

Quality Performance Indicators Audit Report



Tumour Area:	Upper GI Cancer
Patients Diagnosed:	1 st January – 31 st December 2020
Published Date:	17/03/2022

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

A total of 323 Upper GI cancer diagnoses in the North of Scotland were recorded through audit between 1st January and 31st December 2020, with 263 cases of oesophageal cancer and 60 cases of gastric cancer. Overall case ascertainment was good at 80.3% 86.8%, although this was lower than the 2019 figure of 86.8% and the 2018 figure of 89.9%, however, case ascertainment figures are provided for guidance and are not an exact measurement of audit completeness as it is not possible to compare the same cohort of patients.

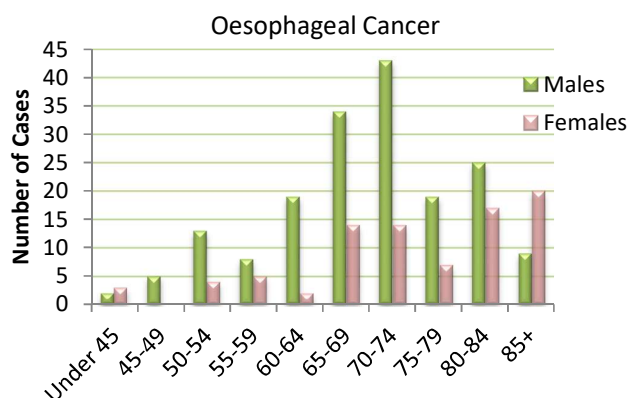
Case ascertainment and proportion of NoS total for patients diagnosed with Upper GI Cancer in 2020

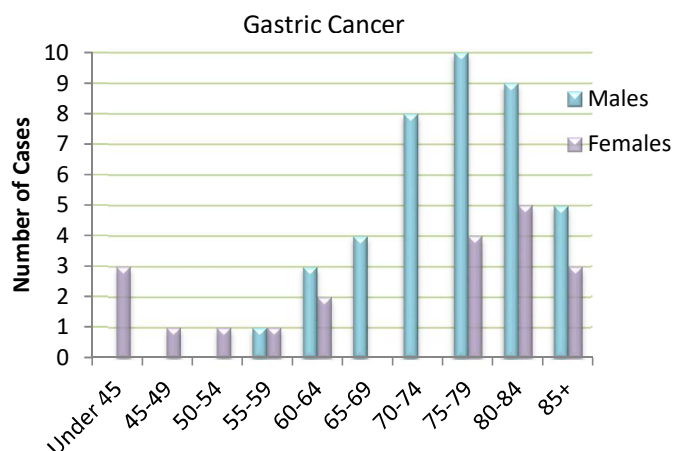
	Grampian	Highland	Orkney	Shetland	Tayside	W. Isles	NoS
No. of Oesophageal Cancer Patients 2020	109	53	4	4	82	11	263
No. of Gastric Cancer Patients 2020	23	16	1	2	17	1	60
Total no. of Upper GI Patients 2020	132	69	5	6	99	12	323
% of NoS Total	40.9%	21.4%	1.5%	1.9%	30.7%	3.7%	100%
Average ISD Cases (2015-19)	156.8	90.8	4.4	6.0	133.8	10.6	402.4
% Case ascertainment	84.2%	76.0%	113.6%	100%	74.0%	113.2%	80.3%

As with previous years, there are two particular fields where data was incomplete which excluded some results from calculations and may have impacted overall results in the North of Scotland. Date of nutritional screening and Malnutrition Universal Screening Tool (MUST) Score are required in the calculations for QPI 5(i) (Nutritional Assessment), this information was not available for all records. However, overall audit data was considered sufficiently complete to allow QPI calculations.

2. Age Distribution

The age distribution of patients diagnosed with oesophageal and gastric cancer in the North of Scotland in 2020 is shown in the following charts. Incidences of oesophageal cancer peaked in the 70-74 year age group for males and in the 85+ age group for females. And incidences of gastric cancer peaked in the 75-79 year age group for males and in the 80-84 year age group for females.





Age distribution of patients diagnosed with oesophageal and gastric cancer in North of Scotland 2020.

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 are largely presented by Board of diagnosis. However, surgical focussed QPIs (QPIs 7, 8, 9 and 10) are reported by hospital of surgery. Further QPI 14, clinical trials and research access, is reported by NHS Board of residence. Please note that where QPI definitions have been amended, results are not compared with those from previous years.

The following QPIs were amended during the last formal review process and will not be reported until next year – QPIs 4(i), 5(ii) and 9.

**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.*

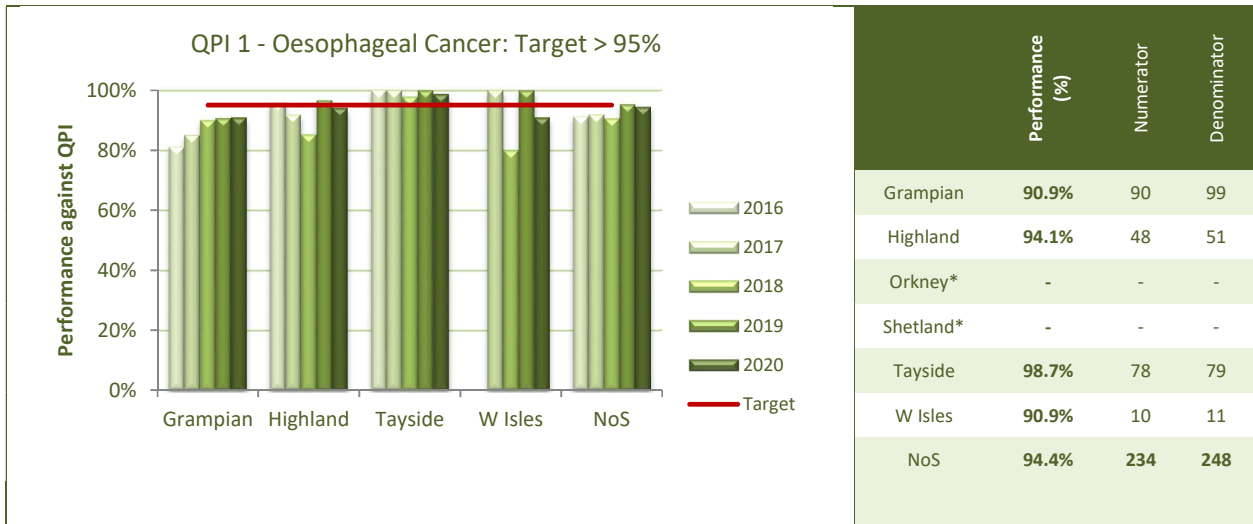
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the 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

