Quality Performance Indicators Audit Report

Tumour Area:	Testicular Cancer
Patients Diagnosed:	1st October 2021 – 30th September 2022
Published Date:	

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

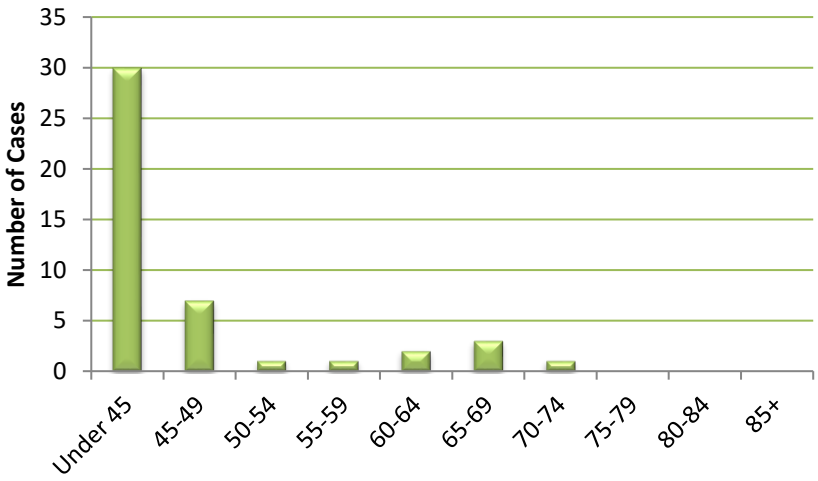
Between 1st October 2021 and 30th September 2022, 45 testicular cancer cases were diagnosed in the North of Scotland and recorded through audit. Case ascertainment for the North of Scotland was 89.3%.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NCA
No. of Patients 2021-22	16	9	2	0	18	0	45
% of NCA total	35.6%	20.0%	8.0%	0.0%	32.0%	2.0%	100.0%
Mean ISD Cases 2017-21	22.6	8.0	1.0	1.0	16.8	1.0	50.4
% Case ascertainment 2021-22	70.8%	112.5%	200.0%	0.0%	107.1%	0.0%	89.3%

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 2021-2022, with numbers of patients diagnosed highest under 45 age bracket.



Age distribution of patients diagnosed with testicular cancer in NCA 2021-2022.

3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland[1], while further information on datasets and measurability used are available from Information Services Division[2]. 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 2020-2021.

**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.*

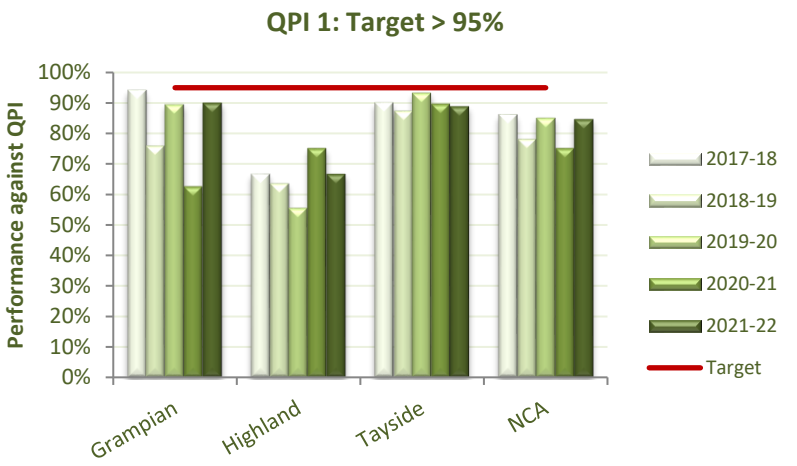
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the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

