

# Quality Performance Indicators Audit Report



<b>Tumour Area:</b>	<b>Colorectal Cancer</b>
<b>Patients Diagnosed:</b>	1 <sup>st</sup> April 2021 – 31 <sup>st</sup> March 2022
<b>Published Date:</b>	Published February 2023

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

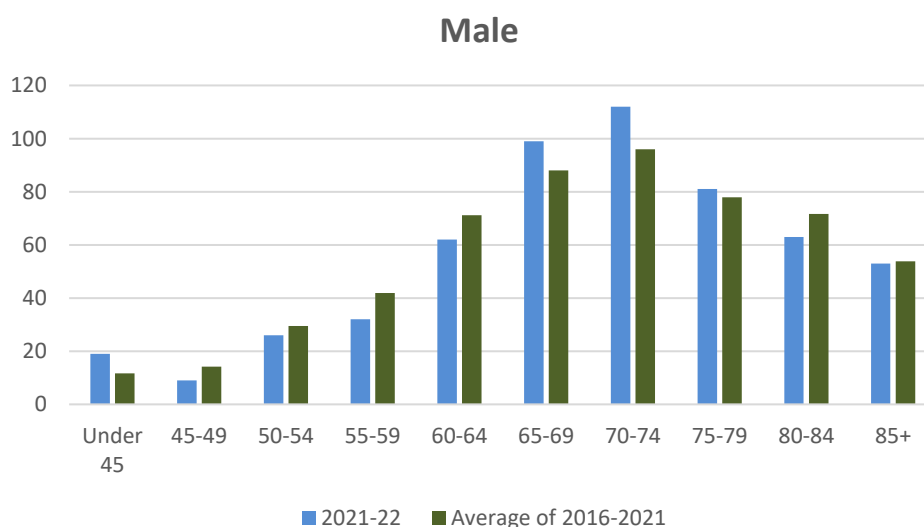
Between 1<sup>st</sup>April 2021 and 31<sup>st</sup> March 2022, a total of 1026 cases of colorectal cancer were diagnosed in the North Cancer Alliance and recorded through audit. Overall case ascertainment was at 103.1%. QPIs based on cancer audit data are considered to be representative of all patients diagnosed with colorectal cancer during the audit period.

### Case ascertainment and proportion of NCA total for patients diagnosed with Colorectal Cancer in 2021-22

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NCA
<b>No. of Patients 2021-22</b>	416	234	14	17	305	40	<b>1026</b>
<b>% of NCA total</b>	40.5%	22.8%	1.4%	1.7%	29.7%	3.9%	<b>100%</b>
<b>Cancer Registration Cases 2016-20</b>	390.6	213.4	14.6	13.8	342.4	20.8	<b>995.6</b>
<b>% Case ascertainment 2021-22</b>	106.5%	109.7%	95.9%	123.2%	89.1%	192.3%	<b>103.1%</b>

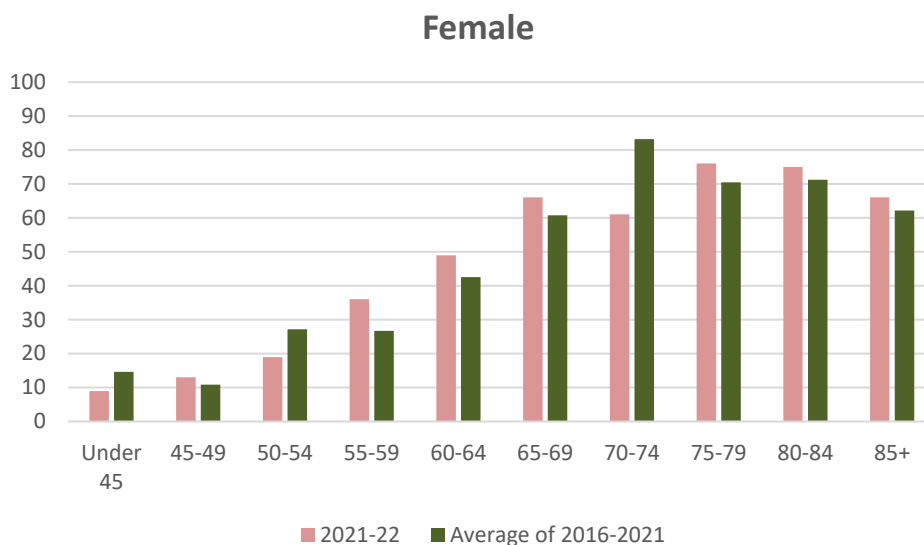
## 2. Age Distribution

The figures below shows the age distribution of patients diagnosed with colorectal cancer in the North Cancer Alliance in 2021-22 and 5 years (2016/17 – 2020/21) average number of patients. The first graph shows, in 2021-22 the highest number of male patients were diagnosed in the 70-74 age group followed by 65-69 age group. The pattern below is also showing a gradual increase of patient between 45-74 age groups. In comparison with 5 years average of male patient numbers the pattern is pretty similar.



**Age distribution of patients diagnosed with colorectal cancer in the NCA in 2021-22 for Male patients**

The following graph shows, in 2021-22 the highest number of female patients were diagnosed in the 70-74 age group followed by 75-84 age groups. In comparison with 5 years average of female patient numbers the pattern is pretty similar.



**Age distribution of patients diagnosed with colorectal cancer in the NCA in 2021-2022 for Female patients**

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

Definitions for the QPIs reported in this section are published by Health Improvement Scotland<sup>1</sup>, while further information on datasets and measurability used are available from Public Health Scotland (PHS)<sup>2</sup>. Data for QPIs are presented by NHS Board of diagnosis with the exception of surgical QPIs (QPIs 5, 7, 8, 9 and 10), which are reported by NHS Board of surgery. Please note that where QPI definitions have been amended, results are not compared with those from previous years.

*\*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.*

In 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 (the target will be revised from <5% to <10% when it is reported using CEPAS due to the increased clinical cohort who will be receiving appropriate palliative chemotherapy). In the meantime all deaths within 30 days of SACT will continue to be reviewed at 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 NCA health board.

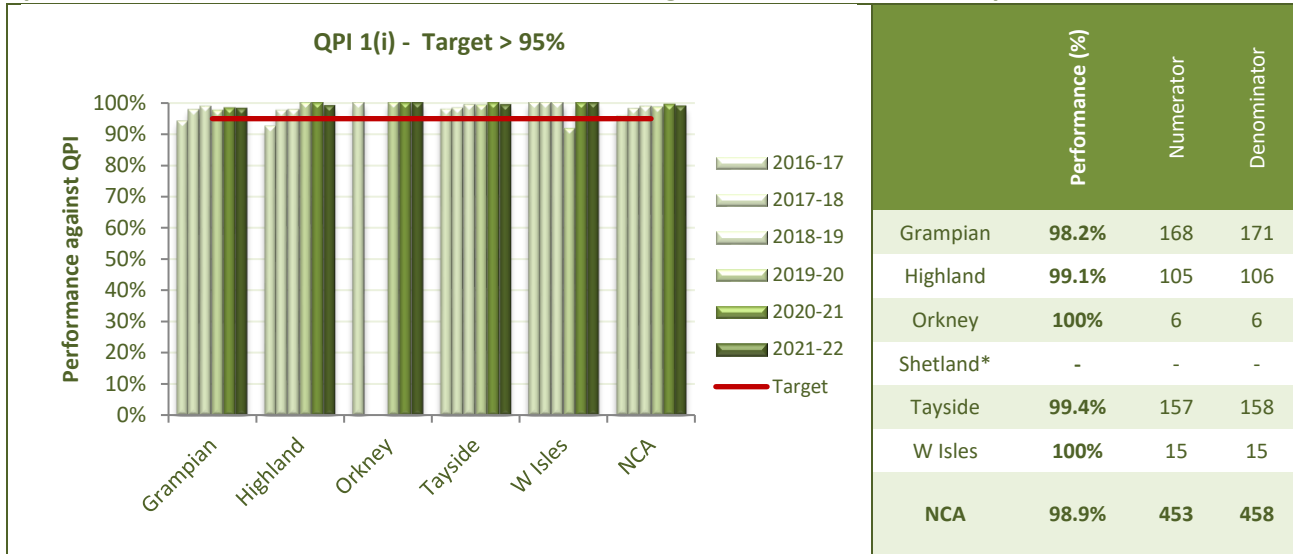
Further information is available [here](#).

