Quality Performance Indicators Audit Report

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

1. Endometrial Cancer in Scotland

The incidence of endometrial cancer has increased by 19% in Scotland over the last ten years and with 797 cases recorded during 2018, it was the fourth most common type of cancer in women in Scotland. The increase in incidence may be due, at least in part, to longstanding changes in fertility (since childbearing appears to protect against endometrial cancer) and increases in levels of obesity (which increase risk). A further contributing factor may be a decrease in rates of hysterectomy, which leaves a larger population at risk of developing uterine cancer[1].

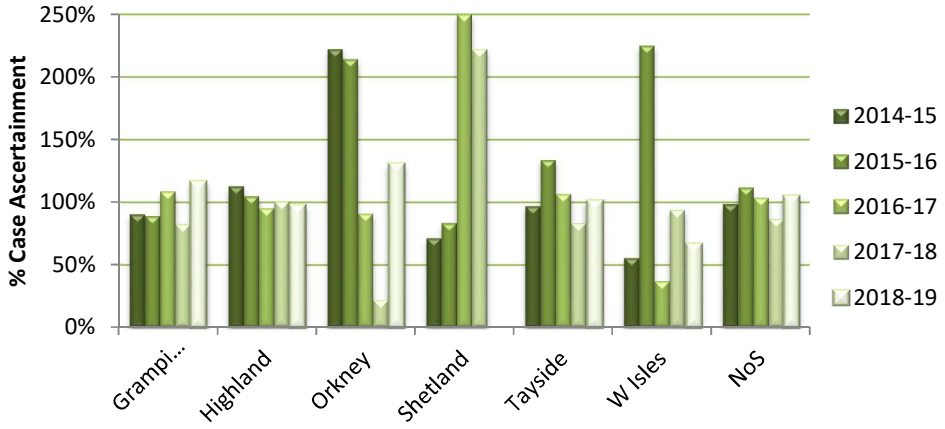
Relative survival from endometrial cancer in Scotland is relatively high and has increased since 1987-1991[2]. The table below details the percentage change in 1 and 5 year relative survival for patients diagnosed 1987-1991 to 2007-2011.

Relative age-standardised survival for endometrial cancer in Scotland at 1 year and 5 years showing percentage change from 1987-1991 to 2007-2011[2].

Relative survival at 1 year (%)		Relative survival at 5 years (%)	
2007-2011	% change	2007-2011	% change
88.5%	+ 6.3%	76.7%	+ 10.6%

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

Between 1st October 2018 and 30th September 2019, a total of 209 cases of endometrial cancer were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was very high at 104.8%, this suggests that patients with endometrial cancer are well captured by cancer audit in the North of Scotland. Furthermore, for patients included within the audit, data collection was near complete. As such, QPI calculations based on data captured are considered to be representative of patients diagnosed with endometrial 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.

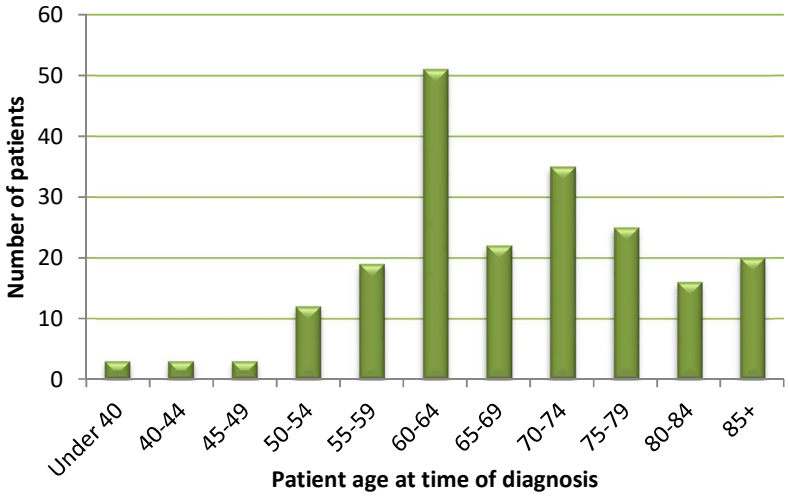


Case ascertainment by NHS Board for patients diagnosed with endometrial cancer in 2014-2019.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2018-19	90	40	6	0	69	4	**209**
% of NoS total	43.1%	19.1%	2.9%	0%	33.0%	1.9%	**100%**
Mean ISD Cases 2014-18	77.4	41	4.6	2	68.4	6	**199.4**
% Case ascertainment 2018-19	116.3%	97.6%	130.4%	0.0%	100.9%	66.7%	**104.8%**

