

Quality Performance Indicators Audit Report



Tumour Area:	Prostate Cancer
Patients Diagnosed:	1 st July 2020 to 30 th June 2021
Published Date:	Published 11 th August 2022

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

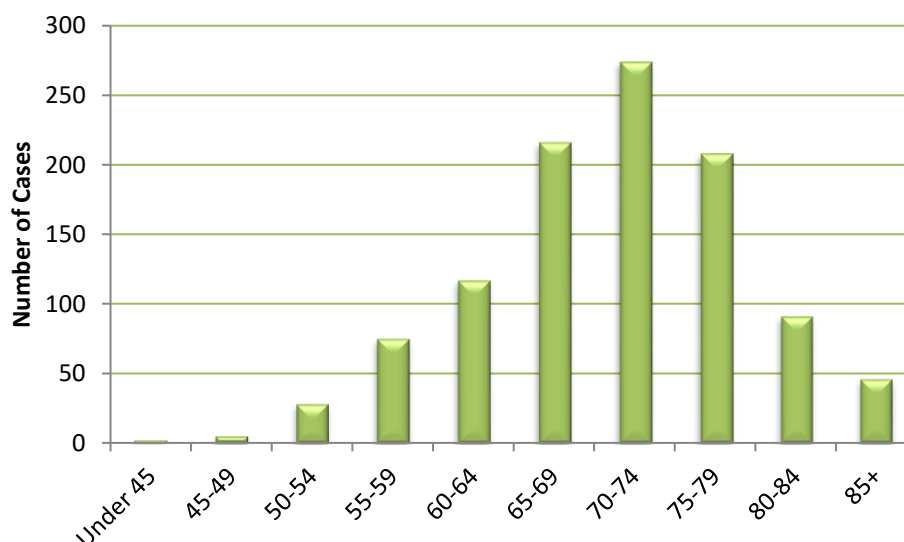
A total of 1,062 cases of prostate cancer were recorded through audit as diagnosed in the North of Scotland between 1st July 2020 and 30th June 2021. Case ascertainment for the period reported in the North of Scotland was 5% higher versus typical Cancer registry cases, and 4% higher than cases in the previous year.

Case ascertainment and proportion of NoS total for patients diagnosed with prostate cancer in 2019-2020

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2020-2021	507	217	3	14	295	26	1062
% of NoS total	47.7%	20.4%	0.3%	1.3%	27.8%	2.4%	100.0%
Mean PHS Cases 2016-20	446	211	6	21	310	16	1010
% Case ascertainment 2020-21	114%	103%	50%	67%	95%	163%	105%

2. Age Distribution

The age distribution of patients diagnosed with prostate cancer in the North of Scotland in 2020-21 is shown below. Incidences of prostate cancer are highest in the 70-74 years of age group, following by 65-69 and 75-79 years age group.



Age distribution of patients diagnosed with prostate 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 Public Health Scotland². Data for most QPIs are presented by Board of diagnosis, however QPI 5 & 8 are presented by Hospital of Surgery and QPI 6 is presented by surgeon. In addition, clinical trials and research study access is reported by patient's NHS Board of residence.

**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.*

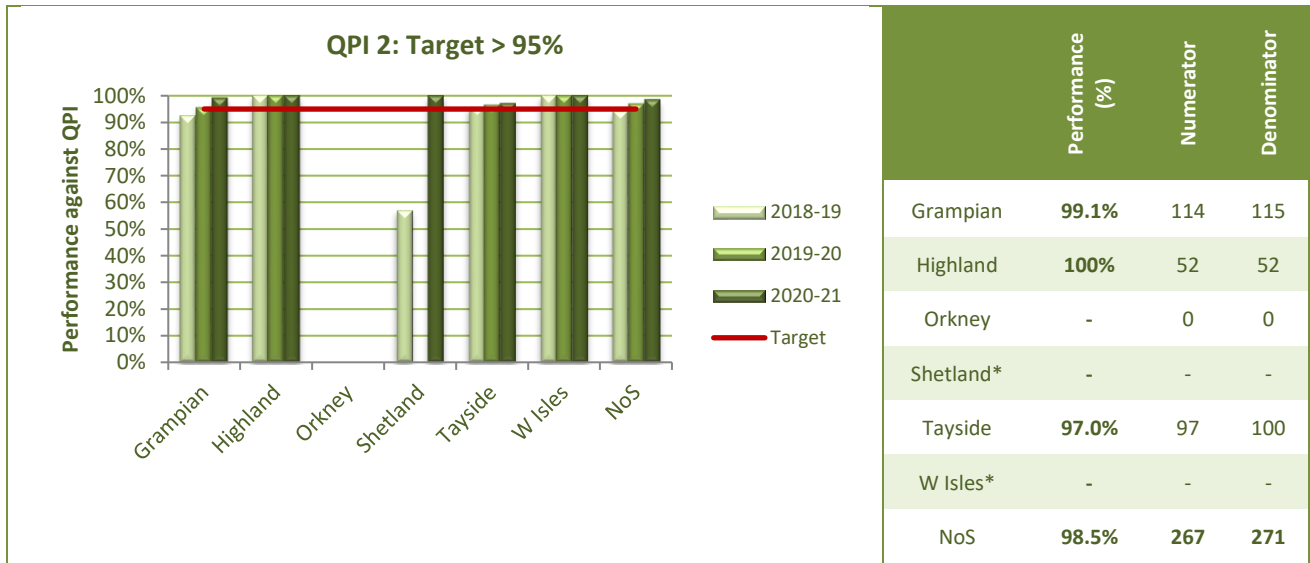
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI 12 is using CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the QPI focuses on the prevalent population rather than the incident population. 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.

