

NOSCAN

North of Scotland
Cancer Network



**NORTH OF SCOTLAND
PLANNING GROUP**

Gynaecology Managed Clinical Network

Audit Report

Endometrial Cancer Quality Performance Indicators

Patients diagnosed October 2014 – September 2015

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The North of Scotland Cancer Network (or NOSCAN), is one of the 3 regional Scottish Cancer Networks, which report to their respective regional NHS Board Planning Groups and for specific workstreams, to the Scottish Cancer Taskforce Group.

The principle role of NOSCAN is to support the organization, planning and delivery of regional and national cancer services, and thereby to ensure consistent and high quality cancer care is being provided equitably across the North of Scotland.

www.noscan.scot.nhs.uk

EXECUTIVE SUMMARY

This publication reports the performance of cancer services in the six NHS Boards in the North of Scotland (NoS) for patients diagnosed with endometrial cancer between October 2014 and September 2015. The quality of Board and regional performance are measured and reported against a set of nationally agreed standards (the Endometrial Cancer Quality Performance Indicators, or 'QPIs') that were clinically identified and thereafter service implemented across Scotland.

2014-2015 is the first year in which endometrial cancer QPI data have been collected in Scotland, during which time in the North of Scotland:

- 169 patients diagnosed with endometrial cancer were audited.
- Overall case ascertainment was high at 99%: this indicates excellent capture of patients through audit.
- The results reported were considered to be representative of endometrial cancer services in the region.

Summary of QPI Results

QPI	QPI Target	Performance ^b				
		NOSCAN	NHS Grampian	NHS Highland	NHS Orkney	NHS Tayside
QPI 1: Radiological Staging - Proportion of patients with endometrial cancer who have an MRI and/or CT scan of the abdomen and pelvis performed prior to first treatment.	90%	92% n=92	90% n=42	94% n=17	83% n=6	100% n=24
QPI 2: Multidisciplinary Team Meeting (MDT) - Proportion of patients with endometrial cancer who are discussed at a MDT meeting before definitive treatment.	95%	97% n=92	95% n=42	100% n=17	100% n=6	100% n=24
QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy - Proportion of patients with endometrial cancer who undergo TH/BSO.	80%	91% n=162	95% n=66	92% n=36	100% n=6	83% n=52
QPI 4: Laparoscopic Surgery - Proportion of patients with endometrial cancer undergoing definitive surgery who undergo laparoscopic surgery.	50%	82% n=149	79% n=82	95% n=22	-	85% n=41
QPI 5: Adjuvant Vaginal Brachytherapy - Proportion of patients with stage IB, grade 1 or 2, or stage IA, grade 3 endometrioid or mucinous endometrial cancer having adjuvant vaginal brachytherapy.	90%	34% n=35	59% n=17	25% n=8	-	0% n=8
QPI 6: Chemotherapy - Proportion of patients with stage IV endometrial cancer receiving chemotherapy.	75%	67% n=6	-	-	-	-

Clinical Trials Access - Proportion of patients with endometrial cancer who are enrolled in an interventional clinical trial or translational research.	Target	NOSCAN
Interventional clinical trials	7.5%	0% n=171
Translational research	15%	0 % n=171

Performance shaded pink where QPI target has not been met by NOSCAN.

^b Excluding Boards or results where figures are based on less than 5 patients.

Within NOSCAN 4 out of 7 QPIs were achieved during this audit cycle.

To date, areas identified requiring further work to improve on the quality of clinical services particular to the care and management of patients with endometrial cancer in the North of Scotland include:

- **MCN to facilitate regional or national discussion to clarify the suitability of CT versus MRI for staging patients.**
- **Remote regions to ascertain ways of recording MDT discussion that takes place outwith NOSCAN.**
- **MCN to facilitate discussion of the use of adjuvant vaginal brachytherapy at a national level in light of recent evidence so that a consensus on its use can be reached. Discussion also needs to take into account the role of lymphadenectomy in directing the choice of adjuvant treatment.**
- **All NHS Boards to monitor and document reasons for withholding chemotherapy for women with stage 4 disease.**

Despite all NHS Boards within the North of Scotland meeting QPIs 3 and 4 NHS Boards and units should continue to monitor rates of surgery (QPI 3) and laparoscopic surgery (QPI 4) for endometrial cancer together with indications for choosing or converting to open surgery. A year on year increase in rates of laparoscopic surgery is to be expected, due to increased operator experience (surgical and anaesthetic) and improvement in equipment. However it should be recognised that this service is operator dependent and in some units person-dependent so could be heavily impacted by absence or sickness of key individuals.

Given the escalation of obesity in Scotland, the Network also feels it is imperative to start to collate data on BMI and co-morbidities and explore their impact on patient outcomes in an increasingly unfit cohort of women, in both the short and longer term.

