

# Quality Performance Indicators Audit Report



<b>Tumour Area:</b>	Acute Leukaemia (AL)
<b>Patients Diagnosed:</b>	1 <sup>st</sup> July 2021 – 30 <sup>th</sup> June 2022
<b>Published Date:</b>	9 <sup>th</sup> October 2023

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

Between 1<sup>st</sup> July 2021 and 30<sup>th</sup> June 2022 a total of 58 cases of Acute Leukaemia were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was 92.1%. QPIs based on cancer audit data are considered to be representative of all patients diagnosed with Acute Leukaemia during the audit period.

**Table 1: Case ascertainment by NHS Board for patients diagnosed with acute leukaemia in 2021-2022**

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
<b>No. of Patients 2021-22</b>	19	19	2	0	18	0	<b>58</b>
<b>% of NCA total</b>	40%	26%	0%	0%	32%	1%	<b>100%</b>
<b>Average Cancer Registration Cases 2016-20</b>	27.4	15.6	1.0	1.0	17.2	0.8	<b>63.0</b>
<b>% Case ascertainment 2021-22</b>	69.3%	121.8%	200.0%	0.0%	104.7%	0.0%	<b>92.1%</b>

The following figure shows the total number of patients diagnosed with Acute Leukaemia cancer from 2017-18 to 2021-22. It is noticeable that number of patients rose in 2020-21 across the boards and in NCA.

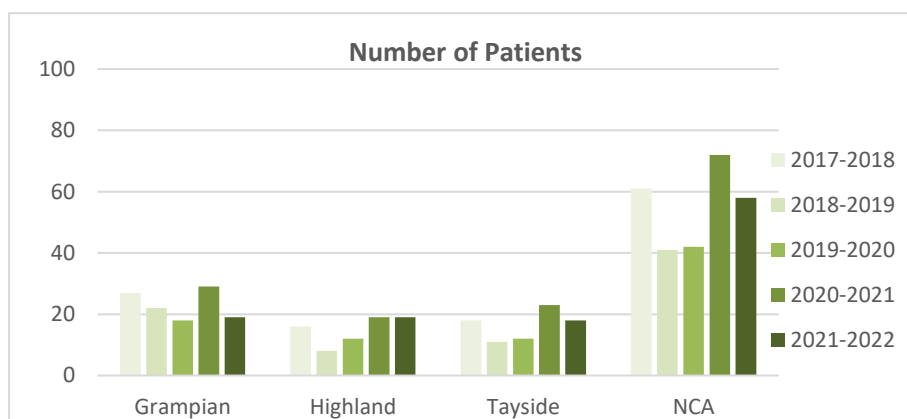


Figure 1: Total number of patients 2017-18 to 2021-22

## 2. Age distribution of patients diagnosed with acute leukaemia in the North of Scotland

Figures two and three demonstrate the age distribution of patients diagnosed with Acute Leukaemia in the North of Scotland between July 2021 and June 2022 as well as the 5 years average number of patients.

In the reporting period of July 2021 and June 2022 the highest number of male patients were diagnosed in the 75-84 age group followed by 65-74 age group, as shown in Figure 2. In comparison with 5 years average of male patient numbers the pattern is similar.

Figure three shows, in the reporting period of June 2021- July22 the highest number of female patients were diagnosed in the 75-84 age group followed by 65-74 age group, similar to male patients. In comparison with 5 years average of female patients the highest number was reported in the 65-74 age group.

