

SOUTH EAST SCOTLAND CANCER NETWORK PROSPECTIVE CANCER AUDIT

OESOPHAGO-GASTRIC CANCER 2014

COMPARATIVE AUDIT REPORT

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Report Number: SA UGI02/16

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Patients diagnosed 1 January 2014 – 31 December 2014

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DOCUMENT HISTORY

Version	Circulation	Date	Comments
Version 1	SCAN Upper GI Group	31 st August 2015	Action points and comments agreed
Version 2	SCAN Upper GI Group	18 th December 2015	Action plans and chair comment added
Version 3	Final report circulated to SCAN Upper GI Group and Clinical Governance Groups	7 th January 2016	
Version 3W	Uploaded to SCAN website	21 st April 2016	Checked for disclosure of sensitive/personal information

OESOPHAGO-GASTRIC CANCER 2014 COMPARATIVE AUDIT REPORT

COMMENT BY CHAIR OF THE SCAN UPPER GI GROUP

SCAN aims to promote the highest standards of cancer care across the region, and to ensure equity of access to cancer services. The introduction of national Quality Performance Indicators (QPI) is a major step forward, providing accurate and relevant audit data to identify areas for future service development. This second report sets out the data for patients diagnosed with Oesophago-Gastric cancer in 2014 in the SCAN region and was presented at the National Oesophago-Gastric Cancer Network Meeting on 20th November 2015 in Edinburgh.

In particular this report allows us to identify:

- Action points where QPIs have not been achieved.
- Areas of high quality care that should continue and that could be utilised by other networks.
- To reflect on the QPIs prior to the formal review process in August 2016.

I would like to thank Joanne Smith (SCAN Audit Facilitator), all those within SCAN and the represented boards for their hard work in collecting the audit data and preparing this report; Maureen Lamb (Fife), Lynn Smith (Borders), and Martin Keith (Dumfries and Galloway).

Mr Peter Lamb
Chair, SCAN Upper GI Group

SCAN ACTION POINTS 2013

QPI	Action required	Person responsible for action	Date for update	Progress
QPI 1	Review of patients who did not have histological diagnosis at first endoscopy.	Mr Lamb/ Dr Church (Lothian) Dr Fletcher (Borders) Mr Apollos (D&G)	SCAN Group Meeting May 2015	Audit carried out at RIE, new endoscopy and biopsy protocols have been developed
QPI 3 (Now QPI 4)	Improved recording of TNM and treatment intent at MDT meeting.	Mr Lamb/ Upper GI MDT (Lothian, Fife, Borders) Mr Apollos (D&G)	SCAN Group Meeting May 2015	There has been an improvement in the recording of this data at MDT meetings
QPI 4 (Now QPI 5)	Recommend baseline review to amend this QPI. Suggestion would be that this should measure what proportion of patients had a simple dietetic assessment performed and what proportion of those meeting the criteria for dietetic review were seen.	Mr Lamb (Lothian) Dr Fletcher (Borders) Mr Apollos (D&G) Mr MacMillan (Fife)	24/10/2014 – Baseline Review Meeting Local update at SCAN Group Meeting January 2015	No action taken, however plan for a comprehensive assessment of this QPI after three years of data analysis to inform any future revision of this indicator. Plan for local reviews and discussion of findings at 2015 National Meeting to suggest possible improvements in preparation for 3-year review.
QPI 7 (Now QPI 8)	Recommend baseline review of QPI measurability as this currently does not allow for the exclusions of palliative resections		24/10/2014 – Baseline Review Meeting	Action – add detail to QPI to explain that, given the current data definitions, it is not possible to exclude palliative surgical cases. The target tolerance should account for these cases.
QPI 8 (Now QPI 9)	Recommend baseline review to implement a robust method for checking SMR01 data		24/10/2014 – Baseline Review	No action taken. ISD colleagues are

			Meeting	progressing work to provide a detailed measurability specification in conjunction with Regions / Boards.
QPI 9 (Now QPI 10)	Review of all cases in Lothian which did not meet the target for this QPI	Mr Lamb/ Lothian surgical team	SCAN Group Meeting May 2015	All cases not meeting this target have been reviewed and ongoing review will continue.
QPI 10 (Now QPI 11)	Further discussion took place at the Upper GI National meeting regarding the aspirational target for this QPI and the need for earlier diagnosis. It was agreed that detailed audit of the variances in treatment types and outcomes is required for presentation at the next National meeting	Mr Lamb/ Dr Wall	SCAN Group Meeting May 2015	Review of treatment types not carried out prior to national meeting. Discussion did take place at the national meeting around types of treatment, pathways and the need for awareness campaigns.

SCAN ACTION POINTS 2014

QPI	Action required	Person responsible for action	Date for update	Progress
QPI 1	All cases that did not meet this target have been reviewed; the vast majority of cases were diagnosed at a repeat endoscopy within a few weeks however improvements are needed to increase the number of cases being diagnosed at initial endoscopy. Protocols are being developed, based on the 2013 QPI results, to outline best practice and should be in place by the end of 2015.	Mr Lamb (Lothian) Dr Church (Lothian)	SCAN Upper GI Group Meeting – 12.02.2016	
QPI 3	All cases not meeting this target have been reviewed. Those who were not discussed at the MDT were mostly for supportive care only and treatment decisions were appropriate. Mr Lamb to write to General Medicine, Medicine of the Elderly, members of the OG MDT and GI Medics to remind all that patients' should be referred to the MDT even if they are planned for supportive care only and to provide an updated guide on the referral process for the OG MDT.	Mr Lamb (Lothian)	SCAN Upper GI Group Meeting – 12.02.2016	
QPI 4	Overall improvement on figures from last year, it was felt that communication between Lothian and Borders could be improved to ensure sharing of MDT outcome information. Plan to send copy of MDT outcomes to audit staff in Borders.	Mr Lamb (Lothian) Dr Fletcher (Borders)	SCAN Upper GI Group Meeting – 12.02.2016	
QPI 5	Ongoing discussions regarding the best way of assessing a patient's need for dietetic input, a meeting is in place to discuss dietetic input and how to proceed with this QPI with an update at the OG National Meeting	Mr Lamb (Lothian) Dr Fletcher (Borders) Mr Apollos (D&G) Mr Driscoll (Fife) Dietetic Teams from all boards	Dieticians meeting 2 nd Nov 2015 OG National Meeting 20 th Nov 2015 Update – 12.02.2016	

QPI 7	Plan to review surgical mortality figures over 3-5 years as small numbers for some health boards tend to skew results.	Mr Lamb (Lothian) Mr Apollos (D&G) Mr Driscoll (Fife)	SCAN Upper GI Group Meeting – 12.02.2016	
QPI 8	Plan for surgical teams to review cases that missed the target. The results are also affected by the inclusion of palliative resections where full lymphadenectomy would not be performed.	Mr Lamb (Lothian) Mr Apollos (D&G) Mr Driscoll (Fife)	SCAN Upper GI Group Meeting – 12.02.2016	
QPI 10	All patients undergoing resection at RIE have been reviewed. Surgical teams should continue to review all surgical cases, the selection of patients and the pathology outcomes.	Mr Lamb and the Lothian surgical team.	SCAN Upper GI Group Meeting – 12.02.2016	
QPI 11	The UGI SCAN group will continue to review patient management through our MDT. Improvements in curative treatment rates must focus on the need for earlier diagnosis. Plan to discuss this at the OG National Meeting, looking at patient awareness campaigns.	SCAN UGI Group/MDT	OG National Meeting – Nov 2015 SCAN Upper GI Group Meeting – 12.02.2016	
Clinical Trials Access	Plan to distribute information about all available clinical trials to clinicians in the other health boards to ensure patients are aware of the possibility of being offered entry into a trial or research prior to attending clinic appointments in Lothian.	Mr Lamb	SCAN Upper GI Group Meeting – 12.02.2016	

SUMMARY OF QUALITY PERFORMANCE INDICATORS

	Target	Borders		D&G		Fife		Lothian		SCAN	
	%	%		%		%		%		%	
		2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
QPI 1 - Endoscopy											
Endoscopy - Oesophageal	90	88.5	96.7	90.6	94.1	91.2	96.7	78.9	85.7	84.2	90.4
Endoscopy - Gastric	90	76.9	81.8	66.7	100.0	93.9	84.2	75.0	72.7	79.4	78.7
QPI 2 - Radiological Staging											
Radiological Staging - Oesophageal	90	80.8	96.7	100.0	94.1	95.6	100.0	95.4	98.7	94.6	98.2
Radiological Staging - Gastric	90	92.3	100.0	84.6	92.3	94.1	100.0	93.2	94.1	92.5	95.5
QPI 3 - Multi-Disciplinary Team Meeting											
Multi-Disciplinary Team Meeting - Oesophageal	95		86.6		97.1		98.4		94.5		94.9
Multi-Disciplinary Team Meeting - Gastric	95		100.0		84.6		100.0		88.2		91.0
QPI 4 - Staging & Treatment Intent											
Staging & Treatment Intent - Oesophageal	95	53.8	80.0	60.6	76.5	97.1	95.2	84.9	92.7	82.1	89.9
Staging & Treatment Intent - Gastric	95	46.2	54.5	38.5	53.8	88.2	100.0	67.6	88.2	67.9	82.9
QPI 5 - Nutritional Assessment											
Nutritional Assessment - Oesophageal	85	50.0	80.0	51.5	58.8	57.4	42.9	41.4	34.7	47.3	44.4
Nutritional Assessment - Gastric	85	46.2	72.7	23.1	38.5	61.8	52.6	28.4	32.4	38.1	40.5
QPI 6 - Appropriate Selection of Surgical Patients											
Appropriate Selection of Surgical Patients - Oesophageal	80	100.0	80.0	100.0	75.0	75.0	90.0	83.3	95.2	86.4	90.0
Appropriate Selection of Surgical Patients - Gastric	80	n/a	n/a	100.0	n/a	100.0	66.7	100.0	100.0	100.0	83.3
QPI 7(i) - 30 Day Mortality Following Surgery											
30 Day Mortality Following Surgery - Oesophageal	<10	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	1.7	0.0
30 Day Mortality Following Surgery - Gastric	<10	0.0	0.0	0.0	25.0	0.0	16.7	5.0	5.9	3.2	10.7
QPI 7(ii) - 90 Day Mortality Following Surgery											
90 Day Mortality Following Surgery - Oesophageal	<10	14.3	14.3	0.0	16.7	0.0	0.0	3.0	0.0	3.3	3.5
90 Day Mortality Following Surgery - Gastric	<10	0.0	0.0	0.0	25.0	20.0	16.7	5.0	11.8	6.5	14.3
QPI 8 - Lymph Node Yield											
Lymph Node Yield - Gastric	80	0.0	100.0	75.0	75.0	100.0	50.0	75.0	70.6	74.2	67.9

	Target	Borders		D&G		Fife		Lothian		SCAN	
	%	%		%		%		%		%	
		2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
QPI 9 - Length of Hospital Stay Following Surgery											
Length of Hospital Stay Following Surgery - Oesophageal	60	57.1	66.7	70.0	55.6	80.0	69.2	66.7	68.8	68.3	66.7
Length of Hospital Stay Following Surgery - Gastric	60	100.0	100.0	100.0	100.0	80.0	100.0	85.0	77.8	87.1	86.2
QPI 10(i)- Resection Margins											
Resection Margins - Oesophageal	70	42.9	28.6	50.0	83.3	90.0	61.5	48.5	51.6	55.0	54.4
QPI 10(ii) - Resection Margins											
Resection Margins - Gastric	90	100.0	100.0	100.0	100.0	100.0	100.0	80.0	64.7	87.1	78.6
QPI 11 - Curative Treatment Rates											
Curative Treatment Rates - Oesophageal	35	26.9	30.0	33.3	29.4	29.4	23.8	29.6	24.7	29.7	25.6
Curative Treatment Rates - Gastric	35	15.4	9.1	30.8	30.8	14.7	31.6	27.0	25.0	23.1	25.2
QPI 12(i) - 30 Day Mortality Following Oncological Treatment											
Oesophageal - Curative chemoradiotherapy	<10	n/a	0.0	0.0	0.0	0.0	n/a	0.0	0.0	0.0	0.0
Oesophageal - Peri-operative chemotherapy	<10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Gastric - Curative chemoradiotherapy	<10	n/a	n/a	0.0	n/a	0.0	n/a	n/a	n/a	0.0	0.0
Gastric - Peri-operative chemotherapy	<10	n/a	n/a	0.0	n/a	0.0	0.0	0.0	0.0	0.0	0.0
QPI 12(ii) - 30 Day Mortality Following Oncological Treatment											
Oesophageal - Palliative chemotherapy	<20	0.0	0.0	11.1	0.0	0.0	14.3	6.5	8.3	5.6	6.7
Oesophageal - Palliative radiotherapy	<20	0.0	n/a	0.0	0.0	0.0	0.0	3.2	0.0	1.9	0.0
Gastric - Palliative chemotherapy	<20	0.0	0.0	n/a	0.0	0.0	0.0	8.3	11.1	6.7	7.7
Gastric - Palliative radiotherapy	<20	n/a	n/a	n/a	0.0	0.0	n/a	0.0	n/a	0.0	0.0
Clinical Trial Access(i) - Interventional Clinical Trials											
Upper GI - Interventional clinical trial	7.5		0.0		2.4		5.0		5.1		4.3
Clinical Trial Access(ii) - Translational Research											
Upper GI - Translational research	15		0.0		0.0		0.0		2.8		1.5

TARGET MET		NOT REPORTED IN 2013	
TARGET NOT MET			

INTRODUCTION AND METHODS

Cohort

This report covers patients diagnosed with an Oesophageal or Gastric cancer from 01.01.2014 – 31.12.2014. The results contained within this report have been presented by NHS board of diagnosis, where the QPI relates to surgical outcomes the results have also been presented by hospital of surgery.

Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Information Services Division (ISD), and Healthcare Improvement Scotland. QPIs will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

The overarching aim of the cancer quality work programme is to ensure that activity at NHS board level is focussed on areas most important in terms of improving survival and patient experience whilst reducing variance and ensuring safe, effective and person-centred cancer care.

Following a period of development, public engagement and finalisation, each set of QPIs is published by Healthcare Improvement Scotland¹.

Accompanying datasets and measurability criteria for QPIs are published on the ISD website². NHS boards are required to report against QPIs as part of a mandatory, publicly reported, programme at a national level.

The QPI dataset for Upper GI was implemented from 01/01/2013, and this is the second publication of QPI results for Upper GI cancer within SCAN.

The standard QPI format is shown below:

QPI Title:	Short title of Quality Performance Indicator (for use in reports etc.)	
Description:	Full and clear description of the Quality Performance Indicator.	
Rationale and Evidence:	Description of the evidence base and rationale which underpins this indicator.	
Specifications:	Numerator:	Of all the patients included in the denominator those who meet the criteria set out in the indicator.
	Denominator:	All patients to be included in the measurement of this indicator.
	Exclusions:	Patients who should be excluded from measurement of this indicator.
	Not recorded for numerator:	Include in the denominator for measurement against the target. Present as not recorded only if the patient cannot otherwise be identified as having met/not met the target.
	Not recorded for exclusion:	Include in the denominator for measurement against the target unless there is other definitive evidence that the record should be excluded. Present as not recorded only where the record cannot otherwise be definitively identified as an inclusion/exclusion for this standard.
	Not recorded for denominator:	Exclude from the denominator for measurement against the target. Present as not recorded only where the patient cannot otherwise be definitively identified as an inclusion/exclusion for this standard.
Target:	Statement of the level of performance to be achieved.	

