NCA Ovarian QPI report

Patients diagnosed from 1st October 2021 to 30th September 2022 Extracted from eCASE on 12/09/2023

Background

Definitions for the QPIs reported in this section are published by Health Improvement Scotland, while further information on datasets and measurability used are available from Public Health Scotland2. Data are largely presented by Board of diagnosis. However, surgical focussed QPIs (QPIs 4 and 6) are reported by hospital of surgery.

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 in the meantime all deaths within 30 days of SACT will continue to be reviewed at NHS Board level.

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.

The data contained within this report was extracted from eCASE. Cancer audit is a dynamic process with patient data continually being revised and updated as more information becomes available. This means that apparently comparable reports for the same time period and cancer site may produce different figures if extracted at different times.

QPIs v4.0 - published June 2021 Measurability v4.0

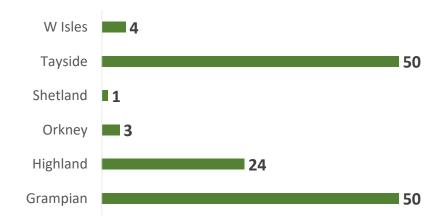




NCA Ovarian QPI Overview

Patient overview 2021-22

Number of Patients in the NCA 132



Ovarian

QPI Performance overview

		vs Target	2021-22	vs Tai
Board of diagnosis	QPI 2: Extent of disease assessed by (CT) or(MRI) prior to treatr	vs 95%	100.0%	
Board of diagnosis	QPI 3: Treatment planned and reviewed at a multi-disciplinary	vs 95%	95.3%	
By Board of surgery	QPI 4: Patients with early stage disease have an adequate stagi	vs 90%	85.7%	
By Board of surgery	QPI 6: Histopathology reports are complete and support clinica	vs 95%	98.5%	
Board of diagnosis	QPI 7: Histological diagnosis prior to starting chemotherapy	vs 90%	80.4%	
Board of diagnosis	QPI 9: First-line chemotherapy	vs 90%	78.3%	
By Board of surgery	QPI 10(i): Surgery for advanced disease	vs 65%	48.9%	
By Board of surgery	QPI 10(ii): Surgery for advanced disease	vs 60%	73.9%	
By Board of surgery	QPI 10(iii): Surgery for advanced disease	vs 60%	90.9%	
Board of diagnosis	QPI 11: Genetic testing in non-mucinous epithelial ovarian canc	vs 90%	73.0%	
By Board of surgery	QPI 12: 30 day mortality following surgery for ovarian cancer	vs <5%	0.0%	



QPI 2: Extent of disease assessed by (CT) or(MRI) prior to treatment

QPI 2

Patients with epithelial ovarian cancer should have their stage of disease assessed by CT or MRI prior to treatment.

Description 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.

Numerator Number of patients with epithelial ovarian cancer having a CT scan or MRI of the abdomen and pelvis carried out prior to starting treatment.

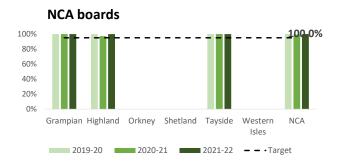
Denominator All patients with epithelial ovarian cancer

Target	95%					
		2021-22	Numerator	Denominate	or 2020-21	2019-20
2021-22	Grampian	100.0%	46	46	100.0%	100.0%
	Highland	100.0%	24	24	97.1%	100.0%
	Orkney	-	3	3	-	-
	Shetland	-	1	1	-	-
	Tayside	100.0%	48	48	100.0%	100.0%
	Western Isles	-	4	4	-	-
	NCA	100.0%	126	126	99.2%	100.0%

Comments: NCA has consistently achieved the target. This year, the result shows an even better performance than last year's results.

Exclusions

1. Patients who decline to undergo investigation. 2. Patients presenting for surgery as an emergency.





QPI 3: Treatment planned and reviewed at a multi-disciplinary team meeting

QPI 3

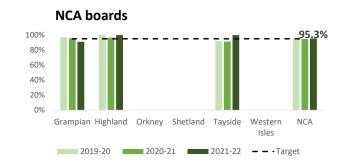
Patients with epithelial ovarian cancer should be discussed by a regional multidisciplinary team (MDT) prior to definitive treatment.

