

Quality Performance Indicators Audit Report

Tumour Area:	Testicular Cancer
Patients Diagnosed:	1 st October 2020 – 30 th September 2021
Published Date:	



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

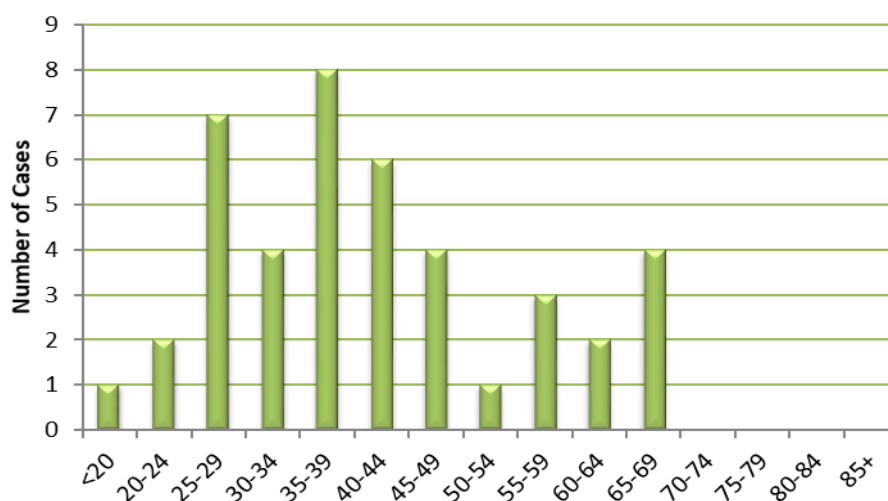
Between 1st October 2020 and 30th September 2021, 42 testicular cancer cases were diagnosed in the North of Scotland and recorded through audit. Case ascertainment for the North of Scotland was relatively low at 79.8%.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2018-19	18	4	0	0	19	1	42
% of NoS total	43%	10%	0%	0%	45%	2%	100%
Mean ISD Cases 2015-19	24.6	10.2	0.1	0.6	16.4	0.4	52.6
% Case ascertainment 2020-21	73.2%	39.2%	0.0%	0.0%	115.9%	250.0%	79.8%

For patients included within the audit, data collection was near complete.

2. Age Distribution

The figure below shows the age distribution of men diagnosed with testicular cancer in the North of Scotland in 2020-2021, with numbers of patients diagnosed highest in the 35-39 age bracket.



Age distribution of patients diagnosed with testicular cancer in NoS 2020-2021.

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 QPIs 3 and 10(i) are presented by Hospital of Surgery and QPI 11 is reported by Board of Residence. Further, QPI 9 is reported one year in arrears therefore results presented here are for patients diagnosed in 2019-20.

**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.*

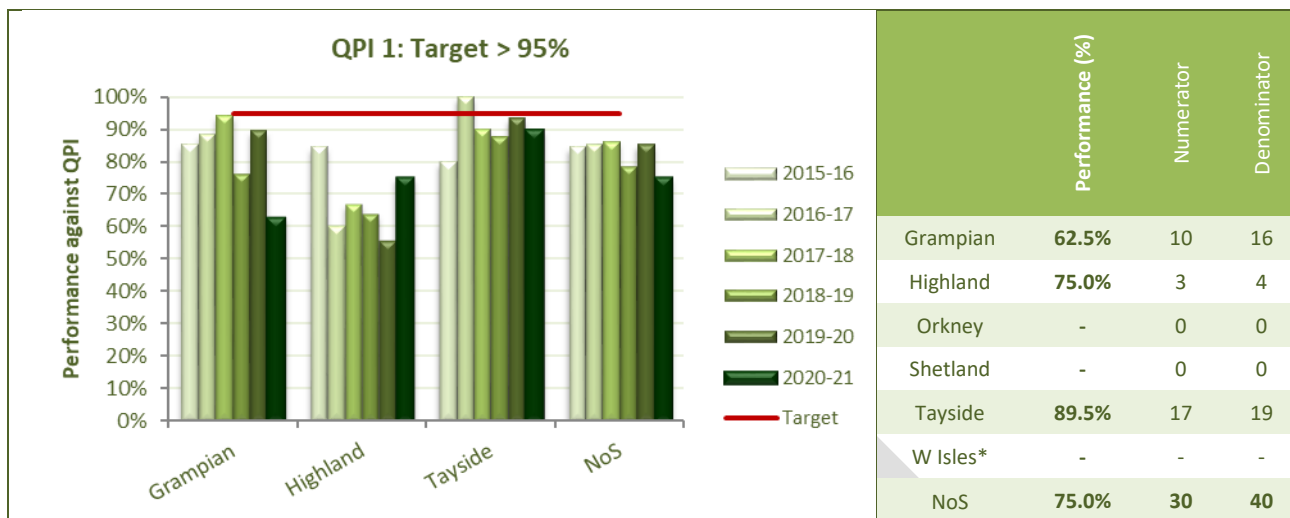
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the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