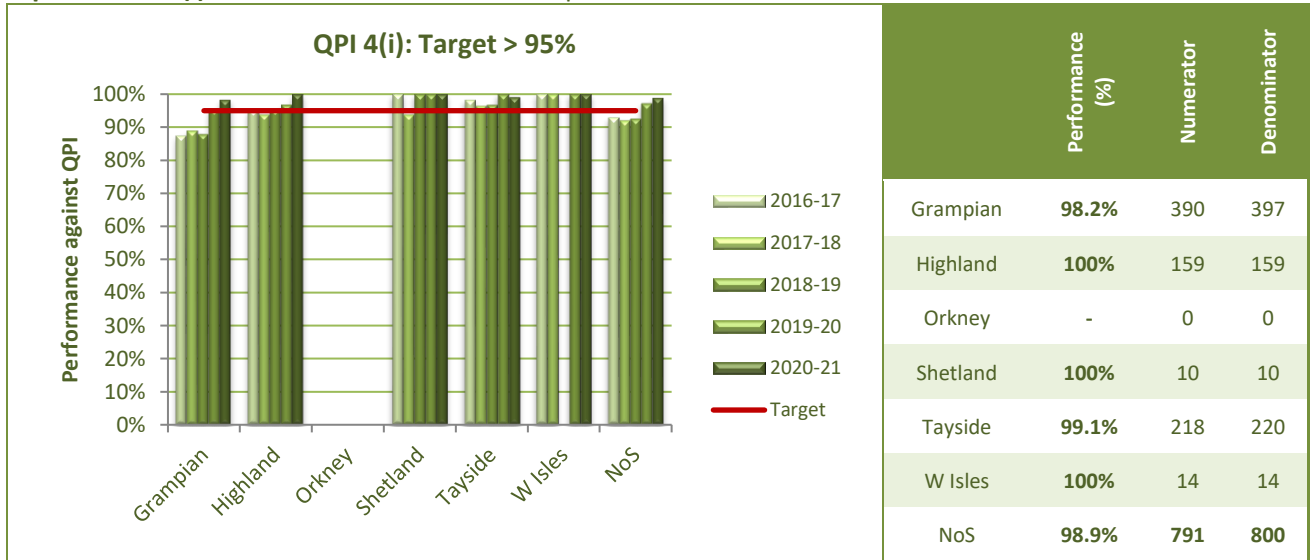
Further information is available [here](#).

QPI 2	Radiological Staging
Proportion of patients with high risk prostate cancer undergoing radical treatment who have had Magnetic Resonance Imaging (MRI) and bone scan staging.	

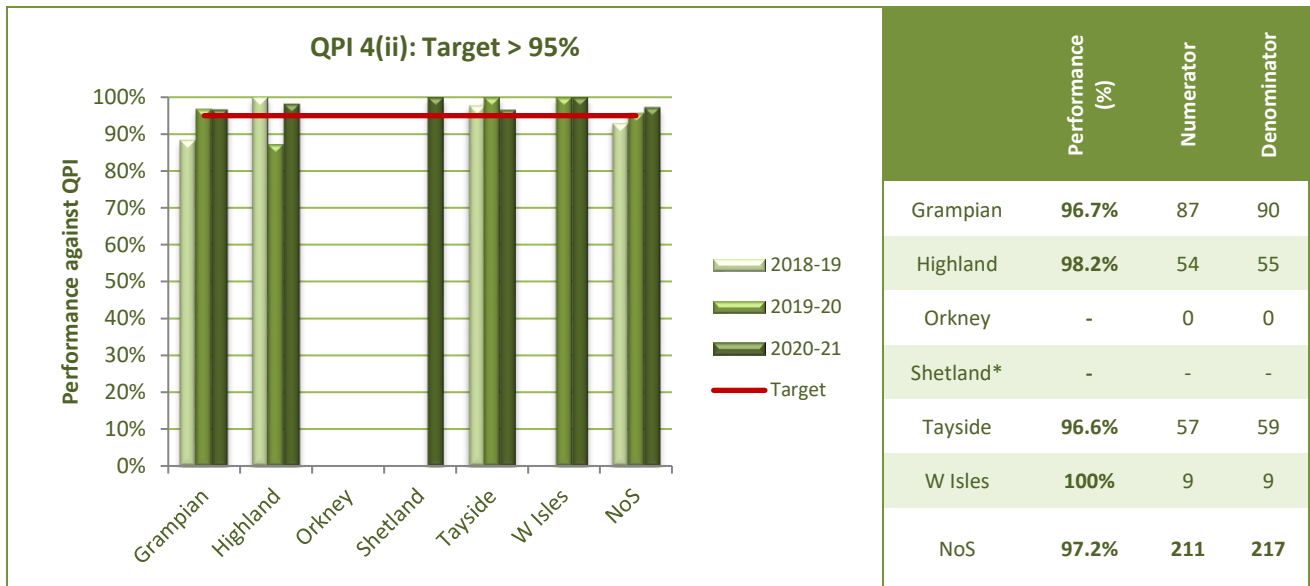


QPI 4	Multi-Disciplinary Team (MDT) Meeting
Proportion of patients with prostate cancer who are discussed at MDT meeting before definitive treatment.	