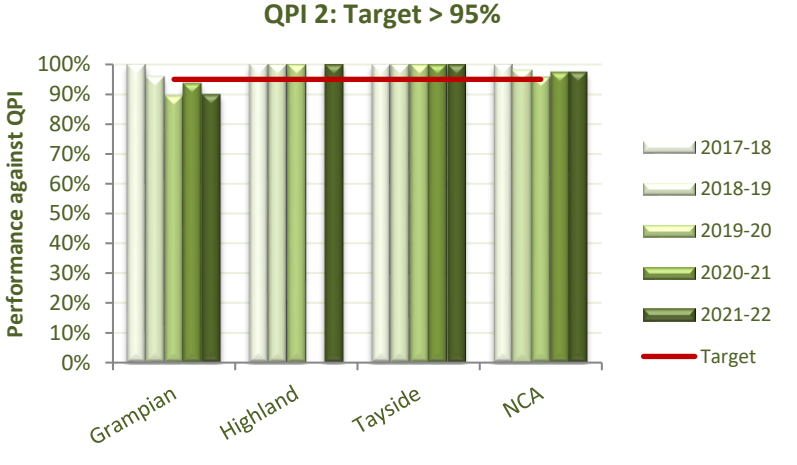
QPI 1	Radiological Staging
Proportion of patients with testicular cancer who undergo CT scanning, ideally contrast enhanced CT, of the chest, abdomen and pelvis within 3 weeks of orchidectomy.	



	Performance (%)	Numerator	Denominator
Grampian	**90.0%**	**9**	**10**
Highland	**66.7%**	**6**	**9**
Orkney*	-	-	-
Shetland	-	**0**	**0**
Tayside	**88.9%**	**16**	**18**
W Isles	-	**0**	**0**
NCA	**84.6%**	**33**	**39**

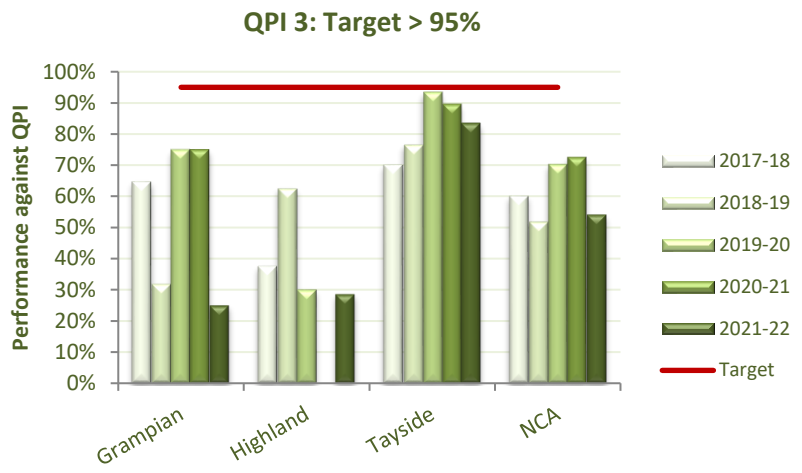
Each board reviewed their data and found that typically failure of this QPI was due to delays rather than failure to undergo CT scanning. This will be reviewed on an ongoing basis.

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.	



	Performance (%)	Numerator	Denominator
Grampian	**90.0%**	**9**	**10**
Highland*	**100.0%**	**9**	**9**
Orkney*	-	-	-
Shetland	-	**0**	**0**
Tayside	**100.0%**	**18**	**18**
W Isles	-	**0**	**0**
NCA	**97.4%**	**38**	**39**

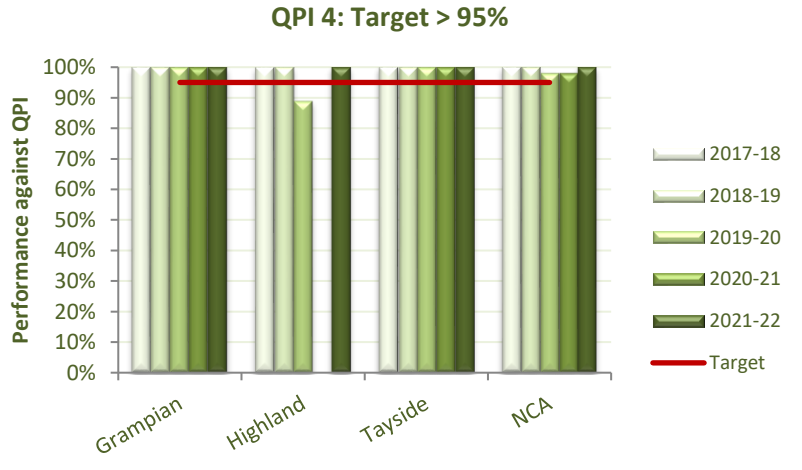
QPI 3	Primary Orchidectomy
Proportion of patients with testicular cancer who undergo primary orchidectomy within 3 weeks of ultrasonographic diagnosis.	