Description Proportion of patients with epithelial ovarian cancer who are discussed at a regional MDT meeting before definitive treatment

Numerator Number of patients with epithelial ovarian cancer discussed at a regional MDT before definitive treatment.

Denominator All patients with epithelial ovarian cancer.

Target	95%						
		2021-22	Numerator	Denominat	or	2020-21	2019-20
2021-22	Grampian	90.9%	40	44		95.7%	97.0%
	Highland	100.0%	22	22		96.6%	100.0%
	Orkney	-	3	3		-	-
	Shetland	-	0	0		-	-
	Tayside	100.0%	34	34		91.4%	91.9%
	Western Isles	-	3	4		-	-
	NCA	95.3%	102	107		94.7%	94.7%



Comments: This QPI has been met and shows an improvement versus last year's result.

Exclusions

1. Patients who died before first treatment. 2. Patients with Risk of Malignancy Index <200



QPI 4: Patients with early stage disease have an adequate staging operation

QPI 4

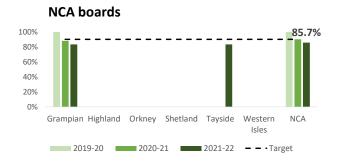
Patients undergoing surgery for early stage epithelial ovarian cancer (FIGO Stage 1) have an adequate staging operation which includes Total Abdominal Hysterectomy (TAH), Bilateral SalpingoOophorectomy (BSO), omentectomy and washings.

Description 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.

Numerator Number of early stgage (FIGO Stage 1) epithelial ovarian cancer patients having primary surgery involving TAH, BSO, omentectomy and washings.

Denominator All early stage (FIGO Stage 1) epithelial ovarian cancer patients undergoing primary surgery.

Target	90%						
		2021-22	Numerator	Denominat	or	2020-21	2019-20
2021-22	Grampian	83.3%	15	18		88.0%	100.0%
	Highland	-	4	4		-	-
	Orkney	-	0	0		-	-
	Shetland	-	0	0		-	-
	Tayside	83.3%	5	6		-	-
	Western Isles	-	0	0		-	-
	NCA	85.7%	24	28		90.0%	100.0%



Comments: This QPI has been audited; the majority of cases where this QPI has not been met have been due to medical circumstances where patients had other operations or where alternative treatments were more beneficial for the patient.

Exclusions

1. Patients having fertility conserving surgery. 2. Patients presenting for emergency surgery.



QPI 6: Histopathology reports are complete and support clinical decision-making

QPI 6

Histopathology reports relating to pelvic clearance surgery for patients with epithelial ovarian cancer contain all necessary information to inform treatment decision making.

- **Description** Proportion of patients with epithelial ovarian cancer undergoing pelvic cleanance surgery having a complete pathology report as defined by the Royal College of Pathologists.
- **Numerator** Number of patients with epithelial ovarian cancer undergoing definitive cytoreductive surgery who have a complete pathology report that contains all data items as defined by the Royal College of Pathologists.

Denominator All patients with epithelial ovarian cancer undergoing definitive cytorecuctive surgery.

Target	95%						
		2021-22	Numerator	Denominate	or	2020-21	2019-20
2021-22	Grampian	98.2%	55	56		98.2%	100.0%
	Highland	-	4	4		100.0%	-
	Orkney	-	0	0		-	-
	Shetland	-	0	0		-	-
	Tayside	100.0%	7	7		100.0%	100.0%
	Western Isles	-	0	0		-	-
	NCA	98.5%	66	67		98.5%	100.0%

100%
80%
60%
40%
20%
Grampian Highland Orkney Shetland Tayside Western Isles
2019-20 2020-21 2021-22 -- Target

NCA boards

Comments: A consistent positive result of 98.5%, in line with the overall national performance.

Exclusions

No exclusions



QPI 7: Histological diagnosis prior to starting chemotherapy

QPI 7

Patients with epithelial ovarian cancer should have a histological diagnosis of their cancer prior to starting chemotherapy.

