

Quality Performance Indicators Audit Report



Tumour Area:	Ovarian Cancer
Patients Diagnosed:	1 st October 2020 – 30 th September 2021
Published Date:	2 nd February 2023

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

Between 1st October 2020 and 30th September 2021, a total of 124 cases of ovarian cancer were diagnosed in the North of Scotland and recorded through audit.

Case ascertainment was 79.9%. QPI calculations based on data captured are considered to be representative of patients diagnosed with ovarian cancer during the audit period.

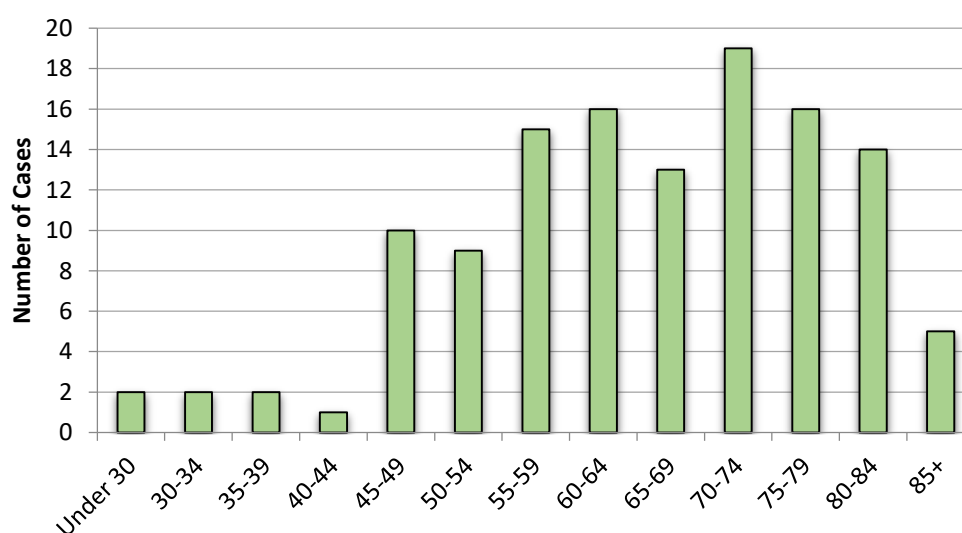
Case ascertainment and proportion of NoS total for patients diagnosed with Ovarian Cancer in 2020-2021

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2020-21	47	35	3	1	37	1	124
% of NoS total	37.9%	28.2%	2.4%	0.8%	29.8%	0.8%	100.0%
Mean ISD Cases 2016-20	63.4	29	3.4	2.4	53.6	3.4	155.2
% Case ascertainment 2019-20	74.1%	120.7%	88.2%	41.7%	69.0%	29.4%	79.9%

For patients included within the audit, data collection was near complete.

2. Age Distribution

The figure below shows the age distribution of women diagnosed with ovarian cancer in the North of Scotland in 2020-21, with numbers of patients diagnosed highest in the 60-64 year age bracket.



Age distribution of patients diagnosed with ovarian cancer in 2020-21.

3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland¹, while further information on datasets and measurability used are available from Information Services Division². Data for most QPIs are presented by Board of diagnosis; however surgical QPIs (QPIs 4, 6, 10(ii) & (iii) and 12 (surgery)) are presented by Board of Surgery.

