Quality Performance Indicators Audit Report

Tumour Area:	Endometrial Cancer
Patients Diagnosed:	1st October 2017 – 30th September 2018
Published Date:	28th October 2019
Clinical Commentary:	Dr Wendy McMullen, Consultant Gynaecological Oncologist, NHS Tayside

1. Endometrial Cancer in Scotland

The incidence of endometrial cancer has increased by 24% in Scotland over the last ten years and with 804 cases recorded during 2017 it was the fourth most common types of cancer in women in Scotland. The, increase is predominantly due to increasing rates of obesity although lower parity and decreasing rates of hysterectomy may also be contributory.[1]

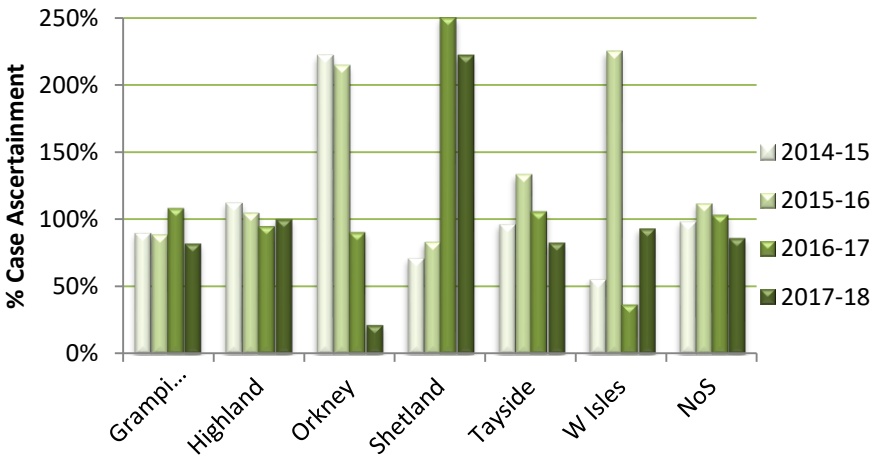
Relative survival from endometrial cancer in Scotland is relatively high and has increased since 1987-1991[2]. The table below details the percentage change in 1 and 5 year relative survival for patients diagnosed 1987-1991 to 2007-2011.

Relative age-standardised survival for endometrial cancer in Scotland at 1 year and 5 years showing percentage change from 1987-1991 to 2007-2011[2].

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. Patient Numbers and Case Ascertainment in the North of Scotland

Between 1st October 2017 and 30th September 2018 a total of 172 cases of endometrial cancer were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was fairly high at 86.6%. Further, for patients included within the audit, data collection was near complete. As such, QPI calculations based on data captured are considered to be representative of patients diagnosed with endometrial cancer during the audit period. Fluctuations in case ascertainment are expected in the island boards as a result of chance variation due to the small numbers of patients diagnosed.

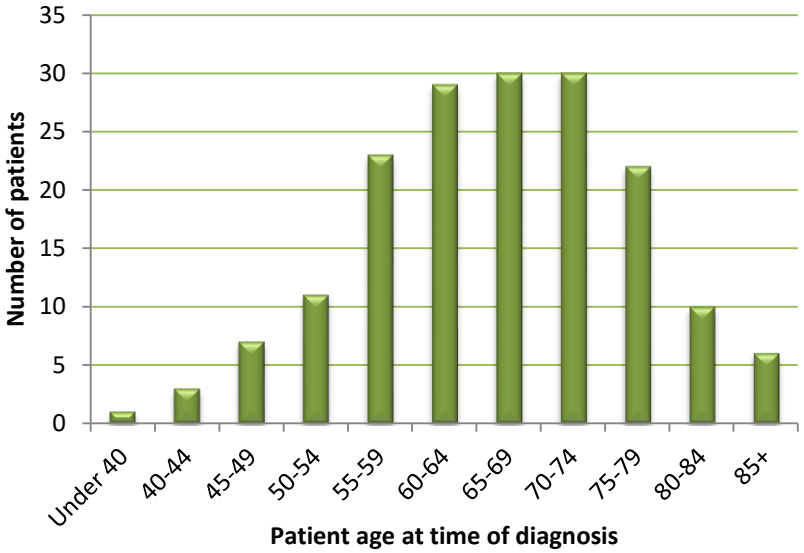


Case ascertainment by NHS Board for patients diagnosed with endometrial cancer in 2014-2018.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2017-18	65	41	1	4	55	6	**172**
% of NoS total	37.8%	23.8%	0.6%	2.3%	32.0%	3.5%	**100%**
Mean ISD Cases 2013-17	78.8	40.8	4.6	1.8	66.2	6.4	**198.6**
% Case ascertainment 2017-18	82.5%	100.5%	21.7%	222.2%	83.1%	93.8%	**86.6%**

3. Age Distribution

The figure below shows the age distribution of patients diagnosed with endometrial cancer in the North of Scotland in 2017-18, with numbers highest in the 60-74 years age bracket.