Contents

Executive Summary	3
Contents	5
1. Introduction	6
2. Background	6
2.1 <i>National Context</i>	7
2.2 <i>North of Scotland Context</i>	7
3. Methodology	8
4. Results	8
4.1 <i>Case ascertainment</i>	8
4.2 <i>Age Distribution</i>	9
4.3 <i>Performance against Quality Performance Indicators (QPIs)</i>	10
5. Conclusions	24
6. References	26
Appendix	27

1. Introduction

In 2010, the [Scottish Cancer Taskforce](#) established the [National Cancer Quality Steering Group](#) (NCQSG) to take forward the development of national [Quality Improvement Indicators](#) (QPIs) for all cancer types to enable national comparative reporting and drive continuous improvement for patients. In collaboration with the three Regional Cancer Networks ([NoSCAN](#), [SCAN](#) & [WoSCAN](#)) and [Information Services Division](#) (ISD), the first QPIs were published by [Healthcare Improvement Scotland](#) (HIS) in January 2012. [CEL 06 \(2012\)](#) mandates all NHS Boards in Scotland to report on specified QPIs on an annual basis. Data definitions and measurability criteria to accompany the Endometrial Cancer QPIs are available from the ISD website¹.

The need for regular reporting of activity and performance (to assure the quality of care delivered) was first nationally set out as a fundamental requirement of a Managed Clinical Network (MCN) in [NHS MEL\(1999\)10](#)². This has since been further restated and reinforced in [HDL\(2002\)69](#)³, [HDL \(2007\) 21](#)⁴, and most recently in [CEL 29 \(2012\)](#)⁵.

This report assesses the performance of specialist cancer services for patients diagnosed with endometrial cancer in the North of Scotland Cancer Network during the twelve months from 1st October 2014 to 30th September 2015.

Using clinical audit data, which has been collected at individual Board level for all patients diagnosed with endometrial cancer during the period indicated, performance is reported against the Endometrial Cancer Quality Performance Indicators (QPIs)⁶ which were implemented for patients diagnosed on or after 1st October 2014. Results are reported both by Board, and collectively as a network, with supporting narrative to enhance understanding of performance outcomes.

2. Background

Six NHS Boards across the North of Scotland serve the 1.39 million population⁷. There were 169 patients diagnosed with endometrial cancer in the North of Scotland between 1st October 2014 and 30th September 2015. The configuration of the Multidisciplinary Teams (MDTs) in the North of Scotland for the management of gynaecological cancers, which includes endometrial cancer, is set out below.

MDT	Constituent Hospitals
Grampian	Aberdeen Royal Infirmary, Balfour Hospital, Kirkwall, Gilbert Bain Hospital, Lerwick
Highland	Raigmore Hospital, Inverness
Tayside	Ninewells Hospital, Dundee

2.1 National Context

Latest available cancer registration figures indicate that with 759 cases recorded in Scotland during 2014, endometrial cancer was the fourth most common types of cancer in women, with incidence rates increasing by almost a third in the last 10 years⁸. The overwhelming driver for this very significant increase is increasing rates of obesity, which also makes surgical and adjuvant treatment concomitantly more challenging.

Relative survival from endometrial cancer in Scotland is relatively high and has increased slightly since 1987-1991⁹. The table below details the percentage change in 1 and 5 year relative survival for patients diagnosed 1987-1991 to 2007-2011.

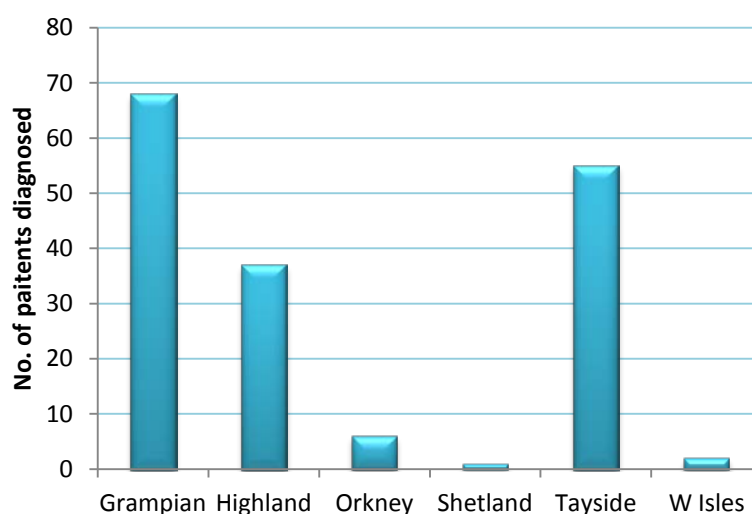
Relative age-standardised survival for endometrial cancer in Scotland at 1 year and 5 years showing percentage change from 1987-1991 to 2007-2011⁹.

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

2.2 North of Scotland Context

Between 1st October 2014 and 30th September 2015, a total of 169 cases of endometrial cancer were diagnosed in the North of Scotland and recorded through audit. The number of patients diagnosed within each Board is presented below.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
Number of Patients	68	37	6	1	55	2	169
% of NoS total	40.2%	21.9%	3.6%	0.6%	32.5%	1.2%	100%



Number of patients diagnosed with endometrial cancer by Board of diagnosis, October 2014 – September 2015.

3. Methodology

The clinical audit data presented in this report was collected in accordance with an agreed dataset and definitions¹. The data was entered locally into the electronic Cancer Audit Support Environment (eCASE): a secure centralised web-based database.

