

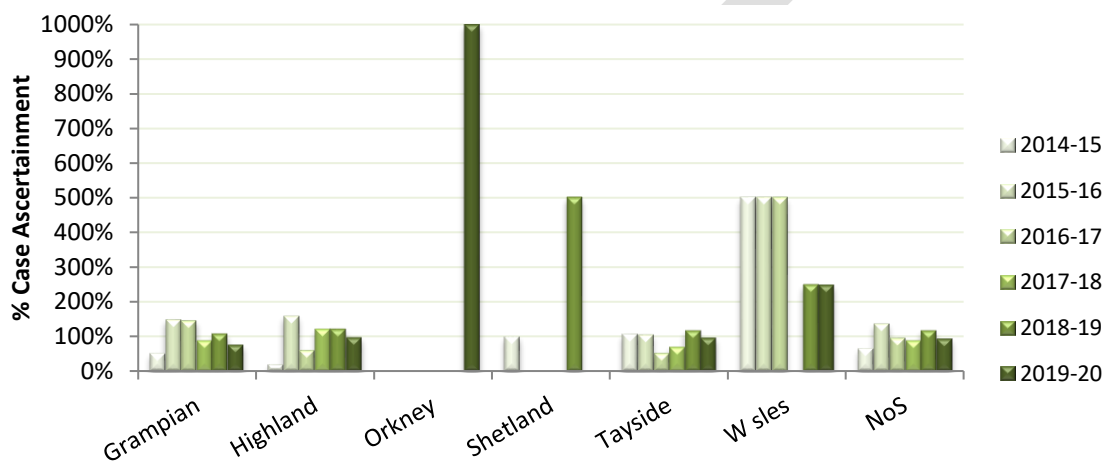
Quality Performance Indicators Audit Report

| | |
|----------------------------|--|
| Tumour Area: | Testicular Cancer |
| Patients Diagnosed: | 1 st October 2019 – 30 th September 2020 |
| Published Date: | 27 th January 2022 |



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

Between 1st October 2019 and 30th September 2020 a total of 50 cases of testicular cancer were diagnosed in the North of Scotland and recorded through audit. Case ascertainment for the North of Scotland was high at 95.1%. As such, QPI calculations based on data captured are considered to be representative of patients diagnosed with testicular cancer during the audit period.



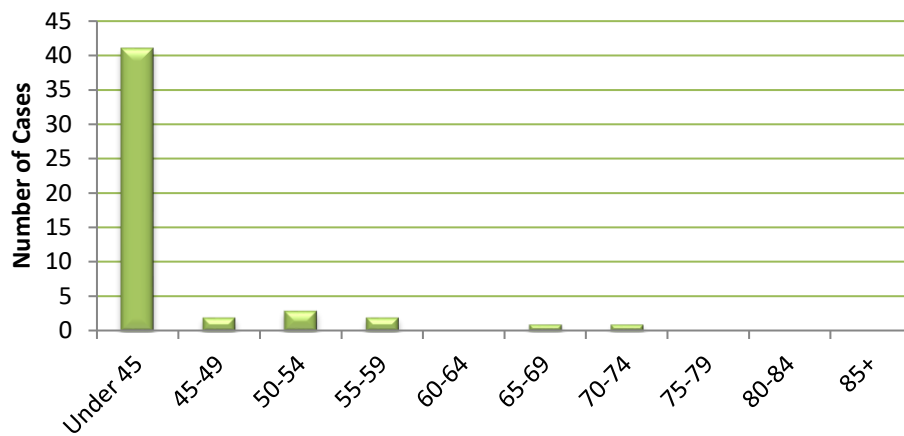
Case ascertainment by NHS Board for patients diagnosed with testicular cancer in 2014-2020.

| | Grampian | Highland | Orkney | Shetland | Tayside | W Isles | NoS |
|------------------------------|----------|----------|--------|----------|---------|---------|-------|
| No. of Patients 2018-19 | 19 | 10 | 4 | 0 | 16 | 1 | 50 |
| % of NoS total | 38% | 20% | 8% | 0% | 32% | 2% | 100% |
| Mean ISD Cases 2015-19 | 24.6 | 10.2 | 0.1 | 0.6 | 16.4 | 0.4 | 52.6 |
| % Case ascertainment 2019-20 | 77.2% | 98% | 1000% | 0% | 97.6% | 250% | 95.1% |

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 2019-2020, with numbers of patients diagnosed highest in the under 45 age bracket.