3. Age Distribution

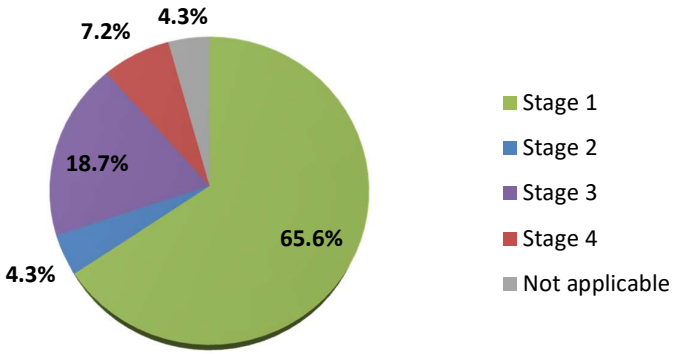
The figure below shows the age distribution of patients diagnosed with endometrial cancer in the North of Scotland in 2018-19, with numbers highest in the 60-64 years age bracket.



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

4. FIGO Stage in the North of Scotland

The final FIGO stage of patients diagnosed with endometrial cancer in 2018-2019 is shown in the following figure. Almost two thirds of patients diagnosed in the North of Scotland health boards were recorded as FIGO Stage 1 (65.6%) and only nine patients were recorded as *Not Applicable.*



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

5. Performance against Quality Performance Indicators (QPIs)

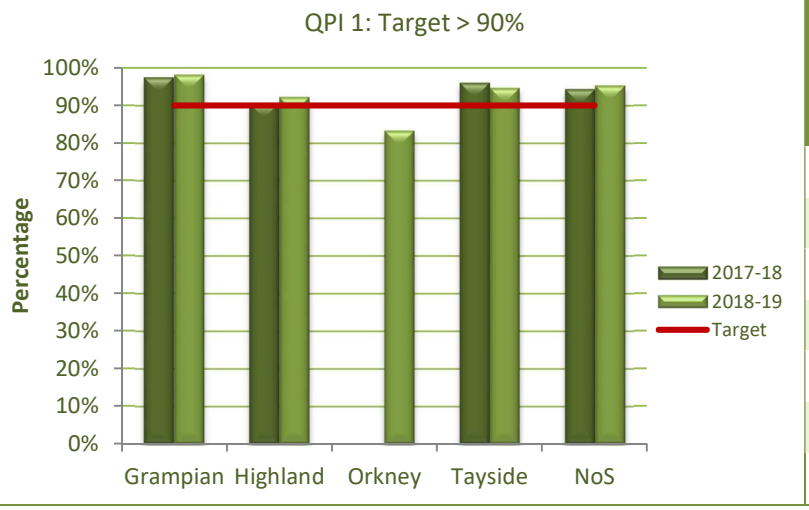
Definitions for the QPIs reported in this section are published by Health Improvement Scotland[3], while further information on datasets and measurability used are available from Information Services Division[4]. Data for most QPIs are presented by Board of diagnosis; however QPI 4 and QPI 7 are presented by hospital of surgery. In addition, QPI 8, clinical trials and research study access, is reported by NHS Board of residence.

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.**

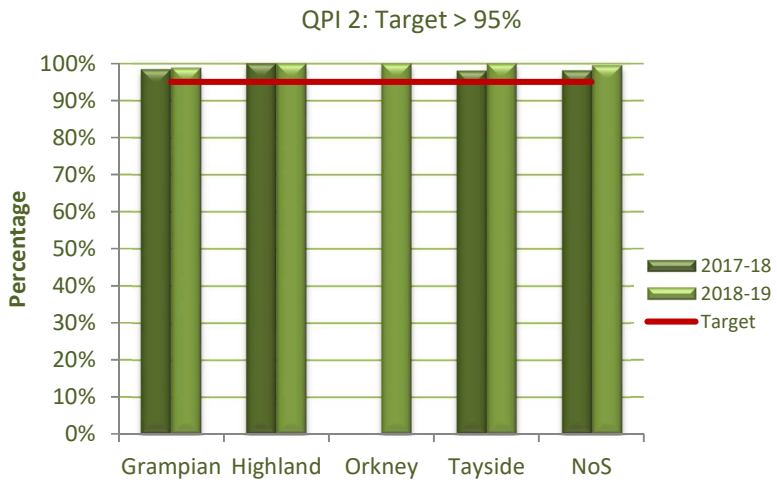
QPI 1	Radiological Staging
Proportion of patients with endometrial cancer who have an MRI and/or CT scan of the abdomen and pelvis performed prior to definitive treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**98.2%**	56	57
Highland	**92.3%**	24	26
Orkney	**83.3%**	5	6
Shetland	-	0	0
Tayside	**94.7%**	36	38
W Isles*	-	-	-
NoS	**95.3%**	**123**	**129**