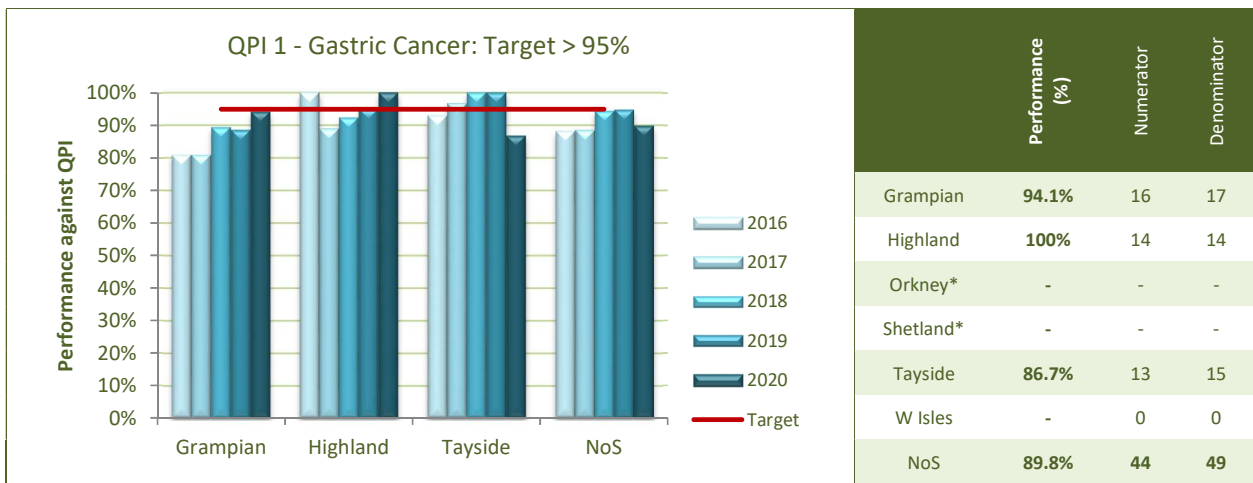
QPI performance is overseen by the North Cancer Alliance and its constituent groups, with an assessment of clinical risk and action planning undertaken collaboratively and reporting at board and regional level. Actions will be overseen by the Pathway Boards and reported concurrently into the NCA governance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

Further information is available [here](#).

QPI 1	Endoscopy
Proportion of patients with oesophageal or gastric cancer who have a histological diagnosis made within 6 weeks of initial endoscopy and biopsy.	



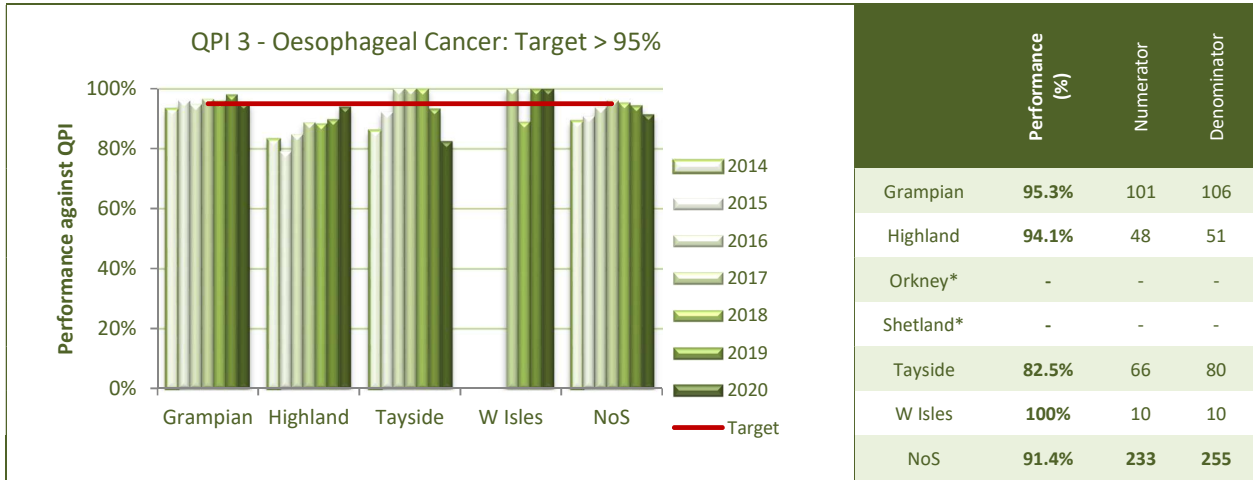
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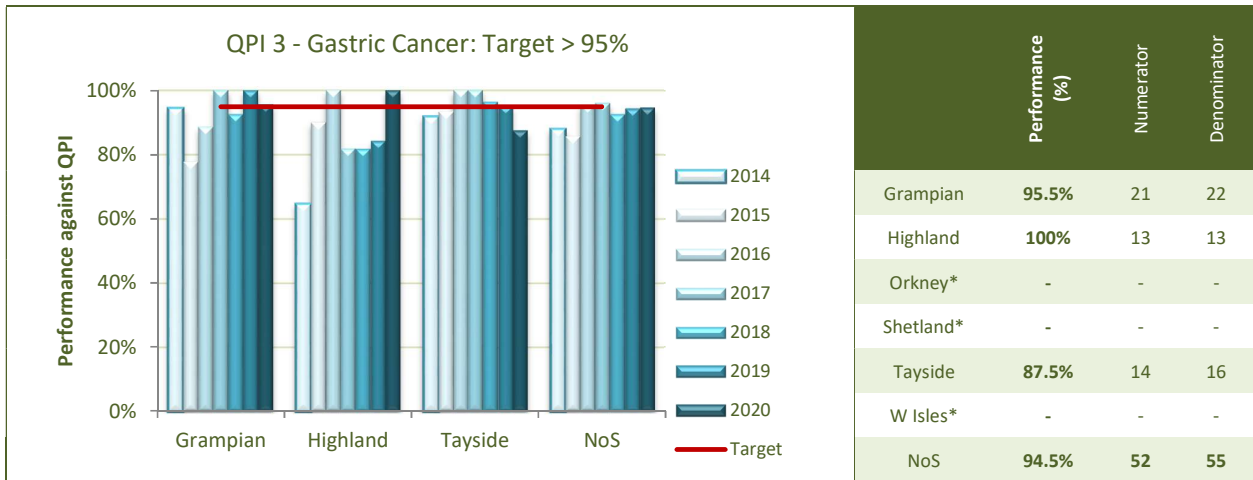
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

The standard was narrowly missed in the North of Scotland. Patients who did not receive a histological diagnosis within 6 weeks were reviewed through local board processes. The majority were found not to be appropriate for further biopsy, or had biopsy without a positive result.

QPI 3	Multi-Disciplinary Team (MDT) Meeting
Proportion of patients with oesophageal or gastric cancer who are discussed at MDT meeting before definitive treatment.	