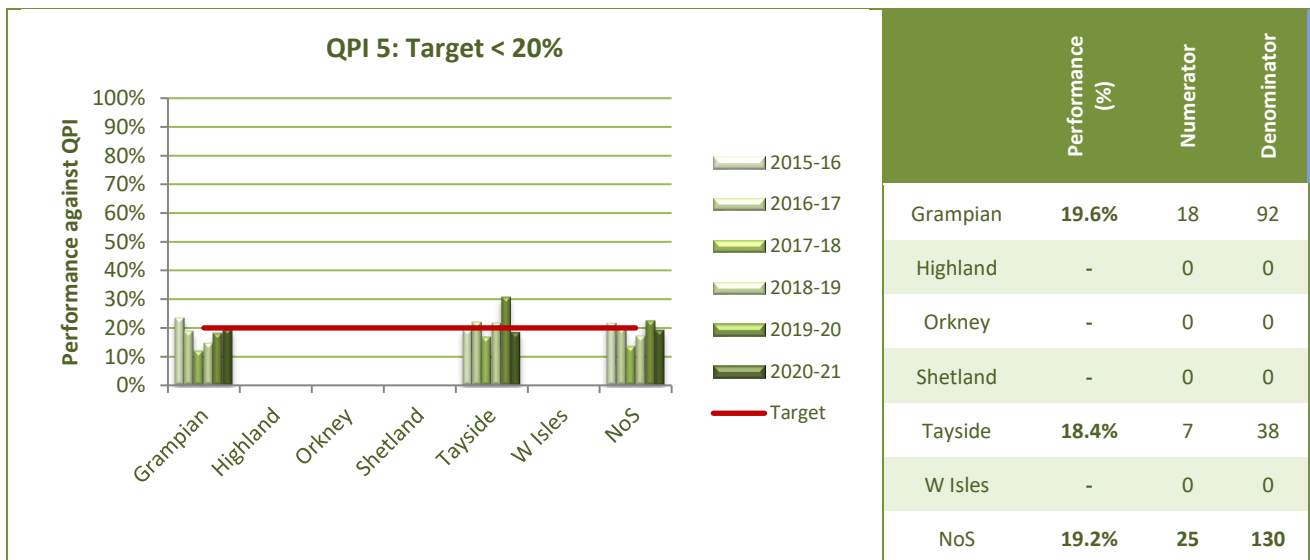
Specification (i) Patients with non-metastatic prostate cancer discussed before treatment



Specification (ii) Patients with metastatic prostate cancer discussed within 6 weeks of commencing treatment



QPI 5 | **Surgical Margins**
 Proportion of patients with pathologically confirmed, organ confined (stage pT2) prostate cancer who undergo radical prostatectomy in which tumour is present at the margin, i.e. positive surgical margin.



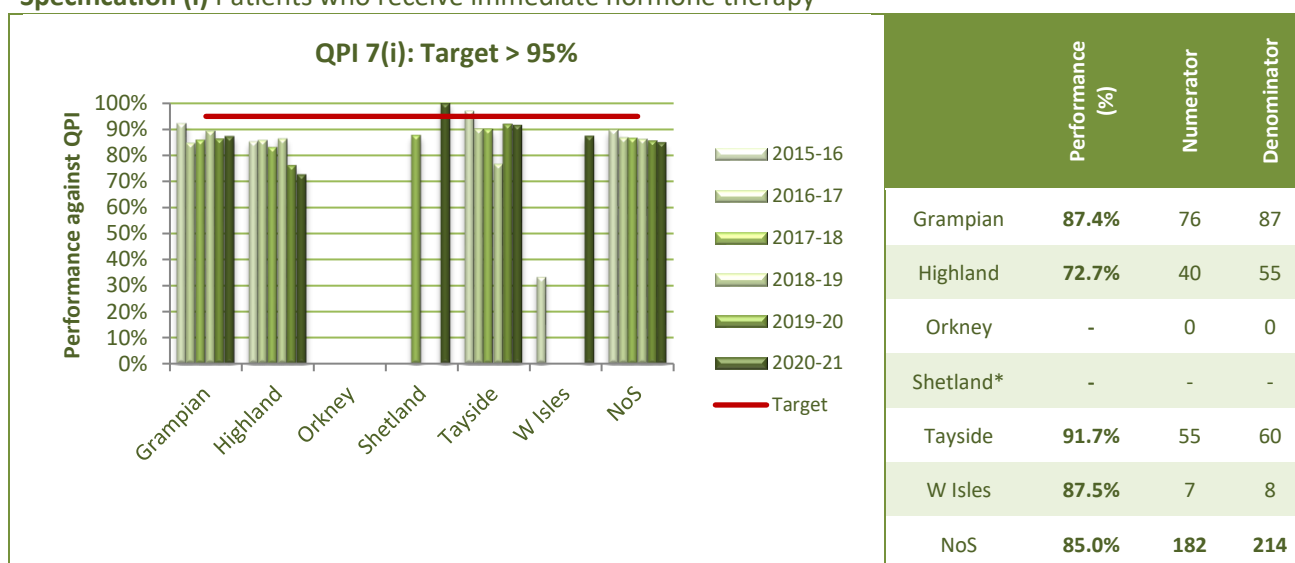
QPI 6	Volume of Cases per Surgeon
Number of radical prostatectomy procedures performed by each surgeon over a 1 year period.	

