

# Quality Performance Indicators Audit Report



<b>Tumour Area:</b>	Cutaneous Melanoma
<b>Patients Diagnosed:</b>	1 <sup>st</sup> July 2021 – 30 <sup>th</sup> June 2022
<b>Published Date:</b>	04 July 2023

## 1. Patient Numbers and Case Ascertainment in the North Cancer Alliance

Between 1<sup>st</sup> July 2021 and 30<sup>th</sup> June 2022 a total of 375 cases of cutaneous melanoma were diagnosed in the North Cancer Alliance and recorded through audit. Overall case ascertainment was 109.8% due to a rise in presentation following the COVID-19 Pandemic. QPIs based on cancer audit data are considered to be representative of all patients diagnosed with Melanoma cancer during the audit period.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
<b>No. of Patients 2021-22</b>	136	78	2	5	151	3	<b>375</b>
<b>% of NCA total</b>	36.3%	20.8%	0.5%	1.3%	40.3%	0.8%	<b>100%</b>
<b>Cancer registration average cases 2016-20</b>	133.2	67.4	2.6	4.2	129.4	4.6	<b>341.4</b>
<b>% Case ascertainment 2021-22</b>	88.3%	90.4%	181.8%	19.2%	70.4%	119.0%	<b>81.7%</b>

## 2. Age Distribution

Figures 1 and 2 below show the age distribution of patients diagnosed with cutaneous melanoma in the North Cancer Alliance throughout 2021-22 and the 5 year average number of patients. In 2021-22 the highest proportion of male patients diagnosed were in the 65-74 age group followed by 75-84 age group, as shown in Figure 1. In comparison with 5 years average of male patient numbers the pattern is similar. Figure 2 shows, in 2021-22 the highest proportion of female patients were diagnosed in the 65-74 age bracket. A considerable number of female patients were also diagnosed in both the 55-64 and 75-84 age brackets. In comparison with 5 years average of female patient numbers the pattern is comparable.

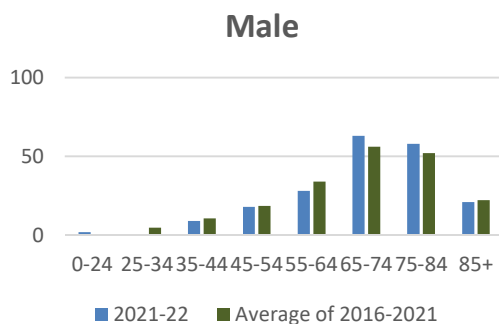


Fig 1: Age distribution of patients diagnosed with Melanoma cancer in the NCA in 2021-2022 for Male patients

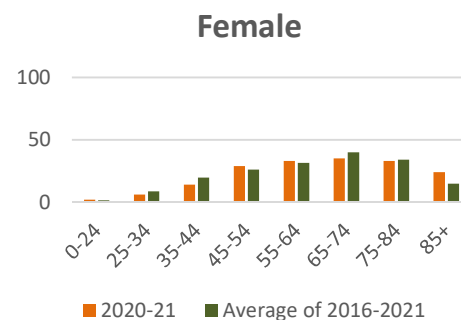


Fig 2: Age distribution of patients diagnosed with Melanoma cancer in the NCA in 2021-2022 for Female patients

### 3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Healthcare Improvement Scotland<sup>1</sup>, while further information on datasets and measurability used are available from Public Health Scotland<sup>2</sup>. Data for QPIs are presented by NHS Board of diagnosis. Please note that where QPI definitions have been amended, results are not compared with those from previous years.

*\*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.*

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 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 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>Diagnostic Biopsy</b>
Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician.	

**Specification (i) Patients who undergo diagnostic excision biopsy as their initial procedure**



**Specification (ii) Patients who undergo diagnostic partial biopsy as their initial procedure**



The target for excision biopsy was exceeded across the NCA for the first time, with significant improvement in NHS Highland moving closer to the target. Further Skin Cancer awareness sessions are planned across the NCA to support appropriate referrals to skin cancer clinicians, particularly within Primary Care. This QPI will continue to be monitored within future years reporting.