¹ QPI documents are available at www.healthcareimprovementscotland.org

² Datasets and measurability documents are available at www.isdscotland.org

Audit Processes

Data was analysed by the audit facilitators in each NHS board according to the measurability document provided by ISD. SCAN data was collated by Joanne Smith, SCAN Audit Facilitator for Upper GI cancer.

Patients were mainly identified through registration at weekly multidisciplinary meetings, and through checks made against pathology listings and GRO death listings. Data capture was dependent on casenote audit and review of various hospitals electronic records systems. Data was recorded in eCase for Borders, Dumfries & Galloway and Fife, Lothian data was recorded in TRAK.

Lead Clinicians and Audit Personnel

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Dr Jonathan Fletcher	Lynn Smith
NHS Dumfries & Galloway	Dumfries & Galloway Royal Infirmary	Mr Jeyakumar Apollos	Laura Allan
NHS Fife	Queen Margaret Hospital Victoria Hospital	Mr Peter Driscoll	Maureen Lamb
SCAN & NHS Lothian	St Johns Hospital Royal Infirmary Edinburgh Western General Hospital	Mr Peter Lamb	Joanne Smith
	Edinburgh Cancer Centre	Oncologist: Dr Lucy Wall	

Data Quality

Quality Assurance

All hospitals in mainland Scotland participate in a Quality Assurance (QA) programme provided by the National Services Scotland Information Services Division (ISD). QA of the Oesophago-Gastric data was carried out in July 2014 and the results show that the SCAN region is performing in line with the Scottish average.

Overall percentage accuracy for recording of QPI data items³

	Borders	D&G	Fife	Lothian	Scotland
Accuracy of data recording (%)	97.0	97.4	95.7	98.8	98.6

Clinical Sign-off

To ensure the quality of the data and the results presented, the process was as follows:

- Individual health board results were reviewed and signed-off locally.
- Collated results were presented and discussed at the Upper GI SCAN Group Meeting on 4th September 2015
- Data was submitted to ISD on 10th September 2015 for inclusion in the Upper GI National report
- Collated results for all health boards in Scotland were presented at the Upper GI National Meeting on 20th November 2015
- Final report circulated to SCAN Upper GI Group and Clinical Governance Groups on 7th January 2016

³ *Data Quality Assurance; Summary Assessment of Upper GI Cancer QPI Dataset – Scotland Summary*, National Services Scotland, 2014, p.2

ESTIMATE OF CASE ASCERTAINMENT

Estimated Case Ascertainment

An estimate of case ascertainment (the percentage of the population with oesophageal or gastric cancer recorded in the audit) is made by comparison with the Scottish Cancer Registry five-year average data from 2009 to 2013. High levels of case ascertainment provide confidence in the completeness of the audit recording and contribute to the reliability of results presented. Levels greater than 100% may be attributable to an increase in incidence. Allowance should be made when reviewing results where numbers are small and variation may be due to chance.

Number of cases recorded in audit: patients diagnosed 01.01.2014 – 31.12.2014

	Borders	D&G	Fife	Lothian	SCAN
Oesophageal cancer	30	34	63	150	277
Gastric cancer	11	13	19	68	111
Total	41	47	82	218	388

Estimate of case ascertainment: calculated using the average of the most recent available five years of Cancer Registry Data

	Borders	D&G	Fife	Lothian	SCAN
Cases from Audit	41	47	82	218	388
Cancer Registry 5 Year Average	36	42	101	216	395
Case Ascertainment %	114	112	82	101	98.2

Source: Scottish Cancer Registry, ISD. Data extracted from ACaDMe 25.08.2015

Note: Case ascertainment is reported by board of diagnosis and has been estimated using a denominator based on the latest (2009-2013) five-year annual average available from the Scottish Cancer Registry. Death certificate only cases have been excluded. Cases that have been diagnosed in the private sector but received any treatment in NHS hospitals have been included.

DIAGNOSIS AND STAGING

QPI 1 – Endoscopy

Target = 90%

Numerator = Number of patients with oesophageal or gastric cancer who undergo endoscopy and who have a histological diagnosis made following initial endoscopy and biopsy

Denominator = All patients with oesophageal or gastric cancer who undergo endoscopy

Exclusions = No exclusions

Oesophageal cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	0	0	2	3	5
Target 90%					
Numerator	29	32	59	126	246
Not recorded for numerator	0	0	0	0	0
Denominator	30	34	61	147	272
Not recorded for exclusions					
	0	0	0	0	0
Not recorded for denominator					
	0	0	0	0	0
% Performance	96.7	94.1	96.7	85.7	90.4

Borders: 1 patient had histological diagnosis at subsequent endoscopy

D&G: 2 patients had histological diagnosis at subsequent endoscopy

Fife: 2 patients had histological diagnosis at subsequent endoscopy. 2 patients did not undergo endoscopy and were ineligible for this QPI

Lothian: 20 had histological diagnosis at subsequent endoscopy, 3 patients did not undergo endoscopy and were ineligible for this QPI

Gastric cancer

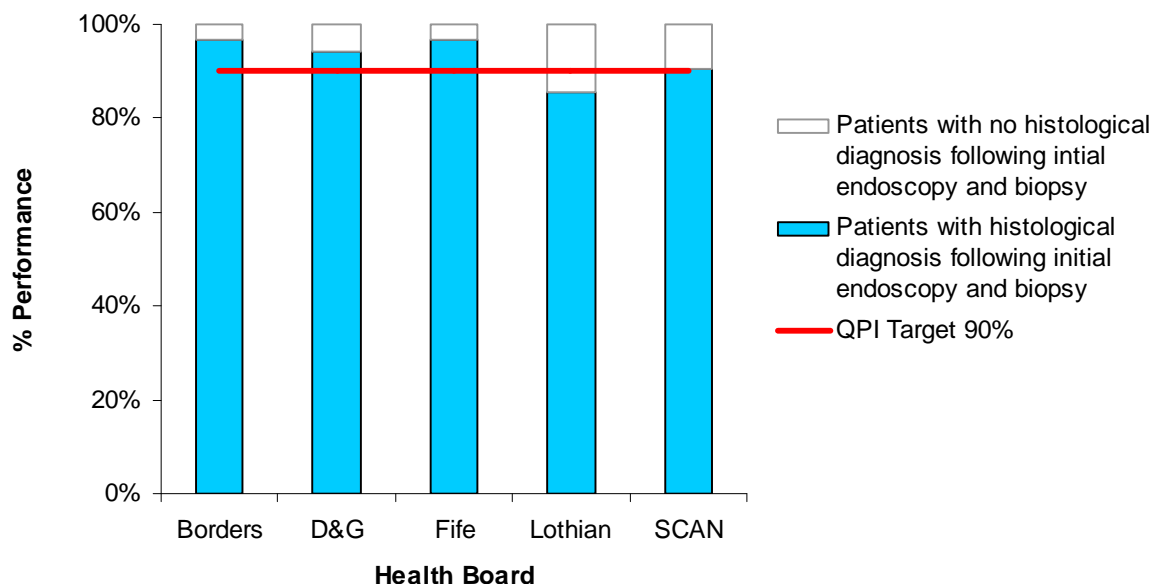
	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	0	1	0	2	3
Target 90%					
Numerator	9	12	16	48	85
Not recorded for numerator	0	0	0	0	0
Denominator	11	12	19	66	108
Not recorded for exclusions					
	0	0	0	0	0
Not recorded for denominator					
	0	0	0	0	0
% Performance	81.8	100.0	84.2	72.7	78.7

Borders: 2 patients had histological diagnosis at subsequent endoscopy

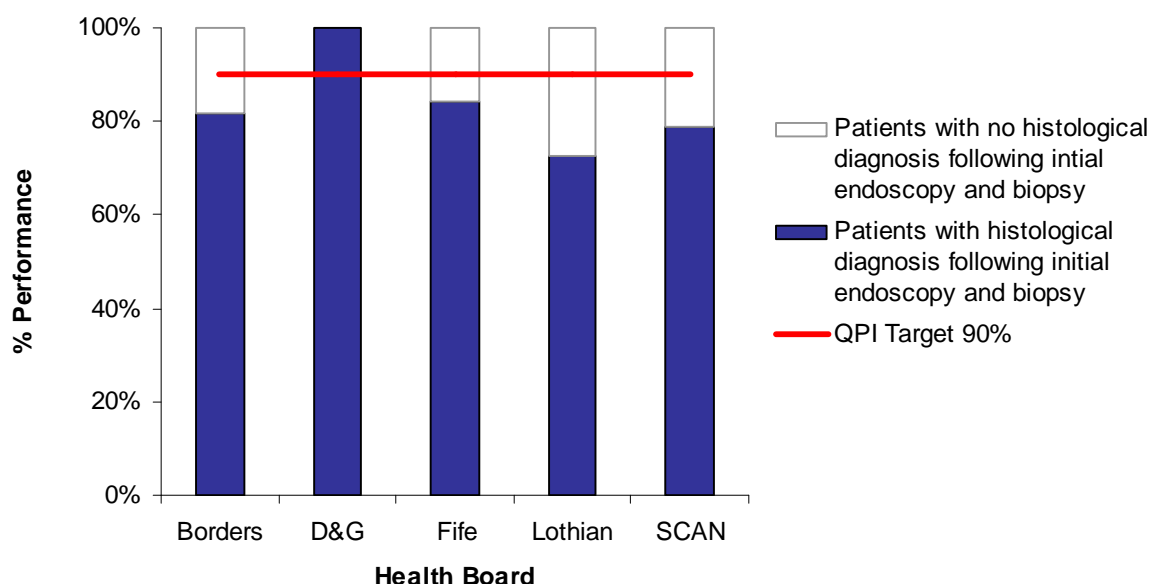
Fife: 3 patients had histological diagnosis at subsequent endoscopy

Lothian: 14 patients had histological diagnosis at subsequent endoscopy, 2 patients did not undergo endoscopy and were ineligible for this QPI

QPI 1 - Endoscopy
Oesophageal Cancer 2014



QPI 1 - Endoscopy
Gastric Cancer 2014



Comment: All cases that did not meet this target have been reviewed; the vast majority of cases were diagnosed at a repeat endoscopy within a few weeks however improvements are needed to increase the number of cases being diagnosed at initial endoscopy. Protocols are being developed to outline best practice and should be in place by the end of 2015

QPI 2 – Radiological Staging

Target = 90%

Numerator = Number of patients with oesophageal or gastric cancer who undergo contrast enhanced CT of the chest and abdomen; chest, abdomen and pelvis; or abdomen only.

Denominator = All patients with an oesophageal or gastric cancer diagnosis

Exclusions = No exclusions

Oesophageal cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	0	0	0	0	0
Target 90%					
Numerator	29	32	63	148	272
Not recorded for numerator	0	0	0	0	0
Denominator	30	34	63	150	277
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	96.7	94.1	100.0	98.7	98.2

Borders: 1 patient had incomplete imaging

D&G: 2 patients had incomplete imaging

Lothian: There are valid clinical reasons why 2 patients did not have imaging

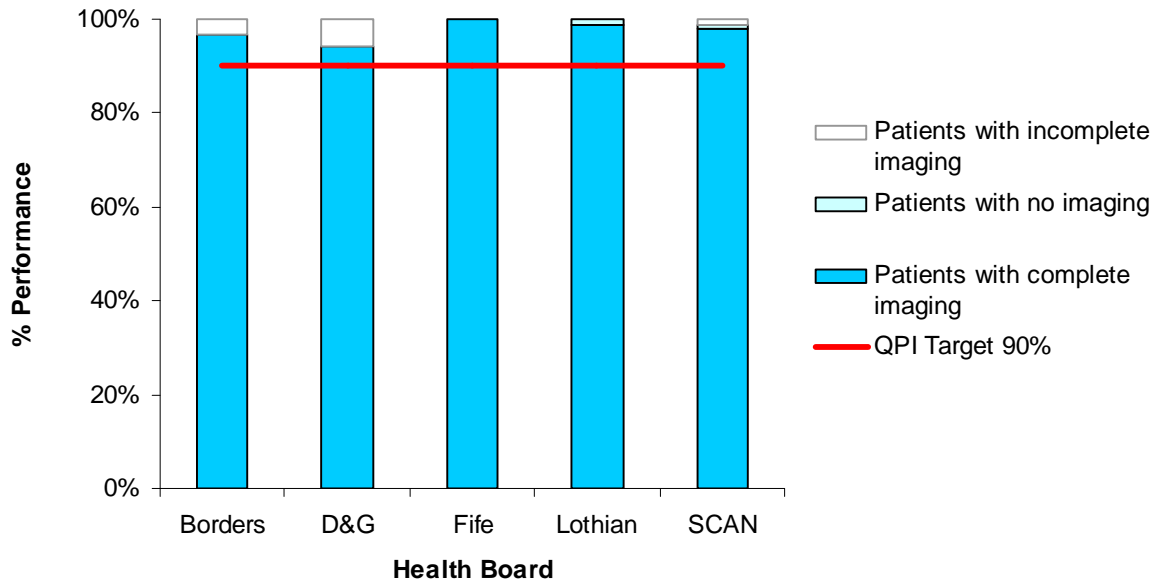
Gastric cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	0	0	0	0	0
Target 90%					
Numerator	11	12	19	64	106
Not recorded for numerator	0	0	0	0	0
Denominator	11	13	19	68	111
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	92.3	100.0	94.1	95.5

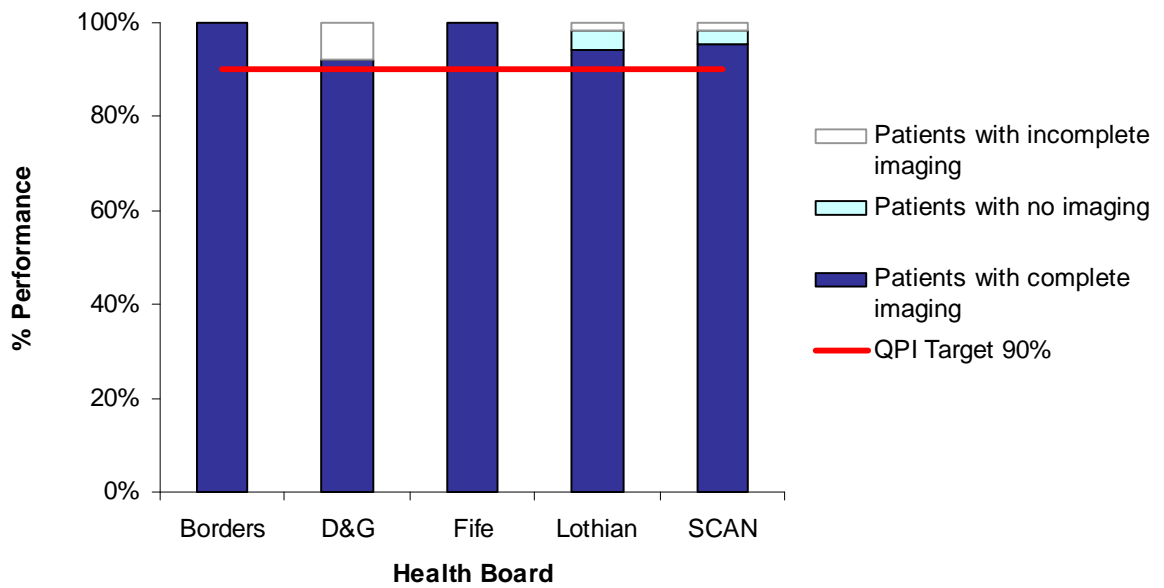
D&G: 1 patient had incomplete imaging

Lothian: There are valid clinical reasons why 3 patients did not have imaging, 1 patient had incomplete imaging

QPI 2 - Radiological Staging
Oesophageal Cancer 2014



QPI 2 - Radiological Diagnosis
Gastric Cancer 2014



QPI 3 - Multi-Disciplinary Team Meeting (MDT)

