



Ovarian Cancer Action Plan Progress Report

13th January 2023

Document Control Information	
Control Status	Approved by NCA Ovarian Cancer Action Plan Group – 14/12/22
Date issued	13 th January 2023
Author(s)	Bryan McKellar, Regional Cancer Network Manager (North)

Contents

1. Executive Summary	Page 3
2. Introduction	Page 4
3. Surgery Rates update	Page 6
4. Regional MDT update	Page 8
5. Key Risks update	Page 9
6. Next Steps	Page 10
7. Conclusion	Page 11
8. References	Page 12
9. Appendix	Page 13

1. Executive Summary

The North of Scotland Ovarian Cancer Action Plan has brought together a number of clinical and management colleagues from across the North Cancer Alliance to improve pathways for ovarian cancer patients, and particularly surgery rates in the North.

The group's previous report in March 2022 highlighted significant progress against the comprehensive action plan; embedding a team ethos in delivery of this improvement programme. As the NoS Ovarian Action Plan group has evolved, there has been a huge effort to deliver improved patient experience and outcomes through this work.

The development of a regional ovarian cancer MDT has delivered value to our MDT members and patients, despite the challenge of bringing three teams together on a virtual platform.

Collaborative efforts are extending into the development of approaches for prehabilitation – optimising patients ahead of treatment – and Patient Reported Outcome Measures (PROMs) that will benefit all patients who end-up in this pathway.

The employment of a regional ovarian cancer pathway is a milestone that will allow the group to develop a regional database and allow real-time assessment to support pathway improvements.

QPI performance for surgery for advanced disease is improving and it is hoped this will reach the 65% target set in Scotland and beyond, bringing NCA alongside SCAN and WOSCAN and supporting the business case for any further resources required to deliver the required capacity.

The latest survival analysis data for patients diagnosed 2018-2020, followed-up to March 2022, has an observed difference between the three networks, with two networks have poorer survival than one other. The reasons for this difference remain unclear.

An assessment of pathway timescales to treatment has been undertaken across Scotland, and this is favourable to North patients requiring surgery or chemotherapy treatment. The percentage of patients treated within an acceptable timescale is higher than those in the other networks.

The challenge remains in encouraging earlier presentation of patients given the observed later stage presentation in the North of Scotland – this will remain a final focus of the NCA Ovarian Cancer Action Plan group.

The North of Scotland Ovarian Cancer MDT will continue to evolve and the final actions of the plan are now in progress, expected for completion by summer 2023.

This report provides a summary of progress to December 2022 and highlights the outstanding actions required to bring this piece of improvement work to completion.

North Cancer Alliance: Ovarian Action Plan Progress Report (TBC November 2022)

2. Introduction

This is the mid-year review of progress against the North Cancer Alliance Ovarian Action Plan. This follows on from the March 2022 report which highlighted the significant progress that had been made on the actions to improve surgery rates for North of Scotland patients, following on from the Public Health Scotland analysis of survival outcomes for women diagnosed 2013-2018.

The [March 2022 Progress Report](#) noted the significant progress to develop pathway arrangements but noted three overarching actions remained outstanding.

Outstanding Action	Progress Since March 2022
1: Development of national ovarian radiological staging guideline between the 5 Scottish cancer centres to ensure agreed staging practice is consistently applied within MDTs.	<ul style="list-style-type: none"> • Agreement of Ovarian Radiological Staging guideline including assessment of cardiophrenic nodes and pleural effusion used for recording of staging of disease. • Through this national exercise, it was highlighted that staging recorded does not influence surgical management; but recognised that observed differences in staging algorithms have now been resolved. • With agreement in principle, the guideline will now progress through regional cancer network governance structures for implementation.
2: Explore why the North of Scotland has more patients with advanced disease, including route of presentation, taking action to encourage earlier presentation and diagnosis.	<ul style="list-style-type: none"> • Agreement of a new primary care pathway within NHS Tayside with additional resources for ultrasound scanning • Radiological staging consensus has highlighted why the North of Scotland has a higher rate of stage IV patients due to the application of FIGO staging guidance to ensure cytological confirmation of cardiophrenic nodes / pleural effusion. Where this is positive, stage IV disease is assigned and this has always been the practice within the North of Scotland. • A single acute pathway for patients on Urgent Suspected Cancer or Emergency / Incidental Pathways has been agreed and will be applied to match the ambitious 62-day target. • Metrics to assess performance against this pathway will be gathered to ascertain where capacity / resource constraints may impact upon achievement of this 62-day pathway. • The employment of a Regional Pathway • Coordinator is also expected to improve pathway compliance, ensuring patients are discussed at MDT with the appropriate information in place.