Age distribution of patients diagnosed with endometrial cancer in the North of Scotland in 2017-2018.

4. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland[3], while further information on datasets and measurability used are available from Information Services Division[4]. Data for most QPIs are presented by Board of diagnosis; however QPI 4 and QPI 7 are presented by Hospital of Surgery. In addition, QPI 8, clinical trials and research study access, is reported by patients NHS Board of residence. Please note that where QPI definitions have been amended, results are not compared with those from previous years.

5. Governance and Risk

Governance is defined as the combination of structures and processes at all levels to lead on North quality performance including:

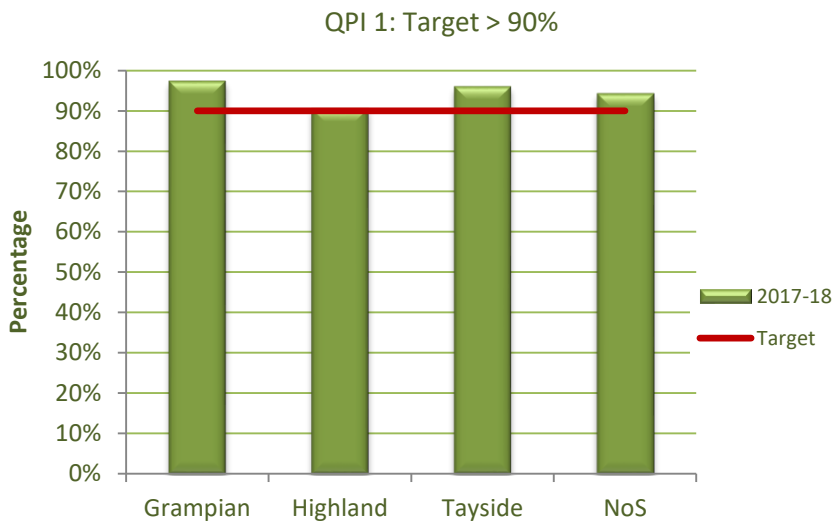
- Ensuring accountability for quality and required standards
- Investigating and taking action on sub-standard performance
- Identifying, sharing and ensuring delivery of best-practice
- Identifying and managing risks to ensure quality of care
- Driving continuous improvement

Our current governance structure provides assurance to the boards that risks associated QPIs are being addressed as an alliance. Clinical risks are discussed at the North Cancer Gynaecology Pathway Board (NCGPB) and North Cancer Clinical Leadership Group (NCCLG). Risk levels are jointly agreed. The NCCLG are presented with all available evidence and actions so they have all the information to define the risk in a collaborative way.

- **Tolerate -** Accept the risk at its current level
- **Mitigate -** Reduce or mitigate the risk, in terms of reducing the likelihood of its occurrence or reducing the severity of impact if it does occur. This can be assessed through the action plans provided or the information provided is appropriate to prevent reoccurrence.
- **Escalate -** Escalate the risk to the appropriate committee and/or take further action as the mitigations were not suitable or there are no actions identified to mitigate the risk. This will be revisited by the RCCLG for further risk discussion.
- **Immediate -** Immediate action is required to prevent the risk reoccurring. This risk will have major impact on patient care delivery and the consequences thereafter. Very few risks should occur in this level.

The full governance document on risk should be referred to in conjunction with this summary, which is available on the NCA website[5].

