

**West of Scotland Cancer Network**

**Breast Cancer  
Managed Clinical Network**



# **Audit Report**

## **Breast Cancer Quality Performance Indicators**

**Clinical Audit Data:  
01 January 2024 to 31 December 2024**

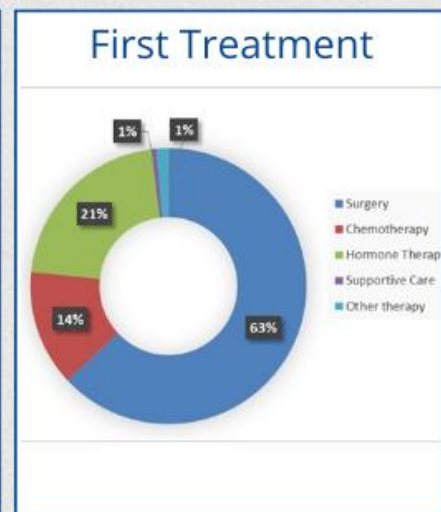
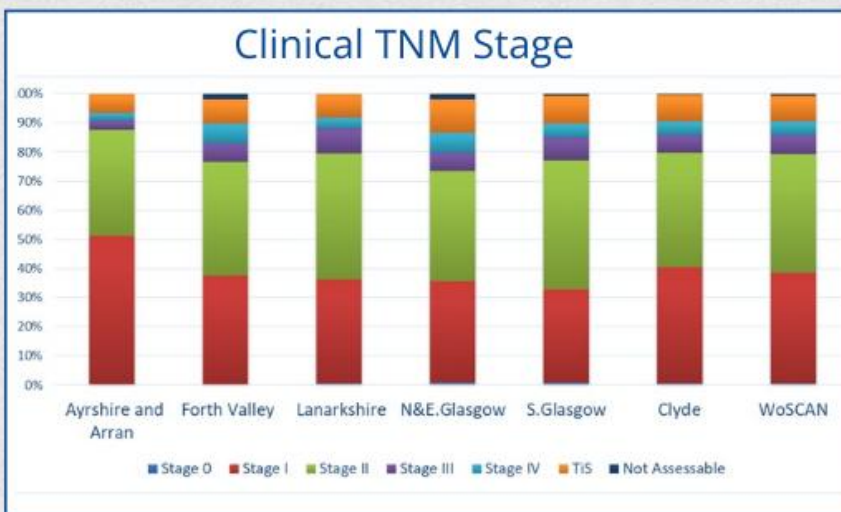
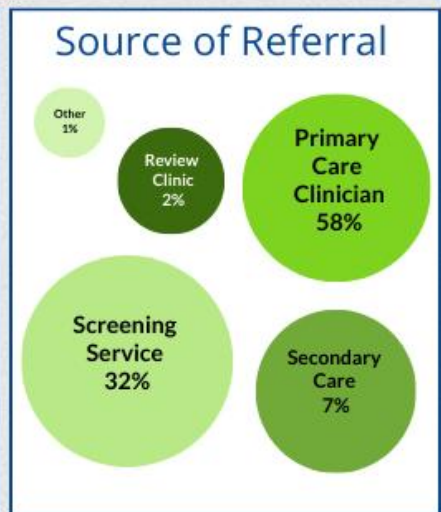
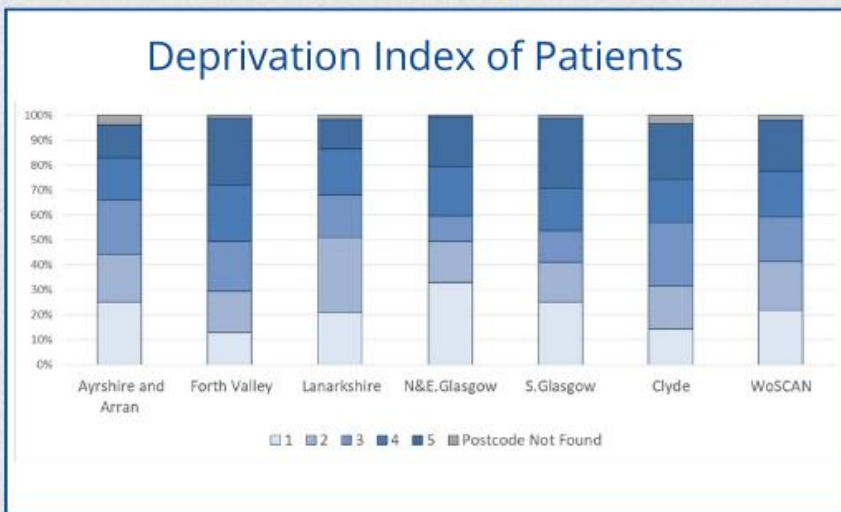
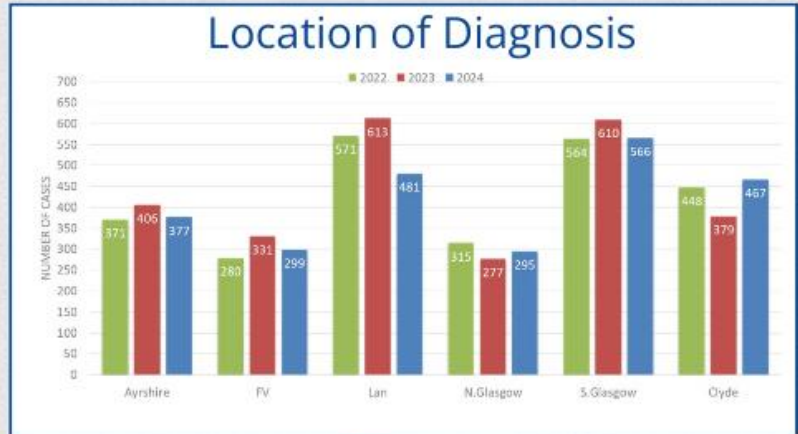
Dr Sophie Barrett  
**MCN Clinical Lead**

Kevin Campbell  
**Quality and Service Improvement Manager**

Julie McMahon  
**Information Analyst**

# Breast Cancer Quality Performance Indicators

Patients Diagnosed: January 2024 - December 2024



## Executive Summary

This report presents a detailed evaluation of the performance of the West of Scotland (WoS) Breast Cancer services for patients diagnosed with breast cancer between 1 January 2024 and 31 December 2024. The examination of Quality Performance Indicator (QPI) data has provided a robust framework for ensuring quality assurance across the region. By adhering to this annual reporting cycle, we aim to ensure that every patient receives the highest standard of care, regardless of where they are treated within the region.

