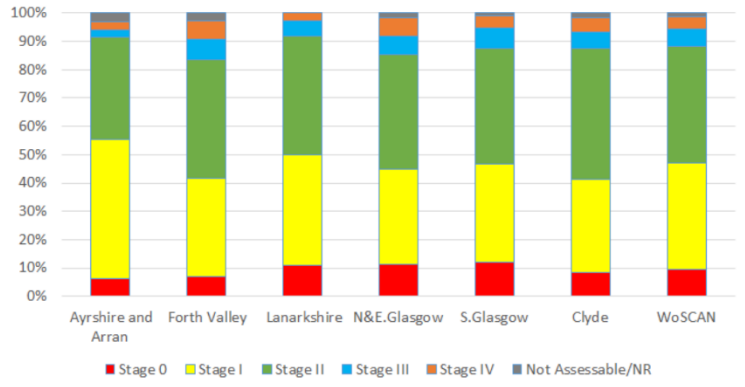
Deprivation Index of Patients



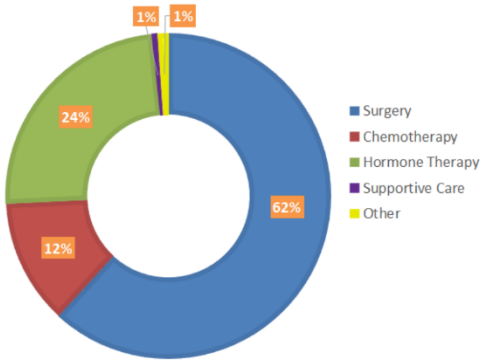
Source of Referral



Clinical TNM Stage



First Treatment



Executive Summary

Introduction

This report contains an assessment of the performance of West of Scotland (WoS) breast cancer services using clinical audit data relating to patients diagnosed with breast cancer between 01 January 2023 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. A third review of the QPIs was undertaken in 2022 with three new QPIs being added. Performance against these revised QPI definitions are reported for patients diagnosed in 2023 for the first time in this report.

The Breast Cancer MCN is encouraged by the results presented in this report which demonstrate that patients with breast cancer in the WoS continue to receive a consistently high standard of care. However, 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, action has already been taken at a local level to address some issues highlighted through local review of QPI performance. 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.

The new QPIs have been challenging to meet. QPI 20 focusses on patients undergoing adjuvant radiotherapy where this has been commenced within eight weeks of surgery. The results highlight that performance against this QPI is impacted by delays in the radiotherapy pathway, such as the need for scanning of paper booking forms and a cap on the number of RT planning slots per week. QPI 21 focusses on patients with node positive breast cancer undergoing neoadjuvant chemotherapy who achieve complete pathological response in the axilla that have an axillary node clearance. No unit achieved the less than 10% target. QPI 22 looks at recurrence following breast cancer treatment. Data was only collected for this QPI in two of the four health boards in the WoS due to lack of resource and funding. Note that QPI measures that have been met by all NHS Boards are included in the summary results table but not within the body of the report.

Actions identified within this report to improve provision of breast cancer services across the WoS are collated below.

Actions required:

QPI 6(i): Immediate Reconstruction Rate

- MCN to facilitate discussion at advisory board to better understand the reported variances in performance between Boards.

QPI 6(ii): Immediate Reconstruction Rate

- MCN to highlight theatre capacity issues with Regional Services.

QPI 11: Adjuvant Chemotherapy

- MCN to instigate work to identify the cohort of patients who decline chemotherapy or where there is a clinical decision not to proceed with adjuvant chemotherapy and share with Board clinicians to facilitate further review of clinical decision making at Advisory Board level.

QPI 20: Optimal Time to Radiotherapy Treatment

- MCN to facilitate discussion at advisory board to identify specific points in the pathway where delays are occurring and establish what improvement action is required. This will include assessing the impact of waiting times for genomic testing results and unfilled clinical oncology consultant posts on QPI performance.
- MCN to flag data discrepancies with NHS Boards in order for data to be reviewed and updated if required.

QPI 22: Breast Recurrence

- MCN to escalate the issues impacting on Boards ability to collect the necessary data to accurately assess breast cancer recurrence via RCOG.

A summary of actions has been included within the Action Plan Report accompanying this report and templates have been provided to Boards.

Completed Action Plans should be returned to WoSCAN in a timely manner to facilitate further scrutiny at a regional level and to allow co-ordinated regional action where appropriate.

WoSCAN Breast Cancer Performance Summary Report

QPI	Target	Year	AA	FV	Lan	NE G	SG	Clyde	WoS
QPI 6(i): Proportion of patients who undergo immediate breast reconstruction at the time of mastectomy for breast cancer.	**20%**	2023	13% (12/93)	13% (10/76)	26% (32/121)	20% (9/46)	37% (48/130)	37% (16/43)	25% (127/509)
		2022	18% (18/102)	8.0% (6/73)	28% (30/107)	21% (10/47)	31% (39/126)	30% (23/78)	24% (126/533)
		2021	11% (14/128)	8% (4/51)	17% (19/110)	15% (10/67)	18% (23/128)	15% (9/60)	15% (79/544)
QPI 6(ii): Proportion of patients who undergo immediate breast reconstruction at the time of mastectomy for breast cancer within 6 weeks of treatment decision.	**90%**	2023	90% (9/10)	78% (7/9)	84% (16/19)	71% (5/7)	46% (17/37)	40% (4/10)	63% (58/92)
		2022	69% (9/13)	80% (4/5)	79% (15/19)	43% (3/7)	47% (14/30)	39% (5/13)	58% (50/87)
		2021	70% (7/10)	-	81% (13/16)	78% (7/9)	94% (15/16)	83% (5/6)	80% (48/60)
QPI 8(ii): Proportion of patients with breast cancer undergoing mastectomy (without reconstruction) with a maximum hospital stay of 1 night following their procedure.	**60%**	2023	91% (82/90)	90% (78/87)	94% (100/106)	65% (40/62)	82% (88/108)	83% (24/29)	86% (412/482)
		2022	87% (47/54)	94% (60/64)	93% (71/76)	85% (61/72)	84% (85/101)	83% (58/70)	87% (382/437)
		2021	84% (59/70)	97% (28/29)	95% (69/73)	87% (45/52)	79% (110/139)	88% (45/51)	86% (356/414)
QPI 8(iii): Proportion of patients with breast cancer undergoing mastectomy (without reconstruction) as day case surgery.	**20%**	2023	21% (19/90)	20% (17/87)	80% (85/106)	31% (19/62)	12% (13/108)	52% (15/29)	35% (168/482)
		2022							
		2021							

