

# Quality Performance Indicators Audit Report



<b>Tumour Area:</b>	Renal Cancer
<b>Patients Diagnosed:</b>	1 <sup>st</sup> January – 31 <sup>st</sup> December 2020
<b>Published Date:</b>	3 <sup>rd</sup> October 2022

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

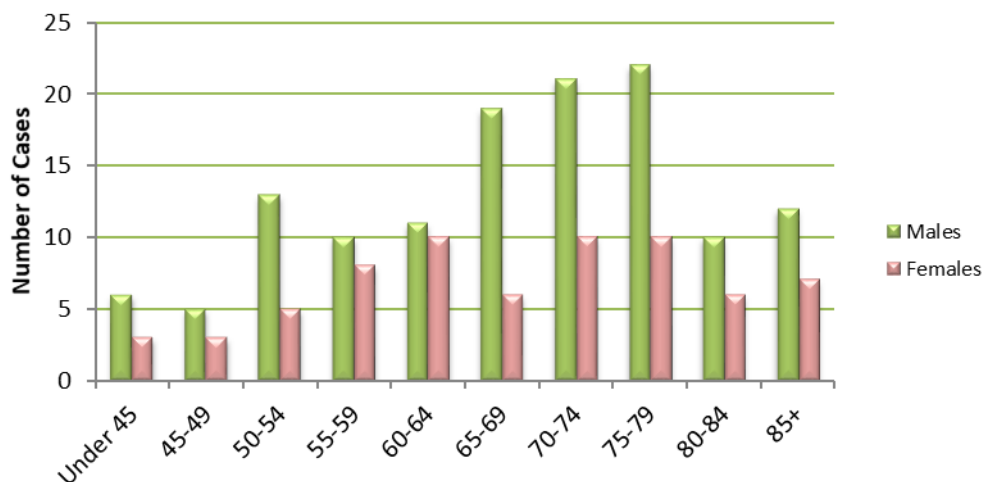
A total of 197 cases of renal cancer were recorded through audit as being diagnosed in the North of Scotland between 1st January and 31st December 2020. Overall, case ascertainment was low at 74.6%, as expected due to the impact of COVID-19 Pandemic. It was previously 93.4% in 2019 and about 101% in 2018.

**Case ascertainment by NHS Board for patients diagnosed with renal cancer in 2015-2020.**

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2020	89	52	4	4	46	2	<b>197</b>
% of NoS total	45.2%	26.4%	2.0%	2.0%	23.4%	1.0%	<b>100.0%</b>
Mean ISD Cases 2015-19	118.2	55.8	4.0	4.0	78.2	3.8	<b>264</b>
% Case ascertainment 2020	75.3%	93.2%	100.0%	100.0%	58.8%	52.6%	<b>74.6%</b>

## 2. Age Distribution

The figure below shows the age distribution of patients diagnosed with renal cancer in the North of Scotland in 2020, with numbers highest in the 75-79 year age bracket for males and in the 60-64, 70-74, and 75-79 year age brackets for females.



**Age distribution of patients diagnosed with renal cancer in the North of Scotland in 2020.**

### 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 Information Services Division<sup>2</sup>. 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.*

