

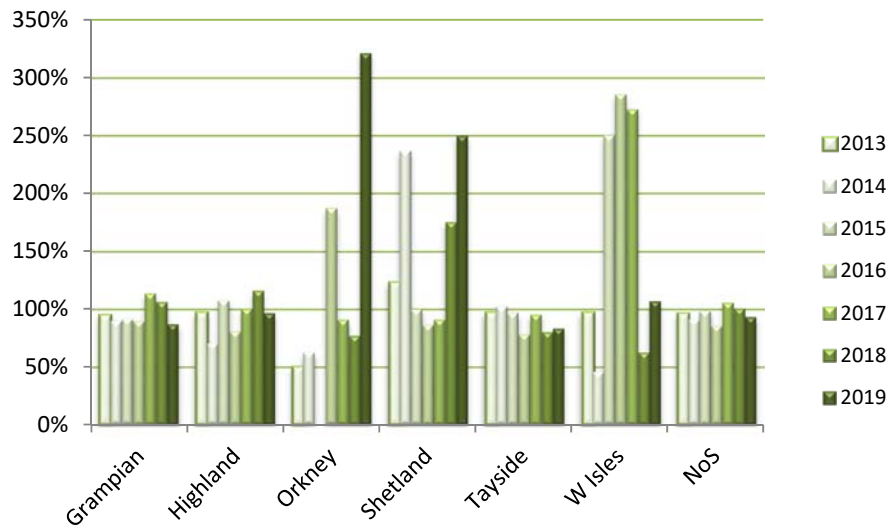
Quality Performance Indicators Audit Report



Tumour Area:	Renal Cancer
Patients Diagnosed:	1 st January – 31 st December 2019
Published Date:	Monday 19 th July 2021

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

A total of 240 cases of renal cancer were recorded through audit as being diagnosed in the North of Scotland between 1st January and 31st December 2019. Overall case ascertainment was high at 93.4%, although this is lower than the last two years of audit; case ascertainment was just below 101% in 2018 and almost 106% in 2017. Audit data were considered sufficiently complete to allow QPI calculations, however difficulties with recording of clinical TNM across five of the boards has resulted in incomplete datasets. For QPIs 7, 9, 10 and 13, clinical TNM staging data is required to derive results. There were also records where prognostic score was not available in Grampian, Highland and Tayside which impacted on results for QPI 10. The absence of these data has resulted in QPI results not being calculated from information on all patients.

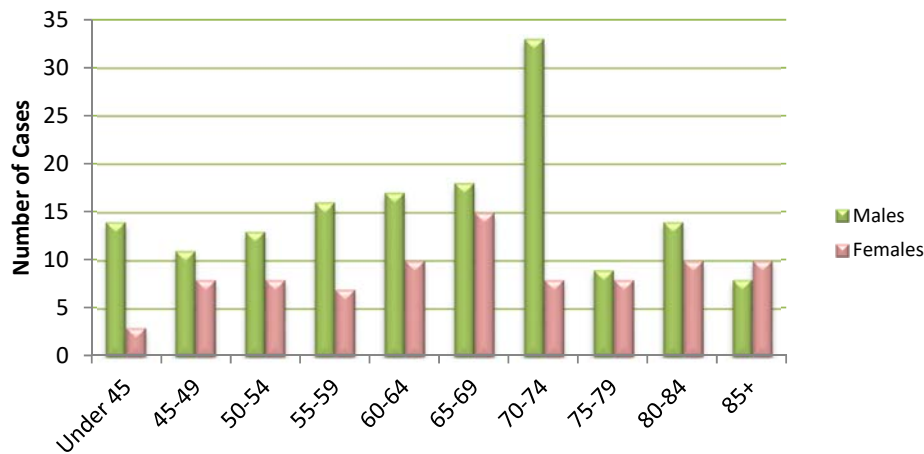


Case ascertainment by NHS Board for patients diagnosed with renal cancer in 2013-2019.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2019	100	54	9	10	64	3	240
% of NoS total	41.7%	22.5%	3.8%	4.2%	26.7%	1.3%	100%
Mean ISD Cases 2014-18	115	56	3	4	77	3	257
% Case ascertainment 2019	87.1%	96.8%	321.4%	250%	83.3%	107.1%	93.4%

2. Age Distribution

The figure below shows the age distribution of patients diagnosed with renal cancer in the North of Scotland in 2019, with numbers highest in the 70-74 year age bracket for males and in the 65-69 year age bracket for females.