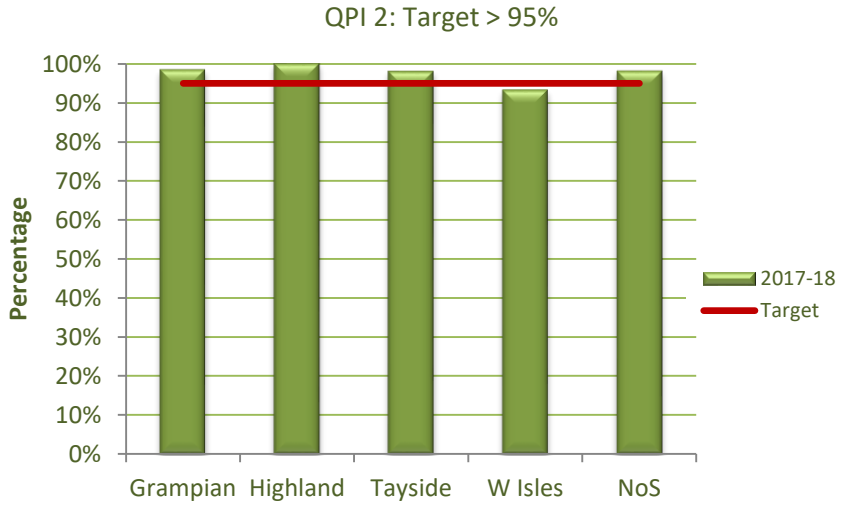
QPI 1	Radiological Staging
Proportion of patients with endometrial cancer who have an MRI and/or CT scan of the abdomen and pelvis performed prior to definitive treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**97.4%**	38	39
Highland	**90.5%**	19	21
Orkney	-	0	0
Shetland*	-	-	-
Tayside	**96.0%**	24	25
W Isles*	-	-	-
NoS	**94.3%**	**83**	**88**

Clinical Commentary	The North of Scotland surpassed this 90% target for patients diagnosed with endometrial cancer in 2017/18. A small proportion of patients will always only be diagnosed at the time of hysterectomy, and the tolerance of this QPI target accounts for these patients.
Actions	No action required
Risk Status	Tolerate
Barriers	None

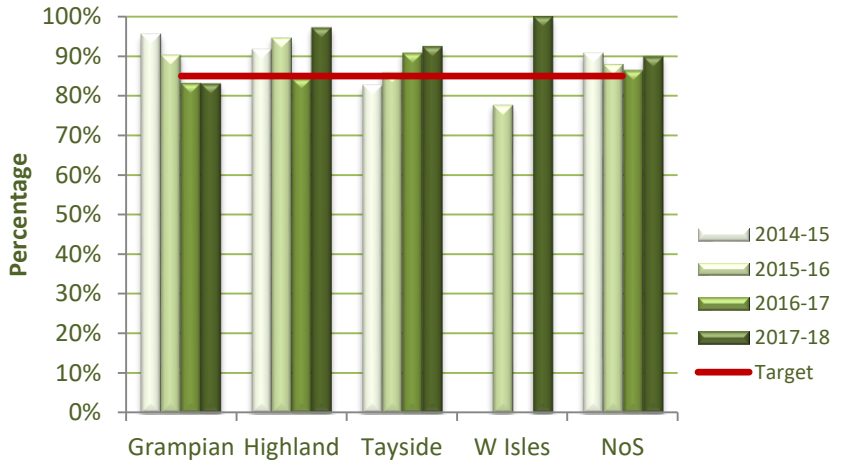
QPI 2	Multidisciplinary Team Meeting (MDT)
Proportion of patients with endometrial cancer who are discussed at a MDT meeting before definitive treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**98.4%**	61	62
Highland	**100%**	37	37
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**98.0%**	49	50
W Isles	**83.3%**	5	6
NoS	**98.1%**	**157**	**160**

Clinical Commentary	The North of Scotland surpassed this 95% target and those patients that were not discussed at MDT have been reviewed by boards. Patients not discussed at MDT were due to cancer being diagnosed post-operatively, and therefore they were not presented for discussion at Gynaecology Cancer MDT meetings before definitive treatment.
Actions	No action required
Risk Status	Tolerate
Barriers	None

