

# Quality Performance Indicators Audit Report



<b>Tumour Area:</b>	Cervical Cancer
<b>Patients Diagnosed:</b>	1 <sup>st</sup> October 2018 – 30 <sup>th</sup> September 2019
<b>Published Date:</b>	22 <sup>nd</sup> March 2021
<b>Clinical Commentary:</b>	Dr Ann-Maree Kennedy NCA Gynaecology Clinical Director

## 1. Cervical Cancer in Scotland

With 347 patients diagnosed in Scotland during 2018, cervical cancer remains the 11<sup>th</sup> most common type of cancer in women in Scotland and is the most common cancer in women under the age of 35. The main risk factor for cervical cancer is infection with the human papilloma virus (HPV)<sup>1</sup>. The numbers of patients diagnosed with cervical cancer has not changed significantly over the last 10 years. However, rates of cervical cancer were much lower in 2018 in 20-29 year old women compared to previous years while rates of histologically-verified CIN3 (the most serious pre-cancerous form of cervical intraepithelial neoplasia) have been falling for several years. Together, these suggest that the HPV vaccination programme introduced in Scotland in 2008 has been effective in reducing cervical cancer.

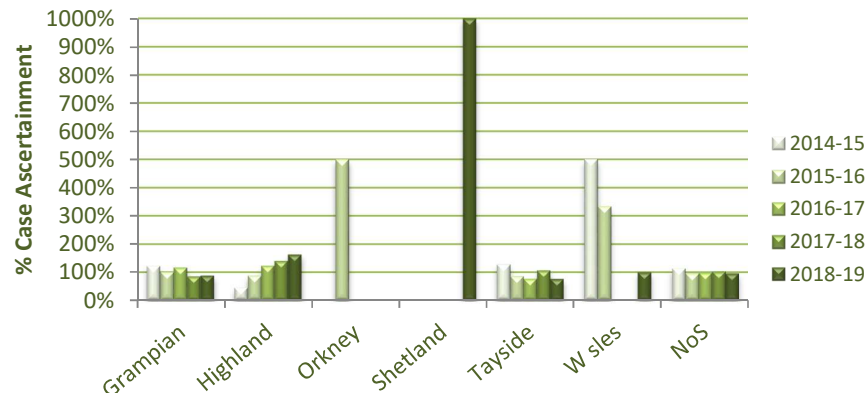
Relative survival from cervical cancer in Scotland is similar to the average for all cancers types and has increased slightly since 1987-1991<sup>2</sup>. The table below details the percentage change in 1 and 5 year relative survival for patients diagnosed 1987-1991 to 2007-2011.

**Relative age-standardised survival for cervical cancer in Scotland at 1 year and 5 years showing percentage change from 1987-1991 to 2007-2011<sup>2</sup>.**

Relative survival at 1 year (%)		Relative survival at 5 years (%)	
2007-2011	% change	2007-2011	% change
79.7%	+ 2.4%	60.2%	+ 4.7%

## 2. Patient Numbers and Case Ascertainment in the North of Scotland

Between 1<sup>st</sup> October 2018 and 30<sup>th</sup> September 2019 a total of 85 cases of cervical cancer were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was high at 95.7%. Furthermore, for patients included within the audit, data collection was complete. As such, QPI calculations based on data captured are considered to be representative of patients diagnosed with cervical cancer during the audit period. Fluctuations in case ascertainment are expected in the island boards as a result of chance variation due to the small numbers of patients diagnosed.