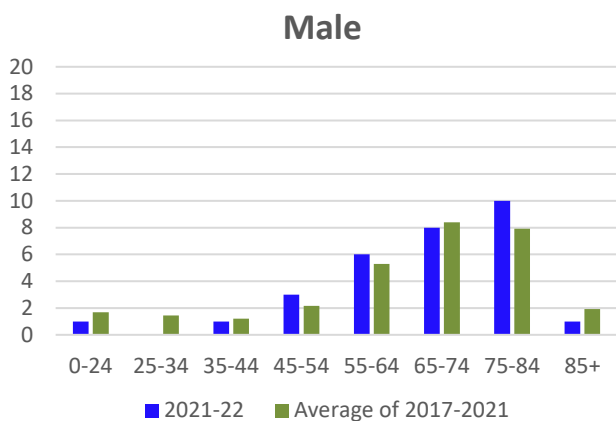


Fig 2: Age distribution of patients diagnosed with Acute Leukaemia cancer in the NCA in 2021-2022 for Male patients

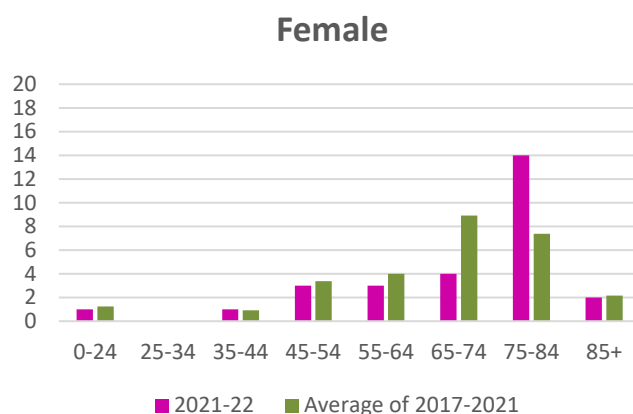


Fig 3: Age distribution of patients diagnosed with Melanoma cancer in the NCA in 2021-2022 for Female patients

### 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 (PHS)<sup>2</sup>. Data for the QPIs are presented by Board of diagnosis and QPI 7 is reported one year in arrears therefore results presented here are for patients diagnosed in 2020-21. QPI 5 target change only – the target has been removed for patients under 16 years of age. This data is now being collected through the Managed Service Network (MSN) for Children and Young People with Cancer.

Due to the small numbers of patients diagnosed with Acute Leukaemia annually, it was agreed by the QPI development group that annual results for the Acute Leukaemia QPIs would be presented at a regional level rather than for individual NHS Boards. However, three yearly cumulative national reports will include information presented by individual NHS Boards.

*\*Where the number of cases is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure.*

QPI results presented include only patients aged 16 years and over. It has been agreed at a national level that analysis of patients under the age of 16 years will not be included in published QPI reports, due to the very small numbers of patients involved.

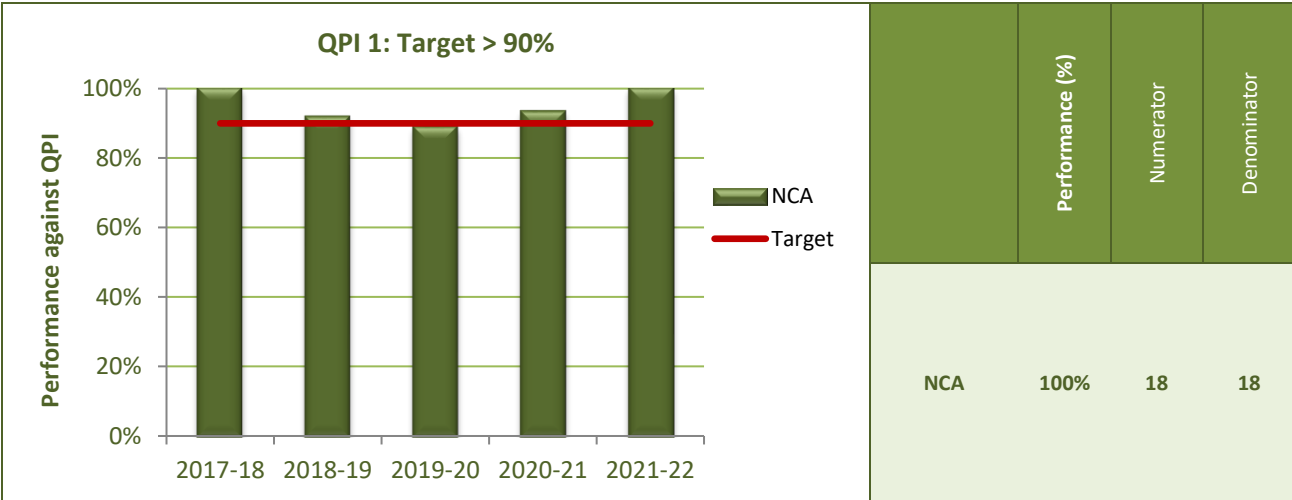
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy e-Prescribing and Administration System) data to measure SACT mortality to ensure that the 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 it is anticipated that performance against this measure will be reported in the next audit cycle (the target will be revised from <5% to <10% when it is reported using CEPAS data due to the increased clinical cohort who will be receiving appropriate palliative chemotherapy). In the meantime all deaths within 30 days of SACT will continue to be reviewed at NHS Board level.