	Performance (%)	Numerator	Denominator
Grampian	**25.0%**	**3**	**12**
Highland	**28.6%**	**2**	**7**
Orkney	**-**	**0**	**0**
Shetland	**-**	**0**	**0**
Tayside	**83.3%**	**15**	**18**
W Isles	**-**	**0**	**0**
NCA	**54.1%**	**20**	**37**

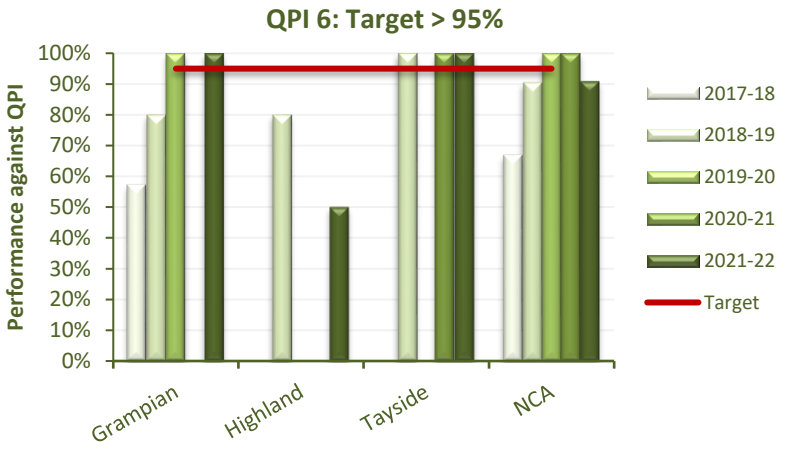
All patients who failed this measure were reviewed and multiple reasons were found within the pathway. This is to be reviewed through the Urology Pathway board.

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.	



	Performance (%)	Numerator	Denominator
Grampian	**100.0%**	**15**	**15**
Highland	**100.0%**	**9**	**9**
Orkney*	**-**	**-**	**-**
Shetland	**-**	**0**	**0**
Tayside	**100.0%**	**18**	**18**
W Isles	**-**	**0**	**0**
NCA	**100.0%**	**44**	**44**

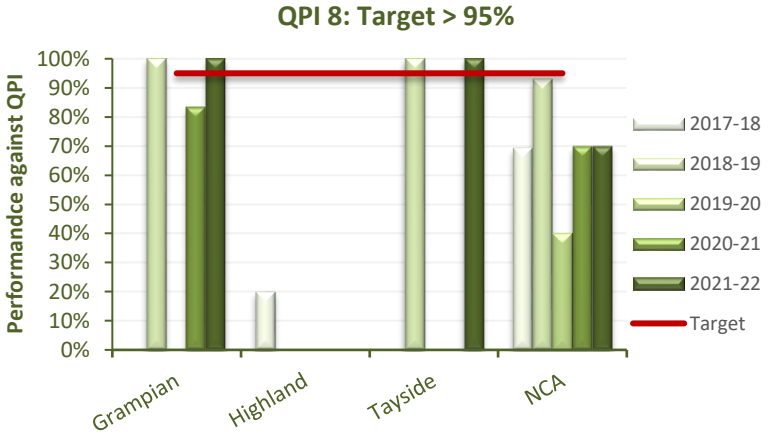
QPI 6	Quality of Adjuvant Treatment
Proportion of patients with stage I seminoma receiving adjuvant single dose carboplatin AUC of 7mg/ml/min (AUC7), based on EDTA clearance, within 8 weeks of orchidectomy.	



	Performance (%)	Numerator	Denominator
Grampian	100.0%	5	5
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside*	-	-	-
W Isles	-	0	0
NCA	90.9%	10	11

This measure was failed by one patient who was reviewed. There are ongoing discussion about improving the pathway for patients where treatment is across more than one board.