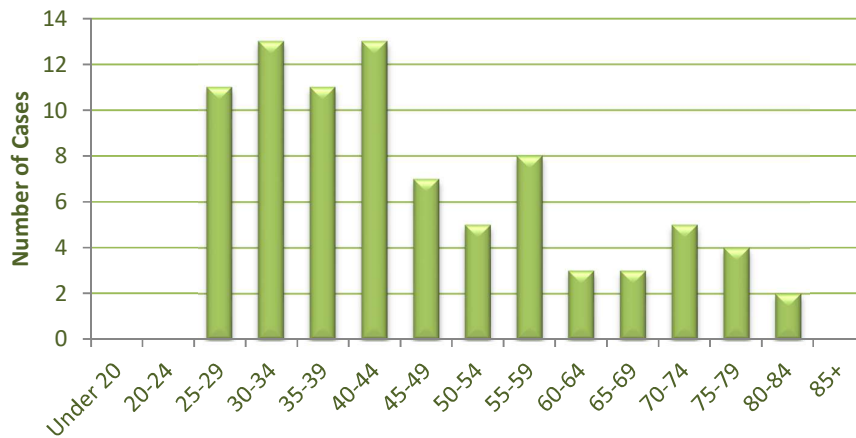


**Case ascertainment by NHS Board for patients diagnosed with cervical cancer in 2014-2019.**

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2018-19	33	20	0	2	29	1	85
% of NoS total	38.8%	23.5%	0.0%	2.4%	34.1%	1.2%	100%
Mean ISD Cases 2014-18	37.4	12.2	0.4	0.2	37.6	1.0	88.8
% Case ascertainment 2018-19	88.2%	163.9%	0%	1000%	77.1%	100%	95.7%

### 3. Age Distribution

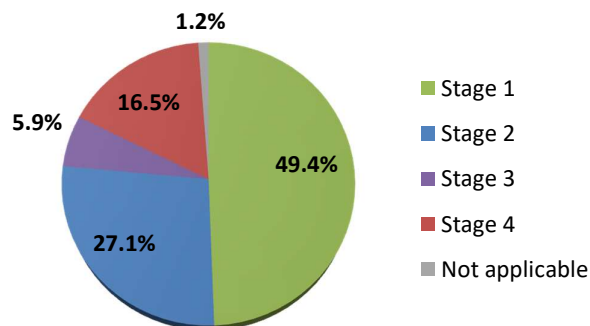
The figure below shows the age distribution of patients diagnosed with cervical cancer in the North of Scotland in 2018-2019. The highest number of diagnoses were seen within the 30-34 years and 40-44 years age brackets.



Age distribution of patients diagnosed with cervical cancer in the North of Scotland, 2018-2019.

### 4. FIGO Stage in the North of Scotland

The final FIGO stage of patients diagnosed with cervical cancer in 2018-2019 is shown in the following figure. Almost half of the patients diagnosed in the North of Scotland health boards were recorded as FIGO Stage 1 (49.4%) and only one patient was recorded as *Not Applicable*.



Final FIGO stage of patients diagnosed with cervical cancer in the North of Scotland, 2018-2019.

## 5. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland<sup>3</sup>, while further information on datasets and measurability used are available from Information Services Division<sup>4</sup>. Data for most QPIs are presented by Board of diagnosis; however QPI 5, relating to surgical margins, is presented by Hospital of Surgery. In addition, QPI 8, clinical trials and research study access, is reported by NHS Board of residence. Please note that where QPI definitions have been amended, results are not compared with those from previous years.