Clinical Commentary	The North of Scotland achieved this QPI with 95% of women having an MRI or CT scan of the abdomen and pelvis prior to definitive treatment.
Actions	No action required
Risk Status	Tolerate

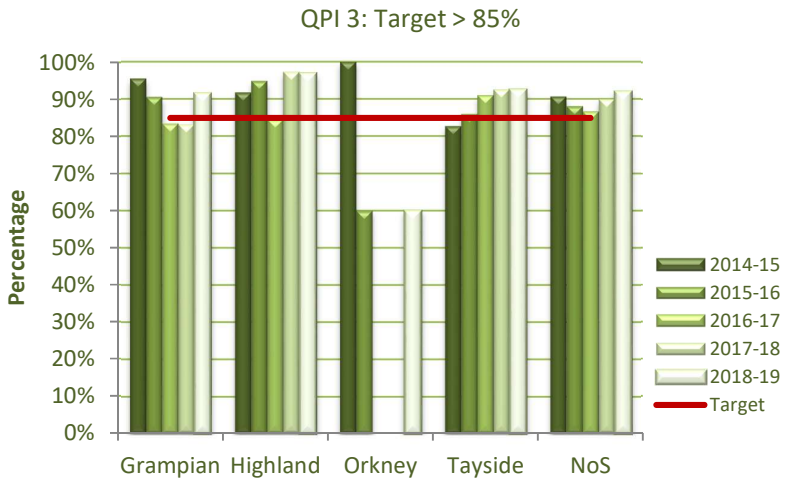
QPI 2	Multidisciplinary Team Meeting (MDT)
Proportion of patients with endometrial cancer who are discussed at a MDT meeting before definitive treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**98.8%**	84	85
Highland	**100%**	40	40
Orkney	**100%**	6	6
Shetland	-	0	0
Tayside	**100%**	66	66
W Isles*	-	-	-
NoS	**99.5%**	**200**	**201**

Clinical Commentary	The North of Scotland achieved this QPI with all but one patient being discussed at MDT prior to definitive treatment.
Actions	No action required
Risk Status	Tolerate

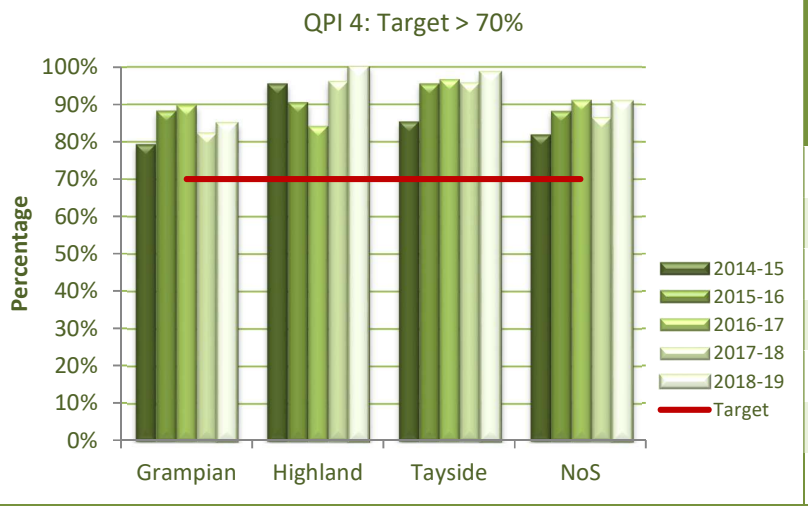
QPI 3	Total Hysterectomy and Bilateral Salpingo-Oophorectomy
Proportion of patients with endometrial cancer who undergo TH/BSO.	