The Breast Cancer MCN is encouraged by the findings of this report, which show that patients in the WoS continue to receive a high standard of care. While some QPI targets remain challenging for NHS Boards, detailed clinical commentary has been provided where targets were not met, often reflecting valid clinical reasons, patient choice, or co-morbidities impacting on QPI results. In some cases local actions have already been implemented to address identified issues, and NHS Boards are encouraged to continue this proactive approach to support ongoing improvement in care quality.

The new QPIs have remained challenging to meet. QPI 20 focusses on patients undergoing adjuvant radiotherapy commencing within eight weeks of surgery. Increased performance is noted from the previous year, with regional performance rising from 20% in 2023 to 31% in 2024. The pathway has improved with the introduction of the electronic booking system but other aspects, such as the number of clinical oncologists/specialist radiographers and capacity in the radiotherapy/physics/planning parts of the pathways remain a challenge. 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. For the second year no unit achieved the less than 10% target; however this QPI reflects an area of rapidly changing evidence and performance is expected to become more consistent across MDTs in subsequent reports. QPI 22 looks at recurrence following breast cancer treatment. This is the first year that all four WoS Boards have been in a position to collect data for this QPI and data for patients diagnosed in 2018 have been included within this report.

QPI measures met by all NHS Boards are included in the summary results table but not within the body of the report. Actions identified to improve provision of breast cancer services across the WoS are collated below.

### **Actions required:**

#### *QPI 17: Genomic Testing*

- MCN to discuss with MDT chairs whether patients whose fitness for treatment is borderline are being offered the opportunity for a follow-up discussion with oncology.

#### *QPI 20: Optimal Time to Radiotherapy*

- The MCN will escalate concerns at the forthcoming Regional Cancer Advisory Board that waiting times for adjuvant radiotherapy remain longer than desired and require further improvement.

#### *QPI 22: Recurrence*

- The MCN to consider along with NHS Boards the feasibility of ongoing data collection to support the continued assessment of breast cancer recurrence rates.
- The MCN to work with SCAN and NCA clinicians to consider whether the current measure and associated data collection process is fit for purpose, and to identify and evaluate alternative approaches for assessing this measure.

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

Clinical Leads:	
Date:	
Audit Reporting Period:	01/01/2022 – 31/12/2024

QPI	Target	Year	AA	FV	Lan	NE G	SG	Clyde	WoS
<b>QPI 6(i):</b> Proportion of patients who undergo immediate breast reconstruction at the time of mastectomy for breast cancer.	<b>20%</b>	2024	20% (20/99)	16% (11/68)	36% (30/83)	22% (10/46)	31% (40/129)	30% (16/54)	27% (127/479)
		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)
<b>QPI 6(ii):</b> Proportion of patients who undergo immediate breast reconstruction at the time of mastectomy for breast cancer within 6 weeks of treatment decision.	<b>90%</b>	2024	82% (14/17)	100% (8/8)	95% (20/21)	0.0% (0/7)	52% (12/23)	42% (5/12)	67% (59/88)
		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)
<b>QPI 8(ii):</b> Proportion of patients with breast cancer undergoing mastectomy (without reconstruction) with a maximum hospital stay of 1 night following their procedure.	<b>60%</b>	2024	98% (86/88)	97% (96/99)	89% (74/83)	68% (39/57)	88% (91/103)	84% (41/49)	89% (427/479)
		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)
<b>QPI 8(iii):</b> Proportion of patients with breast cancer undergoing mastectomy (without reconstruction) as day case surgery.	<b>20%</b>	2024	47% (41/88)	28% (28/99)	74% (61/83)	40% (23/57)	18% (19/103)	55% (27/49)	42% (199/479)
		2023	21% (19/90)	20% (17/87)	80% (85/106)	31% (19/62)	12% (13/108)	52% (15/29)	35% (168/482)
		2022							

QPI	Target	Year	AA	FV	Lan	NE G	SG	Clyde	WoS
<b>QPI 9:</b> 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.	<b>90%</b>	2024	70% (240/344)	81% (219/269)	79% (335/427)	85% (213/250)	80% (395/492)	79% (326/415)	79% (1728/2197)
		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)
<b>QPI 11(i):</b> 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.	<b>80%</b>	2024	74% (32/43)	90% (28/31)	79% (33/42)	83% (20/24)	77% (37/48)	82% (22/27)	80% (172/215)
		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)
<b>QPI 11(ii):</b> 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.	<b>80%</b>	2024	78% (25/32)	85% (11/13)	61% (14/23)	69% (20/29)	67% (18/27)	77% (27/35)	72% (115/159)
		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)
<b>QPI 13:</b> 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 <b>Removed exclusion of LCIS only (LCIS now excluded from the audit dataset).</b>	<b>&lt;20%</b>	2024	10% (23/235)	19% (36/189)	18% (62/344)	14% (27/190)	13% (49/368)	10% (35/347)	14% (232/1673)
		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)
<b>QPI 17:</b> 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.	<b>60%</b>	2024	76% (16/21)	42% (5/12)	45% (9/20)	75% (12/16)	56% (18/32)	73% (16/22)	62% (76/123)
		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)