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer discussed at the MDT before definitive treatment

Denominator = All patients with oesophageal or gastric cancer

Exclusions = Patients who died before first treatment

Oesophageal cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	0	0	1	4	5
Target 95%					
Numerator	26	33	61	138	258
Not recorded for numerator	0	0	0	0	0
Denominator	30	34	62	146	272
Not recorded for exclusions					
	0	0	0	0	0
Not recorded for denominator					
	0	0	0	0	0
% Performance	86.7	97.1	98.4	94.5	94.9

Borders: There are valid clinical reasons why 4 patients were not discussed at the MDT meeting

D&G: There are valid clinical reasons why 1 patient was not discussed at the MDT meeting

Fife: There are valid clinical reasons why 1 patient was not discussed at the MDT meeting, 1 patient was excluded from this QPI

Lothian: There are valid clinical reasons why 8 patients were not discussed at the MDT meeting, 4 patients were excluded from this QPI

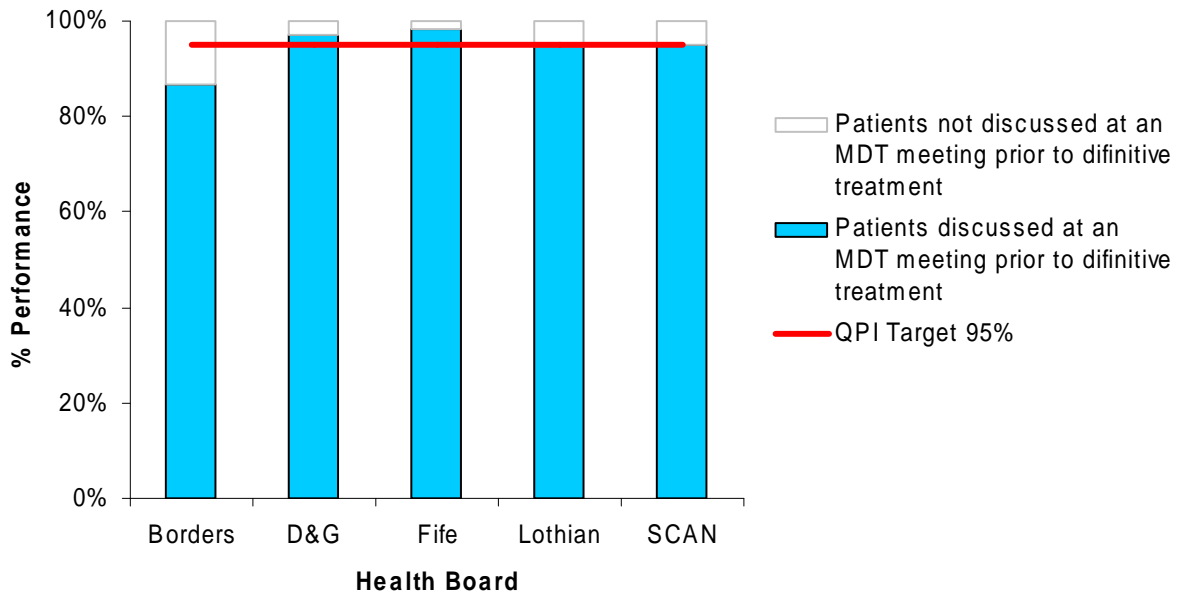
Gastric cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	0	0	0	0	0
Target 95%					
Numerator	11	11	19	60	101
Not recorded for numerator	0	0	0	0	0
Denominator	11	13	19	68	111
Not recorded for exclusions					
	0	0	0	0	0
Not recorded for denominator					
	0	0	0	0	0
% Performance	100.0	84.6	100.0	88.2	91.0

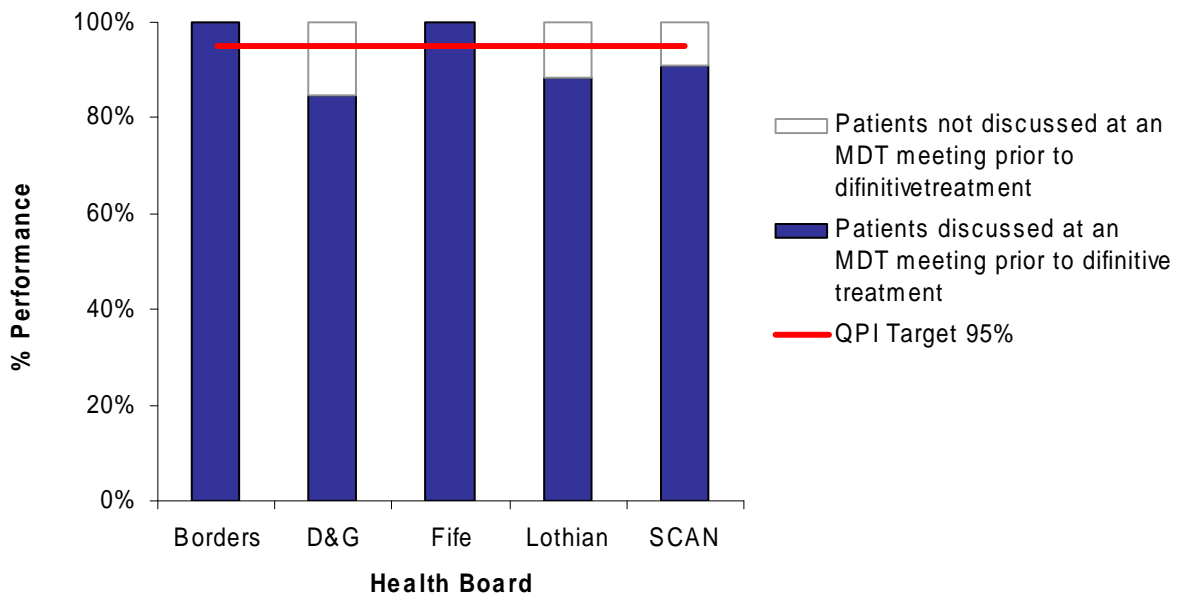
D&G: There are valid clinical reasons why 2 patients were not discussed at the MDT meeting

Lothian: There are valid clinical reasons why 8 patients were not discussed at the MDT meeting

QPI 3 - Patients Discussed at MDT Meeting
Oesophageal Cancer 2014



QPI 3 - Patients Discussed at MDT Meeting
Gastric Cancer 2014



Comment: All cases not meeting this target have been reviewed. Those who were not discussed at the MDT were mostly for supportive care only and treatment decisions were appropriate. Mr Lamb to write to General Medicine, Medicine of the Elderly, members of the OG MDT and GI Medics to remind all that patients' should be referred to the MDT even if they are planned for supportive care only and to provide an updated guide on the referral process for the OG MDT.

QPI 4 – Staging and Treatment Intent

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer who have TNM stage and treatment intent ('radical' or 'palliative') recorded at the MDT meeting prior to treatment

Denominator = All patients with an oesophageal or gastric cancer diagnosis

Exclusions = No exclusions

Oesophageal cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	0	0	0	0	0
Target 95%					
Numerator	24	26	60	139	249
Not recorded for numerator	0	0	0	0	0
Denominator	30	34	63	150	277
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	80.0	76.5	95.2	92.7	89.9

Borders: 4 with no staging were not discussed at MDT, there are valid clinical reasons why 2 patients had incomplete staging

Fife: There are valid clinical reasons why 3 patients had incomplete staging

Lothian: 7 with no staging or treatment intent recorded were not discussed at MDT, there are valid clinical reasons why 4 patients had incomplete staging

The tables below show the results separately for staging and treatment intent:

Staging recorded (regardless of treatment intent being recorded)

	Borders	D&G	Fife	Lothian	SCAN
Numerator	20	31	60	139	250
Not recorded for numerator	0	0	0	0	0
Denominator	30	34	63	150	277
% Performance	66.7	91.2	95.2	92.7	90.3

Treatment Intent recorded (regardless of staging being recorded)

	Borders	D&G	Fife	Lothian	SCAN
Numerator	25	29	60	140	254
Not recorded for numerator	0	0	0	0	0
Denominator	30	34	63	150	277
% Performance	83.3	85.3	95.2	93.3	91.7

Gastric cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	0	0	0	0	0
Target 95%					
Numerator	6	7	19	60	92
Not recorded for numerator	0	0	0	0	0
Denominator	11	13	19	68	111
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	54.5	53.8	100.0	88.2	82.9

Borders: There are valid clinical reasons why 5 patients had incomplete staging

Lothian: 6 with no treatment intent recorded were not discussed at MDT, there are valid clinical reasons why 2 patients had incomplete staging

The tables below show the results separately for staging and treatment intent:

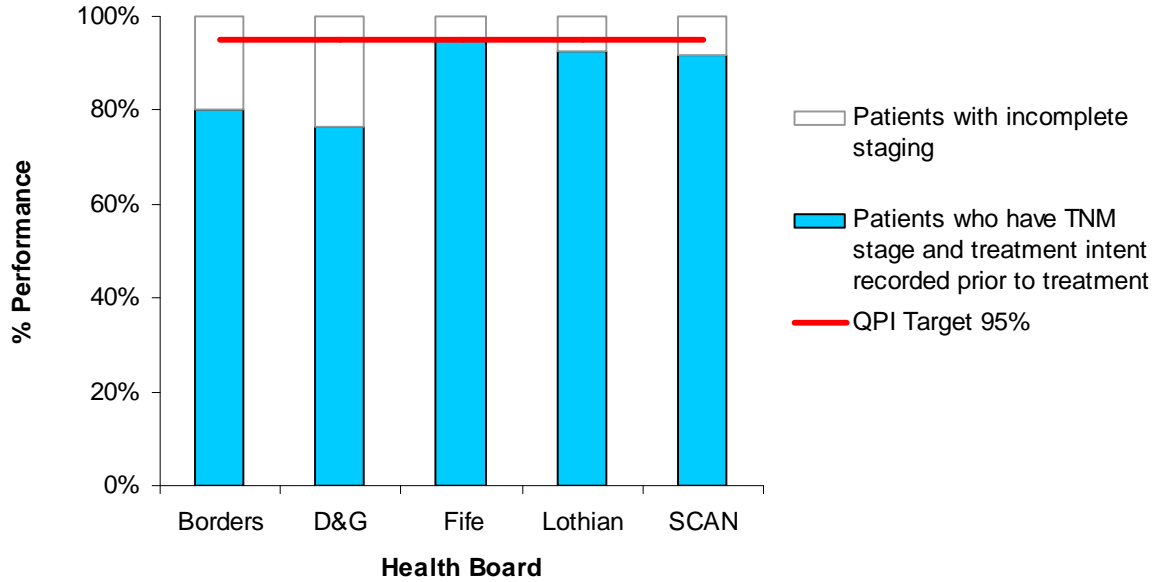
Staging recorded (regardless of treatment intent being recorded)

	Borders	D&G	Fife	Lothian	SCAN
Numerator	3	8	19	60	90
Not recorded for numerator	0	0	0	0	0
Denominator	11	13	19	68	111
% Performance	27.3	61.5	100.0	88.2	81.1

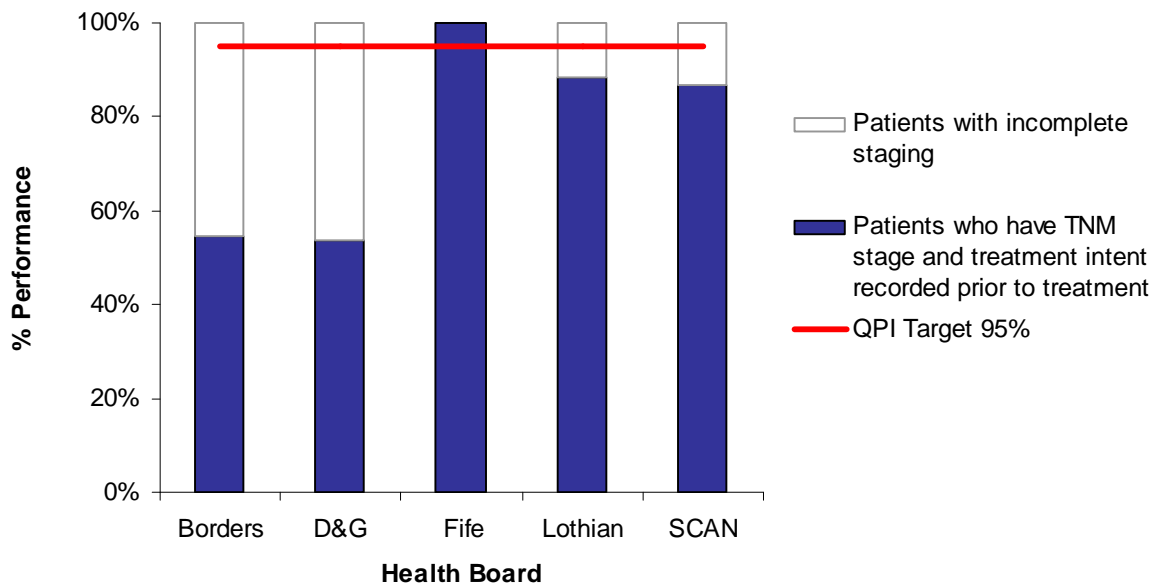
Treatment Intent recorded (regardless of staging being recorded)

	Borders	D&G	Fife	Lothian	SCAN
Numerator	10	9	19	61	99
Not recorded for numerator	0	0	0	0	0
Denominator	11	13	19	68	111
% Performance	90.9	69.2	100.0	89.7	89.2

QPI 4 - Staging and Treatment Intent
Oesophageal Cancer 2014



QPI 4 - Staging and Treatment Intent
Gastric Cancer 2014



Comment: Overall improvement on figures from last year, it was felt that communication between Lothian and Borders could be improved to ensure sharing of MDT outcome information. Plan to send copy of MDT outcomes to audit staff in Borders to improve documentation of staging and treatment intent.