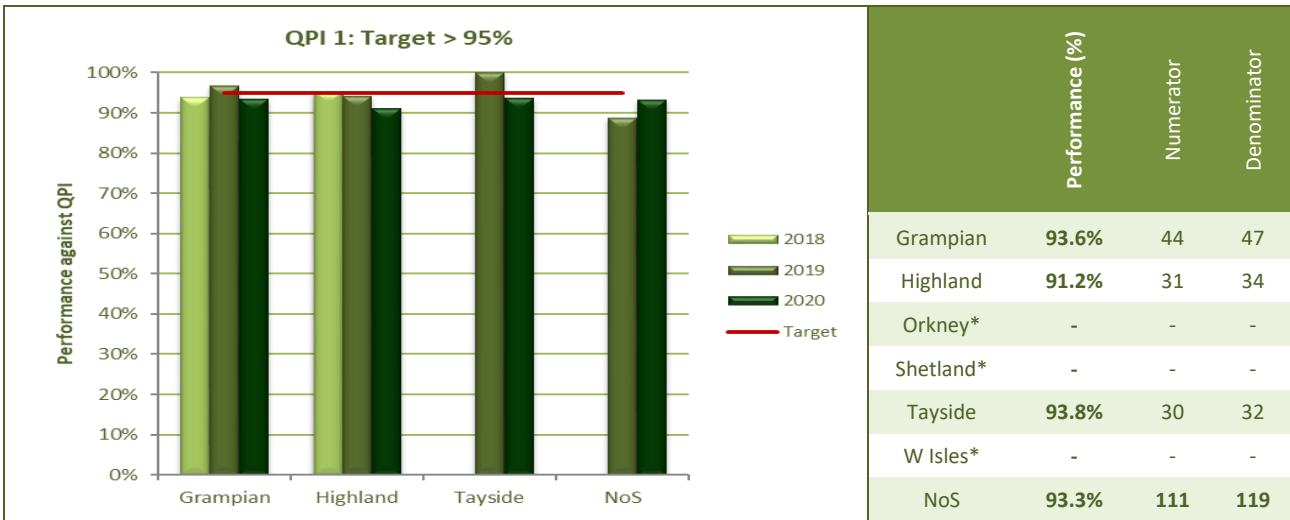
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the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

Further information is available [here](#).

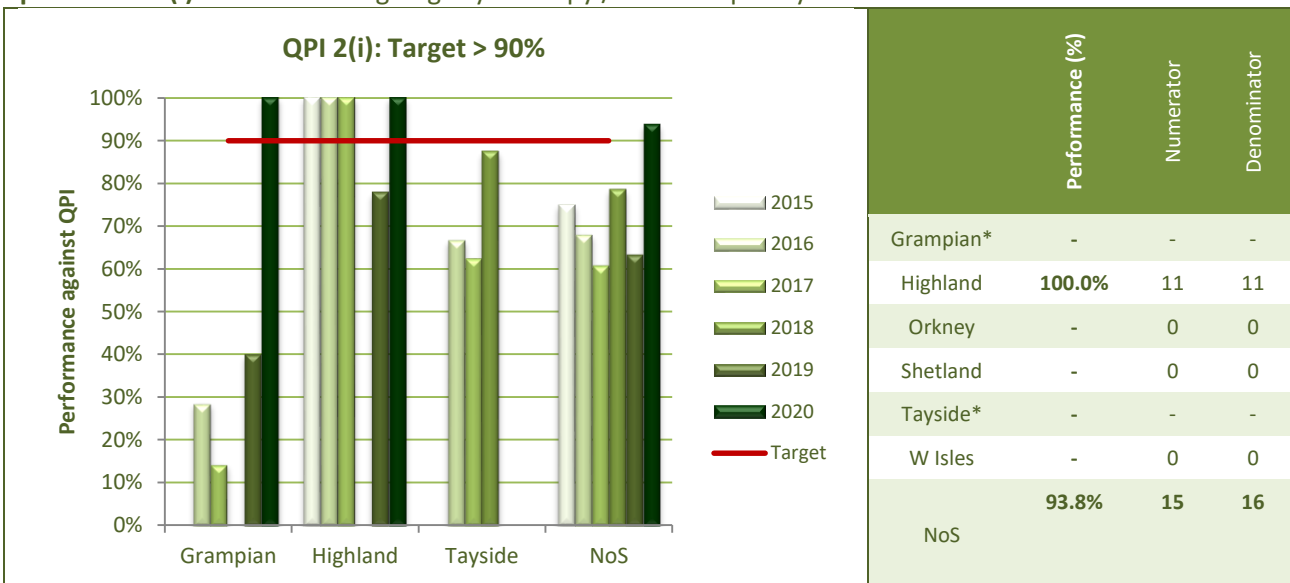
<b>QPI 1</b>	<b>Radiological Diagnosis</b>
Proportion of patients with RCC receiving active treatment who undergo pre-treatment cross-sectional imaging of the chest, abdomen +/- pelvis.	



The north of Scotland narrowly missed this target. All patients who did not have a pre-treatment cross-sectional imaging have been review under local board processes.