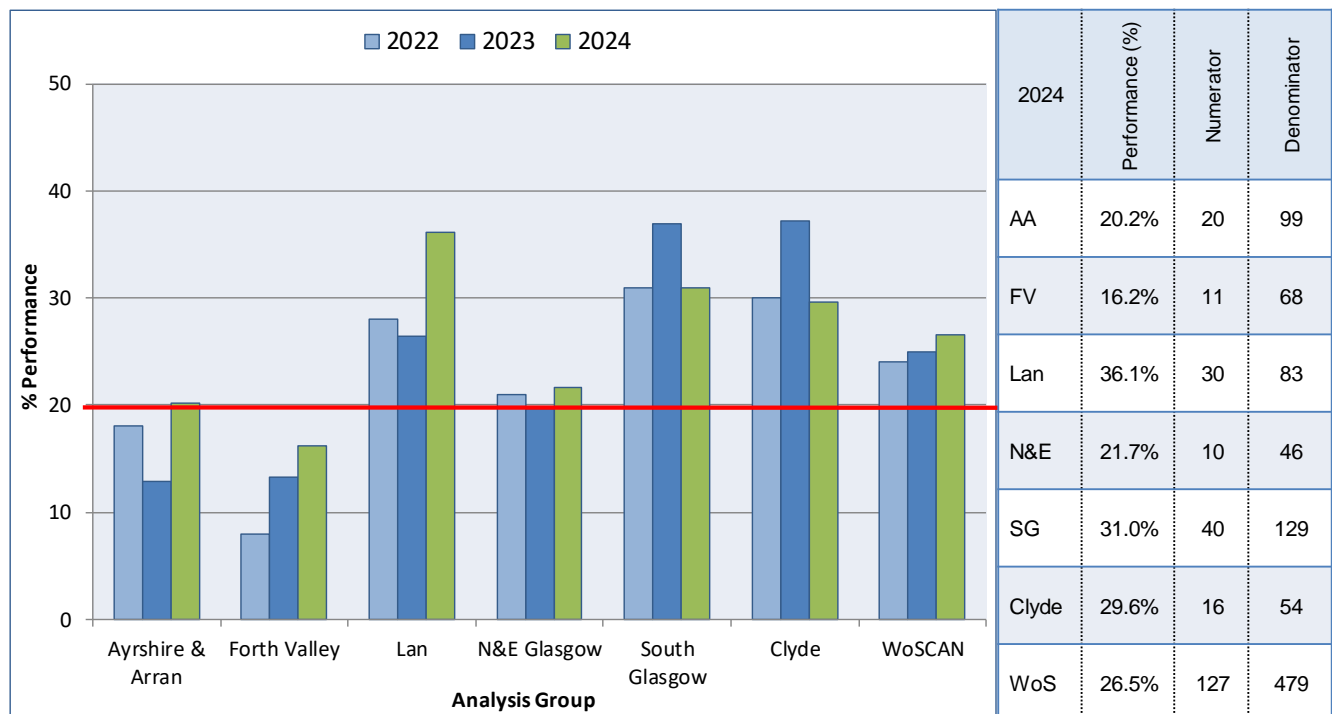
QPI	Target	Year	AA	FV	Lan	NE G	SG	Clyde	WoS
<b>QPI 18(i)</b> Proportion of patients with triple negative or HER2 positive, Stage II or III ductal breast cancer who receive chemotherapy that undergo neo-adjuvant chemotherapy	<b>80%</b>	2024	59% (19/32)	93% (28/30)	77% (43/56)	78% (29/37)	95% (78/82)	83% (50/60)	83% (247/297)
		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)
<b>QPI 18(ii)</b> 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.	<b>30%</b>	2024	42% (8/19)	50% (14/28)	49% (21/43)	41% (12/29)	54% (42/78)	64% (32/50)	52% (129/247)
		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)
<b>QPI 19:</b> 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.	<b>80%</b>	2024	99% (133/135)	92% (82/89)	85% (120/142)	86% (85/99)	86% (160/186)	90% (159/176)	89% (739/827)
		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)
<b>QPI 20:</b> Proportion of patients with breast cancer who undergo adjuvant radiotherapy who commence this within 8 weeks of final surgery	<b>80%</b>	2024	33% (66/199)	23% (31/134)	2% (5/216)	41% (53/131)	45% (134/296)	37% (104/279)	31% (393/1255)
		2023	16% (38/236)	13% (19/149)	3% (7/272)	15% (19/131)	30% (105/355)	41% (82/202)	20% (270/1345)
		2022							
<b>QPI 21:</b> 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. <b>(New QPI)</b>	<b>&lt;10%</b>	2024	50% (4/8)	30% (3/10)	38% (6/16)	38% (3/8)	0% (0/17)	12% (2/17)	24% (18/76)
		2023	67% (6/9)	71% (5/7)	20% (4/20)	57% (4/7)	18% (2/11)	0.0% (0/11)	32% (21/65)
		2022							

QPI	Target	Year	AA	FV	Lan	NE G	SG	Clyde	WoS
<b>QPI 22i:</b> Proportion of patients with local recurrence (or new cancer/DCIS) in the same breast after breast conservation.	<b>&lt;2.5%</b>	2018	1% (2/191)	3% (3/101)	0% (0/207)	0% (0/168)	1% (4/402)	0% (0/237)	1% (9/1306)
		2017	0% (0/241)	1% (1/85)	n/a	n/a	n/a	n/a	0.3% (1/326)
<b>QPI 22ii:</b> Proportion of patients with local recurrence (or new cancer/DCIS) in the treated side after mastectomy.	<b>&lt;5%</b>	2018	4% (3/80)	4% (2/49)	0% (0/169)	0% (0/64)	1% (1/150)	2% (1/59)	1% (7/571)
		2017	1% (1/100)	0% (0/48)	n/a	n/a	n/a	n/a	1% (1/148)
<b>QPI 22iii:</b> Proportion of patients with any recurrence (or new cancer/DCIS) in the same breast, axilla or distant site after surgical treatment.	<b>&lt;15%</b>	2018	7% (19/271)	17% (26/150)	6% (23/376)	8% (18/232)	9% (48/552)	7% (21/296)	8% (155/1877)
		2017	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.

