Quality Performance Indicators Audit Report

Tumour Area:	Ovarian Cancer
Patients Diagnosed:	1st October 2019 – 30th September 2020
Published Date:	10/03/2022

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

Between 1st October 2019 and 30th September 2020 a total of 96 cases of ovarian cancer were diagnosed in the North of Scotland and recorded through audit. Case ascertainment was 63.4%. Although this may appear relatively low, cancer audit and Cancer Registry are not entirely comparable for ovarian cancers as cancer audit includes only patients diagnosed with epithelial ovarian cancer, while Cancer Registry records all patients with an ovarian cancer diagnosis. As such, case ascertainment is expected to be low. QPI calculations based on data captured are considered to be representative of patients diagnosed with ovarian cancer during the audit period.

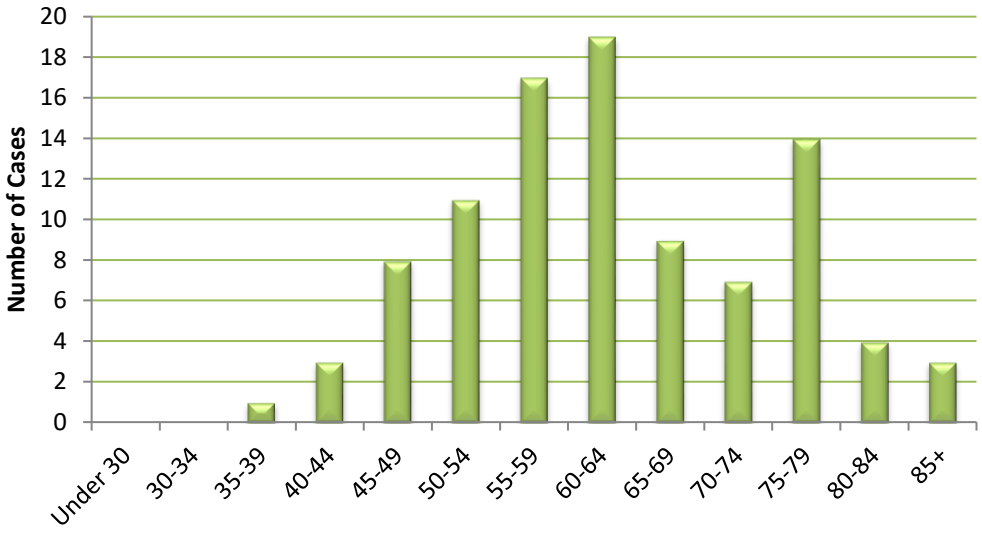
Case ascertainment and proportion of NoS total for patients diagnosed with Ovarian Cancer in 2019-2020

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2019-20	34	18	4	2	37	1	96
% of NoS total	35.4%	18.8%	4.2%	2.1%	38.5%	1.0%	100%
Mean ISD Cases 2015-19	65.2	26.8	2.6	2.2	50.6	4.0	151.4
% Case ascertainment 2019-20	52.1%	67.2%	153.8%	90.9%	73.1%	25.0%	63.4%

For patients included within the audit, data collection was near complete.

2. Age Distribution

The figure below shows the age distribution of women diagnosed with ovarian cancer in the North of Scotland in 2019-20, with numbers of patients diagnosed highest in the 60-64 year age bracket.



Age distribution of patients diagnosed with ovarian cancer in 2019-20.

3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland[1], while further information on datasets and measurability used are available from Information Services Division[2]. Data for most QPIs are presented by Board of diagnosis; however surgical QPIs (QPIs 4, 6, 10(ii) & (iii) and 12 (surgery)) are presented by Board of Surgery. In addition, QPI 13, clinical trials and research study access, is reported by NHS Board of residence.

The following QPI was amended during the last formal review process and will not be reported until next year – QPI 9.

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With regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types.