### 4. Governance and Risk

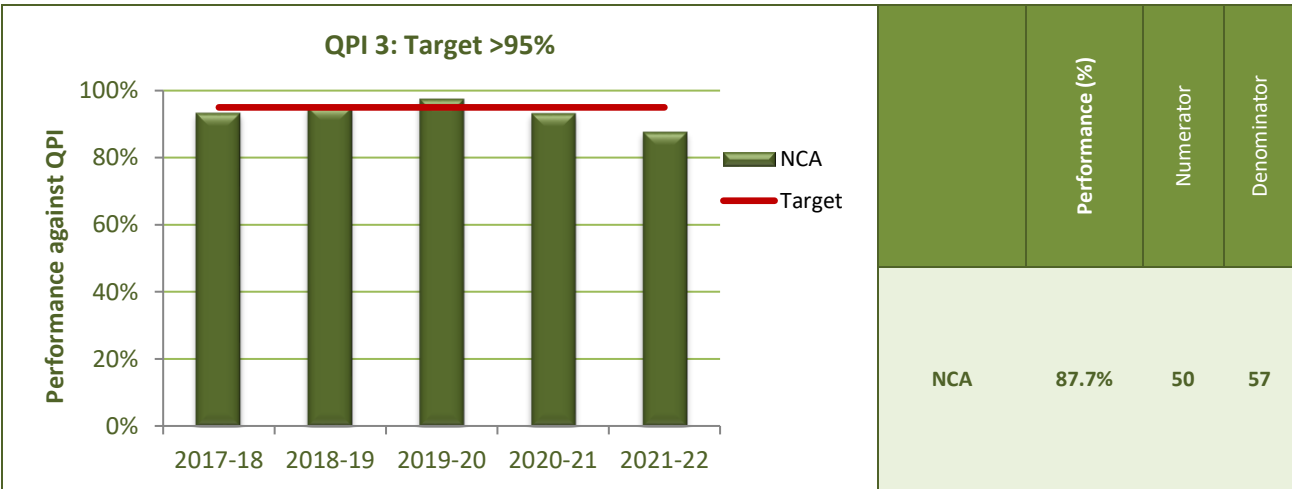
QPI performance is overseen by the North Cancer Alliance and its constituent groups, with an assessment of clinical risk and action planning undertaken collaboratively and reporting at board and regional level. Actions will be overseen by the Pathway Boards and reported concurrently into the NCA governance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

Further information is available [here](#).

<b>QPI 1</b>	<b>Complete Diagnostic Panel</b>
<b>Description:</b> Proportion of patients with acute leukaemia undergoing treatment with curative intent who have complete diagnostic panel undertaken, defined as: (i) morphology; (ii) immunophenotyping; (iii) cytogenetics; and (iv) Molecular marker analysis and (v) Storage of genetic material for routine diagnostic testing.	



