

Cervix & Endometrial Cancer Quality Performance Indicators

Patients diagnosed between October 2014 and September 2017

18 December 2018



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Introduction

The cancer strategy 'Beating Cancer: Ambition and Action' published in March 2016 builds on the commitment made in the Better Cancer Care plan to 'develop a work programme which will define how we will take forward... quality indicators for cancer services' by further supporting a culture of continuous quality improvement in cancer care across NHSScotland. The new cancer strategy states a commitment to improving data collection to advance the quality and delivery of care for cancer patients.

To achieve this, the Scottish Cancer Taskforce established the National Cancer Quality Steering Group (NCQSG), which includes responsibility for:

- The development of small sets (approximately 10-15 indicators) of tumour specific national quality performance indicators (QPIs) as a proxy measure of quality care.
- Overseeing the implementation of the national governance framework that underpins the reporting of performance against these national QPIs.

The QPIs have been developed collaboratively with the three Regional Cancer Networks: North of Scotland Cancer Network (NOSCAN), South East Scotland Cancer Network (SCAN), West of Scotland Cancer Network (WoSCAN), Information Services Division (ISD), and Healthcare Improvement Scotland. The QPIs are published on the Healthcare Improvement Scotland website.

These indicators, used to drive quality improvement in cancer care across NHSScotland are kept under regular review; NHS Boards will be required to report against QPIs as part of a mandatory <u>national cancer quality programme.</u>

ISD support NHS Boards in improving the quality of local data collection and reporting through the production of data validation specifications, and measurability criteria for QPIs. The current data sets are outlined on the **Cancer Audit website**.

A rolling programme of reporting is planned across many tumour sites. National reports will include comparative reporting of performance against QPIs at NHS Board level across NHS Scotland, trend analysis and survival analysis (where applicable). This approach will help overcome existing issues relating to the reporting of small volumes in any one year.

This report assesses performance against 7 <u>Cervical Cancer QPIs</u> and 6 <u>Endometrial</u> <u>Cancer QPIs</u> using clinical audit data relating to patients diagnosed with cervical or endometrial cancer for the period from October 2014 to September 2017.

Data collection and analysis

Cervix and Endometrial cancer QPI data for patients diagnosed between October 2014 and September 2017 were collected by NHS Boards, supported by the regional cancer networks, and then analysed against the <u>Cervical cancer measurability document</u> or the <u>Endometrial cancer measurability document</u>. Aggregated analysed data were then submitted to ISD via a data collection template for collation to allow comparisons at NHS Board level.

Data quality and completeness

Small numbers:

Where the number of cases meeting the denominator criteria for any indicator is between one and four, the percentage calculation has not been shown on any associated charts or tables. This is to avoid any unwarranted variation associated with small numbers and to minimise the risk of disclosure. Any charts or tables impacted by this are denoted with a dash (-). However, any commentary provided by NHS Boards relating to the impacted indicators will be included as a record of continuous improvement.

Baseline Review:

Following baseline review and year 1 publication of cervix and endometrial cancer QPIs data, some changes were made to measurability in order that the QPIs appropriately measured what they were intended to. These were positive changes and led to more focussed analysis in year 2. However, the alterations to measurability mean that year 1 and year 2 results may not be directly comparable for some QPIs.

Formal Review:

In order to ensure the success of the National Cancer QPIs in driving quality improvement in cancer care across NHS Scotland it is critical that the QPIs continue to be clinically relevant and focus on areas which will result in improvements to the quality of patient care.

It was proposed that a formal review of all QPIs should take place following 3 years national comparative reporting, with tumour specific Regional Clinical Leads undertaking a key role in determining the need and extent of the review required.

For cervix and endometrial cancers, this review has already taken place; revised cervix and endometrial cancer QPIs for implementation from year 4 onwards will be published later in 2018 or early 2019, following public consultation. Any proposed changes to the QPIs as a result of this review will be noted in this report.

Survival Analysis:

For future tumour specific survival analyses, it has been agreed to use the Cancer Audit QPI dataset rather than the Cancer Registry dataset that has been used in the past. This should provide benefits in terms of improved accuracy and more specific and detailed analysis. Due to time limitations and availability of data in time for this release, therefore, it has been agreed to undertake cervix and endometrial cancer survival analysis at a later date. Historic survival analysis figures using Cancer Registry data are available here for reference

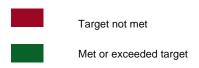
Key Points

Cervical Cancer

- There were 281 women diagnosed with Cervical Cancer in Scotland over the period October 2016 to September 2017. This is a reduction from the previous years where 304 were diagnosed in year 2 and 353 in year 1.
- At a Scotland level for 2016/17, the target was met in three of the seven indicators with four below target. This is a reduction from year one where 4 of the 7 indicators met the target.

		14/15	15/16	16/17
QPI 1 – Radiological Staging	95%	80.6	93.3	94.3
QPI 2 – Positron Emission Tomography/Computed Tomography (PET/CT)	95%	87.8	91.7	94.7
QPI 3 – Multidisciplinary Team Meeting (MDT)	95%	98.1	97.7	96.8
QPI 4 – Radical Hysterectomy	85%	90.3	75.5	78.9
QPI 5 – Surgical Margins	95%	93.9	97.6	91.9
QPI 6 – 56 Day Treatment Time for Radical Radiotherapy	90%	98.2	98.3	95.7
QPI 7 – Chemoradiation	70%	85.0	86.8	86.1

 For those QPIs where the target was not met across Scotland, reasons and appropriate actions are provided from the clinical comments in the Quality Performance Indicators section of this report.



Endometrial Cancer

- There were 746 women diagnosed with Endometrial Cancer in Scotland over the period October 2016 to September 2017. This is a slight reduction from year 2 where 753 were diagnosed but higher than year 1 (678).
- At a Scotland level for 2016/17, the target was met in four of the six indicators with two below target. This is an improvement from year one where 2 of the 6 indicators met the target.

		14/15	15/16	16/17
QPI 1 – Radiological Staging	90%	92.5	93.5	94.3
QPI 2 – Multidisciplinary Team Meeting (MDT)	95%	86.5	92.0	95.7
QPI 3 – Total Hysterectomy and Bilateral Salpingo-Oophorectomy	80%	90.9	90.4	90.7
QPI 4 – Laparoscopic Surgery	70%	69.2	70.3	75.0
QPI 5 – Adjuvant Vaginal Brachytherapy	90%	74.3	67.7	80.2
QPI 6 – Chemotherapy	75%	64.1	60.5	55.3

 For those QPIs where the target was not met across Scotland, reasons and appropriate actions are provided from the clinical comments in the Quality Performance Indicators section of this report.

Target not met

Met or exceeded target

Foreword from Gynaecological Cancer Clinical Leads

Cancer audit has underpinned much of the service improvement work of the three Regional Cancer Networks, and the regular reporting of activity and performance have been fundamental in assuring the quality of care delivered across Scotland. Following the development of QPIs, this has now become an established national programme to drive continuous improvement and ensure equity of care for patients across Scotland.

Regional Cancer Networks have now completed the third year of data collection for cervical and endometrial cancer QPIs and we are pleased to note the audit findings from across Scotland in this first national report. The results presented in this report demonstrate that patients with cervical and endometrial cancer across Scotland continue to receive a consistently high standard of care. Case ascertainment and data capture is of a high standard enabling robust assessment of performance against QPIs, comparison of performance across the country, and the identification of outliers.

Where QPI targets were not met, NHS Boards have scrutinised cases further and provided detailed clinical feedback. In the main this indicates valid clinical reasons, or that in some cases patient choice or co-morbidities have influenced clinical management.

Cervical Cancer

With regards to cervical cancer, consistent performance over three years in relation to patients being discussed at MDT is encouraging and provides reassurance that the complex needs of each patient are being considered by a multidisciplinary team. Similarly for QPI 7 (patients undergoing radical radiotherapy who receive concurrent chemotherapy), the 70% target was exceeded across Scotland in each of the three years, indicating good performance across the country.

Some variation in performance was observed in relation to the aggregated data for surgical QPIs (QPI 4 "Radical hysterectomy in patients with FIGO Stage IB1 cancer" and QPI 5 "Positive surgical margins"). To minimise multiple treatment modalities some larger tumours in this stage were offered primary chemoradiotherapy. All cases were reviewed and it was evident from the clinical feedback that factors such as patient fitness also impacted on suitability for surgery. Positive surgical margins increase the risk of recurrence, however for a number of cervical cases included within QPI 5 malignancy was not suspected preoperatively on the basis of the pre-operative clinical assessment and therefore the operation was not carried out as an oncological procedure. Such cases diagnosed incidentally subsequently went on to have adjuvant chemoradiotherapy to minimise the risk of recurrence.

Consistent performance across Scotland over three years for QPI 6 (56 day treatment time for radical radiotherapy) is evident. This is an important measure to ensure that overall treatment time for locally advanced cervical cancer is as short as possible and that gaps in treatment are avoided. In the very small number of cases not meeting the 56 day time period, patient fitness factors had impacted upon treatment time for the majority of cases. NHS Grampian is in the process of carrying out a local audit to determine reasons for delays in the small number of cases not meeting the QPI.

Endometrial Cancer

The results presented within this report illustrate that some of the QPI targets set for endometrial cancer have been challenging for NHS Boards to achieve and there remains

room for improvement in terms of laparoscopic surgery (QPI 4), and chemotherapy for stage IV endometrial cancer (QPI 6). However, at a recent formal review for QPIs it was recognised that many patients did undergo treatment with systemic anticancer therapies such as hormonal therapies, which were not captured under "chemotherapy". There has been a proposed change to QPI 6 to reflect this issue and it is anticipated in future reports this QPI will be met.

In relation to laparoscopic surgery, NHS Greater Glasgow and Clyde rates were significantly lower than other NHS Boards in each of the three years, despite having the highest surgical numbers. Board feedback indicated that not all surgeons were trained in the laparoscopic technique at the time of audit however smaller surgical teams with experience in laparoscopic techniques are now being established to specifically manage endometrial cancers, and it is anticipated that this will improve consistency of assessment and increase the provision of laparoscopic surgery.

There have been historic differences between the agreed protocol for advising adjuvant brachytherapy for patients with intermediate risk endometrial cancer in the North of Scotland compared with other regions in Scotland, resulting in lower performance against QPI 5 for the North. In 2017 clinicians in the North came together and discussed the evidence for treating patients with intermediate risk disease with adjuvant vault brachytherapy, and agreed that the regional clinical management guidelines should be amended in line with practice in other regions and the requirements of this QPI. Amendments to the regional guidelines have subsequently been made and put into practice, as such it is anticipated that performance against this QPI will come into line with that of the rest of Scotland for patients diagnosed in 2017-2018.