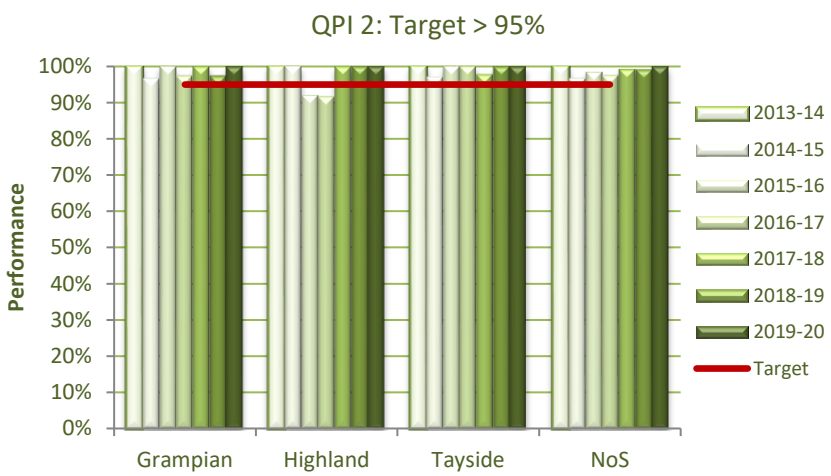
This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the QPI focuses on the prevalent population rather than the incident population. The measurability for this QPI is still under development to ensure consistency across the country and it is anticipated that performance against this measure will be reported in the next audit cycle. In the meantime all deaths within 30 days of SACT will continue to be reviewed at a NHS Board level.

4. 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 Governance committees at each North of Scotland health board.

Further information is available here.

QPI 2	Extent of disease assessed by Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) prior to treatment
Proportion of patients with epithelial ovarian cancer having a CT scan or MRI of the abdomen and pelvis performed to exclude the presence of metastatic disease prior to starting treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**100%**	33	33
Highland	**100%**	17	17
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**100%**	34	34
W Isles*	-	-	-
NoS	**100%**	91	91

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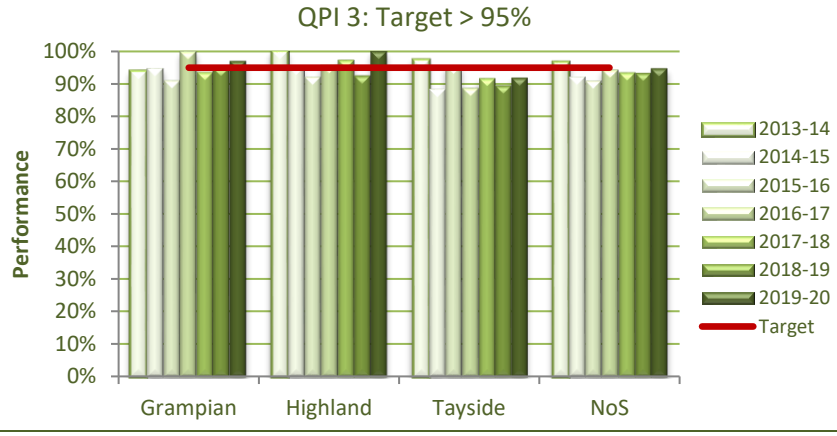
QPI 3	Treatment planned and reviewed at a regional multi-disciplinary team meeting
Proportion of patients with epithelial ovarian cancer who are discussed at a regional MDT meeting before definitive treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**97.0%**	32	33
Highland	**100.0%**	18	18
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**91.9%**	34	37
W Isles*	-	-	-
NoS	**94.7%**	90	95