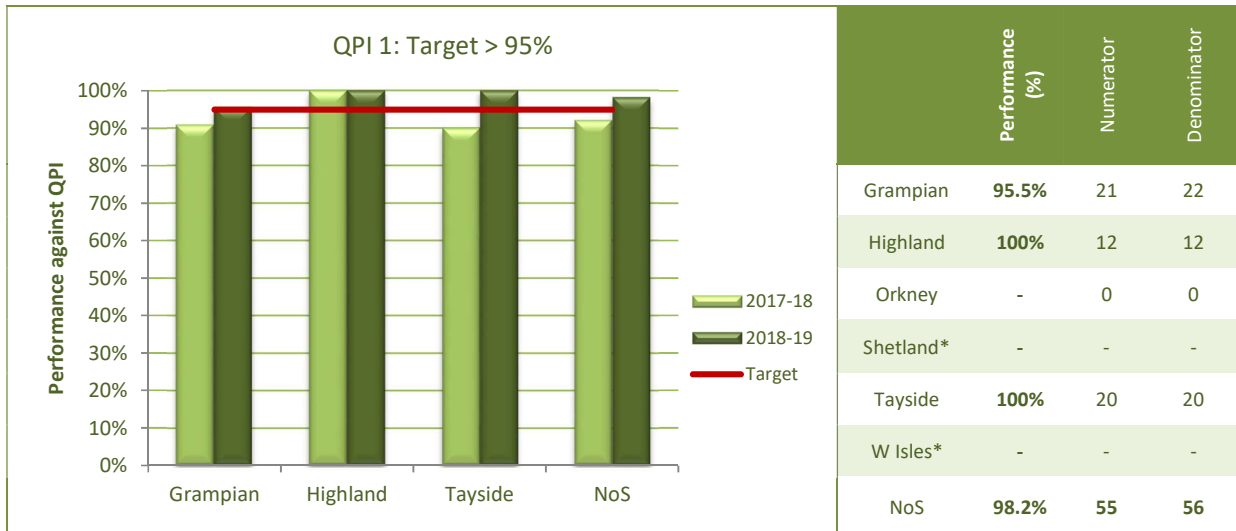
## 6. Governance and Risk

QPI performance is overseen by the North Cancer Alliance and its constituent groups, with an assessment of clinical risk and action planning undertaken collaboratively and reporting at board and regional level. Actions will be overseen by the Pathway Boards and reported concurrently into the NCA governance groups and the Clinical Commentary committees at each North of Scotland health board.

Further information is available [here](#).

**QPI 1**      **Radiological Staging**

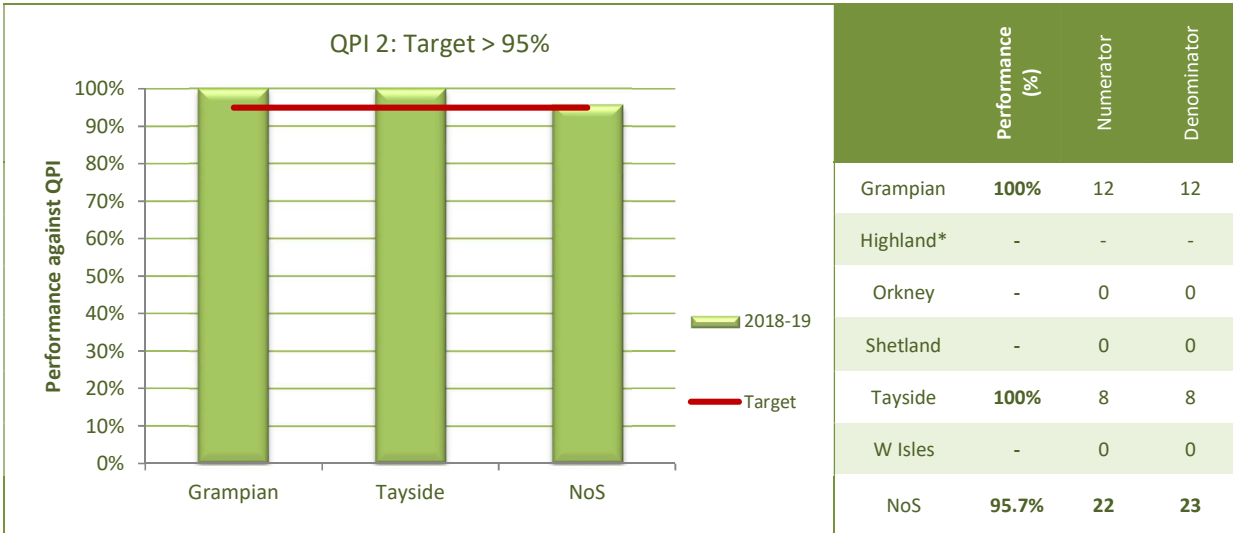
Proportion of patients with cervical cancer who have an MRI of the pelvis performed prior to definitive treatment.