Consistent performance in relation to radiological staging, total hysterectomy and bilateral salpingo-oophorectomy is evident with targets for QPI 1 and QPI 3 being met at a national level for three consecutive years, indicating that appropriate imaging to assess the extent of disease has been carried out, and that patients have access to optimum treatment for endometrial cancer regardless of geography. Similarly results for MDT discussion (QPI2) have improved over the three year period indicating good governance in formulating treatment plans across all boards.

Although this report provides a national overview of performance for the first time, the supporting narrative throughout the report demonstrates that positive action has already been taken at a local level, using local governance structures to address any issues highlighted through the audit process. It is anticipated that these positive changes will drive further improvements in patient care, help to reduce unwarranted variance and ensure that NHS Board activity focuses on those areas that are most important in terms of improving survival and patient experience.

This proactive approach of reviewing data and addressing issues, to work towards increasingly advanced performance against targets will continue, and the QPI measures will be reviewed as part of the ongoing national process to ensure they remain clinically relevant and focussed on the quality of care and service provided to patients.

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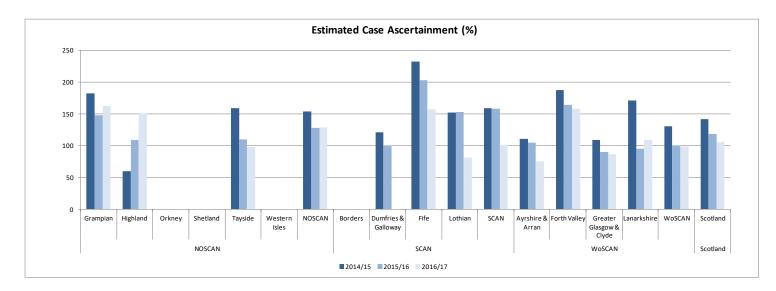
Results and Commentary

Case Ascertainment

Case ascertainment is a measure of data quality and is calculated by comparing the number of new patients captured by the cancer audit with a five year average of the numbers recorded on the cancer registry. A five year average is used for registry data as the information is not available until sometime after the year under examination. This is due to data collection and verification processes. As the number of cases will vary each year, it is possible for case ascertainment to be over or under 100%. Therefore, the figures presented should be seen as an indication only.

Cervical Cancer

The average case ascertainment for cervical cancer across Scotland in the year to September 2017 was 105.8%.

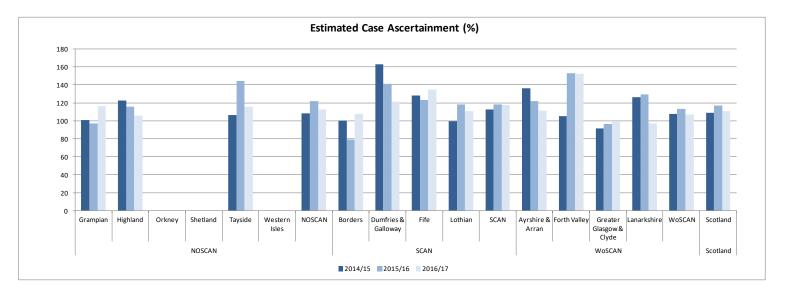


	No. of Audit	Average No. of Cancer	Estimated Case		Average No. of Cancer		No. of Audit	Average No. of Cancer	
	Records Diagnosed	Registrations: 2010-	Ascertainment		Registrations: 2011-	Estimated Case	Records Diagnosed	-	Estimated Case
	in 2014/15	2014	%	Diagnosed in 2015/16	2015	Ascertainment %	in 2016/17	2016	Ascertainment %
NOSCAN	89	58	154.0	76	60	127.5	78	60	129.1
Grampian	39	21	182.2	33	22	147.3	39	24	162.5
Highland	6	10	60.0	10	9	108.7	12	8	150.0
Orkney	0	0	0.0	-	0	0.0	0	0	0.0
Shetland	0	0	0.0	0	0	0.0	0	0	0.0
Tayside	42	26	159.1	30	27	109.5	27	28	97.8
Western Isles	-	0	0.0	-	0	0.0	0	0	0.0
SCAN	77	48	159.1	83	52	158.4	55	54	101.1
Borders	-	-	0.0	6	-	0.0	6	-	0.0
Dumfries & Galloway	7	6	120.7	7	7	100.0	-	7	0.0
Fife	26	11	232.1	26	13	203.1	22	14	157.1
Lothian	42	28	152.2	44	29	152.8	24	30	81.1
WoSCAN	187	143	130.8	145	144	100.4	148	151	98.1
Ayrshire & Arran	23	21	110.6	20	19	104.2	14	19	75.3
Forth Valley	24	13	187.5	23	14	164.3	25	16	158.2
Greater Glasgow & Clyde	83	76	109.2	69	76	90.3	69	80	86.5
Lanarkshire	57	33	170.7	33	35	94.8	40	37	109.3
Scotland	353	249	141.7	304	256	118.6	281	266	105.8

⁻ Data not shown due to small numbers

Endometrial Cancer

The average case ascertainment for endometrial cancer across Scotland in the year to September 2017 was 111%.



			Estimated						
	No. of Audit	Average No. of Cancer	Case		Average No. of Cancer		No. of Audit	Average No. of Cancer	
	Records Diagnosed	Registrations: 2010-	Ascertainme	No. of Audit Records	Registrations: 2011-	Estimated Case	Records Diagnosed	Registrations: 2012-	Estimated Case
	in 2014/15	2014	nt %	Diagnosed in 2015/16	2015	Ascertainment %	in 2016/17	2016	Ascertainment %
NOSCAN	169	156	108.3	206	169	121.6	198	176	112.6
Grampian	68	67	100.9	69	71	96.9	83	71	116.2
Highland	37	30	122.5	39	34	115.4	36	34	105.9
Orkney	6	-	0.0	6	-	0.0	-	-	0.0
Shetland	-	-	0.0	-	-	0.0	-	-	0.0
Tayside	55	52	106.2	82	57	144.4	70	60	115.9
Western Isles	-	-	0.0	9	-	0.0	-	5	0.0
SCAN	178	158	112.7	190	161	117.9	202	172	117.3
Borders	16	16	100.0	13	16	79.3	17	16	107.6
Dumfries & Galloway	28	17	162.8	26	18	141.3	25	21	121.4
Fife	43	34	128.0	46	37	123.0	55	41	134.8
Lothian	91	91	99.8	105	89	118.0	105	95	110.5
WoSCAN	331	308	107.5	357	315	113.5	346	324	106.8
Ayrshire & Arran	75	55	135.9	69	57	121.9	68	61	111.1
Forth Valley	35	33	105.4	51	33	152.7	54	35	152.5
Greater Glasgow & Clyde	146	160	91.3	158	164	96.6	162	164	99.0
Lanarkshire	75	59	126.3	79	61	129.5	62	64	97.2
Scotland	678	622	109.0	753	645	116.7	746	672	111.0

⁻ Data not shown due to small numbers

Overall Performance Summary

The tables below summarise the overall % performance across the country for each QPI.

D – by Health Board of Diagnosis

S – by Health Board of Surgery

NOSCAN:

					Grampian			Highland			Orkney			Shetland			Tayside			Western Isles			NOSCAN	
				14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17
	QPI 1 – Radiological Staging	95%	D	80.0	93.3	91.3	-	100.0	50.0	*	_	*	*	*	*	87.9	83.3	94.7	_	-	*	84.1	89.1	87.5
	QPI 2 – Positron Emission Tomography/Computed Tomography (PET/CT)	95%	D	100.0	90.0	100.0	-	-	-	*	*	*	*	*	*	71.4	40.0	92.3	-	-	*	87.5	70.8	93.1
	QPI 3 – Multidisciplinary Team Meeting (MDT)	95%	D	96.8	100.0	91.3	-	85.7	87.5	*	-	*	*	*	*	100.0	100.0	100.0	-	-	*	98.6	98.0	94.1
Cervical	QPI 4 – Radical Hysterectomy	85%	D	100.0	-	42.9	*	-	-	*	-	*	*	*	*	88.9	85.7	-	*	*	*	92.9	69.2	61.5
	QPI 5 – Surgical Margins	95%	s	100.0	94.1	84.2	-	*	-	*	*	*	*	*	*	-	-	*	*	-	*	95.5	95.2	82.6
	QPI 6 – 56 Day Treatment Time for Radical Radiotherapy	90%	D	100.0	100.0	81.3		-	80.0		*	*	*	*	*	85.7	100.0	100.0	-	-	*	95.0	96.0	88.2
	QPI 7 – Chemoradiation	70%	D	81.0	81.8	87.5	-	-	100.0	*	*	*	*	*	*	92.9	80.0	92.3	-	-	*	87.5	84.0	91.2
	QPI 1 – Radiological Staging	90%	D	90.5	92.6	92.9	94.1	93.8	85.7	83.3	-	-	-	-	-	100.0	100.0	96.8	-	100.0	-	92.4	95.6	92.0
	QPI 2 – Multidisciplinary Team Meeting (MDT)	95%	D	95.2	92.6	96.4	100.0	93.8	100.0	100.0	-	-	_	-	-	100.0	97.3	100.0	-	100.0	-	96.7	94.4	97.2
Endometrial	QPI 3 – Total Hysterectomy and Bilateral Salpingo-Oophorectomy	80%	D	95.5	90.4	83.3	91.7	94.7	84.4	100.0	60.0	-	*	-	-	82.7	85.9	90.9	-	77.8	-	90.7	88.0	86.5
Endometrial	QPI 4 – Laparoscopic Surgery	70%	s	79.3	88.3	89.7	95.5	90.5	84.2	-	-	-	*	*	*	85.4	95.5	96.6	-	0.0	*	81.9	88.2	91.1
	QPI 5 – Adjuvant Vaginal Brachytherapy	90%	D	58.8	42.9	78.9	25.0	28.6	-	-	*	*	*	*	*	0.0	30.8	16.7	-	*	-	34.3	35.3	55.6
	QPI 6 – Chemotherapy	75%	D	-	50.0	83.3	-	*	-	*	*	*	-	*	*	-	_	-	*	*	*	66.7	36.4	63.6

D – by Health Board of Diagnosis

S – by Health Board of Surgery

SCAN:

				Borders				Dumfries & Galloway			Fife			Lothian		SCAN		
				14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17
	QPI 1 – Radiological Staging	95%	D	-	-	-	83.3	100.0	-	70.6	100.0	93.8	71.9	91.2	92.3	73.2	95.1	94.3
	QPI 2 – Positron Emission Tomography/Computed Tomography (PET/CT)	95%	D	*	*	-	-	-	*	100.0	100.0	100.0	88.2	100.0	-	93.1	100.0	100.0
	QPI 3 – Multidisciplinary Team Meeting (MDT)	95%	D	-	100.0	-	100.0	100.0	-	100.0	100.0	100.0	100.0	97.0	92.3	100.0	98.4	97.4
Cervical	QPI 4 – Radical Hysterectomy	85%	D	*	-	-	*	-	-	-	*	85.7	100.0	100.0	80.0	100.0	100.0	85.7
	QPI 5 – Surgical Margins	95%	s	-	100.0	-	-	-		100.0	-	100.0	86.7	100.0	83.3	91.7	100.0	90.9
	QPI 6 – 56 Day Treatment Time for Radical Radiotherapy	90%	D	*		-	-	-	*	100.0	100.0	85.7	100.0	100.0	100.0	100.0	100.0	95.0
	QPI 7 – Chemoradiation	70%	D	*	*	-	-	-	*	62.5	92.9	71.4	64.7	84.2	80.0	69.0	89.2	80.0
	QPI 1 – Radiological Staging	90%	D	75.0	100.0	100.0	100.0	92.9	93.3	96.4	91.7	92.3	94.0	100.0	96.7	93.6	96.6	94.9
	QPI 2 – Multidisciplinary Team Meeting (MDT)	95%	D	75.0	100.0	100.0	87.5	78.6	92.3	35.7	87.0	88.5	78.8	97.8	96.6	66.7	92.5	93.3
Endometrial	QPI 3 – Total Hysterectomy and Bilateral Salpingo-Oophorectomy	80%	D	100.0	90.9	92.3	82.6	95.8	77.3	95.0	90.7	96.2	100.0	100.0	94.8	96.2	96.4	93.0
Endometrial	QPI 4 – Laparoscopic Surgery	70%	s	46.7	90.0	85.7	0.0	0.0	22.2	84.6	92.9	90.4	90.3	76.9	80.0	76.5	74.0	80.6
	QPI 5 – Adjuvant Vaginal Brachytherapy	90%	D	-	-	-	100.0	100.0	100.0	100.0	70.0	85.7	100.0	82.4	93.8	100.0	83.3	91.7
	QPI 6 – Chemotherapy	75%	D	-	-	-	-	*	-	-	-	-	-	-	-	85.7	66.7	77.8

D – by Health Board of Diagnosis

WoSCAN:

S – by Health Board of Surgery

					Ayrshire & Arran		Forth Valley			Greater Glasgow & Clyde			Lanarkshire			Woscan		
				14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17
	QPI 1 – Radiological Staging	95%	D	95.0	100.0	100.0	86.7	93.3	100.0	87.9	95.5	94.4	66.7	88.5	100.0	81.9	94.1	97.8
	QPI 2 – Positron Emission Tomography/Computed Tomography (PET/CT)	95%	D	76.9	100.0	100.0	80.0	100.0	100.0	92.7	87.5	95.2	83.9	100.0	87.5	86.3	95.8	94.4
	QPI 3 – Multidisciplinary Team Meeting (MDT)	95%	D	100.0	100.0	100.0	100.0	100.0	100.0	93.2	95.3	97.5	100.0	96.6	96.7	97.1	97.1	98.0
Cervical	QPI 4 – Radical Hysterectomy	85%	D	100.0	100.0	-	-	-	-	81.3	40.0	76.9	90.9	62.5	81.8	87.2	66.7	83.3
	QPI 5 – Surgical Margins	95%	s	-	-	*	-	-	-	93.3	100.0	100.0	100.0	-	87.5	94.2	97.5	97.6
	QPI 6 – 56 Day Treatment Time for Radical Radiotherapy	90%	D	100.0	100.0	100.0	100.0	100.0	100.0	97.6	95.0	100.0	100.0	100.0	100.0	98.9	98.2	100.0
	QPI 7 – Chemoradiation	70%	D	100.0	100.0	100.0	100.0	81.8	70.0	92.7	85.0	84.0	76.5	83.3	88.9	88.8	86.4	85.2
	QPI 1 – Radiological Staging	90%	D	92.3	76.9	97.4	81.8	96.2	90.0	91.7	95.8	96.9	100.0	87.0	93.5	92.0	91.2	95.4
	QPI 2 – Multidisciplinary Team Meeting (MDT)	95%	D	82.1	65.4	97.3	90.9	92.3	89.3	94.0	95.7	97.9	100.0	93.5	93.3	92.0	90.6	95.8
Fodometrial	QPI 3 – Total Hysterectomy and Bilateral Salpingo-Oophorectomy	80%	D	77.8	91.0	88.1	81.5	83.7	87.8	92.2	87.0	95.3	92.2	92.9	89.5	87.9	88.7	91.6
Endometrial	QPI 4 – Laparoscopic Surgery	70%	s	78.3	70.2	75.0	62.5	86.1	90.3	41.1	35.1	48.6	81.8	92.6	89.1	57.4	58.1	63.5
	QPI 5 – Adjuvant Vaginal Brachytherapy	90%	D	87.5	66.7	100.0	-	57.1	100.0	81.8	90.9	77.8	90.0	76.9	90.9	85.7	77.2	89.8
	QPI 6 – Chemotherapy	75%	D	71.4	-	-	50.0	100.0	-	55.6	70.0	44.4	-	50.0	-	57.7	69.6	38.9

Information Services Division

Clinical Trials Summary Table – by Scottish Cancer Research Network (SCRN)

		SCR	N - North &	East	SCR	N - South	East	S	CRN - We	est
Cancer		2015	2016	2017	2015	2016	2017	2015**	2016**	2017
	Patients Enrolled - Interventional - > 7.5%	0.0%	0.0%	N⁄A	0.0%	0.0%	N/A	1.8%	2.8%	N/A
Cervix	Patients Enrolled - Translational - > 15%	0.0%	0.0%	N⁄A	0.0%	0.0%	N/A	0.0%	0.0%	N/A
	Patients consented for all trials - > 15%	N/A	N/A	0.0%	N/A	N/A	1.9%	N/A	N/A	6.0%
	Patients Enrolled - Interventional - > 7.5%	0.0%	0.0%	N/A	0.0%	0.0%	N⁄A	1.8%	2.8%	N/A
Endometrial	Patients Enrolled - Translational - > 15%	0.0%	0.0%	N⁄A	8.6%	0.0%	N/A	0.0%	0.0%	N/A
	Patients consented for all trials - > 15%	N/A	N/A	0.0%	N/A	N/A	5.2%	N/A	N/A	0.3%

N/A – QPI definition not applicable for this reporting period
**Combined cervix and endometrial data
2015 & 2016 – Measurability version 1.0
2017 – Measurability version 2.0

Target not met



Met or exceeded target

Quality Performance Indicators – Cervical Cancer

The following section includes a detailed summary of each of the seven cervical cancer QPIs outlining the variation at NHS Board level. Charts are colour coded by reporting year or by network if reporting a single year. Where performance at either level is shown to fall below the target, commentary from the relevant NHS Board is included to provide context to the variation. Information in this report is shown by either Health Board of diagnosis or Health Board of surgery as noted. Further information at hospital level is available from the **data tables**, where applicable.

QPI 1: Radiological Staging

Patients with cervical cancer should have their stage of disease assessed by magnetic resonance imaging (MRI) prior to definitive treatment. It is necessary to fully image the pelvis prior to definitive treatment in order to establish the extent of disease and minimise unnecessary or inappropriate treatment.

Numerator: Number of patients with cervical cancer having MRI of the pelvis carried out prior to definitive treatment.

Denominator: All patients with cervical cancer.

Exclusions:

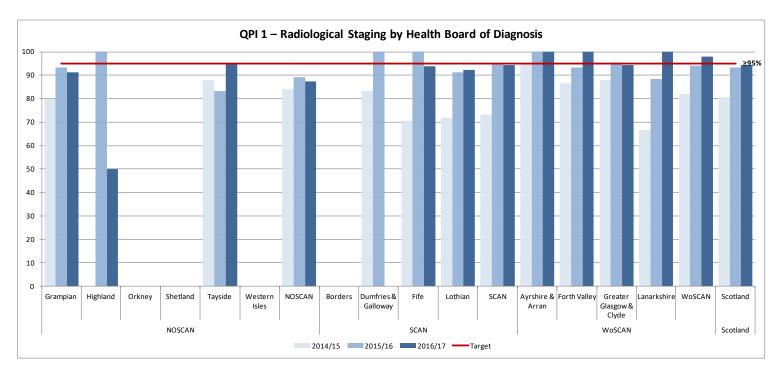
- Patients with histopathological FIGO stage IA1 disease.
- Patients treated by LLETZ only
- Patients unable to undergo MRI due to contraindications.
- Patients with histopathological FIGO stage IVB disease.
- Patients who refuse MRI investigation.

Target: 95%

At the baseline review after year 1, it was noted that in many cases it was not possible to perform an MRI prior to first treatment and were, therefore, not meeting the QPI. It was agreed that it would be more appropriate to use definitive treatment rather than first treatment. It is likely that this change has contributed to the improvement observed from year 1 to year 2 in several NHS Boards and nationally.

Since year 1, the percentage of patients in Scotland with cervical cancer receiving an MRI scan prior to definitive treatment was 93% in year 2 and 94% in year 3, just below the 95% target. It was a similar performance in SCAN and WoSCAN with both networks achieving target in at least one of the latter 2 years of reporting. In NOSCAN the improvement from year 1 onwards is present but not as significant as in the other regions but this may be impacted by the smaller numbers involved.

At NHS Board level, only NHS Ayrshire & Arran and NHS Borders achieved target in each of the 3 years.



			2016/17				Past % Pe	rformance
NHS Board/Region	% Performance	Numerator	Denominator	NR for Numerator	NR for Exclusion	NR for Denominator	2014/15	2015/16
Grampian	91.3	21	23				80.0	93.3
Highland	50.0	3	6				-	100.0
Orkney	*	*	*				*	-
Shetland	*	*	*				*	*
Tayside	94.7	18	19		1		87.9	83.3
Western Isles	*	*	*				-	-
NOSCAN	87.5	42	48		1		84.1	89.1
Borders	-	-	-				-	-
Dumfries & Galloway	-	-	-				83.3	100.0
Fife	93.8	15	16				70.6	100.0
Lothian	92.3	12	13				71.9	91.2
SCAN	94.3	33	35				73.2	95.1
Ayrshire & Arran	100.0	11	11				95.0	100.0
Forth Valley	100.0	17	17				86.7	93.3
Greater Glasgow & Clyde	94.4	34	36				87.9	95.5
Lanarkshire	100.0	29	29				66.7	88.5
WoSCAN	97.8	91	93				81.9	94.1
Scotland	94.3	166	176	•	1		80.6	93.3

Source: Cancer audit

For those cases not meeting the target, valid clinical reasons were provided. In particular, in NHS Fife and NHS Tayside due to the advanced stage of disease for some patients an MRI would not have altered their management. In other cases in NHS Lothian, NHS Highland and NHS Grampian, cervical cancer was found incidentally during other surgery.

At the formal review, it was proposed that an exclusion category be added for 1A disease.