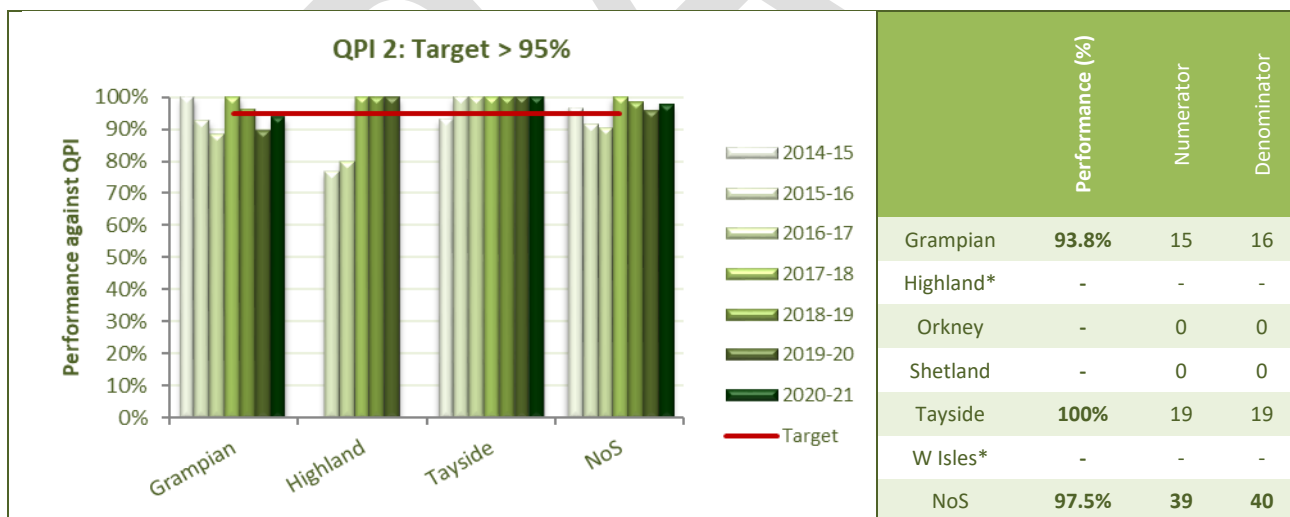
Further information is available [here](#).

QPI 1	Radiological Staging
Proportion of patients with testicular cancer who undergo CT scanning, ideally contrast enhanced CT, of the chest, abdomen and pelvis within 3 weeks of orchidectomy.	



All patients who failed this measure were reviewed. In most cases, radiology was conducted just outside the timeframe and the pathway board have encouraged timely reminders to surgeons regarding early referral to oncology.

QPI 2	Preoperative Assessment
Proportion of patients with testicular cancer who undergo preoperative assessment of the testicle which, at a minimum, includes: (i) STMs, and (ii) testicular ultrasound.	