	Performance (%)	Numerator	Denominator
Grampian	95.5%	21	22
Highland	100%	12	12
Orkney	-	0	0
Shetland*	-	-	-
Tayside	100%	20	20
W Isles*	-	-	-
<b>NoS</b>	<b>98.2%</b>	<b>55</b>	<b>56</b>

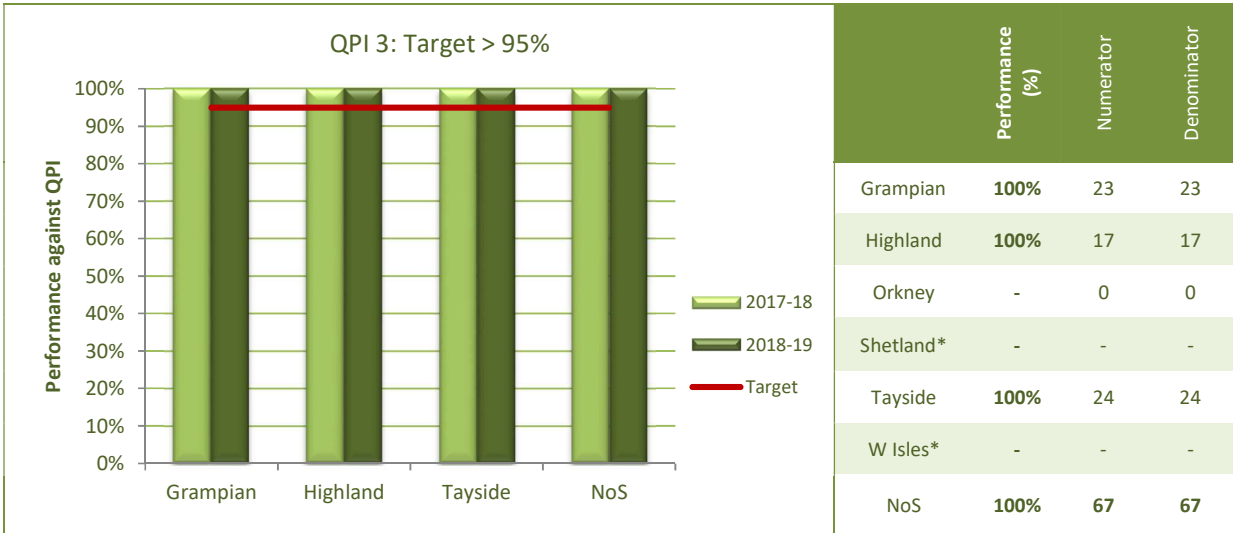
<b>Clinical Commentary</b>	The North of Scotland achieved this target with only one patient not having an MRI of the pelvis prior to definitive treatment.
<b>Actions</b>	No action required
<b>Risk Status</b>	Tolerate

<b>QPI 2</b>	<b>Positron Emission Tomography/Computed Tomography (PET/CT)</b>
Proportion of patients with cervical cancer, for whom primary definitive treatment is radical radiotherapy, who have PET/CT imaging.	