Data for patients diagnosed between 1st October 2014 and 30th September 2015 were locally collated by cancer audit staff within individual NHS Boards. These data and any comments on QPI results were then signed-off at NHS Board level to ensure that the data was an accurate representation of service in each area prior to submission to NOSCANA for collation at a regional level. The reporting timetable was developed to take into account the patient pathway (i.e. time taken from first cancer diagnosis until the point at which all information required to measure the QPIs is available) and thereby ensure that a complete treatment record was available for the vast majority of cases.

Where the number of cases meeting the denominator criteria for any indicator is between one and four, the results have not been shown in 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 an asterisk (*). However, any commentary provided by NHS Boards relating to the impacted indicators will be included as a record of continuous improvement.

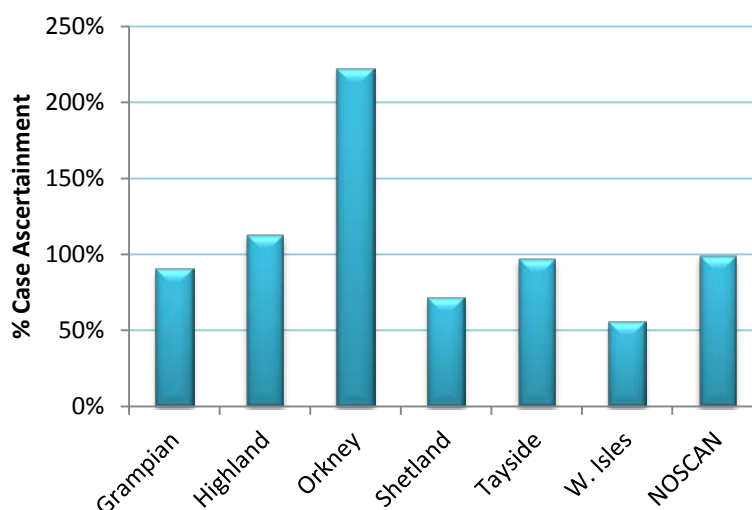
4. Results

4.1 Case Ascertainment

Audit data completeness can be assessed from case ascertainment, which is the proportion of expected patients that have been identified through audit within the time period measured. Case ascertainment is calculated by comparing the number of new cases identified by the cancer audit with a five year average of the total numbers having a similar diagnosis, as recorded by the National Cancer Registry (provided by Information Services Division (ISD)), for a particular NHS Board of diagnosis.

Cancer Registry figures were extracted from ACaDMe (Acute Cancer Deaths and Mental Health), a system provided by ISD. Due to timescale of data collection and verification processes, National Cancer Registry data are not available for 2015. Consequently an average of the previous five years' figures (i.e. 2010 to 2014) is used to take account of annual fluctuations in incidence within NHS Boards. It should be noted that case ascertainment figures are provided for guidance only: as it is not possible to compare the same cohort of patients, they are not an exact measurement of audit completeness. It also cannot correct for the recent increase in incidence (as described in 2.1 above).

Overall case ascertainment for the period reported in the North of Scotland was high at 98.6%. Figures for each Board across the North of Scotland are illustrated below.



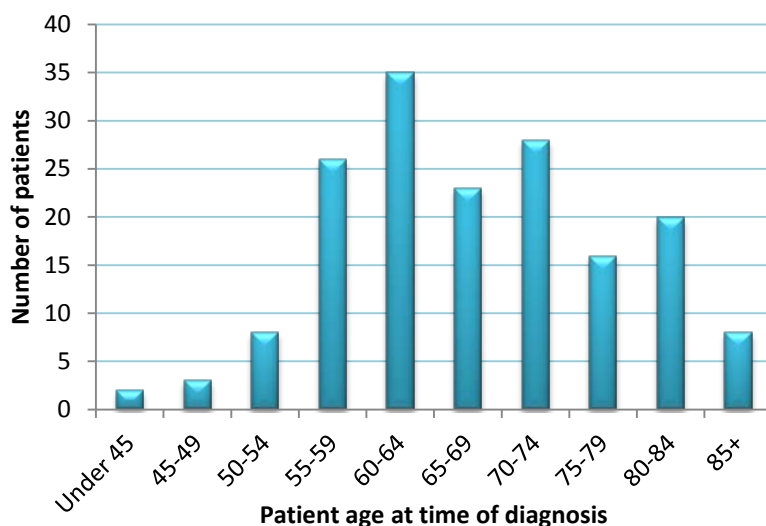
Case ascertainment by NHS Board for patients diagnosed with endometrial cancer in 2014-2015.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
Cases from audit	68	37	6	1	55	2	169
ISD Cases (2010-2014)	75.2	32.8	2.7	1.4	56.8	3.6	171.4
% Case ascertainment	90.4%	112.8%	222.2%	71.4%	96.8%	55.6%	98.6%

As a result of the high levels of case ascertainment, QPI calculations based on data captured are considered to be representative of patients diagnosed with endometrial cancer during the audit period. For patients included within the audit, data collection was near complete, with individual data items only missing from the patient record very occasionally. NHS Western Isles noted that it was difficult to access information regarding patients diagnosed in the Western Isles and treated in Glasgow.