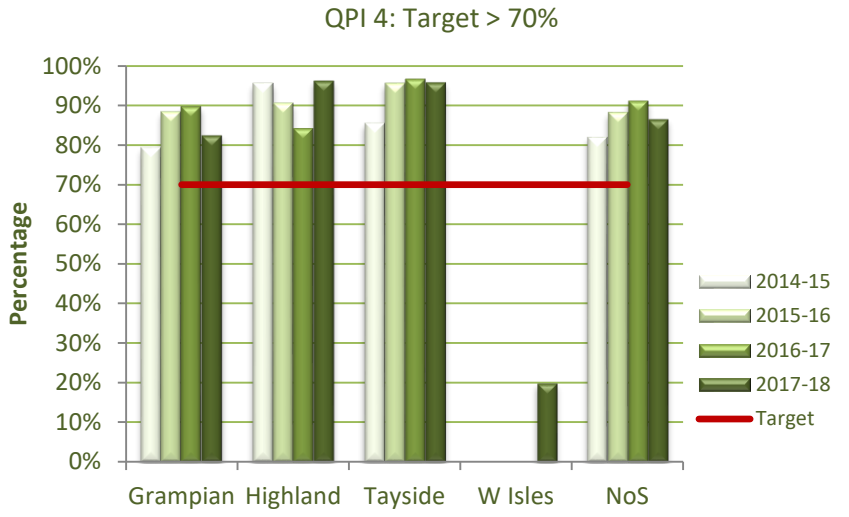
QPI 3	Total Hysterectomy and Bilateral Salpingo-Oophorectomy
Proportion of patients with endometrial cancer who undergo TH/BSO.	



	Performance (%)	Numerator	Denominator
Grampian	**83.1%**	49	59
Highland	**97.2%**	35	36
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**92.5%**	49	53
W Isles	**100%**	6	6
NoS	**89.9%**	**143**	**159**

Clinical Commentary	The North of Scotland surpassed this 85% target for the fourth year in a row. All patients with endometrial cancer who did not undergo a Total Hysterectomy and Bilateral Salpingo-Oophorectomy have been reviewed by boards, The 10% of women who did not have surgery had valid reasons including co-morbidity (5% of total) and advanced disease (4% of total).
Actions	No action required
Risk Status	Tolerate
Barriers	None

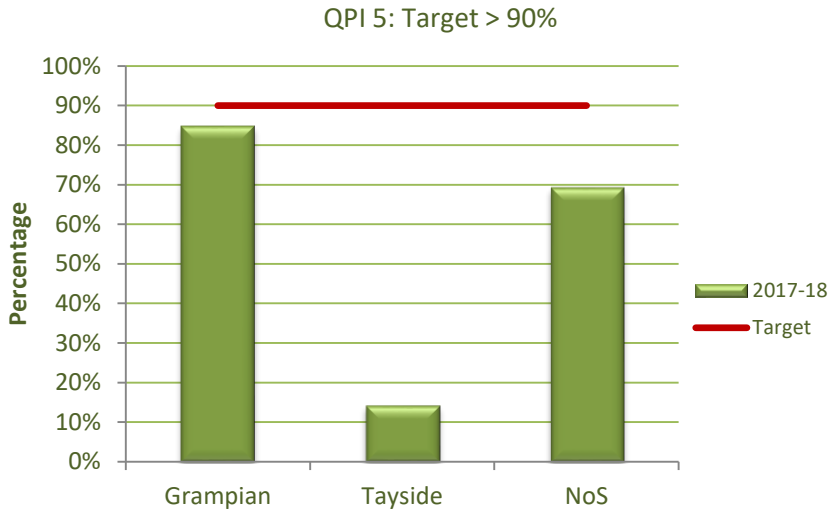
QPI 4	Laparoscopic Surgery
Proportion of patients with endometrial cancer undergoing definitive surgery who undergo laparoscopic surgery.	



	Performance (%)	Numerator	Denominator
Grampian	**82.4%**	56	68
Highland	**96.2%**	25	26
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**95.8%**	46	48
W Isles	**20.0%**	1	5
NoS	**86.5%**	**128**	**148**

Clinical Commentary	The North of Scotland surpassed this 70% target for patients diagnosed in 2017/18 with endometrial cancer. Those patents who did not have laparoscopic surgery have been reviewed by boards and often this is due to the option to have open surgery locally, particularly in the island boards. For patients of mainland boards, there were also clinical reasons for open surgery.
Actions	No action required
Risk Status	Tolerate
Barriers	None