<b>QPI 3</b>	<b>MDT Discussion</b>
<b>Description:</b> Proportion of patients with acute leukaemia who are discussed at MDT meeting within 8 weeks of diagnosis.	



The target for this QPI was not met by the NCA overall. The target was missed due to workforce capacity issues, and will be monitored in future years reporting.

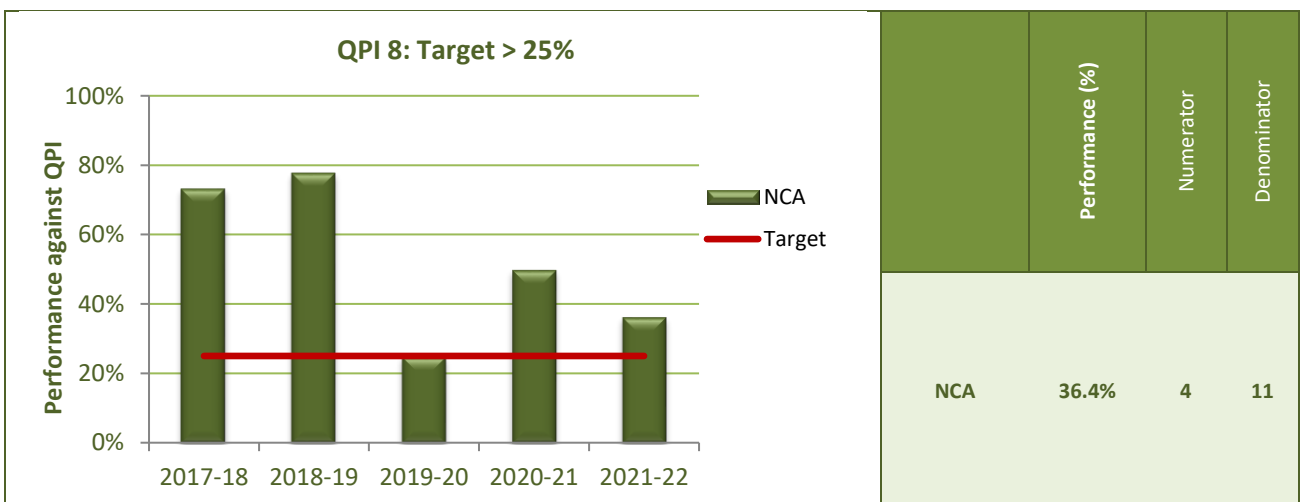
<b>QPI 5</b>	<b>Early Deaths</b>
<b>Description:</b> Proportion of patients with acute leukaemia being treated with curative intent who die within 30/35 days of treatment. Please note: This QPI measures 2 distinct elements: i. Patients with Acute Myeloid Leukaemia (AML) treated with curative intent who die within 30 days of treatment; and ii. Patients with Acute Lymphoblastic Leukaemia (ALL) treated with curative intent who die within 35 days of treatment.	

Specification (i) Patients with Acute Myeloid Leukaemia (AML) treated with curative intent who die within 30 days of treatment.				Specification (ii) Patients with Acute Lymphoblastic Leukaemia (ALL) treated with curative intent who die within 35 days of treatment.					
	Target	Performance (%)	Numerator	Denominator		Target	Performance (%)	Numerator	Denominator
Patients aged 16 to 60 years*	< 8%	-	-	-		< 8%	0%	0	6
Patients aged over 60 years*	< 18%	0%	0	6		< 20%	-	-	-