Target: > 50 procedures	Surgeon	Number of Prostatectomy Procedures
		2020-21
NHS Grampian	1	33
	2	67
	3	30
	4	2
NHS Tayside	1	58

Adherence to surgery volumes continue to be monitored by the Getting It Right for the North: Low Volume Surgery Programme. Robotic Assisted Surgery is being rolled out throughout all boards in the north of Scotland.

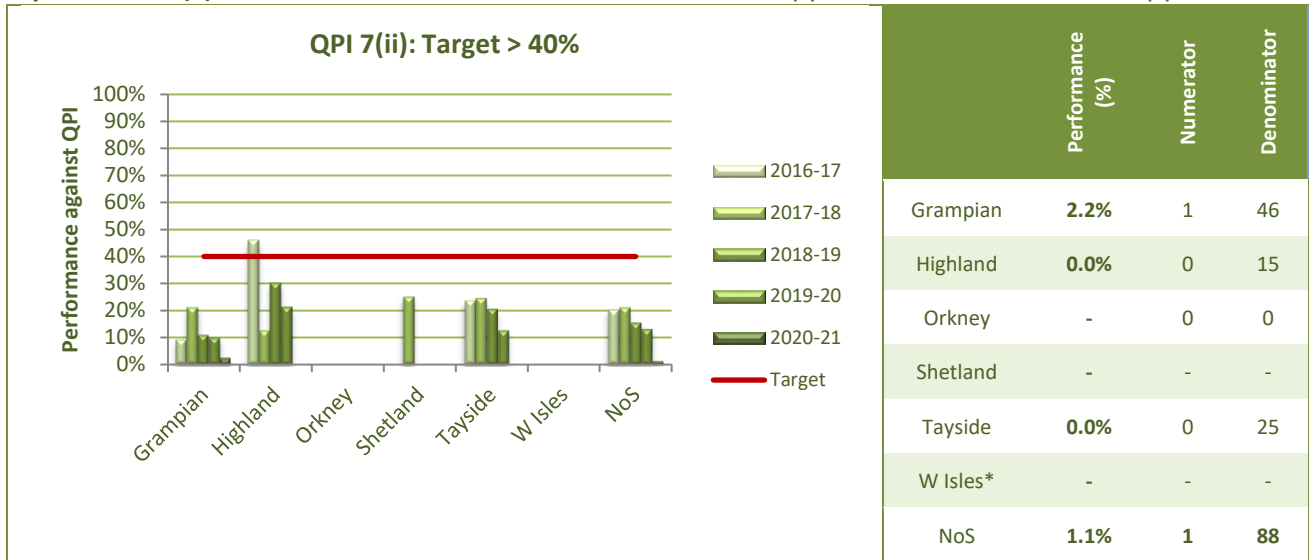
QPI 7	Hormone Therapy and Docetaxel Chemotherapy
Proportion of patients with metastatic prostate cancer (TanyNanyM1) who undergo immediate management with hormone therapy, and docetaxel chemotherapy.	