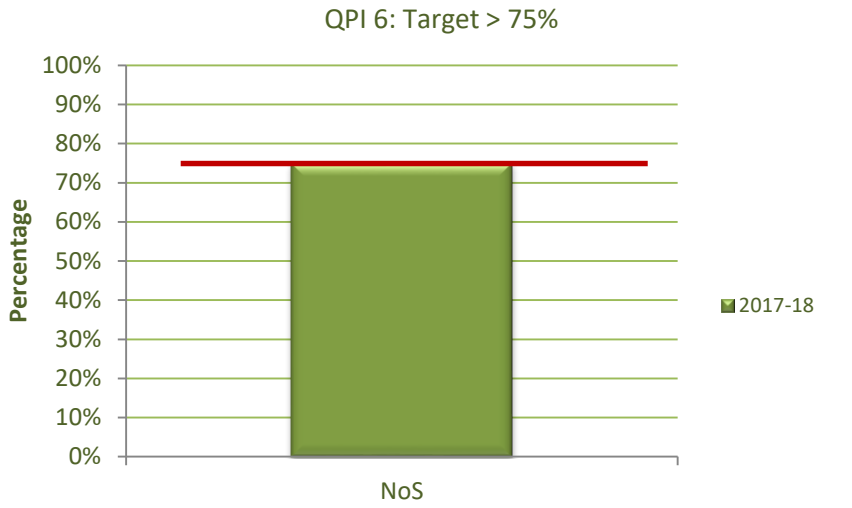
QPI 5	Adjuvant Radiotherapy
Proportion of patients with stage IB, grade 1 or 2, or stage IA, grade 3 endometrioid or mucinous endometrial cancer having adjuvant radiotherapy.	



	Performance (%)	Numerator	Denominator
Grampian	**84.6%**	11	13
Highland*	-	-	-
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**14.3%**	1	7
W Isles*	-	-	-
NoS	**69.2%**	**18**	**26**

Clinical Commentary	The North of Scotland did not meet this target for the small cohort of patients included. All 26 'intermediate risk' patients in this category were discussed at the MDT, 8 of the 26 ultimately did not receive radiotherapy: 1 patient died before adjuvant treatment was commenced, 1 patient with dementia was not offered radiotherapy, 5 of the other 6 women were all seen to discuss adjuvant brachytherapy but decided, in consultation with their oncologist, that the potential side effects outweighed the benefits.
Actions	1. NCGPB to discuss the variance in performance against this QPI within the region and highlight any difference in practice. 2. NCUPB to reflect practice within the revised endometrial cancer clinical management guideline to be reviewed, beginning in autumn 2019.
Risk Status	Mitigate
Barriers	None

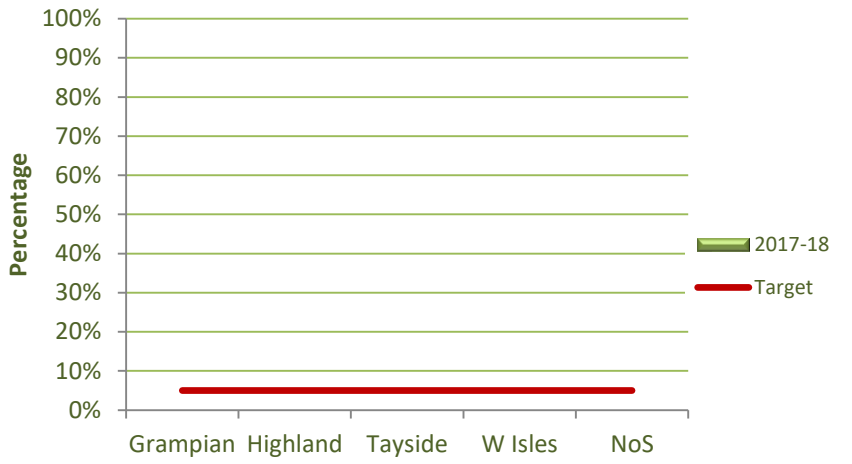
QPI 6	Systemic Anti Cancer Therapy (SACT) / Hormone Therapy
Proportion of patients with stage IV endometrial cancer receiving SACT or hormone therapy.	