Age distribution of patients diagnosed with testicular cancer in NoS 2019-2020.

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 2018-19.

**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.*

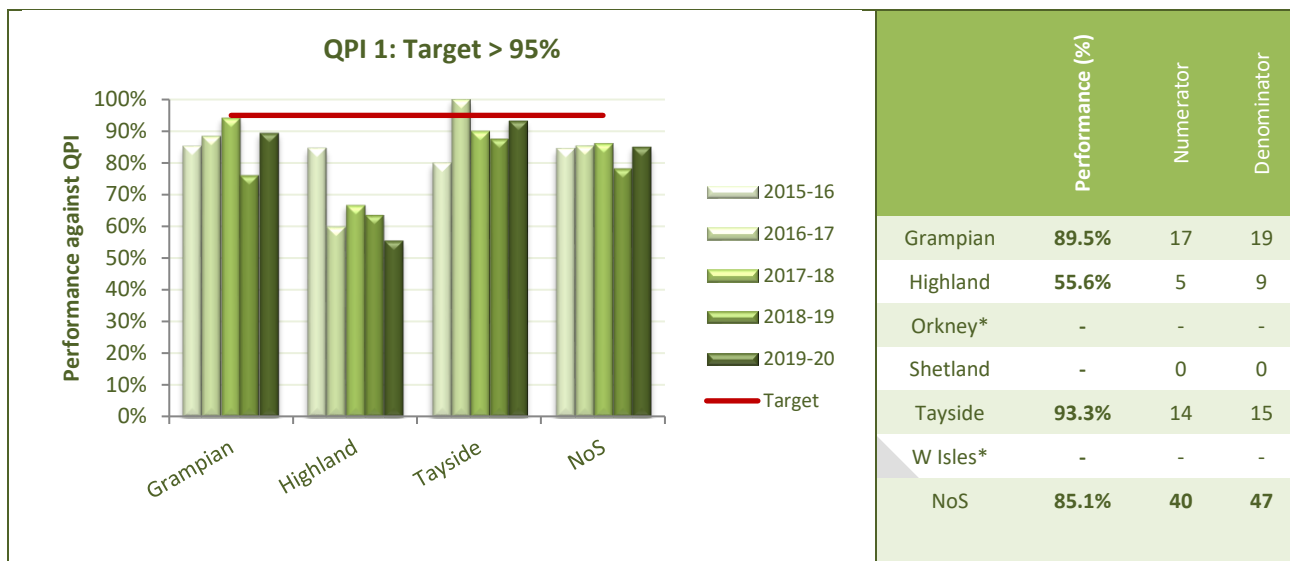
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the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