4.2 Age Distribution

The graph below shows the age distribution of women diagnosed with endometrial cancer in the North of Scotland in 2014-2015, with the numbers of patients peaking in the 60-64 year age bracket.



Age distribution of patients diagnosed with endometrial cancer in NOSCAN 2014-2015.

Age	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NOSCAN
Under 45	0	0	0	0	2	0	2
45-49	0	1	0	0	2	0	3
50-54	3	3	0	0	2	0	8
55-59	13	4	1	1	6	1	26
60-64	12	8	2	0	13	0	35
65-69	8	3	0	0	12	0	23
70-74	9	8	2	0	8	1	28
75-79	4	7	0	0	5	0	16
80-84	14	2	1	0	3	0	20
85+	5	1	0	0	2	0	8
Total	68	37	6	1	55	2	169

4.3 Performance against Quality Performance Indicators (QPIs)

Results of the analysis of the Endometrial Cancer Quality Performance Indicators are set out in the following sections. Graphs and charts have been provided where this aids interpretation and, where appropriate, numbers have also been included to provide context.

Data for most QPIs are presented by Board of diagnosis; however QPI 4, relating to laparoscopic surgery, is presented by Hospital of Surgery. Where performance is shown to fall below the target, commentary is often included to provide context to the variation. Specific regional and NHS Board actions have been identified to address issues highlighted through the data analysis where appropriate.

QPI 1: Radiological Staging

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.

Locoregional staging is based on clinical examination and imaging including pelvic magnetic resonance imaging (MRI) including MRI assessment of the para-aortic lymph nodes. If MRI is contraindicated, abdominal and pelvic CT scan associated with pelvic ultrasound can be considered.

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:

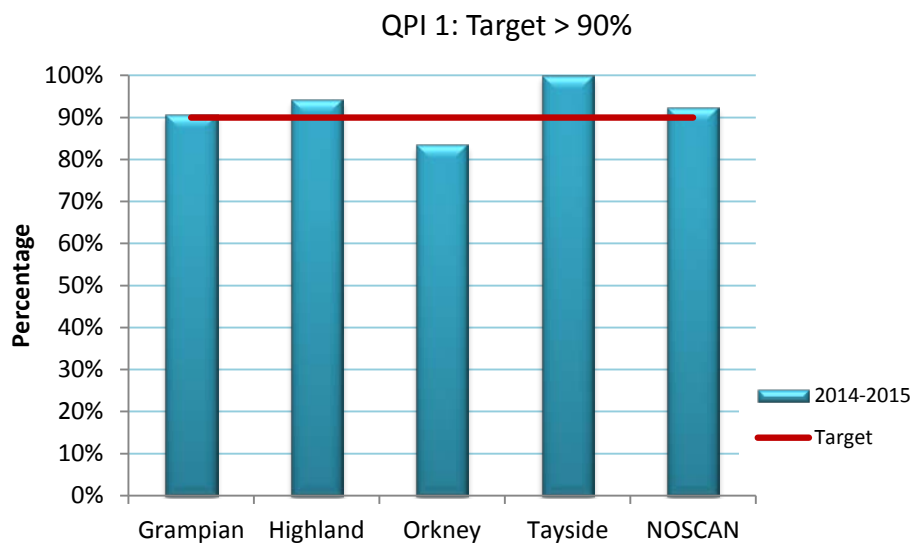
- Patients with Grade 1 endometrioid or mucinous carcinoma on pre-operative biopsy.
- Patient with atypical hyperplasia on preoperative biopsy.

Target: 90%

QPI 1 Performance against target

Of the 92 patients diagnosed with endometrial cancer in North of Scotland in 2014-2015, 85 had an MRI and / or CT scan of the abdomen and pelvis carried out prior to first treatment. This equates to a rate of 92.4 %, which is above the target rate of 90%.

This QPI was met by all NHS Boards in the North of Scotland with the exception of NHS Orkney and NHS Shetland. Both these Boards had small numbers of patients and in each case the QPI was not met due to the results for a single patient.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	90.5%	38	42	0	0%	0	0%	0
Highland	94.1%	16	17	0	0%	0	0%	0
Orkney	83.3%	5	6	0	0%	0	0%	0
Shetland*	-	-	-	-	-	-	-	-
Tayside	100%	24	24	1	4.2%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	92.4%	85	92	1	1.1%	0	0%	0

This guidance has been incorporated into the NOSCAN Clinical Management Guidelines and is standard practice across the network, although NHS Tayside use CT staging rather than MRI staging, which would benefit from further regional and national discussion.

Actions Required:

- **MCN to facilitate regional or national discussion to clarify the suitability of CT versus MRI for staging patients.**

QPI 2: Multidisciplinary Team Meeting (MDT)

QPI2: Multidisciplinary Team Meeting (MDT): Patients with endometrial cancer should be discussed by a multidisciplinary team (MDT) prior to definitive treatment.