QPI 5 – Nutritional Assessment

Target = 85%

Numerator = Number of patients with oesophageal or gastric cancer referred to a dietician within 4 weeks of diagnosis

Denominator = All patients with an oesophageal or gastric cancer diagnosis

Exclusions = No exclusions

Oesophageal cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	0	0	0	0	0
Target 85%					
Numerator	24	20	27	52	123
Not recorded for numerator	0	0	3	0	3
Denominator	30	34	63	150	277
Not recorded for exclusions					
	0	0	0	0	0
Not recorded for denominator					
	0	0	0	0	0
% Performance	80.0	58.8	42.9	34.7	44.4

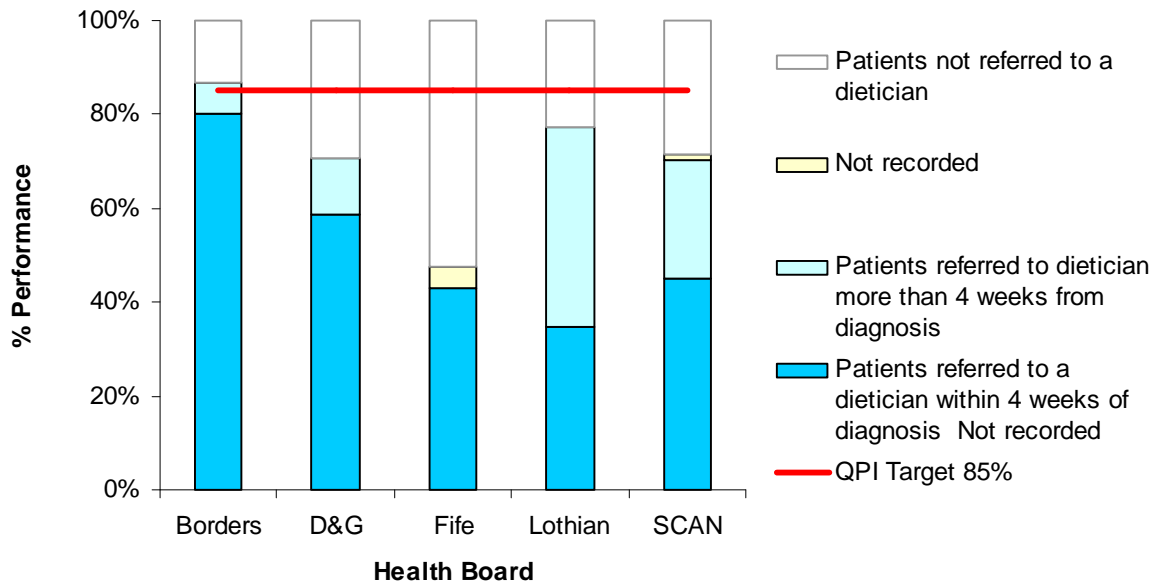
Borders: 2 patients were seen more than 28 days from diagnosis, 2 patients were not referred
D&G: 4 patients were seen more than 28 days from diagnosis, 10 patients were not referred
Lothian: 64 patients were seen more than 28 days from diagnosis, 34 patients were not referred

Gastric cancer

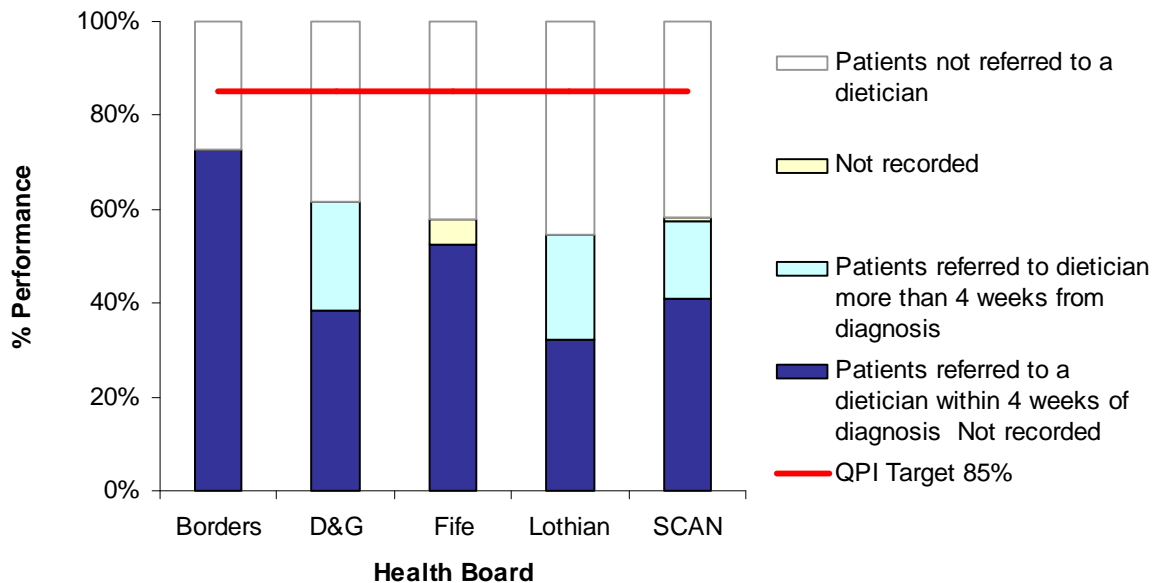
	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	0	0	0	0	0
Target 85%					
Numerator	8	5	10	22	45
Not recorded for numerator	0	0	1	0	1
Denominator	11	13	19	68	111
Not recorded for exclusions					
	0	0	0	0	0
Not recorded for denominator					
	0	0	0	0	0
% Performance	72.7	38.5	52.6	32.4	40.5

Borders: 3 patients were not referred
D&G: 3 patients seen more than 28 days from diagnosis
Lothian: 15 patients were seen more than 28 days from diagnosis, 31 patients were not referred

QPI 5 - Nutritional Assessment
Oesophageal Cancer 2014



QPI 5 - Nutritional Assessment
Gastric Cancer 2014



Comment: There are ongoing discussions between the dietetic teams from various health boards regarding the best way of assessing a patient's need for dietetic input. Plan to discuss this issue again at the OG National Meeting in November with the aim of planning how to revise this QPI at 3 year review.

SURGICAL OUTCOMES

QPI 6 – Appropriate Selection of Surgical Patients

Target = 80%

Numerator = Number of patients with oesophageal or gastric cancer who receive neo-adjuvant chemotherapy who then undergo surgical resection

Denominator = All patients with oesophageal or gastric cancer who receive neo-adjuvant chemotherapy

Exclusions = No exclusions

Oesophageal cancer

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	26	30	53	130	239
Target 80%					
Numerator	4	3	9	20	36
Not recorded for numerator	0	0	0	0	0
Denominator	5	4	10	21	40
Not recorded for exclusions					
	0	0	0	0	0
Not recorded for denominator					
	0	0	0	0	0
% Performance	80.0	75.0	90.0	95.2	90.0

Borders: There are valid clinical reasons why one patient did not proceed to surgical resection

D&G: There are valid clinical reasons why one patient did not proceed to surgical resection

Fife: There are valid clinical reasons why one patient did not proceed to surgical resection

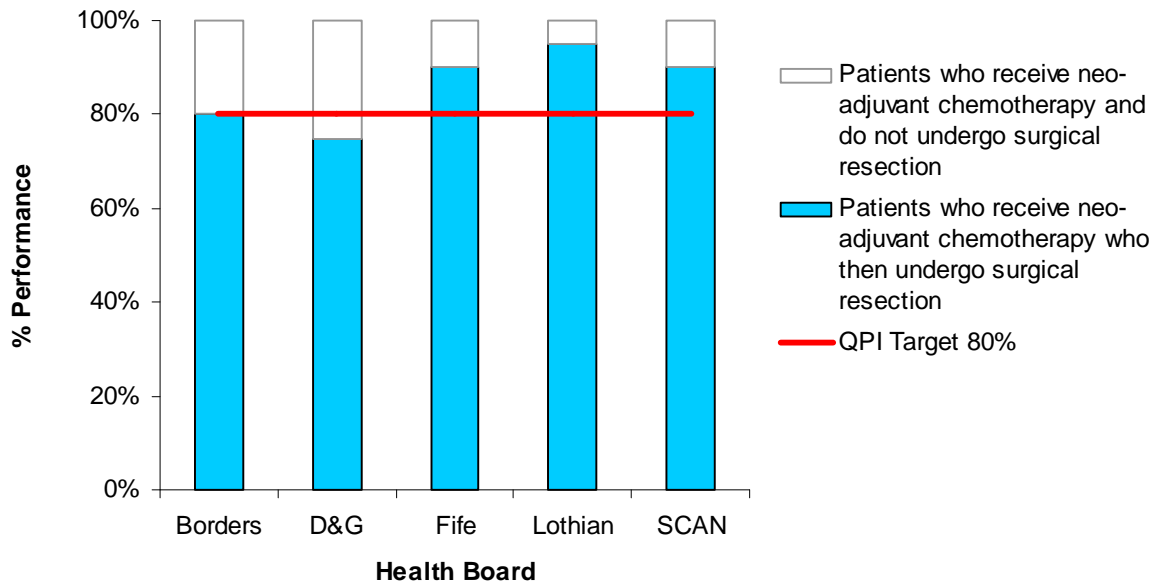
Lothian: There are valid clinical reasons why one patient did not proceed to surgical resection

Gastric cancer

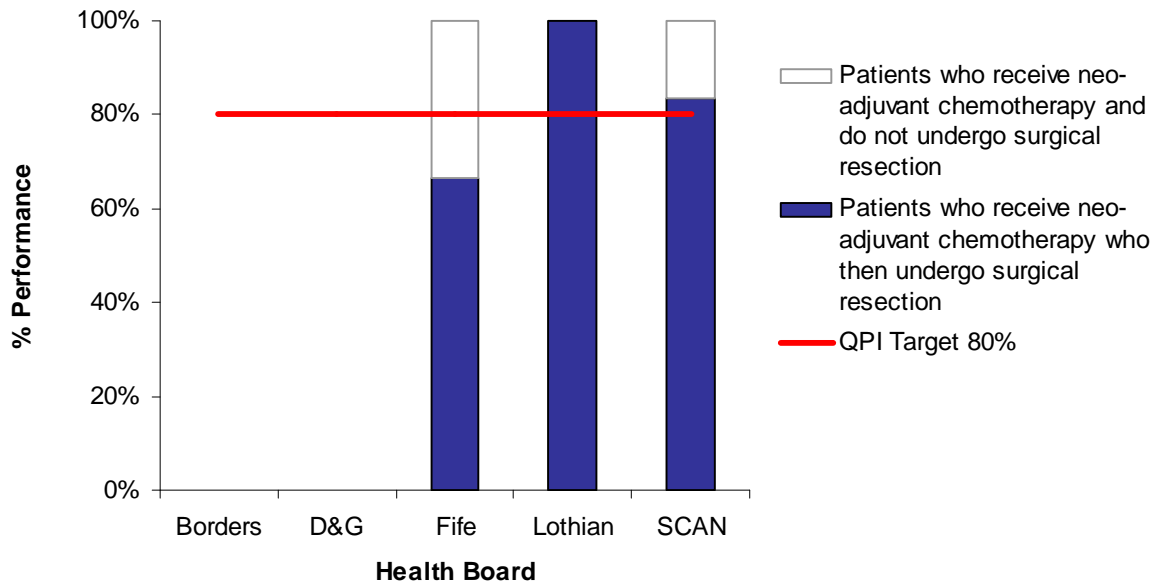
	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	11	13	16	65	105
Target 80%					
Numerator	0	0	2	3	5
Not recorded for numerator	0	0	0	0	0
Denominator	0	0	3	3	6
Not recorded for exclusions					
	0	0	0	0	0
Not recorded for denominator					
	0	0	0	0	0
% Performance	n/a	n/a	66.7	100.0	83.3

Fife: There are valid clinical reasons why one patient did not proceed to surgical resection

QPI 6 - Appropriate Selection of Surgical Patients
Oesophageal Cancer 2014



QPI 6 - Appropriate Selection of Surgical Patients
Gastric Cancer 2014



QPI 7 – 30/90 Day Mortality Following Surgery

Target = <10%

Numerator = Number of patients with oesophageal or gastric cancer who undergo surgical resection who die within 30 or 90 days of treatment

Denominator = All patients with oesophageal or gastric cancer and who undergo surgical resection

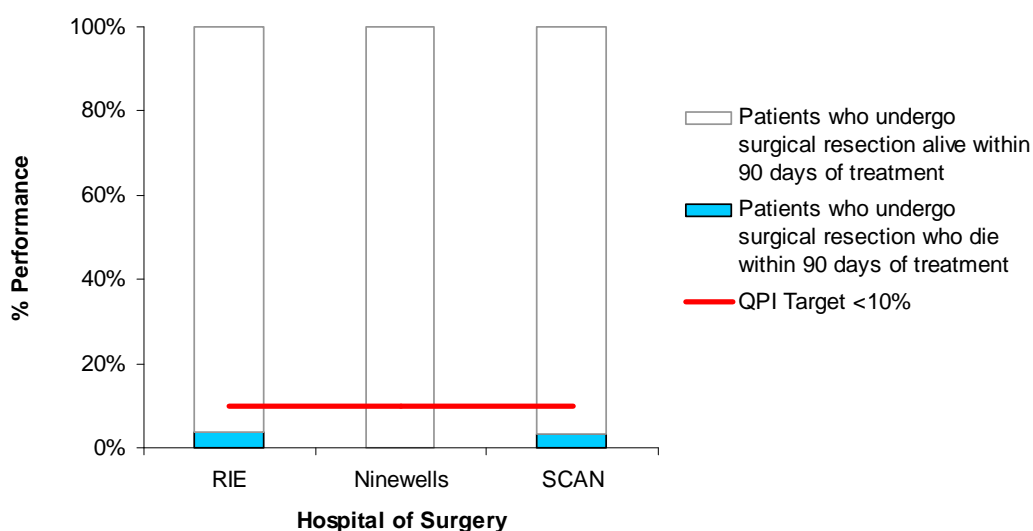
Exclusions = No exclusions

Oesophageal cancer – Hospital of Surgery

30 Day Mortality	RIE	Ninewells	SCAN
Target <10%			
Numerator	0	0	0
Not recorded for numerator	0	0	0
Denominator	56	1	57
Not recorded for exclusions	0	0	0
Not recorded for denominator	0	0	0
% Performance	0.0	0.0	0

90 Day Mortality	RIE	Ninewells	SCAN
Target <10%			
Numerator	2	0	2
Not recorded for numerator	0	0	0
Denominator	56	1	57
Not recorded for exclusions	0	0	0
Not recorded for denominator	0	0	0
% Performance	3.6	0.0	3.5

QPI 7(ii) - 90 Day Mortality Following Surgery Oesophageal Cancer 2014



Gastric cancer – Hospital of Surgery

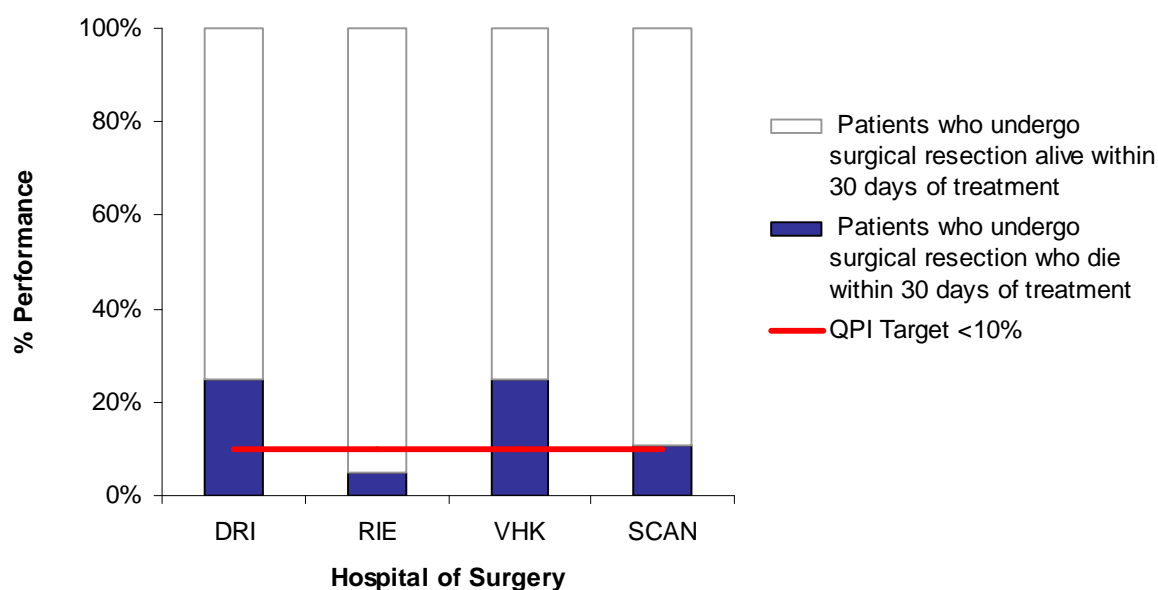
30 Day Mortality

	DRI	RIE	VHK	SCAN
Target <10%				
Numerator	1	1	1	3
Not recorded for numerator	0	0	0	0
Denominator	4	20	4	28
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	25.0	5.0	25.0	10.7