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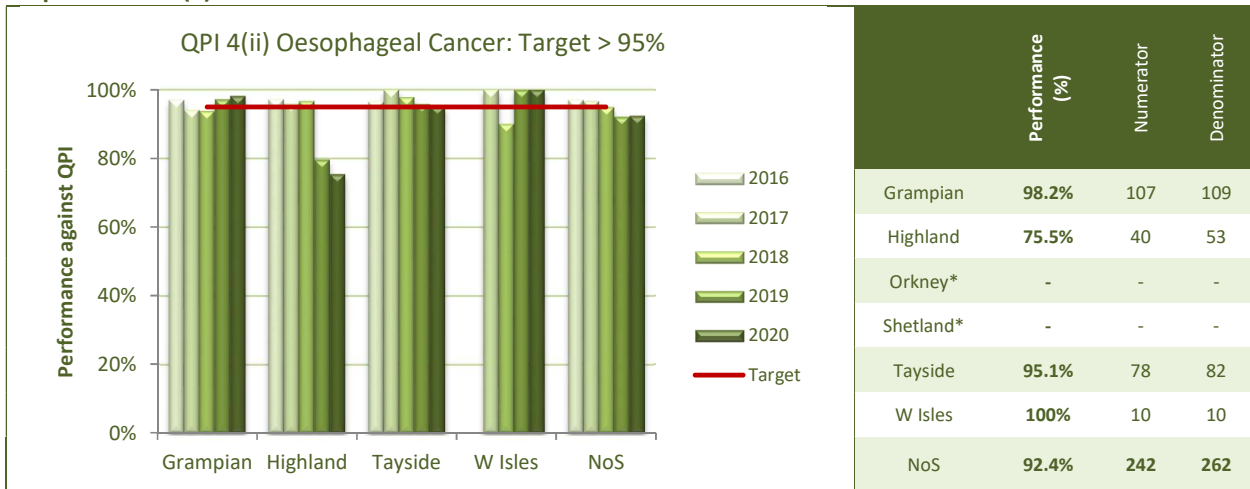
The standard was narrowly missed in the North of Scotland. Patients who were not discussed at MDT before definitive treatment typically had stents before MDT discussion.

QPI 4	Staging and Treatment Intent
Proportion of patients with oesophageal or gastric cancer who have TNM stage and treatment intent recorded at MDT meeting prior to treatment.	

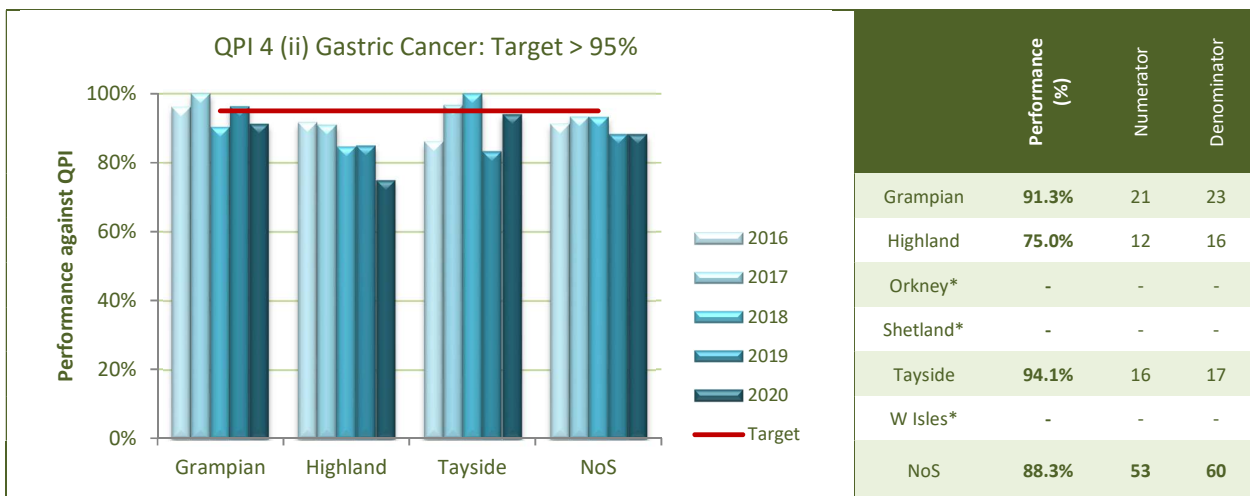
Specification (i) TNM Stage

This QPI will be reported next year.

Specification (ii) Treatment Intent



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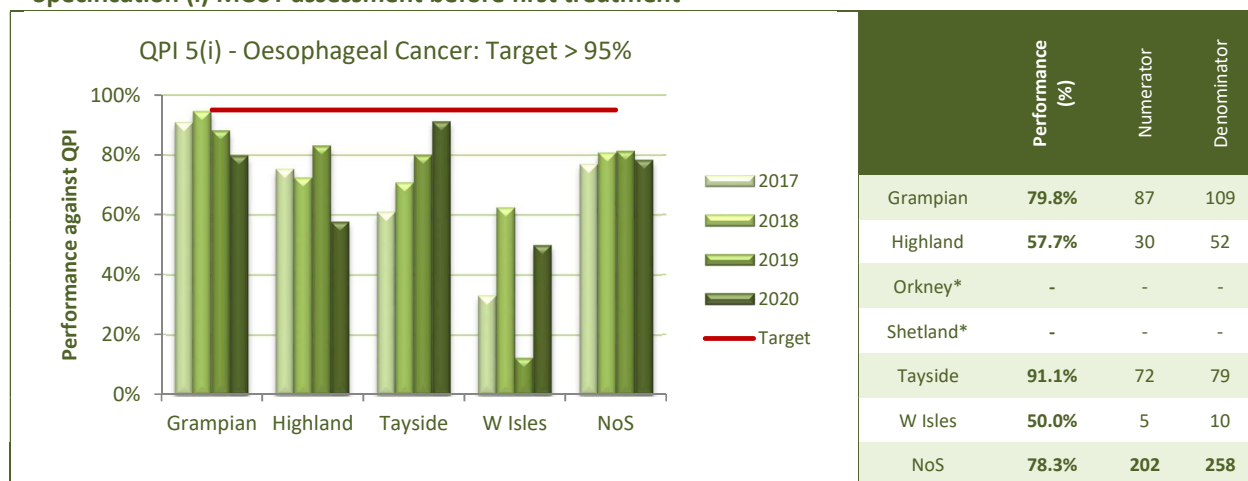


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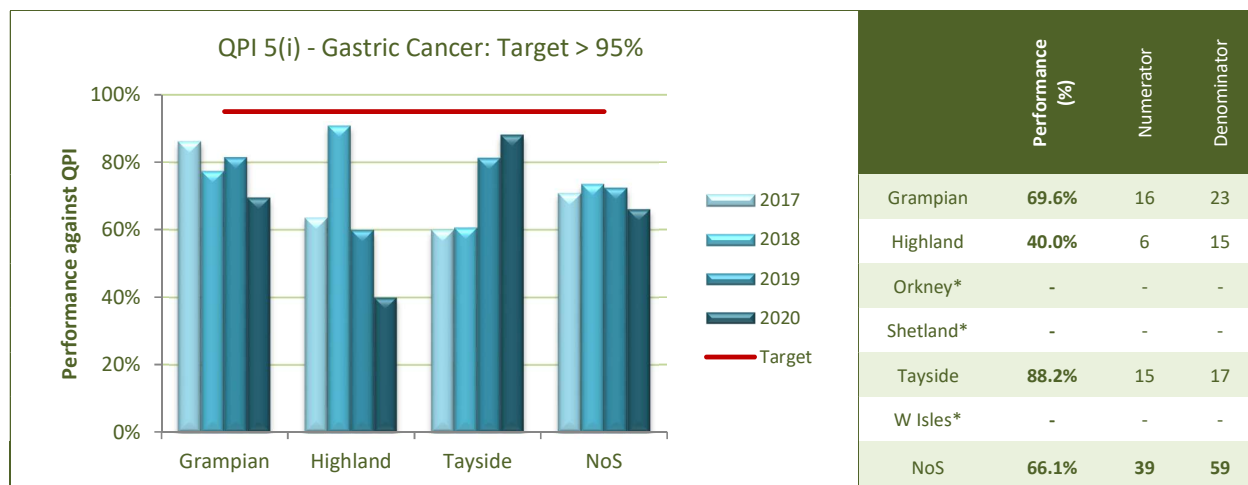
In some cases treatment may be unclear and some treatment intents are not recorded. This measure continues to be challenging in the North of Scotland and will continue to be monitored in future years.