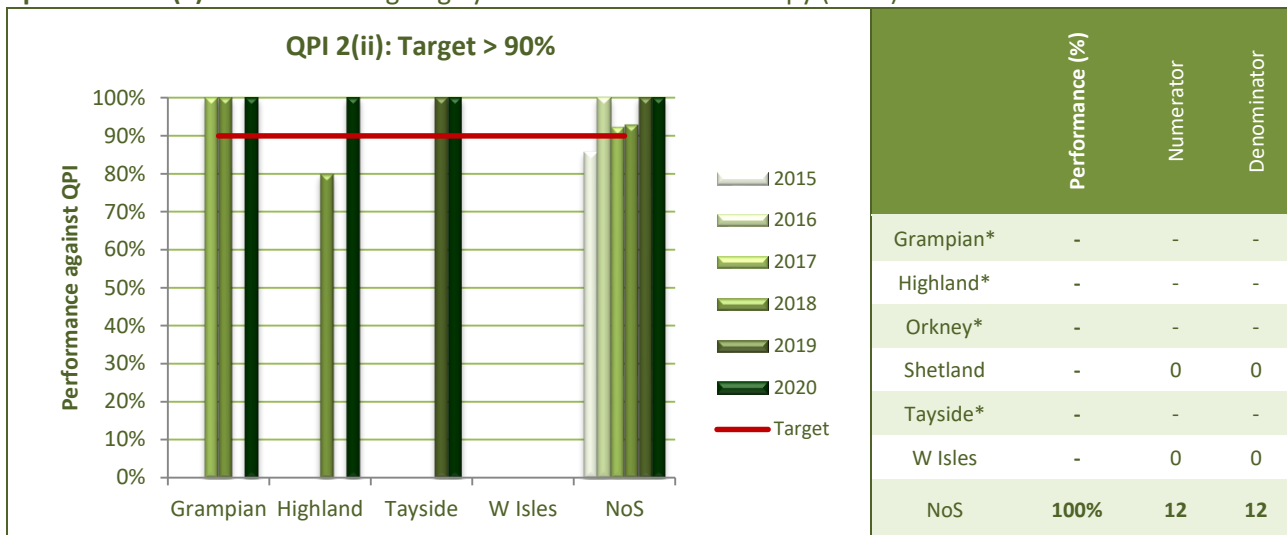
<b>QPI 2</b>	<b>Histological Diagnosis</b>
Proportion of patients with RCC where surgery is not the primary treatment who have a histological diagnosis before treatment, via biopsy.	

**Specification (i) Patients undergoing Cryotherapy / Radiofrequency ablation**



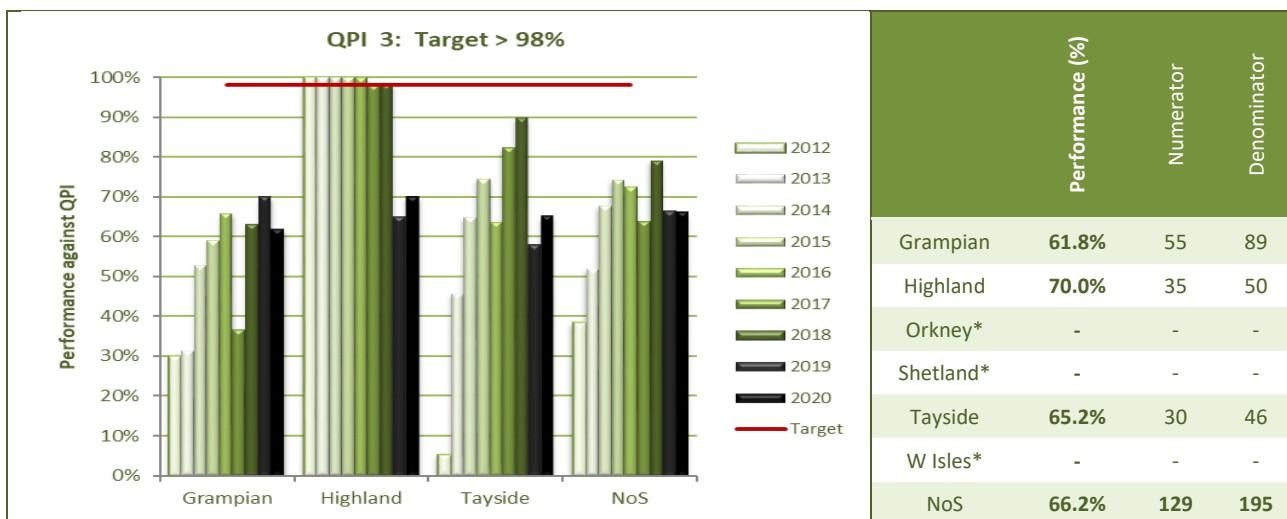
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**Specification (ii) Patients undergoing Systemic Anti-Cancer Therapy (SACT)**