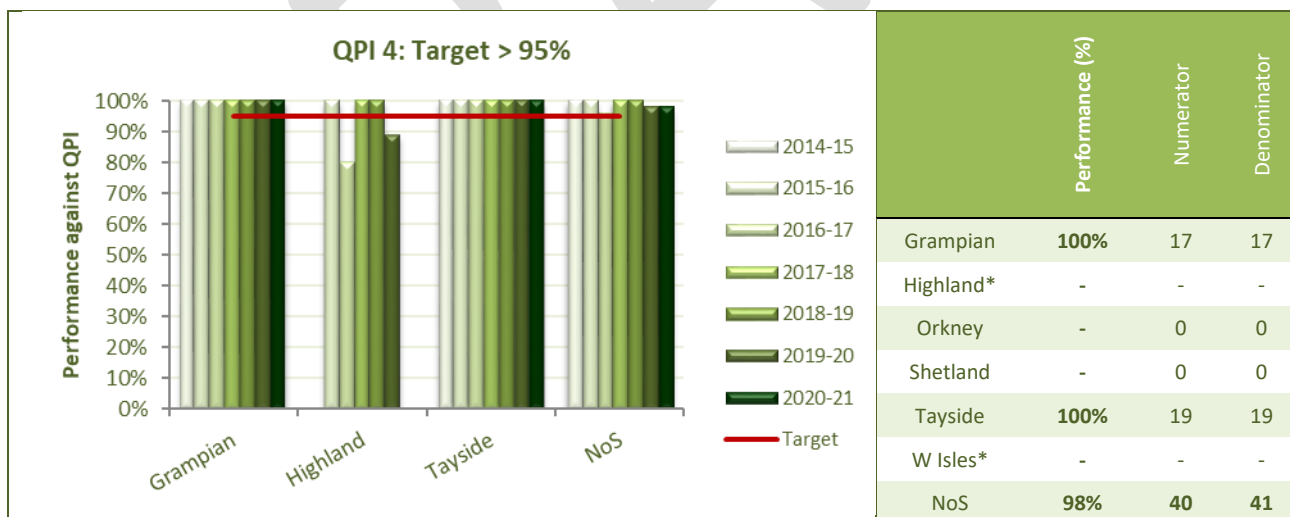


QPI 3	Primary Orchidectomy
Proportion of patients with testicular cancer who undergo primary orchidectomy within 3 weeks of ultrasonographic diagnosis.	

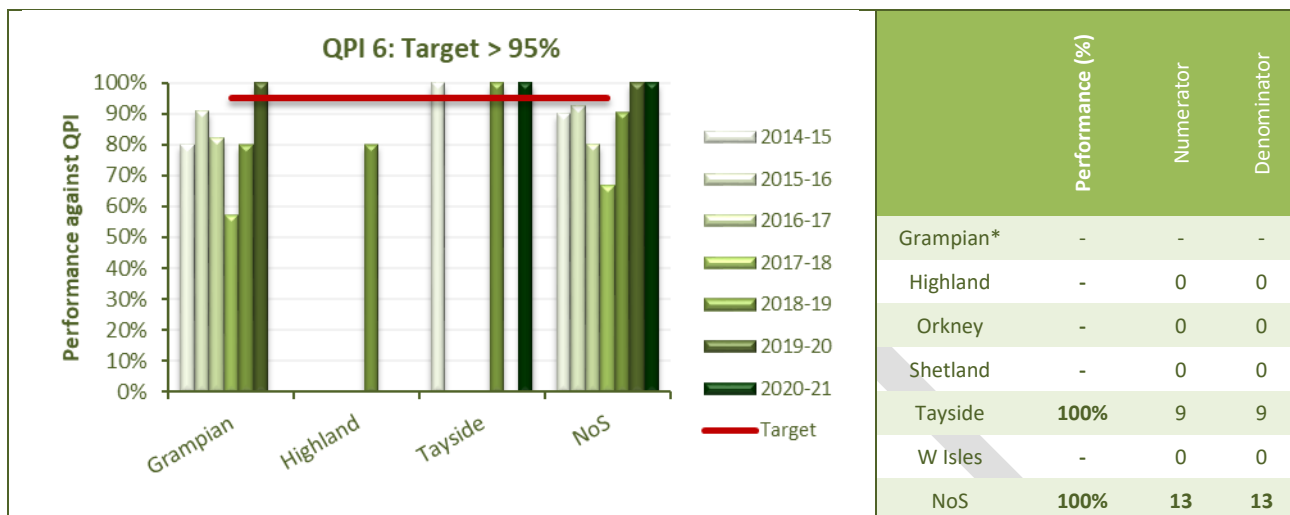


There were some impacts on theatre capacity caused by the COVID pandemic, and most patients received surgery just outside of the timeframe.