**QPI 1**

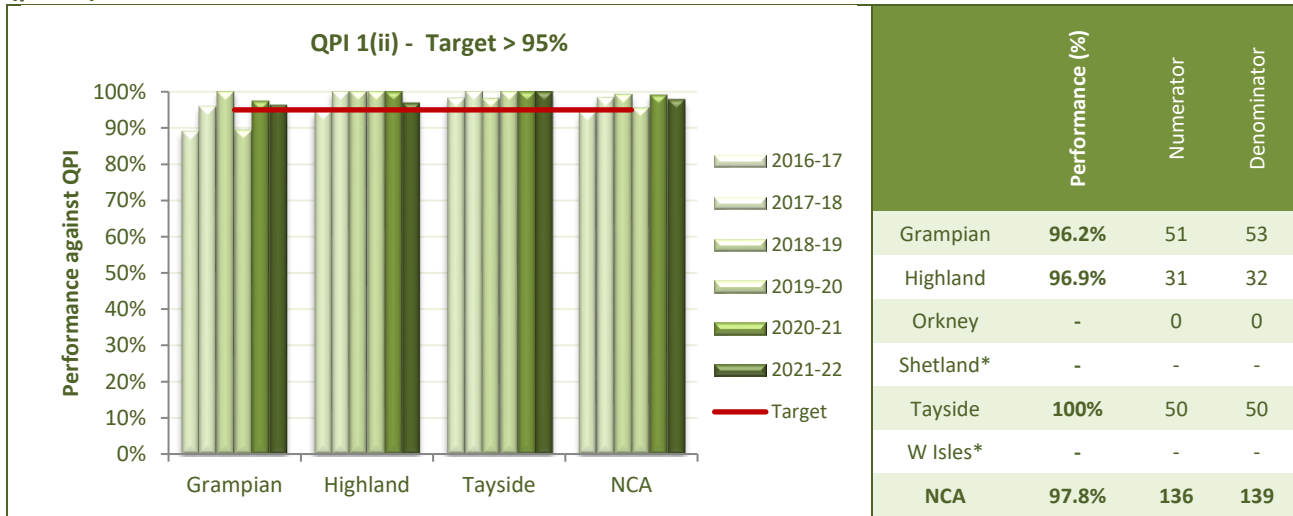
**Radiological Diagnosis and Staging**

Proportion of patients with colorectal cancer who undergo CT chest, abdomen and pelvis (colorectal cancer) plus MRI pelvis (rectal cancer only) before definitive treatment.

**Specification (i) Patients with colon cancer who undergo CT chest, abdomen and pelvis**

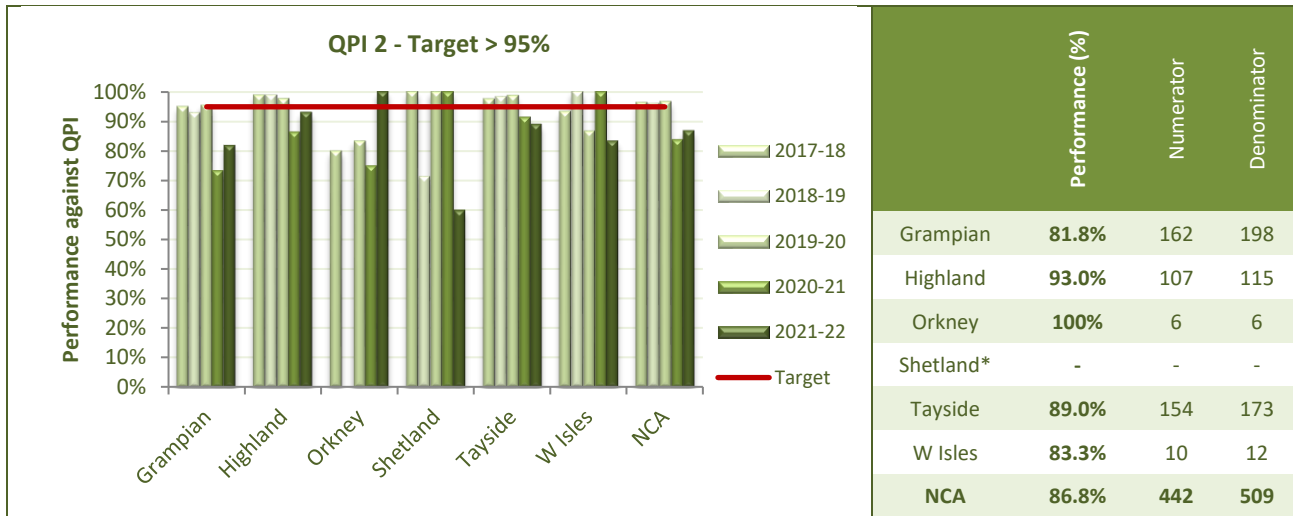


**Specification (ii) Patients with rectal cancer who undergo CT chest, abdomen and pelvis and MRI (pelvis).**



**QPI 2**      **Pre-Operative Imaging of the Colon**

Proportion of patients with colorectal cancer who undergo elective surgical resection who have the whole colon visualised by colonoscopy or CT Colonography pre-operatively, unless the non-visualised segment of colon is to be removed.

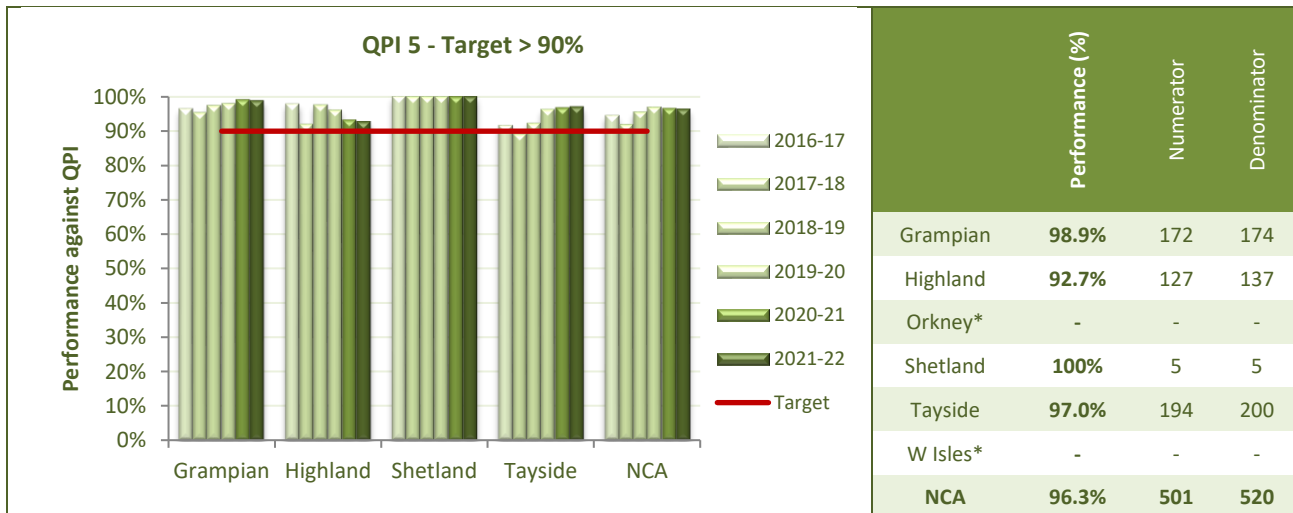


This QPI has been reviewed; the majority of cases where this QPI was not met was due to changing clinical practice.