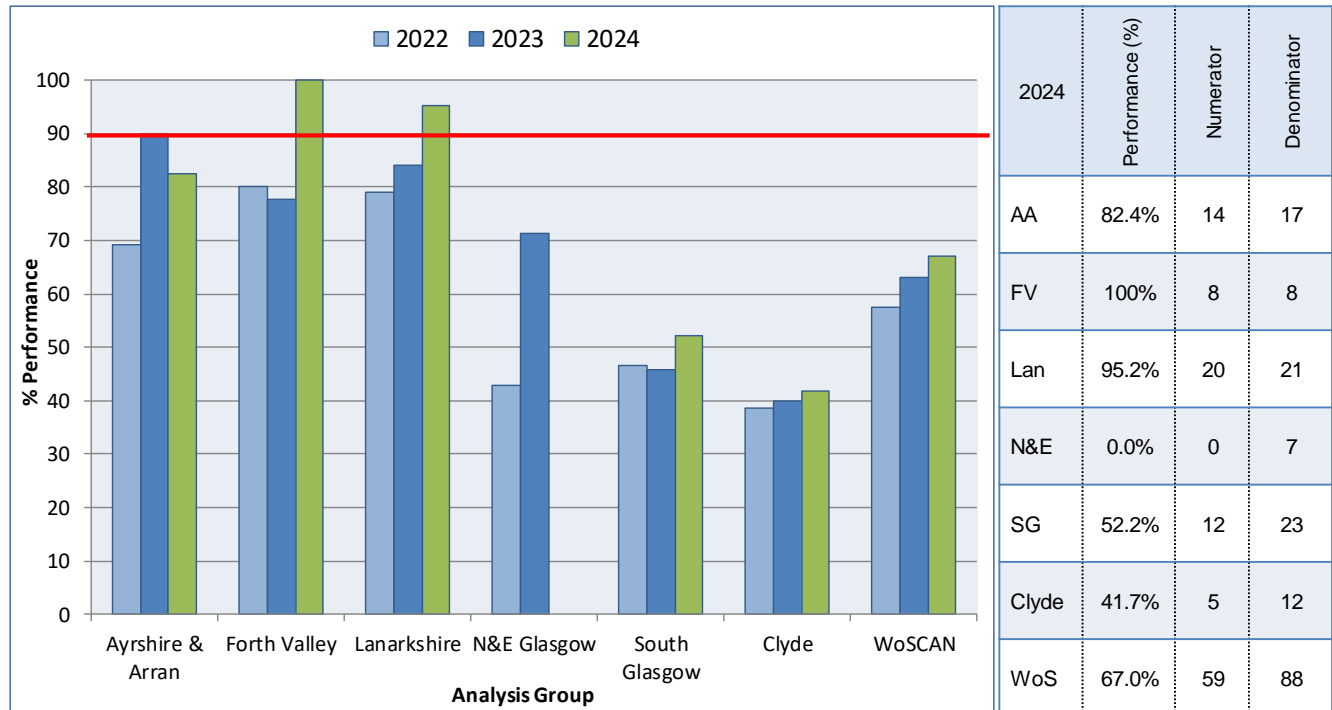


Overall in the WoS 26.5% of patients underwent immediate reconstruction at the time of mastectomy, achieving the 20% target for the third consecutive year. Performance against this measure has been lower in NHS Ayrshire & Arran & NHS Forth Valley in recent years however both showed an increase in performance with NHS Ayrshire & Arran achieving the target. NHS Forth Valley noted the increase in immediate reconstruction cases from the previous year. The Board stated that all suitable patients were offered reconstructive options.

## 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.

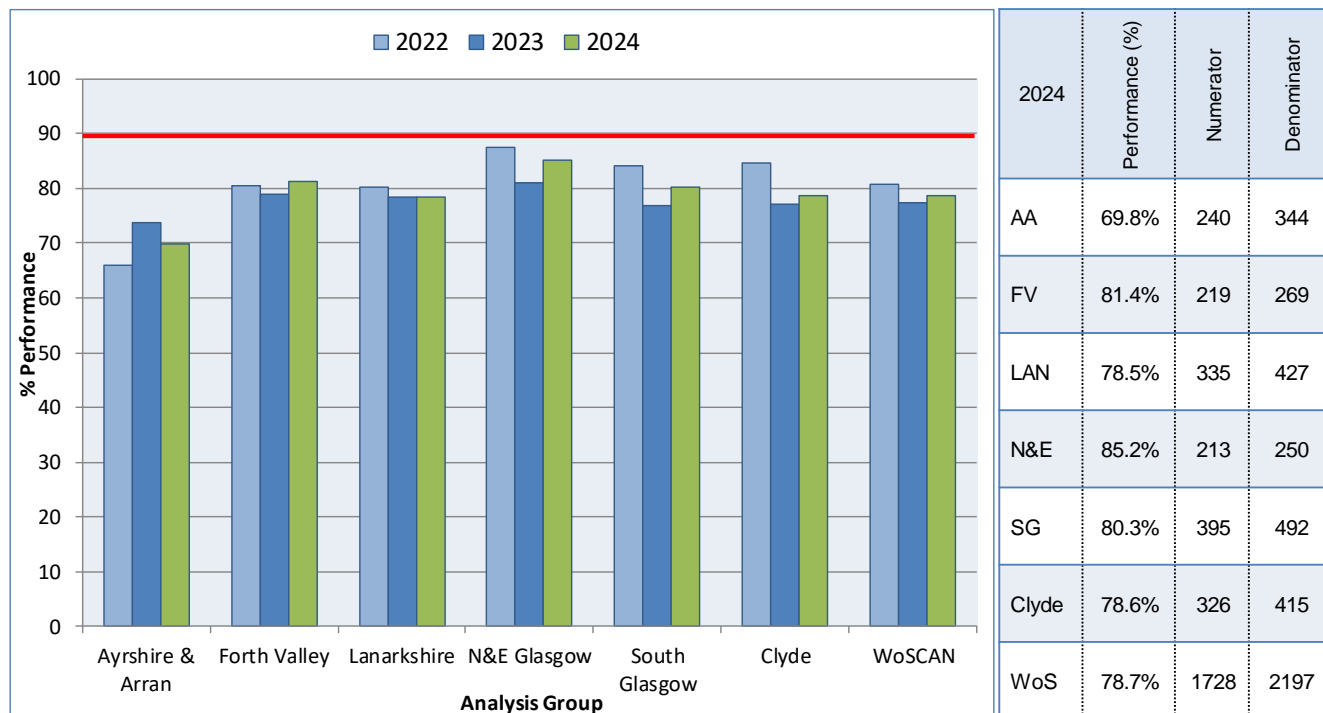


In the WoS 67% of breast cancer patients underwent immediate breast reconstruction at the time of mastectomy and within 6 weeks of treatment decision. Variation across the Boards is noted with performance ranging from 0% in NHSGGC NE sector to 100% in NHS Forth Valley. All 29 cases not meeting the target 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 8 weeks of treatment decision.