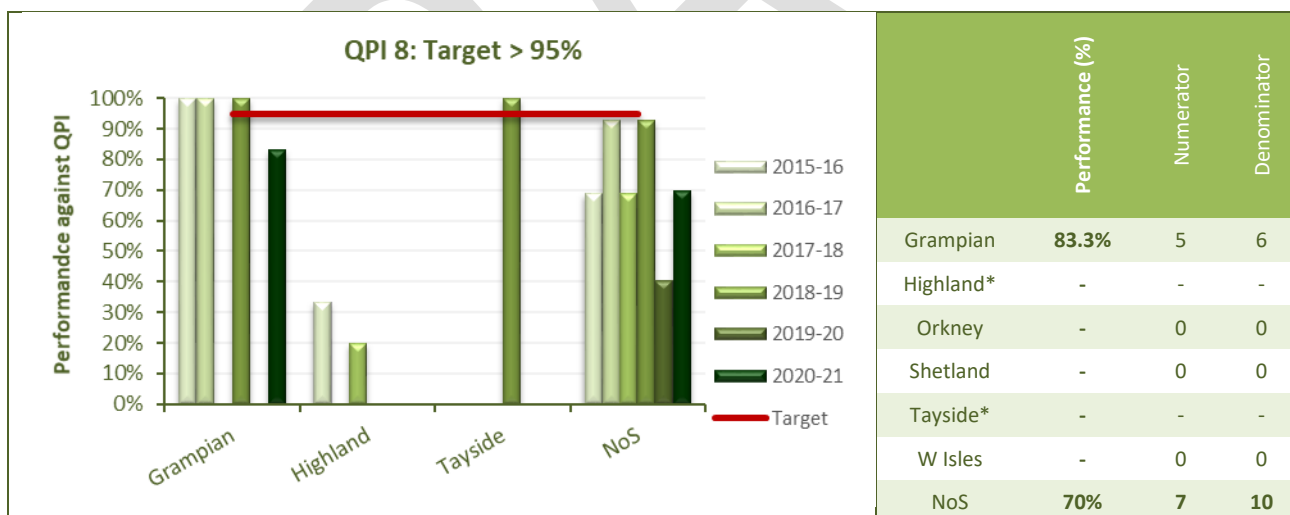
QPI 4	Multi-Disciplinary Team Meeting
Proportion of patients with testicular cancer who are discussed at a MDT meeting to agree a definitive management plan post orchidectomy.	



QPI 6	Quality of Adjuvant Treatment
Proportion of patients with stage I seminoma receiving adjuvant single dose carboplatin AUC of 7mg/ml/min (AUC7), based on EDTA clearance, within 8 weeks of orchidectomy.	