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 2: Positron Emission Tomography/Computed Tomography (PET/CT)

Patients not suitable for surgery and being considered for radical radiotherapy (+/- concurrent chemotherapy) are recommended to undergo PET/CT because of the significant risk of extra pelvic disease which if detected will change patient management.

Numerator: Number of cervical cancer patients undergoing primary radical radiotherapy who have PET/CT imaging prior to starting treatment.

Denominator: All patients with cervical cancer undergoing primary radical radiotherapy.

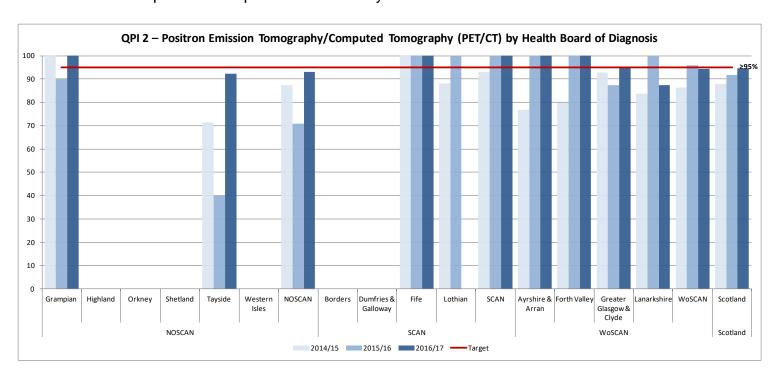
Exclusions:

No exclusions

Target: 95%

Across the 3 years, there was a steady increase in Scotland in the percentage of patients in this cohort receiving PET/CT imaging prior to treatment, with the 95% target achieved in year 3. Some of the improvement may be due to the change introduced after the baseline review to clarify that only those patients undergoing radical radiotherapy should be included, and not those with radiotherapy following surgery.

Since that change was introduced, all cervical cancer patients within SCAN undergoing radical radiotherapy received a PET/CT scan prior to treatment. In WoSCAN the target was achieved in year 2 and only marginally below in year 3. NOSCAN shows improvement in year 3 with 93% of patients compared with 71% in year 2.



Information Services Division

			2016/17				Past % Pe	erformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	100.0	14	14				100.0	90.0
Highland	-	-	-				-	-
Orkney	*	*	*				*	*
Shetland	*	*	*				*	*
Tayside	92.3	12	13				71.4	40.0
Western Isles	*	*	*				-	-
NOSCAN	93.1	27	29				87.5	70.8
Borders	-	-	-				*	*
Dumfries & Galloway	*	*	*				-	-
Fife	100.0	7	7				100.0	100.0
Lothian	-	-	-				88.2	100.0
SCAN	100.0	12	12				93.1	100.0
Ayrshire & Arran	100.0	8	8				76.9	100.0
Forth Valley	100.0	9	9				80.0	100.0
Greater Glasgow & Clyde	95.2	20	21				92.7	87.5
Lanarkshire	87.5	14	16				83.9	100.0
WoSCAN	94.4	51	54				86.3	95.8
Scotland	94.7	90	95	•	•		87.8	91.7

Source: Cancer audit

Those cases not meeting target in each board were reviewed and valid reasons were provided. For example, in NHS Tayside, in some cases the CT images provided sufficient information to proceed with the planned treatment without further delay; in NHS Highland no PET/CT was carried out due to advanced disease and in NHS Grampian patient refusal was a factor. This issue was discussed at the formal review and it was proposed to add an exclusion category for patient refusal. It should be noted that the numbers at NHS Board level are relatively low for some Boards and may be contributing to the variation.

Due to the small numbers involved in each year, the 3 year aggregate figures are shown below for reference.

QPI 2 - 3 year aggregate figures

NHS Board/Region	% Performance	Numerator	Denominator
Grampian	97.8	44	45
Highland	87.5	7	8
Orkney	*	*	*
Shetland	*	*	*
Tayside	70.3	26	37
Western Isles	-	-	-
NOSCAN	84.9	79	93
Borders	-	-	-
Dumfries & Galloway	100.0	8	8
Fife	100.0	29	29
Lothian	95.0	38	40
SCAN	97.4	76	78
Ayrshire & Arran	89.7	26	29
Forth Valley	92.9	26	28
Greater Glasgow & Clyde	92.3	72	78
Lanarkshire	88.7	55	62
WoSCAN	90.9	179	197
Scotland	90.8	334	368

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 3: Multidisciplinary Team Meeting (MDT)

Evidence suggests that patients with cancer managed by a multidisciplinary team have a better outcome. There is also evidence that the multidisciplinary management of patients increases their overall satisfaction with their care.

Numerator: Number of patients with cervical cancer discussed at the MDT before definitive treatment.

Denominator: All patients with cervical cancer

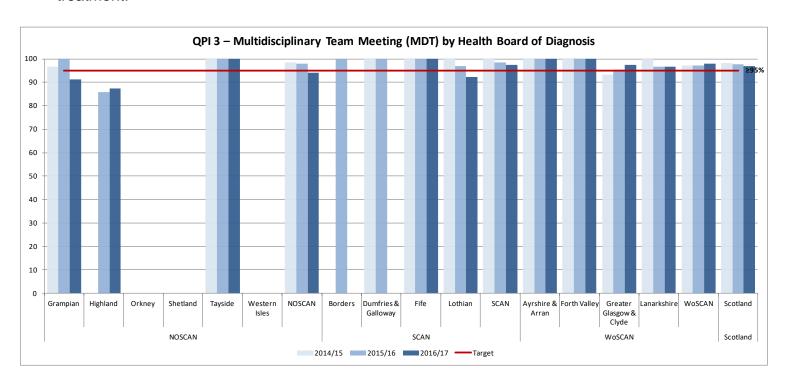
Exclusions:

- Patients with histopathological FIGO stage IA1 disease.
- Patients treated by LLETZ only.
- Patients who died before first treatment.

Target: 95%

Overall in Scotland in 2016/17, 97% of patients with cervical cancer were discussed at the MDT before definitive treatment. This is the third consecutive year that the 95% target has been met. In year 3, only NHS Grampian, NHS Highland and NHS Fife did not achieve the target.

After the baseline review an exclusion category was added for patients who die before treatment.



Information Services Division

			2016/17				Past % Pe	rformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	91.3	21	23				96.8	100.0
Highland	87.5	7	8				-	85.7
Orkney	*	*	*				*	-
Shetland	*	*	*				*	*
Tayside	100.0	20	20		1		100.0	100.0
Western Isles	*	*	*				-	-
NOSCAN	94.1	48	51		1		98.6	98.0
Borders	-	-	-				-	100.0
Dumfries & Galloway	-	-	-				100.0	100.0
Fife	100.0	18	18				100.0	100.0
Lothian	92.3	12	13				100.0	97.0
SCAN	97.4	37	38				100.0	98.4
Ayrshire & Arran	100.0	12	12		1		100.0	100.0
Forth Valley	100.0	17	17				100.0	100.0
Greater Glasgow & Clyde	97.5	39	40				93.2	95.3
Lanarkshire	96.7	29	30				100.0	96.6
WoSCAN	98.0	97	99		1		97.1	97.1
Scotland	96.8	182	188		2		98.1	97.7

Source: Cancer audit

Many of the NHS Boards conducted reviews into those patients not meeting target and one of the most common reasons for patients not being discussed at the MDT prior to treatment was due to incidental findings. NHS Grampian, NHS Highland and NHS Lothian all cited this as a factor. There was some discussion around this at the baseline review and whether these should be excluded from the QPI. However it was agreed that the tolerance in the target should cover this and the performance will continue to be monitored. Another compounding factor, particularly in NHS Highland, was the small numbers of patients involved.

No further changes were proposed at the formal review.

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 4: Radical Hysterectomy

Radical surgery is recommended for FIGO stage IB1 disease if there are no contraindications to surgery. Patients with tumours <4 cm in diameter are less likely to have metastatic spread and benefit most from radical hysterectomy.

Numerator: Number of patients with FIGO stage IB1 cervical cancer who undergo radical hysterectomy.

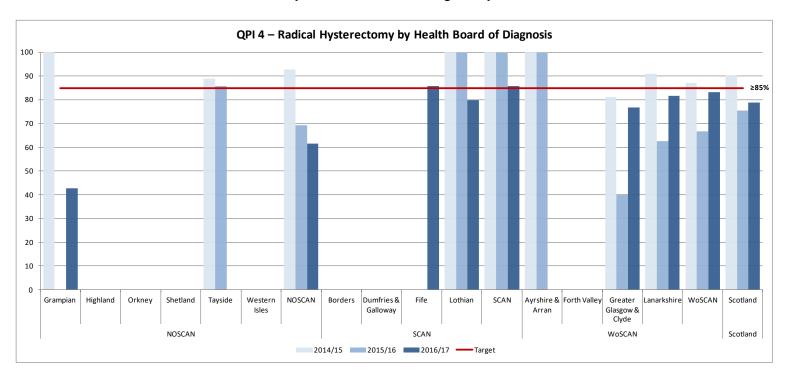
Denominator: All patients with FIGO stage IB1 cervical cancer.

Exclusions:

- Patients who decline surgery.
- Patients who undergo fertility conserving treatment.
- Patients having neo adjuvant chemotherapy.
- Patients enrolled into surgical trials.

Target: 85%

Overall in Scotland, in year 3, 79% of patients with FIGO stage IB1 cervical cancer underwent radical hysterectomy. This is below the 85% target and a drop from 90% in year 1. There are relatively few patients in this cohort so caution is advised when comparing across NHS Boards. At network level, only SCAN achieved target in year 3.



Information Services Division

			2016/17				Past % Pe	erformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	42.9	3	7				100.0	-
Highland	-	-	-				*	-
Orkney	*	*	*				*	-
Shetland	*	*	*				*	*
Tayside	-	-	-			1	88.9	85.7
Western Isles	*	*	*				*	*
NOSCAN	61.5	8	13			1	92.9	69.2
Borders	-	-	-				*	-
Dumfries & Galloway	-	-	-				*	-
Fife	85.7	6	7				-	*
Lothian	80.0	4	5				100.0	100.0
SCAN	85.7	12	14				100.0	100.0
Ayrshire & Arran	-	-	-			1	100.0	100.0
Forth Valley	-	-	-				-	-
Greater Glasgow & Clyde	76.9	10	13				81.3	40.0
Lanarkshire	81.8	9	11				90.9	62.5
WoSCAN	83.3	25	30			1	87.2	66.7
Scotland	78.9	45	57			2	90.3	75.5

Source: Cancer audit

Several NHS Boards reviewed cases and provided detailed reasons for patients not meeting the QPI, including incidental findings and patient fitness.

There were no changes proposed at the formal review.

Due to the small numbers involved in each year, the 3 year aggregate figures are shown below for reference.