QPI 5	Nutritional Assessment
Proportion of patients with oesophageal or gastric cancer who undergo nutritional screening before first treatment and are referred to a dietitian where appropriate.	

Specification (i) MUST assessment before first treatment



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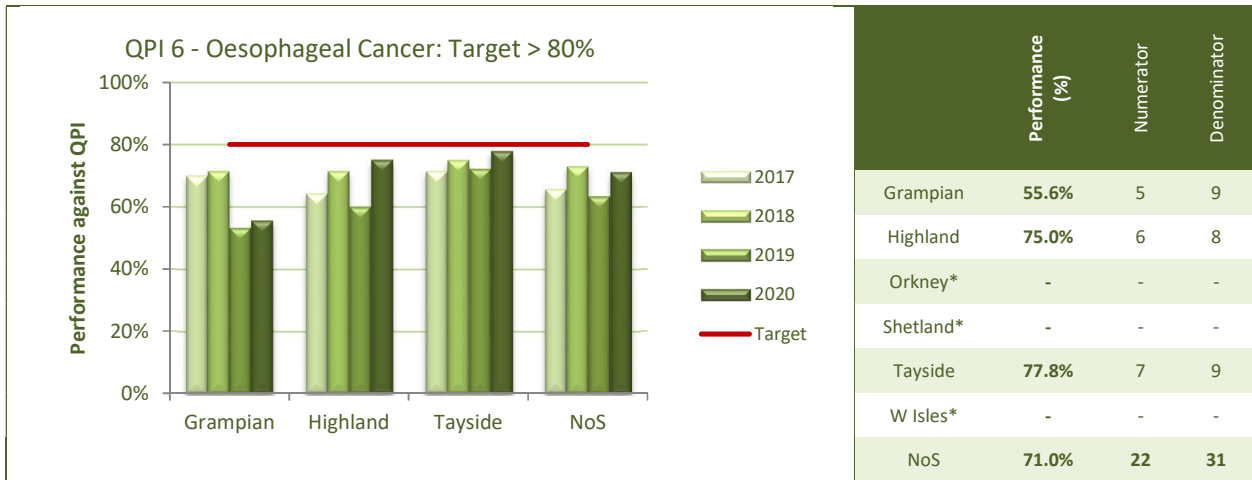
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Issues remain with the recording of MUST scores in the North of Scotland and this was additionally impacted by fewer face-to-face meetings in 2020.

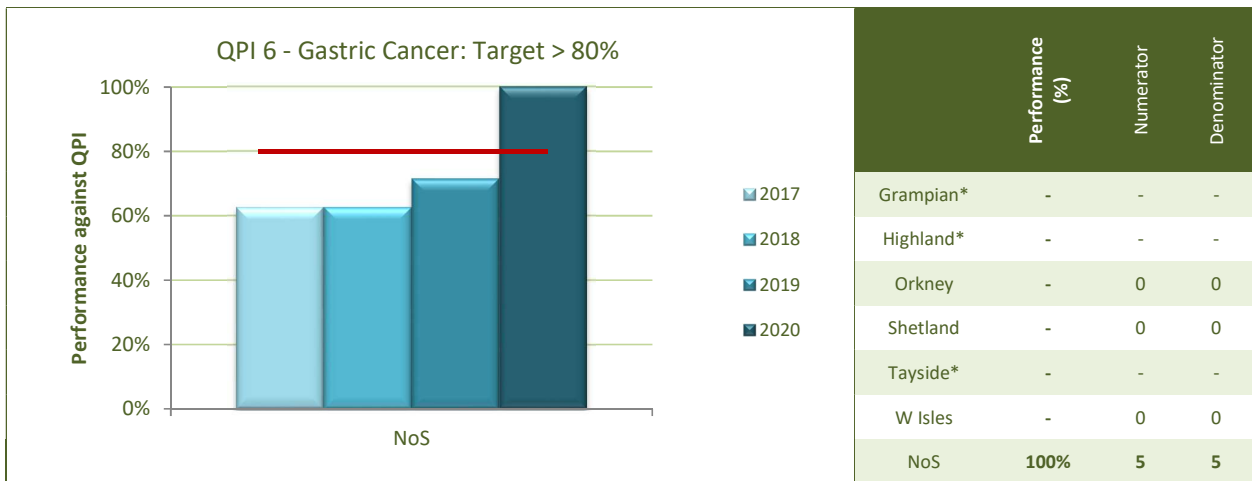
Specification (ii) Patients with MUST score 2 or more and are assessed by a dietitian

This QPI will be reported next year.

QPI 6	Appropriate Selection of Surgical Patients
Proportion of patients with oesophageal or gastric cancer who receive neo-adjuvant chemotherapy or chemoradiotherapy who then go on to have surgical resection.	