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:

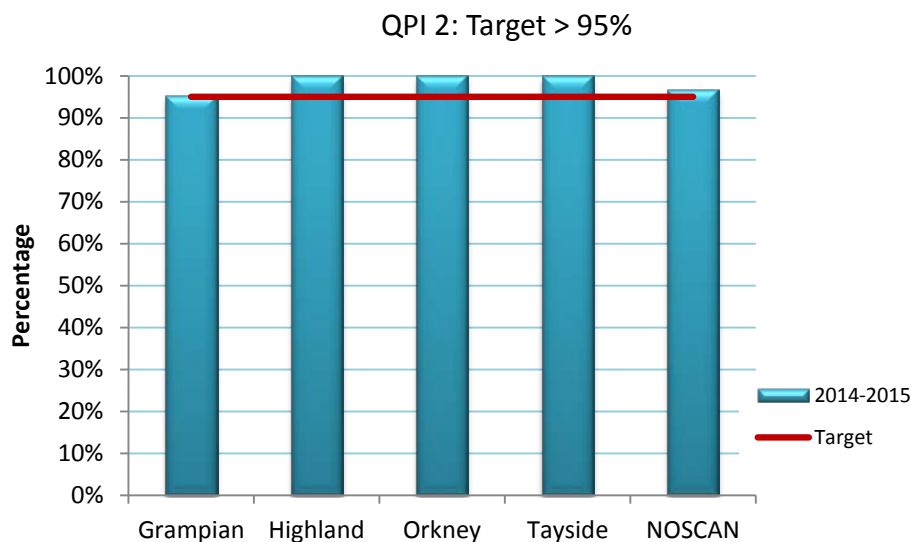
- Patients with Grade 1 endometrioid or mucinous carcinoma on pre-operative biopsy.
- Patient with atypical hyperplasia on preoperative biopsy.

Target: 95%

QPI 2 Performance against target

Out of the 92 patients diagnosed with endometrial cancer across the North of Scotland, 89 were discussed at the MDT prior to definitive treatment. At 96.7% this meets the target rate of 95%.

At an NHS Board level this QPI was met across the region except in NHS W Isles, where the QPI was not met due to the results for an individual patient.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	95.2%	40	42	0	0%	0	0%	0
Highland	100%	17	17	0	0%	0	0%	0
Orkney	100%	6	6	0	0%	0	0%	0
Shetland*	-	-	-	-	-	-	-	-
Tayside	100%	24	24	1	4.2%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	96.7%	89	92	1	1.1%	0	0%	0

It is standard practice for all women with endometrial cancer to be discussed at the regional MDT. NHS Western Isles sent their 2 patients to Glasgow for treatment and have been unable to corroborate MDT discussion. This is probably due to failure of documentation rather than failure of discussion.

Actions Required:

- **Remote regions to ascertain ways of recording MDT discussion that takes place outwith NOSCAN.**

QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy

QPI3: 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 (compared to primary radiotherapy or hormonal treatment).

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

Denominator: All patients with endometrial cancer.

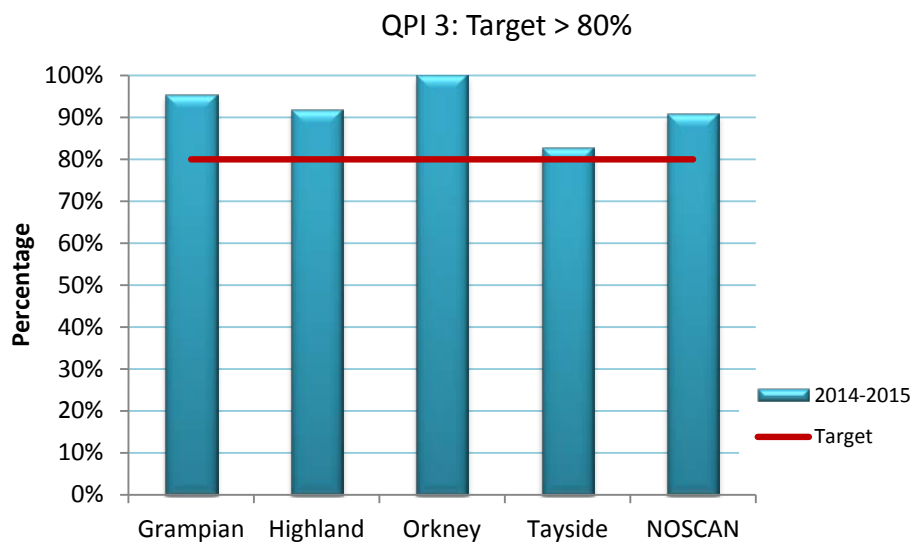
Exclusions:

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

Target: 80%

QPI 3 Performance against target

In the North of Scotland, 90.7% of patients diagnosed with endometrial cancer in 2014-2015 had a total hysterectomy and bilateral salpingo-oophorectomy; this means that at a regional level, the target of 80% was met. This QPI was also met by all individual NHS Boards within the North of Scotland.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	95.5%	63	66	0	0%	0	0%	0
Highland	91.7%	33	36	0	0%	0	0%	0
Orkney	100%	6	6	0	0%	0	0%	0
Shetland	-	0	0	0	-	0	-	0
Tayside	82.7%	43	52	0	0%	1	1.9%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	90.7%	147	162	0	0%	1	0.6%	0

In NHS Tayside 9 women did not have surgery; 5 women were not fit for surgery therefore had other treatment, 2 women with local advanced disease (stage 3) treated with radiotherapy and 2 women were not fit for any treatment. NHS Tayside's relatively low compliance with this standard does not appear to reflect their practice of offering surgery, usually laparoscopic surgery, to women with very significant co-morbidity. It would be a useful exercise to compare the BMI and co-morbidities of women who are offered surgery with those who are not.