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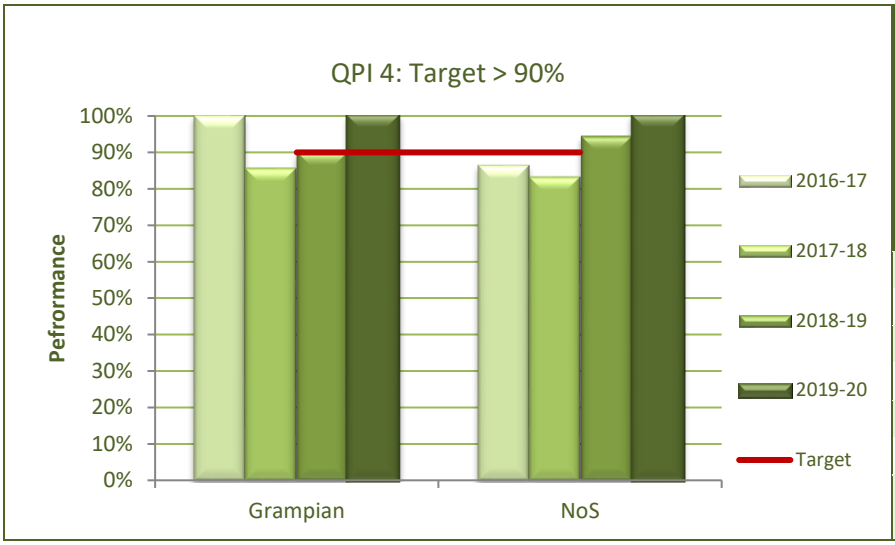
Patients who were not discussed at MDT prior to definitive treatment did so because they presented as an emergency and required immediate support. All individual patients have been reviewed.

QPI 4	Patients with early stage disease have an adequate staging operation
Proportion of patients with early stage epithelial ovarian cancer (FIGO Stage 1) undergoing primary surgery for ovarian cancer, having their stage of disease adequately assessed (TAH, BSO, Omentectomy and washings), to determine suitability for adjuvant therapies.	



	Performance (%)	Numerator	Denominator
Grampian	**100.0%**	10	10
Highland	-	0	0
Orkney	-	0	0
Shetland	-	0	0
Tayside*	-	-	-
W Isles	-	0	0
NoS	**100.0%**	13	13

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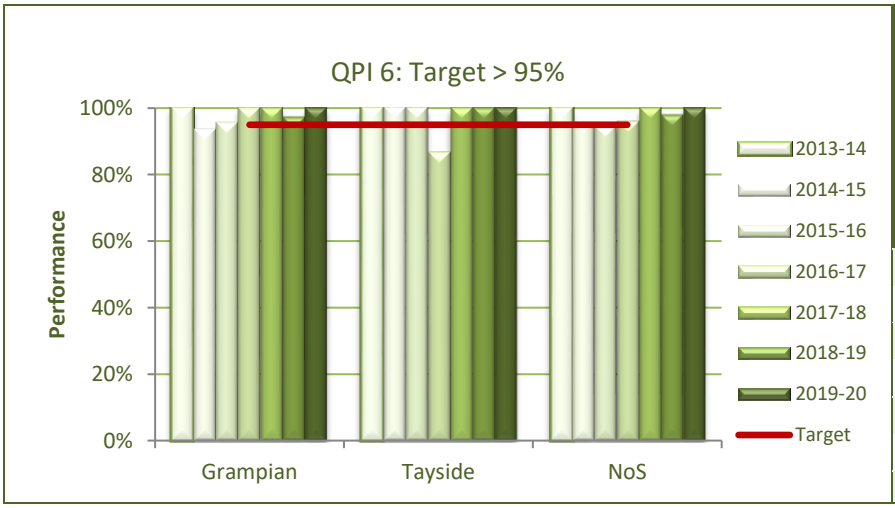
QPI 6	Histopathology reports are complete and support clinical decision-making
Proportion of patients with epithelial ovarian cancer undergoing pelvic clearance surgery having a complete pathology report as defined by the Royal College of Pathologists.	