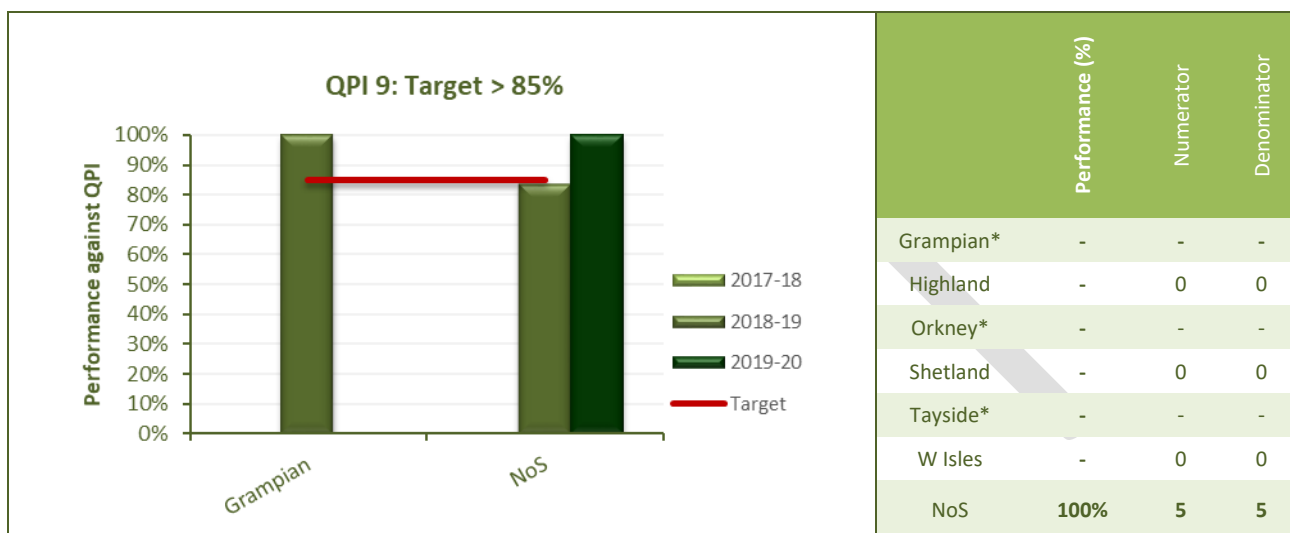


QPI 8	Systemic Therapy
Proportion of patients with metastatic testicular cancer who undergo SACT within 3 weeks of a MDT decision to treat with SACT	



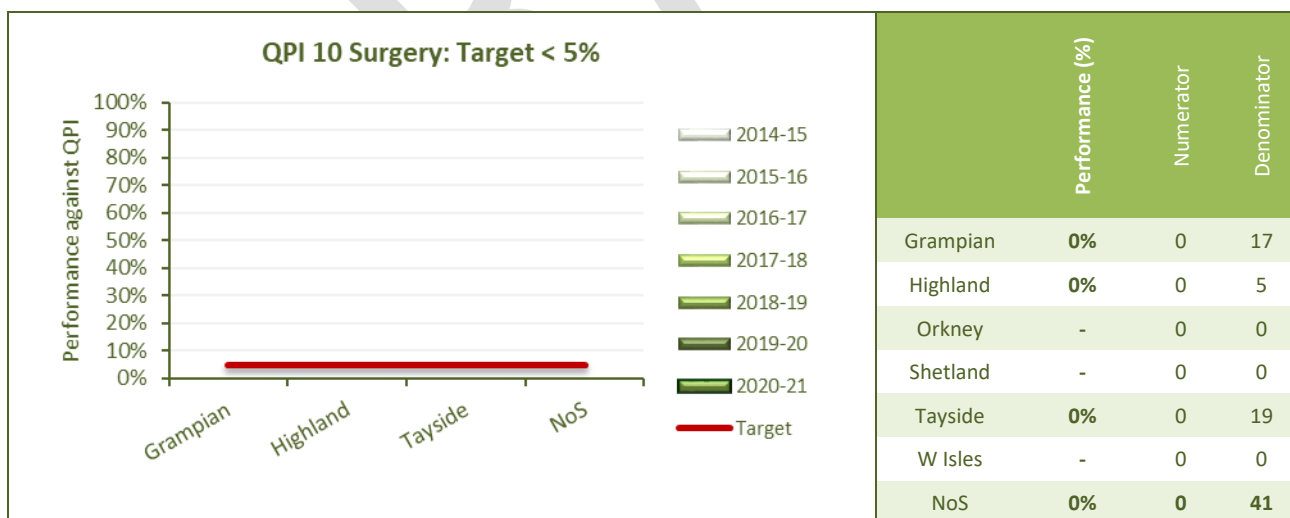
The small number of patients who failed were all reviewed and had clinical reasons for their pathway. The pathway board will be mindful when new arrangements are agreed with Aberdeen oncology team for future referrals to keep the pathway streamlined.

QPI 9	Imaging for Surveillance Patients
Proportion of patients with stage I testicular NSGCT (or mixed) under surveillance who undergo at least three CT or MRI scans of the abdomen (+/- imaging of the chest and pelvis) within 14 months of diagnosis - Patients diagnosed 2019-2020	



Number of patients in 2017-18 was too low (i.e. denominator less than 5) therefore comparable results in 2017-18 is not available.