At Baseline Review there was discussion about excluding patients that were unfit for any surgical treatment in these calculations, however it was agreed that there was adequate tolerance in this QPI target to account for such patients and therefore that there should be no changes to which patients are included within the QPI at present.

Actions Required:

No actions identified.

QPI 4: Laparoscopic Surgery

QPI 4: Laparoscopic Surgery: Patients with endometrial cancer undergoing definitive surgery should undergo laparoscopic surgery, where clinically appropriate.

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.

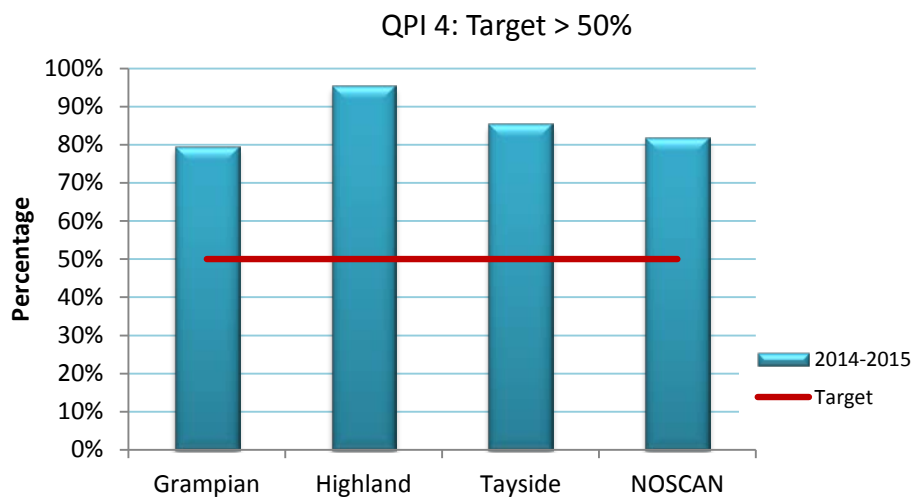
Denominator: All patients with endometrial cancer undergoing definitive surgery.

Exclusions: No exclusions

Target: 50%

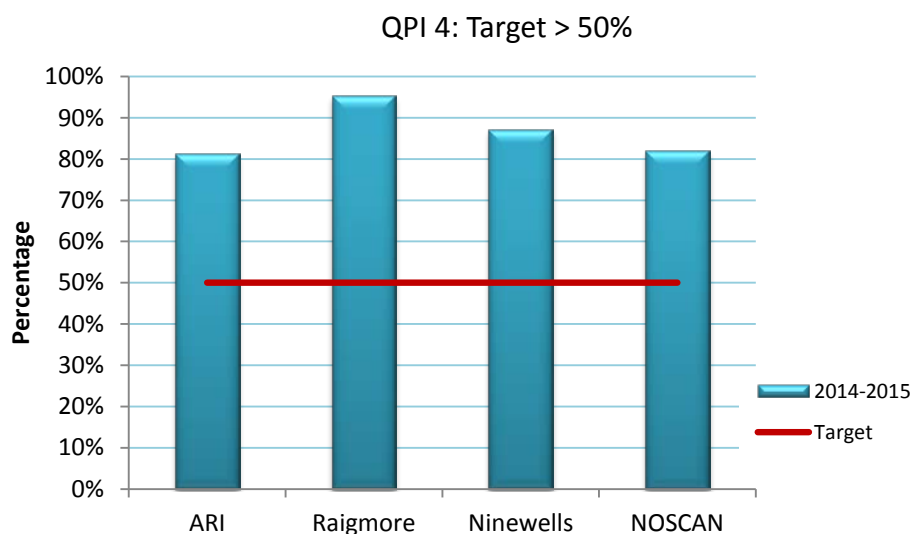
QPI 4 Performance against target

Of the 149 patients diagnosed with endometrial cancer in 2014-2015 who had definitive surgery in the North of Scotland, 122 (81.9%) had laparoscopic surgery. Consequently the target rate of 50% was exceeded at a regional level. In addition, all NHS Boards within the North of Scotland also met the target, except NHS W Isles, where numbers of patients were very small.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	79.3%	65	82	0	0%	0	0%	0
Highland	95.5%	21	22	0	0%	0	0%	0
Orkney*	-	-	-	-	-	-	-	-
Shetland	-	0	0	0	-	0	-	0
Tayside	85.4%	35	41	0	0%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	81.9%	122	149	0	0%	0	0%	0