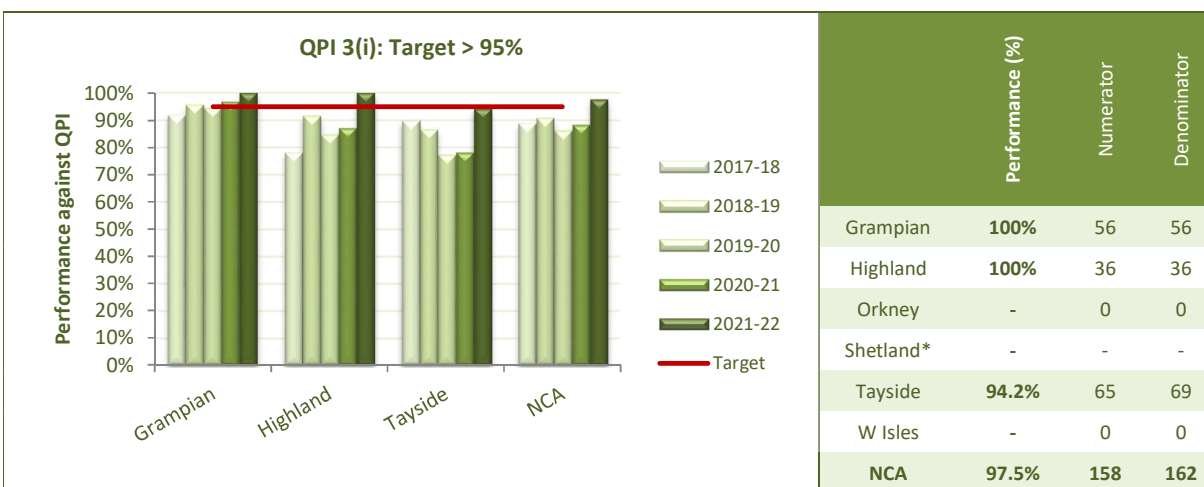
**QPI 2 Pathology Reporting**

Proportion of patients with cutaneous melanoma who undergo diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).



**QPI 3(i) Multi-Disciplinary Team Meeting (MDT)**

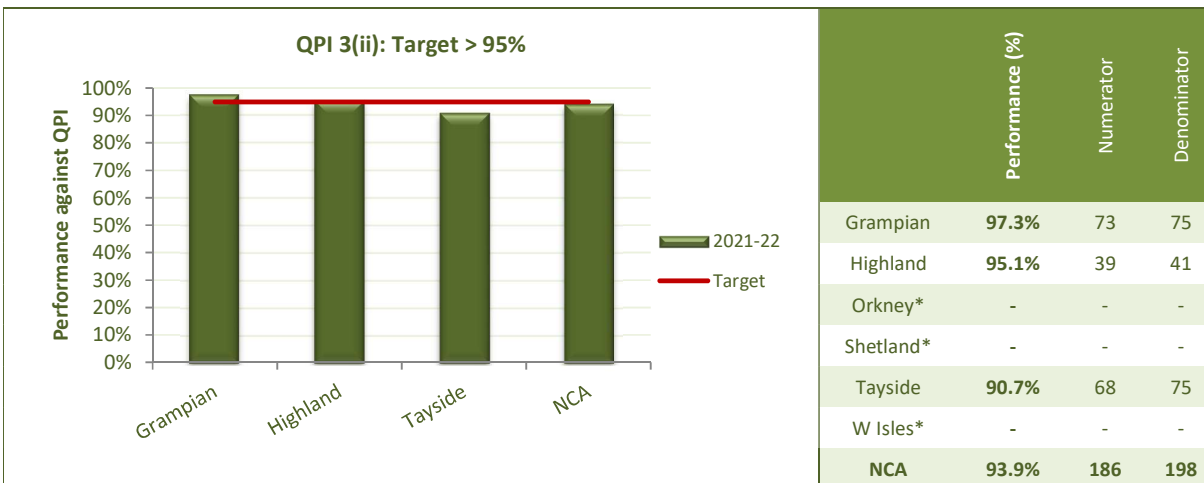
Proportion of patients with cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.



Overall the NCA met this target for the first time and there is significant improvement noted at NHS Tayside, where a proforma has been introduced as well as a MDT Co-ordinator to ensure all Melanoma patients are discussed at a Skin Cancer MDT meeting prior to definitive treatment.

**QPI 3 (ii) | Multi-Disciplinary Team Meeting (MDT)**

Proportion of patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.



This is the first year of reporting this revised QPI measure, improvements are underway at NHS Tayside to meet the 95% target including the introduction of a proforma and MDT Co-ordinator to ensure discussion of all Melanoma patients at a Skin Cancer MDT meeting prior to definitive treatment.

**QPI 4 | Clinical Examination of Draining Lymph Node Basins**

Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.



Data recording of lymph node examination has improved across the North Cancer Alliance in the last two years of reporting. Further activities are planned through the NCA Skin Cancer Action Plan to improve data recording and bring this QPI up to the 95% target.

**QPI 5 | Sentinel Node Biopsy Pathology**

Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).



**QPI 6 | Wide Local Excisions**

Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.



Overall the NCA met this target for the first time and there is improvement noted in all boards, the NCA Skin Cancer Pathway Board will continue to monitor this QPI in future years reporting.