	Performance (%)	Numerator	Denominator
Grampian	**91.4%**	74	81
Highland	**96.8%**	30	31
Orkney	**60%**	3	5
Shetland	-	0	0
Tayside	**92.4%**	61	66
W Isles*	-	-	-
NoS	**91.9%**	**171**	**186**

Clinical Commentary	The North of Scotland achieved this QPI with over 90% of women with endometrial cancer undergoing a total hysterectomy and Bilateral Salpingo-Oophorectomy. Patients who did not have surgery have been audited; all received other treatments including palliative radiotherapy, chemoradiotherapy or best supportive care.
Actions	No action required
Risk Status	Tolerate

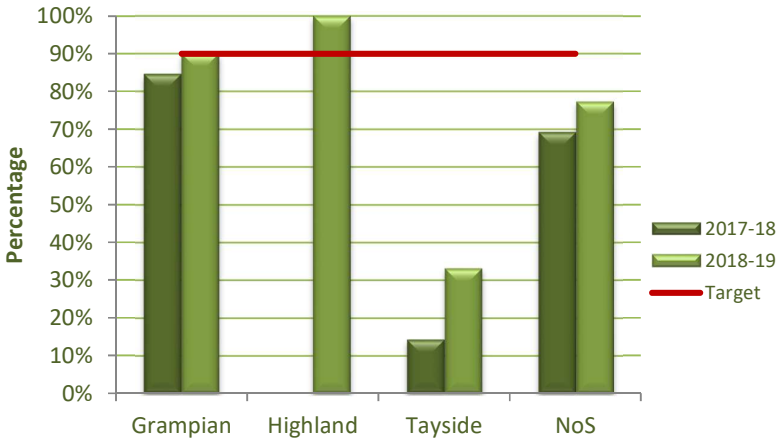
QPI 4	Laparoscopic Surgery
Proportion of patients with endometrial cancer undergoing definitive surgery who undergo laparoscopic surgery.	



	Performance (%)	Numerator	Denominator
Grampian	**84.8%**	78	92
Highland	**100%**	18	18
Orkney	-	0	0
Shetland	-	0	0
Tayside	**98.4%**	60	61
W Isles*	-	-	-
NoS	**90.7%**	**156**	**172**

Clinical Commentary	The North of Scotland achieved this QPI with over 90% of patients who had surgery for endometrial cancer undergoing laparoscopic surgery. Some patients who did not have laparoscopic surgery did so for other reasons including co-morbidity or patient choice.
Actions	No actions required
Risk Status	Tolerate

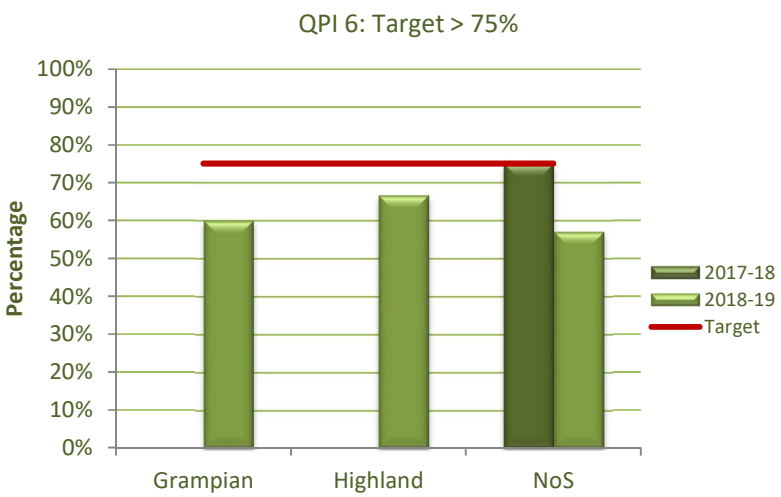
QPI 5	Adjuvant Radiotherapy
Proportion of patients with stage IB, grade 1 or 2, or stage IA, grade 3 endometrioid or mucinous endometrial cancer having adjuvant radiotherapy.	



	Performance (%)	Numerator	Denominator
Grampian	**90%**	9	10
Highland	**100%**	6	6
Orkney	-	0	0
Shetland	-	0	0
Tayside	**33.3%**	2	6
W Isles	-	0	0
NoS	**77.3%**	**17**	**22**

Clinical Commentary	The North of Scotland did not achieve this QPI and patients who did not have adjuvant radiotherapy are being audited within boards. The results of this audit will help inform the development of the NCA Endometrial Cancer clinical management guideline which is currently under review.
Actions	1. NCA Gynaecology Pathway Board to embed requirements for adjuvant radiotherapy into the pathways for this cohort of patients and ensure this is embedded in practice. 2. Board to undertake a departmental audit on patients within this QPI who did not have adjuvant radiotherapy and present results back to the Pathway Board, to inform future development of the NCA clinical management guideline for endometrial cancer.
Risk Status	Mitigate