Updates in clinical pathways mean that in some cases the best care means a longer time between a patients staging colonoscopy and their operative treatment.

**QPI 5**      **Lymph Node Yield**

Proportion of patients with colorectal cancer who undergo surgical resection where  $\geq 12$  lymph nodes are pathologically examined.

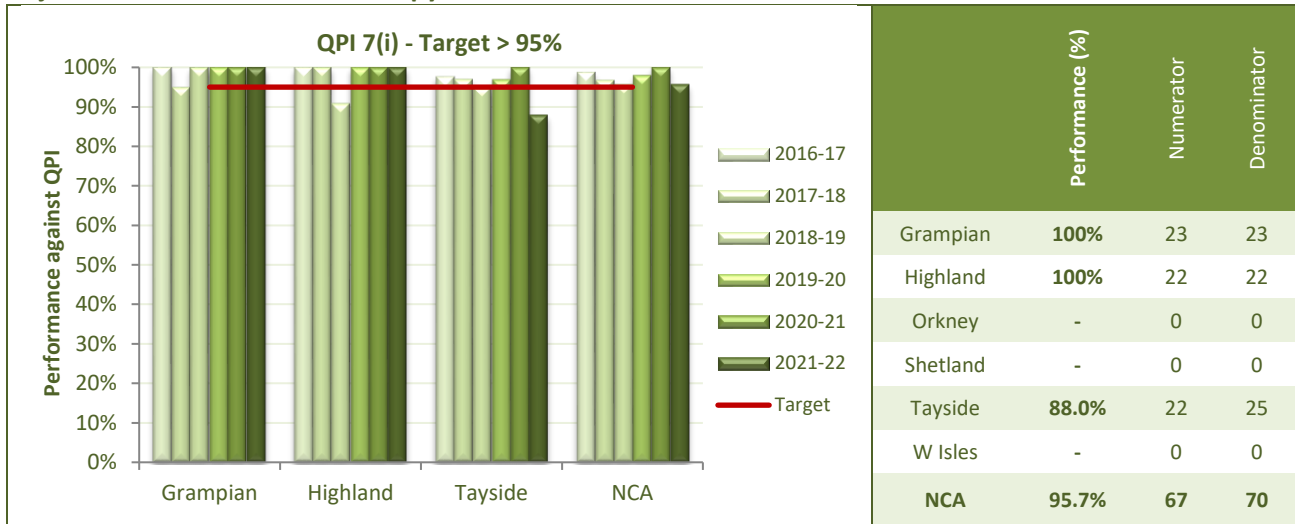


**QPI 7**

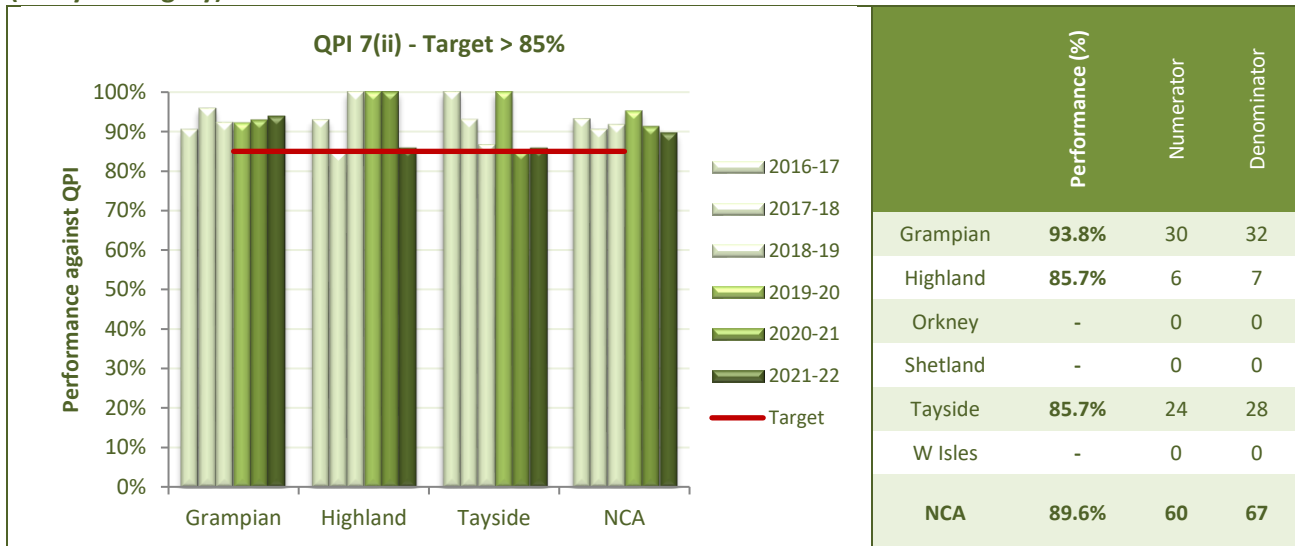
**Surgical Margins**

Proportion of patients with rectal cancer who undergo surgical resection in which the circumferential margin is clear of tumour.

**Specification (i) Patients undergoing primary surgery, or immediate / early surgery following neo-adjuvant short course radiotherapy**



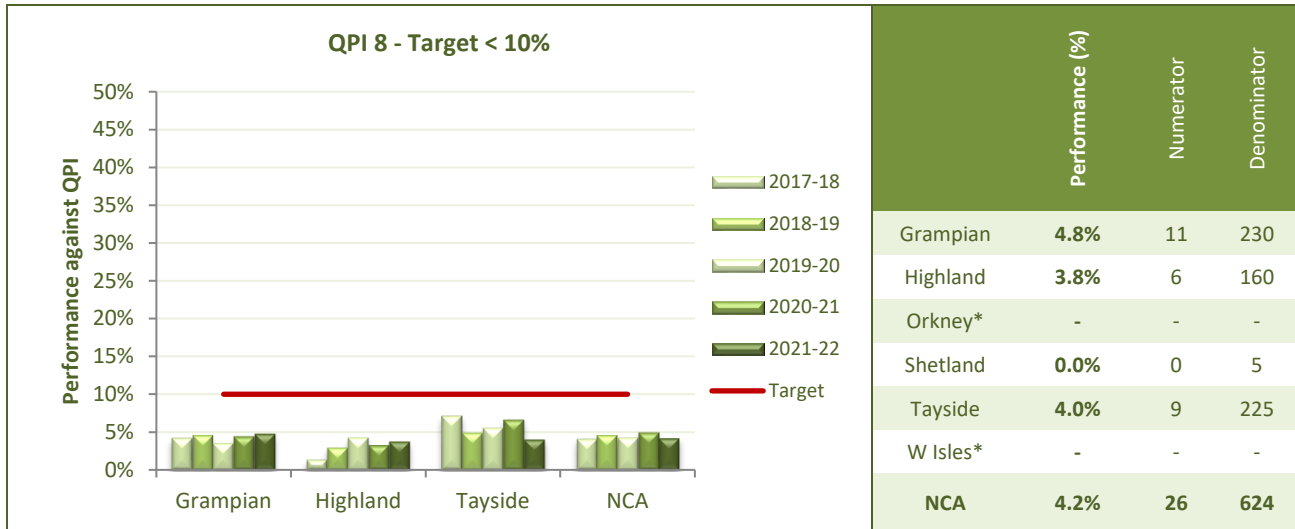
**Specification (ii) Patients undergoing surgery following neo-adjuvant chemotherapy, long course chemoradiotherapy, long course radiotherapy or short course radiotherapy with long course intent (delay to surgery).**