## 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.

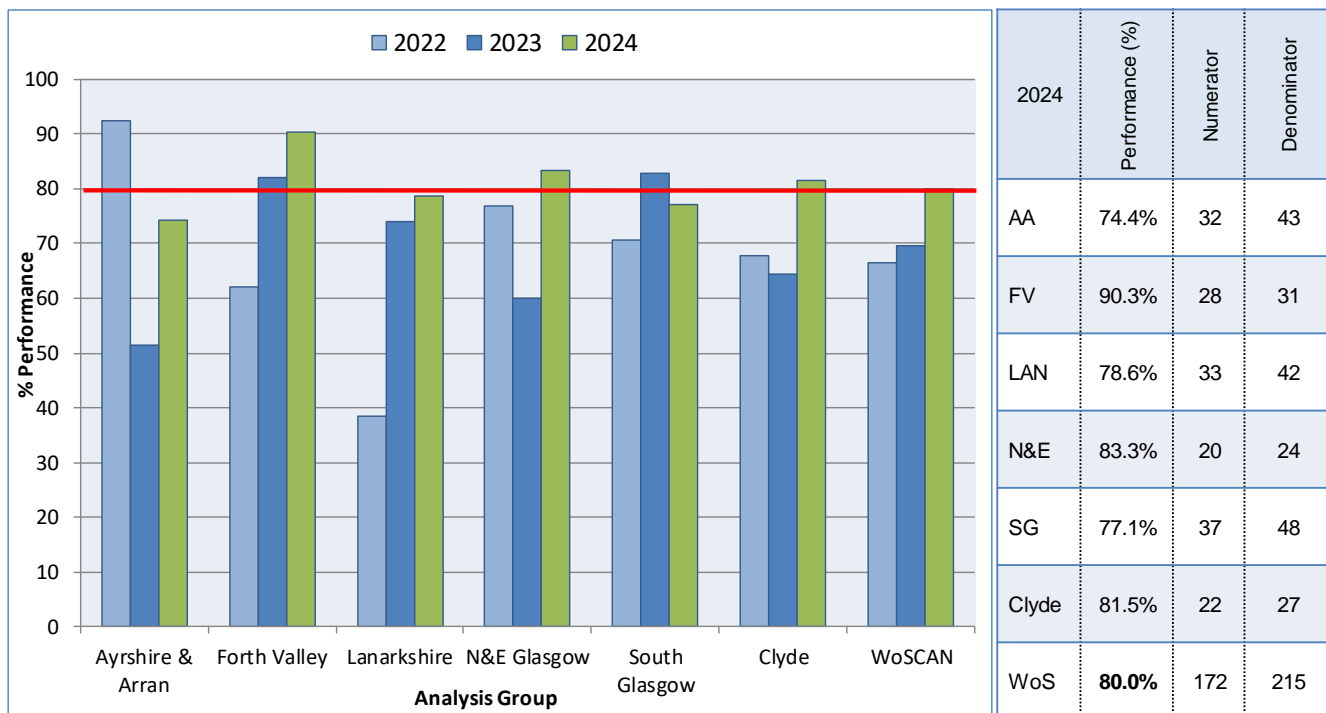


As with previous years the majority of cases not meeting the target required FISH testing to establish HER2 status. The FISH service is centrally funded and the current standard for Molecular Pathologists is to report FISH results within 14 days of receipt, which is not aligned with the requirements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

## 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 $\geq 5\%$ 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 $\geq 5\%$ 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%

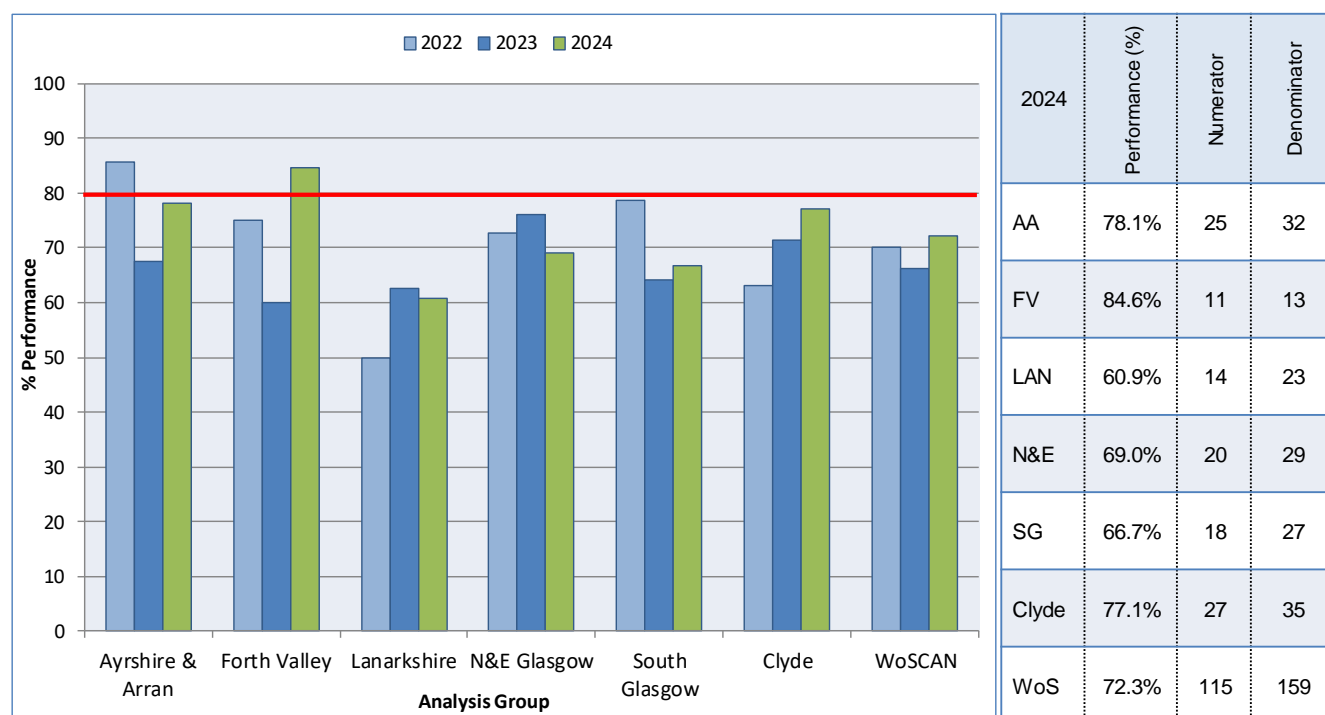
Figure 4: Number of patients with hormone receptor positive HER2 negative breast cancer who have a  $\geq 5\%$  overall survival benefit of chemotherapy treatment predicted at 10 years and/or high risk genomic assay score that undergo adjuvant chemotherapy.



Performance for the QPI shows year on year improvement in the majority of units. The majority of cases not meeting the QPI had pre-existing co-morbidities where risk outweighed benefit, cases where 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 $\geq 5\%$ 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 $\geq 5\%$ 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  $\geq 5\%$  overall survival benefit of chemotherapy treatment predicted at 10 years that undergo adjuvant chemotherapy.