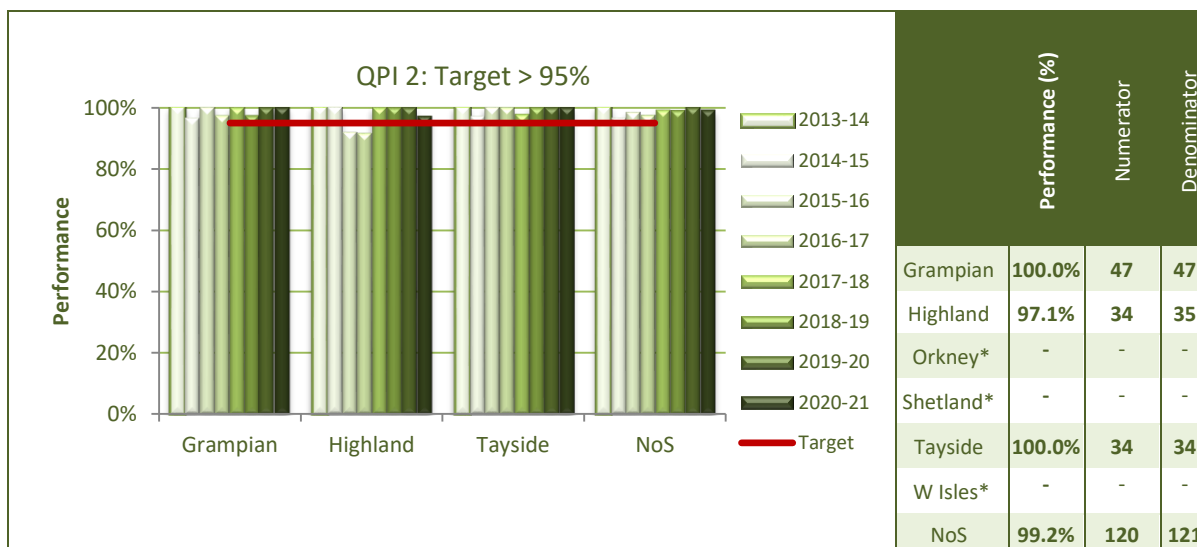
Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

4. Governance and Risk

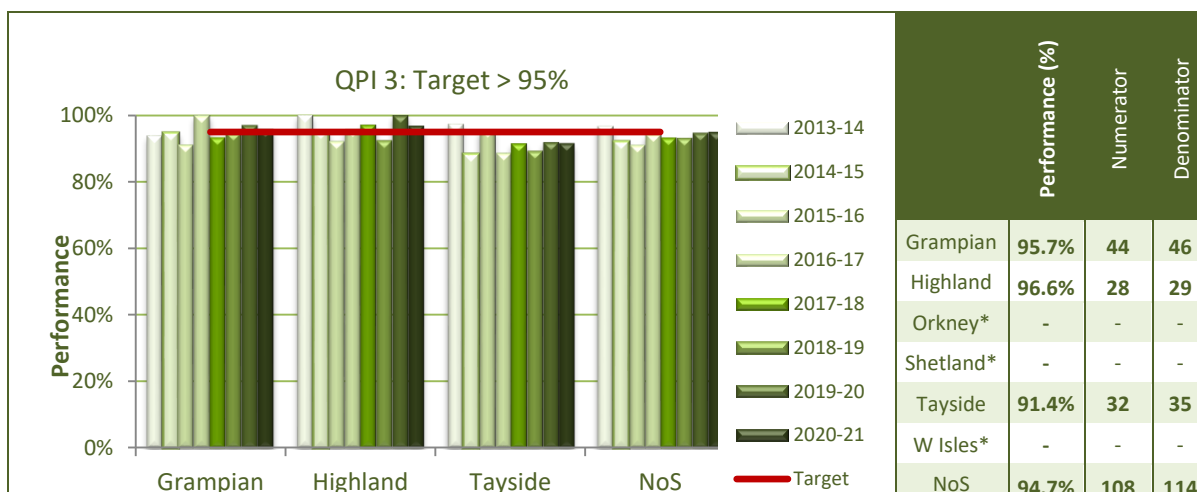
QPI performance is overseen by the North Cancer Alliance and its constituent groups, with an assessment of clinical risk and action planning undertaken collaboratively and reporting at board and regional level. Actions will be overseen by the Pathway Boards and reported concurrently into the NCA governance groups and the Clinical Governance committees at each North of Scotland health board.