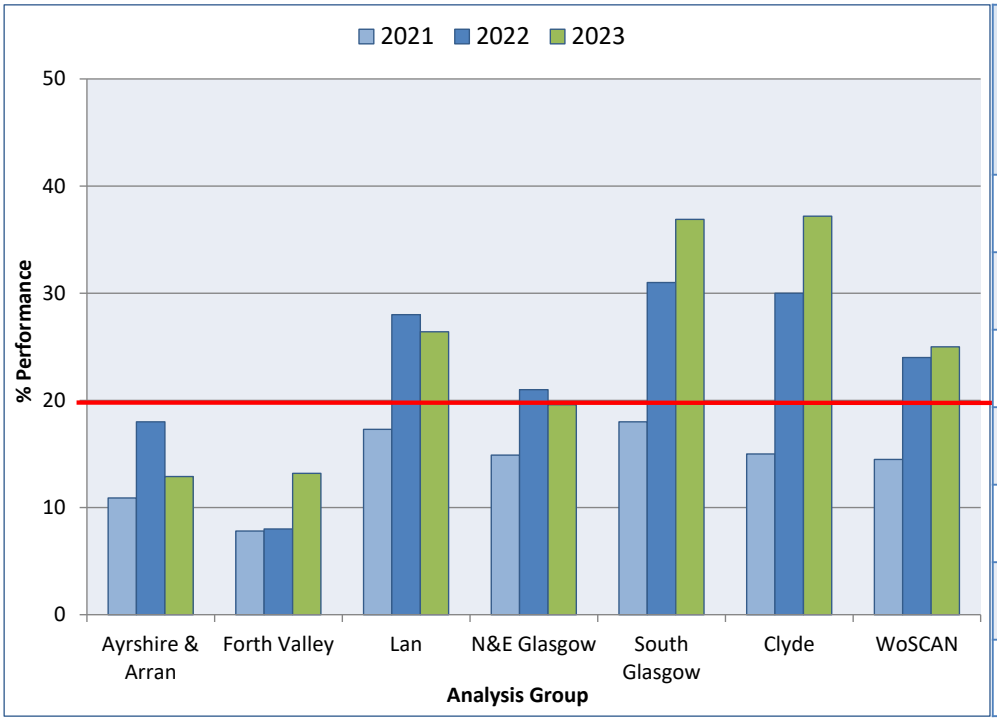
QPI	Target	Year	AA	FV	Lan	NE G	SG	Clyde	WoS
QPI 9: Proportion of patients with invasive breast cancer for whom the HER2 status, as defined by ImmunoHistoChemistry (IHC) and/or FISH, is reported within 2 weeks of core biopsy.	**90%**	2023	74% (268/363)	79% (235/298)	78% (415/529)	81% (197/243)	77% (404/525)	77% (262/340)	78% (1781/2298)
		2022	66% (217/329)	81% (199/247)	80% (396/494)	88% (234/267)	84% (408/485)	85% (333/393)	81% (1787/2215)
		2021	50% (161/321)	77% (149/194)	81% (356/441)	83% (249/300)	85% (410/484)	89% (352/397)	79% (1677/2137)
QPI 11(i): Proportion of patients with hormone receptor positive, HER2 negative breast cancer who have a >5% overall survival benefit of chemotherapy treatment predicted at 10 years and/or high risk genomic assay score that undergo adjuvant chemotherapy. *2023 data Exclusion added for patients with a low risk genomic assay score.	**80%**	2023	51% (18/35)	82% (23/28)	74% (34/46)	60% (15/25)	83% (29/35)	65% (20/31)	70% (139/200)
		2022	93% (37/40)	62% (18/29)	39% (20/52)	77% (20/26)	71% (36/51)	68% (19/28)	66% (150/226)
		2021	83% (15/18)	91% (20/22)	48% (31/64)	93% (25/27)	97% (29/30)	86% (24/28)	76% (144/189)
QPI 11(ii): Proportion of patients with triple negative or HER2 positive breast cancer who have a >5% overall survival benefit of chemotherapy treatment predicted at 10 years that undergo adjuvant chemotherapy.	**80%**	2023	67% (29/43)	60% (15/25)	63% (20/32)	76% (16/21)	64% (25/39)	71% (15/21)	66% (120/181)
		2022	86% (12/14)	75% (12/16)	50% (11/22)	73% (8/11)	79% (22/28)	63% (12/19)	70% (77/110)
		2021	75% (6/8)	67% (12/18)	52% (16/31)	95% (35/37)	79% (22/28)	97% (29/30)	79% (120/152)
QPI 13: Proportion of surgically treated patients with breast cancer (invasive or in-situ) who undergo re-excision or mastectomy following their initial breast surgery. *2023 data **Removed exclusion of LCIS only (LCIS now excluded from the audit dataset).**	**<20%**	2023	17% (44/264)	20% (44/220)	18% (77/426)	10% (19/187)	12% (52/423)	11% (32/282)	15% (268/1802)
		2022	25% (57/230)	17% (31/181)	20% (80/403)	11% (23/215)	13% (47/357)	12% (37/307)	16% (275/1693)
		2021	18% (43/238)	22% (29/130)	20% (68/341)	19% (40/210)	10% (35/344)	13% (44/329)	16% (259/1592)
QPI 17: Proportion of patients with ER positive, HER2 negative, node negative breast cancer who have a 3-5% overall survival benefit of chemotherapy predicted at 10 years that undergo genomic testing.	**60%**	2023	67% (12/18)	47% (7/15)	50% (10/20)	75% (12/16)	69% (20/29)	66% (19/29)	63% (80/127)
		2022	91% (10/11)	50% (3/6)	43% (9/21)	55% (6/11/)	67% (20/30)	69% (9/13)	62% (57/92)
		2021	-	67% (8/12)	24% (9/38)	-	-	-	35% (21/60)