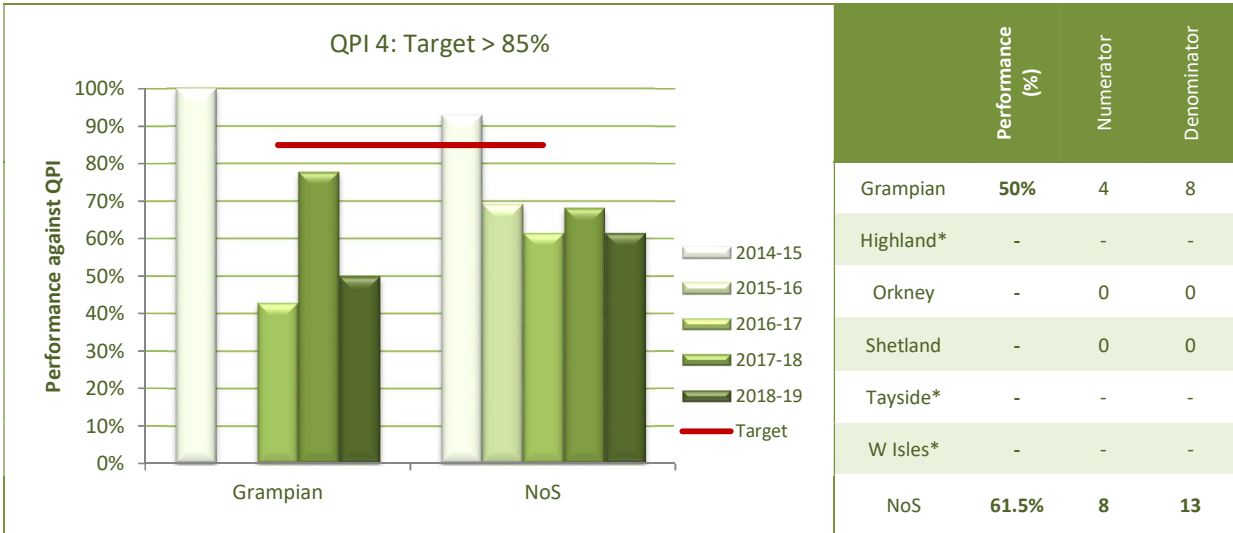
<b>Clinical Commentary</b>	The North of Scotland achieved this target with only one patient having radical radiotherapy as definitive treatment who did not receive PET-CT imaging, due to other injuries.
<b>Actions</b>	No actions required
<b>Risk Status</b>	Tolerate

<b>QPI 3</b>	<b>Multidisciplinary Team Meeting (MDT)</b>
Proportion of patients with cervical cancer who are discussed at a MDT meeting before definitive treatment.	



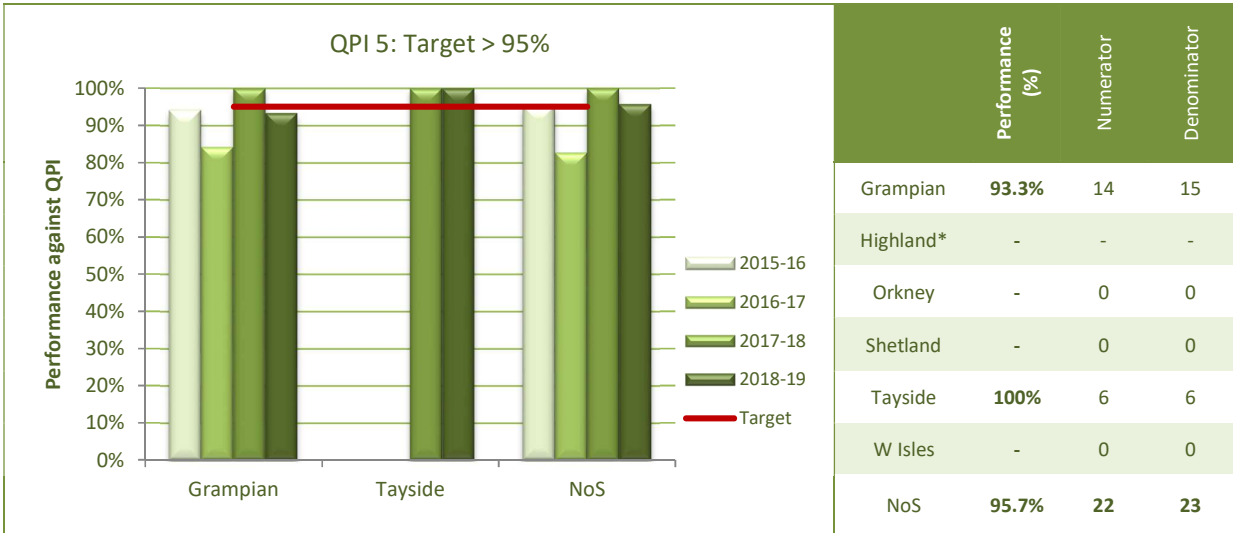
<b>Clinical Commentary</b>	All patients diagnosed with cervical cancer were discussed at a MDT meeting prior to definitive treatment for the second year in a row.
<b>Actions</b>	No action required
<b>Risk Status</b>	Tolerate