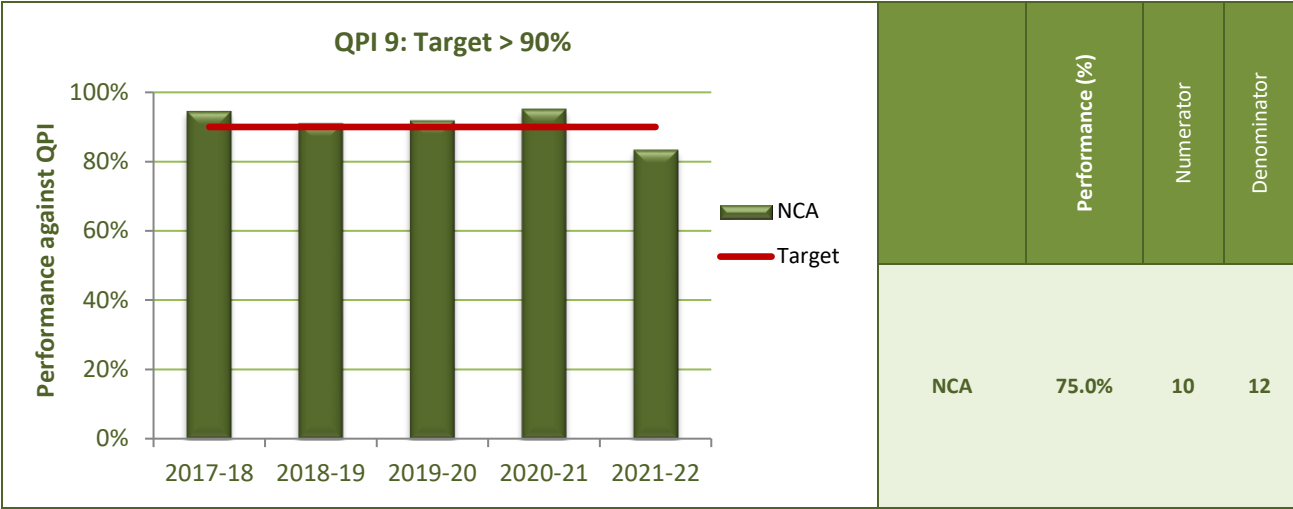
<b>QPI 7</b>	<b>Deaths in Remission</b>
<b>Description:</b> Proportion of patients with acute leukaemia undergoing treatment with curative intent who die in first Complete Remission (CR) within 1 year of diagnosis.	

Data not reported due to small numbers, however no patients undergoing treatment with curative intent died in first CR, within 1 year of diagnosis.	Performance (%)	Numerator	Denominator
NCA*	-	-	-

<b>QPI 8</b>	<b>Clinical Trials with Curative Intent</b>
<b>Description:</b> Proportion of patients with acute leukaemia being treated with curative intent who are enrolled in a clinical trial.	