<p>3: Embed a regional approach to prehabilitation for North ovarian surgery patients.</p>	<ul style="list-style-type: none"> • Prehabilitation screening included as part of North of Scotland single Ovarian Cancer pathway. • An information leaflet developed to signpost all ovarian patients to universal offerings within the community and third sector resources. • Pathways to specialist / targeted interventions require to be worked through.
--	--

There has again been significant progress against the NCA Ovarian Cancer Action Plan which was agreed through the NCA Medical Directors group in March 2021 in response to the Public Health Scotland survival analysis for patients diagnosed 2013-2018.

Since March 2022 progress report the following actions have progressed:

- Appointment of Dr. Elaine Henry as chair of the group and monthly reporting to the NCA Medical Directors group on progress
- Employment of regional ovarian cancer pathway coordinator
- Development of a single North of Scotland Ovarian Cancer Timed Pathway incorporating 31 and 62-day pathways
- Achieving national consensus on recording of radiological staging particularly for cardiophrenic nodes and pleural effusion for staging
- Options for establishment of North of Scotland Ovarian Cancer database investigating including national collaboration with SCAN and WOSCAN
- Review of ovarian cancer surgery decision-making guidelines for upfront, interval debulking and secondary surgery
- Incorporating requirements for prehabilitation and PROMs approaches into the single North of Scotland Ovarian Cancer Pathway
- Refreshed Primary Care pathway for ultrasound scanning of patients in NHS Tayside agreed and implemented
- Monitoring of ovarian cancer surgery capacity continues through the Maintenance of Cancer Surgery Framework weekly data collection
- Supported Scottish Clinical Biochemistry audit into CA125 testing
- Assessment and action-planning against the latest QPI data for patients diagnosed October 2020-September 2021
- Supporting assessment of PHS Ovarian Cancer Survival Analysis for patients diagnosed October 2018 to September 2020, followed-up to March 2022.

3. Surgery Rates

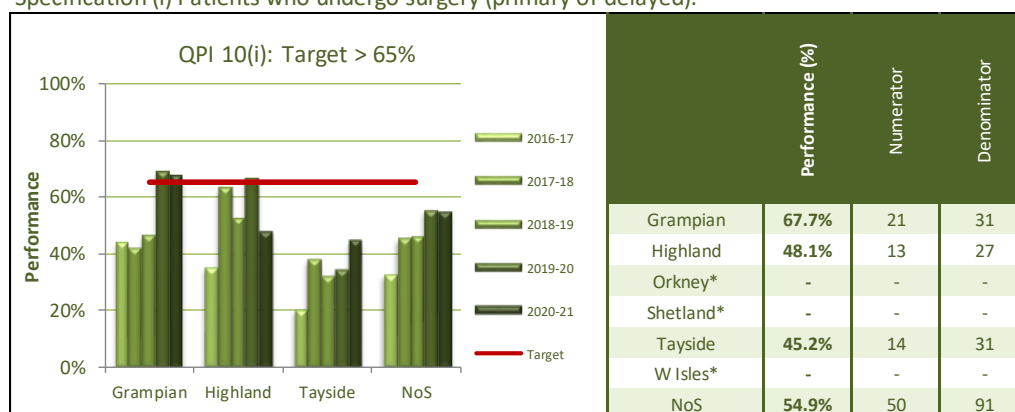
A key criticism of the North of Scotland remains around surgery rates for ovarian cancer being lower in the North than SCAN and WOSCAN.

The latest QPI information for patients diagnosed October 2020 to September 2021 has seen improvement in surgery rates for patients with advanced stage disease (FIGO Stage 2 and above).

While there remains differences in performance across the boards (QPI measured by board of diagnosis), as all patients are managed through a single regional MDT, it is expected that where patients do not progress for surgery, this is a decision made by the regional MDT.

QPI 10	Surgery for advanced disease
Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage 2 or higher) undergoing surgery who have no macroscopic residual disease following surgical resection.	