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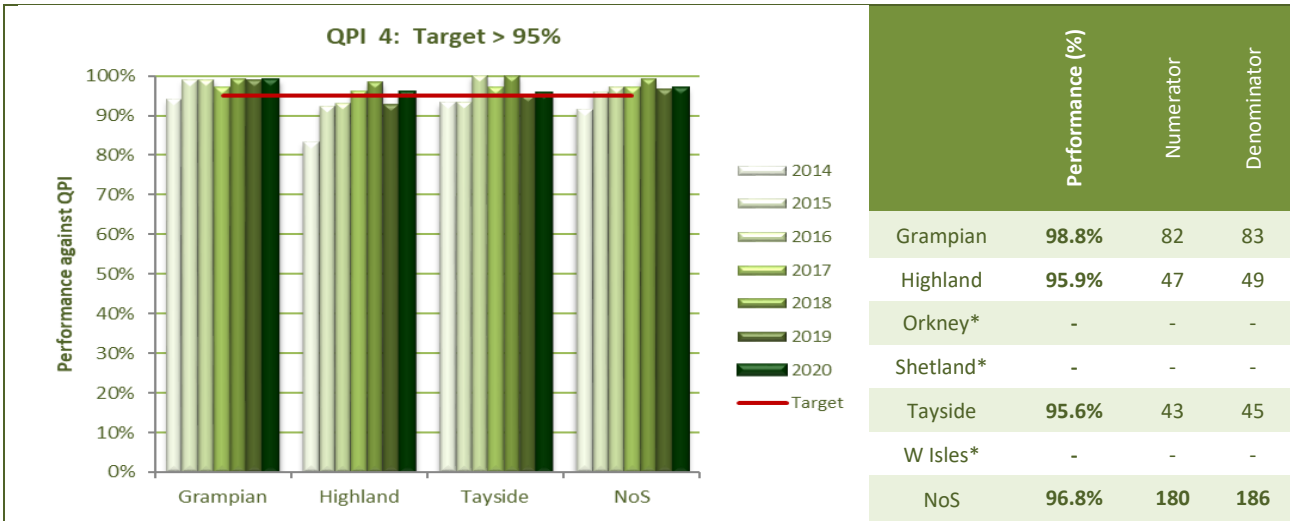
**QPI 3 Clinical Staging – TNM**  
Proportion of patients whose RCC is staged pre-treatment using the TNM staging system.