Specification (i) Patients who receive immediate hormone therapy



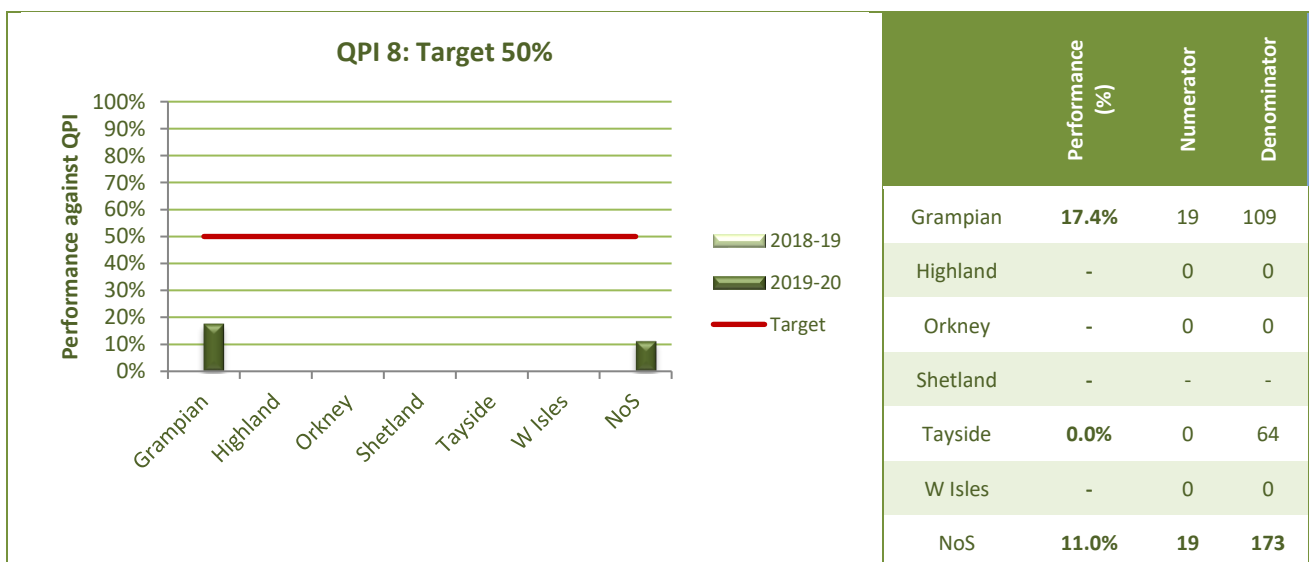
This QPI will continued to be monitored going forward as it was not met due to delays throughout the diagnostic pathway and where complex cases requiring further diagnostic investigations followed by a second MDT discussion. The majority of patients commenced hormones within 31 days post diagnosis. In addition this target may have been further impacted by COVID-19.

Specification (ii) Patients who receive immediate hormone therapy and docetaxel chemotherapy.



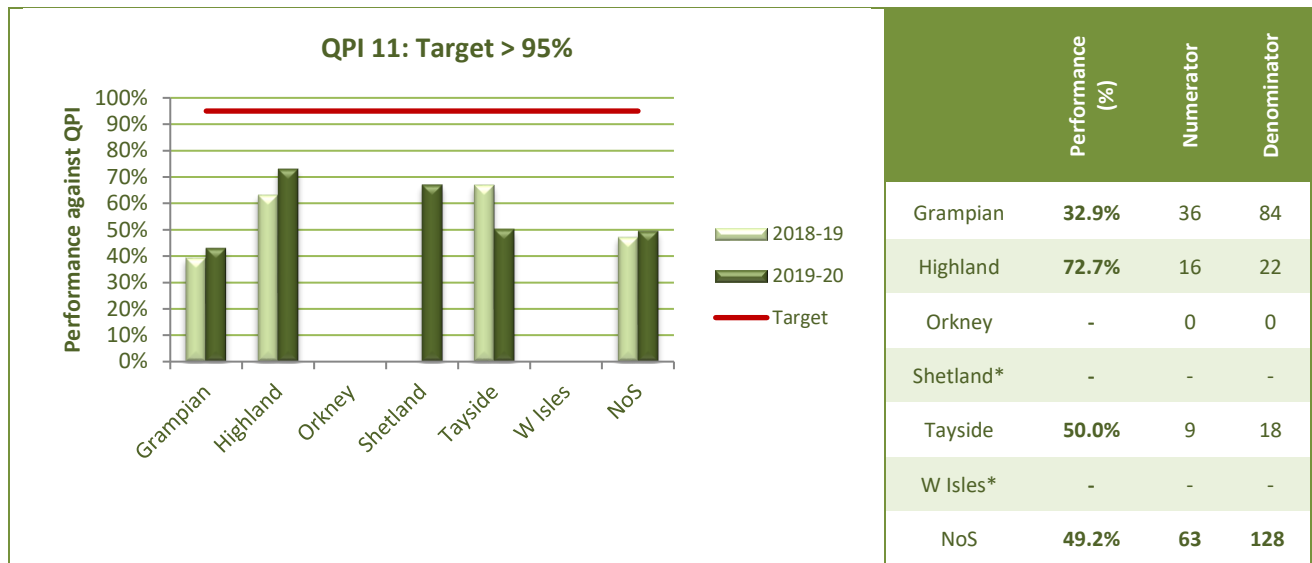
Performance against this QPI continues to remain below the standard for a number of reasons. It should be noted that Docetaxel is no longer considered the first line therapy, with patients receiving Abiraterone and Enzalutamide instead. For specification (i), there is a challenge in getting patients discussed at MDT after the commencement of hormone treatments within the required four-week timescales. Specification (ii) Patients must start docetaxel chemotherapy within 90 days of hormone therapy but these timescales remain challenging to meet due to individual patient factors. It is recognised this is a challenge across Scotland and will continued to be monitored.

QPI 8	Post Surgical Incontinence (Report runs one year in arrears)
Proportion of prostate cancer patients who undergo radical prostatectomy that have returned a PROMs tool both pre-operatively and post-operatively (12-18 months following surgery) for assessment of incontinence.	