Further information is available [here](#).

QPI 2	Extent of disease assessed by Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) prior to treatment
Proportion of patients with epithelial ovarian cancer having a CT scan or MRI of the abdomen and pelvis performed to exclude the presence of metastatic disease prior to starting treatment.	

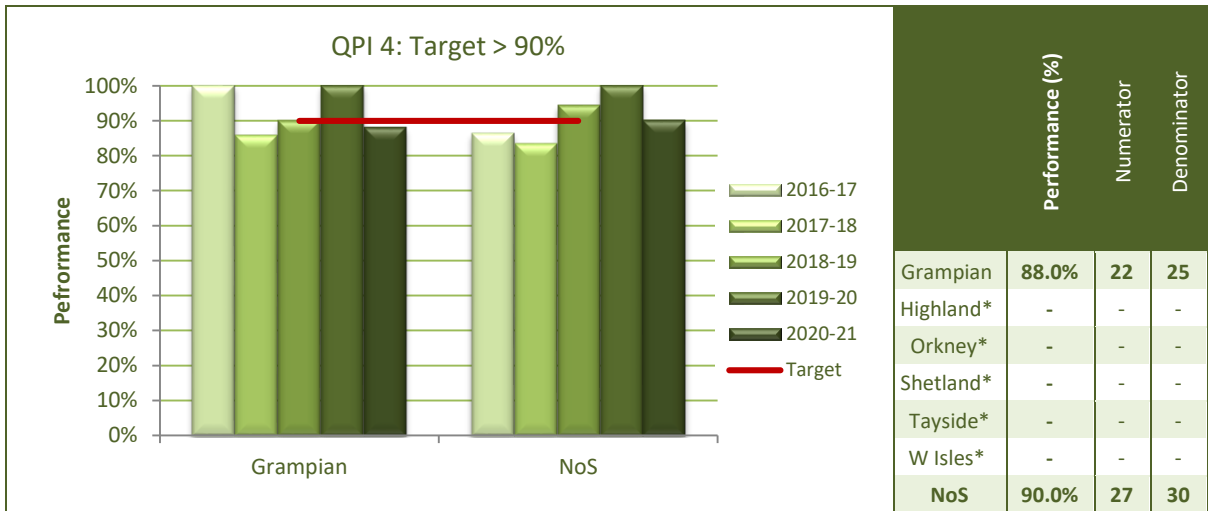


QPI 3	Treatment planned and reviewed at a regional multi-disciplinary team meeting
Proportion of patients with epithelial ovarian cancer who are discussed at a regional MDT meeting before definitive treatment.	