QPI	Target	Year	AA	FV	Lan	NE G	SG	Clyde	WoS
QPI 18(i) Proportion of patients with triple negative or HER2 positive, Stage II or III ductal breast cancer who receive chemotherapy that undergo neo-adjuvant chemotherapy	**80%**	2023	57% (16/28)	83% (34/41)	84% (67/71)	78% (29/37)	80% (56/70)	82% (41/50)	82% (243/297)
		2022	61% (22/36)	89% (39/44)	97% (64/66)	74% (26/35)	91% (67/74)	91% (39/43)	86% (257/298)
		2021	54% (13/24)	100% (18/18)	80% (44/55)	61% (23/38)	89% (63/71)	80% (48/60)	79% (209/266)
QPI 18(ii) Proportion of patients with triple negative or HER2 positive, Stage II or III ductal breast cancer who undergo neo-adjuvant chemotherapy who achieve a pathological complete response.	**30%**	2023	50% (8/16)	41% (14/34)	36% (24/67)	35% (10/29)	41% (23/56)	34% (14/41)	38% (93/243)
		2022	41% (9/22)	39% (15/39)	45% (29/64)	39% (10/26)	39% (26/67)	38% (15/40)	40% (104/258)
		2021	23% (3/13)	44% (8/18)	34% (15/44)	22% (5/23)	44% (28/63)	42% (20/48)	38% (79/209)
QPI 19: Proportion of patients with left sided breast cancer or DCIS receiving adjuvant radiotherapy treatment who use a DIBH radiotherapy technique. *2023 Exclusion added for patients with bilateral disease.	**80%**	2023	100% (151/151)	90% (111/124)	87% (167/193)	93% (91/97)	83% (179/217)	83% (118/143)	88% (817/925)
		2022	84% (107/127)	82% (88/108)	80% (157/196)	74% (92/125)	80% (162/203)	87% (151/174)	81% (757/933)
		2021	78% (97/124)	80% (62/78)	80% (142/179)	83% (95/114)	82% (160/196)	79% (136/173)	80% (693/864)
QPI 20: Proportion of patients with breast cancer who undergo adjuvant radiotherapy who commence this within 8 weeks of final surgery. **(New QPI)**	**80%**	2023	16% (38/236)	13% (19/149)	3% (7/272)	15% (19/131)	30% (105/355)	41% (82/202)	20% (270/1345)
QPI 21: Proportion of patients with node positive breast cancer undergoing neoadjuvant chemotherapy who achieve complete pathological response in the axilla that have an axillary node clearance. **(New QPI)**	**<10%**	2023	67% (6/9)	71% (5/7)	20% (4/20)	57% (4/7)	18% (2/11)	0.0% (0/11)	32% (21/65)
QPI 22i: Proportion of patients with local recurrence (or new cancer/DCIS) in the same breast after breast conservation. **(New QPI)**	**<2.5%**	2023	0% (0/241)	1% (1/85)	n/a	n/a	n/a	n/a	0.3% (1/326)
QPI 22ii: Proportion of patients with local recurrence (or new cancer/DCIS) in the treated side after mastectomy. **(New QPI)**	**<5%**	2023	1% (1/100)	0% (0/48)	n/a	n/a	n/a	n/a	0.7% (1/148)
QPI 22iii: Proportion of patients with any recurrence (or new cancer/DCIS) in the same breast, axilla or distant site after surgical treatment. **(New QPI)**	**<15%**	2023	7% (24/341)	8% (11/133)	n/a	n/a	n/a	n/a	7% (35/474)

QPI 6: Immediate Reconstruction Rate

QPI Title:	Patients undergoing mastectomy for breast cancer should have access to timely immediate breast reconstruction.
Numerator:	Number of patients with breast cancer undergoing immediate breast reconstruction at the time of mastectomy.
Denominator:	All patients with breast cancer undergoing mastectomy.
Exclusions:	All patients with M1 disease and all male patients.
Target:	20% or above

Figure 1: The proportion of patients with breast cancer undergoing immediate breast reconstruction at the time of mastectomy.



2023	Performance (%)	Numerator	Denominator
AA	12.9%	12	93
FV	13.2%	10	76
Lan	26.4%	32	121
N&E	19.6%	9	46
SG	36.9%	48	130
Clyde	37.2%	16	43
WoS	25.0%	127	509

Overall in the WoS 25% of patients underwent immediate reconstruction at the time of mastectomy, achieving the 20% target for the second consecutive year. Performance against this measure has been lower in NHS Ayrshire & Arran & NHS Forth Valley in recent years. NHS Forth Valley noted the increase in immediate reconstruction cases from the previous year and the small improvement on last year's performance of 8%. The Board stated that all suitable patients were offered reconstructive options. NHS Ayrshire & Arran commented that patients who were eligible for immediate reconstruction were offered this however many did not meet the criteria due to BMI and smoking history.

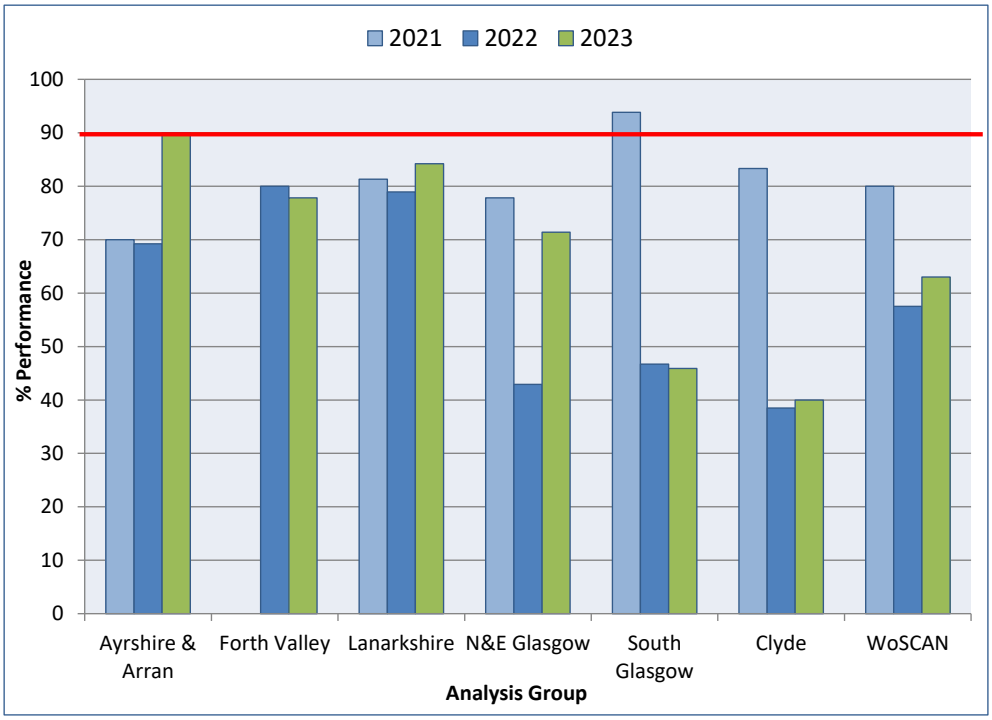
Action Required:

- MCN to facilitate discussion at advisory board to better understand the reported variances in performance between Boards.