This QPI will be monitored by the NCA Urology Pathway Board in future years reporting. PROMs systems are being rolled out nationally which will improve recording of this patient data. A NHS Lothian pilot study has shown 80% returns, with a North of Scotland programme being established.

QPI 11	Management of Active Surveillance
Proportion of men with prostate cancer under active surveillance who undergo bpMRI or mpMRI within 12-18 months of diagnosis.	



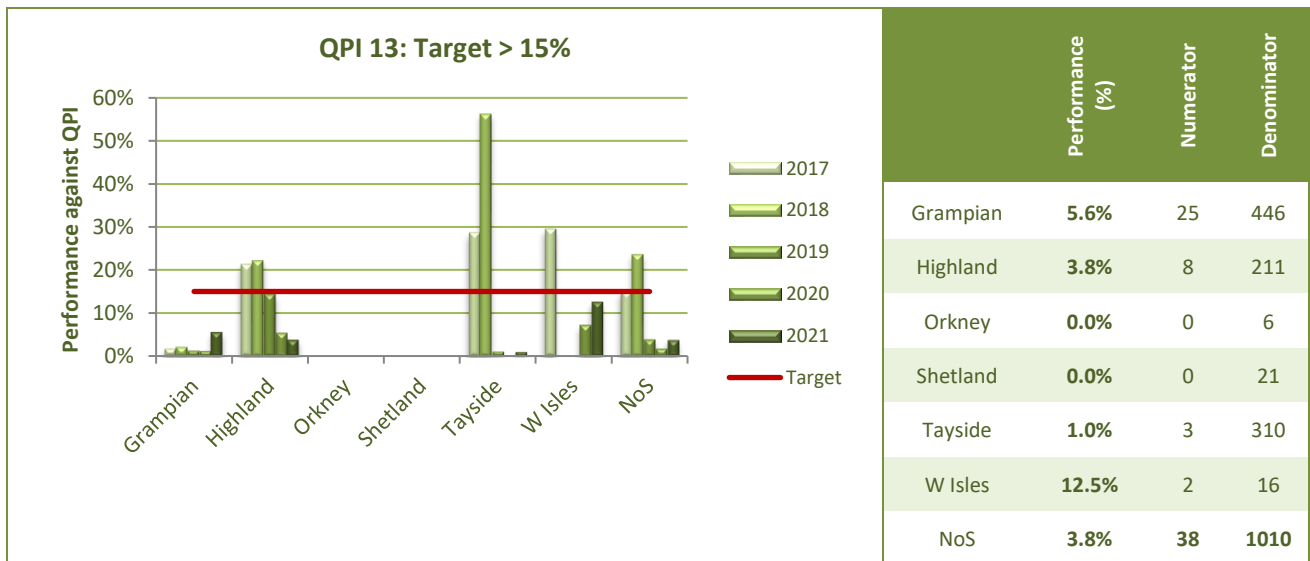
This target was missed across the north of Scotland. Some patients failed to meet the QPI standard due to early repeat MRI being undertaken due to changes in PSA and others impacted by delays due to the COVID-19 pandemic. This is the second year of QPI reporting and will continue to be monitored by the NCA Urology Pathway Board in future years.

QPI 12	30 Day Mortality following Chemotherapy
This QPI is due to be reported in the next cycle, using Chemocare data.	

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.

QPI 13 Clinical Trials and Research Study Access

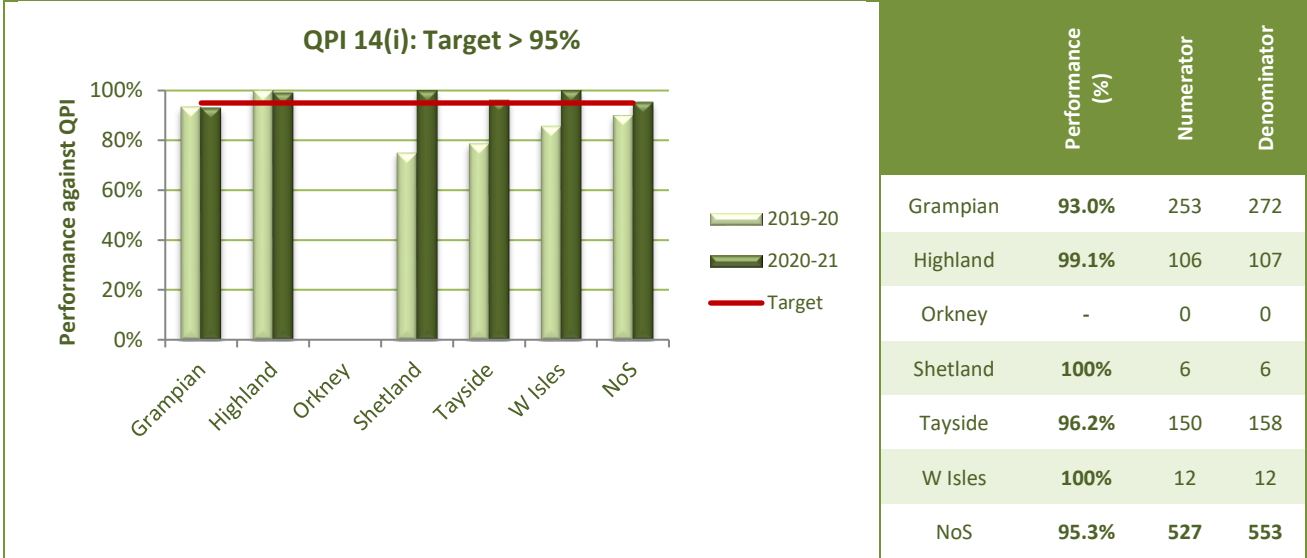
Proportion of patients with prostate cancer who are consented for a clinical trial / research study. Figures shown are for patients consented for clinical trials or research studies during 2020.