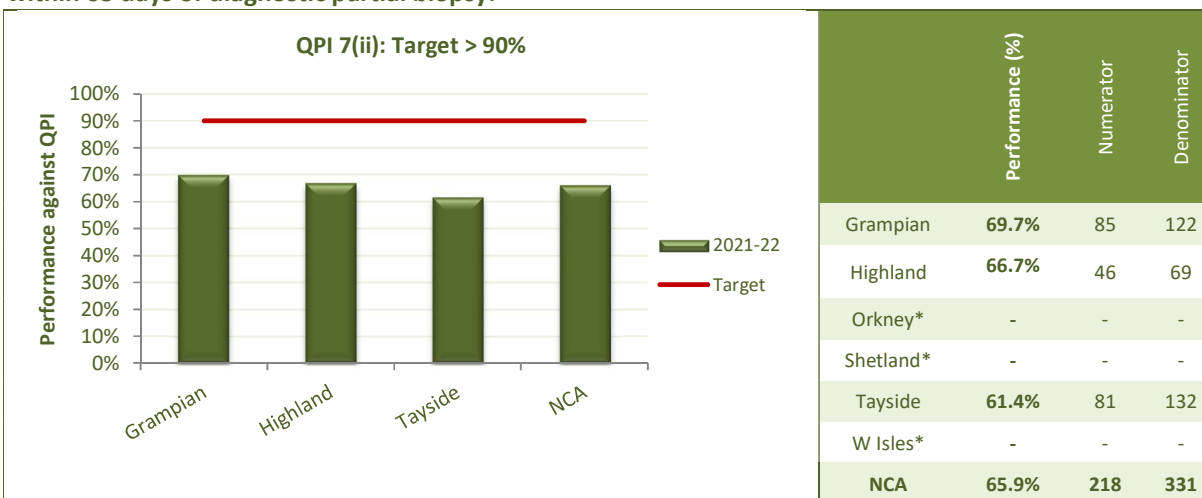
<b>QPI 7</b>	<b>Time to Wide Local Excision</b>
Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic biopsy.	

**Specification (i) Proportion of patients with cutaneous melanoma where diagnostic biopsy is reported within 21 days**



Pathology reporting within 21 days remains a challenge within the North of Scotland. This QPI will be monitored over the next 12 months as boards return to a more normal service provision – actions are underway through the NCA Skin Cancer Action Plan to investigate arrangements for resilience and sustainability of skin cancer pathology services.

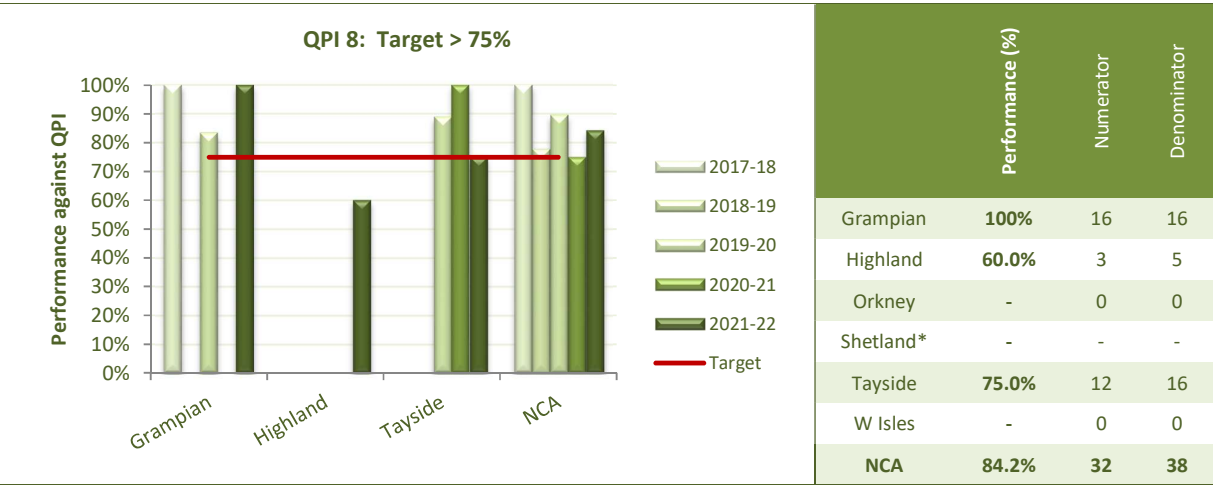
**Specification (ii) Proportion of patients with cutaneous melanoma who undergo wide local excision within 63 days of diagnostic partial biopsy.**



Theatre capacity remains a challenge across the NCA – the Scottish Government’s “Maintenance of Cancer Surgery Framework” continues to guide theatre allocation on a patient priority basis across all cancer types. However the time to Wide Local Excision from diagnosis in the NCA remains sub-optimal for around 35% of patients and work is required to ensure patients progress for their definitive treatment within the required 63 day timescale. This QPI has been significantly affected by theatre access in particular for SLNB population who require a general anaesthetic. Until this is addressed following the impacts of the pandemic, this will continue to be a challenging QPI.