QPI 6(ii) Immediate Reconstruction Rate

The second part of the specification looks at the proportion of patients with breast cancer undergoing immediate breast reconstruction at the time of mastectomy and within 6 weeks of treatment decision.

Figure 2: The proportion of patients with breast cancer undergoing immediate breast reconstruction at the time of mastectomy and within 6 weeks of treatment decision.



2023	Performance (%)	Numerator	Denominator
AA	90.0%	9	10
FV	77.8%	7	9
Lan	84.2%	16	19
N&E	71.4%	5	7
SG	45.9%	17	37
Clyde	40.0%	4	10
WoS	63.0%	58	92

In the WoS 63% of breast cancer patients underwent immediate breast reconstruction at the time of mastectomy and within 6 weeks of treatment decision. Only NHS Ayrshire & Arran met the target. The majority of cases (29/34) not meeting the target underwent DIEP reconstructions. DIEP reconstructions require significant theatre time, planning and pre-op MRA (Magnetic Resonance Angiography). On average patients not meeting the target underwent immediate reconstruction within 10 weeks of treatment decision.

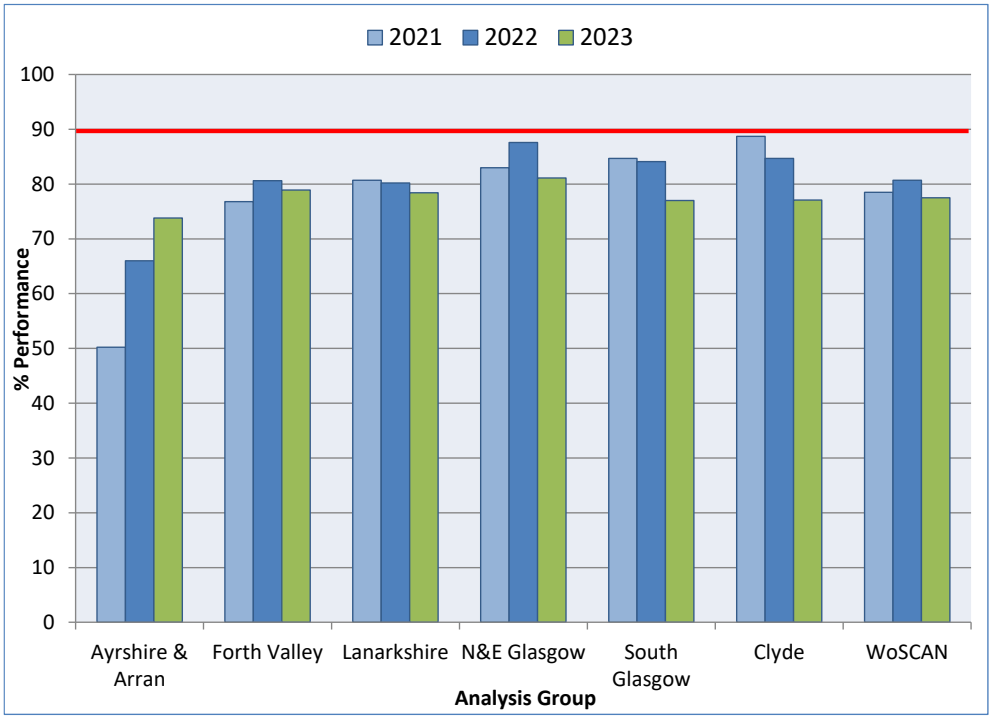
Action Required:

- MCN to highlight theatre capacity issues with Regional Services.

QPI 9: HER2 Status for Decision Making

QPI Title:	HER2 status should be available to inform treatment decision making.
Numerator:	Number of patients with invasive breast cancer for whom the HER2 status (as defined by IHC and/or FISH analysis) is reported within 2 weeks of core biopsy.
Denominator:	All patients with invasive breast cancer.
Exclusions:	No exclusions.
Target:	90% or above

Figure 3: The proportion of patients with invasive breast cancer for whom the HER2 status is reported within 2 weeks of core biopsy.



2023	Performance (%)	Numerator	Denominator
AA	66.0%	217	329
FV	80.6%	199	247
LAN	80.2%	396	494
N&E	87.6%	234	267
SG	84.1%	408	485
Clyde	84.7%	333	393
WoS	80.7%	1787	2215

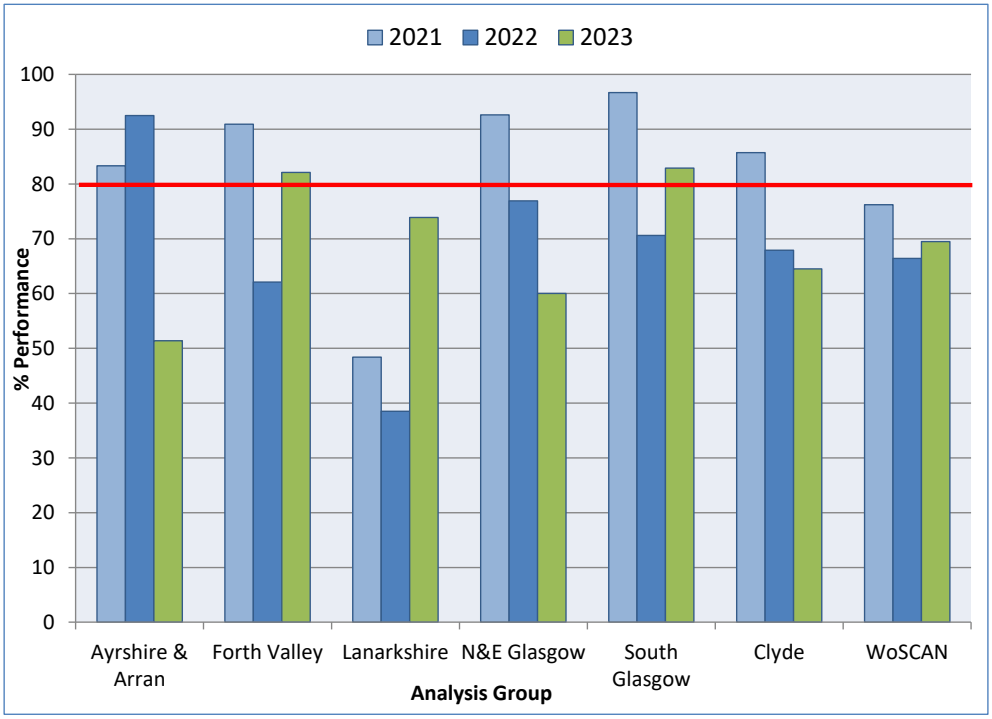
As with previous years the majority of cases not meeting the target required FISH testing to establish HER2 status. The FISH service is centrally funded and the current standard for Molecular Pathologists is to report FISH results within 14 days of receipt, which is not aligned with the requirements of this QPI. Achieving this QPI will require additional staffing or the introduction of new technology which continues to be evaluated.