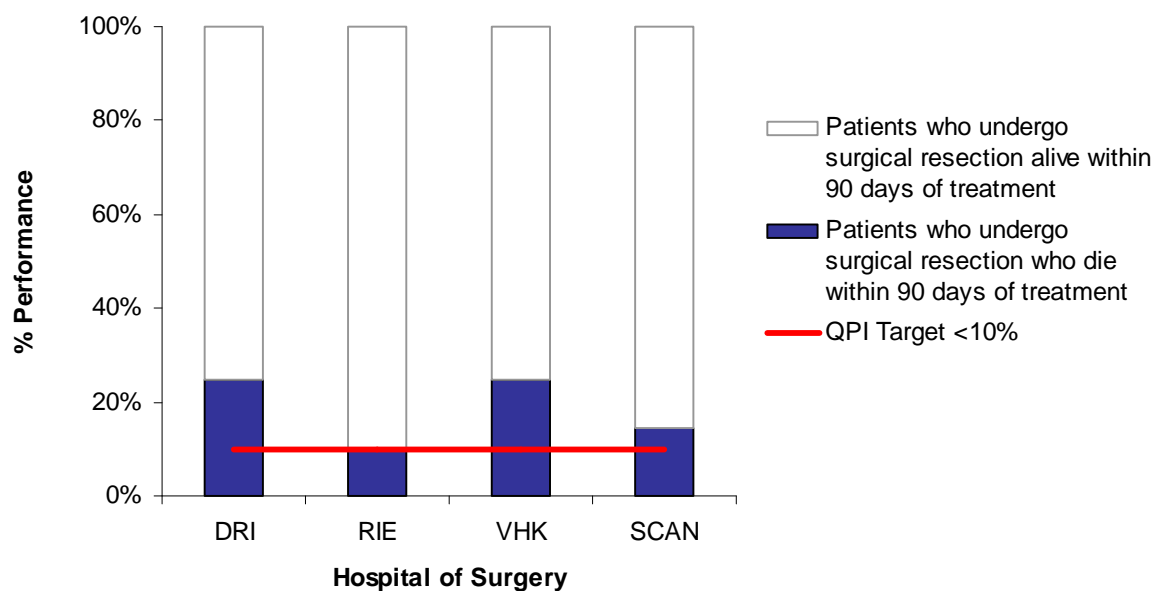
90 Day Mortality

	DRI	RIE	VHK	SCAN
Target <10%				
Numerator	1	2	1	4
Not recorded for numerator	0	0	0	0
Denominator	4	20	4	28
Not recorded for exclusions	0	0		0
Not recorded for denominator	0	0		0
% Performance	25.0	10.0	25.0	14.3

QPI 7(i) - 30 Day Mortality Following Surgery Gastric Cancer 2014



QPI 7(ii) - 90 Day Mortality Following Surgery Gastric Cancer 2014



Comment: Plan to review surgical mortality figures over 3-5 years as small numbers for some health boards tend to skew results.

QPI 8 – Lymph Node Yield

Target = 80%

Numerator = Number of patients with gastric cancer who undergo curative surgical resection where ≥ 15 lymph nodes are resected and pathologically examined

Denominator = All patients with gastric cancer who undergo curative surgical resection

Exclusions = No exclusions

Gastric cancer – Health board of diagnosis

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	10	9	13	51	83
Target 80%					
Numerator	1	3	3	12	19
Not recorded for numerator	0	0	0	0	0
Denominator	1	4	6	17	28
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	75.0	50.0	70.6	67.9

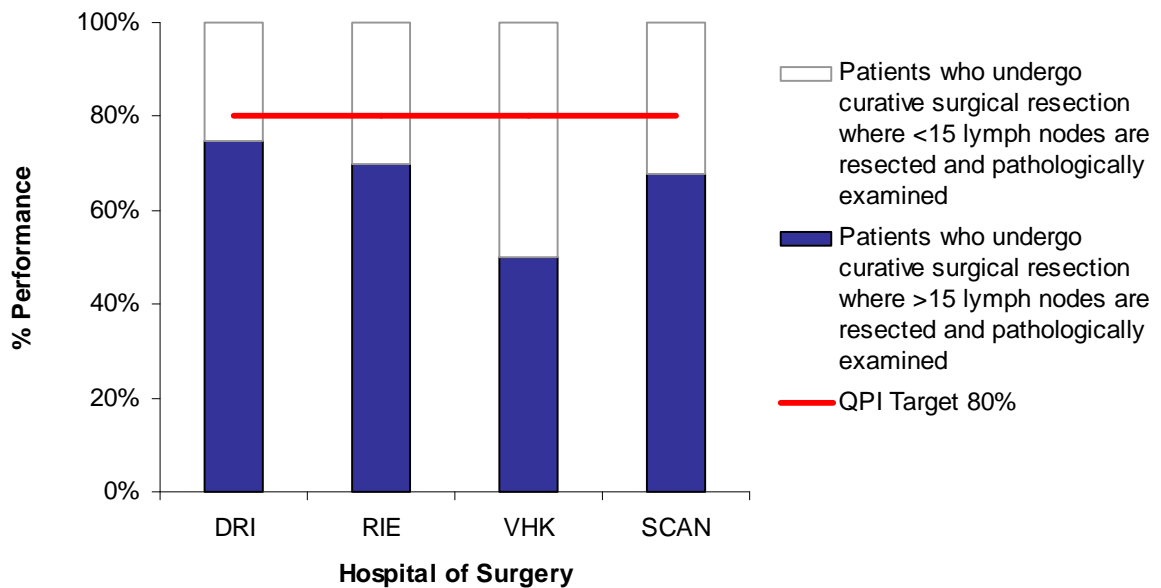
D&G: There are valid clinical reasons why one patient did not have >15 nodes resected

Lothian: There are valid clinical reasons why 5 patients did not have >15 nodes resected.

Gastric cancer – Hospital of surgery

	DRI	RIE	VHK	SCAN
Target 80%				
Numerator	3	14	2	19
Not recorded for numerator	0	0	0	0
Denominator	4	20	4	28
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	75.0	70.0	50.0	67.9

QPI 8 - Lymph Node Yield Gastic Cancer 2014



Comment: Plan for surgical teams to review cases that missed the target. The results are also affected by the inclusion of palliative resections where full lymphadenectomy would not be performed, if patients undergoing palliative resections were excluded from these figures then the results for patients undergoing resections at RIE would be 82.3%.

QPI 9 – Length of Hospital Stay Following Surgery

Target = 60%

Numerator = Number of patients undergoing surgical resection for oesophageal or gastric cancer who are discharged within 21 days of surgical procedure

Denominator = All patients undergoing surgical resection for oesophageal or gastric cancer

Exclusions = No exclusions

The following data has been calculated using SMR01⁴ returns.

Oesophageal cancer – Health board of diagnosis

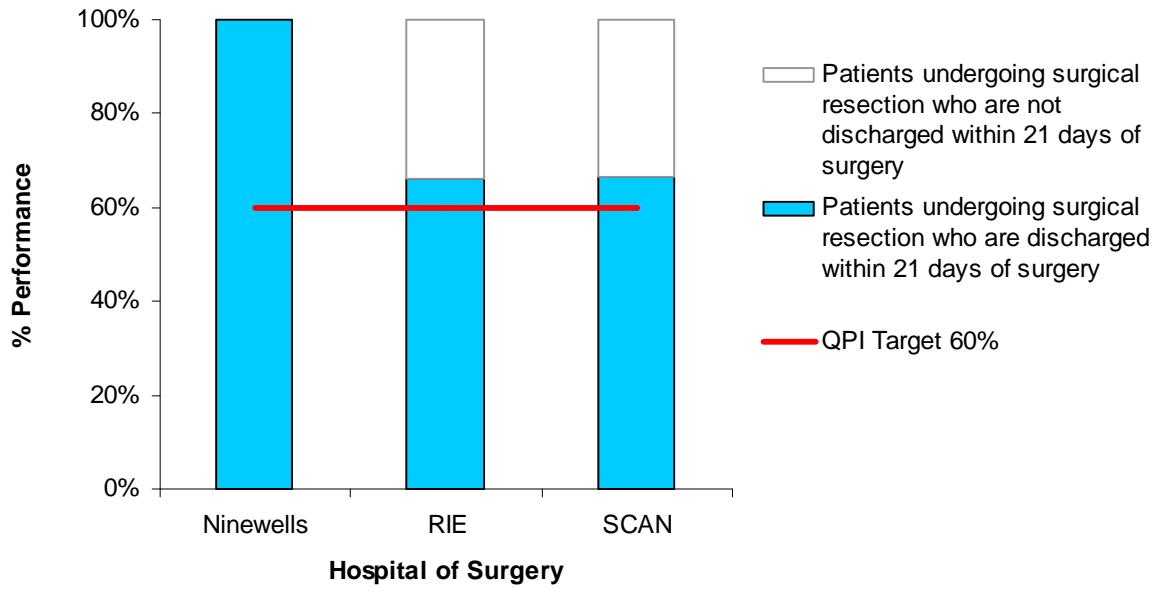
	Borders	D&G	Fife	Lothian	SCAN
Target 60%					
Numerator	6	5	9	22	42
Not recorded for numerator	0	0	0	0	0
Denominator	9	9	13	32	63
Not recorded for exclusions					
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator					
Not recorded for denominator	0	0	0	0	0
% Performance	66.7	55.6	69.2	68.8	66.7

Oesophageal cancer – Hospital of surgery

	Ninewells	RIE	SCAN
Target 60%			
Numerator	1	41	42
Not recorded for numerator	0	0	0
Denominator	1	62	63
Not recorded for exclusions			
Not recorded for exclusions	0	0	0
Not recorded for denominator			
Not recorded for denominator	0	0	0
% Performance	100.0	66.1	66.7

⁴ The Scottish Morbidity Record (SMR01) is an episode-based record relating to all inpatients and day cases discharged from acute hospital admissions in Scotland. A record is formed when a patient is discharged from hospital, changes consultant or is transferred to another hospital or hospital department.

QPI 9 - Length of Hospital Stay Following Surgery Oesophageal Cancer 2014



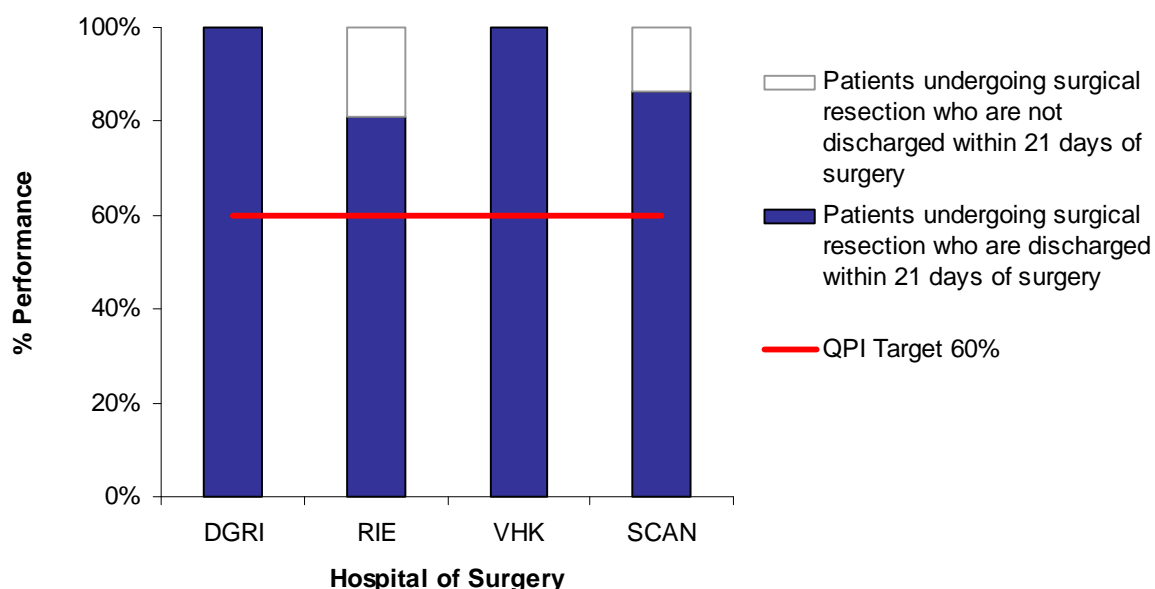
Gastric cancer – Health board of diagnosis

	Borders	D&G	Fife	Lothian	SCAN
Target 60%					
Numerator	1	4	6	14	25
Not recorded for numerator	0	0	0	0	0
Denominator	1	4	6	18	29
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	100.0	77.8	86.2

Gastric cancer – Hospital of surgery

	DGRI	RIE	VHK	SCAN
Target 60%				
Numerator	4	17	4	25
Not recorded for numerator	0	0	0	0
Denominator	4	21	4	29
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	100.0	81.0	100.0	86.2

QPI 9 - Length of Hospital Stay Following Surgery Gastric Cancer 2014



QPI 10(i) – Resection Margins

Target = 70%

Numerator = Number of patients with oesophageal cancer who undergo surgical resection in which circumferential and longitudinal surgical margin are clear of tumour

Denominator = All patients with oesophageal cancer who undergo surgical resection

Exclusions = No exclusions

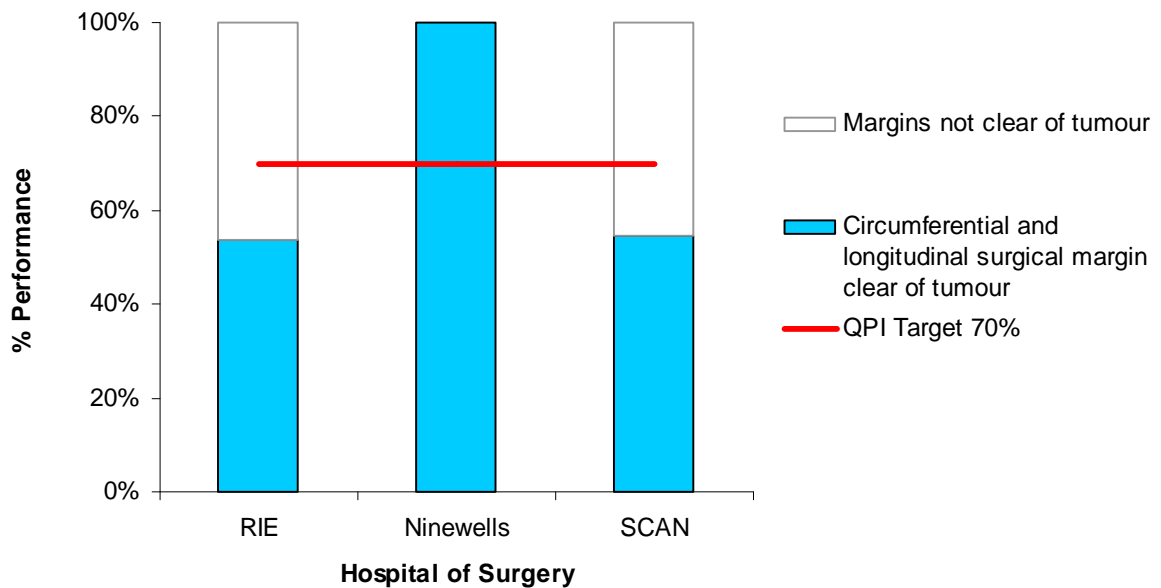
Oesophageal cancer – Health board of diagnosis

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	23	28	50	119	220
Target 70%					
Numerator	2	5	8	16	31
Not recorded for numerator	0	0	0	0	0
Denominator	7	6	13	31	57
Not recorded for exclusions					
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator					
Not recorded for denominator	0	0	0	0	0
% Performance	28.6	83.3	61.5	51.6	54.4

Oesophageal cancer – Hospital of surgery

	RIE	Ninewells	SCAN
Target 70%			
Numerator	30	1	31
Not recorded for numerator	0	0	0
Denominator	56	1	57
Not recorded for exclusions			
Not recorded for exclusions	0	0	0
Not recorded for denominator			
Not recorded for denominator	0	0	0
% Performance	53.6	100.0	54.4

QPI 10(i) - Resection Margins Oesophageal Cancer 2014



Comment: All patients undergoing resection at RIE have been reviewed, a small number had invasion at the margin, others had tumour cells present within 1mm of the resection margin. The Lothian surgical team will continue to review all surgical cases, the selection of patients and pathology outcomes.