Specification (i) Patients who undergo surgery (primary of delayed).



While patients diagnosed in NHS Grampian met the 65% target, for patients diagnosed in NHS Highland (48%) and NHS Tayside (45%), most commonly patients were deemed not fit for surgery and additional reasons noted:

- 8 patients died before treatment, including 3 undergoing neo-adjuvant chemotherapy
- 5 patients declined surgery
- 1 patient sought private treatment
- 1 patient progressed for surgery but was found to be unresectable

Through the development of the regional Ovarian Cancer MDT and employment of the Regional Pathway Coordinator, alongside a single North of Scotland Ovarian Cancer pathway, this will mitigate the risks of identified variation in performance against this QPI.

Differences between NHS Grampian performance and NHS Highland and NHS Tayside surgery rates have been investigated at individual patient level and it is assessed that patients did not receive surgery for reasons including not being fit, refusing surgery or patients died before surgery.

The employment of the regional pathway coordinator and deployment of a database will support the proactive monitoring of patient pathways to ensure reasons why

patients do not progress for surgery are documented. This will include re-discussion of patients at the regional Ovarian MDT after neo-adjuvant chemotherapy.

The NCA's overall 55% performance against this QPI marks a gradual improvement since 2018 reflecting changes in management to ensure surgical management is considered for all patients, as documented through the [NCA Ovarian Cancer Clinical Management Guideline \(Published December 2020\)](#)

An assessment of pathway timescales to treatment has been undertaken across Scotland, and this is favourable to North patients requiring surgery or chemotherapy treatment. The percentage of patients treated within an acceptable timescale is higher than those in the other networks.

This audit has highlighted that where patients require upfront surgery, for 75% of patients this is within 7 weeks of diagnosis, compared to 10-11 weeks in the other networks. Please note this management information is derived from QPI audit information, and is a different dataset to the more-commonly publicised 62-day Cancer Waiting Times targets.

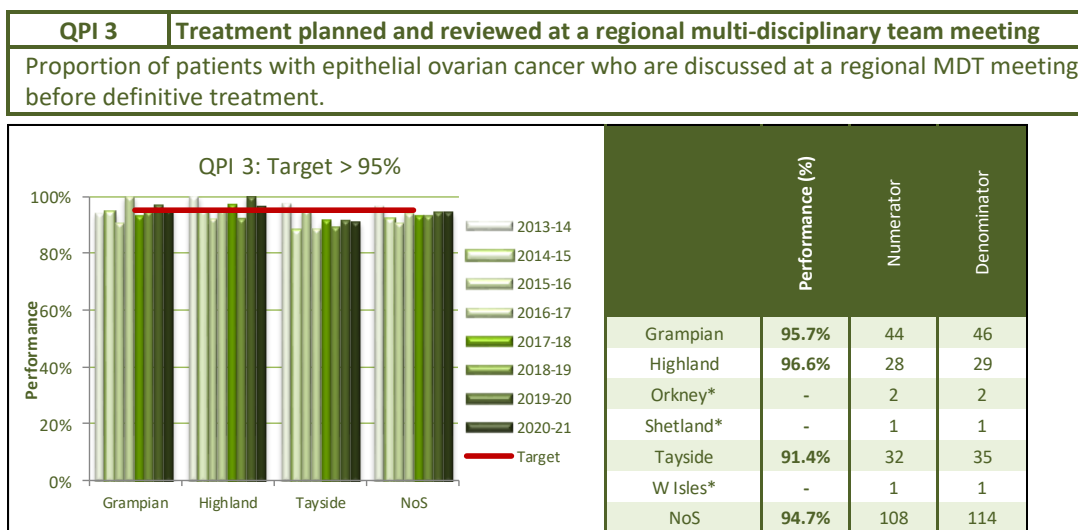
4. Regional MDT

The establishment of a North of Scotland regional Ovarian Cancer MDT has been in place since March 2020 facilitated over Microsoft Teams, bringing together colleagues from Aberdeen, Dundee and Inverness centres.

The employment of a regional pathway coordinator from August 2022 will support the effective running of the MDT, including the incorporation of an ovarian cancer database and a minimum MDT outcomes form. These actions are now in progress.

A key performance metric is to ensure all North of Scotland patients eligible for discussion are discussed within the NCA Ovarian Cancer MDT held weekly on Wednesdays.