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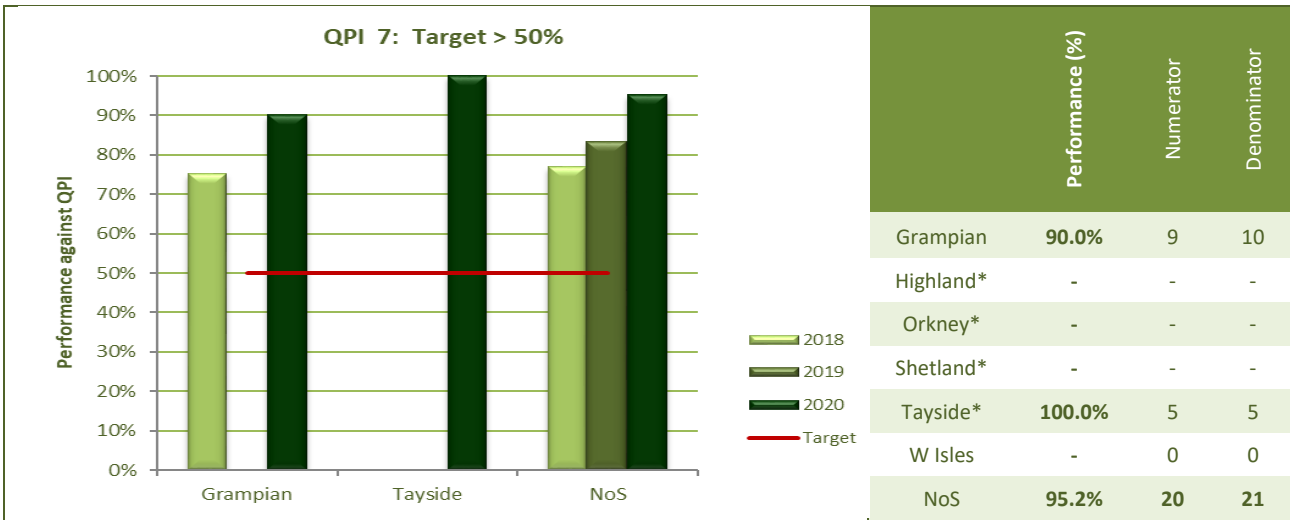
There are ongoing efforts to improve recording and documentation of TNM staging at MDT. This QPI will continue to be monitored in the future. The majority of failures against this QPI are where TMN Stage was not recorded at MDT prior to first treatment, but recorded after pathology.

<b>QPI 4</b>	<b>Multi-Disciplinary Team (MDT) Meeting</b>
Proportion of patients with RCC who are discussed at MDT meeting before definitive treatment.	



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<b>QPI 7</b>	<b>Nephron Sparing Treatment</b>
Proportion of patients with T1aN0M0 RCC who undergo nephron sparing treatment (cryotherapy, RFA or robotic / laparoscopic / open partial nephrectomy).	



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<b>QPI 8</b>	<b>30 / 90 Day Mortality Following Treatment For RCC</b>
Proportion of patients who die within 30 or 90 days of minimally invasive (RFA, cryotherapy) or operative treatment for RCC.	

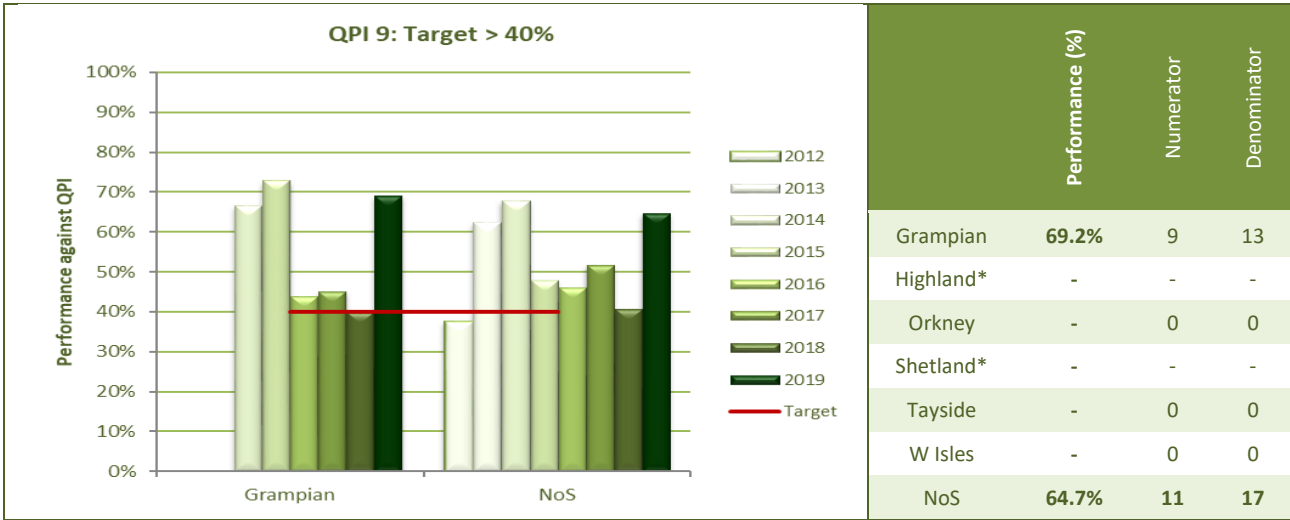
30 day mortality – Target < 2%									
	RFA			Cryotherapy			Surgery		
	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator
Grampian*	-	0	0	-	-	-	0%	0	43
Highland*	0%	0	9	-	-	-	0%	0	20
Orkney	-	0	0	-	0	0	-	0	0
Shetland*	-	0	0	-	0	0	-	-	-
Tayside*	-	-	-	-	0	0	0%	0	25
W Isles	-	0	0	-	0	0	-	0	0
NoS	0%	0	11	0%	0	5	0%	0	89