	Performance (%)	Numerator	Denominator
Grampian	**100.0%**	37	37
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside	**100.0%**	9	9
W Isles	-	0	0
NoS	**100.0%**	48	48

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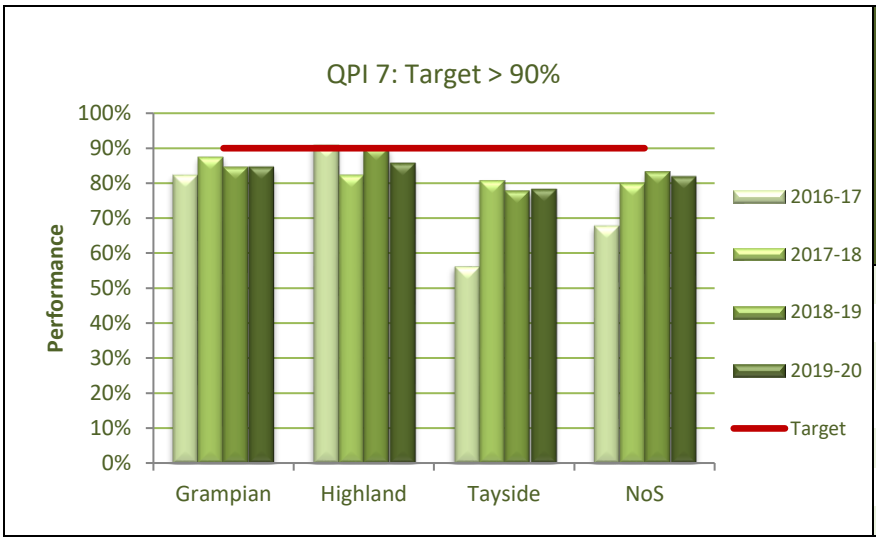
QPI 7	Histological diagnosis prior to starting chemotherapy
Proportion of patients with epithelial ovarian cancer having a histological diagnosis obtained by percutaneous image-guided biopsy or laparoscopy prior to starting chemotherapy.	



	Performance (%)	Numerator	Denominator
Grampian	**84.6%**	11	13
Highland	**85.7%**	6	7
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**78.3%**	18	23
W Isles	-	0	0
NoS	**81.8%**	36	44

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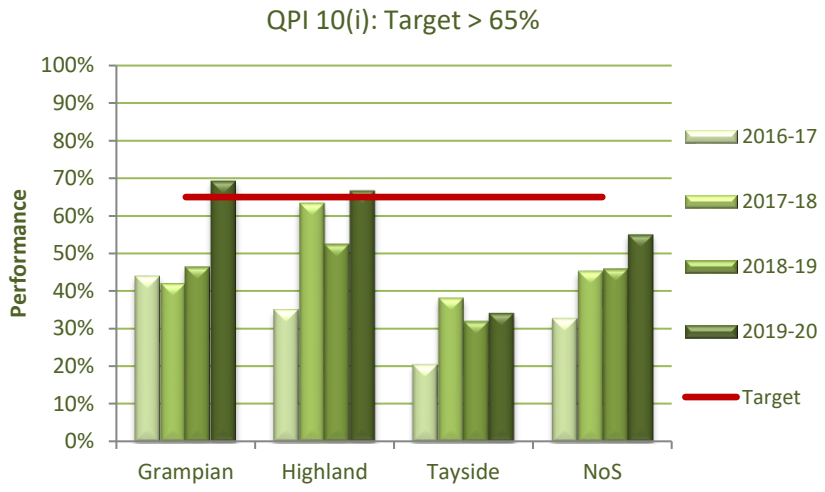
All patients who did not receive a histological diagnosis prior to starting chemotherapy have been audited and this was often due to patient fitness and stage of disease.

QPI 9	First-line Chemotherapy
Proportion of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum-based compound.	

This QPI will be reported next year once additional data items are collected following the last Formal Review in July 2021.

QPI 10	Surgery for advanced disease
Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing surgery who have no macroscopic residual disease following surgical resection.	