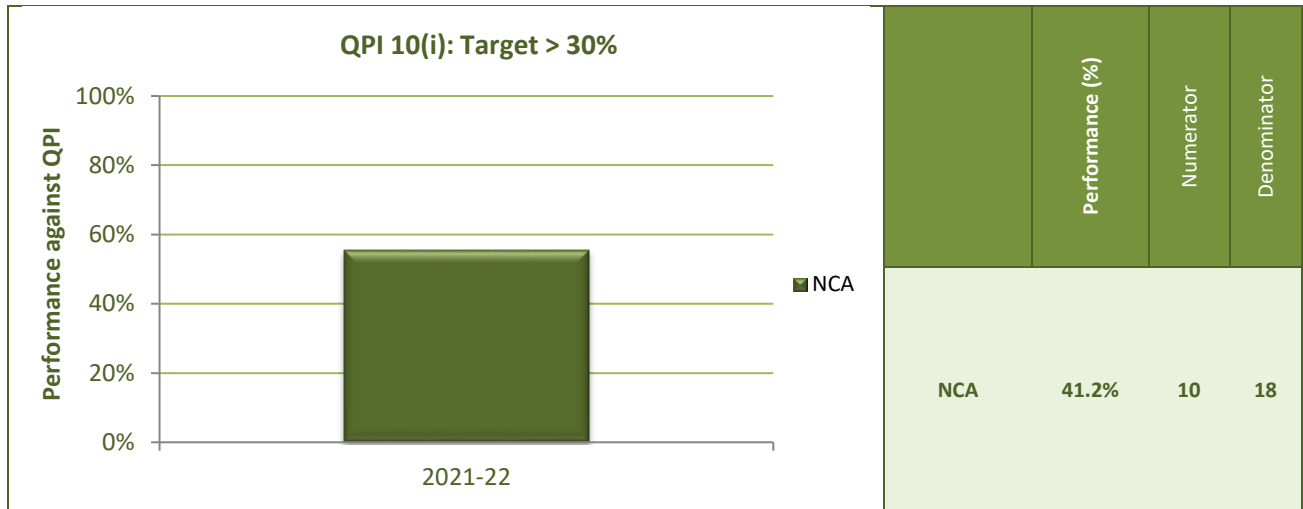


<b>QPI 9</b>	<b>Tissue Typing for Transplant</b>
<b>Description:</b> Proportion of patients with acute leukaemia eligible for transplant (i.e. over 16 years of age and under 65 years of age) being treated with curative intent should have a specimen sent to the lab for tissue typing at diagnosis.	

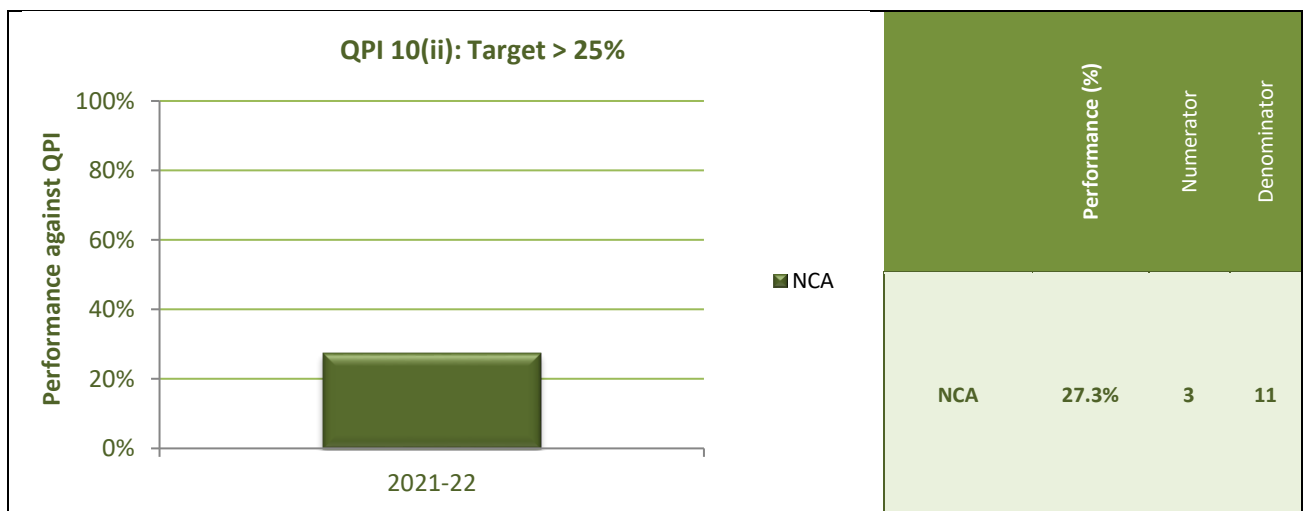


This target was missed due to patients being managed clinically and audited out with the North of Scotland.