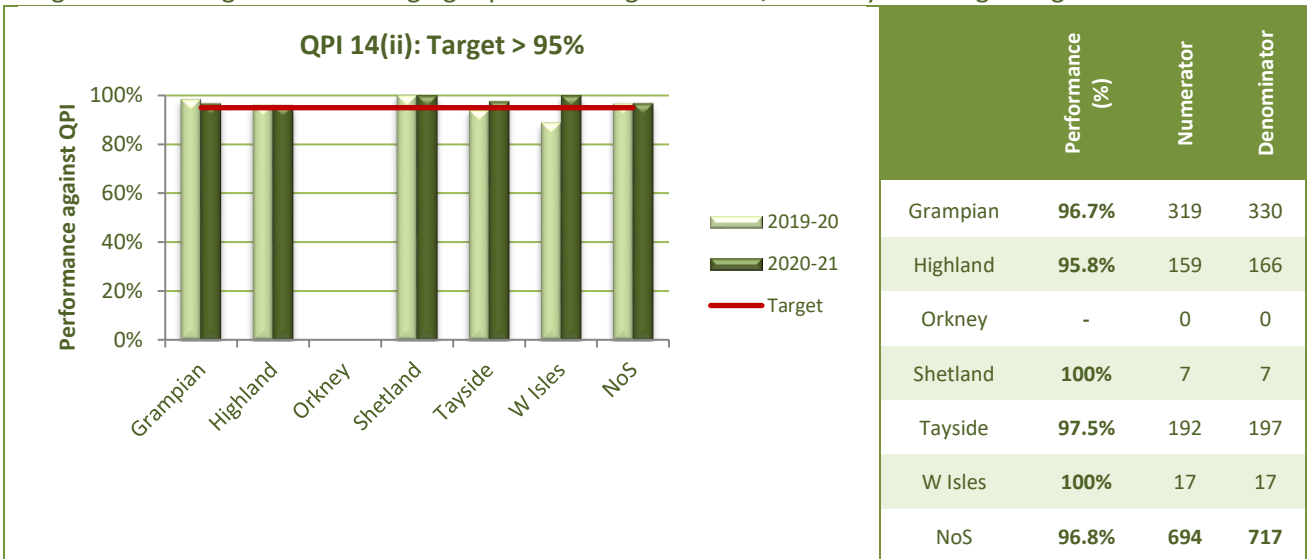
Due to the COVID-19 pandemic recruitment to clinical trials has decreased since 2019. This is partly due to all clinical trials across the UK being closed to recruitment on 13th March 2020. Trials began to reopen in a phased manner shortly after the closure based on local health board risk assessments. 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.

QPI 14	Diagnostic Pre-biopsy MRI
Proportion of patients with prostate cancer who undergo biopsy and have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation, with imaging reported using a PI-RADS/Likert system of grading.	

Specification (i) Patients who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.



Specification (ii) Patients who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/ Likert system of grading.