QPI 4 – 3 year aggregate figures

NHS Board/Region	% Performance	Numerator	Denominator
Grampian	60.0	9	15
Highland	-	-	-
Orkney	-	-	-
Shetland	*	*	*
Tayside	90.0	18	20
Western Isles	*	*	*
NOSCAN	75.0	30	40
Borders	100.0	5	5
Dumfries & Galloway	-	-	-
Fife	90.0	9	10
Lothian	94.7	18	19
SCAN	94.4	34	36
Ayrshire & Arran	100.0	15	15
Forth Valley	91.7	11	12
Greater Glasgow & Clyde	69.2	27	39
Lanarkshire	80.0	24	30
WoSCAN	80.2	77	96
Scotland	82.0	141	172

⁻ Data not shown due to small numbers
* No data matching QPI criteria

QPI 5: Surgical Margins

The quality of radical surgery for cervical cancer has an important influence on local control of the tumour and ultimately survival. Therefore, it is important to optimise and ensure the quality of surgical care for cervical cancer patients. Positive surgical margins increase the risk of reoccurrence, necessitating adjuvant treatment.

Numerator: Number of patients with cervical cancer who undergo surgery where surgical margins are clear of tumour.

Denominator: All patients with cervical cancer who undergo surgery.

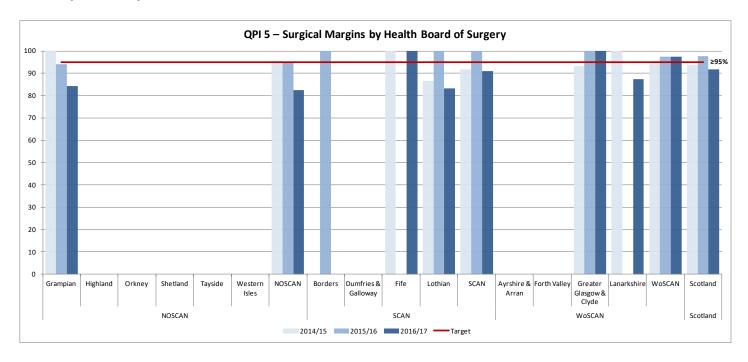
Exclusions:

No exclusions

Target: 95%

In 2016/17, of the 86 patients with cervical cancer diagnosed in Scotland, 79 (92%) had no residual disease following surgery. This is marginally below the 95% target and a drop from 98% in year 2. At network level, both NOSCAN and WoSCAN achieved target in 2 of the 3 reporting years and SCAN achieved 100% in year 2. The relatively small numbers may be contributing to some of this variation.

In year 1 there was an exclusion category for patients receiving neo adjuvant chemotherapy. This was removed after the baseline review and may account for some of the differences from year 1 to year 2.



Information Services Division

			2016/17				Past % Pe	rformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	84.2	16	19				100.0	94.1
Highland	-	-	-				-	*
Orkney	*	*	*				*	*
Shetland	*	*	*				*	*
Tayside	*	*	*				-	-
Western Isles	*	*	*				*	-
NOSCAN	82.6	19	23				95.5	95.2
Borders	-	-	-				-	100.0
Dumfries & Galloway	*	*	*				-	-
Fife	100.0	8	8				100.0	-
Lothian	83.3	10	12				86.7	100.0
SCAN	90.9	20	22				91.7	100.0
Ayrshire & Arran	*	*	*				-	-
Forth Valley	-	-	-				-	-
Greater Glasgow & Clyde	100.0	31	31				93.3	100.0
Lanarkshire	87.5	7	8				100.0	-
WoSCAN	97.6	40	41				94.2	97.5
Scotland	91.9	79	86	•		·	93.9	97.6

Source: Cancer audit

Those cases not meeting the target were reviewed and valid reasons were provided including incidental findings and data recording issues.

There were no proposed changes to this QPI at the formal review.

Due to the small numbers involved in each year, aggregate figures for the 3 years are shown below for reference.

QPI 5 – 3 year aggregate figures

NHS Board/Region	% Performance	Numerator	Denominator
Grampian	92.5	49	53
Highland	80.0	4	5
Orkney	*	*	*
Shetland	*	*	*
Tayside	85.7	6	7
Western Isles	-	-	-
NOSCAN	90.9	60	66
Borders	100.0	9	9
Dumfries & Galloway	100.0	6	6
Fife	100.0	16	16
Lothian	89.2	33	37
SCAN	94.1	64	68
Ayrshire & Arran	-	-	-
Forth Valley	100.0	6	6
Greater Glasgow & Clyde	97.2	106	109
Lanarkshire	86.7	13	15
WoSCAN	96.2	128	133
Scotland	94.4	252	267

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 6: 56 Day Treatment Time for Radical Radiotherapy

Treatment time for patients with cervical cancer undergoing radical radiotherapy should be no more than 56 days.

Numerator: Number of patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy) whose overall treatment time, from start to the end of treatment, is not more than 56 days.

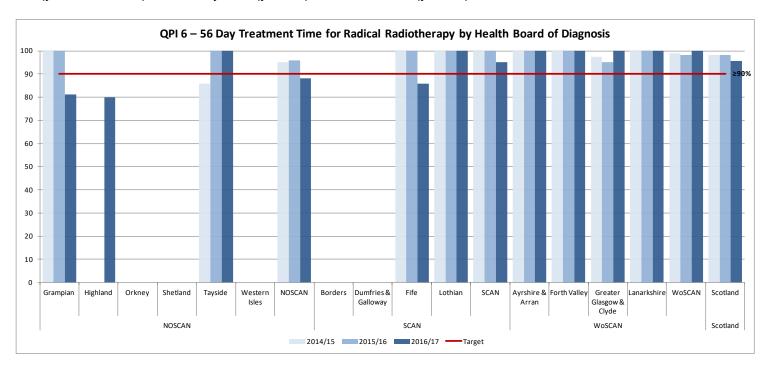
Denominator: All patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy).

Exclusions:

No exclusions

Target: 90%

Overall in Scotland the percentage of patients, whose treatment time was less than 56 days, was above the 90% target in each of the 3 years. Most NHS Boards also achieved the target consistently with the exception of NHS Grampian (missed target in year 3), NHS Highland (years 2 and 3), NHS Tayside (year 1) and NHS Fife (year 3).



Information Services Division

			2016/17				Past % Pe	rformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	81.3	13	16				100.0	100.0
Highland	80.0	4	5				-	-
Orkney	*	*	*				*	*
Shetland	*	*	*				*	*
Tayside	100.0	13	13				85.7	100.0
Western Isles	*	*	*				-	-
NOSCAN	88.2	30	34				95.0	96.0
Borders	-	-	-				*	*
Dumfries & Galloway	*	*	*				-	-
Fife	85.7	6	7				100.0	100.0
Lothian	100.0	10	10				100.0	100.0
SCAN	95.0	19	20				100.0	100.0
Ayrshire & Arran	100.0	8	8				100.0	100.0
Forth Valley	100.0	10	10				100.0	100.0
Greater Glasgow & Clyde	100.0	25	25				97.6	95.0
Lanarkshire	100.0	18	18				100.0	100.0
WoSCAN	100.0	61	61				98.9	98.2
Scotland	95.7	110	115				98.2	98.3

Source: Cancer audit

For those NHS Boards where the target was not met, cases were reviewed and valid clinical reasons were provided. Small numbers were also a contributing factor.

There were no proposed changes to this QPI at the formal review.

⁻ Data not shown due to small numbers
* No data matching QPI criteria

QPI 7: - Chemoradiation

Patients with cervical cancer undergoing radical radiotherapy should receive concurrent platinum-based chemotherapy. Addition of chemotherapy to radiotherapy has been shown to improve overall survival.

Numerator: Number of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.

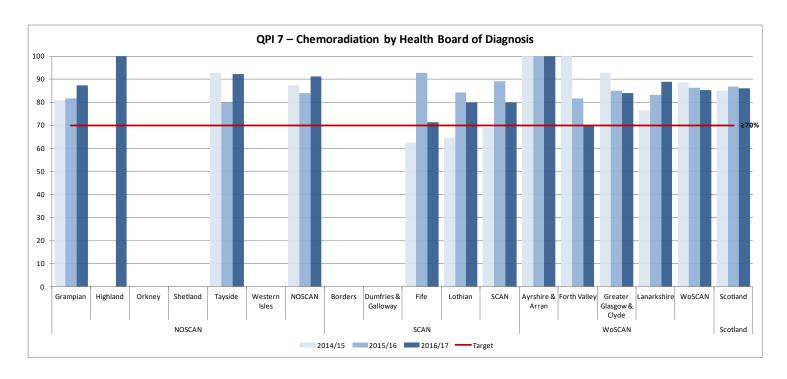
Denominator: All patients with cervical cancer who undergo radical radiotherapy.

Exclusions:

No exclusions

Target: 70%

Of the 115 patients with cervical cancer undergoing radical radiotherapy in Scotland in year 3, 99 (86%) also received concurrent chemotherapy. This is the third consecutive year that the target has been met at a national level. At NHS Board level, only NHS Fife and NHS Lothian did not meet target in year 1 but both improved in the following 2 years.



Information Services Division

			2016/17				Past % Pe	rformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	87.5	14	16				81.0	81.8
Highland	100.0	5	5				-	-
Orkney	*	*	*				*	*
Shetland	*	*	*				*	*
Tayside	92.3	12	13				92.9	80.0
Western Isles	*	*	*				-	-
NOSCAN	91.2	31	34				87.5	84.0
Borders	-	-	-				*	*
Dumfries & Galloway	*	*	*				-	-
Fife	71.4	5	7				62.5	92.9
Lothian	80.0	8	10				64.7	84.2
SCAN	80.0	16	20				69.0	89.2
Ayrshire & Arran	100.0	8	8				100.0	100.0
Forth Valley	70.0	7	10				100.0	81.8
Greater Glasgow & Clyde	84.0	21	25				92.7	85.0
Lanarkshire	88.9	16	18				76.5	83.3
WoSCAN	85.2	52	61				88.8	86.4
Scotland	86.1	99	115				85.0	86.8

Source: Cancer audit

Valid reasons provided for those cases not meeting the target include patient age and fitness. No changes were proposed to this QPI at the formal review.

⁻ Data not shown due to small numbers * No data matching QPI criteria

Quality Performance Indicators – Endometrial Cancer

The following section includes a detailed summary of each of the six endometrial cancer QPIs outlining the variation at NHS Board level. Charts are colour coded by reporting year or by network if reporting a single year. Where performance at either level is shown to fall below the target, commentary from the relevant NHS Board is included to provide context to the variation. Information in this report is shown by either Health Board of diagnosis or Health Board of surgery as noted. Further information at hospital level is available from the <u>data</u> <u>tables</u>, where applicable.