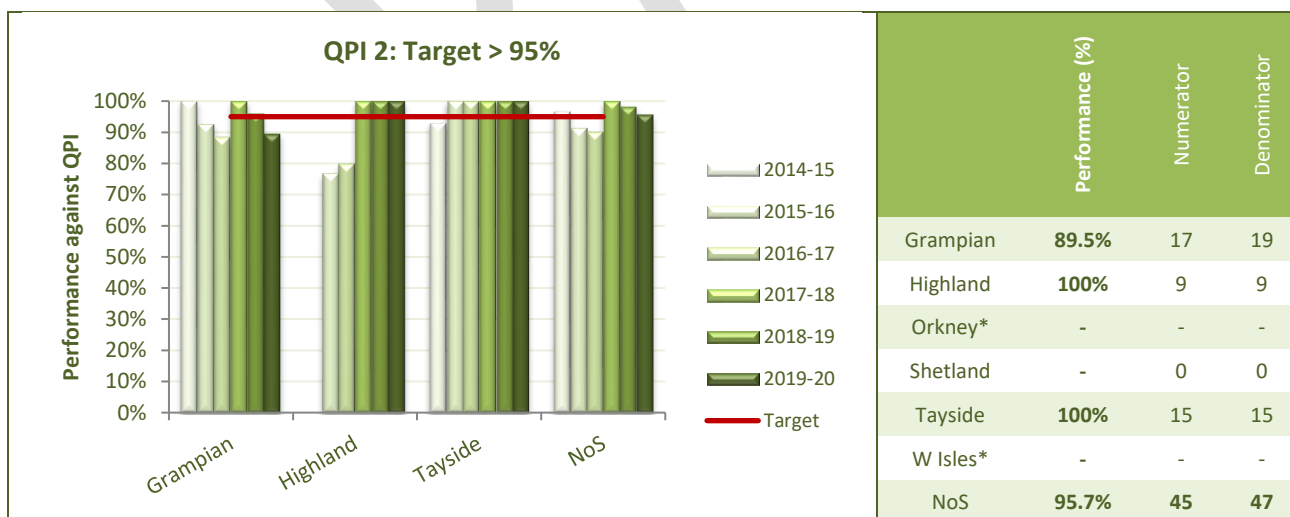
Further information is available [here](#).

| | |
|---|-----------------------------|
| 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. | |



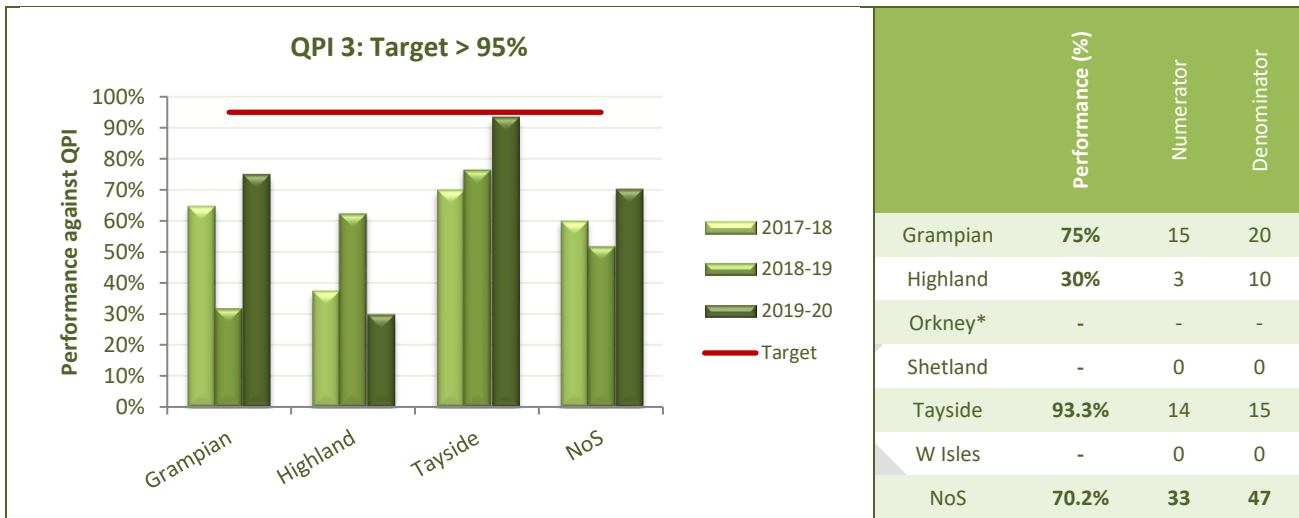
Pathways for radiological staging following surgery for these patients require to be embedded within boards. The timescales required of this QPI (within 3 weeks of surgery) are a challenge to meet and pathways require to put in place to ensure the standard is met for all patients in the North of Scotland.

| | |
|--|--------------------------------|
| 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. | |