A temporary clinical prioritisation approach for FISH is being trialled in WoSCAN. This will stratify patients who require the result prior to first treatment. This may not improve QPI results as resource is still an issue. However, this will be of benefit to the relevant patient cohort.

QPI 11: Adjuvant Chemotherapy

QPI Title:	(i) Patients with breast cancer should receive chemotherapy post operatively where it will provide a survival benefit for patients.
Numerator:	Number of patients with hormone receptor positive HER2 negative breast cancer who have a >=5% overall survival benefit of chemotherapy treatment predicted at 10 years and/or high risk genomic assay score that undergo adjuvant chemotherapy.
Denominator:	Number of patients with hormone receptor positive HER2 negative breast cancer who have a >=5% overall survival benefit of chemotherapy treatment predicted at 10 years and/or high risk genomic assay score.
Exclusions:	All patients with breast cancer taking part in clinical trials of chemotherapy treatment, all patients who have had neo-adjuvant chemotherapy and all patients with M1 disease.
Target:	80%

Figure 4: Number of patients with hormone receptor positive HER2 negative breast cancer who have a >=5% overall survival benefit of chemotherapy treatment predicted at 10 years and/or high risk genomic assay score that undergo adjuvant chemotherapy.

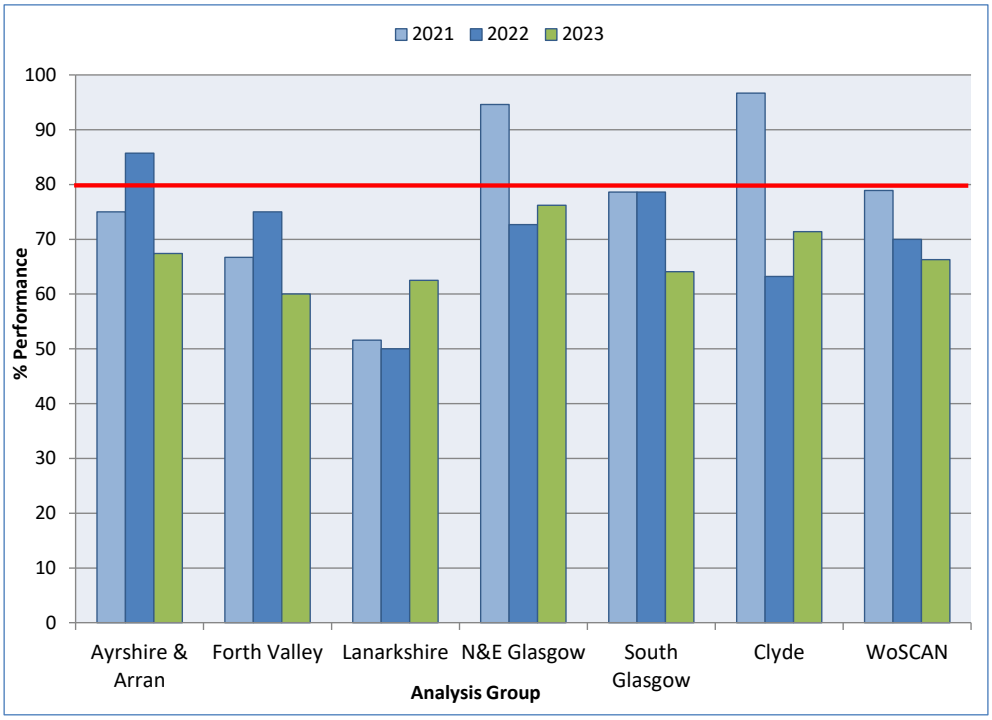


2023	Performance (%)	Numerator	Denominator
AA	51.4%	18	35
FV	82.1%	23	28
LAN	73.9%	34	46
N&E	60.0%	15	25
SG	82.9%	29	35
Clyde	64.5%	20	31
WoS	**69.5%**	139	200

Following formal review patients with a low risk genomic assay score were excluded from this QPI. Performance for the QPI shows variance between the units with some units showing improvement on the previous year and some boards showing a decline. The majority of cases not meeting the QPI had pre-existing co-morbidities where risk outweighed benefit, patients that underwent genomic testing where scores ranged from 12-32 and, following clinician-patient discussion, patients did not proceed with chemotherapy due to only a small estimated benefit and patients who declined chemotherapy.

QPI Title:	(ii) Patients with breast cancer should receive chemotherapy post operatively where it will provide a survival benefit for patients.
Numerator:	Number of patients with triple negative or HER2 positive breast cancer who have a >=5% overall survival benefit of chemotherapy treatment predicted at 10 years that undergo adjuvant chemotherapy.
Denominator:	Number of patients with triple negative or HER2 positive breast cancer who have a >=5% overall survival benefit of chemotherapy treatment predicted at 10 years.
Exclusions:	All patients with breast cancer taking part in clinical trials of chemotherapy treatment, all patients who have had neo-adjuvant chemotherapy and all patients with M1 disease.
Target:	80%

Figure 5: The proportion of patients with triple negative or HER2 positive breast cancer who have a >=5% overall survival benefit of chemotherapy treatment predicted at 10 years that undergo adjuvant chemotherapy.



2023	Performance (%)	Numerator	Denominator
AA	67.4%	20	43
FV	60.0%	15	25
LAN	62.5%	20	32
N&E	76.2%	16	21
SG	64.1%	25	39
Clyde	71.4%	15	21
WoS	66.3%	120	181

As with the previous QPI, performance varied between units with some showing an increase in performance and some showing a decrease. Reasons provided for units not meeting the QPI are similar to QPI 11i. Patients either had significant co-morbidities precluding safe use of chemotherapy or declined chemotherapy after discussion. NHS Forth Valley indicated that it would be helpful to compare the numbers that decline chemotherapy and the clinical decision making regarding co-morbidities with other units.