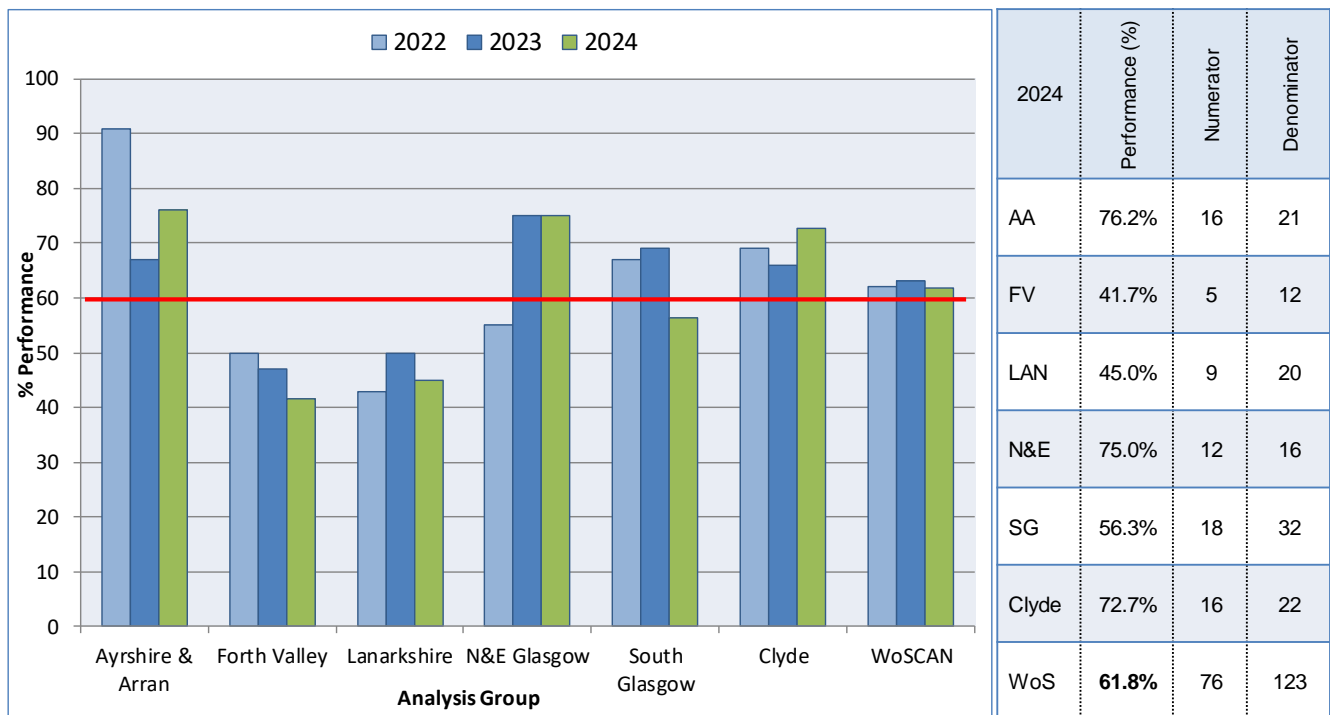


Variation was observed between units, with increases in performance in certain areas and slight decline in others. Overall WoS performance showed a small improvement between 2023 and 2024. Reasons provided for units not meeting the QPI are similar to QPI 11i. Patients either had significant co-morbidities precluding safe use of chemotherapy or declined chemotherapy after discussion.

## 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.



Overall 62% 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 underwent genomic testing which meets the 60% QPI target. At unit level performance was lower in NHS Forth Valley and NHS Lanarkshire however, numbers of patients included within the QPI were small. The main reasons for cases not meeting the QPI were patients who declined chemotherapy and patients who were not offered chemotherapy due to fitness and comorbidities.

The MCN recommends that for patients whose fitness for treatment is borderline, a follow-up discussion in the oncology clinic would be beneficial.

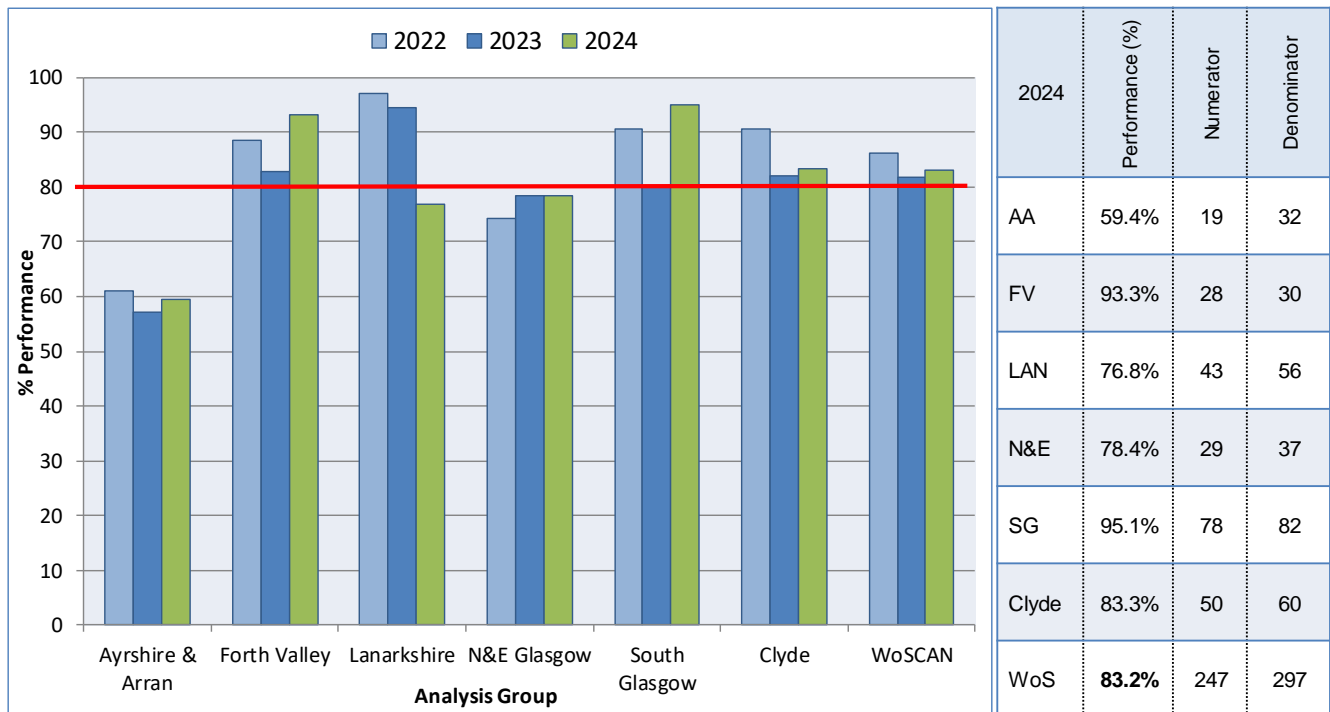
### Action Required:

- MCN to discuss with MDT chairs whether patients whose fitness for treatment is borderline are being offered the opportunity for a follow-up discussion with oncology.