QPI 1: - Radiological Staging

Patients with endometrial cancer should have their stage of disease assessed by magnetic resonance imaging (MRI) and/or computed tomography (CT) prior to first treatment. It is necessary to fully image the pelvis and abdomen prior to starting first treatment in order to establish the extent of disease and minimise unnecessary or inappropriate treatment.

Numerator: Number of patients with endometrial cancer having a MRI and/or CT scan of the abdomen and pelvis carried out prior to first treatment.

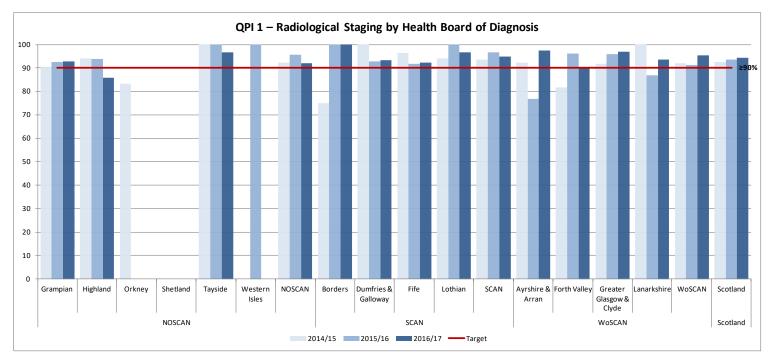
Denominator: All patients with endometrial cancer.

Exclusions:

- Patients with Grade 1 endometrioid or mucinous carcinoma on pre-operative biopsy.
- Patient with atypical hyperplasia on pre-operative biopsy.

Target: 90%

Of the 386 patients diagnosed with endometrial cancer in Scotland in 2016/17, 94% received an MRI and/or CT scan prior to starting treatment. This is the third consecutive year that the target has been met at a national level. In general, most NHS Boards achieved the target consistently over the three years with some exceptions: NHS Highland in year 3, NHS Orkney (small numbers), NHS Borders (year 1), NHS Ayrshire & Arran (year 2) and NHS Lanarkshire in year 2.



			2016/17				Past % Pe	rformance
NHS Board/Region	% Performance	Numerator	Denominator	NR for Numerator	NR for Exclusion	NR for Denominator	2014/15	2015/16
	92.9	52	56	Numerator	EXCIUSION	Denominator	•	92.6
Grampian							90.5	
Highland	85.7	18	21	_			94.1	93.8
Orkney	-	-	-	1			83.3	-
Shetland	-	-	-				-	-
Tayside	96.8	30	31		1		100.0	100.0
Western Isles	-	-	-				-	100.0
NOSCAN	92.0	103	112	1	1		92.4	95.6
Borders	100.0	7	7				75.0	100.0
Dumfries & Galloway	93.3	14	15		1		100.0	92.9
Fife	92.3	24	26		1		96.4	91.7
Lothian	96.7	29	30				94.0	100.0
SCAN	94.9	74	78		2		93.6	96.6
Ayrshire & Arran	97.4	37	38				92.3	76.9
Forth Valley	90.0	27	30				81.8	96.2
Greater Glasgow & Clyde	96.9	94	97				91.7	95.8
Lanarkshire	93.5	29	31		1		100.0	87.0
WoSCAN	95.4	187	196		1		92.0	91.2
Scotland	94.3	364	386	1	4		92.5	93.5

Source: Cancer audit

Several NHS Boards reviewed cases and provided detailed reasons for patients not meeting the QPI, including incidental findings and suspicious morphology on pre-operative biopsy. This latter reason had been discussed at the baseline review as a possible exclusion but it was felt that such cases should be accounted for within the tolerance of the QPI.

At the formal review it was proposed to clarify the definition from 'first treatment' to 'definitive treatment'.

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 2: Multidisciplinary Team Meeting (MDT)

Evidence suggests that patients with cancer managed by a multidisciplinary team have a better outcome. There is also evidence that the multidisciplinary management of patients increases their overall satisfaction with their care.

Numerator: Number of patients with endometrial cancer discussed at the MDT prior to definitive treatment.

Denominator: All patients with endometrial cancer.

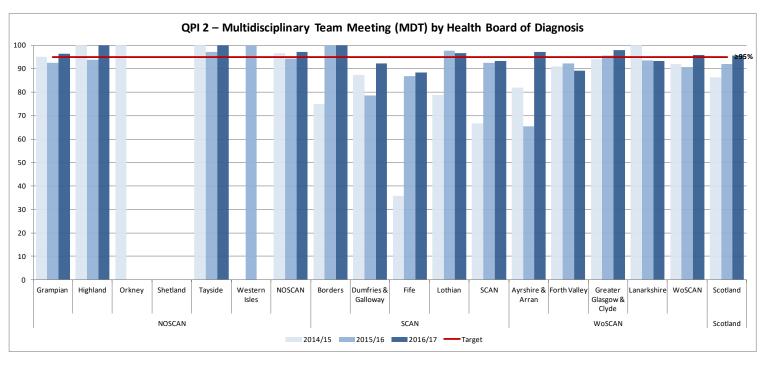
Exclusions:

- Patients with Grade 1 endometrioid or mucinous carcinoma on pre-operative biopsy.
- Patient with atypical hyperplasia on pre-operative biopsy.
- Patients who died before first treatment.

Target: 95%

The percentage of patients with endometrial cancer discussed at the MDT prior to definitive treatment increased steadily across the three years from 86% in year 1 to 96% and above target in year 3. At network level, only SCAN has not achieved target in any of the 3 years although there has been significant improvement since year 1.

At the baseline review, it was agreed to add an exclusion category for patients who die before treatment.



			2016/17				Past % Pe	rformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	96.4	53	55				95.2	92.6
Highland	100.0	19	19				100.0	93.8
Orkney	-	-	-	1			100.0	-
Shetland	-	-	-				-	-
Tayside	100.0	30	30		1		100.0	97.3
Western Isles	-	-	-				-	100.0
NOSCAN	97.2	105	108	1	1		96.7	94.4
Borders	100.0	7	7				75.0	100.0
Dumfries & Galloway	92.3	12	13		1		87.5	78.6
Fife	88.5	23	26		1		35.7	87.0
Lothian	96.6	28	29				78.8	97.8
SCAN	93.3	70	75		2		66.7	92.5
Ayrshire & Arran	97.3	36	37				82.1	65.4
Forth Valley	89.3	25	28				90.9	92.3
Greater Glasgow & Clyde	97.9	94	96				94.0	95.7
Lanarkshire	93.3	28	30		1		100.0	93.5
WoSCAN	95.8	183	191		1		92.0	90.6
Scotland	95.7	358	374	1	4		86.5	92.0

Source: Cancer audit

Several NHS Boards commented that most of those patients not meeting the target were due to incidental findings or emergencies.

At the formal review it was proposed to remove the exclusion 'Patients with Grade I endometrioid or mucinous carcinoma on pre-operative biopsy'.

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy

Patients with endometrial cancer should undergo total hysterectomy (TH) and bilateral salpingo-oophorectomy (BSO). TH/BSO for endometrial cancer is associated with best long term survival.

Numerator: Number of patients with endometrial cancer who undergo TH/ BSO.

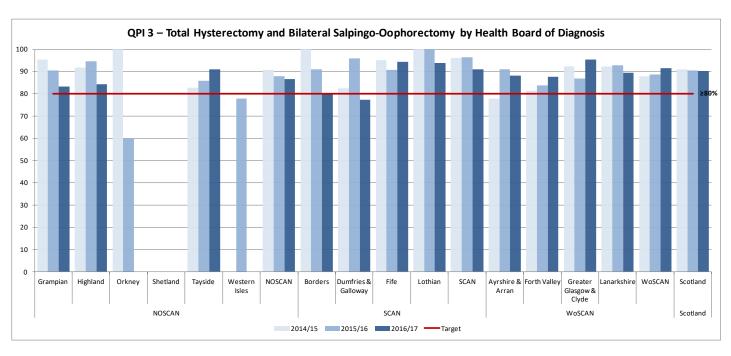
Denominator: All patients with endometrial cancer.

Exclusions:

- Patients with FIGO Stage IV disease.
- Patients who decline surgical treatment.
- Patient having neo-adjuvant chemotherapy.

Target: 80%

The percentage of patients in Scotland with endometrial cancer who undergo total hysterectomy and bilateral salpingo-oopherectomy was above the 80% target in each of the three years. Most NHS Boards also achieved the target consistently with the exception of NHS Dumfries & Galloway in year 3 and those Boards impacted by small numbers (NHS Orkney and NHS Western Isles). NHS Ayrshire and Arran also did not meet the target in year 1 but have been consistently above target since then.



			2016/17				Past % Pe	rformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	83.3	60	72		4		95.5	90.4
Highland	84.4	27	32				91.7	94.7
Orkney	-	-	-				100.0	60.0
Shetland	-	-	-				*	-
Tayside	90.9	60	66		2		82.7	85.9
Western Isles	-	-	-				-	77.8
NOSCAN	86.5	154	178		6		90.7	88.0
Borders	92.3	12	13				100.0	90.9
Dumfries & Galloway	77.3	17	22		4		82.6	95.8
Fife	96.2	51	53				95.0	90.7
Lothian	94.8	92	97				100.0	100.0
SCAN	93.0	172	185		4		96.2	96.4
Ayrshire & Arran	88.1	59	67			1	77.8	91.0
Forth Valley	87.8	43	49				81.5	83.7
Greater Glasgow & Clyde	95.3	142	149			2	92.2	87.0
Lanarkshire	89.5	51	57	1		2	92.2	92.9
WoSCAN	91.6	295	322	1		5	87.9	88.7
Scotland	90.7	621	685	1	10	5	90.9	90.4

Source: Cancer audit

Due to the target being met consistently by most NHS Boards, it was proposed at the formal review to raise the target to 85% from year 4 onwards.

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 4: Laparoscopic Surgery

Laparoscopic surgery, by appropriately trained surgeons, is recommended for patients with endometrial cancer as it has been found to be feasible and surgically safe with reduced post-operative complications and length of stay.

Numerator: Number of patients with endometrial cancer undergoing definitive surgery who have laparoscopic surgery.

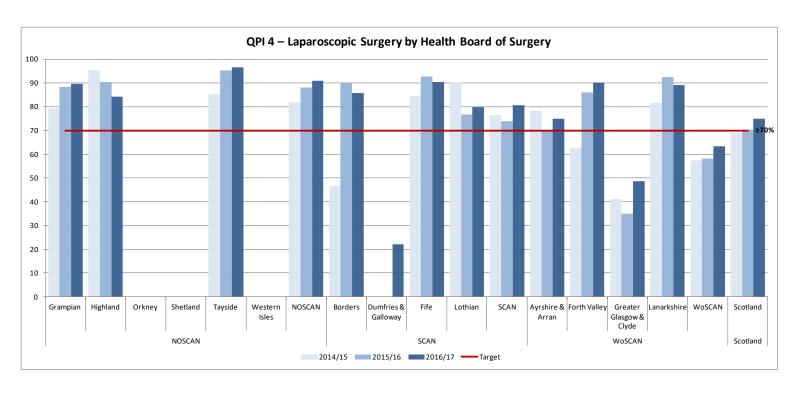
Denominator: All patients with endometrial cancer undergoing definitive surgery.