<b>QPI 4</b>	<b>Radical Hysterectomy</b>
Proportion of patients with stage IB1 cervical cancer (as defined by radiology and/or histopathology) who undergo radical hysterectomy.	



<b>Clinical Commentary</b>	<p>The North of Scotland again failed this target for patients with stage IB1 cervical cancer undergoing radical hysterectomy. Please note there are a relatively small number of patients with stage 1B1 cancer diagnosed each year.</p> <p>All patients who did not undergo surgery have been audited and alternative treatments such as chemoradiotherapy and brachytherapy were offered based on additional staging investigations.</p> <p>The requirements for stage IB1 patients to be considered for radical hysterectomy will be included in revised NCA cervical cancer clinical management guidelines currently under review.</p> <p>This QPI target is challenging to meet with performance in WoSCAN 75%; SCAN have not published results.</p>
<b>Actions</b>	<ol style="list-style-type: none"> <li>NCA Gynaecology Pathway Board to ensure management for patients with stage IB1 cervical cancer notes the preference for radical hysterectomy as definitive treatment.</li> </ol>
<b>Risk Status</b>	Escalate

<b>QPI 5</b>	<b>Surgical Margins</b>
Proportion of patients with cervical cancer who have surgical margins clear of tumour following hysterectomy.	

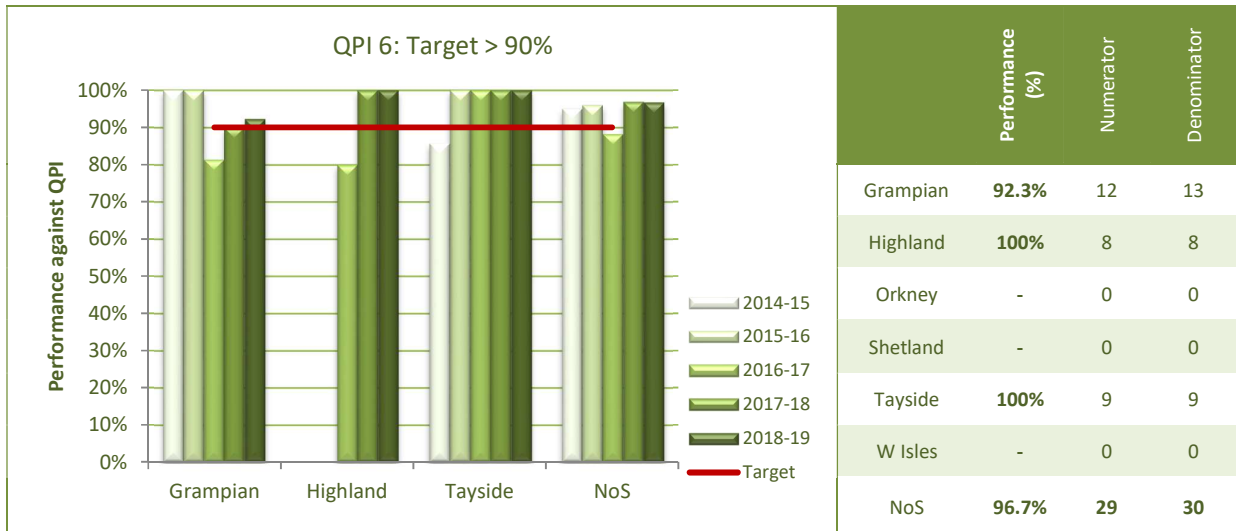


<b>Clinical Commentary</b>	The North of Scotland again achieved this QPI, with only one case where a patient has indeterminate pathology following surgery and therefore the margins of the tumour could not be definitely excluded.
<b>Actions</b>	No action required
<b>Risk Status</b>	Tolerate