## 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

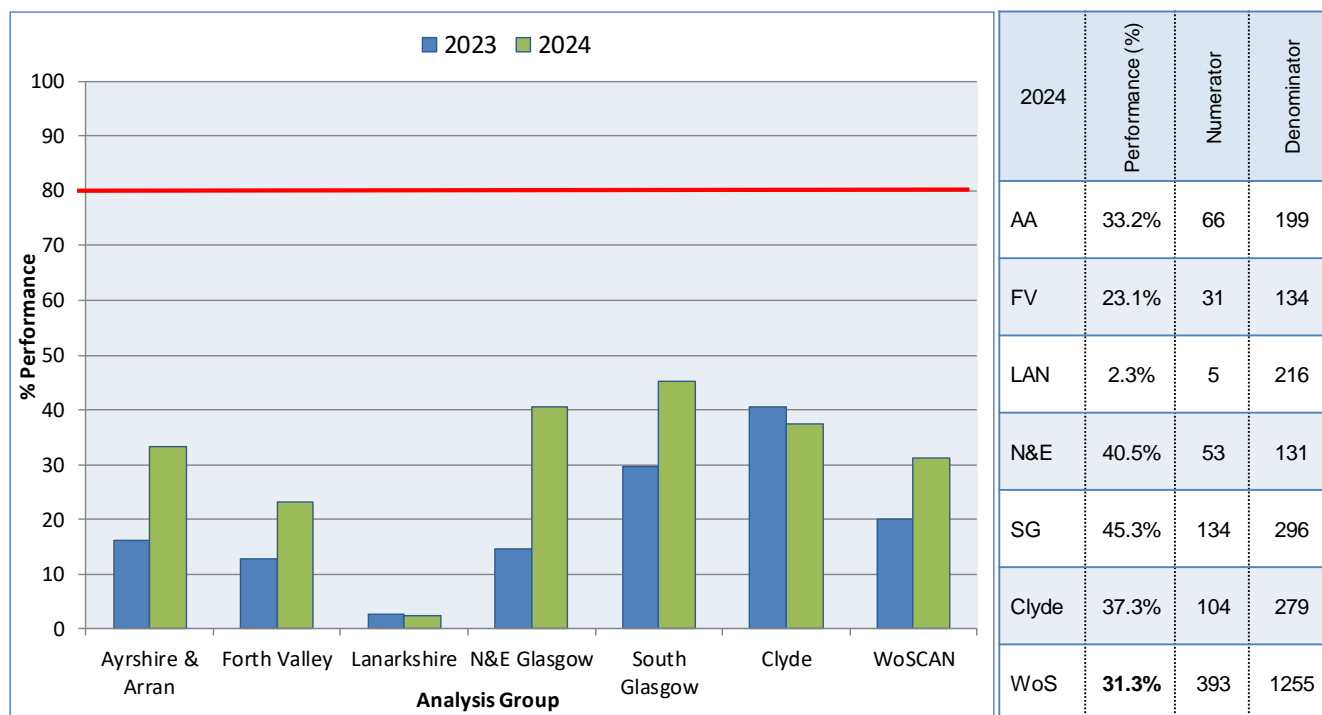


All NHS Ayrshire & Arran cases have been reviewed and, in the majority of cases, patient fitness was the driver behind the decision not to proceed with neoadjuvant SACT. Since the SIMD scores for NHSGGC NE sector are lower than for NHS Ayrshire & Arran but the QPI % is higher in NHSGGC NE sector, NHSGGC NE sector cases are being reviewed by the MCN Clinical lead to analyse SACT regimes received/dose reductions/dose intensity, as any adjustments in treatment due to lack of patient tolerance is not accounted for in the QPI.

## 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.



This is an improving QPI and most patients who did not meet it were outside the eight week window by only a few days. The radiotherapy pathway has improved with the introduction of the electronic booking system but other aspects, such as number of clinical oncologists and capacity in the radiotherapy/physics/planning parts of the pathways remain a challenge.

The average wait time for the cases not meeting the QPI was 76 days and median wait time was 73 days.