Age distribution of patients diagnosed with renal cancer in the North of Scotland in 2019.

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 for most QPIs are presented by Board of diagnosis; however QPI 8, relating to surgical mortality, and QPI 11, Leibovich Score, and QPI 13, Trifecta are presented by NHS Board of Surgery. QPI 12, which looks at surgical volumes of individual surgeons is based on the NHS Board of the surgeon while QPI 14 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.

**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.

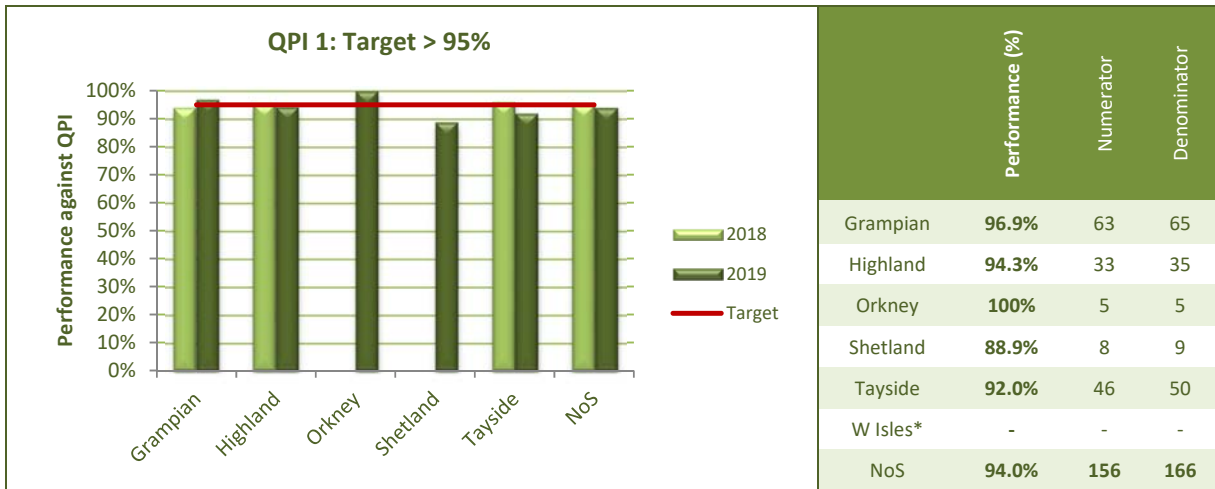
Governance and Risk

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 cancer strategy committees at each North of Scotland health board.

Further information is available [here](#).

QPI 1 | **Radiological Diagnosis**

Proportion of patients with RCC receiving active treatment who undergo pre-treatment cross-sectional imaging of the chest, abdomen +/- pelvis.



All patients who did not have a pre-treatment cross-sectional imaging have been investigated by boards and reasons provided.

QPI 2	Histological Diagnosis
Proportion of patients with RCC where surgery is not the primary treatment who have a histological diagnosis before treatment, via biopsy.	

Specification (i) Patients undergoing Cryotherapy / Radiofrequency ablation



There has been a recent change in practice in NHS Grampian with all patients now having a routine biopsy prior to Cryotherapy. This should result in compliance in future years and results against this QPI will continue to be monitored closely. Other patients not having a histological diagnosis prior to treatment were due to comorbidities.