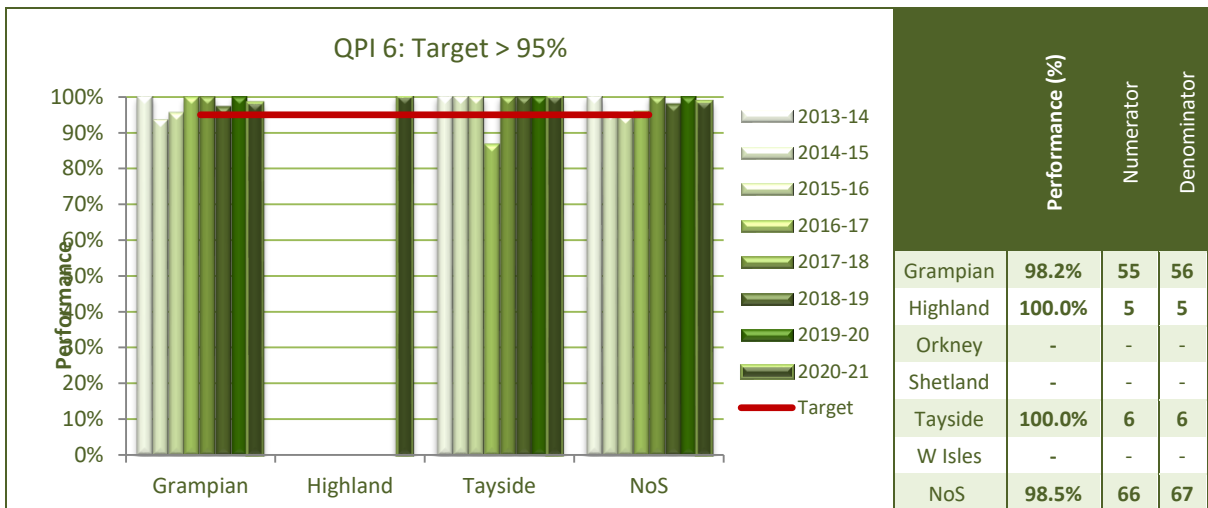


The North of Scotland Ovarian MDT now discusses all patients from the North of Scotland health boards with suspected Ovarian Cancer. Clinicians have looked at patients who were not discussed at the North of Scotland Ovarian Cancer MDT and they typically needed emergency surgery, or were thought to have benign disease prior to definitive treatment, and waiting for a weekly MDT discussion was deemed inappropriate.

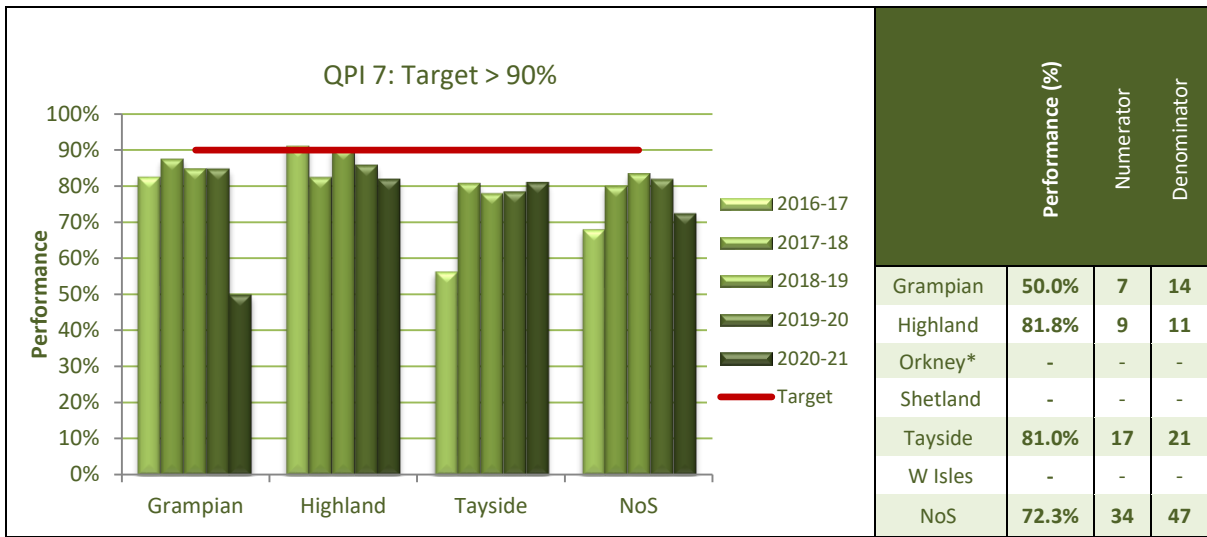
QPI 4	Patients with early stage disease have an adequate staging operation
Proportion of patients with early stage epithelial ovarian cancer (FIGO Stage 1) undergoing primary surgery for ovarian cancer, having their stage of disease adequately assessed (TAH, BSO, Omentectomy and washings), to determine suitability for adjuvant therapies.	



QPI 6	Histopathology reports are complete and support clinical decision-making
Proportion of patients with epithelial ovarian cancer undergoing pelvic clearance surgery having a complete pathology report as defined by the Royal College of Pathologists.	