90 day mortality – Target < 2%									
	RFA			Cryotherapy			Surgery		
	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator
Grampian	-	0	0	-	-	-	0%	0	42
Highland*	0%	0	7	-	-	-	5%	1	20
Orkney	-	0	0	-	0	0	-	0	0
Shetland*	-	0	0	-	0	0	-	-	-
Tayside*	-	-	-	-	0	0	4%	1	25
W Isles	-	0	0	-	0	0	-	0	0
NoS	0%	0	9	0%	0	5	2.3%	2	88

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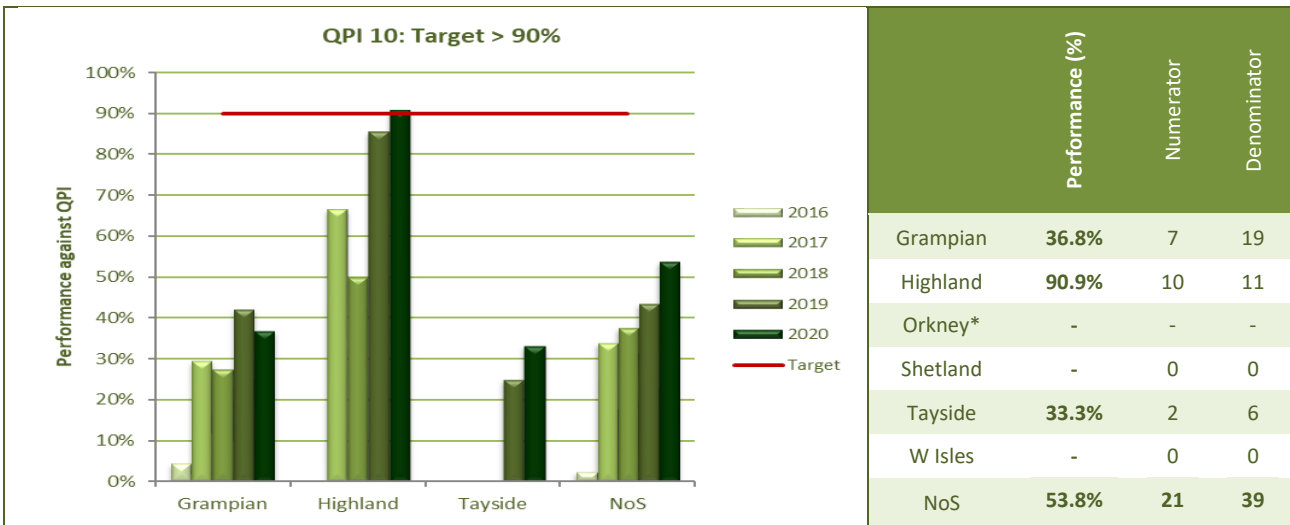
All patients who died following 30 and 90-day treatment are reviewed at board Morbidity and Mortality review meetings involving both Urology and Radiology for cryotherapy treatments.

<b>QPI 9</b>	<b>Systemic Therapy</b>
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 2019.	