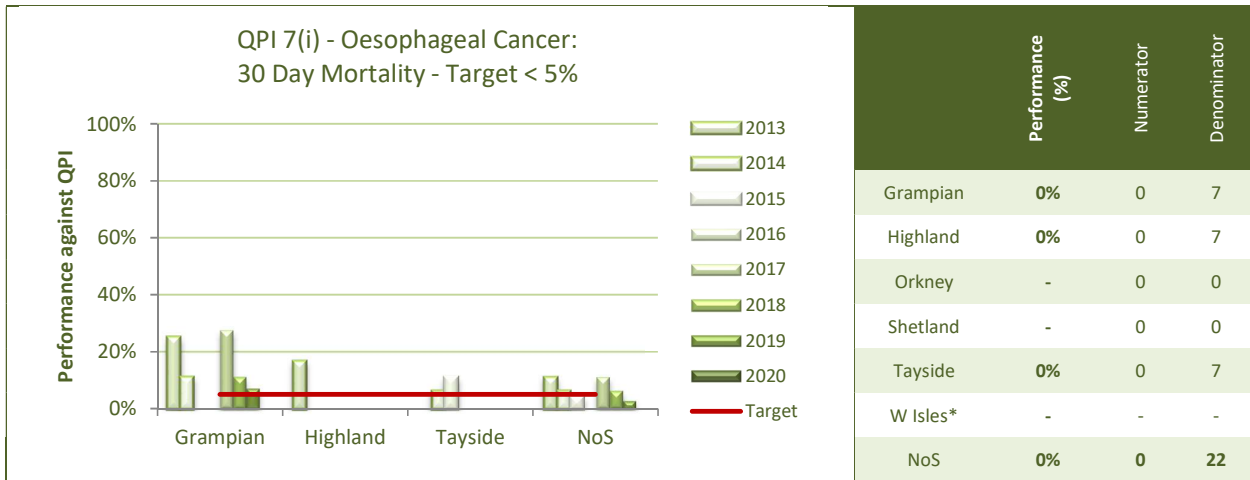
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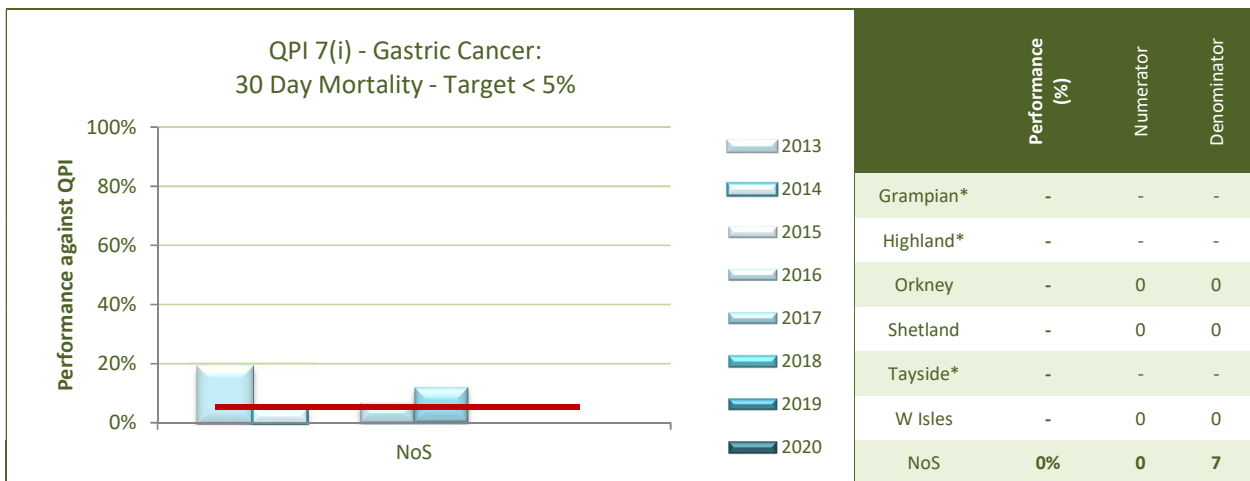
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Reasons for not going on to have surgical resection were typically linked to patient fitness for surgery and disease progression. This will continue to be monitored across the North of Scotland.

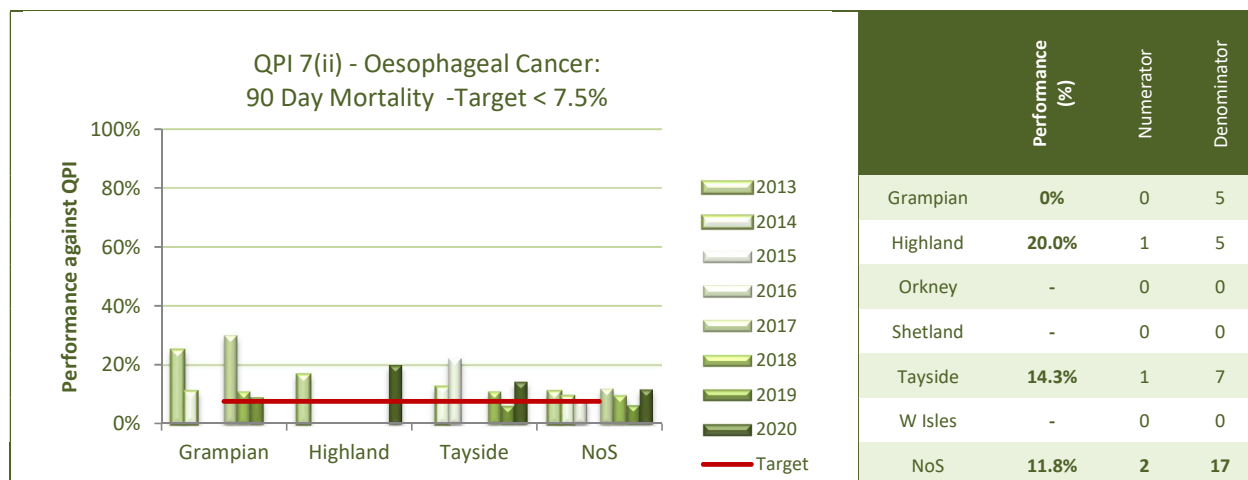
QPI 7	30/90 Day Mortality Following Surgery
Proportion of patients with oesophageal or gastric cancer who die within 30 or 90 days of surgical resection for oesophageal or gastric cancer.	



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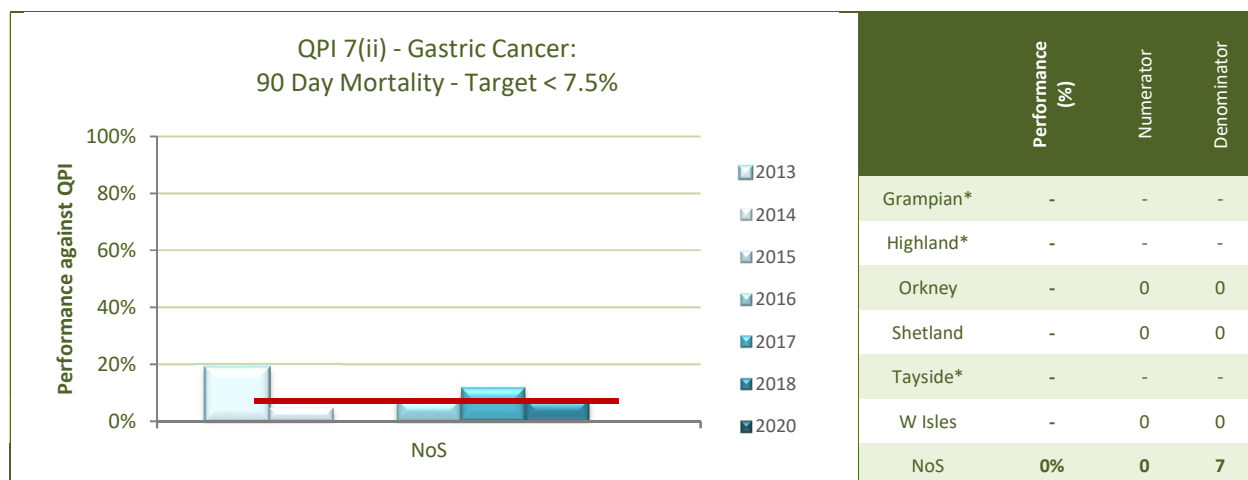