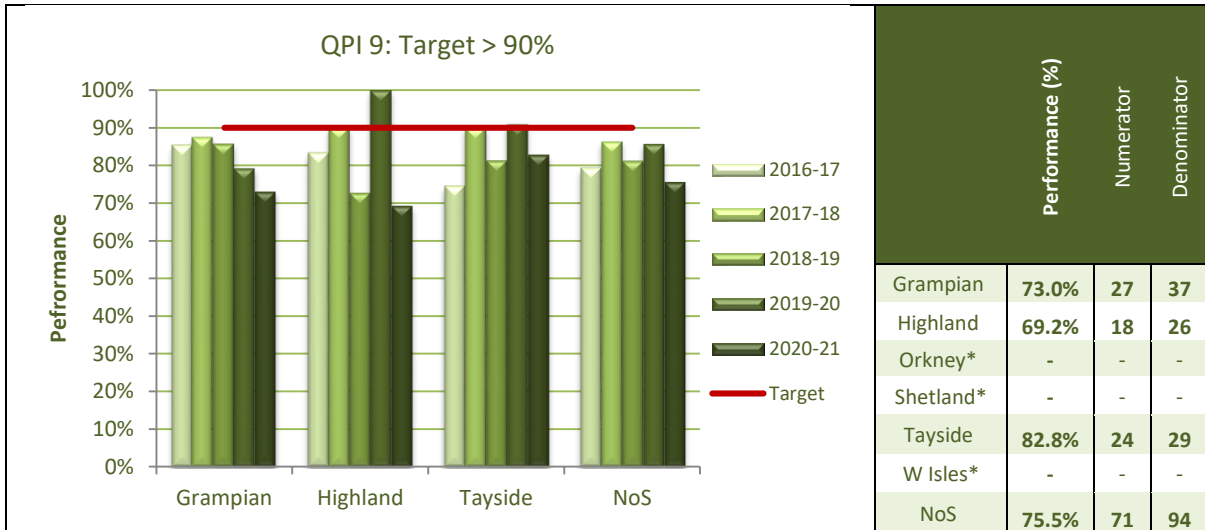


QPI 7	Histological diagnosis prior to starting chemotherapy
Proportion of patients with epithelial ovarian cancer having a histological diagnosis obtained by percutaneous image-guided biopsy or laparoscopy prior to starting chemotherapy.	



All patients who did not receive a histological diagnosis prior to starting chemotherapy have been audited by clinicians who found this was often due to patient fitness to undergo this investigation or there was an alternative confirmation of diagnosis obtained from cytology.

QPI 9	First-line Chemotherapy
Proportion of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum-based compound.	