Exclusions:

No exclusions

Target: 70%

The percentage of patients with endometrial cancer undergoing definitive surgery laparoscopically has increased from 69% in year 1 to 75% and above target in year 3. At NHS Board level, most Boards achieved target consistently over the three years with the notable exception of NHS Greater Glasgow & Clyde who were below 50% each year.



			2016/17				Past % Pe	rformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	89.7	70	78				79.3	88.3
Highland	84.2	16	19				95.5	90.5
Orkney	-	-	-	1			-	-
Shetland	*	*	*				*	*
Tayside	96.6	57	59				85.4	95.5
Western Isles	*	*	*				-	0.0
NOSCAN	91.1	143	157	1			81.9	88.2
Borders	85.7	12	14				46.7	90.0
Dumfries & Galloway	22.2	2	9				0.0	0.0
Fife	90.4	47	52				84.6	92.9
Lothian	80.0	84	105				90.3	76.9
SCAN	80.6	145	180				76.5	74.0
Ayrshire & Arran	75.0	39	52				78.3	70.2
Forth Valley	90.3	28	31				62.5	86.1
Greater Glasgow & Clyde	48.6	85	175				41.1	35.1
Lanarkshire	89.1	41	46				81.8	92.6
WoSCAN	63.5	193	304				57.4	58.1
Scotland	75.0	481	641	1	•	·	69.2	70.3

Source: Cancer audit

NHS Greater Glasgow & Clyde have developed smaller surgical teams to manage endometrial cancer and, therefore, it is anticipated that the number of cases undergoing laparoscopic surgery will continue to improve.

No changes were proposed to this QPI at the formal review.

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 5: Adjuvant Vaginal Brachytherapy

Patients with intermediate risk (stage IB, grade 1 or 2; or stage IA, grade 3 endometrioid or mucinous) endometrial cancer should be considered for adjuvant vaginal brachytherapy. For stage IB grade 1-2 brachytherapy has been shown to improve local control rates without the toxicity associated with external beam radiotherapy.

Numerator: Number of patients with stage IB, grade 1 or 2 or stage IA, grade 3 endometrioid or mucinous endometrial cancer receiving vaginal vault brachytherapy.

Denominator: All patients with stage IB, grade 1 or 2, or stage IA, grade 3 endometrioid or mucinous endometrial cancer.

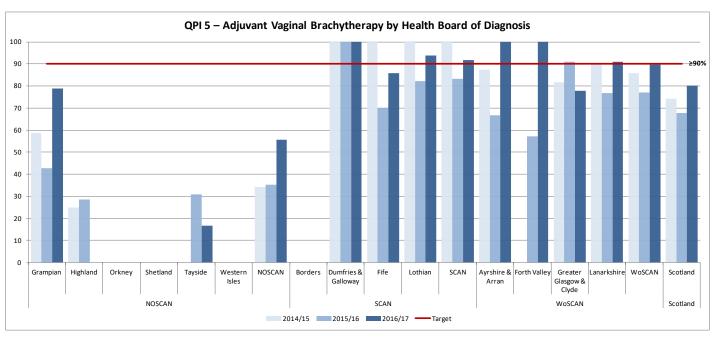
Exclusions:

Patients who decline brachytherapy.

Target: 90%

Of the 120 patients in this cohort across Scotland in year 3, 80% (96 patients) received the adjuvant vaginal brachytherapy treatment. This is the third consecutive year that the 90% target has not been met. This is largely driven by the performance in NOSCAN where performance ranged from 34% in year 1 to 56% in year 3. Contrastingly both SCAN and WoSCAN achieved the target in year 3.

The discrepancy between regions was discussed at the baseline review where it was recognised that this has arisen because NOSCAN has an agreed local protocol for adjuvant therapies in endometrial cancer which differs from the criteria specified in this QPI. Since then regional management guidelines have been updated in NOSCAN to comply with this QPI and this has led to the improvements observed in year 3.



			2016/17				Past % Pe	rformance
				NR for	NR for	NR for		
NHS Board/Region	% Performance	Numerator	Denominator	Numerator	Exclusion	Denominator	2014/15	2015/16
Grampian	78.9	15	19				58.8	42.9
Highland	-	-	-				25.0	28.6
Orkney	*	*	*				-	*
Shetland	*	*	*				*	*
Tayside	16.7	2	12			2	0.0	30.8
Western Isles	-	-	-				-	*
NOSCAN	55.6	20	36			2	34.3	35.3
Borders	-	-	-				-	-
Dumfries & Galloway	100.0	5	5				100.0	100.0
Fife	85.7	12	14				100.0	70.0
Lothian	93.8	15	16				100.0	82.4
SCAN	91.7	33	36				100.0	83.3
Ayrshire & Arran	100.0	11	11				87.5	66.7
Forth Valley	100.0	9	9				-	57.1
Greater Glasgow & Clyde	77.8	14	18				81.8	90.9
Lanarkshire	90.9	10	11			1	90.0	76.9
WoSCAN	89.8	44	49			1	85.7	77.2
Scotland	80.2	97	121	•		3	74.3	67.7

Source: Cancer audit

NHS Greater Glasgow & Clyde commented that those cases not meeting the target have been reviewed and practice has changed since the QPI was introduced, vaginal brachytherapy is no longer offered to grade 2 cancers. Therefore, it is expected that performance will improve in future reporting of this QPI.

During formal review discussions it was acknowledged that there has been a change in practice for patients with intermediate risk endometrial cancer and that some patients now get EBRT (external beam radiation therapy) rather than vaginal brachytherapy. It has been proposed by the formal review group that the QPI be updated to include all forms of radiotherapy.

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

QPI 6: Chemotherapy

Platinum chemotherapy can improve progression free survival in patients with stage IV endometrial cancer.

Numerator: Number of patients with stage IV endometrial cancer receiving chemotherapy.

Denominator: All patients with stage IV endometrial cancer.

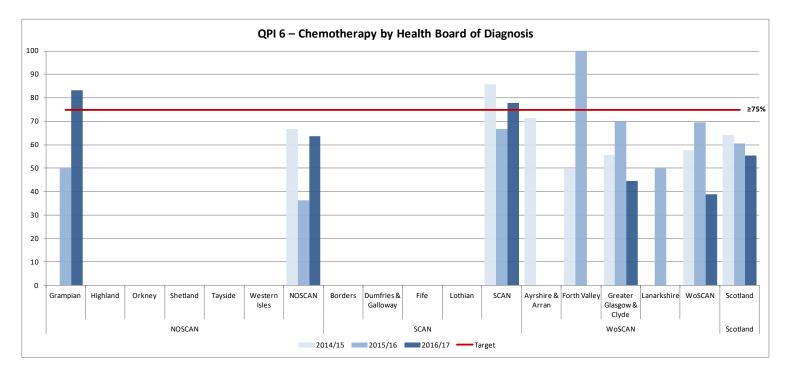
Exclusions:

Patients who refuse chemotherapy

Target: 75%

There were relatively few patients with stage IV endometrial cancer in each of the three years across Scotland. Therefore comparisons at Board level should be treated with caution. Nationally, though, the target was not met in any of the three years, ranging from 64% in year 1 to 55% in year 3.

At the baseline review 'Patients who refuse chemotherapy' was added as an exclusion category.



			2016/17				Past % Pe	rformance
NHS Board/Region	% Performance	Numerator	Denominator	NR for	NR for Exclusion	NR for Denominator	2014/15	2015/16
		Numerator		Numerator	EXCIUSION		2014/15	
Grampian	83.3	5	6			4	-	50.0
Highland	-	-	-				-	*
Orkney	*	*	*				*	*
Shetland	*	*	*				-	*
Tayside	-	-	-			4	-	-
Western Isles	*	*	*				*	*
NOSCAN	63.6	7	11			8	66.7	36.4
Borders	-	-	-				-	-
Dumfries & Galloway	-	-	-			5	-	*
Fife	-	-	-				-	-
Lothian	-	-	-				-	-
SCAN	77.8	7	9			5	85.7	66.7
Ayrshire & Arran	-	-	-			1	71.4	-
Forth Valley	-	-	-				50.0	100.0
Greater Glasgow & Clyde	44.4	4	9			2	55.6	70.0
Lanarkshire	-	-	-			2	-	50.0
WoSCAN	38.9	7	18			5	57.7	69.6
Scotland	55.3	21	38			18	64.1	60.5

Source: Cancer audit

All boards reviewed cases not meeting the QPI and submitted valid clinical reasons which included cases where patients were unfit for chemotherapy, patients who declined treatment and patients that died before treatment.

At the formal review it was recognised that this QPI focuses on a small number of patients with advanced disease. Therefore, it was agreed to change the focus of this QPI from chemotherapy to Systemic Anti Cancer Therapy (SACT).

Due to the small numbers involved in each year, aggregate figures for the 3 years are shown below for reference.

QPI 6 - 3 year aggregate figures

NHS Board/Region	% Performance	Numerator	Denominator
Grampian	68.8	11	16
Highland	-	-	-
Orkney	*	*	*
Shetland	-	-	-
Tayside	14.3	1	7
Western Isles	*	*	*
NOSCAN	53.6	15	28
Borders	80.0	4	5
Dumfries & Galloway	-	-	-
Fife	66.7	4	6
Lothian	80.0	8	10
SCAN	76.0	19	25
Ayrshire & Arran	60.0	6	10
Forth Valley	60.0	9	15
Greater Glasgow & Clyde	57.1	16	28
Lanarkshire	50.0	7	14
WoSCAN	56.7	38	67
Scotland	60.0	72	120

⁻ Data not shown due to small numbers

^{*} No data matching QPI criteria

Clinical Trials

Access to Clinical Trials is a common issue for all cancer types; therefore, a generic QPI was developed to measure performance across the country. Further details on the development and definition of this QPI can be found here. Specifically for cervix and endometrial cancer, the QPI is defined as follows and Appendix A3 contains a list of cervix and endometrial cancer trials into which patients have been recruited in Scotland during the reporting period ending December 2017. Information is shown by each Scottish Cancer Research Network (SCRN).

Clinical Trials Access: Proportion of patients with cervix or endometrial cancer who are consented for a clinical trial / research study.

All patients should be considered for participation in available clinical trials / research studies, wherever eligible.

Numerator: Number of patients with cervix or endometrial cancer consented for a clinical trial / research study.

Denominator: All patients diagnosed with cervix or endometrial cancer (5 year average of Scottish Cancer Registry data)

Exclusions: No exclusions.