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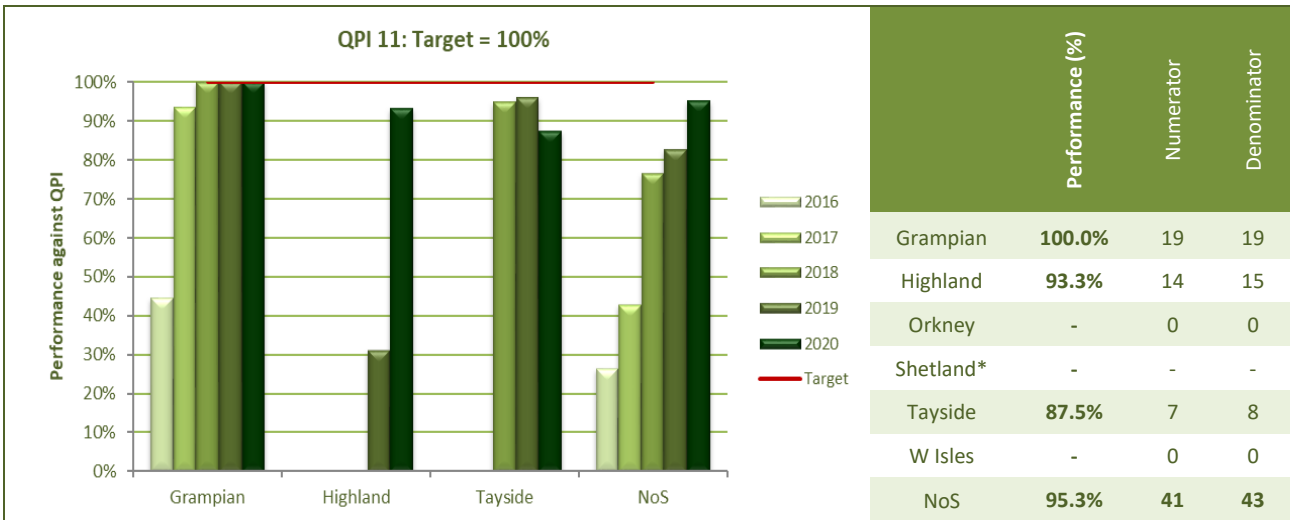
<b>QPI 10</b>	<b>Prognostic Scoring in Metastatic Disease</b>
Proportion of patients with metastatic RCC who are assigned a valid prognostic score following diagnosis.	



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MDT and referral processes are under review at all north of Scotland boards to improve consistency of documentation of prognostic score and risk group allocation, this QPI will continue to be monitored in the future and actions progressed through the NCA Urology Pathway Board.

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



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Pathology reporting processes are under review in the relevant health boards regarding improving documentation of leibovich scoring.

<b>QPI 12</b>	<b>Volume of Cases per Surgeon</b>
Number of renal surgical resections performed by a surgeon over a 1 year period. Target $\geq 15$ per surgeon	

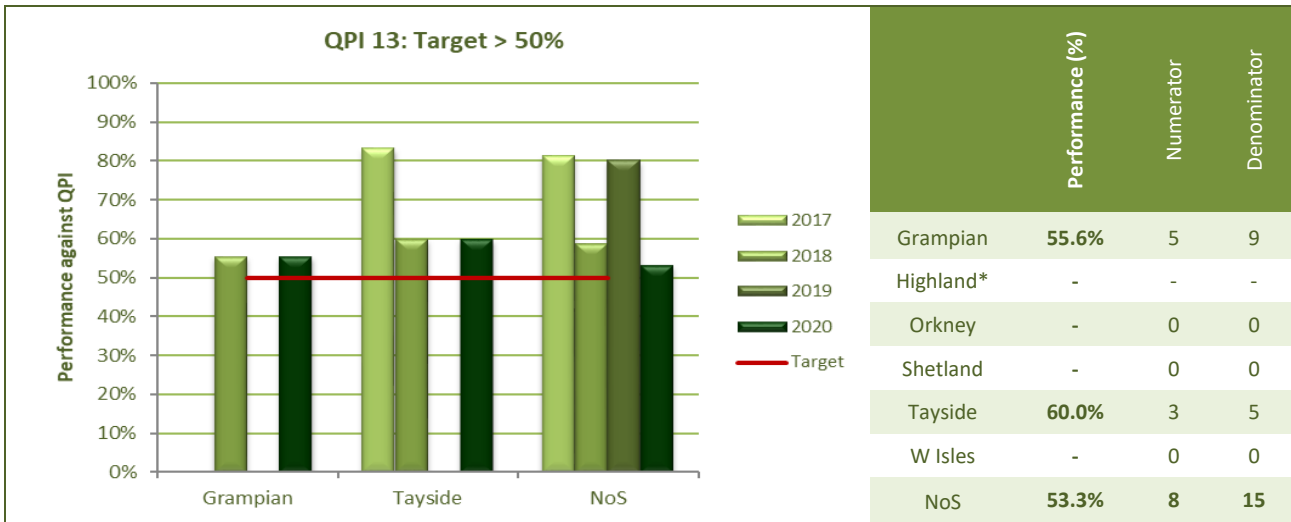
Board of Surgery	Surgeon	No. renal surgical resections in 2019
<b>Grampian</b>	Surgeon 1	15
	Surgeon 2	24
	Surgeon 3	28
<b>Highland</b>	Surgeon 1	31
<b>Shetland</b>	Surgeon 1	3
<b>NHS Tayside</b>	Surgeon 1	4
	Surgeon 2	2
	Surgeon 3	3
	Surgeon 4	41