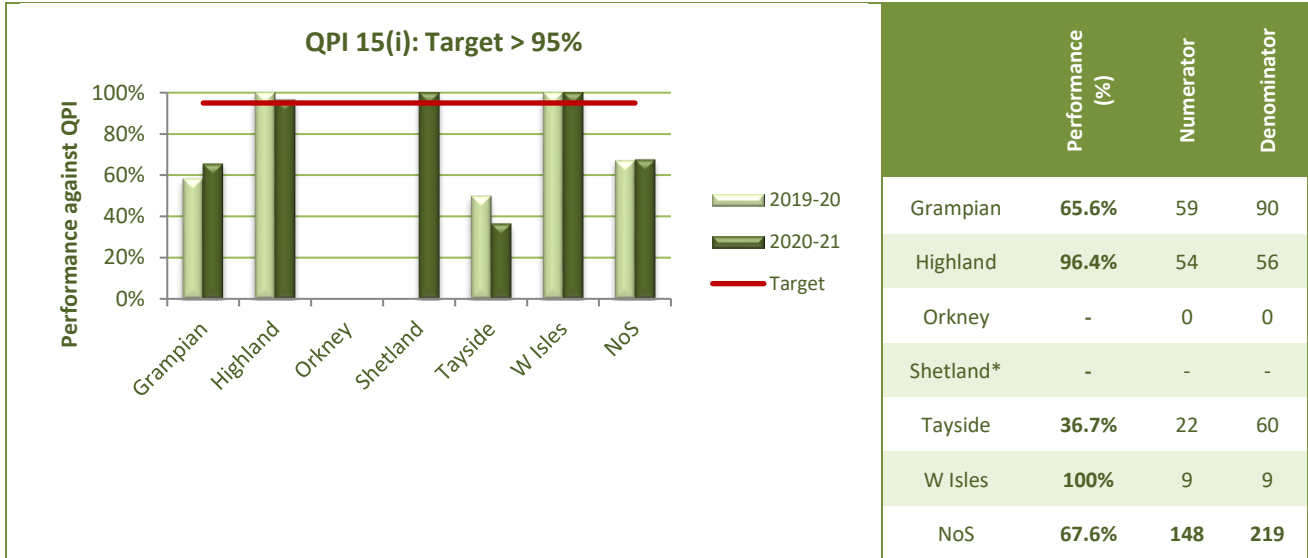


QPI 15

Low Burden Metastatic Disease

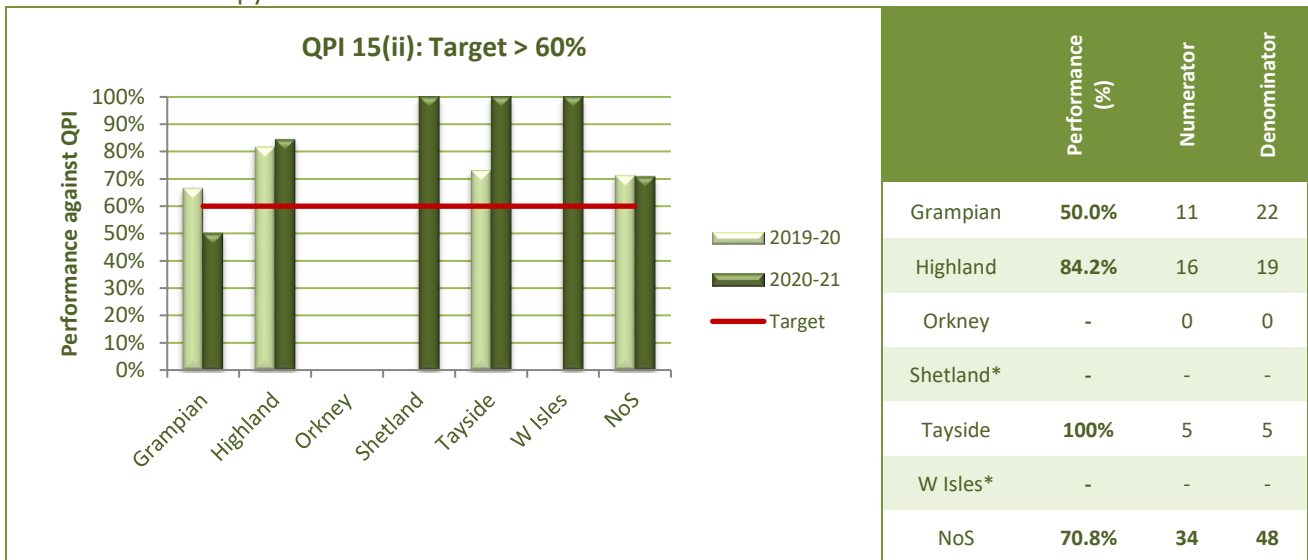
Proportion of patients with metastatic prostate cancer who have their burden of disease assessed, and undergo radiotherapy if metastatic burden is low.

Specification (i) Patients with metastatic prostate cancer in whom burden of disease is assessed.



Data recording at MDT remains an issue in some North of Scotland health boards, work is underway in both NHS Tayside and NHS Grampian to improve presentation at MDT. This QPI will continue to be monitored in future reporting.

Specification (ii) Patients with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy.



References

1. Scottish Cancer Taskforce, 2021. Prostate Cancer Clinical Performance Indicators, Version 4.1. Health Improvement Scotland.
<http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=68f17a82-0e75-4a99-baab-4ef5a4c220b6&version=-1>
2. Public Health Scotland
<https://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/#background>

Appendix 1: Clinical trials and research studies open within the North of Scotland in 2021.

Trial	Principle Investigator	Patients consented into trial in 2020
ADD ASPIRIN	Russell Mullen (Highland) Trevor McGoldrick (Grampian) Douglas Adamson (Tayside)	Y
DASL-HiCaP	Judith Grant (Grampian)	N
E2-RADlatE (EORTC 1811)	Adnan Shaukat (Grampian)	Y
GENPROS	Zosia Miedzybrodska (Grampian) Jonathan Berg (Tayside)	N
ICAS	Leslie Samuel (Grampian)	Y
KEYNOTE-991	Graham Macdonald (Grampian)	Y
PARADIGM	Sue Rodwell (Grampian)	Y
PIVOTALBOOST	Graham Macdonald (Grampian) Feng-Yi Soh (Highland)	Y
PROTEUS	Asa Dahle-Smith (Tayside)	N
STAMPEDE	Neil McPhail (Highland)	Y
UK Genetic Prostate Cancer Study	Nicholas Cohen (Grampian) Ghulam Nabi (Tayside)	N