	Performance (%)	Numerator	Denominator
Grampian*	-	-	-
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside*	-	-	-
W Isles	-	0	0
NoS	**75.0%**	**6**	**8**

Clinical Commentary	The North of Scotland achieved this target for patients diagnosed in 2017/18. Two patients with Stage IV endometrial cancer did not meet this QPI, and one patient died unexpectedly just prior to the start of the first cycle of chemotherapy.
Actions	No action required
Risk Status	Tolerate
Barriers	None

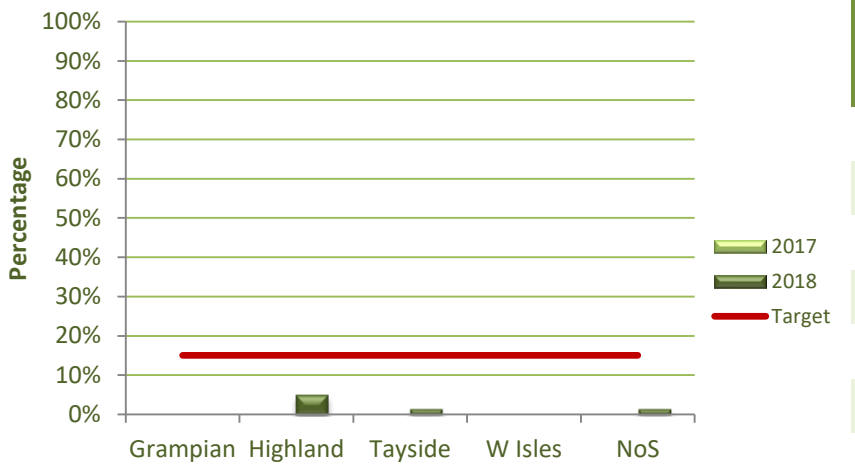
QPI 7	30 Day Mortality Following Surgery
Proportion of patients with endometrial cancer who die within 30 days of surgery for endometrial cancer.	



	Performance (%)	Numerator	Denominator
Grampian	**0%**	0	68
Highland	**0%**	0	26
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**0%**	0	48
W Isles	**0%**	0	5
NoS	**0%**	**0**	**148**

Clinical Commentary	No patients diagnosed with endometrial cancer in 2017/18 died within 30 days of surgery.
Actions	No action required
Risk Status	Tolerate
Barriers	None

QPI 8	Clinical Trials and Research Study Access
Proportion of patients diagnosed with endometrial cancer who are consented for a clinical trial / research study. Data reported are for patients consented in 2018.	



	Performance (%)	Numerator	Denominator
Grampian	**0%**	0	79
Highland	**4.9%**	2	41
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**1.5%**	1	66
W Isles	**0%**	0	6
NoS	**1.5%**	**3**	**199**

Clinical Commentary	This QPI remains a challenge across a number of tumour groups. In total, 3 patients consented to clinical trials / research study and this falls short of the 15% QPI target. There is a significant challenge to the availability of clinical trials in the North of Scotland, and work is ongoing through the North Cancer Gynaecology Pathway Board (NCGPB) to share information on open trials and the ability to refer patients to other centres recruiting for clinical trials and research studies.
Actions	1. All clinicians should consider opening relevant clinical trials in their tumour areas. When this is not possible patient referrals to other sites for access to clinical trials should be considered.
Risk Status	Mitigate
Barriers	In general, there is a lack of clinical trials / research studies in the North of Scotland to meet this 15% target and support is required for clinicians across all tumour groups who wish to open clinical trials within our three cancer centres.

References

1. Information Services Division. Cancer Incidence and Prevalence in Scotland (to December 2017), 2019. Available at: https://www.isdscotland.org/Health-Topics/Cancer/Publications/2019-04-30/2019-04-30-Cancer-Incidence-Report.pdf

2. NHS National Services Scotland. Cancer Survival in Scotland, 1987-2011. 2015. https://isdscotland.scot.nhs.uk/Health-Topics/Cancer/Publications/2015-03-03/2015-03-03-CancerSurvival-Report.pdf

3. Scottish Cancer Taskforce, 2018. Endometrial Cancer Clinical Performance Indicators, Version 3.0. Health Improvement Scotland. http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=26746da3-4b91-4d94-9ae2-623122731560&version=-1

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

5. https://www.nrhcc.scot/uploads/tinymce/NCA/NCA%20Governance/NCA-GOV-QPI-Process-Explained.pdf

Appendix 1: Clinical trials and research studies for patients with endometrial cancer open within the North of Scotland in 2018.

Trial	Principle Investigator	Patients consented into trial in 2018
HORIZONS	Debbie Forbes (Tayside) Chrissie Lane (Highland)	y
NiCCC Trial (BIBF1120)	Michelle Ferguson (Tayside)	