QPI 10(ii) – Resection Margins

Target = 90%

Numerator = Number of patients with gastric cancer who undergo surgical resection in which longitudinal surgical margin is clear of tumour

Denominator = All patients with gastric cancer who undergo surgical resection

Exclusions = No exclusions

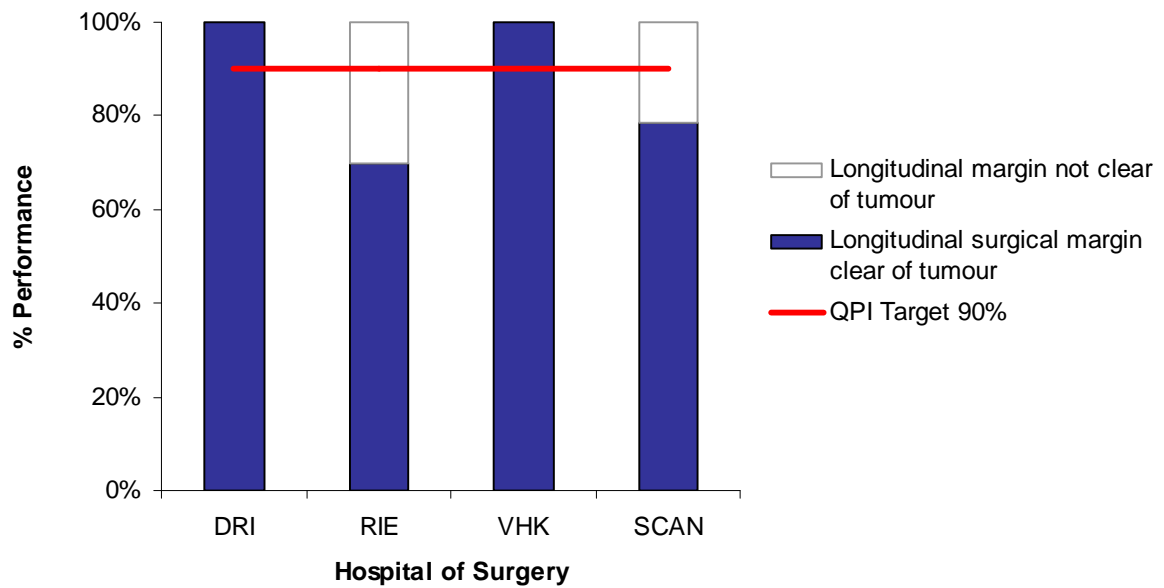
Gastric cancer – Health board of diagnosis

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	10	9	13	51	83
Target 90%					
Numerator	1	4	6	11	22
Not recorded for numerator	0	0	0	0	0
Denominator	1	4	6	17	28
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	100.0	64.7	78.6

Gastric cancer – Hospital of Surgery

	DRI	RIE	VHK	SCAN
Target 90%				
Numerator	4	14	4	22
Not recorded for numerator	0	0	0	0
Denominator	4	20	4	28
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	100.0	70.0	100.0	78.6

QPI 10(ii) - Resection Margins Gastric Cancer 2014



Comment: All patients undergoing resection at RIE have been reviewed, 3 of those with tumour at the longitudinal margin were undergoing palliative resections. The Lothian surgical team will continue to review all surgical cases, the selection of patients and pathology outcomes.

QPI 11 – Curative Treatment Rates

Target = 35%

Numerator = Number of patients with oesophageal or gastric cancer who undergo curative treatment

Denominator = All patients with oesophageal or gastric cancer

Exclusions = No exclusions

Oesophageal cancer – Health board of diagnosis

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	0	0	0	0	0
Target 35%					
Numerator	9	10	14	37	74
Not recorded for numerator	2	0	0	0	2
Denominator	30	34	63	150	276
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	30.0	29.4	23.8	24.7	25.6

Oesophageal cancer curative treatment rates – 2012/13 audit results

	Borders	D&G	Fife	Lothian	SCAN	Scotland
% Performance 2012	28.0	14.3	31.9	27.0	27.0	27.2
% Performance 2013	26.9	33.3	29.4	29.6	29.7	25.4

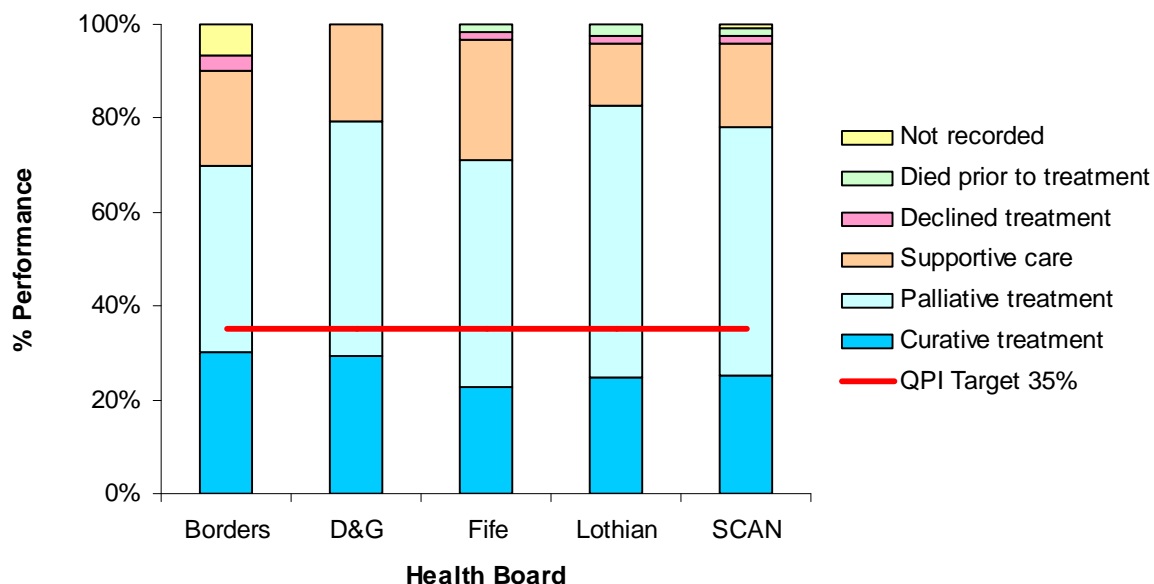
Gastric cancer – Health board of diagnosis

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	0	0	0	0	0
Target 35%					
Numerator	1	4	7	17	29
Not recorded for numerator	0	0	0	0	0
Denominator	11	13	19	68	112
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	9.1	30.8	31.6	25.0	25.2

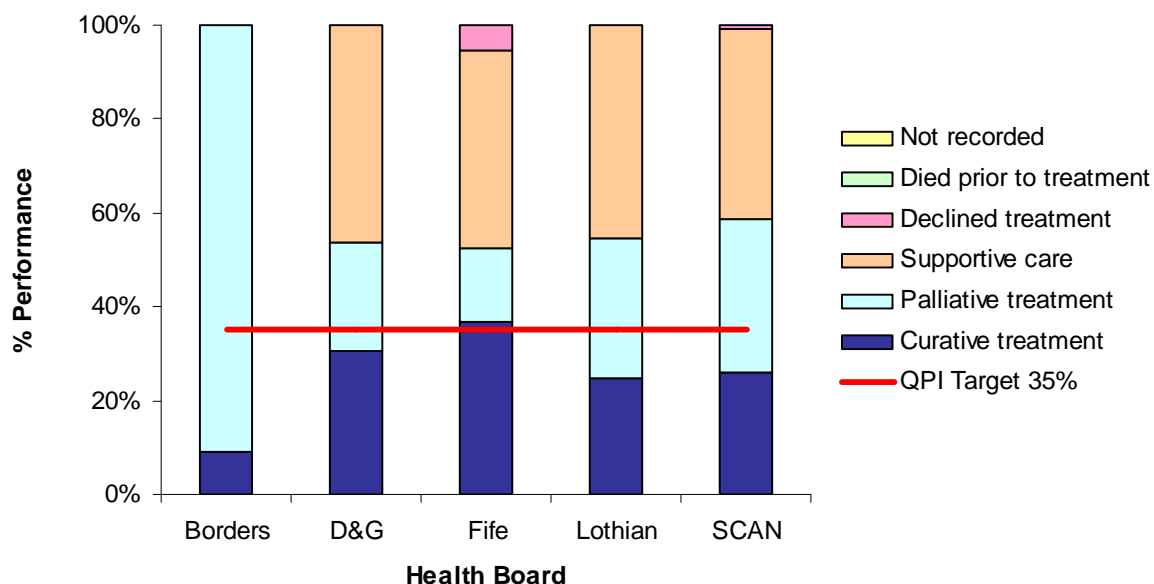
Gastric cancer curative treatment rates – 2012/13 audit results

	Borders	D&G	Fife	Lothian	SCAN	Scotland
% Performance 2012	22.2	25.0	24.1	34.1	30.5	25.3
% Performance 2013	15.4	30.8	14.7	27.0	23.1	21.0

QPI 11 - Curative Treatment Rates Oesophageal Cancer 2014



QPI 11 - Curative Treatment Rates Gastric Cancer 2014



Comment: The UGI SCAN group will continue to review patient management through our MDT. Improvements in curative treatment rates must focus on the need for earlier diagnosis. Plan to discuss this at the OG National Meeting, looking at patient awareness campaigns.

ONCOLOGICAL TREATMENT OUTCOMES

QPI 12(i) – 30 Day Mortality Following Curative Oncological Treatment

Target = <10%

Numerator = Number of patients with oesophageal or gastric cancer who receive curative oncological treatment who die within 30 days of treatment

Denominator = All patients with oesophageal or gastric cancer who receive curative oncological treatment

Exclusions = No exclusions

Note: This indicator requires to be reported by treatment modality and intent

Oesophageal cancer – 30 Day mortality for curative Oncological treatment

Chemoradiotherapy

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	29	33	63	147	272
Target <10%					
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	1	1	0	3	5
Not recorded for exclusions					
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator					
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	0.0	n/a	0.0	0.0

Peri-operative Chemotherapy

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	26	30	53	128	237
Target <10%					
Numerator	0	0	0	0	0
Not recorded for numerator	0	2	0	0	2
Denominator	4	4	10	22	40
Not recorded for exclusions					
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator					
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	0.0	0.0	0.0	0.0

Gastric cancer – 30 Day mortality for curative Oncological treatment

Chemoradiotherapy

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	11	13	19	68	111
Target <10%					
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Not recorded for exclusions					
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	n/a	n/a	n/a	n/a	n/a

Peri-operative Chemotherapy

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	11	13	18	65	105
Target <10%					
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	0	0	3	3	6
Not recorded for exclusions					
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	n/a	n/a	0.0	0.0	0.0

QPI 12(ii) – 30 Day Mortality Following Palliative Oncological Treatment

Target = <20%

Numerator = Number of patients with oesophageal or gastric cancer who receive palliative oncological treatment who die within 30 days of treatment

Denominator = All patients with oesophageal or gastric cancer who receive palliative oncological treatment

Exclusions = No exclusions

Note: This indicator requires to be reported by treatment modality and intent

Oesophageal cancer – 30 Day mortality for palliative Oncological treatment

Chemotherapy

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	26	24	56	126	232
Target <20%					
Numerator	0	0	1	2	3
Not recorded for numerator	0	0	0	0	0
Denominator	4	10	7	24	45
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	0.0	14.3	8.3	6.7

Radiotherapy⁵

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	30	34	63	150	277
Ineligible for this QPI	30	32	54	137	253
Target <20%					
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	0	2	9	13	24
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	n/a	0.0	0.0	0.0	0.0

⁵ Following the 2013 QPI results and baseline review it was decided that radiotherapy treatment would be removed from this QPI with data being reported locally where necessary.

Gastric cancer – 30 Day mortality for palliative Oncological treatment

Chemotherapy

	Borders	D&G	Fife	Lothian	SCAN
2014 Cohort	11	13	19	68	111
Ineligible for this QPI	10	12	17	59	98
Target <20%					
Numerator	0	0	0	1	1
Not recorded for numerator	0	0	0	0	0
Denominator	1	1	2	9	13
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	0.0	0.0	11.1	7.7

CLINICAL TRIALS

Clinical Trials Access – Interventional Clinical Trials

Target = 7.5%

Numerator = Number of patients with oesophageal or gastric cancer enrolled in an interventional clinical trial

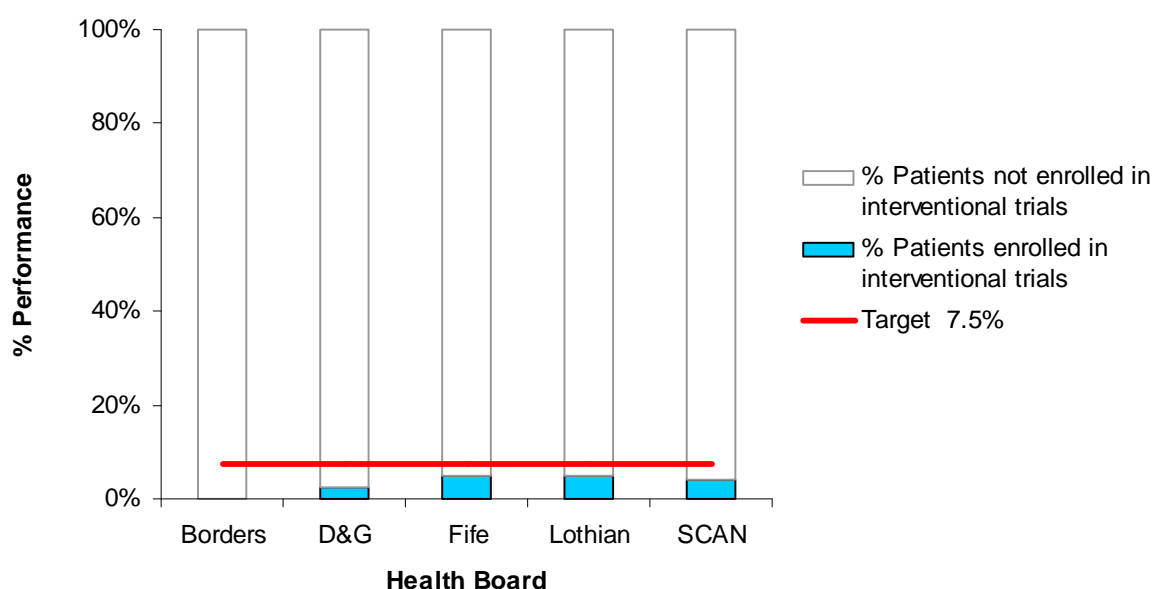
Denominator = All patients with oesophageal or gastric cancer

Exclusions = No exclusions

Note: The clinical trials QPI will be measured utilising SCRN data and Cancer Registry data (5 year average of case ascertainment)

	Borders	D&G	Fife	Lothian	SCAN
Target 7.5%					
Numerator	0	1	5	11	17
Not recorded for numerator	0	0	0	0	0
Denominator	36	42	101	216	395
Exclusions					
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	2.4	5.0	5.1	4.3

Clinical Trial Access
Interventional Clinical Trials 2014



Interventional clinical trials available in the SCAN region in 2014 included: AMG337 in MET amplified Gastric/Gastro-oesophageal Junction/Oesophageal Adenocarcinoma, Rilotumumab + ECX in first line c-Met Gastric or Gastro-oesophageal Junction Adenocarcinoma and TOFFEE Trial.