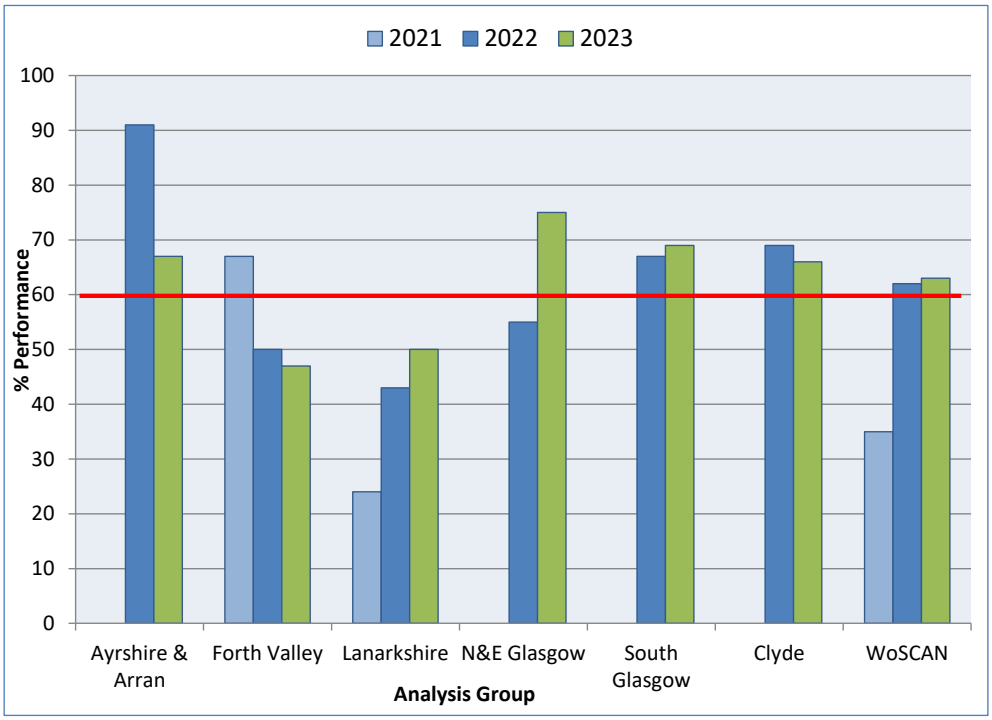
Action Required:

- MCN to instigate work to identify the cohort of patients who decline chemotherapy or where there is a clinical decision not to proceed with adjuvant chemotherapy and share with Board clinicians to facilitate further review of clinical decision making at Advisory Board level.

QPI 17: Genomic Testing

QPI Title:	Patients with breast cancer should undergo genomic testing where appropriate.
Numerator:	Number of patients with ER positive, HER2 negative, node negative breast cancer who have a 3-5% overall survival benefit of chemotherapy treatment predicted at 10years that undergo genomic testing.
Denominator:	All patients with ER positive, HER2 negative, node negative breast cancer who have a 3-5% overall survival benefit of chemotherapy treatment predicted at 10years.
Exclusions:	All patients with breast cancer taking part in clinical trials of chemotherapy treatment and patients who have had neo-adjuvant therapy.
Target:	60%

Figure 6: Proportion of patients ER positive, HER2 negative, node negative breast cancer who have a 3-5% overall survival benefit of chemotherapy treatment predicted at 10 years that undergo genomic testing.



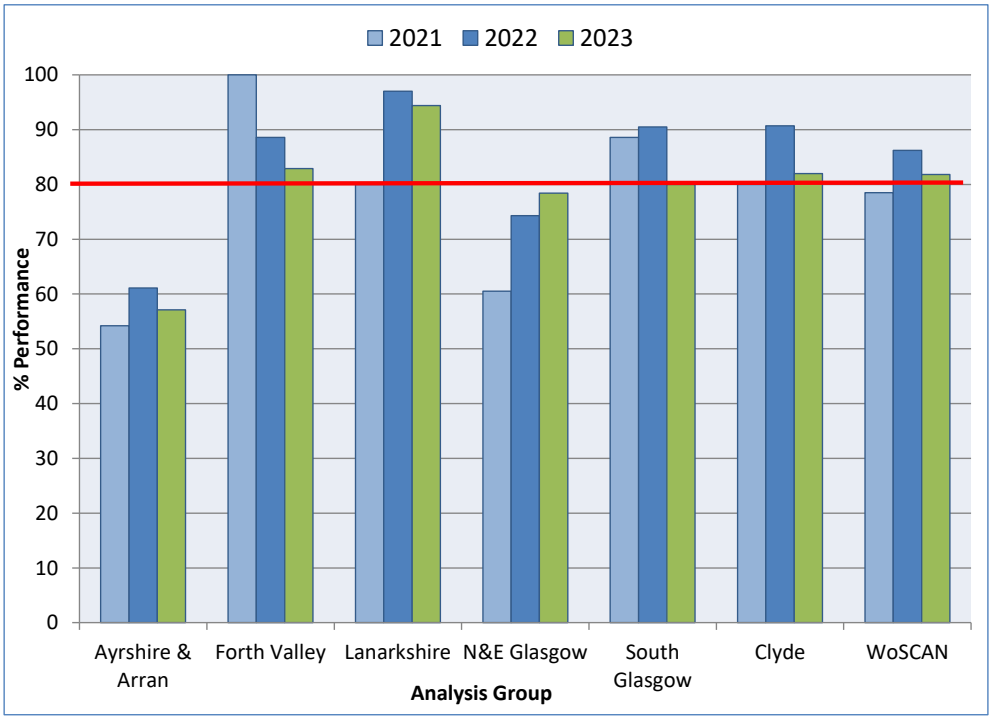
2023	Performance (%)	Numerator	Denominator
AA	66.7%	12	18
FV	46.7%	7	15
LAN	50.0%	10	20
N&E	75.0%	12	16
SG	69.0%	20	29
Clyde	65.5%	19	29
WoS	**63.0%**	80	127

WoS performance was 63% against the 60% target. Unit level performance was lower in NHS Forth Valley and NHS Lanarkshire however, numbers of patients included within the QPI were small. Review of patients in NHS Forth Valley not meeting the QPI indicated that in the majority of cases it was a clinical decision not to refer for genomic testing. NHS Lanarkshire provided detailed commentary for the patients not meeting the QPI. The main reasons for cases not meeting the QPI were patients who declined chemotherapy and patients who following MDT discussion, were not offered chemotherapy due to patient comorbidities.