Specification (i) Patients who undergo surgery (primary of delayed).



	Performance (%)	Numerator	Denominator
Grampian	**69.2%**	18	26
Highland	**66.7%**	10	15
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**34.4%**	11	32
W Isles*	-	-	-
NoS	**55.1%**	43	78

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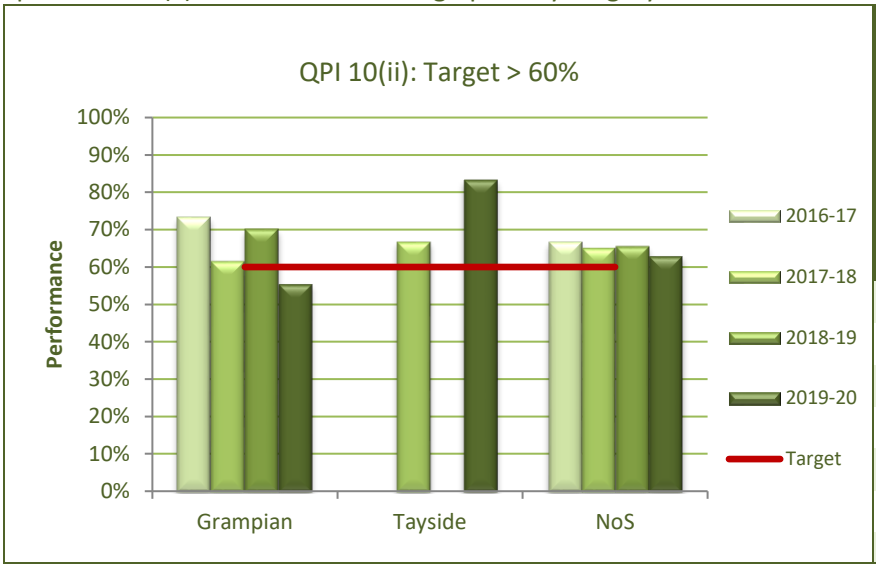
Surgery rates have improved for patients diagnosed in NHS Grampian and NHS Highland, with both boards meeting this QPI for the first time.

Surgery rates for patients in NHS Tayside remain lower although this may be explained by the higher proportion of patients presenting with late stage disease or as emergencies, as has been discovered as part of an audit looking at the pathway of each individual patient who did not progress for surgery.

A North of Scotland Ovarian Cancer Action Plan has been progressing pathway improvements since late 2018 and is supporting with actions to improve surgery rates for women diagnosed with advanced stage disease in the North.

Specification (ii) Patients who undergo primary surgery where no residual disease is achieved.



	Performance (%)	Numerator	Denominator
Grampian	**55.6%**	10	18
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside	**83.3%**	5	6
W Isles	-	0	0
NoS	**63.0%**	17	27