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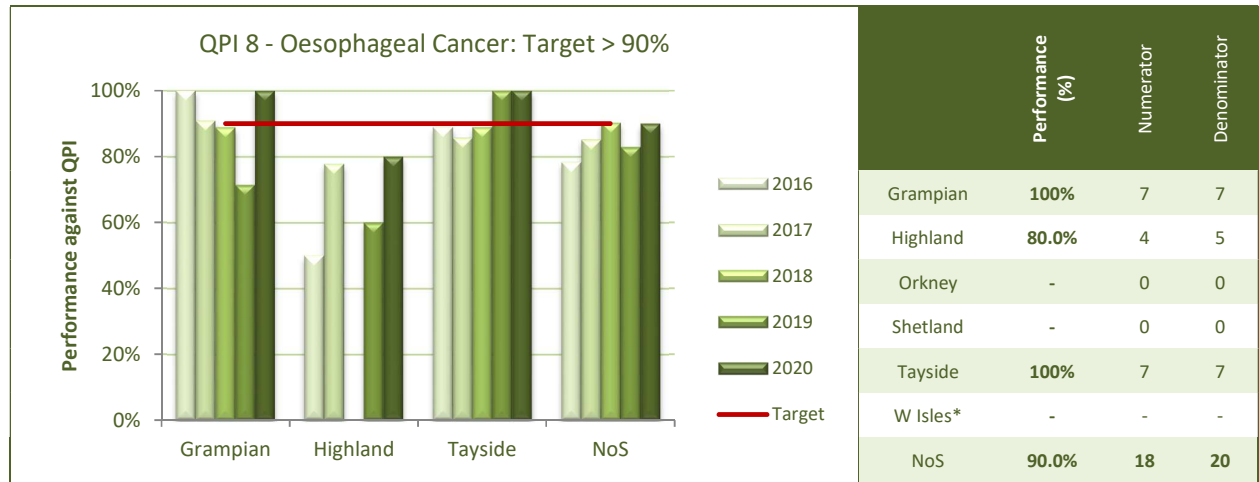
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All patients who died 30 and 90-days after treatment have been reviewed at board level.

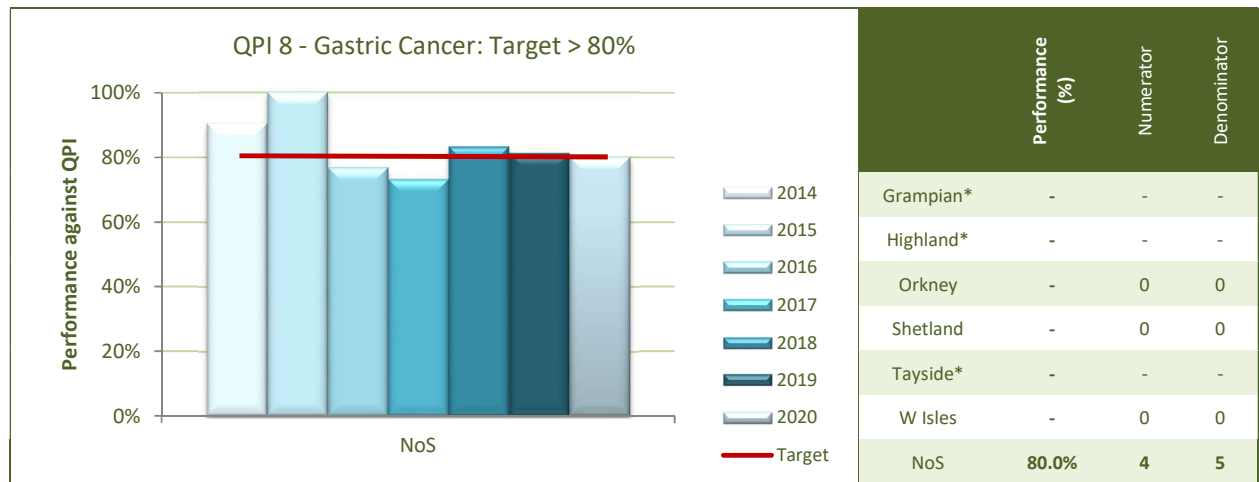


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QPI 8	Lymph Node Yield
Proportion of patients with oesophageal or gastric cancer who undergo surgical resection where ≥ 15 lymph nodes are resected and pathologically examined.	



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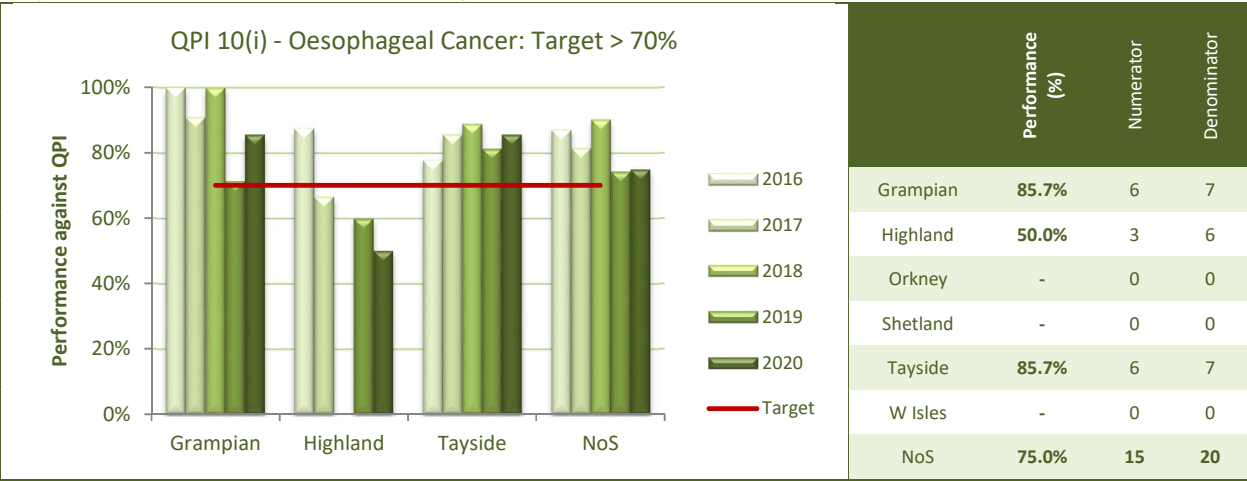
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QPI 9	Length of Hospital Stay Following Surgery
Proportion of patients undergoing surgical resection for oesophageal or gastric cancer who are discharged within 14 days of surgical procedure.	

This QPI will be reported next year.