QPI 18: Neo-adjuvant Chemotherapy (NACT)

QPI Title:	(i) Patients with breast cancer who receive chemotherapy should be offered neo-adjuvant chemotherapy with the aim of achieving pathological complete response where appropriate.
Numerator:	Number of patients with triple negative or HER2 positive, Stage II or III ductal breast cancer who receive chemotherapy that undergo neo-adjuvant chemotherapy.
Denominator:	All patients with triple negative or HER2 positive, Stage II or III ductal breast cancer who receive chemotherapy.
Exclusions:	All patients that undergo palliative chemotherapy.
Target:	80%

Figure 7: The proportion of patients with triple negative or HER2 positive, Stage II or III ductal breast cancer who receive chemotherapy that undergo neo-adjuvant chemotherapy



2023	Performance (%)	Numerator	Denominator
AA	57.1%	16	28
FV	82.9%	34	41
LAN	94.4%	67	71
N&E	78.4%	29	37
SG	80.0%	56	70
Clyde	82.0%	41	50
WoS	**81.8%**	243	297

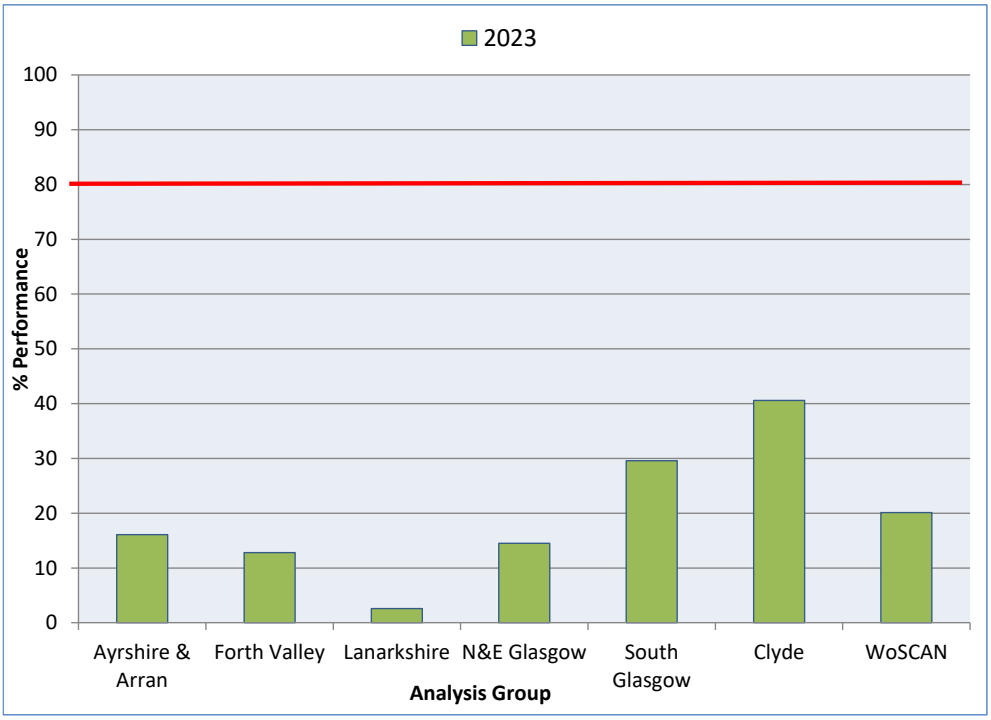
Performance in NHS Ayrshire & Arran and NHSGGC NE Sector appears to have been lower than other Boards in recent years. However NHSGGC NE sector did show improvement on last year's performance. Cases not meeting were reviewed and reasons cited included patients that were not suitable for NACT due to co-morbidities and patients who declined NACT.

A detailed review of patients not meeting this QPI was undertaken by NHS Ayrshire & Arran. The majority of the 12 cases not meeting had significant co-morbidities. Other reasons provided included patients with metaplastic differentiation, one case where the primary was small and impalpable, and one case where initial receptors were ER 8, PR 8 and FISH result was borderline. All cases received surgery.

QPI 20: Optimal Time to Radiotherapy Treatment

QPI Title:	Proportion of patients with breast cancer who undergo adjuvant radiotherapy who commence this within 8 weeks of final surgery.
Numerator:	Number of patients with breast cancer who undergo adjuvant radiotherapy who commence this within 8 weeks of final surgery.
Denominator:	All patients with breast cancer undergoing adjuvant radiotherapy.
Exclusions:	Patients who undergo adjuvant chemotherapy.
Target:	80%

Figure 8: The Proportion of patients with breast cancer who undergo adjuvant radiotherapy who commence this within 8 weeks of final surgery.



2023	Performance (%)	Numerator	Denominator
AA	16.1%	38	236
FV	12.8%	19	149
LAN	2.6%	7	272
N&E	14.5%	19	131
SG	29.6%	105	355
Clyde	40.6%	82	202
WoS	**20.1%**	270	1345

This is a new QPI to assess patients undergoing adjuvant radiotherapy treatment and who commence this within 8 weeks of final surgery. Regional performance was noted as 20% against the 80% target. All units were considerably under the target with performance ranging from 3% in NHS Lanarkshire to 41% in NHSGGC Clyde sector. On average patients not meeting the target received adjuvant radiotherapy within 10 weeks of final surgery. Reasons provided for cases not meeting the QPI included; patients who were waiting for genomic test results to inform treatment plan, oncology staffing issues and the use of a paper based booking form in NHS Forth Valley. During data interrogation the MCN identified 24 treatment dates don't follow the expected pattern. These will be queried with Boards and data updated if required.

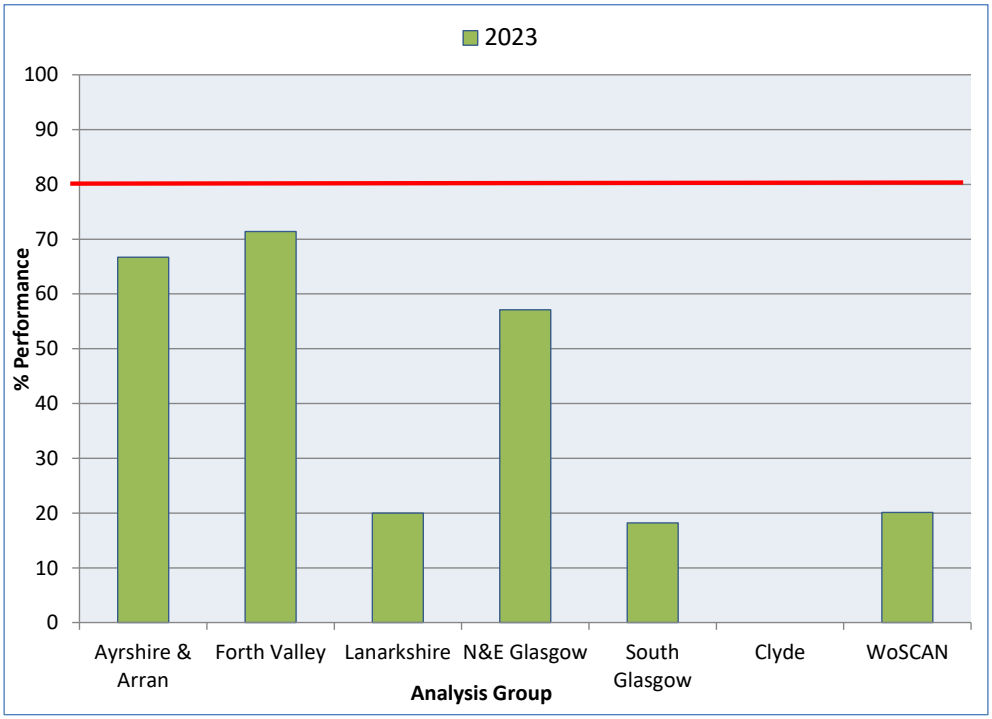
Action Required:

- MCN to facilitate discussion at advisory board to identify specific points in the pathway where delays are occurring and establish what improvement action is required. This will include assessing the impact of waiting times for genomic testing results and unfilled clinical oncology consultant posts on QPI performance.
- MCN to flag data discrepancies with NHS Boards in order for data to be reviewed and updated if required.

QPI 21: Axillary Node Clearance

QPI Title:	Patients with node positive breast cancer who undergo neoadjuvant chemotherapy with a complete pathological response in the axilla should avoid axillary node clearance where possible.
Numerator:	Number of patients with node positive breast cancer undergoing neoadjuvant chemotherapy who achieve complete pathological response in the axilla that have an axillary node clearance.
Denominator:	All patients with node positive breast cancer undergoing neoadjuvant chemotherapy who achieve complete pathological response in the axilla.
Exclusions:	No exclusions.
Target:	<10%

Figure 9: Patients with node positive breast cancer who undergo neoadjuvant chemotherapy with a complete pathological response in the axilla should avoid axillary node clearance where possible.



2023	Performance (%)	Numerator	Denominator
AA	66.7%	6	9
FV	71.4%	5	7
LAN	20.0%	4	20
N&E	57.1%	4	7
SG	18.2%	2	11
Clyde	0.0%	0	11
WoS	**32.3%**	21	65

This is a new QPI to examine patients with node positive breast cancer who undergo neoadjuvant chemotherapy with a complete pathological response in the axilla and who should avoid axillary node clearance where possible. Overall regional performance was 32% against the <10% target with only NHSGGC Clyde sector achieving the QPI. Performance ranged from 0% in NHSGGC Clyde to 71% in NHS Forth Valley. However numbers are very small and this will affect the proportions.

This QPI reflects an area of rapidly changing evidence and performance is expected to become more consistent across MDTs in subsequent reports.

QPI 22: Breast Recurrence

QPI Title:	Proportion of patients diagnosed with invasive breast cancer who have a breast cancer recurrence (or new disease) in the treated breast within 5 years.

Please note: The specifications of this QPI are separated to ensure clear measurement of the following:
(i) Patients with local recurrence (or new cancer/DCIS) in the same breast after breast conservation;
(ii) Patients with local recurrence (or new cancer/DCIS) in the treated side after mastectomy; and
(iii) Patients with any recurrence (or new cancer/DCIS) in the same breast, axilla or distant site after surgical treatment.

Table 1: Proportion of patients diagnosed with invasive breast cancer who have a breast cancer recurrence (or new disease) in the treated breast within 5 years.

QPI	QPI Target	NHS AA	NHS FV	NHSGGC	NHS Lan	WoS
(i) Patients with local recurrence (or new cancer/DCIS) in the same breast after breast conservation	<2.5%	0.0%	1.2%	n/a	n/a	0.3%
(ii) Patients with local recurrence (or new cancer/DCIS) in the treated side after mastectomy	<5%	1.0%	0.0%	n/a	n/a	0.7%
(iii) Patients with any recurrence (or new cancer/DCIS) in the same breast, axilla or distant site after surgical treatment.	<15%	7.0%	8.3%	n/a	n/a	7.4%

This was a new QPI added at the recent formal review to monitor breast cancer recurrence rates. This QPI looked at patients diagnosed with breast cancer in 2017.

WoS Boards indicated at the QPI engagement stage that they had concerns around the increased workload and lack of resource to fulfil the QPI data collection requirements. As such, only NHS Ayrshire & Arran and NHS Forth Valley managed to collect recurrence data with NHSGGC and NHS Lanarkshire stating that they did not have the capacity within existing audit teams.

An impact assessment was carried out by WoSCAN after the first year of data collection. This assessment highlighted that some Boards still had concerns around the increased workload, staffing issues and lack of funding. They noted that without permanent funding the data collection would not be sustainable. It is recognised that this is an area of clinical importance and the MCN is keen to explore the barriers to data collection in more detail.

Action Required:

- MCN to escalate the issues impacting on Boards ability to collect the necessary data to accurately assess breast cancer recurrence via RCOG.

Appendix 1: Meta Data

<table>
<tr><td>Report Title</td><td>Cancer Audit Report: Breast Cancer Quality Performance Indicators</td></tr>
<tr><td>Time Period</td><td>Patients diagnosed between 01 January 2023 and 31 December 2023</td></tr>
<tr><td>Data Source</td><td>Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.</td></tr>
<tr><td>Data extraction date</td><td>2200 hrs on 2nd October 2024</td></tr>
<tr><td>Data Quality</td><td>Breast Cancer

<table>
<tr><th>Health Board of diagnosis</th><th>(01/01/2023-31/12/2023) Audit</th><th>Cancer Reg 2018-22*</th><th>Case Ascertainment</th></tr>
<tr><td>Ayrshire & Arran</td><td>406</td><td>421</td><td>96.4%</td></tr>
<tr><td>Forth Valley</td><td>331</td><td>232</td><td>142.7%</td></tr>
<tr><td>GGC</td><td>1266</td><td>1523</td><td>83.1%</td></tr>
<tr><td>Lanarkshire</td><td>613</td><td>324</td><td>189.2%</td></tr>
<tr><td>WoS Total</td><td>2616</td><td>2500</td><td>104.6%</td></tr>
</table>

Patients who are diagnosed at Glasgow Screening Centre may be being attributed to Greater Glasgow and Clyde cancer registration figures. This may make NHSGGC case ascertainment figures lower than expected and Non NHSGGC figures higher than expected.</td></tr>
</table>