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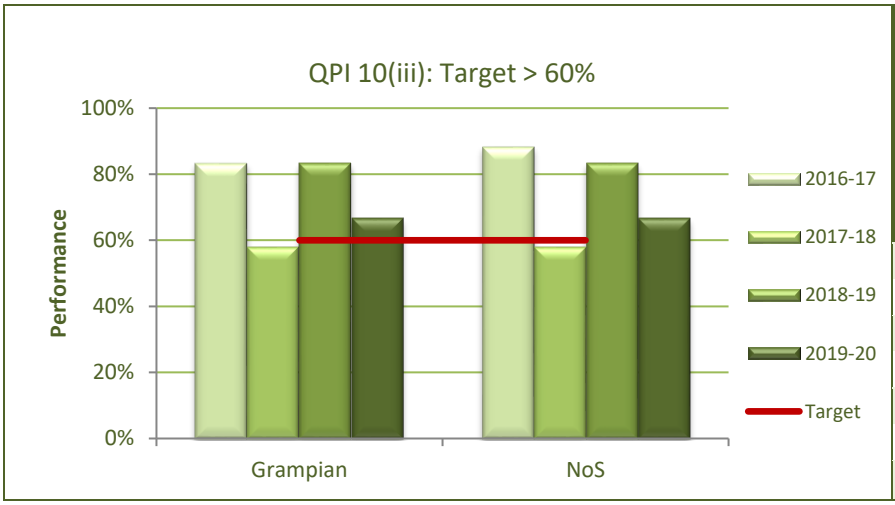
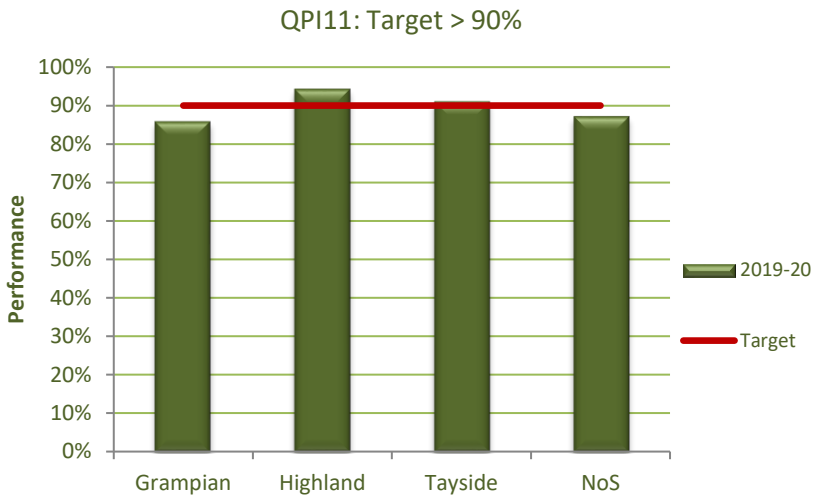
Specification (iii) Patients who undergo delayed primary surgery after chemotherapy where no residual disease is achieved.



	Performance (%)	Numerator	Denominator
Grampian	**66.7%**	8	12
Highland	-	0	0
Orkney	-	0	0
Shetland	-	0	0
Tayside	-	0	0
W Isles	-	0	0
NoS	**66.7%**	8	12

QPI 11	Genetic testing in non-mucinous epithelial ovarian cancer
Proportion of patients with non-mucinous epithelial ovarian cancer who undergo genetic testing.	



	Performance (%)	Numerator	Denominator
Grampian	**85.7%**	24	28
Highland	**94.1%**	16	17
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**90.9%**	30	33
W Isles*	-	-	-
NoS	**87.1%**	74	85

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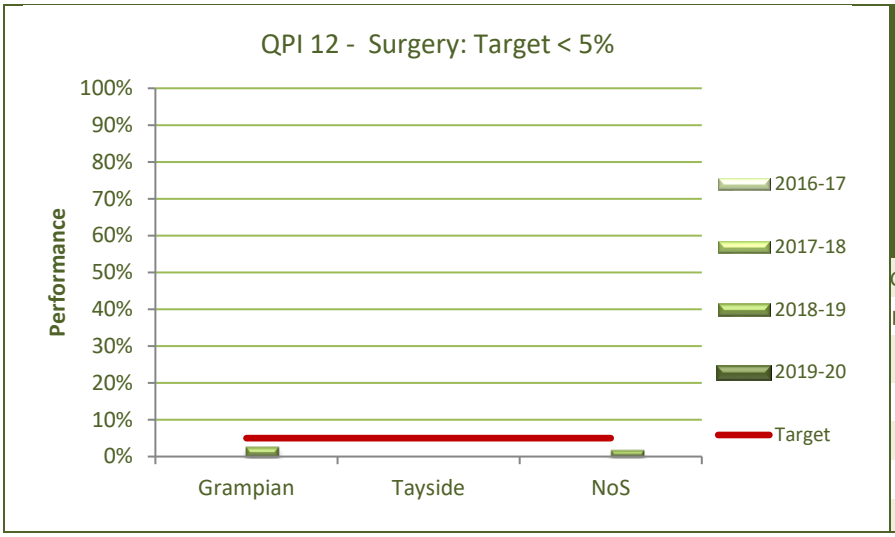
This was the first year of reporting this QPI and the standard was narrowly missed in the North of Scotland. This will continue to be monitored in future years.