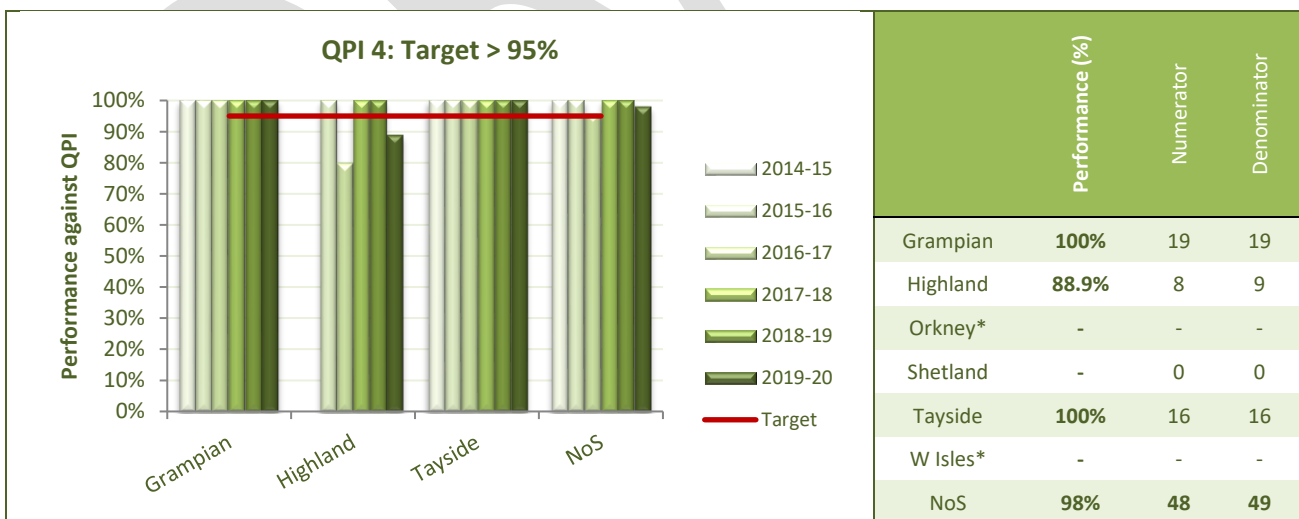
Two patients in Grampian did not undergo assessment for LDH and action to implement a process to ensure this is undertaken for all patients.

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



Pathways to surgery are being investigated to ensure compliance with the three-week window across the North of Scotland. Access to theatre and treatment space was a problem across all health boards, this was exacerbated by backlog and staffing issues caused by ongoing Covid-19 pandemic. A theatre prioritisation process has been implemented within the North of Scotland for the clinical prioritisation of surgery availability. The requirements for surgery within 3 weeks of diagnosis are reflected in this prioritisation, with testicular patients categorised as P2 (surgery within 4 weeks of MDT outcome). Additionally delays were caused to the preoperative assessment for some patients.