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

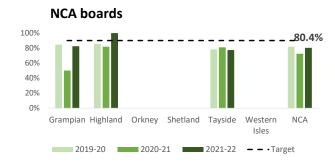
Numerator Number of patients who have a diagnosis of epithelial ovarian cancer confirmed by histology prior to starting chemotherapy.

Denominator All patients with epithelial ovarian cancer undergoing chemotherapy

Target	90%						
		2021-22	Numerator	Denominat	or	2020-21	2019-20
2021-22	Grampian	82.4%	14	17		50.0%	84.6%
	Highland	100.0%	7	7		81.8%	85.7%
	Orkney	-	2	3		-	-
	Shetland	-	0	0		-	-
	Tayside	77.3%	17	22		81.0%	78.3%
	Western Isles	-	1	2		-	-
	NCA	80.4%	41	51		72.3%	81.8%

Comments: All patients who did not receive a histological diagnosis by percutaneous image-guided biopsy or laparoscopy before starting chemotherapy have been audited by clinicians who found this was due to patient fitness, confirmation from cytology, or the patient declined intervention.

Exclusions No exclusions





QPI 9: First-line chemotherapy

QPI9

Chemotherapy treatment of epithelial ovarian cancer should include a platinum based compound.

Description Proportion of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum-based compound.

Numerator Number of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum-based compound.

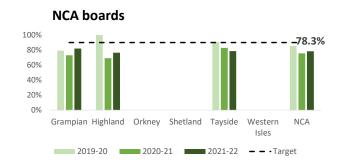
Denominator All patients with epithelial ovarian cancer

Target	90%						
		2021-22	Numerator	Denominat	or	2020-21	2019-20
2021-22	Grampian	82.1%	32	39		73.0%	79.3%
	Highland	76.5%	13	17		69.2%	100.0%
	Orkney	-	3	3		-	-
	Shetland	-	0	1		-	-
	Tayside	78.6%	33	42		82.8%	90.9%
	Western Isles	-	2	4		-	-
	NCA	78.3%	83	106		75.5%	85.7%

Comments: This QPI has been missed, but it is worth mentioning that it shows an improvement versus last year's performance. All patients who failed have been reviewed, and a majority were not fit for Chemotherapy, or the patients died before treatment.

Exclusions

1. Stage 1-IV Low grade serous ovarian carcinomas 2. Stage 1A-1C3 G1/G2 Endometrioid ovarian carcinomas 3. Stage 1A-1C1 clear cell ovarian carcinomas 4. Mucinous Stage 1A Grade 1/2 5. Mucinous Stage 1B-1C3 Grade 1/2 6. Patients who decline chemotherapy treatment.





QPI 10(i): Surgery for advanced disease

QPI 10(i)

Patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) should undergo primary or delayed surgery and should achieve no macroscopic residual disease.

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

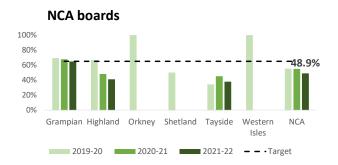
Numerator Number of patients with advanced epithelial ovarian cancer (FIGO 2 or higher) undergoing surgery (primary or delayed).

Denominator All patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher).

Target	65%						
		2021-22	Numerator	Denominate	or 2	2020-21	2019-20
2021-22	Grampian	64.7%	22	34		67.7%	69.2%
	Highland	41.2%	7	17		48.1%	66.7%
	Orkney	-	2	3		-	100.0%
	Shetland	-	0	0		-	50.0%
	Tayside	37.8%	14	37		45.2%	34.4%
	Western Isles	-	0	1		-	100.0%
	NCA	48.9%	45	92		54.9%	55.1%

Comments: This QPI has been missed, but extended scrutiny via the Ovarian Action Plan group has led to assessment of the reasons for failure and improvement where required. The group is also reviewing differences between networks and boards following further analysis of the pathways of this group of patients. The majority of patients who missed the target were not fit for surgery or died before treatment.

Exclusions No exclusions





QPI 10(ii): Surgery for advanced disease

QPI 10(ii)

Patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) should undergo primary or delayed surgery and should achieve no macroscopic residual disease.