Analysis of this QPI by the hospital at which surgery was undertaken yielded very similar results to that by Board of Surgery, as the majority of surgery within each NHS Board is undertaken in a single hospital. Of the seven hospitals in which definitive surgery for endometrial cancer was undertaken, five met this QPI standard. The target level was not met by the Western Isles Hospital (NHS W Isles) and Elgin Hospital (NHS Grampian), at each of these locations surgery was only carried out on two patients.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
ARI	81.3%	65	80	0	0%	0	0%	0
Elgin*	-	-	-	-	-	-	-	-
Raigmore	95.5%	21	22	0	0%	0	0%	0
Balfour*	-	-	-	-	-	-	-	-
Ninewells	87.2%	34	39	0	0%	0	0%	0
PRI*	-	-	-	-	-	-	-	-
W Isles*	-	-	-	-	-	-	-	-
NoS	81.9%	122	149	0	0%	0	0%	0

Actions Required:

No actions identified.

QPI 5: Adjuvant Vaginal Brachytherapy

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. It should not be used as sole adjuvant treatment for high-intermediate risk patients. Approximately 35% of all patients with endometrial cancer will present with a stage IB.

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.

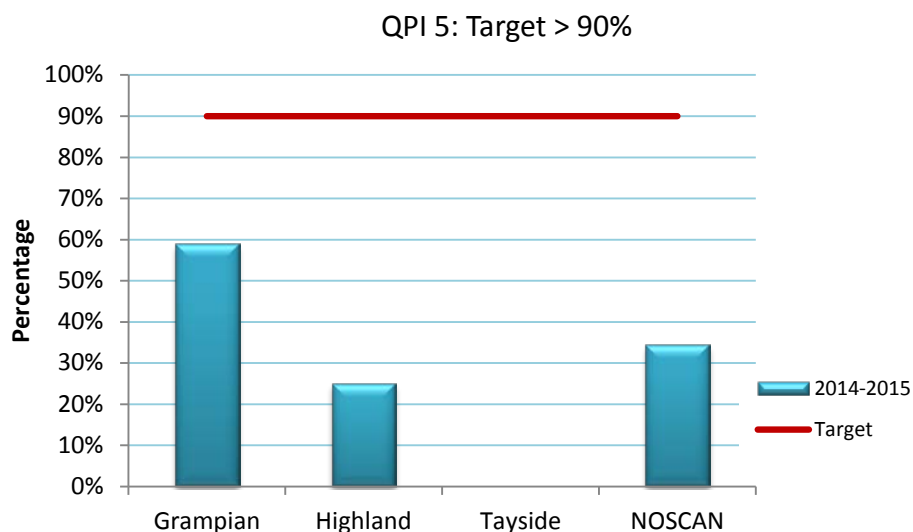
Denominator: All patients with stage IB, grade 1 or 2, or stage IA, grade 3 endometrioid or mucinous endometrial cancer.

Exclusions: Patients who decline brachytherapy.

Target: 90%

QPI 5 Performance against target

Of the 35 patients diagnosed with intermediate risk endometrial cancer in the North of Scotland in 2014-2015, 34.3% (12) received vaginal vault brachytherapy. These figures show that the target of 90% was not met at a regional level. Further, none of the individual NHS Boards in the North of Scotland met this QPI, with the highest figures being 58.8%, in NHS Grampian.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	58.8%	10	17	0	0%	0	0%	0
Highland	25.0%	2	8	0	0%	0	0%	0
Orkney*	-	-	-	-	-	-	-	-
Shetland	-	0	0	0	-	0	-	0
Tayside	0%	0	8	0	0%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	34.3%	12	35	0	0%	0	0%	0

NOSCANs regional protocol is that women with intermediate risk endometrial cancer (grade 1 or 2 stage 1b) do not require any adjuvant treatment in the absence of LVSI. This protocol was last updated in 2012 and recommends vaginal brachytherapy for intermediate risk cancer with LVSI. However this has arguably been superseded by more recent evidence and as such, women in Tayside with intermediate risk cancer and LVSI are considered for external beam radiotherapy, especially when the nodal status is unknown.

Actions Required:

- **MCN to facilitate discussion of the use of adjuvant vaginal brachytherapy at a national level in light of recent evidence so that a consensus on its use can be reached. Discussion also needs to take into account the role of lymphadenectomy in directing the choice of adjuvant treatment.**

QPI 6: Chemotherapy

QPI 6: Chemotherapy: Patients with stage IV endometrial cancer should have chemotherapy.

Platinum chemotherapy can improve progression free survival in patients with stage IV endometrial cancer. The use of chemotherapy should be considered for patients with stage IV disease or those with stage III disease plus residual disease at the completion of surgery.

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

Denominator: All patients with stage IV endometrial cancer.

Exclusions: No exclusions.

Target: 75%

QPI 6 Performance against target

In 2014 - 2015, only six patients were diagnosed with stage IV endometrial cancer. Of these, four (66.7%) had chemotherapy, below the target rate of 75%. Data are not presented at an NHS Board level in this report due to the small numbers of patients included within this QPI.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
NoS	66.7%	4	6	0	0%	0	0%	1

Actions Required:

- **All NHS Boards to monitor and document reasons for withholding chemotherapy for women with stage 4 disease.**

Clinical Trials Access QPI

The ability of patients to readily access a Clinical Trial is a common issue for all cancer types, and in order to further support recruitment through more active comparison and measurement of Board and network performance across the country, a generic QPI was developed as part of the National Programme of cancer quality improvement. Further details on the development and definition of this QPI can be found [here](#).