Data based on SMR01 data and reports surgery undertaken in 2020

Adherence to surgery volumes continue to be monitored by the Getting It Right for the North Programme for Low Volume Surgery. Although patients received surgery in NHS Shetland their surgery was performed by a urologist from NHS Grampian closer to home. Within NHS Tayside the surgeon with low volumes can be accounted for as a surgeon has stepped back from undertaking renal surgical resections due to the onset of COVID-19 and resection being undertaken as part of a wider procedure.

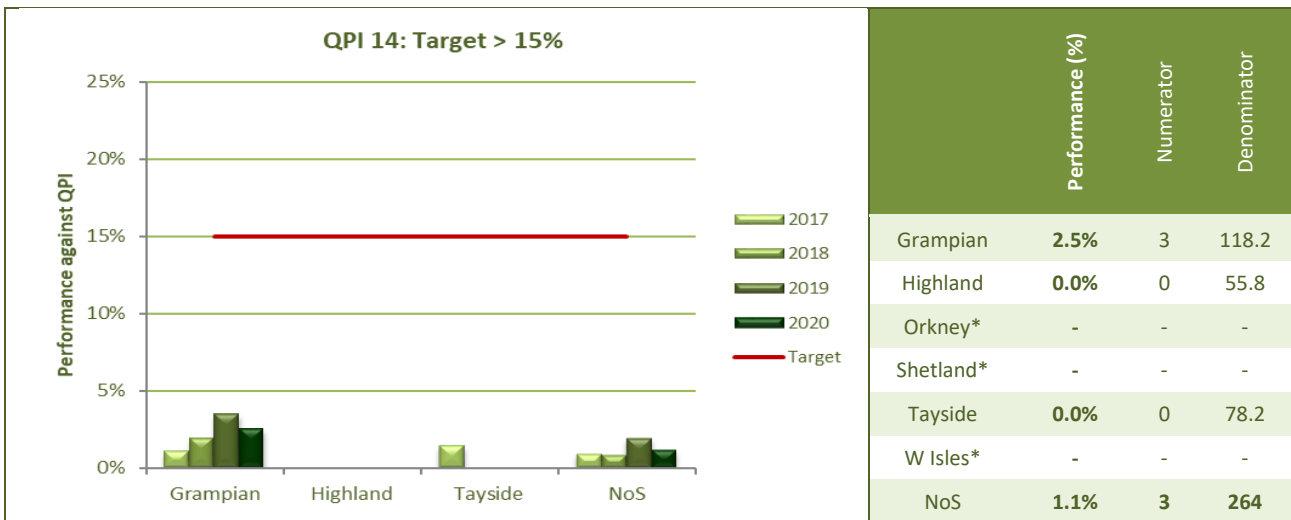


<b>QPI 13</b>	<b>Trifecta Rate</b>
Proportion of patients with T1a RCC undergoing partial nephrectomy who achieve trifecta (ischaemia time less than 25 minutes, negative surgical margins and no complications).	



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<b>QPI 14</b>	<b>Clinical Trials and Research Study Access</b>
Proportion of patients with renal cancer who are consented for a clinical trial / research study. Data reported for patients consented to trials in 2020.	



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Due to the COVID-19 pandemic recruitment to clinical trials had 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.

## 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 2020

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