The QPI results patients diagnosed October 2020 – September 2021 highlight that the majority of patients are discussed within the regional MDT.



The reason for patients not being discussed at regional MDT have been risk-assessed by a small clinical team, who highlight that where patients are not discussed at MDT prior to first treatment, this is ordinarily because they required an emergency intervention.

From this assessment of the QPI information, ovarian cancer patients are being discussed within the regional MDT and there has been significant progress in agreeing the MDT vetting criteria and ensuring arrangements are communicated throughout teams in the North of Scotland.

5. Key Risks Update

A risk assessment was undertaken in March 2021 by the NCA Medical Directors group on the key risks presenting following the analysis of the PHS Survival Data for patients diagnosed 2013-2018.

A summary of this risk status is provided below as at 7th December 2022.

Risk	Update	Status
1. Surgery rates within the North of Scotland is lower than recommended and below other regions in Scotland.	Assessment of QPI 10(i) shows improvements in the percentage and number of patients having upfront or interval delayed surgery for Ovarian Cancer in the North to 55%.	While surgery rates remain below the 65% target in some areas, there is evidence of improvement across the North boards. Further focus is needed to ensure the 65% target is met across the North boards.
2: Profile of ovarian cancer staging in NCA region appears significantly different from the rest of Scotland.	Agreement of a national radiological staging guideline has partly explained historic differences in the application of FIGO stage criteria across Scotland. However there remains higher later stage presentation in the North of Scotland, observed across tumour groups, and this may reflect the wider North of Scotland intrinsic population-factors. Single North of Scotland pathways have been implemented to ensure there are no pathway differences to diagnosis – a previous concern relating to the observed difference in stage at diagnosis in the North.	Population-level factors continue to have an impact on observed later stage presentation in the North of Scotland. Assurance can now be given that patients are being staged at diagnosis utilising the same interpretation of the FIGO staging guideline following consensus on a Scottish guideline. Once implemented this will impact to increase Stage IV presentations within SCAN, and less so WOSCAN.
3: Overall survival of women with ovarian cancer in the NCA region could be lower than elsewhere in Scotland or the UK.	Public Health Scotland are currently undertaking survival analysis for women diagnosed with ovarian cancer between 2018 and 2020 – this will allow us to understand if there remains statistically significant difference in overall survival in the NCA compared to the rest of Scotland.	Survival for the latest cohort of patients is observed to be better in SCAN than the other two networks. The reasons for this remain unclear and a longer period of follow-up is required to understand this.

6. Next Steps

There remain a few actions to complete the NCA Ovarian Cancer Action Plan from March 2021.

Outstanding Action	Update
Implementation of a North of Scotland ovarian cancer patient database and undertake routine Key Performance Indicator (KPI) reporting	Investigating joining the SCAN database along with WOSCAN – clinicians supportive and need to consider the technical infrastructure to enable access.
Undertake an audit of current time spent in Ovarian Cancer MDT discussing each patient vs. time required for discussion of all Gynae patients in regional forum	Audit has progressed and will inform development of a MDT Constitution to support pathway activities.
Embed a regional approach to prehabilitation for North of Scotland surgery patients	Prehabilitation screening is part of the NCA Ovarian Cancer Pathway and a leaflet has been developed to support signposting to universal resources. This is hoped to be available in clinic in early 2023.
All changes to MDT to be captured in MDT Constitution document	Development of an MDT Outcomes Dataset is required and formalisation of MDT arrangements required. Interim arrangements to log MDT outcomes within NHS Grampian systems have been made while the regional database has been developed.
Pilot of a PROMS tool to support remote patient engagement and management.	Scoping of a PROMS provider has concluded and information governance and e-health activities are continuing to look at beginning this pilot within the Ovarian pathway.
Hold a CPD session to support development of regional pathways for Ovarian Cancer patients	First North of Scotland event takes place 9th December. A follow-up event will be scheduled for 2023.

7. Conclusion

It is anticipated the next step actions will be complete by spring 2023 and a final report will be provided following the conclusion.

The impact of all improvements made since 2018 to the survival of women in the North of Scotland is not completely clear from the PHS Survival Analysis for patients diagnosed 2018-2020 but there has been incremental progress in improving survival.