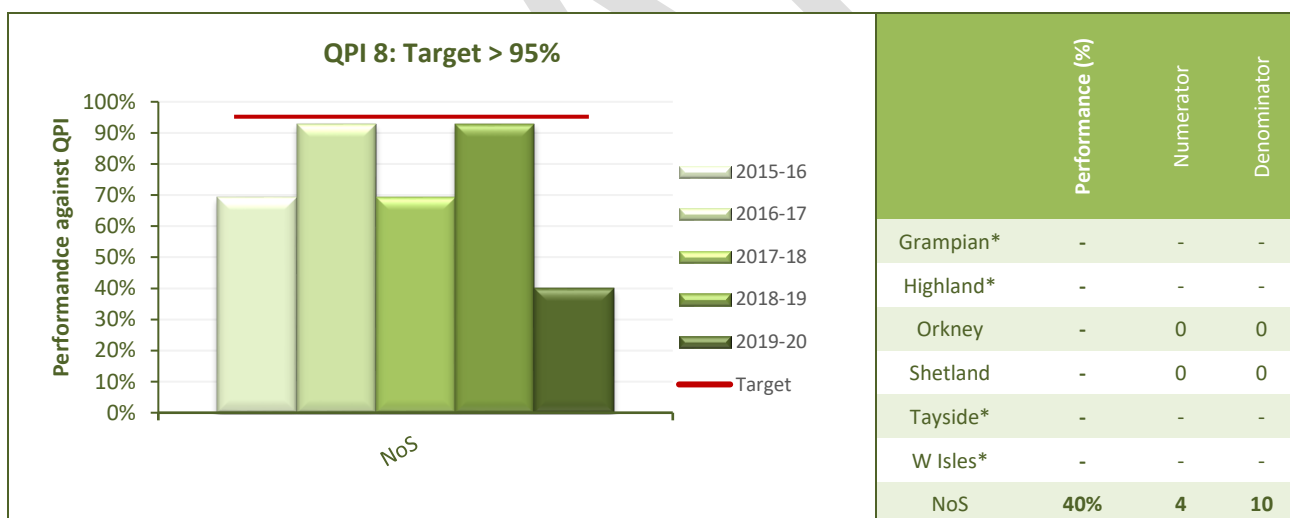
| | |
|---|--|
| QPI 4 | Multi-Disciplinary Team Meeting |
| Proportion of patients with testicular cancer who are discussed at a MDT meeting to agree a definitive management plan post orchidectomy. | |



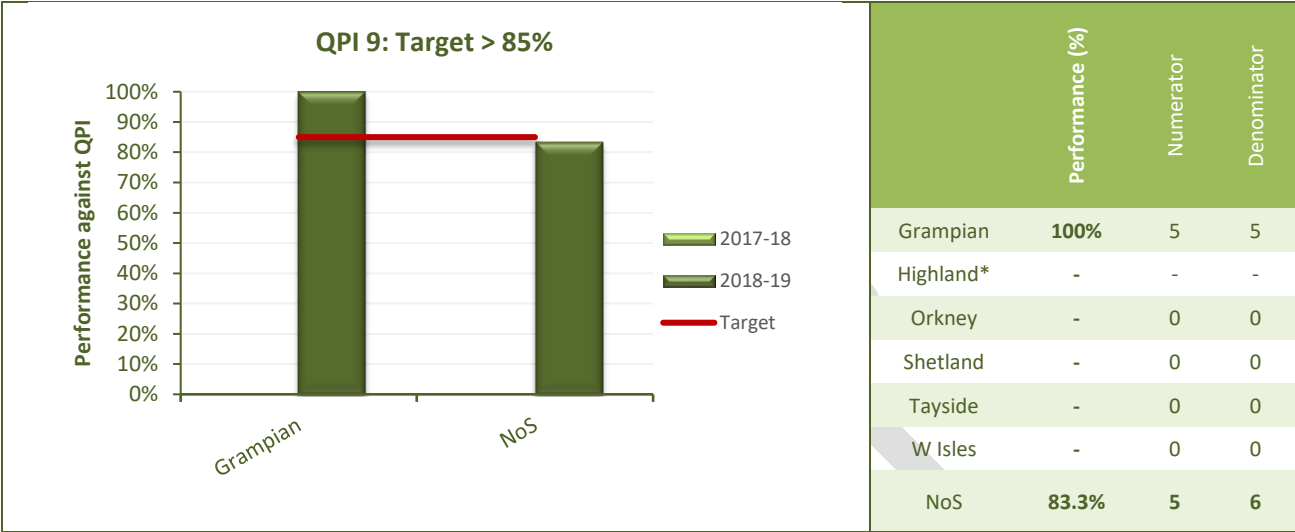
| | |
|--|--------------------------------------|
| QPI 6 | Quality of Adjuvant Treatment |
| Proportion of patients with stage I seminoma receiving adjuvant single dose carboplatin AUC of 7mg/ml/min (AUC7), based on EDTA clearance, within 8 weeks of orchidectomy. | |



| | |
|---|-------------------------|
| 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 | |