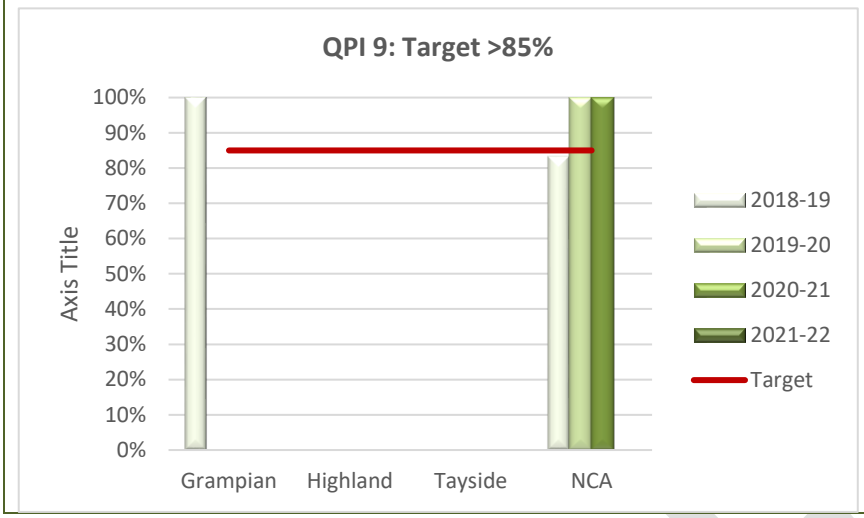
QPI 8	Systemic Therapy
Proportion of patients with metastatic testicular cancer who undergo SACT within 3 weeks of a MDT decision to treat with SACT	



	Performance (%)	Numerator	Denominator
Grampian	100.0%	5	5
Highland*	-	-	-
Orkney*	-	-	-
Shetland	-	0	0
Tayside*	-	-	-
W Isles	-	0	0
NCA	70.0%	7	10

Two of the patients failing this QPI were delayed by waits for treatment across board and this will be reviewed by the pathway board.

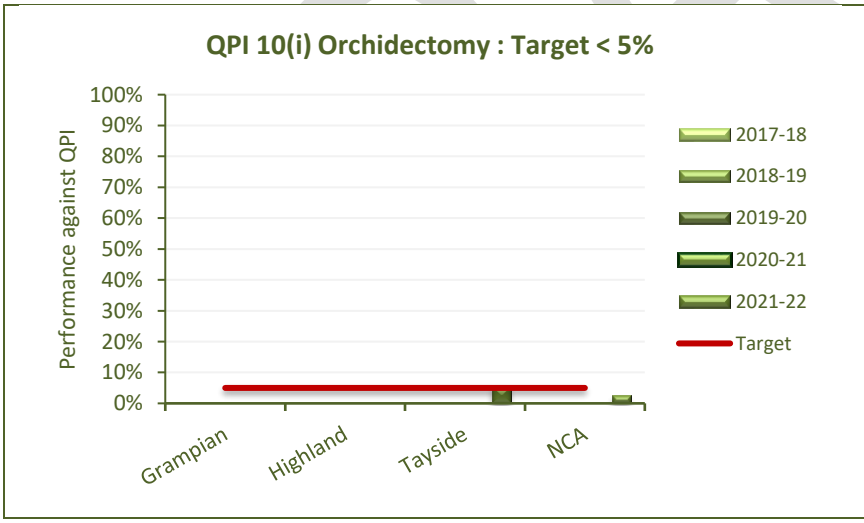
QPI 9	Imaging for Surveillance Patients
Proportion of patients with stage I testicular NSGCT (or mixed) under surveillance who undergo at least three CT or MRI scans of the abdomen (+/- imaging of the chest and pelvis) within 14 months of diagnosis - Patients diagnosed 2019-2020	



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

Number of patients in 2017-18 and 2021-22 was too low (i.e. denominator less than 5) to be shown.

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



	Performance (%)	Numerator	Denominator
Grampian	0.0%	0	14
Highland	0.0%	0	7
Orkney	-	0	0
Shetland	-	0	0
Tayside	5.6%	1	18
W Isles	-	0	0
NCA	2.6%	1	39

The one patient who died was reviewed and found to have died from un-related causes.

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	Description	Centre	PI
UKP3BEP	A randomised phase 3 trial of accelerated versus standard BEP chemotherapy for patients with intermediate and poor-risk metastatic germ cell tumours	ARI	Rhona McMenemin