**QPI 8**

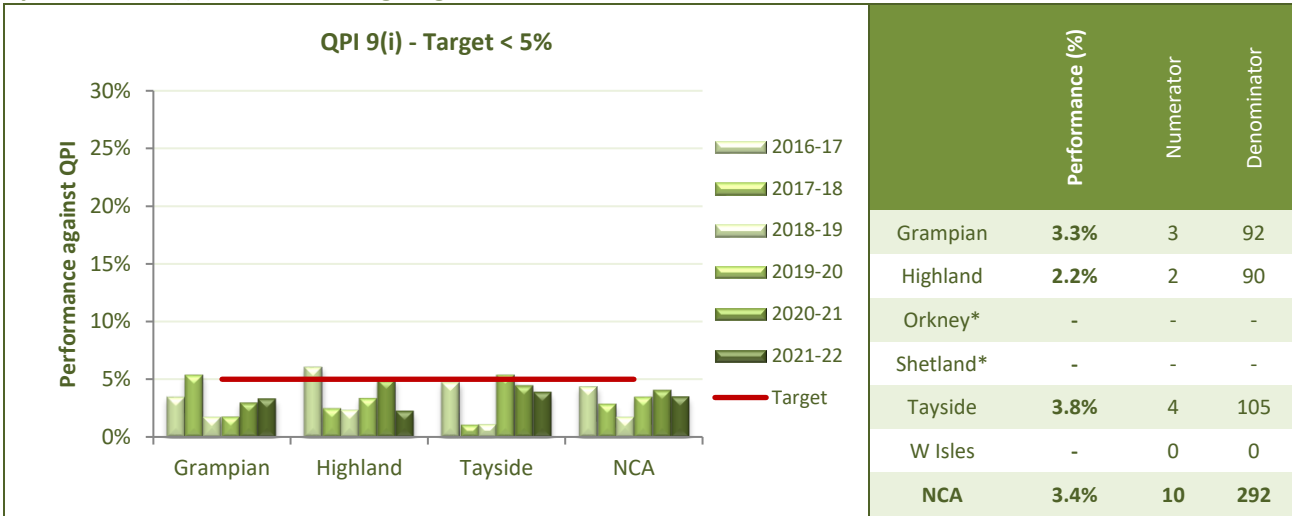
**Re-operation Rates**

Proportion of patients who undergo surgical resection for colorectal cancer who return to theatre to deal with complications related to the index procedure (within 30 days of surgery).

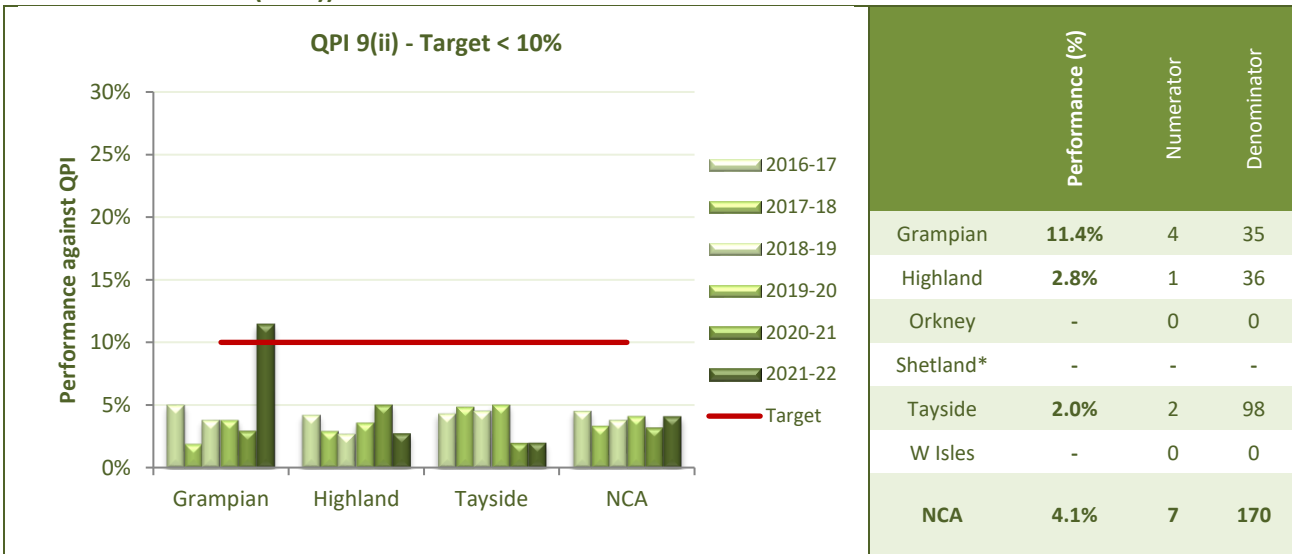


<b>QPI 9</b>	<b>Anastomotic Dehiscence</b>
Proportion of patients who undergo surgical resection for colorectal cancer with anastomotic leak as a post-operative complication.	

**Specification (i) Patients undergoing colonic anastomosis**



**Specification (ii) Patients undergoing rectal anastomosis (including: anterior resection with total mesorectal excision (TME)).**



This QPI has been audited; all NHS Grampian cases have been reviewed within the robotic service governance program and performance will be actively monitored. This QPI will continue to be monitored in future years.