**QPI 6** | **56 Day Treatment Time for Radical Radiotherapy**

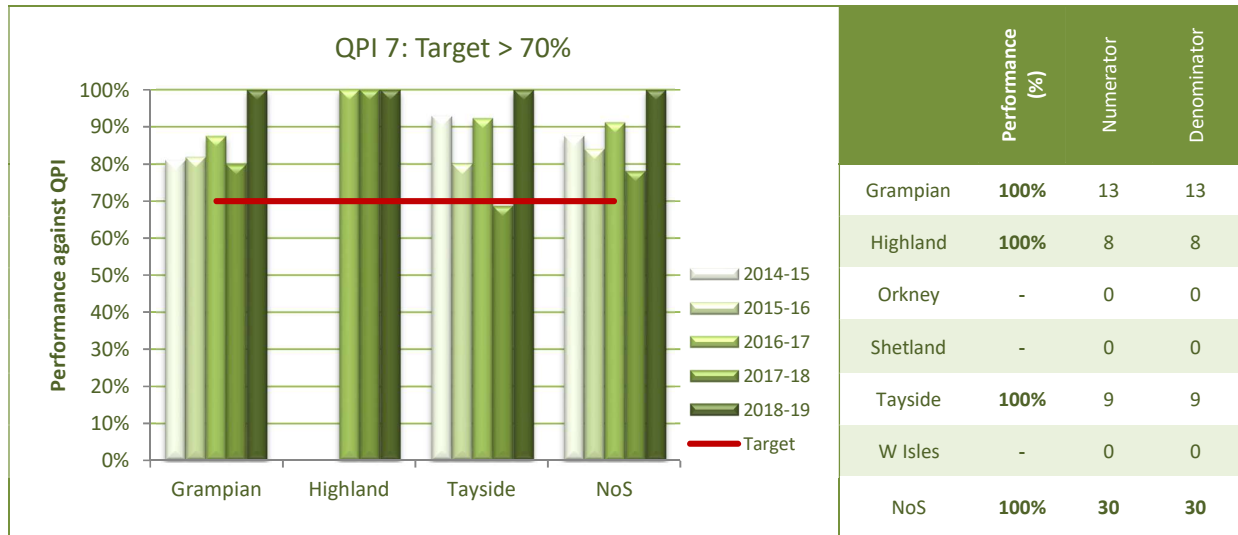
Proportion of patients with cervical cancer undergoing radical radiotherapy whose overall treatment time, from the start to the end of treatment, is not more than 56 days.



	Performance (%)	Numerator	Denominator
Grampian	92.3%	12	13
Highland	100%	8	8
Orkney	-	0	0
Shetland	-	0	0
Tayside	100%	9	9
W Isles	-	0	0
<b>NoS</b>	<b>96.7%</b>	<b>29</b>	<b>30</b>

<b>Clinical Commentary</b>	The North of Scotland achieved this QPI once more with only one patient failing to have radical radiotherapy within a period of 56 days.
<b>Actions</b>	No action required
<b>Risk Status</b>	Tolerate