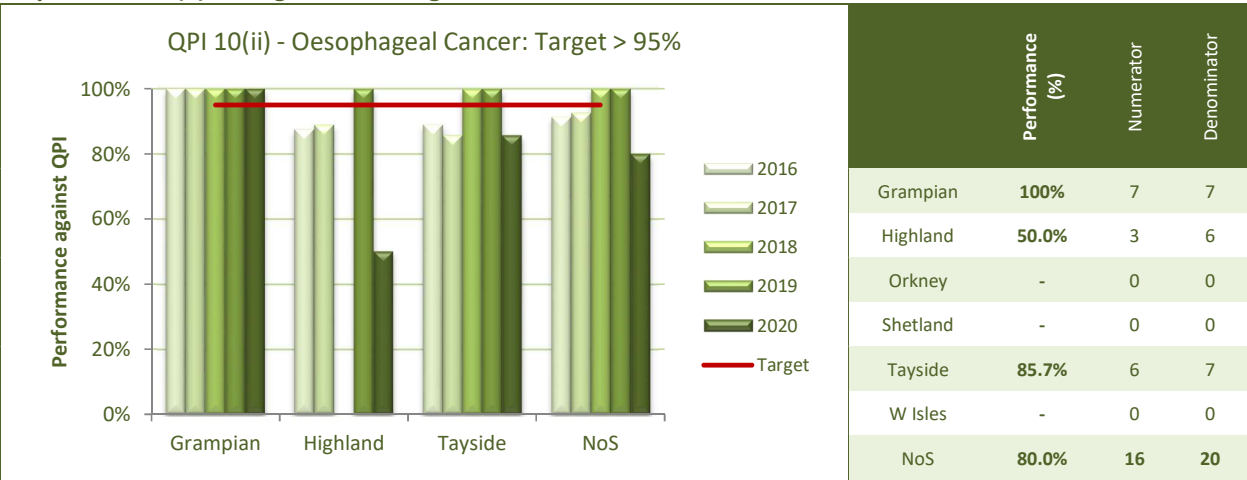
QPI 10	Resection Margins
Proportion of patients with oesophageal or gastric cancer who undergo surgical resection in which surgical margin is clear of tumour, i.e. negative surgical margin.	

Specification (i) – Circumferential Margin



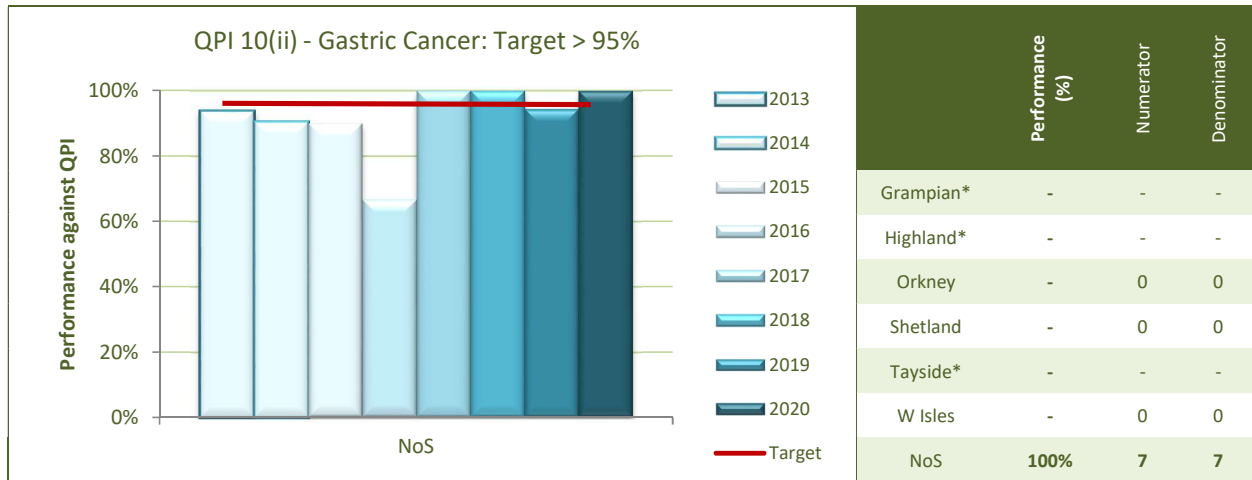
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Specification (ii) – Longitudinal Margin

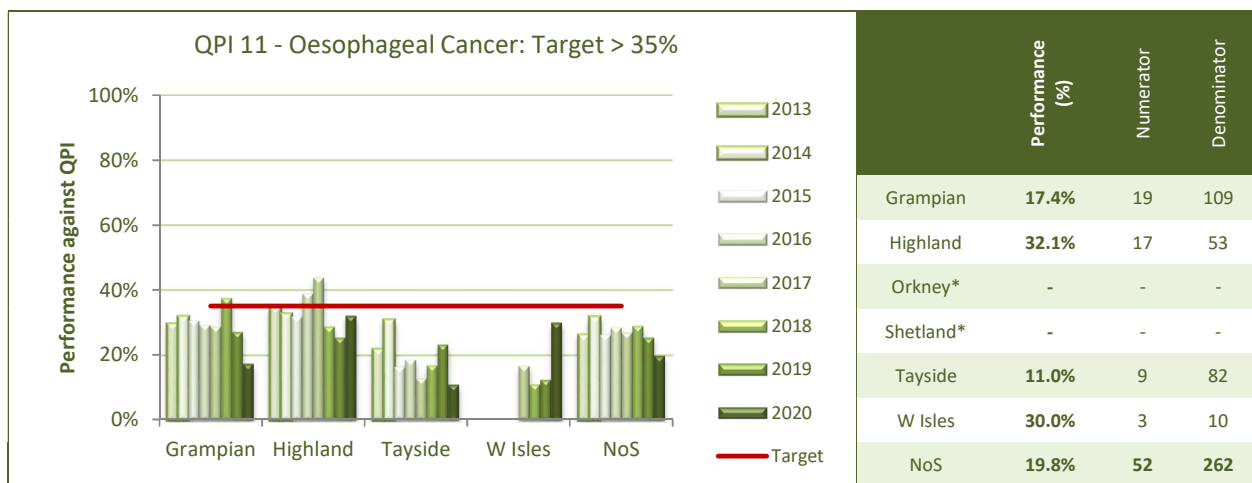


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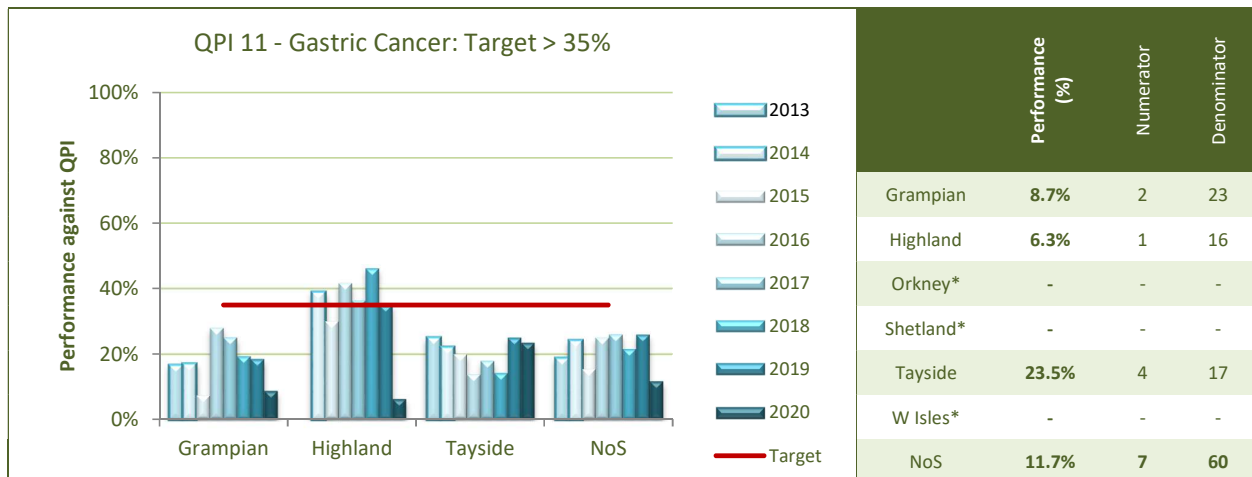
NHS Highland are undertaking a targeted audit on the 3 patients who did not meet the QPI.