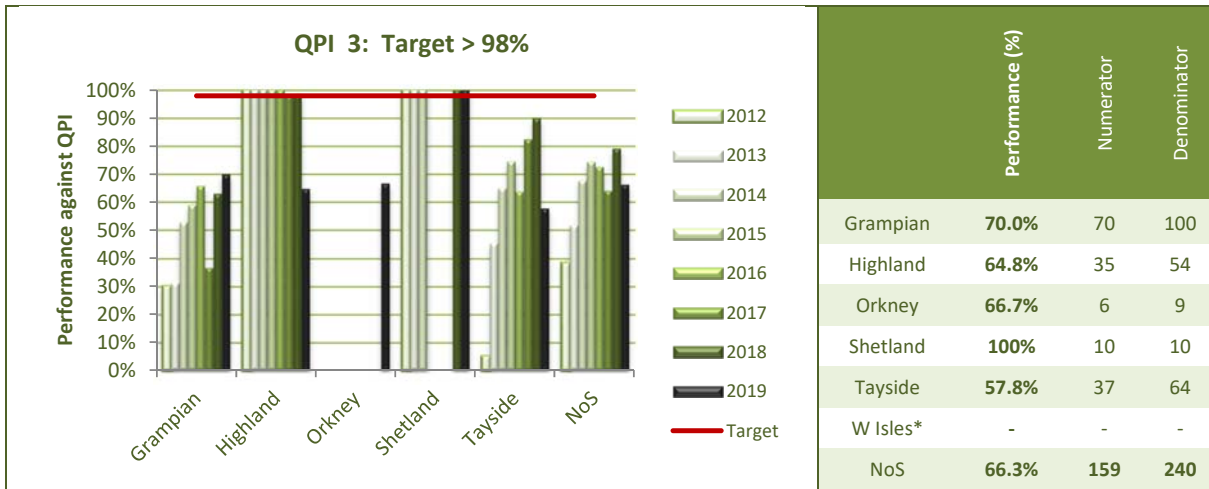
Specification (ii) Patients undergoing Systemic Anti-Cancer Therapy (SACT)



QPI 3

Clinical Staging – TNM

Proportion of patients whose RCC is staged pre-treatment using the TNM staging system.

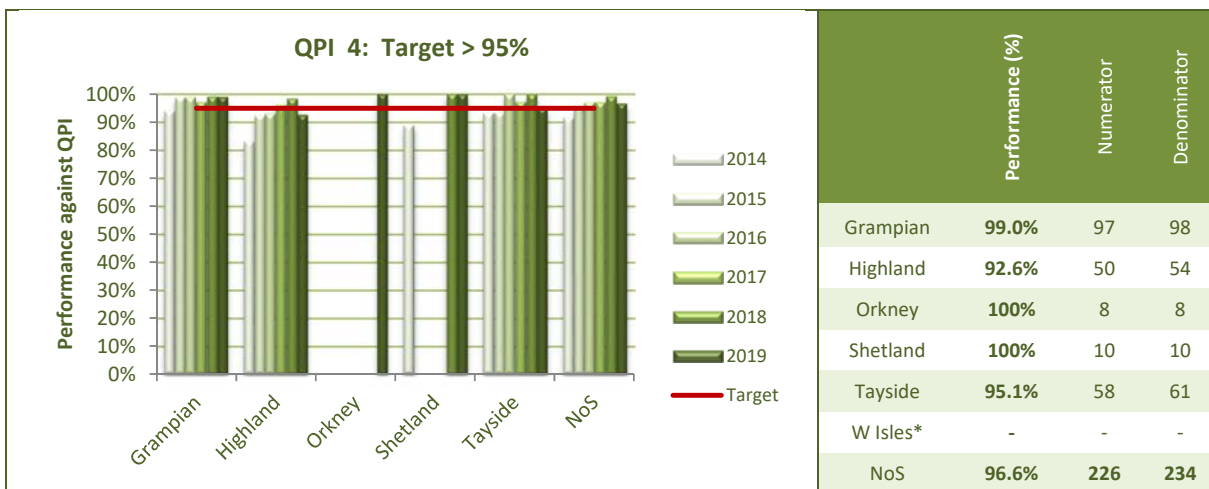


Boards have noted the requirement to improve recording of clinical staging at MDT and actions are underway to improve this. This represents the majority of failures against this where TNM stage was not recorded at MDT prior to first treatment.