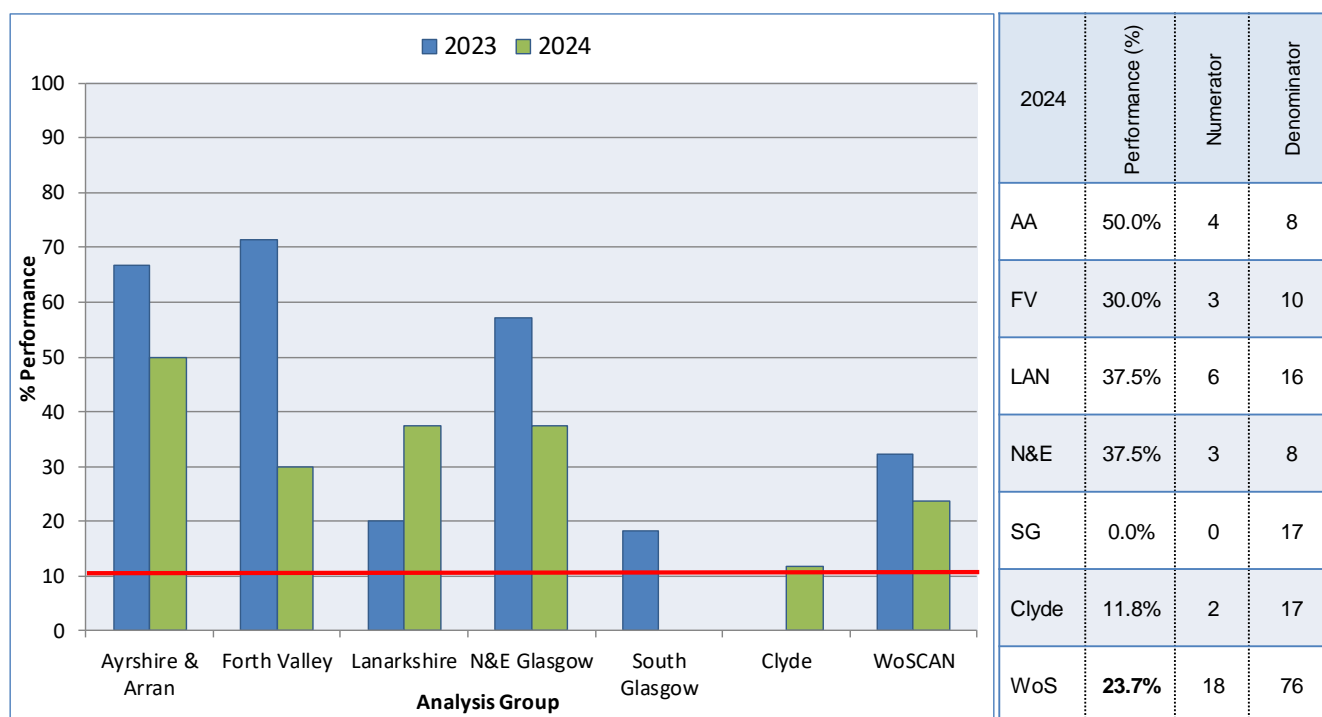
### Action Required:

- The MCN will escalate concerns at the forthcoming Regional Cancer Advisory Board that waiting times for adjuvant radiotherapy remain longer than desired and require further improvement.

## 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.



Overall regional performance was 24% against the <10% target and shows improvement on the previous year. Performance ranged from 0% in NHTSGC South to 50% in NHS Ayrshire & Arran. However denominator 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	NHS Lan	NHS GGC NG	NHS GGC SG	NHS GGC Clyde	WoS
(i) Patients with local recurrence (or new cancer/DCIS) in the same breast after breast conservation	<2.5%	1.0%	3.0%	0.0%	0.0%	1.0%	0.0%	0.7%
(ii) Patients with local recurrence (or new cancer/DCIS) in the treated side after mastectomy	<5%	3.8%	4.1%	0.0%	0.0%	0.7%	1.7%	1.2%
(iii) Patients with any recurrence (or new cancer/DCIS) in the same breast, axilla or distant site after surgical treatment.	<15%	7.0%	17.3%	6.1%	7.8%	8.7%	7.1%	8.3%

This QPI focused on patients diagnosed with breast cancer in 2018 who developed a breast cancer recurrence (or new disease) in the treated breast within 5 years.

Although this is acknowledged as one of the most important quality of care measures for breast cancer, WoS Boards have repeatedly flagged concerns around the increased workload and resource intensive process to fulfil the QPI data collection requirements. As such, additional funding was agreed to enable NHSGGC and Lanarkshire to produce recurrence data for the first time for the 2018 cohort.

Following discussions at the recent national breast cancer meeting regarding data robustness and measurability criteria, the national figures will be reviewed by clinicians in greater detail to ensure that all eligible patients are captured consistently and comparably.

### Action Required:

- The MCN to consider along with NHS Boards the feasibility of ongoing data collection to support the continued assessment of breast cancer recurrence rates.
- The MCN to work with SCAN and NCA clinicians to consider whether the current measure and associated data collection process is fit for purpose, and to identify and evaluate alternative approaches for assessing this measure.

## Appendix 1: Meta Data

Report Title	Cancer Audit Report: Breast Cancer Quality Performance Indicators																										
Time Period	Patients diagnosed between 01 January 2024 and 31 December 2024																										
Data Source	Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.																										
Data extraction date	2200 hrs on 2 <sup>nd</sup> October 2025 Cancer audit is a dynamic process with patient data continually being revised and updated as more information becomes available. This means that apparently comparable reports for the same time period and cancer site may produce different figures if extracted at different times.																										
Data Quality	<p>Breast Cancer</p> <table border="1"> <thead> <tr> <th>Health Board of diagnosis</th> <th>(01/01/2024-31/12/2024) Audit</th> <th>Cancer Reg 2019-23</th> <th>Case Ascertainment</th> </tr> </thead> <tbody> <tr> <td>Ayrshire &amp; Arran</td> <td>377</td> <td>428</td> <td>88.1%</td> </tr> <tr> <td>Forth Valley</td> <td>299</td> <td>252</td> <td>118.7%</td> </tr> <tr> <td>GGC</td> <td>1328</td> <td>1526</td> <td>87.0%</td> </tr> <tr> <td>Lanarkshire</td> <td>481</td> <td>338</td> <td>142.3%</td> </tr> <tr> <td>WoS Total</td> <td>2485</td> <td>2544</td> <td>97.7%</td> </tr> </tbody> </table> <p>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.</p>			Health Board of diagnosis	(01/01/2024-31/12/2024) Audit	Cancer Reg 2019-23	Case Ascertainment	Ayrshire & Arran	377	428	88.1%	Forth Valley	299	252	118.7%	GGC	1328	1526	87.0%	Lanarkshire	481	338	142.3%	WoS Total	2485	2544	97.7%
Health Board of diagnosis	(01/01/2024-31/12/2024) Audit	Cancer Reg 2019-23	Case Ascertainment																								
Ayrshire & Arran	377	428	88.1%																								
Forth Valley	299	252	118.7%																								
GGC	1328	1526	87.0%																								
Lanarkshire	481	338	142.3%																								
WoS Total	2485	2544	97.7%																								

### Copyright

The content of this report is © copyright WoSCAN unless otherwise stated.

Organisations may copy, quote, publish and broadcast material from this report without payment and without approval provided they observe the conditions below. Other users may copy or download material for private research and study without payment and without approval provided they observe the conditions below.

The conditions of the waiver of copyright are that users observe the following conditions:

- Quote the source as the West of Scotland Cancer Network (WoSCAN).
- Do not use the material in a misleading context or in a derogatory manner.
- Where possible, send us the URL.

The following material may not be copied and is excluded from the waiver:

- The West of Scotland Cancer Network logo.
- Any photographs.

Any other use of copyright material belonging to the West of Scotland Cancer Network requires the formal permission of the Network.