The QPI is defined as follows.

<i>Clinical Trials Access QPI</i>	
All patients should be considered for participation in available clinical trials, wherever eligible.	
Numerator:	Number of patients with endometrial cancer enrolled in an interventional clinical trial of translational research.
Denominator:	All patients with endometrial cancer.
Exclusions:	No exclusions
Target:	Interventional clinical trials – 7.5% Translational research - 15%

Key points during the period audited:

- No patients (0%) diagnosed with endometrial cancer in the North of Scotland were recruited into a interventional clinical trial in one of the three cancer centres in the region in 2015; this is well below the required target of 7.5%.
- Recruitment into translational research was also 0% during this period, clearly missing the target of 15%.

	Number of patients recruited	ISD Cases annual average (2009-2013)	Percentage of patients recruited
Interventional Clinical Trials	0	171	0%
Translational Research	0	171	0%

5. Conclusions

The Quality Performance Indicators programme was introduced in order to drive forward a programme of continuous service improvement and to ensure the quality and equity of access to care for cancer patients across Scotland.

As part of this programme, the North of Scotland has launched a programme of annual reporting of regional performance against QPIs. This is the first time that the results of individual Board performance against the Endometrial Cancer QPIs have been reported in the North of Scotland, providing a clearer measure of overall performance across the region, and a more formal structure around which any improvements will be made.

Case ascertainment high at 98.7% and results of both Board and regional performance against the Endometrial Cancer QPI's for patients diagnosed between 1st October 2014 and 30th September 2015 were considered to be representative of cancer services specific to the management of endometrial cancer in the North of Scotland.

For four of the seven QPIs measured, the audit report indicated that the required QPI targets were met. There were three QPIs where the target was not met.

Despite all NHS Boards within the North of Scotland meeting QPIs 3 and 4 NHS Boards and units are to continue to monitor rates of surgery (QPI 3) and laparoscopic surgery (QPI 4) for endometrial cancer together with indications for choosing, or converting to, open surgery. A year on year increase in rates of laparoscopic surgery is to be expected, due to increased operator experience (surgical and anaesthetic) and improvement in equipment. However it should be recognised that this service is operator dependent and in some units person-dependent so could be heavily impacted by absence or sickness of key individuals.

Given the escalation of obesity in Scotland, the Network also feels it is imperative to start to collate data on BMI and co-morbidities and explore their impact on patients outcomes on an increasingly unfit cohort of women in both the short and longer term patient.

The actions so far identified to improve services in the North of Scotland include;

- MCN to facilitate regional or national discussion to clarify the suitability of CT versus MRI for staging patients.
- Remote regions to ascertain ways of recording MDT discussion that takes place outwith NOSCAN.
- MCN to facilitate discussion of the use of adjuvant vaginal brachytherapy at a national level in light of recent evidence so that a consensus on its use can be reached. Discussion also needs to take into account the role of lymphadenectomy in directing the choice of adjuvant treatment.
- All NHS Boards to monitor and document reasons for withholding chemotherapy for women with stage 4 disease.

Given the escalation of obesity in Scotland, the Network also feels it is imperative to start to collate data on BMI and co-morbidities and explore their impact on patient outcomes in an increasingly unfit cohort of women in both the short and longer term.

The North of Scotland Gynaecology MCN will actively take forward regional actions identified and NHS Boards are asked to develop local Action / Improvement Plans in response to the findings presented in the report. A blank Action Plan template can be found in the Appendix to this report.

Completed Action Plans should be returned to NOSCAN within two months of publication of this report.

Progress against these plans will be monitored by the North of Scotland Gynaecology MCN and any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the NHS Board Lead Cancer Clinician and Regional Lead Cancer Clinician.

Additionally, progress will be reported to the Regional Cancer Advisory Forum (RCAF) annually by the NOSCAN Endometrial Cancer Clinical Lead as part of the regional audit governance process to enable RCAF to review and monitor regional improvement.

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Appendix: NHS Board Action Plans

A blank Action Plan template can be found attached. Completed Action Plans should be returned to NOSCAN within two months of publication of this report.



North of Scotland
Cancer Network

Action Plan: Endometrial Cancer

Based on QPI results of patients diagnosed 2014-2015

Board:	
Action Plan Lead:	
Date:	

Status key	
1	Action Fully Implemented
2	Action agreed but not yet implemented
3	No action taken (please state reason)

QPI	Action Required	NHS Board Action Taken	Date		Lead	Progress	Status
			Start	End			
	<i>Ensure actions mirror those detailed in Audit Report</i>	<i>Detail specific actions that will be taken by the NHS Board</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert name of responsible lead for each action.</i>	<i>Detail actions in progress, changes in practice, problems encountered or reasons why no action has been taken.</i>	<i>Insert no. from key</i>