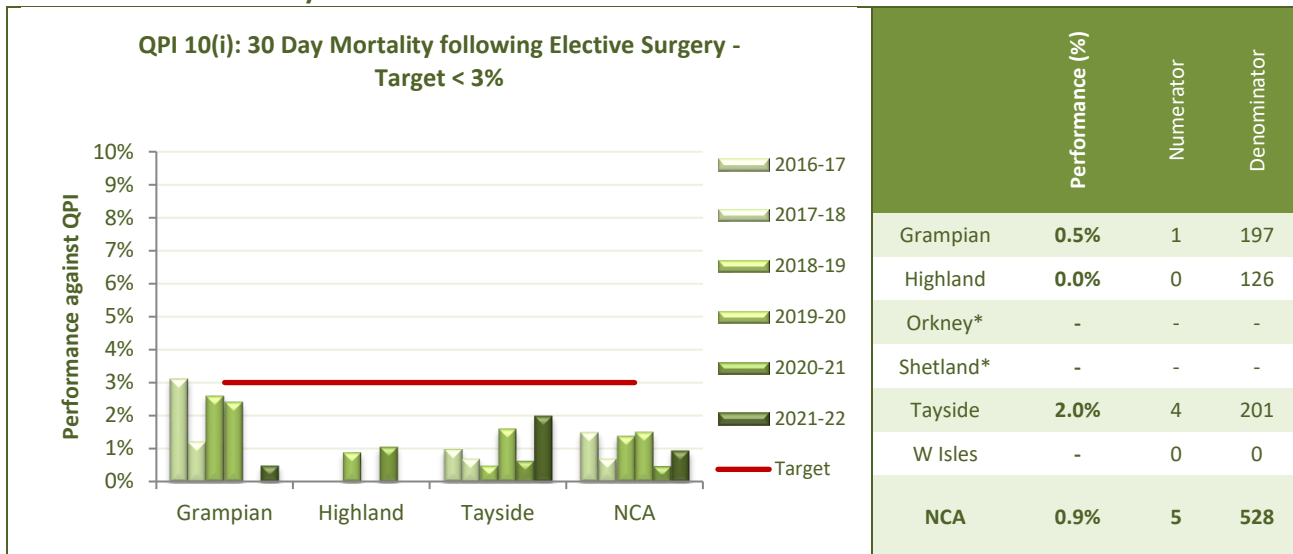


**QPI 10**

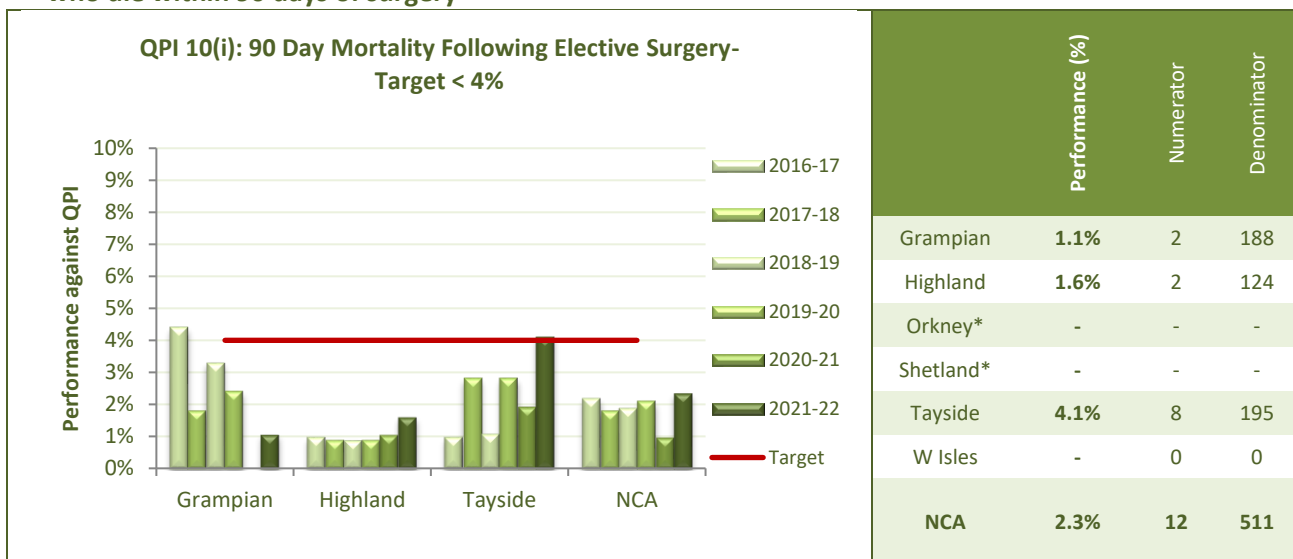
**30 and 90 Day Mortality following Surgical Resection**

Proportion of patients with colorectal cancer who die within 30 or 90 days of emergency or elective surgical resection.

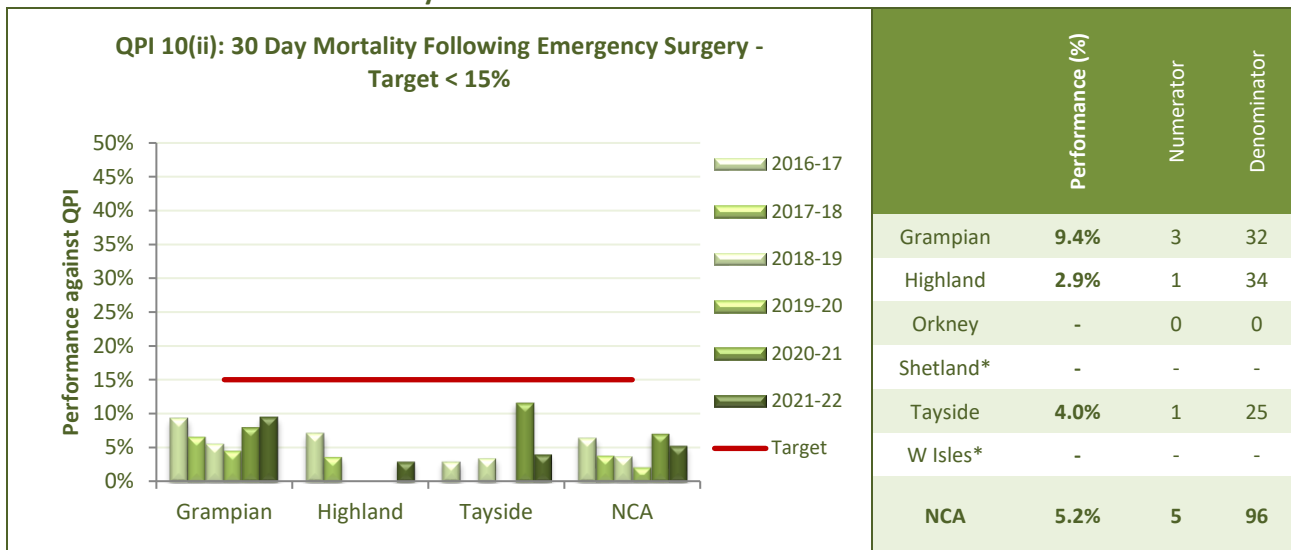
**Specification (i) Number of patients with colorectal cancer who undergo elective surgical resection who die within 30 days**



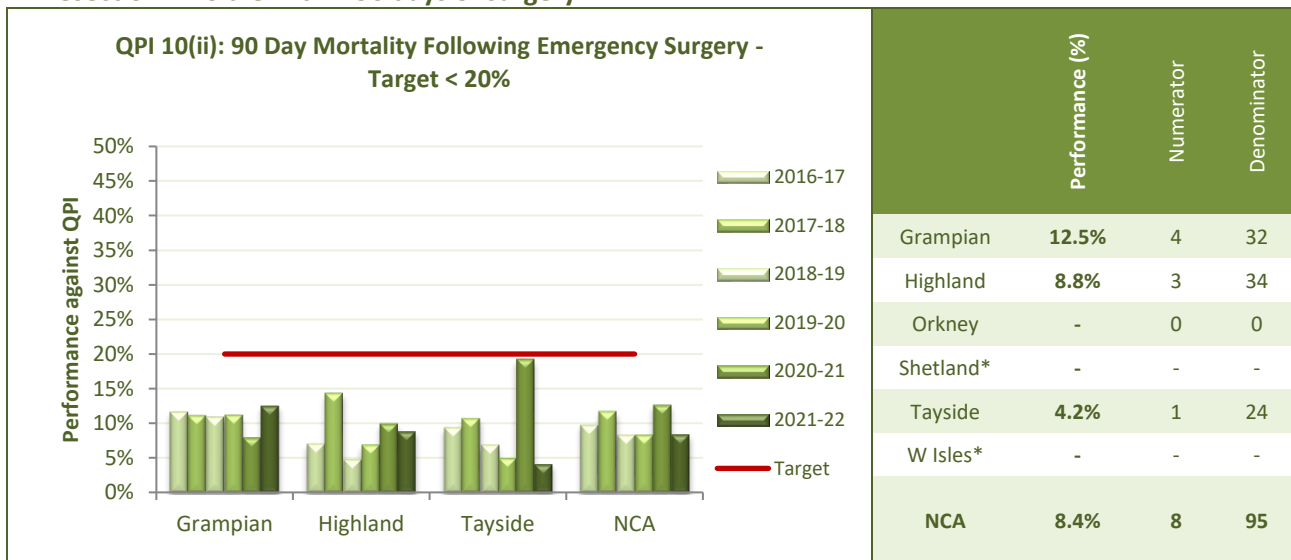
**Specification (i) Number of patients with colorectal cancer who undergo elective surgical resection who die within 90 days of surgery**



**Specification (ii) Number of patients with colorectal cancer who undergo emergency surgical resection who die within 30 days**