Clinical Trials Access – Translational Research

Target = 15%

Numerator = Number of patients with oesophageal or gastric cancer enrolled in translational research

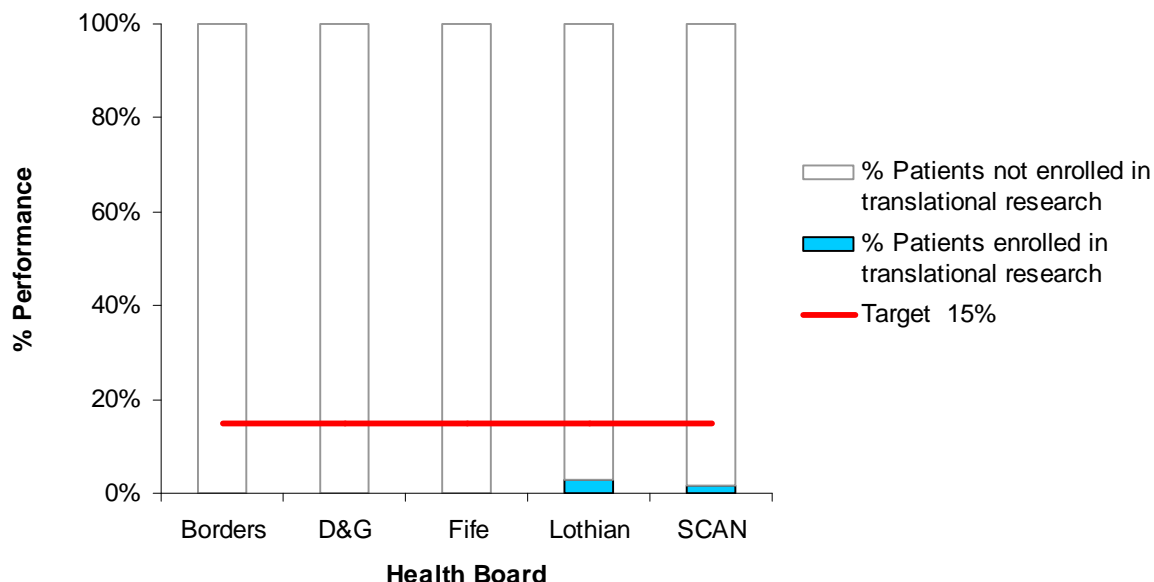
Denominator = All patients with oesophageal or gastric cancer

Exclusions = No exclusions

Note: The clinical trials QPI will be measured utilising SCR data and Cancer Registry data (5 year average of case ascertainment)

	Borders	D&G	Fife	Lothian	SCAN
Target 15%					
Numerator	0	0	0	6	6
Not recorded for numerator	0	0	0	0	0
Denominator	36	42	101	216	395
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	0.0	0.0	2.8	1.5

Clinical Trial Access
Translational Research 2014



Current translational research in the SCAN region includes: Side effects of opioids study (SEOS), inflammatory biomarkers in prognosis in advanced cancer (IPAC) and RTL Advanced Study

Comment: Plan to distribute information about all available clinical trials to clinicians in the other health boards to ensure patients are aware of the possibility of being offered entry into a trial or research prior to attending clinic appointments in Lothian.

KEY CATEGORIES

Surgical Volumes and Post Operative Complications

Oesophageal Resections

	RIE	Ninewells
Left thoraco-abdominal oesophagectomy	4	-
Anastomotic Leak	0	-
Chyle Leak	0	-
Pneumonia	0	-
ARDS	0	-
Pulmonary Embolism	0	-
Pleural Effusions	0	-
Wound Infection	0	-
DVT	0	-
Post-op Death	0	-
Other (please specify)	0	-
McKeown 3 stage sub total oesophagectomy	5	-
Anastomotic Leak	0	-
Chyle Leak	0	-
Pneumonia	1	-
ARDS	0	-
Pulmonary Embolism	0	-
Pleural Effusions	0	-
Wound Infection	0	-
DVT	0	-
Post-op Death	0	-
Other (please specify)	0	-
Right 2 phase sub total oesophagectomy	46	1
Anastomotic Leak	4	0
Chyle Leak	2	0
Pneumonia	5	0
ARDS	0	0
Pulmonary Embolism	1	0
Pleural Effusions	0	0
Wound Infection	4	0
DVT	1	0
Post-op Death	0	0
Other (please specify)	1 air leak in theatre, 1 - Pneumothorax, 1 Jej blockage, 1 transient ALT rise	0
Trans-hiatal oesophagectomy	1	-
Anastomotic Leak	0	-
Chyle Leak	0	-
Pneumonia	0	-

ARDS	0	-
Pulmonary Embolism	0	-
Pleural Effusions	0	-
Wound Infection	0	-
DVT	0	-
Post-op Death	0	-
Other (please specify)	0	-
Total Number of Resections	56	1

Gastric Resections

	RIE	VHK	DGRI
Sub total gastrectomy	12	1	4
Anastomotic Leak	1	0	0
Chyle Leak	0	0	0
Pneumonia	0	0	1
ARDS	0	0	1
Pulmonary Embolism	0	0	0
Pleural Effusions	0	0	0
Wound Infection	0	0	0
DVT	0	0	0
Multi Organ Failure	0	0	1
Post-op Death	0	0	1
Other (please specify)	1 abdominal collection requiring radiological drainage and antibiotic treatment	0	0
Total gastrectomy	8	3	-
Anastomotic Leak	1	0	-
Chyle Leak	0	0	-
Pneumonia	2	0	-
ARDS	0	0	-
Pulmonary Embolism	0	0	-
Pleural Effusions	1	0	-
Wound Infection	2	0	-
DVT	0	0	-
Multi Organ Failure	0	0	-
Post-op Death	1	1	-
Other (please specify)	1 E.coli	0	-
Partial gastrectomy	2	-	-
Anastomotic Leak	0	-	-

Chyle Leak	0	-	-
Pneumonia	0	-	-
ARDS	0	-	-
Pulmonary Embolism	0	-	-
Pleural Effusions	0	-	-
Wound Infection	0	-	-
DVT	0	-	-
Multi Organ Failure	0	-	-
Post-op Death	0	-	-
Other (please specify)	0	-	-
Total Number of Resections	22	4	4

Treatment by Clinical Stage of Tumour

Oesophageal

Stage of Tumour (clinical)	Surgery	n	Oncology	n	Endoscopic	n	Other	n
Stage IA	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	0	Chemoradiotherapy	0	EMR	3	Supportive Care only	1
	Left Thoraco-abdominal Oesophagectomy	0	Neo-adjuvant Chemotherapy	0	Stent	0	Patient refused treatment	0
	McKeown 3 stage sub total Oesophagectomy	1	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
			Neo-adjuvant Radiotherapy	0	Argon	3	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	1				
			Palliative Chemotherapy	0				
		Palliative Radiotherapy	0					
Stage IB	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	2	Chemoradiotherapy	0	EMR	0	Supportive Care only	2
	Left Thoraco-abdominal Oesophagectomy	1	Neo-adjuvant Chemotherapy	1	Stent	0	Patient refused treatment	0
	McKeown 3 stage sub total Oesophagectomy	1	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
			Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	1	Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	0				
		Palliative Radiotherapy	0					
Stage IIA	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	7	Chemoradiotherapy	2	EMR	0	Supportive Care only	4
	Left Thoraco-abdominal Oesophagectomy	0	Neo-adjuvant Chemotherapy	7	Stent	6	Patient refused treatment	0
	McKeown 3 stage sub total Oesophagectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
			Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0	Active Surveillance	1
			Radical Radiotherapy	4				
			Palliative Chemotherapy	2				
		Palliative Radiotherapy	3					

Stage IIB	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	3	Chemoradiotherapy	1	EMR	0	Supportive Care only	0
	Left Thoraco-abdominal Oesophagectomy	0	Neo-adjuvant Chemotherapy	2	Stent	0	Patient refused treatment	0
	McKeown 3 stage sub total Oesophagectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
			Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	1		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	0				
		Palliative Radiotherapy	0					
Stage IIIA	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	15	Chemoradiotherapy	1	EMR	0	Supportive Care only	4
	Left Thoraco-abdominal Oesophagectomy	3	Neo-adjuvant Chemotherapy	4	Stent	6	Patient refused treatment	3
	McKeown 3 stage sub total Oesophagectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
			Neo-adjuvant Radiotherapy	8	Argon	1	Not recorded	0
			Adjuvant Radiotherapy	3	Dilatation	1		
			Radical Radiotherapy	7				
			Palliative Chemotherapy	3				
		Palliative Radiotherapy	1					
Stage IIIB	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	12	Chemoradiotherapy	1	EMR	0	Supportive Care only	2
	Left Thoraco-abdominal Oesophagectomy	0	Neo-adjuvant Chemotherapy	9	Stent	9	Patient refused treatment	1
	McKeown 3 stage sub total Oesophagectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Total Gastrectomy	1	Neo-adjuvant Radiotherapy	0	Argon	3	Not recorded	1
			Adjuvant Radiotherapy		Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	2				
		Palliative Radiotherapy	1					
Stage IIIC	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	3	Chemoradiotherapy	0	EMR	0	Supportive Care only	1
	Left Thoraco-abdominal Oesophagectomy	1	Neo-adjuvant Chemotherapy	4	Stent	10	Patient refused treatment	0
	McKeown 3 stage sub total Oesophagectomy	0	Adjuvant Chemotherapy	2	Laser	0	Patient died before treatment	0
			Neo-adjuvant Radiotherapy	0	Argon	2	Not recorded	0
		Adjuvant Radiotherapy	0	Dilatation	0			

			Radical Radiotherapy	3				
			Palliative Chemotherapy	1				
			Palliative Radiotherapy	4				
Stage IV	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	0	Chemoradiotherapy	0	EMR	0	Supportive Care only	24
	Left Thoraco-abdominal Oesophagectomy	0	Neo-adjuvant Chemotherapy	0	Stent	38	Patient refused treatment	0
	McKeown 3 stage sub total Oesophagectomy	0	Adjuvant Chemotherapy	0	Laser	1	Patient died before treatment	1
			Neo-adjuvant Radiotherapy	0	Argon	2	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	1		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	33				
			Palliative Radiotherapy	9				
Unable to stage	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	3	Chemoradiotherapy	0	EMR	3	Supportive Care only	9
	Left Thoraco-abdominal Oesophagectomy	0	Neo-adjuvant Chemotherapy	2	Stent	9	Patient refused treatment	1
	McKeown 3 stage sub total Oesophagectomy	1	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	3
			Neo-adjuvant Radiotherapy	0	Argon	7	Not recorded	1
			Adjuvant Radiotherapy	1	Dilatation	1		
			Radical Radiotherapy	1				
			Palliative Chemotherapy	1				
		Palliative Radiotherapy	0					

Gastric

Stage of Tumour (clinical)	Surgery	n	Oncology	n	Endoscopic	n	Other	n
Stage IA	Total Gastrectomy	2	Chemoradiotherapy	0	EMR	0	Supportive Care only	1
	Sub total Gastrectomy	0	Neo-adjuvant Chemotherapy	0	Stent	0	Patient refused treatment	1
	Completion Gastrectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Partial Gastrectomy	1	Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	1				
			Palliative Radiotherapy	0				
Stage IB	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Total Gastrectomy	0	Chemoradiotherapy	0	EMR	0	Supportive Care only	1
	Sub total Gastrectomy	0	Neo-adjuvant Chemotherapy	0	Stent	0	Patient refused treatment	0
	Completion Gastrectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Partial Gastrectomy	1	Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	0				
		Palliative Radiotherapy	0					
Stage IIA	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Total Gastrectomy	2	Chemoradiotherapy		EMR	0	Supportive Care only	1
	Sub total Gastrectomy	6	Neo-adjuvant Chemotherapy	2	Stent	1	Patient refused treatment	0
	Completion Gastrectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Partial Gastrectomy	0	Neo-adjuvant Radiotherapy	0	Argon	1	Not recorded	0
	Bypass Procedure/Jejunostomy	1	Adjuvant Radiotherapy	0	Dilatation	1		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	0				
		Palliative Radiotherapy	0					
Stage	Surgery	n	Oncology	n	Endoscopic	n	Other	n

IIB	Total Gastrectomy	0	Chemoradiotherapy	0	EMR	0	Supportive Care only	4
	Sub total Gastrectomy	3	Neo-adjuvant Chemotherapy	0	Stent	3	Patient refused treatment	0
	Completion Gastrectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Partial Gastrectomy	0	Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
	Bypass Procedure/Jejunostomy	2	Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	1				
			Palliative Radiotherapy	0				
Stage IIIA	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Total Gastrectomy	1	Chemoradiotherapy	0	EMR	0	Supportive Care only	6
	Sub total Gastrectomy	2	Neo-adjuvant Chemotherapy	1	Stent	1	Patient refused treatment	0
	Completion Gastrectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Partial Gastrectomy	0	Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	0				
Stage IIIB	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Total Gastrectomy	2	Chemoradiotherapy	0	EMR	0	Supportive Care only	2
	Sub total Gastrectomy	0	Neo-adjuvant Chemotherapy	1	Stent	1	Patient refused treatment	0
	Completion Gastrectomy	0	Adjuvant Chemotherapy	0	Laser	1	Patient died before treatment	0
	Partial Gastrectomy	0	Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	0				
Stage IIIC	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Total Gastrectomy	0	Chemoradiotherapy	0	EMR	0	Supportive Care only	0
	Sub total Gastrectomy	0	Neo-adjuvant Chemotherapy	1	Stent	1	Patient refused treatment	0
	Completion Gastrectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Partial Gastrectomy	0	Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0		
		Radical Radiotherapy	0					

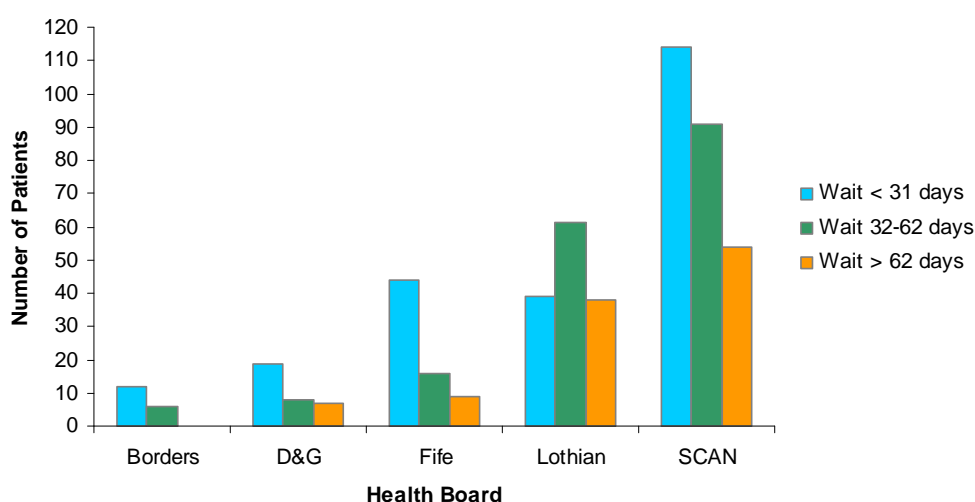
			Palliative Chemotherapy	0				
			Palliative Radiotherapy	0				
Stage IV	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Total Gastrectomy	0	Chemoradiotherapy	0	EMR	0	Supportive Care only	24
	Sub total Gastrectomy	0	Neo-adjuvant Chemotherapy	0	Stent	2	Patient refused treatment	0
	Completion Gastrectomy	0	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Partial Gastrectomy	0	Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	10				
Unable to stage			Palliative Radiotherapy	0				
	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Total Gastrectomy	3	Chemoradiotherapy	0	EMR	1	Supportive Care only	15
	Sub total Gastrectomy	2	Neo-adjuvant Chemotherapy	1	Stent	1	Patient refused treatment	0
	Completion Gastrectomy	1	Adjuvant Chemotherapy	0	Laser	0	Patient died before treatment	0
	Partial Gastrectomy	2	Neo-adjuvant Radiotherapy	0	Argon	0	Not recorded	0
			Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	0				
		Palliative Chemotherapy	1					
		Palliative Radiotherapy	0					