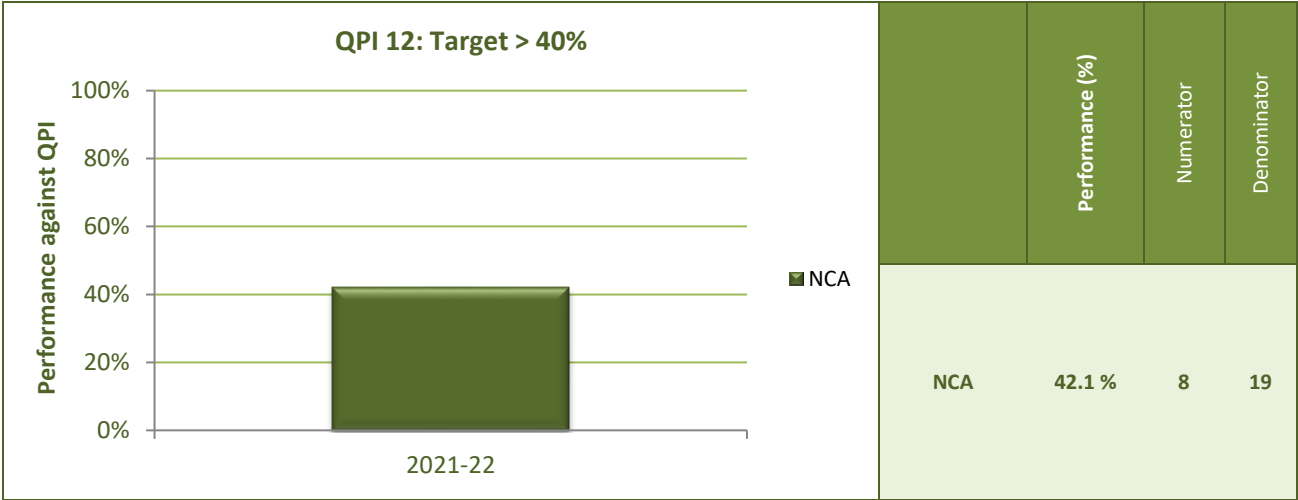
<b>QPI 10 (i)</b>	<b>Remission Inducing Systemic Anti-Cancer Therapy (SACT) in Older Adults</b>
<p><b>Description:</b> Proportion of patients with acute leukaemia over 60 years of age with performance status (PS) 0-1 who receive remission inducing SACT. Please note: This QPI measures 2 distinct elements: (i) Patients with acute leukaemia 60 years of age and over who receive remission inducing SACT; and (ii) Patients with acute leukaemia 60 years of age and over receiving remission inducing SACT who are treated within a clinical trial.</p>	



<b>QPI 10 (ii)</b>	<b>Remission Inducing Systemic Anti-Cancer Therapy (SACT) in Older Adults</b>
<p><b>Description:</b> Proportion of patients with acute leukaemia over 60 years of age with performance status (PS) 0-1 who receive remission inducing SACT. Please note: This QPI measures 2 distinct elements: (i) Patients with acute leukaemia 60 years of age and over who receive remission inducing SACT; and (ii) Patients with acute leukaemia 60 years of age and over receiving remission inducing SACT who are treated within a clinical trial.</p>	



<b>QPI 12</b>	<b>Palliative Treatment</b>
<b>Description:</b> Proportion of patients with AML who re not suitable for treatment with remission inducing SACT who receive an appropriate palliative SACT regimen.	



This QPI has been audited; where this QPI has not been met there have been patient specific reasons inclusive of comorbidities and patient fitness.

<b>QPI 13</b>	<b>Early Deaths in Patients with Acute Promyelocytic Leukaemia</b>
<b>Description:</b> Proportion of patients with APL who die within 30 days of diagnosis.	

Data not reported due to small numbers, however no patients with APL died within 30 days of diagnosis.	Performance (%)	Numerator	Denominator
	NCA*	-	-

## References

1. Scottish Cancer Taskforce. Acute Leukaemia Clinical Performance Indicators, Version 4.0. Health Improvement Scotland.  
[https://www.healthcareimprovementscotland.org/our\\_work/cancer\\_care\\_improvement/cancer\\_qpis/quality\\_performance\\_indicators.aspx](https://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/cancer_qpis/quality_performance_indicators.aspx)
2. Public Health Scotland  
<http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>
3. Cancer Incident in Scotland  
<https://publichealthscotland.scot/publications/cancer-incidence-in-scotland/cancer-incidence-in-scotland-to-december-2021/>

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