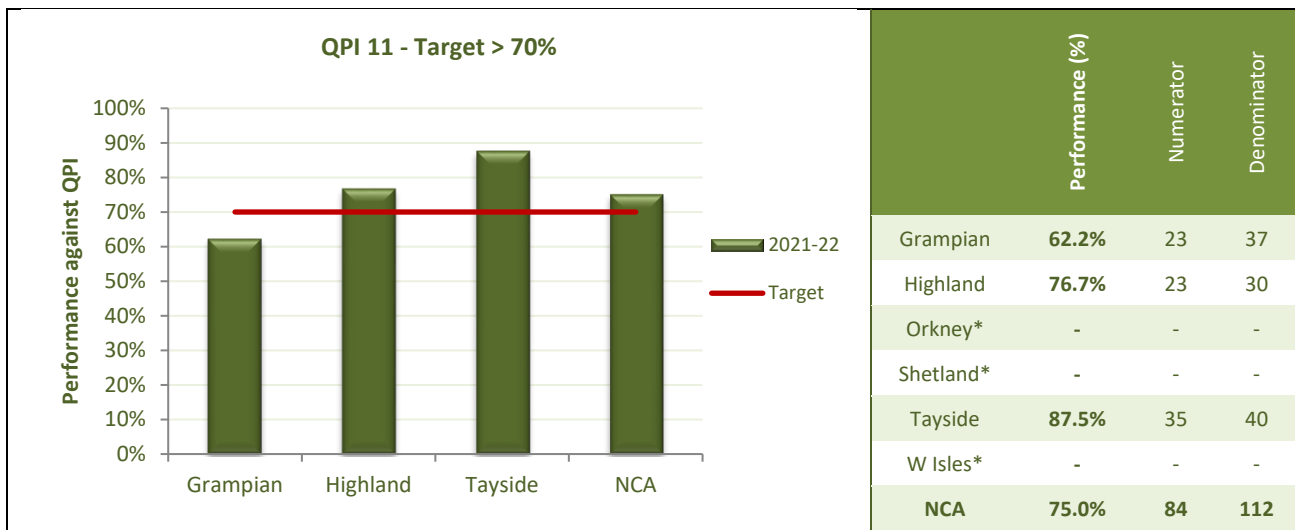


**Specification (ii) Number of patients with colorectal cancer who undergo emergency surgical resection who die within 90 days of surgery**



**QPI 11**      **Adjuvant Chemotherapy**

Proportion of patients who are ≤74 years of age at diagnosis with stage III colorectal cancer that receive adjuvant chemotherapy.

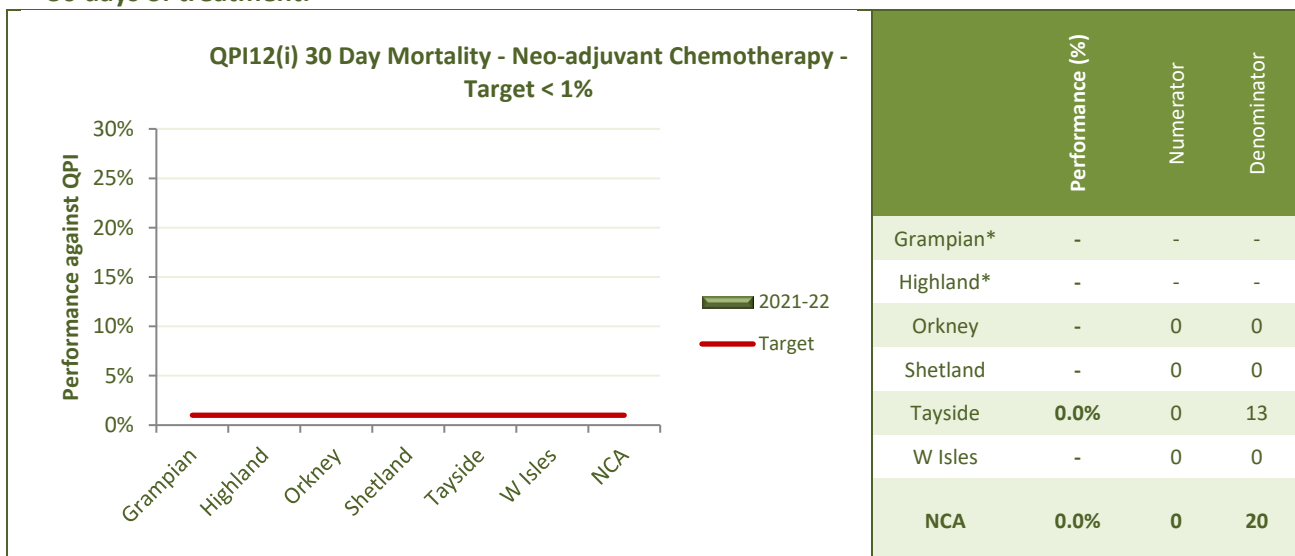


This QPI has been audited; in all cases where the QAPI was not met there were patient specific reasons why adjuvant chemotherapy was not best treatment.

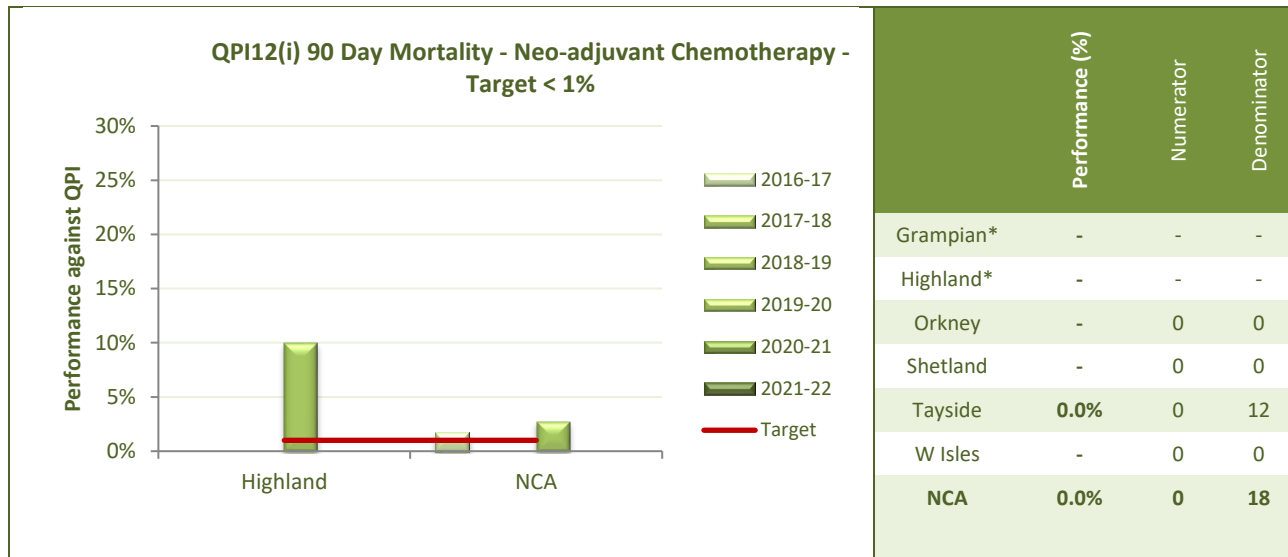
**QPI 12**      **30 and 90 Day Mortality Following Chemotherapy or Radiotherapy**

Proportion of patients with colorectal cancer who die within 30 or 90 days of chemotherapy or radiotherapy treatment.