The NCA Skin Cancer Pathway Board have recognised this QPI needs to improve, with the results demonstrating delays at both entry to (pathology) and exit from (surgery) the pathway. Actions will be identified as part of activity in the NCA Skin Cancer Action Plan.

<b>QPI 8</b>	<b>BRAF Status</b>
Proportion of patients with stage III or IV cutaneous melanoma who have their BRAF status checked.	



<b>QPI 9</b>	<b>Imaging for Patients with Advanced Melanoma</b>
Proportion of patients with stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of diagnosis.	



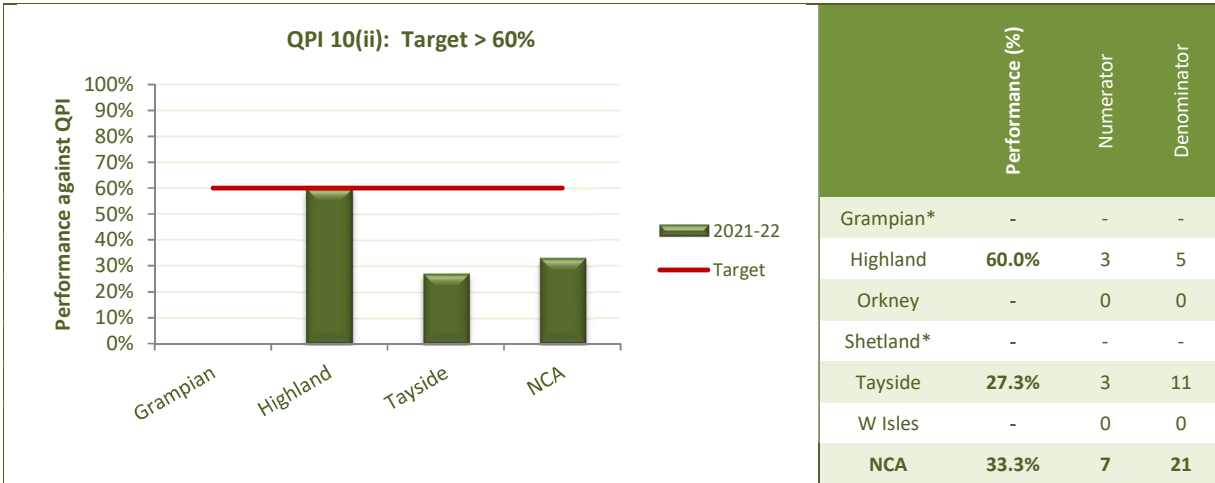
While performance of this QPI has improved within the NCA, performance remains well below the 95% target. Work is underway through the NCA Skin Cancer Action Plan to improve performance of this QPI and includes engagement through the North Imaging Alliance to ensure pathways are optimised to make sure Advanced Melanoma patients are prioritised for CT and (PET) CT imaging following diagnosis. Ongoing service and staffing limitations in radiology will continue to make this a challenging QPI to meet.



<b>QPI 10 (i)</b>	<b>Systemic Therapy</b>
Proportion of patients with unresectable stage III and IV cutaneous melanoma undergoing SACT.	

This QPI is not reported due to less than 5 patients including in the denominator for this QPI across the NCA.

<b>QPI 10 (ii)</b>	<b>Systemic Therapy</b>
Proportion of patients with resected stage III and IV cutaneous melanoma undergoing adjuvant SACT.	



There were individual reasons why patients included in this QPI did not undergo adjuvant SACT, including co-morbidities, patient fitness for adjuvant treatment and patient choice. This QPI will continue to be monitored in future years as the role of adjuvant therapies continues to evolve in Melanoma management. It should be noted that this QPI does not pick up the majority of patients who undergo SACT Treatment as this QPI monitors patients diagnosed with a new melanoma and then stage III/IV disease in the same year.

**QPI 14** | **Sentinel Lymph Node Biopsy**

Proportion of patients with stage pT1b (with either a mitotic rate of  $\geq 2/\text{mm}^2$  or lymphovascular invasion) and stage pT2 and above cutaneous melanoma that undergo SLNB.



This QPI target was not met in NHS Tayside however performance in future years is expected to improve with the introduction of a proforma and MDT Co-ordinator to streamline MDT.

**References**

1. Cutaneous Melanoma 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 - <https://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/#background>