# **Quality Performance Indicators Audit Report**



Tumour Area:	umour Area: Endometrial Cancer	
Patients Diagnosed:	1 <sup>st</sup> October 2021 – 30 <sup>th</sup> September 2022	
Published Date:	7 <sup>th</sup> December 2023	

# 1. Patient Numbers and Case Ascertainment in the North Cancer Alliance (NCA)

Between 1<sup>st</sup> October 2021 and 30<sup>th</sup> September 2022, a total of 225 cases of endometrial cancer were diagnosed in the NCA and recorded through audit Overall case ascertainment was 109.0%, and QPI calculations based on data captured are considered to be representative of patients diagnosed with endometrial cancer during the audit period.

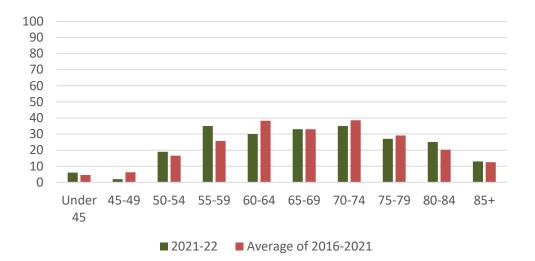
# Case ascertainment and proportion of NCA total for patients diagnosed with endometrial cancer in 2021-2022

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NCA
No. of Patients 2021-22	82	31	5	4	99	4	225
% of NCA total	36.4%	13.8%	2.2%	1.8%	44.0%	1.8%	100%
Mean PHS Cases 2017-21	86.6	42.6	2.6	2.8	67.2	4.6	206.4
% Case ascertainment 2017-21	94.7%	72.8%	192.3%	142.9%	147.3%	87.0%	109.0%

# 2. Age Distribution

Figure 1 below showing the age distribution of patients diagnosed with endometrial cancer in the North Cancer Alliance in 2021-22 compared with average number of patients from 2016-2021. In 2021-22 the highest number of patients were diagnosed in the 55-59 and 70-74 age groups. In comparison with 5 years average of patient numbers the highest number of patients were in the 60-64 and 70-74 age groups.

*Figure 2: Age distribution of patients diagnosed with endometrial cancer in the NCA in 2021-22 compared with 5 years average number of 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<sup>2</sup>. Data for most QPIs are presented by Board of diagnosis; however QPI 4 is presented by hospital of surgery.

\*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.

#### 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 <u>here</u>.

QPI 1	Radiological Staging

**Description:** Proportion of patients with endometrial cancer who have an MRI and/or CT scan of the abdomen and pelvis performed prior to definitive treatment.

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

**Denominator:** All patients with Endometrial cancer.

## **Exclusions:**

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



Target: 90%

# QPI 2 Multidisciplinary Team Meeting (MDT)

**Description:** Proportion of patients with endometrial cancer who are discussed at a MDT meeting before definitive treatment.

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

Denominator: All patients with endometrial cancer.

#### Exclusions:

- > Patient with atypical hyperplasia on preoperative biopsy.
- > Patients who died before first treatment.

#### Target: 95%



#### QPI 3

#### **Total Hysterectomy and Bilateral Salpingo-Oophorectomy**

**Description:** Proportion of patients with endometrial cancer who undergo TH/BSO.

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.
- Patients having neo-adjuvant chemotherapy.

#### **Target:** 85%



# QPI 4 Laparoscopic Surgery

**Description:** Proportion of patients with endometrial cancer undergoing definitive surgery who undergo minimal access surgery.

**Numerator:** Number of patients with endometrial cancer undergoing definitive surgery who have minimal access surgery.

**Denominator:** All patients with endometrial cancer undergoing definitive surgery.

**Exclusions:** No exclusions.

Target: 70%



QPI 6Systemic Anti Cancer Therapy (SACT) / Hormone TherapyDescription: Proportion of patients with stage IV endometrial cancer receiving SACT or hormone therapy.Numerator: Number of patients with stage IV endometrial cancer receiving SACT or hormone therapy.Denominator: All patients with stage IV endometrial cancer.Exclusions: Patients who decline any SACT or hormone therapy.

# **Target:** 75%



The marginal failure of the QPI is a reflection only of the small number of patients involved. The patients who did not receive SACT/hormone therapy were not fit for treatment.

# References

- 1. Health Improvement Scotland, Prostate Cancer Clinical Performance Indicators. <u>https://www.healthcareimprovementscotland.org/our\_work/cancer\_care\_improvement/cancer\_qpis/</u> <u>quality\_performance\_indicators.aspx</u>
- 2. Public Health Scotland https://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/#background
- 3. Cancer Incident in Scotland <u>https://publichealthscotland.scot/publications/cancer-incidence-in-scotland/cancer-incidence-in-</u> <u>scotland-to-december-2021/</u>