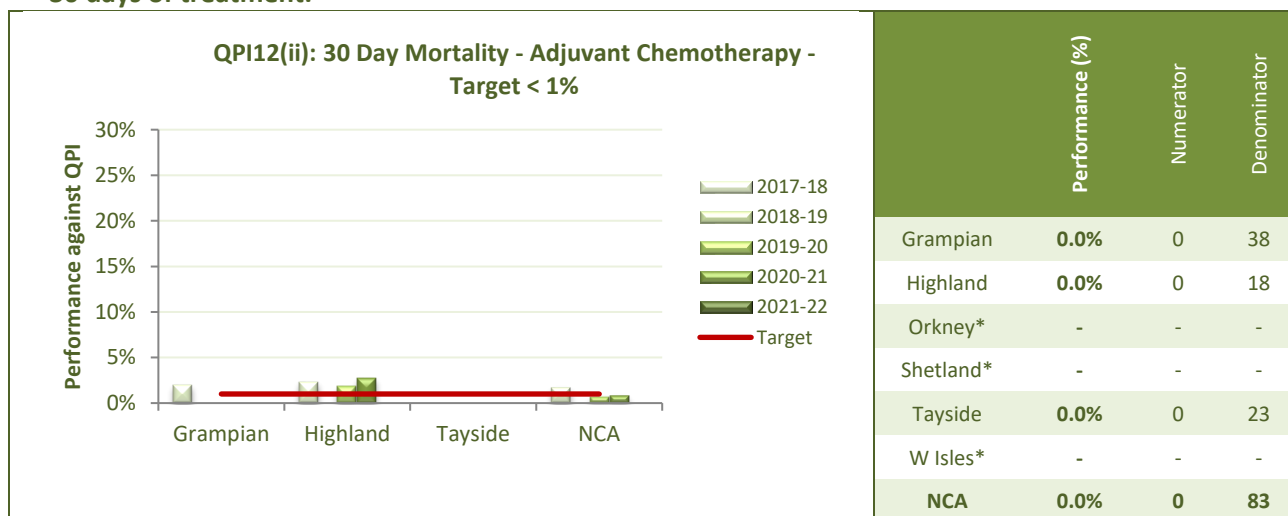
**QPI 12 - Specification (i) Number of patients with colorectal cancer who undergo neo-adjuvant chemoradiotherapy, radiotherapy or adjuvant chemotherapy with curative intent who die within 30 days of treatment.**



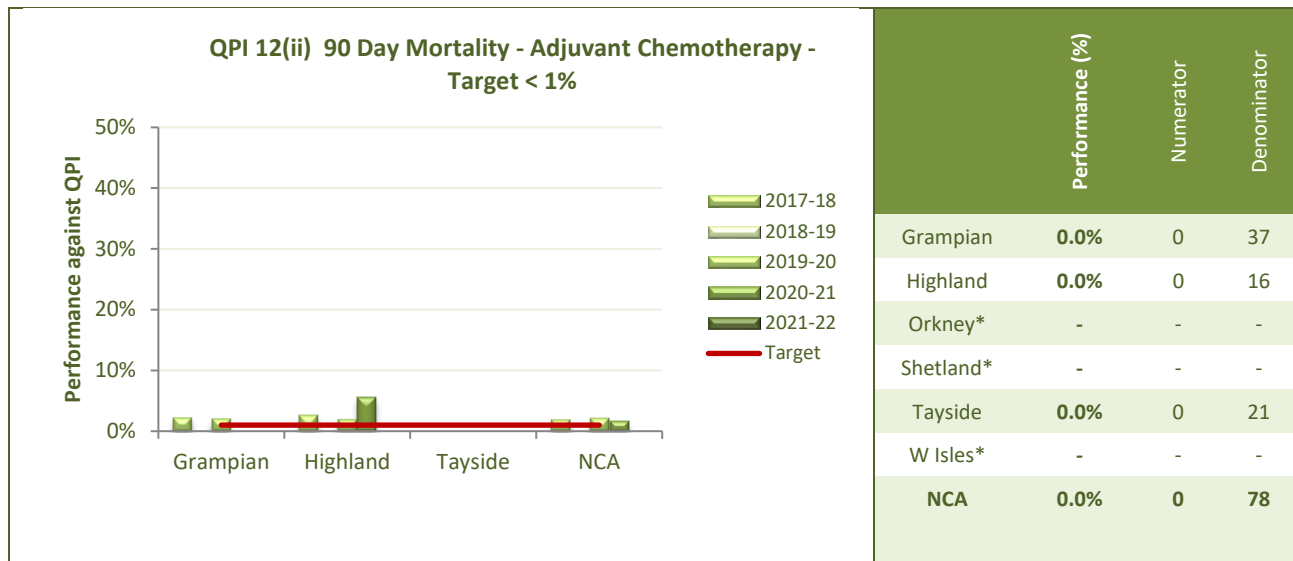
**QPI 12 - Specification (i) Number of patients with colorectal cancer who undergo neo-adjuvant chemoradiotherapy, radiotherapy or adjuvant chemotherapy with curative intent who die within 90 days of treatment.**



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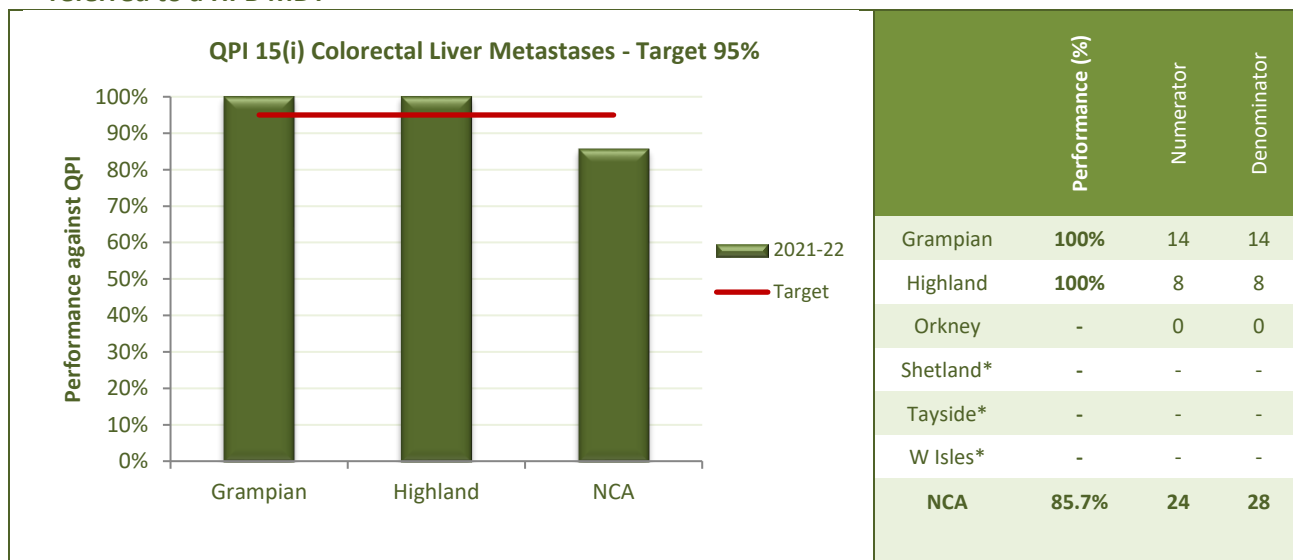


**QPI 12 - Specification (ii) Number of patients with colorectal cancer who undergo neo-adjuvant chemoradiotherapy, radiotherapy or adjuvant chemotherapy with curative intent who die within 90 days of treatment.**