QPI 4

Multi-Disciplinary Team (MDT) Meeting

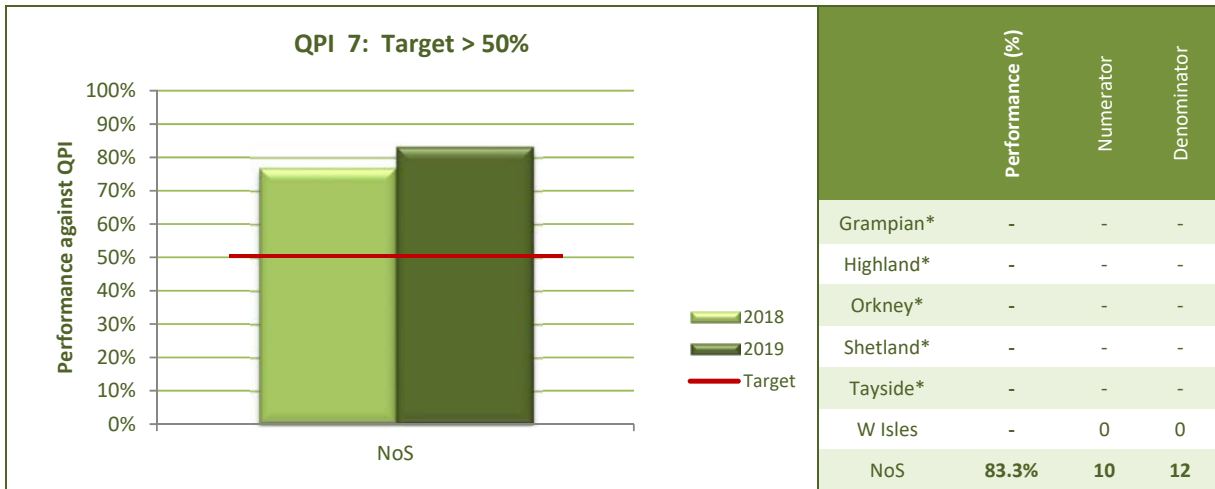
Proportion of patients with RCC who are discussed at MDT meeting before definitive treatment.



QPI 7

Nephron Sparing Treatment

Proportion of patients with T1aN0M0 RCC who undergo nephron sparing treatment (cryotherapy, RFA or robotic / laparoscopic / open partial nephrectomy).



QPI 8 30 / 90 Day Mortality Following Treatment For RCC

Proportion of patients who die within 30 or 90 days of minimally invasive (RFA, cryotherapy) or operative treatment for RCC.

30 day mortality – Target < 2%									
	RFA			Cryotherapy			Surgery		
	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator
Grampian	-	0	0	20%	1	5	0%	0	65
Highland*	0%	0	8	-	-	-	0%	0	25
Orkney	-	0	0	-	0	0	-	0	0
Shetland*	-	0	0	-	-	-	-	-	-
Tayside*	-	-	-	-	0	0	0%	0	40
W Isles	-	0	0	-	0	0	-	0	0
NoS	0%	0	12	14.3%	1	7	0%	0	134

90 day mortality – Target < 2%									
	RFA			Cryotherapy			Surgery		
	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator
Grampian	-	0	0	-	-	-	0%	0	65
Highland*	0%	0	8	-	-	-	0%	0	25
Orkney	-	0	0	-	0	0	-	0	0
Shetland*	-	0	0	-	-	-	-	-	-
Tayside*	-	-	-	-	0	0	0%	0	40
W Isles	-	0	0	-	0	0	-	0	0
NoS	0%	0	11	16.7%	1	6	0%	0	134

All patients who died following 30 and 90-day treatments are reviewed at board Morbidity & Mortality review meetings involving both Urology and Radiology for cryotherapy treatments.