Time from Initial MDT Discussion to First Treatment

Oesophageal patients – number of days between initial MDT discussion and commencing first treatment

	Borders	D&G	Fife	Lothian	SCAN
Wait < 31 days	12	19	44	39	114
Wait 32-62 days	6	8	16	61	91
Wait > 62 days	0	7	9	38	54

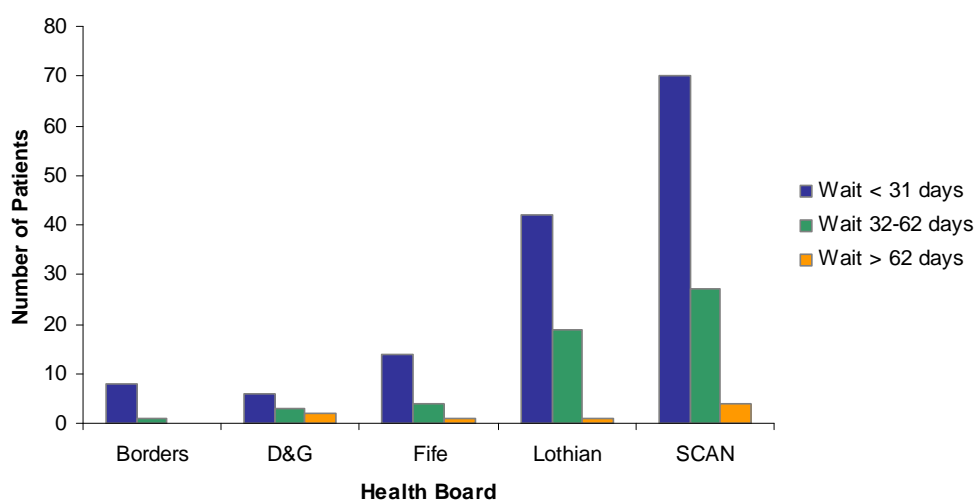
Waiting Time from Initial MDT to First Treatment
Oesophageal Cancer 2014



Gastric patients – number of days between initial MDT discussion and commencing first treatment

	Borders	D&G	Fife	Lothian	SCAN
Wait < 31 days	8	6	14	42	70
Wait 32-62 days	1	3	4	19	27
Wait > 62 days	0	2	1	1	4

Waiting Time from Initial MDT to First Treatment
Gastric Cancer 2014



EPIDEMIOLOGY

Number of Cases Based on Site of Origin of Tumour

Tumour Site	Borders		D&G		Fife		Lothian		SCAN	
	n	%	n	%	n	%	n	%	n	%
Oesophageal Cancer	30	73.2	34	72.3	63	76.8	150	68.8	277	71.4
Gastric Cancer	11	26.8	13	27.7	19	23.2	68	31.2	111	28.6
Total Upper GI Cancers	41	100%	47	100%	82	100%	218	100%	388	100%

Breakdown of Site of Origin of Tumour

Tumour Site	Borders		D&G		Fife		Lothian		SCAN	
	n	%	n	%	n	%	n	%	n	%
C15.0	0	0.0	0	0.0	0	0.0	2	0.9	2	0.5
C15.1	0	0.0	0	0.0	0	0.0	1	0.5	1	0.3
C15.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
C15.3	2	4.9	0	0.0	3	3.7	4	1.8	9	2.3
C15.4	3	7.3	7	14.9	10	12.2	33	15.1	53	13.7
C15.5	23	56.1	13	27.7	37	45.1	75	34.4	148	38.1
C15.8	0	0.0	3	6.4	5	6.1	0	0.0	8	2.1
C15.9	1	2.4	6	12.8	2	2.4	1	0.5	10	2.6
C16.0	1	2.4	5	10.6	5	6.1	34	15.6	45	11.6
C16.1	0	0.0	0	0.0	0	0.0	5	2.3	5	1.3
C16.2	10	24.4	3	6.4	5	6.1	23	10.6	41	10.6
C16.3	1	2.4	2	4.3	6	7.3	22	10.1	31	8.0
C16.4	0	0.0	0	0.0	1	1.2	6	2.8	7	1.8
C16.5	0	0.0	0	0.0	0	0.0	5	2.3	5	1.3
C16.6	0	0.0	0	0.0	0	0.0	2	0.9	2	0.5
C16.8	0	0.0	1	2.1	1	1.2	0	0.0	2	0.5
C16.9	0	0.0	7	14.9	7	8.5	5	2.3	19	4.9
Total	41	100%	47	100%	82	100%	218	100%	388	100%

Age and Gender Distribution

Oesophageal

Age at Diagnosis	Borders				D&G				Fife				Lothian				SCAN			
	M		F		M		F		M		F		M		F		M		F	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<45	1	4.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.5	0	0.0
45-49	1	4.8	0	0.0	4	15.4	1	12.5	1	2.4	1	4.5	2	1.9	0	0.0	8	4.1	2	2.4
50-54	1	4.8	0	0.0	0	0.0	1	12.5	3	7.3	0	0.0	2	1.9	3	6.7	6	3.1	4	4.8
55-59	0	0.0	1	11.1	1	3.8	0	0.0	5	12.2	0	0.0	8	7.6	1	2.2	14	7.3	2	2.4
60-64	2	9.5	0	0.0	4	15.4	1	12.5	8	19.5	2	9.1	15	14.3	6	13.3	29	15.0	9	10.7
65-69	2	9.5	2	22.2	3	11.5	2	25.0	7	17.1	1	4.5	18	17.1	5	11.1	30	15.5	10	11.9
70-74	5	23.8	1	11.1	3	11.5	1	12.5	5	12.2	8	36.4	18	17.1	6	13.3	31	16.1	16	19.0
75-79	2	9.5	3	33.3	6	23.1	1	12.5	6	14.6	3	13.6	20	19.0	7	15.6	34	17.6	14	16.7
80-84	1	4.8	2	22.2	1	3.8	1	12.5	2	4.9	1	4.5	14	13.3	6	13.3	18	9.3	10	11.9
85+	6	28.6	0	0.0	4	15.4	0	0.0	4	9.8	6	27.3	8	7.6	11	24.4	22	11.4	17	20.2
Total	21	100%	9	100%	26	100%	8	100%	41	100%	22	100%	105	100%	45	100%	193	100%	84	100%

Age at Diagnosis	Borders		D&G		Fife		Lothian	
	M	F	M	F	M	F	M	F
Min	39	56	46	48	45	46	47	50
Max	94	83	89	82	97	94	90	91
Mean	72.6	73.1	71	67	68	76	71	74
Median	74	75	76	68.5	69	73	72	75

Gastric

Age at Diagnosis	Borders				D&G				Fife				Lothian				SCAN			
	M		F		M		F		M		F		M		F		M		F	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<45	0	0.0	0	0.0	1	12.5	0	0.0	0	0.0	0	0.0	0	0.0	1	3.1	1	1.7	1	1.9
45-49	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	3.1	0	0.0	1	1.9
50-54	0	0.0	1	12.5	0	0.0	0	0.0	0	0.0	1	12.5	0	0.0	2	6.3	0	0.0	4	7.5
55-59	0	0.0	0	0.0	0	0.0	0	0.0	1	9.1	0	0.0	2	5.6	1	3.1	3	5.2	1	1.9
60-64	0	0.0	0	0.0	0	0.0	0	0.0	3	27.3	0	0.0	1	2.8	0	0.0	4	6.9	0	0.0
65-69	0	0.0	0	0.0	2	25.0	0	0.0	1	9.1	2	25.0	5	13.9	3	9.4	8	13.8	5	9.4
70-74	0	0.0	0	0.0	2	25.0	0	0.0	2	18.2	1	12.5	3	8.3	3	9.4	7	12.1	4	7.5
75-79	1	33.3	1	12.5	1	12.5	1	20.0	2	18.2	4	50.0	7	19.4	6	18.8	11	19.0	12	22.6
80-84	2	66.7	1	12.5	1	12.5	2	40.0	0	0.0	0	0.0	6	16.7	8	25.0	9	15.5	11	20.8
85+	0	0.0	5	62.5	1	12.5	2	40.0	2	18.2	0	0.0	12	33.3	7	21.9	15	25.9	14	26.4
Total	3	100%	8	100%	8	100%	5	100%	11	100%	8	100%	36	100%	32	100%	58	100%	53	100%

Age at Diagnosis	Borders		D&G		Fife		Lothian	
	M	F	M	F	M	F	M	F
Min	79	52	43	76	58	53	56	36
Max	82	89	85	89	85	77	95	94
Mean	81	81	71	83	71	70	78	75
Median	81	85.5	72	82	70	73	81	79

APPENDICES

Appendix I – Glossary

Adjuvant therapy/ treatment

Additional cancer treatment given after the primary treatment to lower the risk that the cancer will come back. Adjuvant therapy may include chemotherapy, radiation therapy, hormone therapy, targeted therapy or biological therapy.

Audit

The measuring and evaluation of care against best practice with a view to improving current practice and care delivery.

Biopsy

Removal of a sample of tissue from the body to assist in diagnosis of a disease.

Case ascertainment

Number of cases recorded as a proportion of those expected using the average of the most recent available five years reported in the Scottish Cancer Registry.

Case-mix

Population of patients with different prognostic factors.

Chemotherapy

The use of drugs that destroy cancer cells, or prevent or slow their growth.

Chemoradiotherapy

Term used to describe chemotherapy and radiotherapy used in combination. This can be adjuvant, neo-adjuvant or concurrent.

Circumferential resection margins

Margins of tissue surrounding a cancer after it has been removed.

Co-morbidity

The condition of having two or more diseases at the same time

Computed Tomography (CT) scan

An X-ray imaging technique used in diagnosis that can reveal many soft tissue structures not shown by conventional radiography. A computer is used to assimilate multiple X-ray images into a two-dimensional cross-sectional image.

Curative Treatment

Treatment which is given with the aim of curing the cancer.

Diagnosis

The process of identifying disease from its signs and symptoms.

Dietetic

The application of principles of nutrition to the selection of food and feeding

Endoscopy

A procedure which uses an endoscope to examine the inside of the body. An endoscope is a thin, tube like instrument with a light and a lens for viewing. It may also have a tool to remove tissue to be checked under a microscope for signs of disease.

Gastric

Having to do with the stomach

GRO Records

General Register Office Records provide official government information on births, marriages and deaths.

Histology/Histological

The study of cells and tissue on the microscopic level.

Longitudinal

Pertaining to a measurement in the direction of the long axis of an object, body or organ.

Lymph nodes

Small bean shaped organs located along the lymphatic system. Nodes filter bacteria or cancer cells that might travel through the lymphatic system.

Malignant

Cancerous. Malignant cells can invade and destroy nearby tissue and spread to other parts of the body.

MDM

The Multi-Disciplinary Meeting of the MDT. See **MDT**.

MDT: Multi-Disciplinary Team

A multi-professional group of people from different disciplines (both healthcare and non-healthcare) who work together to provide care for patients with a particular condition. The composition of multi-disciplinary teams will vary according to many factors. These include: the specific condition, the scale of the service being provided; and geographical/ socio-economic factors in the local area.

Metastatic disease

Spread of cancer away from the primary site to somewhere else, e.g. via the bloodstream or the lymphatic system.

Mortality

Either (i) the condition of being subject to death; or (ii) the death rate, which reflects the number of deaths per unit of population in any specific region, age group, disease or other classification.

Neo-adjuvant chemotherapy

Drug treatment which is given before the treatment of a primary tumour with the aim of improving the results of surgery and preventing the development of metastases.

Oesophagogastric

Pertaining to the oesophagus and the stomach.

Oesophagus/Oesophageal

The muscular membranous tube for the passage of food from the throat to the stomach; the gullet.

Outcome

The end result of care and treatment and/or rehabilitation. In other words, the change in health, functional ability, symptoms or situation of a person which can be used to measure the effectiveness of care and treatment, and/or rehabilitation.

Palliative care

Palliative care is the active total care of patients and their families by a multi-professional team when the patient's disease is no longer responsive to curative treatment.

Palliative Radiotherapy

When it is not possible to cure a cancer, radiotherapy can be given to alleviate symptoms and improve quality of life. Lower doses are given than for curative or radical radiotherapy and generally over a shorter period of time.

Pathological diagnosis

The microscopic examination (histological or cytological) of the specimen by a pathologist to determine the presence of malignancy and the classification of the malignant tumour.

Primary Tumour

Original site of the cancer. The mass of tumour cells at the original site of abnormal tissue growth.

Radical Radiotherapy

Radiotherapy is given with the aim of destroying cancer cells to attain cure.

Radiotherapy

The use of radiation, usually X-rays or gamma rays, to kill tumour cells.

Resection

Surgical removal of a portion of any part of the body.

R0 Resection

Complete removal of all tumour with microscopic examination of resection margins showing no tumour cells

Staging

The process of determining whether cancer has spread. Staging involves clinical, surgical, radiological and pathological assessment

TNM Classification

TNM classification provides a system for staging the extent of cancer. T refers to the size and position of the primary tumour. N refers to the involvement of the lymph nodes. M refers to the presence or absence of distant metastases.

Treatment intent

The reason for which treatment is given, that is, whether the treatment is intended to cure the disease or to alleviate symptoms.

Tumour

An abnormal mass of tissue. A tumour may be either benign (not cancerous) or malignant. Also known as a neoplasm

Appendix II – National Action Points 2013

QPI	Action required	Person responsible for action	Date for update	Progress
QPI 1	All boards agreed to undertake targeted audit to investigate the reasons why patients were not diagnosed at the time of initial endoscopy, to identify whether appropriate biopsy protocols were used and to evaluate any delays in diagnosis.	Mr P Lamb (SCAN) Mr M Forshaw (WoSCAN) Mr S Shimi (NoSCAN)	Upper GI National Meeting November 2015	
QPI 4	All boards have agreed to undertake targeted audit to evaluate whether all patients require a formal dietetic assessment or whether a nutritional screening tool could help to identify those requiring formal dietetic assessment. The results of this audit can be used to inform future discussions on the revision of this QPI.	Mr P Lamb (SCAN) Mr M Forshaw (WoSCAN) Mr S Shimi (NoSCAN)	Upper GI National Meeting November 2015	
QPI 6	It was agreed that data from the past three years should be obtained and further analysis undertaken regarding post-operative mortality across the networks. Given the evidence from the UK and United States for improved outcomes in high volume units each Network should review where surgery is performed.	Mr P Lamb (SCAN) Mr M Forshaw (WoSCAN) Mr S Shimi (NoSCAN)	Upper GI National Meeting November 2015	
QPI 10	It was noted that there is a variation across the Networks in the type of curative treatment used for Oesophageal cancer. The Networks have agreed to undertake targeted audit, to be presented at the next national meeting, to identify the reasons for this variance and any differences in outcome to ensure equity of care across Scotland.	Mr P Lamb (SCAN) Mr M Forshaw (WoSCAN) Mr S Shimi (NoSCAN)	Upper GI National Meeting November 2015	