QPI 11 Curative Treatment Rates
 Proportion of patients with oesophageal or gastric cancer who undergo curative treatment.



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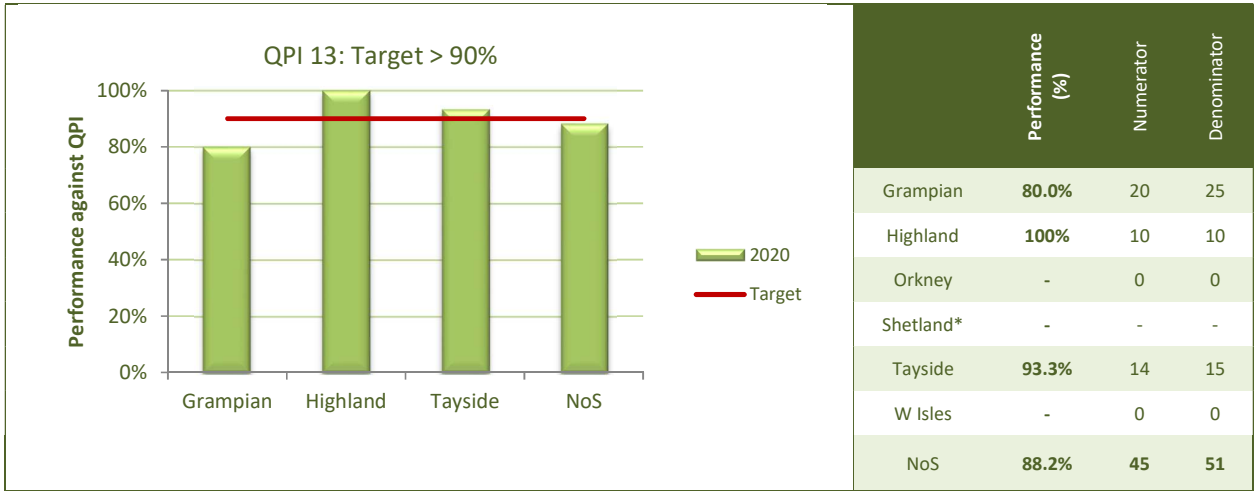
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These QPI targets remain aspirational across Scotland and performance in the North is consistent with the other Scottish regions.

QPI 12	30 Day Mortality Following Systemic Anti-Cancer Therapy (SACT)
Proportion of patients with oesophageal or gastric cancer who die within 30 days of SACT treatment.	

This QPI will be reported using data from CEPAS (Chemotherapy ePrescribing and Administration System) – these reports are still in development.

QPI 13	HER2 Status for Decision Making
Proportion of patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment for whom the HER2 status is reported prior to commencing treatment.	



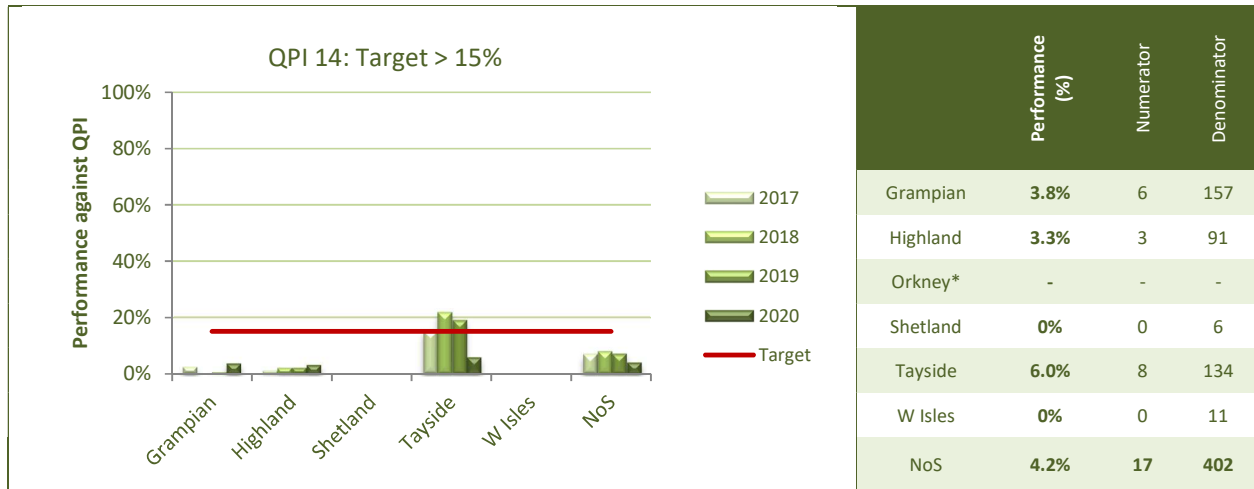
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This was the first year of reporting this QPI and the standard was narrowly missed in the North of Scotland. This will continue to be monitored in future years.

QPI 14

Clinical Trials and Research Study Access

Proportion of patients diagnosed with upper GI cancer who are consented for a clinical trial / research study.



	Performance (%)	Numerator	Denominator
Grampian	3.8%	6	157
Highland	3.3%	3	91
Orkney*	-	-	-
Shetland	0%	0	6
Tayside	6.0%	8	134
W Isles	0%	0	11
NoS	4.2%	17	402

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Due to the COVID-19 pandemic recruitment to clinical trials has decreased since 2019. This is partly due to all clinical trials across the UK being closed to recruitment on 13th March 2020. Trials began to reopen in a phased manner shortly after the closure based on local health board risk assessments. The cancer portfolio has since reopened the majority of trials and has been able to open new trials in all health boards. Impacts of COVID-19 on research staff have also effected the running of trials such as staff deployment to wards and COVID research. Also the impact of a reduced number of patients being diagnosed and coming into the cancer centres has had an impact on recruitment

4. References

1. Scottish Cancer Taskforce, 2020. Upper GI Cancer Clinical Performance Indicators, Version 4.0. Health Improvement Scotland. Available at <https://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=da19bf96-b51e-4bd6-a799-1e25550a6b97&version=-1>
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>

Appendix 1: Clinical Trials and Research Studies open for recruitment in the North of Scotland in 2020

Trial	Principle Investigator	Patients consented
KEYNOTE 585	Russell Petty (Tayside)	Y
Add Aspirin	Douglas Adamson (Tayside) Russell Mullen (Highland)	N
FIGHT	Russell Petty (Tayside)	N
KEYNOTE 975	Adnan Shaukat (Grampian)	N
OCCAMS	Russell Petty (Tayside)	N
KEYNOTE 811	Russell Petty (Tayside)	Y
PLATFORM	Russell Petty (Tayside)	Y
SCOPE 2	Adnan Shaukat (Grampian) Uti MacGregor (Highland)	N
SPOTLIGHT	Adnan Shaukat (Grampian) Russell Petty (Tayside)	Y
The FUZE Trial	Russell Petty (Tayside)	N