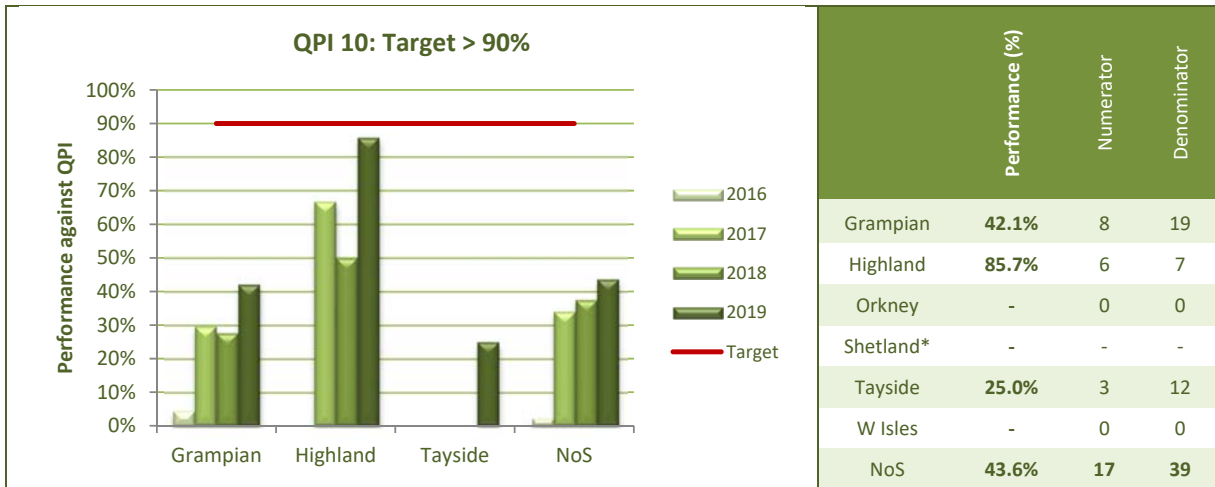
QPI 9 | **Systemic Therapy**

Proportion of patients presenting with advanced and/or metastatic RCC who receive SACT within 12 months of diagnosis. This QPI is reported 1 year in arrears so data presented is for patients diagnosed in 2018.



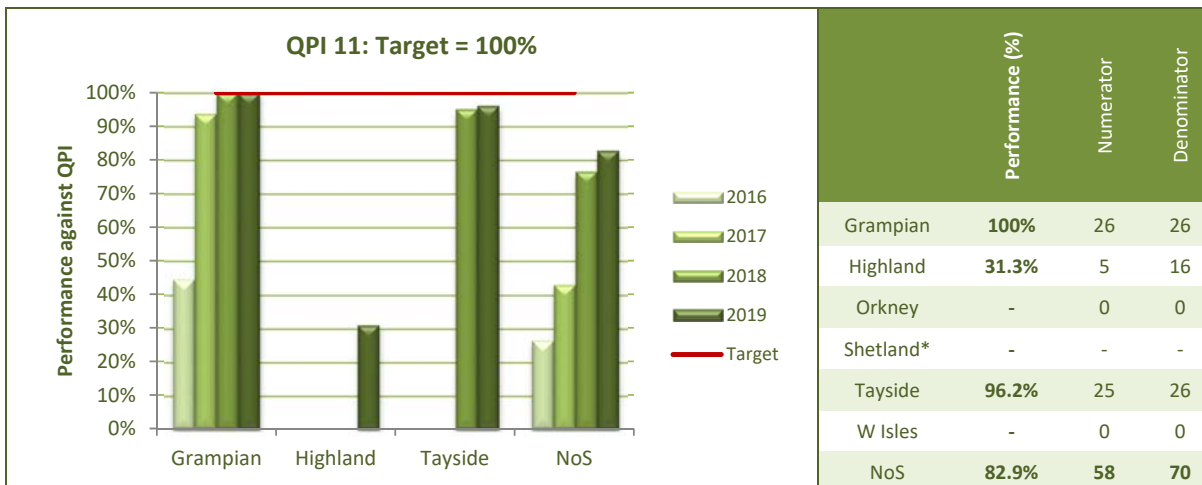
QPI 10 | **Prognostic Scoring in Metastatic Disease**

Proportion of patients with metastatic RCC who are assigned a valid prognostic score following diagnosis.



MDT and referral processes are under review at all North of Scotland boards to explore methods to improve consistency of documentation of prognostic score and risk group allocation.

QPI 11	Leibovich Score
Proportion of patients with clear cell RCC who are assigned a Leibovich score following radical nephrectomy.	



QPI 12	Volume of Cases per Surgeon
Number of renal surgical resections performed by a surgeon over a 1 year period. Target ≥ 15 per surgeon	