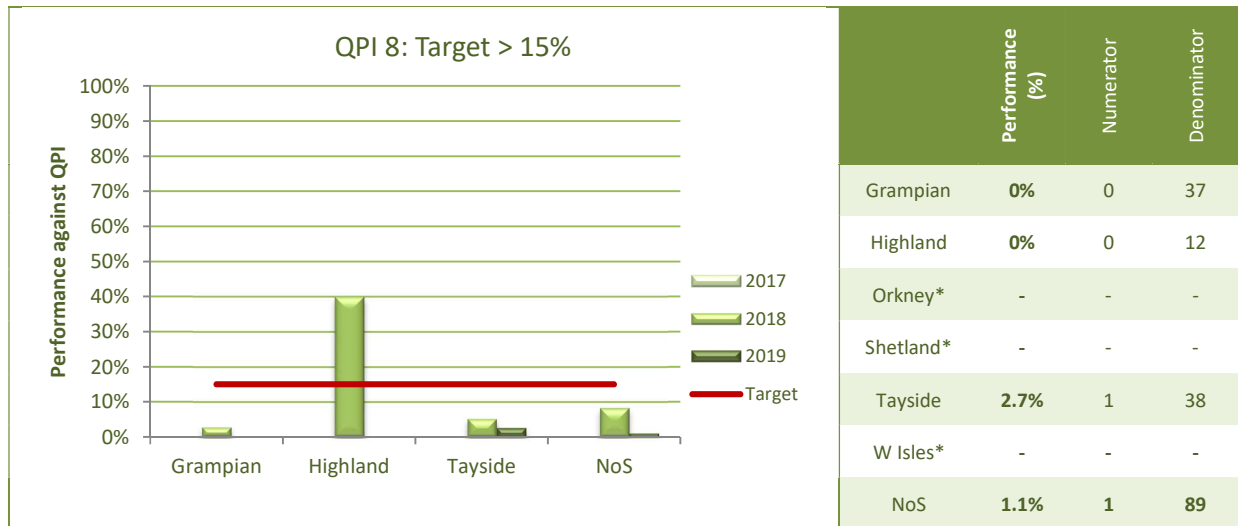
<b>QPI 7</b>	<b>Chemoradiation</b>
Proportion of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.	



	Performance (%)	Numerator	Denominator
Grampian	100%	13	13
Highland	100%	8	8
Orkney	-	0	0
Shetland	-	0	0
Tayside	100%	9	9
W Isles	-	0	0
<b>NoS</b>	<b>100%</b>	<b>30</b>	<b>30</b>

<b>Clinical Commentary</b>	The North of Scotland achieved this QPI with all patients receiving radical radiotherapy also receiving concurrent chemotherapy.
<b>Actions</b>	No action required
<b>Risk Status</b>	Tolerate

<b>QPI 8</b>	<b>Clinical Trials and Research Study Access</b>
Proportion of patients diagnosed with cervical cancer who are consented for a clinical trial / research study. Data reported are for patients consented in 2019.	



<b>Clinical Commentary</b>	Clinical trials access continues to be an issue across all tumour groups.
<b>Actions</b>	1. All clinicians should consider opening relevant clinical trials in their tumour areas. When this is not possible patient referrals to other sites for access to clinical trials should be considered. (Generic Action from SCRN-North)
<b>Risk Status</b>	Tolerate

## References

1. Public Health Scotland. Cancer Incidence in Scotland (to December 2018), 2020. Available at: <https://beta.isdscotland.org/media/4312/2020-04-28-cancer-incidence-report.pdf>
2. NHS National Services Scotland. Cancer Survival in Scotland, 1987-2011. 2015. <https://isdscotland.scot.nhs.uk/Health-Topics/Cancer/Publications/2015-03-03/2015-03-03-CancerSurvival-Report.pdf>
3. Scottish Cancer Taskforce, 2018. Cervical Cancer Clinical Performance Indicators, Version 3.0. Health Improvement Scotland. <http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=6d6ae7c8-b410-4b6f-8c77-54d68432d6fe&version=-1>
4. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>
5. <https://www.nrhc.scot/uploads/tinyce/NCA/NCA%20Governance/NCA-GOV-QPI-Process-Explained.pdf>

## Appendix 1: Clinical trials and research studies for patients with cervical cancer open within the North of Scotland in 2019.

Trial	Principle Investigator	Patients consented into trial in 2019
COMICE	Ann-Maree Kennedy	N
HORIZONS	Debbie Forbes (Tayside) Chrissie Lane (Highland)	Y
SHAPE	Mahalakshmi Gurumurthy (Grampian)	N