QPI 10	30 Day Mortality
Proportion of patients with testicular cancer who die within 30 days of treatment for testicular cancer.	

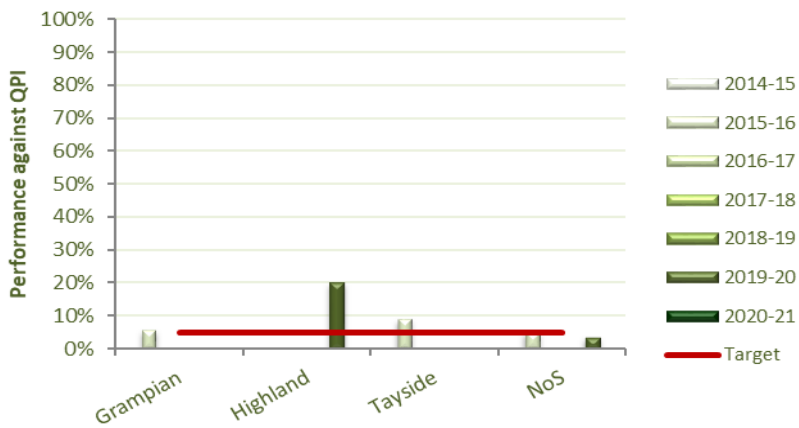


QPI 10: Radiotherapy - Target < 5%

Data not reported due to small numbers, however no patients diagnosed in the North of Scotland in 2020-2021 died within 30 days of receiving radiotherapy

	Performance (%)	Numerator	Denominator
Grampian*	-	-	-
Highland	-	0	0
Orkney	-	0	0
Shetland	-	0	0
Tayside*	-	-	-
W Isles	-	0	0
NoS*	-	-	-

QPI 10 Chemotherapy: Target < 5%

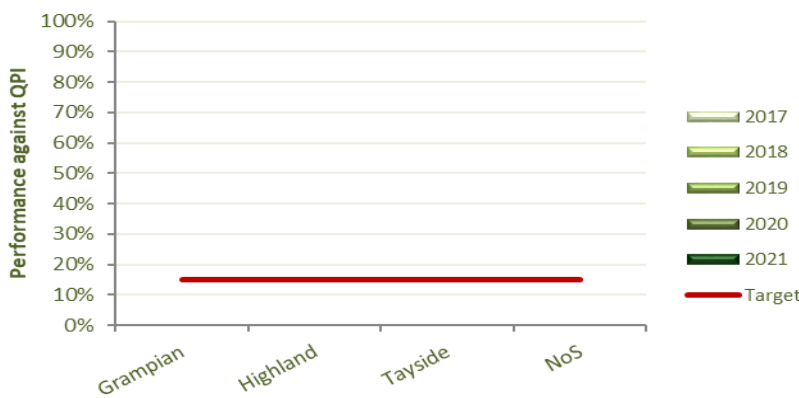


	Performance (%)	Numerator	Denominator
Grampian	0%	0	12
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside	0%	0	12
W Isles	-	0	0
NoS	0%	0	25

QPI 11 Clinical trials and Research Study Access

Proportion of patients with testicular cancer who are consented for a clinical trial / research study. Data reported for patients enrolled in trials in 2021.

QPI 11: Target > 15%



	Performance (%)	Numerator	Denominator
Grampian	0%	0	25
Highland	0%	0	10
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	0%	0	16
W Isles*	-	-	-
NoS	0%	0	53

At this time it is believe there are no germ cell cancer trials open locally.

References

1. Scottish Cancer Taskforce, 2018. Testicular Cancer Clinical Quality Performance Indicators, Version 3.0. Health Improvement Scotland.
http://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/cancer_qpis/quality_performance_indicators.aspx
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>

Appendix: Clinical Trials and Research studies for testicular cancer open to recruitment in the North of Scotland in 2021

Trial	Principle Investigator	Patients consented (Y/N)
UK P3BEP	Rhona McMenemin (Grampian) Hugh Bishop (Grampian)	N
SMPaeds	Hugh Bishop (Grampian)	N