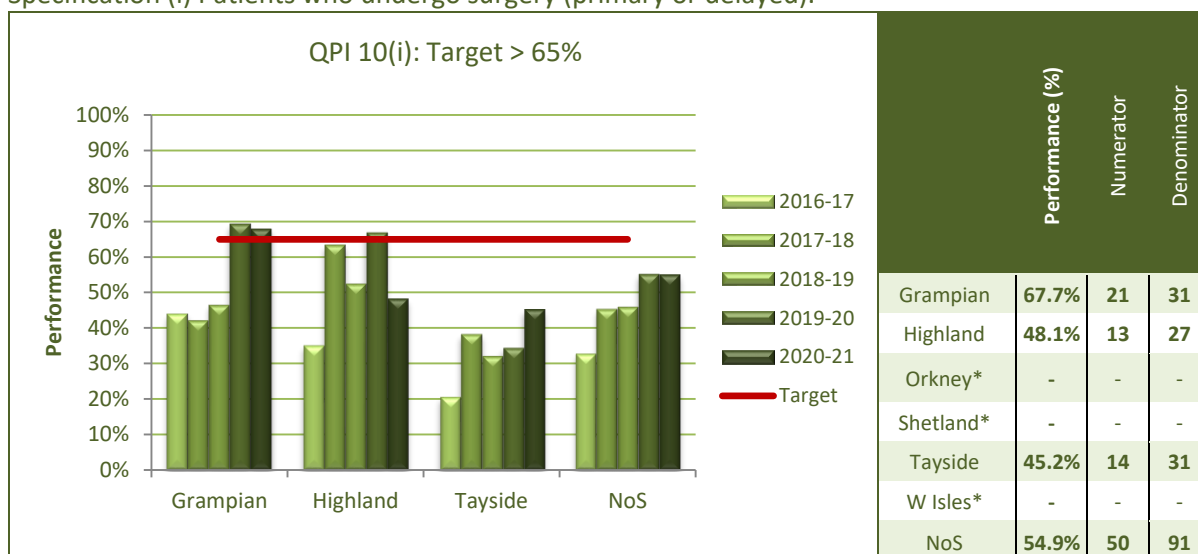


Note: this QPI has changed following formal review in 2021 to include appropriate platinum-based chemotherapy compounds.

All cases where this QPI was not met have been reviewed and a majority of patients who did not receive first-line chemotherapy were not fit for treatment.

QPI 10	Surgery for advanced disease
Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing surgery who have no macroscopic residual disease following surgical resection.	

Specification (i) Patients who undergo surgery (primary or delayed).

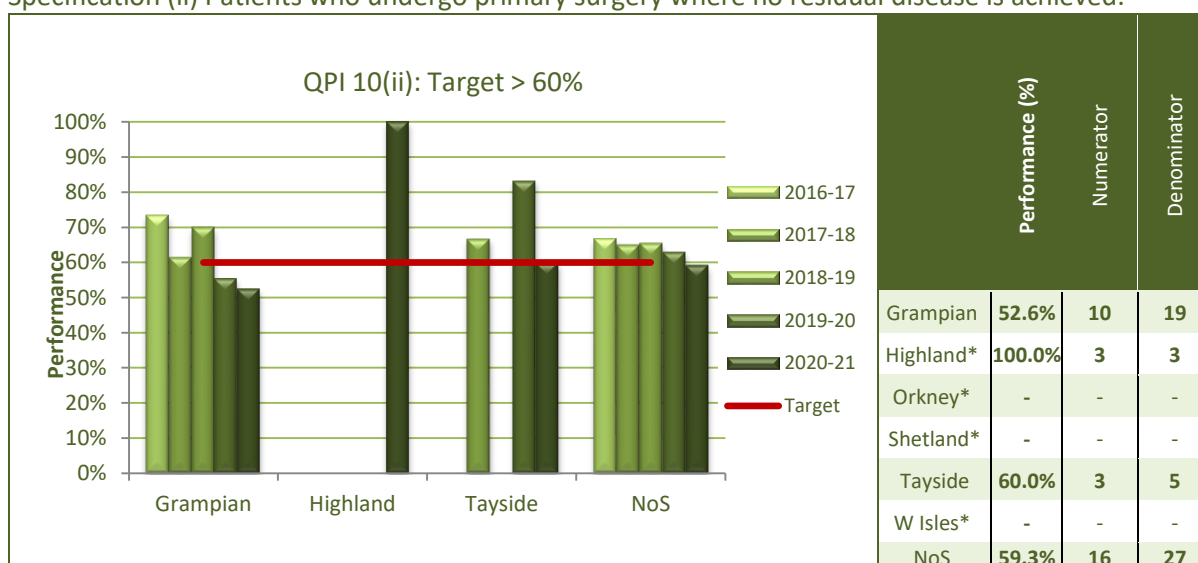


Patients diagnosed in NHS Grampian met the 65% target, while results improved for those diagnosed in NHS Tayside. There was a decrease in the proportion receiving surgery in NHS Highland.