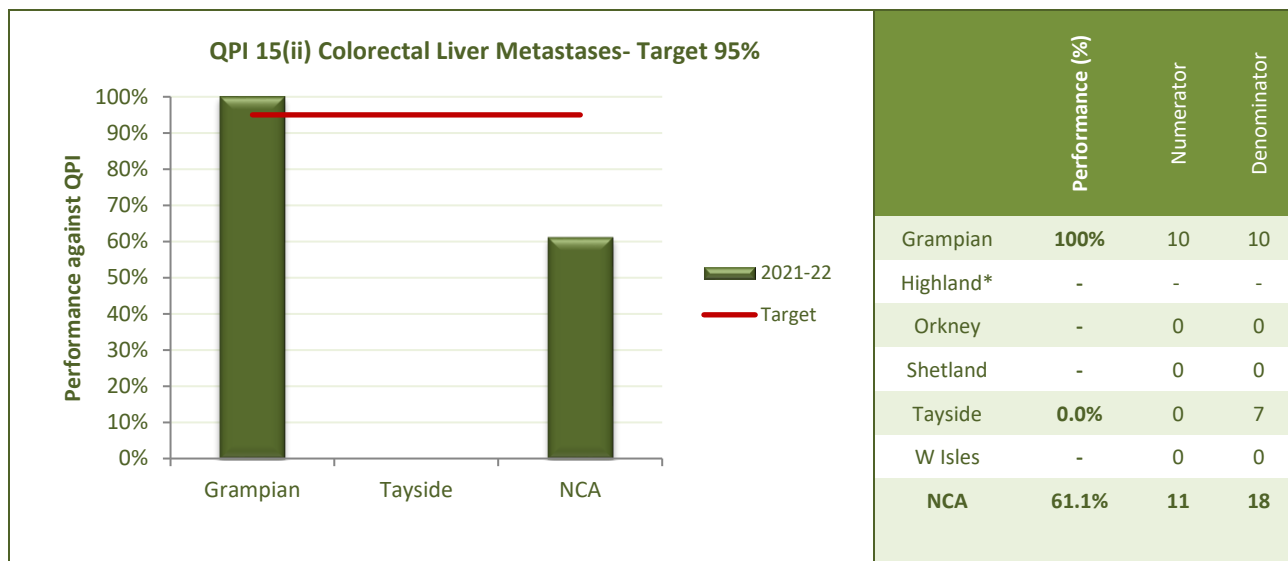
**QPI 15 Colorectal Liver Metastases**  
 Proportion of patients with a new diagnosis of colorectal liver metastases who are referred to a HPB MDT to discuss their management.

**QPI 15(i) – Patients with a new diagnosis of synchronous colorectal liver metastases who are referred to a HPB MDT**



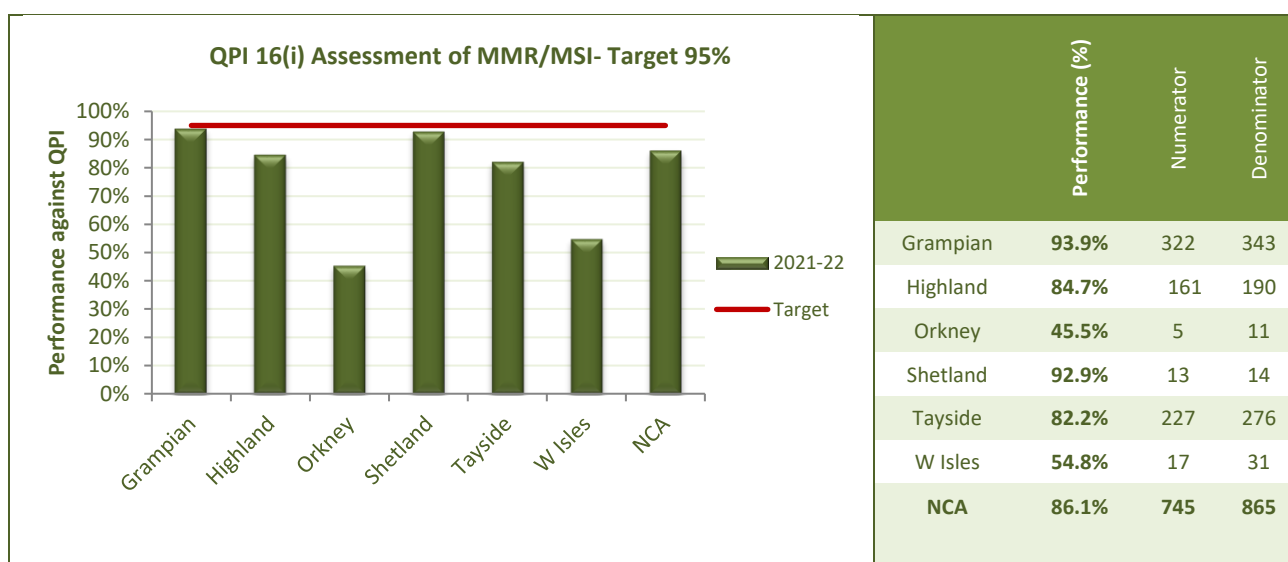
NHS Tayside is in the process of reviewing HPB MDT pathways within its service. This QPI will continue to be monitored in future years.

**QPI 15(ii) - Patients who are registered at a Colorectal Cancer MDT with a new diagnosis of metachronous colorectal liver metastases who are referred to a HPB MDT**



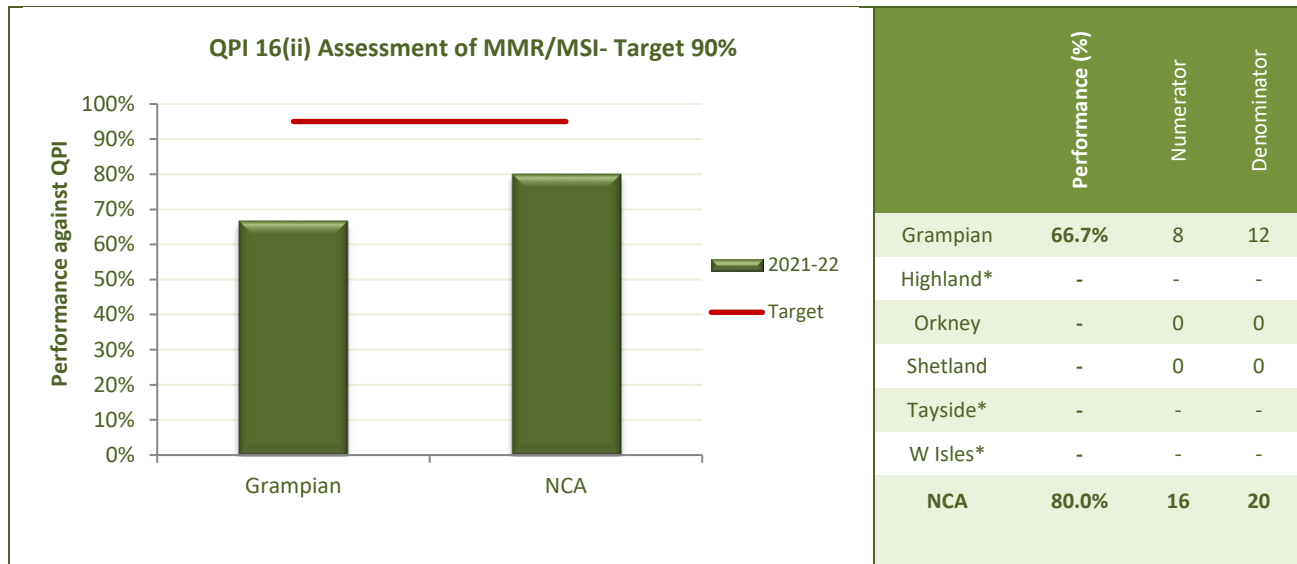
**QPI 16 Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status**  
 Proportion of patients with colorectal cancer who have MMR/MSI status assessed, and where results are suggestive of Lynch Syndrome are referred to genetics.

**QPI 16(i) – Patients with colorectal cancer who have MMR/MSI status assessed**



This QPI has been audited. In the majority of cases where this QPI was not met the patients did not receive a resection; all patients who had a resection as part of their treatment had MMR / MSI staging.

**QPI 16(ii) – Patients with results suggestive of Lynch Syndrome who are referred to genetics.**



This QPI has been audited, where this QPI was not met there were specific reason of patient fitness of choice for a genetics referral not being completed.

**References**

1. Colorectal Cancer Clinical Performance Indicators, Version 3.4. Health Improvement Scotland. <https://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/docs/Colorectal/Colorectal-Cancer-QPI-Dataset-V3-4-Final.pdf>
2. Public Health Scotland - <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>