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

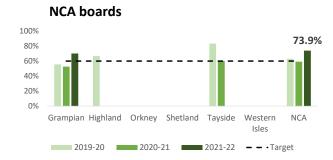
Numerator Number of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing primary surgery with no residual disease.

Denominator All patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing primary surgery.

Target	60%						
		2021-22	Numerator	Denominate	or	2020-21	2019-20
2021-22	Grampian	70.0%	14	20		52.6%	55.6%
	Highland	-	0	0		-	66.7%
	Orkney	-	0	0		-	-
	Shetland	-	0	0		-	-
	Tayside	-	3	3		60.0%	83.3%
	Western Isles	-	0	0		-	-
	NCA	73.9%	17	23		59.3%	63.0%

Comments: This QPI has been met and shows an outstanding performance compared to last year's. It is noted that the NCA result is above the national average.

Exclusions Patients with FIGO Stage 4b disease.





QPI 10(iii): Surgery for advanced disease

QPI 10(iii)

Patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) should undergo primary or delayed surgery and should achieve no macroscopic residual disease.

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

Numerator Number of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing delayed primary surgery after chemotherapy with no residual disease.

Denominator All patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing delayed primary surgery after chemotherapy.

Target	60%						
		2021-22	Numerator	Denominate	or	2020-21	2019-20
2021-22	Grampian	90.9%	10	11		73.3%	66.7%
	Highland	-	0	0		-	-
	Orkney	-	0	0		-	-
	Shetland	-	0	0		-	-
	Tayside	-	0	0		-	-
	Western Isles	-	0	0		-	-
	NCA	90.9%	10	11		73.3%	66.7%

Comments: This QPI has been met, and it shows another improvement versus last year's result. NCA has also outperformed the other regional networks.

Exclusions Patients with FIGO Stage 4b disease.





QPI 11: Genetic testing in non-mucinous epithelial ovarian cancer

QPI 11

Patients with non-mucinous epithelial ovarian cancer should have access to genetic testing.

Description Proportion of patients with non-mucinous epithelial ovarian cancer who undergo genetic testing.

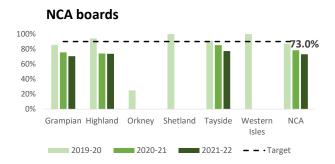
Numerator Number of patients with non-mucinous epithelial ovarian cancer who undergo genetic testing.

Denominator All patients with non-mucinous epithelial ovarian cancer.

Target	90%						
		2021-22	Numerator	Denominato	or	2020-21	2019-20
2021-22	Grampian	70.5%	31	44		75.6%	85.7%
	Highland	73.7%	14	19		74.2%	94.1%
	Orkney	-	3	3		-	25.0%
	Shetland	-	0	1		-	100.0%
	Tayside	77.3%	34	44		85.3%	90.9%
	Western Isles	-	2	4		-	100.0%
	NCA	73.0%	84	115		78.4%	87.1%

Comments: All patients who failed have been reviewed, with reasons including patients dying before testing could be completed, or patients refusing genetic testing.

Exclusions Patients with low grade serous disease.





QPI 12: 30 day mortality following surgery for ovarian cancer

QPI 12

30 day mortality following surgery for ovarian cancer.

Description Proportion of patients who die within 30 days of surgery for ovarian cancer.

Numerator Number of patients with epithelial ovarian cancer who undergo surgery that die within 30 days of treatment.

Denominator All patients with epithelial ovarian cancer who undergo surgery.

Target	<5%						
		2021-22	Numerator	Denominato	or	2020-21	2019-20
2021-22	Grampian	0.0%	0	63		0.0%	0.0%
	Highland	-	0	4		0.0%	0.0%
	Orkney	-	0	0		-	-
	Shetland	-	0	0		-	-
	Tayside	0.0%	0	9		0.0%	0.0%
	Western Isles	-	0	0		-	-
	NCA	0.0%	0	76		0.0%	0.0%

Comments: This QPI has been met at 0%, which aligns with the expected result.

Exclusions No exclusions