Furthermore North of Scotland compliance to QPI 10 (i) continues to improve and with a new primary care pathway in NHS Tayside, greater collaboration through the regional MDT and support from a regional pathway coordinator and database, it is hoped this QPI can be met in future years of reporting.

It has also been observed that where patients are diagnosed, the NCA has a pathway to treatment that compares favourably to elsewhere in Scotland.

The challenge remains to ensure women present at an earlier stage, and a focus on any public health interventions is required given later stage presentation has been observed across tumour groups in the North of Scotland. This will be the next focus of the NCA Ovarian Cancer Action Plan group.

8. References

1. **NCA Ovarian Cancer Surgery Decision-Making Guidelines** (Published August 2019; [https://www.nhsscotlandnorth.scot/uploads/tinymce/NCA/CMGs/NCA-SUROVA%20Surgery%20Guidelines%20for%20Ovarian%20\(Approved%20August%202019\).pdf](https://www.nhsscotlandnorth.scot/uploads/tinymce/NCA/CMGs/NCA-SUROVA%20Surgery%20Guidelines%20for%20Ovarian%20(Approved%20August%202019).pdf) Accessed 16/01/22)
2. **NCA Ovarian Cancer Clinical Management Guideline** (Published December 2020; [https://www.nhsscotlandnorth.scot/uploads/tinymce/NCA/CMGs/NCA-CMGOVA_Ovarian_Cancer_Final\(December%202020\).pdf](https://www.nhsscotlandnorth.scot/uploads/tinymce/NCA/CMGs/NCA-CMGOVA_Ovarian_Cancer_Final(December%202020).pdf) Accessed 16/01/22)
3. **The International Federation of Gynaecology and Obstetrics (FIGO) staging for ovarian cancer** (<https://www.figo.org>)
4. **NCA Ovarian Cancer Action Plan Progress Report March 2022** (Published March 2022; <https://www.nhsscotlandnorth.scot/uploads/tinymce/NCA/QPI%20reports/Gynae%20QPIs/North%20of%20Scotland%20Ovarian%20Cancer%20Action%20Plan%20Progress%20Report%20Final%20March%202022.pdf>; Accessed 07/12/22)

Appendix A

Membership of North of Scotland Ovarian Action Plan Group as at 7th December 2022

NAME	ROLE
Dr. Elaine Henry	Chair. Associate Medical Director, NHS Tayside
Mr. Nick Abbott	Cancer Strategy Lead, NHS Highland
Dr. Ibrahim Alsharaydeh	Consultant Gynaecologist, NHS Highland
Amy Anderson	Macmillan Programme Coordinator, NCA
Jennifer Brady	Care Coordinator, NHS Tayside
Dr. Mary Cairns	Consultant Gynaecologist, NHS Grampian
David Cameron	Programme Coordinator (Quality & Intelligence), NCA
Louise Cobb	Gynaecology CNS, NHS Grampian
Dr. Michelle Ferguson	Consultant Oncologist, NHS Tayside
Dr. Ann-Maree Kennedy	NCA Gynaecology Clinical Lead
Dr. Mahalakshmi Gurumurthy	Consultant Gynaecologist, NHS Grampian
Rachel Harvey	Regional Ovarian Pathway Coordinator, NCA
Dr. Nwamaka Ikpa	Consultant Pathologist, NHS Grampian
Catherine Lamberton	Gynaecology CNS, NHS Grampian
Dr. Brooke Lawson	Consultant Radiologist, NHS Tayside
Dr. Amy Leslie	Consultant Radiologist, NHS Tayside
Derick Macrae	Cancer Service Manager, NHS Highland
Alison McIntosh	Cancer Project Officer, NCA
Dr. Trevor McGoldrick	Consultant Oncologist, NHS Grampian
Bryan McKellar	North Cancer Alliance Manager
Dr. Neil McPhail	Consultant Oncologist, NHS Highland
Dr. Kalpana Ragupathy	Consultant Gynaecologist, NHS Tayside
Dr. Emma Ramage	Consultant Radiologist, NHS Grampian
Dr. Susila Santhanakrishnan	Consultant Radiologist, NHS Tayside
Dr. Surappa Shylasree	Consultant Gynaecologist, NHS Grampian
Lynn Smith	Service Manager, NHS Grampian
Dr. Maria Wybrew	GP representative, NCA