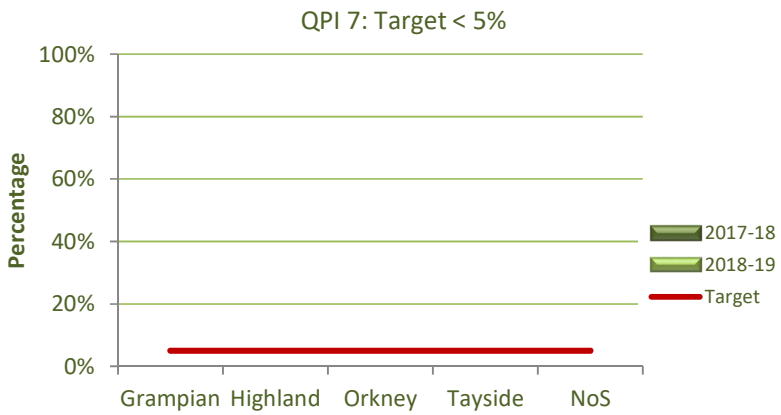
QPI 6	Systemic Anti Cancer Therapy (SACT) / Hormone Therapy
Proportion of patients with stage IV endometrial cancer receiving SACT or hormone therapy.	



	Performance (%)	Numerator	Denominator
Grampian	**60%**	3	5
Highland	**66.7**	4	6
Orkney	-	0	0
Shetland	-	0	0
Tayside*	-	-	-
W Isles	-	0	0
NoS	**57.1%**	**8**	**14**

Clinical Commentary	The North of Scotland failed this QPI and reasons provided note that where patients with stage IV cancer were not offered SACT or hormone therapy, this was because individual patients were deemed fit for Best Supportive Care only.
Actions	1. NCA Gynaecology Pathway Board to embed the requirements to consider SACT and hormone therapy within the Endometrial Cancer clinical management guidelines currently under review.
Risk Status	Mitigate

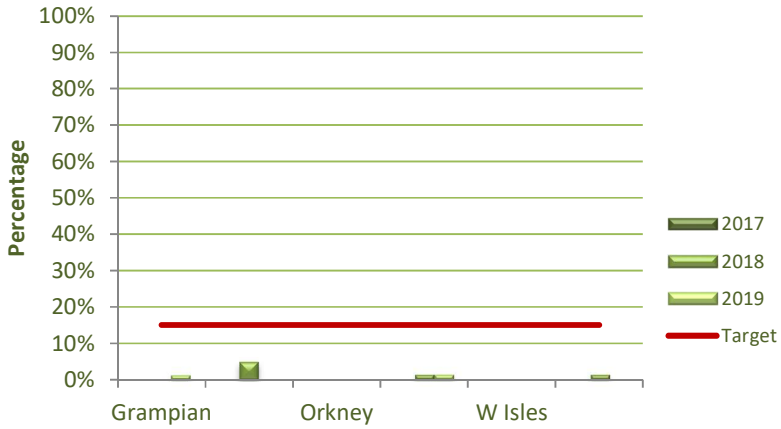
QPI 7	30 Day Mortality Following Surgery
Proportion of patients with endometrial cancer who die within 30 days of surgery for endometrial cancer.	



	Performance (%)	Numerator	Denominator
Grampian	**0%**	0	92
Highland	**0%**	0	18
Orkney	-	0	0
Shetland	-	0	0
Tayside	**0%**	0	61
W Isles*	-	-	-
NoS	**0%**	**0**	**172**

Clinical Commentary	No patients died within 30 days of surgery for the second consecutive year.
Actions	No actions required
Risk Status	Tolerate

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



	Performance (%)	Numerator	Denominator
Grampian	**1.3%**	1	77
Highland	**0%**	0	41
Orkney	**0%**	0	5
Shetland*	-	-	-
Tayside	**1.5%**	1	68
W Isles	**0%**	0	6
NoS	**1.0%**	**2**	**199**

Clinical Commentary	Recruitment into clinical trials and research studies remains a challenge across tumour groups in the North of Scotland.
Actions	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.
Risk Status	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. Endometrial Cancer Clinical Performance Indicators, Version 3.0. Health Improvement Scotland. http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=26746da3-4b91-4d94-9ae2-623122731560&version=-1

4. http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/

5. https://www.nrhcc.scot/uploads/tinymce/NCA/NCA%20Governance/NCA-GOV-QPI-Process-Explained.pdf

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

Trial	Principle Investigator	Patients consented into trial in 2019
GARNET	Leslie Samuel (Grampian)	Y
HORIZONS	Debbie Forbes (Tayside) Chrissie Lane (Highland)	y
NiCCC Trial (BIBF1120)	Michelle Ferguson (Tayside)	Y