QPI 12	30 day mortality following surgery for ovarian cancer
Proportion of patients who die within 30 days of surgery for ovarian cancer.	



	Performance (%)	Numerator	Denominator
Grampian	**0.0%**	0	43
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside	**0.0%**	0	11
W Isles	-	0	0
NoS	**0.0%**	0	57

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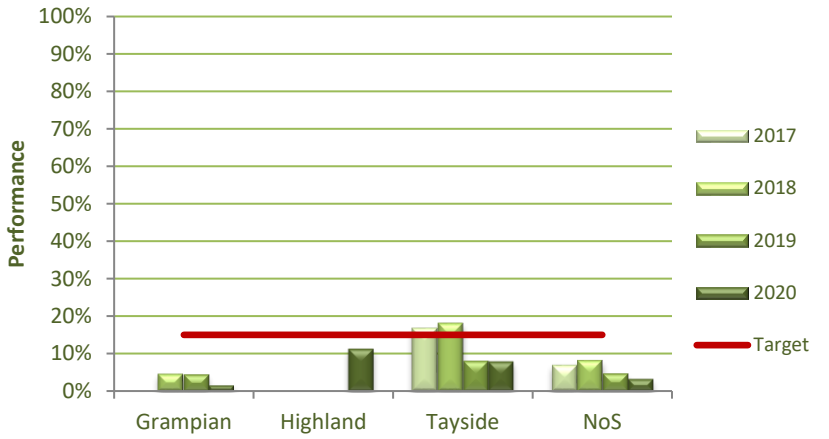
QPI 13	Clinical trials and research study access
Proportion of patients diagnosed with Ovarian Cancer who are consented for a clinical trial / research study. Data reported are for patients consented in 2020.	



	Performance (%)	Numerator	Denominator
Grampian	**1.5%**	1	65.2
Highland	**11.2%**	3	26.8
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**7.9%**	4	50.6
W Isles*	-	-	-
NoS	**6.6%**	10	151.4

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Due to the COVID-19 pandemic recruitment to clinical trials has decreased since 2019. This is partly due to all clinical trials across the UK being closed to recruitment on 13th March 2020. Trials began to reopen in a phased manner shortly after the closure based on local health board risk assessments. The cancer portfolio has since reopened the majority of trials and has been able to open new trials in all health boards. Impacts of COVID-19 on research staff have also effected the running of trials such as staff deployment to wards and COVID research. Also the impact of a reduced number of patients being diagnosed and coming into the cancer centres has had an impact on recruitment.

As well as the eligible studies included in the main QPI, Ninewells also recruits to the DOCS tissue bank and consented 3 patients from Tayside in 2020.

References

1. Scottish Cancer Taskforce, 2021. Ovarian Cancer Clinical Performance Indicators, Version 4.0. Health Improvement Scotland. https://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=b0092717-ee66-4e1c-aedb-27aad01a186c&version=-1

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

Appendix: Clinical trials and research studies for patients with ovarian cancer open within the North of Scotland in 2020.

Trial	Principle Investigator	Patients consented into trial in 2020
ATHENA	Michelle Ferguson (Tayside)	N
ICON8 and ICON8B	Michelle Ferguson (Tayside)	N
MEDIOLA	Michelle Ferguson (Tayside)	Y
GARNET	Les Samuel (Grampian)	Y
OReO	Michelle Ferguson (Tayside)	N
PROTECTOR	Mahalakshmi Gurumurthy (Grampian) Kalpana Ragupathy (Tayside)	Y