A clinical group has assessed each patient that did not have surgery (primary or delayed) in the NCA and assessed that most commonly patients were not fit for surgery, died before treatment or declined surgery.

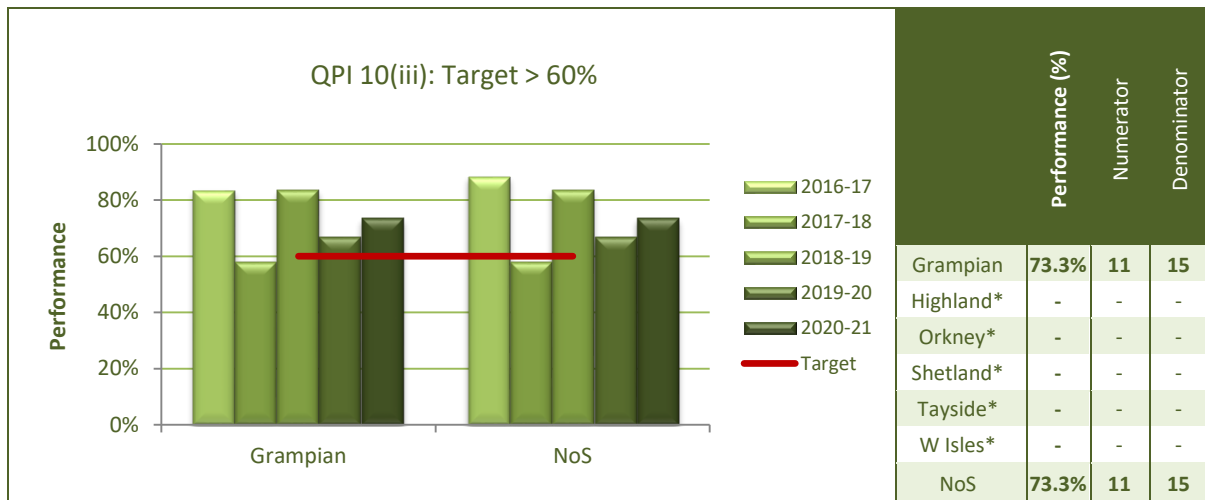
Through the development of the regional Ovarian Cancer MDT and employment of a Regional Pathway Coordinator, alongside a single North of Scotland Ovarian Cancer pathway, this will mitigate the risks of identified variation in performance against this QPI.

Specification (ii) Patients who undergo primary surgery where no residual disease is achieved.