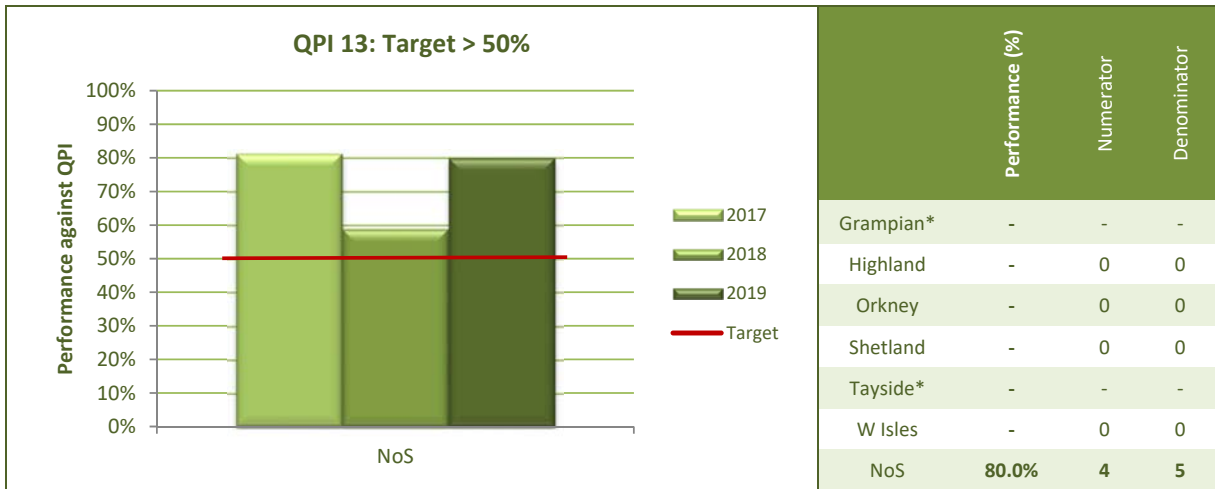
Board of Surgery	Surgeon	No. renal surgical resections in 2019
Grampian	Surgeon 1	16
	Surgeon 2	15
	Surgeon 3	26
	Surgeon 4	33
	Surgeon 5	9
Highland	Surgeon 1	43
Shetland	Surgeon 1	2
NHS Tayside	Surgeon 1	11
	Surgeon 2	1
	Surgeon 3	45

Data based on SMR01 data and reports surgery undertaken in 2019

Adherence to surgery volumes continue to be monitored by the North of Scotland low volume surgery programme.

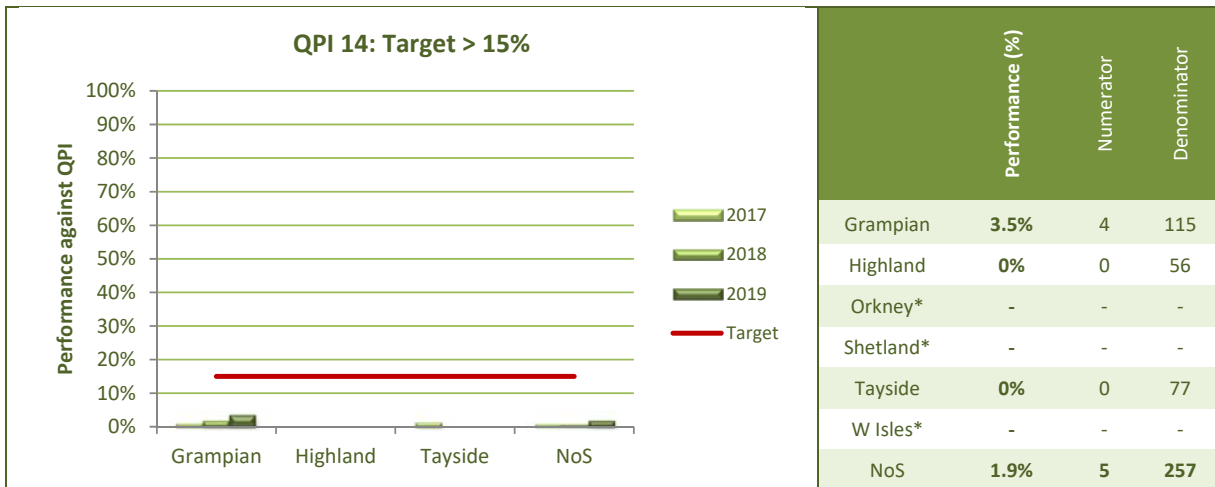
QPI 13 **Trifecta Rate**

Proportion of patients with T1a RCC undergoing partial nephrectomy who achieve trifecta (ischaemia time less than 25 minutes, negative surgical margins and no complications).



QPI 14 **Clinical Trials and Research Study Access**

Proportion of patients with renal cancer who are consented for a clinical trial / research study. Data reported for patients consented to trials in 2019.



References

1. Scottish Cancer Taskforce. Renal Cancer Clinical Performance Indicators, Version 4.0. 2019. Health Improvement Scotland.
<http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=27c4de77-c45c-4ffd-b8b7-60abfd0337b8&version=-1>
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>

Appendix: Clinical Trials and Research studies for renal cancer open to recruitment in the North of Scotland in 2019

Trial	Principle Investigator	Patients consented (Y/N)
UMBRELLA	Hugh Bishop (Grampian)	Y
RAMPART - Renal Adjuvant MultiPle Arm Randomised Trial	Gordon Urquhart (Grampian)	Y