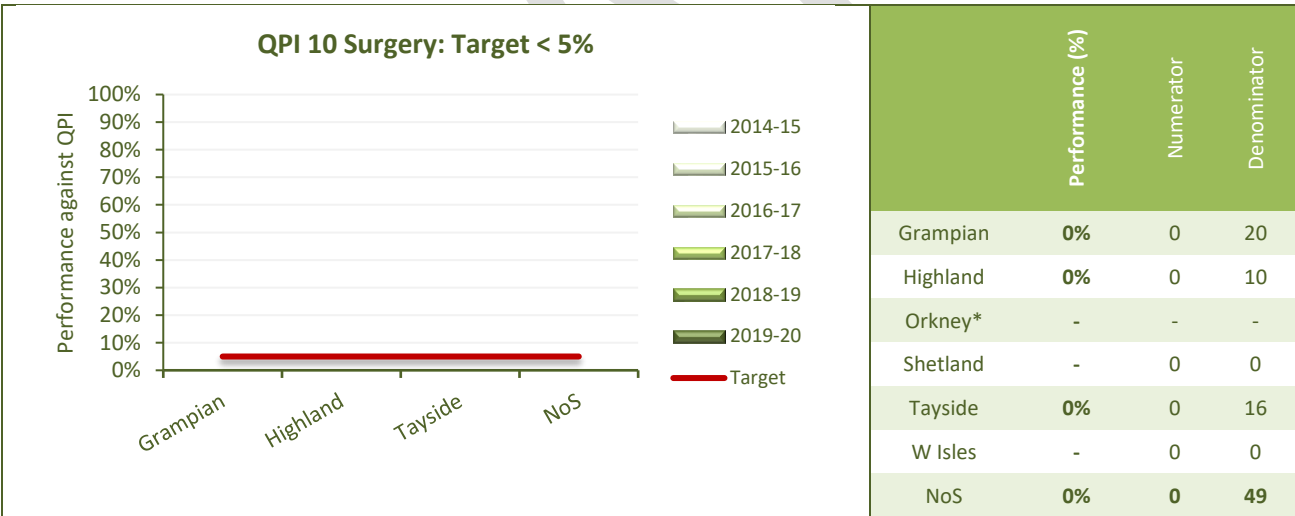


| | |
|---|--|
| QPI 9 | Imaging for Surveillance Patients |
| Proportion of patients with stage I testicular NSGCT (or mixed) under surveillance who undergo at least three CT or MRI scans of the abdomen (+/- imaging of the chest and pelvis) within 14 months of diagnosis - Patients diagnosed 2018-2019 | |



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%

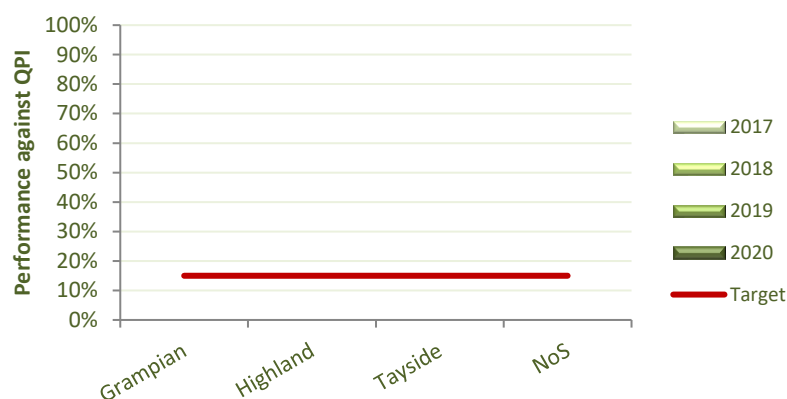
Data not reported due to small numbers, however no patients diagnosed in the North of Scotland in 2019-2020 died within 30 days of receiving radiotherapy

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

QPI 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 2020.

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 |

Decisions regarding clinical trials are discussed at MDTs, there were problems enrolling patients into trials during Covid-19 pandemic.

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 2020

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