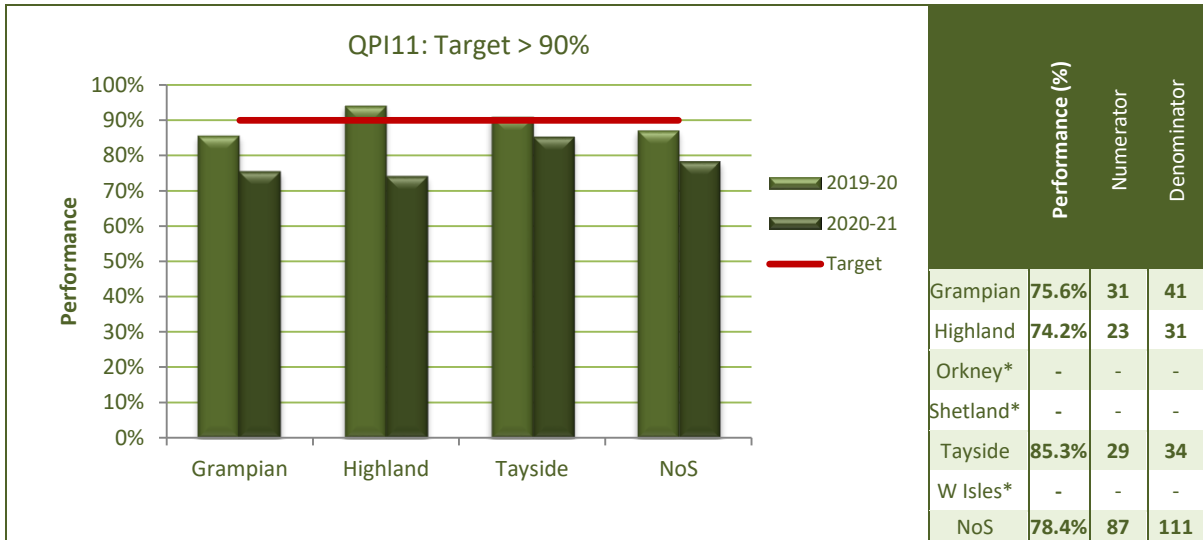


The NCA narrowly missed this target and patients who failed were reviewed within the NHS Grampian team who undertake this surgery for all North of Scotland patients.

Specification (iii) Patients who undergo delayed primary surgery after chemotherapy where no residual disease is achieved.

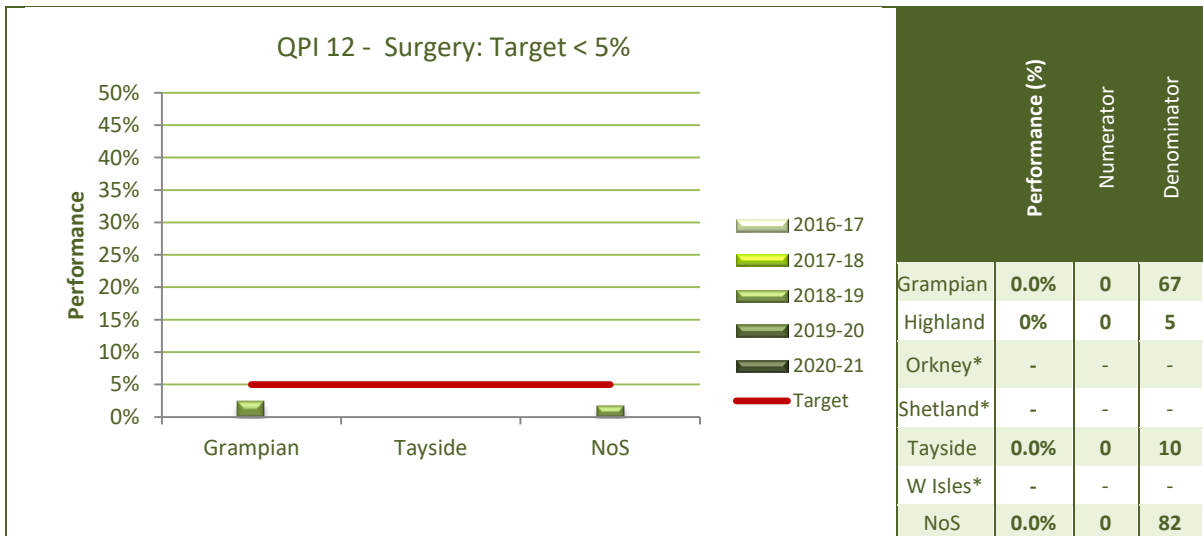


QPI 11	Genetic testing in non-mucinous epithelial ovarian cancer
Proportion of patients with non-mucinous epithelial ovarian cancer who undergo genetic testing.	



All patients who failed have been reviewed, with reasons including those patients who died before testing could be completed, or patients refused genetic testing.

QPI 12	30 day mortality following surgery for ovarian cancer
Proportion of patients who die within 30 days of surgery for ovarian cancer.	



References

1. Scottish Cancer Taskforce, 2021. Ovarian Cancer Clinical Performance Indicators, Version 4.0. Health Improvement Scotland.
<https://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=b0092717-ee66-4e1c-aedb-27aad01a186c&version=-1>
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>