Target: 15%

At the formal review, this QPI was changed to patients **consented** for clinical trial (defined as patients who have given consent to participate in a clinical trial / research study subject to study specific screening for eligibility) rather than **enrolled** without the interventional/translational split and with a target of 15%. This new definition came into effect in January 2017 and consequently, for cervix and endometrial, year 3 data reflects this new definition (measurability version 2) whereas years 1 and 2 are measured against version 1. Therefore, comparison across years is not advised.

Cervix:

Patients enrolled for translational trials / interventional studies (Measurability Version 1.0)

				2015			2016	
Network	Trial Type	Target	No of patients enrolled	Av cancer registrations	%Enrolled	No of patients enrolled	Av cancer registrations	%Enrolled
SCRN - North & East		7.5%	0	58	0.0%	0	60	0.0%
SCRN - South East	Interventional	7.5%	0	48	0.0%	0	52	0.0%
SCRN - West*		7.5%	8	451	1.8%	13	459	2.8%
SCRN - North & East		15%	0	58	0	0	60	0
SCRN - South East	Translational	15%	0	48	0.0%	0	52	0.0%
SCRN - West*		15%	0	451	0.0%	0	459	0.0%

^{*}combined cervix and endometrial patients

Patients consented for all trials (Measurability Version 2.0)

			2017		
Network	Target	No of patients	Av cancer	%Consented	
Network	Target	consented	registrations	76Consented	
SCRN - North & East	15%	0	60	0	
SCRN - South East	15%	1	54	1.9%	
SCRN - West	15%	9	151	6.0%	

Endometrial:

Patients enrolled for translational trials / interventional studies (Measurability Version 1.0)

	2015 2016			2015			2016	
Network	Trial Type	rial Type Target	No of patients	Av cancer	%Enrolled	No of patients	Av cancer	
Network	ттагтуре		enrolled	registrations	egistrations %Ellioned	enrolled	registrations	%Enrolled
SCRN - North & East		7.5%	0	156	0.0%	0	169	0.0%
SCRN - South East	Interventional	7.5%	0	158	0.0%	0	161	0.0%
SCRN - West*		7.5%	8	451	1.8%	13	459	2.8%
SCRN - North & East		15%	0	156	0	0	169	0
SCRN - South East	Translational	15%	13	151	8.6%	0	161	0.0%
SCRN - West*		15%	0	451	0.0%	0	459	0.0%

^{*}combined cervix and endometrial patients

Patients consented for all trials (Measurability Version 2.0)

			2017	
Network	Target	No of patients	Av cancer	%Consented
Network	raiget	consented	registrations	%Consented
SCRN - North & East	15%	0	156	0
SCRN - South East	15%	9	172	5.2%
SCRN - West	15%	1	324	0.3%

List of abbreviations

QPI - Quality Performance Indicator

ISD - Information Services Division

NOSCAN - North of Scotland cancer network

WoSCAN - West of Scotland cancer network

SCAN - South East Scotland cancer network

MDT - Multidisciplinary team

SCRN - Scottish Cancer Research Network

SIMD - Scottish Index of Multiple Deprivation

SMR01 - Scottish Morbidity Record (Inpatient and Daycase Activity)

CT - Computed Tomography scan

MRI - Magnetic Resonance Imaging scan

FIGO - Federation of Gynaecology and Obstetrics

LLETZ - Large Loop Excision of the Transformation Zone

List of Tables

File name	File and size
Cervical Cancer Data Tables	Excel 115 Kb
Endometrial Cancer Data Tables	Excel 115 Kb

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Further Information

Further information on Cancer Quality Performance Indicators can be found on the **Cancer QPI** section of the ISD website.

The next release of this publication will be December 2021.

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Appendices

Appendix 1 – Background information

The purpose of the cancer quality work programme and the roles and responsibilities of each organisation are outlined in Chief Executives Letter (<u>CEL 06</u>). This document also provides details of the data collection, quality assurance and governance processes that are critical to the reporting of QPIs.

Appendix 2a - Cervical Cancer QPIs

The tables below show the list of Cervical and Endometrial Cancer QPIs applicable to this publication. Please note that revisions to these QPIs may have been made since the initial data collection – refer to the <u>Healthcare Improvement Scotland website</u> for the latest version of these QPIs.

QPI	Numerator	Denominator	Exclusions	Target
QPI 1: Radiological Staging	Number of patients with cervical cancer having MRI of the pelvis carried out prior to definitive treatment.	All patients with cervical cancer.	Patients with histopathological FIGO stage IA1 disease. Patients treated by LLETZ only. Patients unable to undergo MRI due to contraindications. Patients with histopathological FIGO stage IVB disease. Patients who refuse MRI investigation.	95%
QPI 2: Positron Emission Tomography/Computed Tomography (PET/CT)	Number of cervical cancer patients undergoing primary radical radiotherapy who have PET/CT imaging prior to starting treatment.	All patients with cervical cancer undergoing primary radical radiotherapy.	No exclusions.	95%
QPI 3: Multidisciplinary Team Meeting (MDT)	Number of patients with cervical cancer discussed at the MDT before definitive treatment.	All patients with cervical cancer.	Patients with histopathological FIGO stage IA1 disease. Patients treated by LLETZ only. Patients who died before first treatment.	95%

Information Services Division

QPI 4: Radical Hysterectomy	Number of patients with FIGO stage IB1 cervical cancer who undergo radical hysterectomy.	All patients with FIGO stage IB1 cervical cancer.	Patients who decline surgery. Patients who undergo fertility conserving treatment. Patients having neo adjuvant chemotherapy. Patient enrolled into surgical trials.	85%
QPI 5: Surgical Margins	Number of patients with cervical cancer who undergo surgery where surgical margins are clear of tumour.	All patients with cervical cancer who undergo surgery.	No exclusions.	95%
QPI 6: 56 Day Treatment Time for Radical Radiotherapy	Number of patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy) whose overall treatment time, from start to the end of treatment, is not more than 56 days.	All patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy).	No exclusions.	90%
QPI 7: Chemoradiation	Number of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.	All patients with cervical cancer who undergo radical radiotherapy.	No exclusions.	70%

Appendix 2b - Endometrial Cancer QPIs

QPI 1: Radiological Staging	Number of patients with endometrial cancer having a MRI and/or CT scan of the abdomen and pelvis carried out prior to first treatment.	All patients with endometrial cancer.	Patients with Grade 1 endometrioid or mucinous carcinoma on pre-operative biopsy. Patient with atypical hyperplasia on pre- operative biopsy.	90%
QPI 2: Multidisciplinary Team Meeting (MDT)	Number of patients with endometrial cancer discussed at the MDT prior to definitive treatment.	All patients with endometrial cancer.	Patients with Grade 1 endometrioid or mucinous carcinoma on pre-operative biopsy. Patient with atypical hyperplasia on pre- operative biopsy. Patients who died before first treatment.	95%
QPI 3: Total Hysterectomy and Bilateral Salpingo- Oophorectomy	Number of patients with endometrial cancer who undergo TH/ BSO.	All patients with endometrial cancer.	Patients with FIGO Stage IV disease. Patients who decline surgical treatment. Patient having neo- adjuvant chemotherapy.	80%
QPI 4: Laparoscopic Surgery	Number of patients with endometrial cancer undergoing definitive surgery who have laparoscopic surgery.	All patients with endometrial cancer undergoing definitive surgery.	No exclusions	70%
QPI 5: Adjuvant Vaginal Brachytherapy	Number of patients with stage IB, grade 1 or 2 or stage IA, grade 3 endometrioid or mucinous endometrial cancer receiving vaginal vault brachytherapy.	All patients with stage IB, grade 1 or 2, or stage IA, grade 3 endometrioid or mucinous endometrial cancer.	Patients who decline brachytherapy.	90%
QPI 6: Chemotherapy	Number of patients with stage IV endometrial cancer receiving chemotherapy.	All patients with stage IV endometrial cancer.	Patients who refuse chemotherapy.	75%

Appendix 3 – Cervix and Endometrial Cancer Clinical Trials

The list of clinical trials in use for cervix and endometrial cancer patients in Scotland across the Scottish Cancer Research Networks is shown below. Further details on these clinical trials are available from the relevant SCRN.

Study Title	SCRN - North & East	SCRN - South East	SCRN - West
ENGOT-EN2-DGCG-EORTC-55102			✓
EORTC 55984			✓
PARAGON			✓
INTERLACE			✓
NiCCC Trial (BIBF1120)			✓
Clovis CO-338-010			✓
HIPROC			✓
CANC - 4443 - Nivolumab in Viral-positive Solid Tumors			✓
First in Human, DoseEscalating Study of HuMaX®-TF-ADC in solid Tumour			✓
HORIZONS: Understanding the impact of cancer diagnosis and treatment		✓	✓
HGUSStudy			✓
SEARCH		✓	

Appendix 4 – Publication Metadata

Metadata Indicator	Description	
Publication title	Cervix and Endometrial Cancer Quality Performance Indicators	
Description	This report shows the performance of NHS Boards against seven Cervical and 6 Endometrial Cancer QPIs for the period October 2014 to September 2017. Relevant commentary from NHS Boards is also included to provide local context to the data.	
Theme	Health and Social Care	
Topic	Cancer services	
Format	PDF Document	
Data source(s)	Cancer audit, Cancer registry	
Date that data are acquired	September 2018	
Release date	December 18th 2018	
Frequency	Every 3 years	
Timeframe of data and timeliness	Data covering patients diagnosed between October 2014 and September 2017.	
Continuity of data	First publication	
Revisions statement	It is expected that QPI definitions and measurability documents will evolve and therefore future publications may contain revisions to previously published information.	
Revisions relevant to this publication	Not applicable	
Concepts and definitions	QPI definitions and measurability criteria are available from the Cancer Audit section of the ISD website.	
Relevance and key uses of the statistics	The reporting of performance against these national QPIs is underpinned by a national governance framework that aims to use these data to improve cancer services in Scotland.	
Accuracy	Information on the accuracy of some of the national datasets used within this publication is available on the <u>ISD</u> <u>website</u> .	
	ISD only receives aggregate data from each NHS Board to populate these indicators (with the exception of SMR based	

	indicators and case ascertainment). Derivations of the figures and data accuracy are matters for individual NHS Boards.
Completeness	For the reporting period, information based on the SMR01 data completeness can be found

Appendix 5 - Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department NHS Board Chief Executives NHS Board Communication leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', i.e. as part of the delivery of health and care:

Members of the National Cancer Quality Operational Group Members of the National Cancer Quality Steering Group

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

Members of the National Cancer Quality Operational Group Members of the National Cancer Quality Steering Group Regional and NHS Board Gynaecology Cancer Clinical Leads Network Lead Clinicians

Appendix 6 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scotlish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the <u>ISD website</u>.