

SOUTH EAST SCOTLAND CANCER NETWORK PROSPECTIVE CANCER AUDIT

OESOPHAGO-GASTRIC CANCER 2015

COMPARATIVE AUDIT REPORT

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Patients diagnosed 1 January 2015 – 31 December 2015

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DOCUMENT HISTORY

Version	Circulation	Date	Comments
Version 1	SCAN Upper GI Group	19 th August 2015	
Version 2	SCAN Upper GI Group meeting	26 th August 2016	Actions identified. Lead clinician's commentary added
Version 3	Final report circulated to SCAN Upper GI Group and Clinical Governance Groups	20 th October 2016	
Version 3W	Final report added to the SCAN website	February 2017	

OESOPHAGO-GASTRIC CANCER 2015 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 national Quality Performance Indicators (QPI) provide accurate audit data to identify areas for future service development. This report sets out the data for patients diagnosed with oesophago-gastric cancer in 2015 in the SCAN region and will be presented at the National Oesophago-Gastric Cancer Network Meeting on 4 November 2016.

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 individual QPIs for the current formal review process.

I would like to thank Joanne Smith (Lothian 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 2014

QPI	Action required	Lead	Progress at Board Level
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 Dr Church	The Lothian data was below other boards and was presented at the National OG Network Meeting November 2015 to disseminate learning points. Dr Church is disseminating through medical GI service as NHS Lothian Endoscopy Lead. Protocols are now in place.
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 cases were reviewed and there was no evidence of missed treatment opportunities. Mr Lamb has circulated to medical GI teams to encourage referral to MDT even for cases where no active treatment anticipated.
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 Dr Fletcher	The RIE MDT including Lothian, Fife and Borders has improved with TRAK MDT system. Mechanisms for rapid and accurate sharing of MDT outcomes are now in place with Boards outside Lothian.
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 Dr Fletcher Mr Apollos Mr Driscoll Dietetic Teams	A National Dietetics Quality Short life working group has been formed by all Scottish networks to address this issue with a deadline of a draft proposal August 2016 prior to the formal QPI review process.
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 Mr Apollos Mr Driscoll	At National meeting November 2015 it was noted by external assessor that the units performing higher volume had good results. In SCAN all oesophageal surgery is now at RIE. With changes in personnel and volume RIE also performs total gastrectomy and GOJ work for Fife, complex cases from Dumfries, and all Gastric work for Borders. All cases in SCAN will now be discussed through SCAN-wide MDT.
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 Mr Apollos Mr Driscoll	Results were reviewed at National Meeting and were difficult to interpret due to inclusion of both curative and palliative resections. QPI will be reviewed in formal review process.

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 Lothian surgical team.	The higher rate of positive resection margins in SCAN is due to oesophagectomy circumferential margins <1mm rather than at margin. Pathology team have reviewed practice with other networks. The external assessor at National meeting Prof Griffin felt the importance of this was not clear
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	The new SCAN wide MDT should ensure that there is equity of care throughout SCAN region. Increase in curative treatment rates requires earlier diagnosis. Strategies for this were discussed at National meeting.
Clinical Trials	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	Dr Wall and Mr Skipworth are now nominated clinical trials champions for SCAN (liaising with other Networks). To ensure distribution of information about trials throughout scan and ensure appropriate registration and recognition. Recent entry into a major multicentre RCT (NeoAEGIS)

SCAN ACTION POINTS 2015

QPI	Action required	Person responsible for action	Date for update
QPI 4	The MDM chair should articulate the stage and intent with a verbal summary at the MDM.	Peter Lamb	16/11/2016
QPI 6	Fife to review individual cases	Peter Driscoll	16/11/2016
Clinical Trials QPI	Potential new interventional trial protocols are to be circulated for consideration in SCAN.	Lucy Wall Richard Skipworth	16/11/2016

OG QPI Attainment Summary 2013 – 2015 (Board of diagnosis)			Borders			D&G			Fife			Lothian			SCAN		
	Target %	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	
QPI 1: Endoscopy - Histological diagnosis made following initial endoscopy and biopsy	Oesophageal	90	88.5	96.7	81.8	90.6	94.1	87.9	91.2	96.7	91.4	78.9	85.7	94.1	84.2	90.4	91.7
	Gastric	90	76.9	81.8	100	66.7	100	66.7	93.9	84.2	80.0	75.0	72.7	84.9	79.4	78.7	83.3
QPI 2: Radiological Staging - Contrast enhanced CT	Oesophageal	90	80.8	96.7	100	100	94.1	100	95.6	100	95.8	95.4	98.7	96.2	94.6	98.2	96.8
	Gastric	90	92.3	100	100	84.6	92.3	100	94.1	100	100	93.2	94.1	94.7	92.5	95.5	96.8
QPI 3: MDT before definitive treatment	Oesophageal	95	-	90.0	95.2	-	97.1	97.0	-	98.4	94.3	-	94.5	95.5	-	95.2	95.4
	Gastric	95	-	100	75.0	-	84.6	88.9	-	100	100	-	88.2	83.6	-	91.0	87.0
QPI 4: TNM Staging & Treatment Intent recorded at MDT prior to treatment	Oesophageal	95	53.8	80.0	90.9	60.6	76.5	84.8	97.1	95.2	93.1	84.9	92.7	91.0	82.1	89.9	90.8
	Gastric	95	46.2	54.5	75.0	38.5	53.8	55.6	88.2	100	85.7	67.6	88.2	64.9	67.9	82.9	69.5
QPI 5: Nutritional Assessment. Referral to a dietician within 4 weeks of diagnosis	Oesophageal	85	50.0	80.0	95.5	51.5	58.8	60.6	57.4	42.9	52.8	41.4	34.7	43.6	47.3	44.4	51.9
	Gastric	85	46.2	72.7	62.5	23.1	38.5	55.6	61.8	52.6	42.9	28.4	32.4	31.6	38.1	40.5	38.9
QPI 6: Appropriate Selection. Neo-Adjuvant chemotherapy followed by surgical resection	Oesophageal	80	100	80.0	100	100	75.0	100	75.0	90.0	63.6	83.3	95.2	78.9	86.4	90.0	77.8
	Gastric	80	-	-	100	100	-	-	100	66.7	100	100	100	100	100	100	83.3
QPI 7(i): 30 Day Mortality Following Surgery	Oesophageal	<10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	3.8	1.7	0.0	2.0
	Gastric	<10	0.0	0.0	0.0	0.0	25.0	0.0	0.0	16.7	0.0	5.0	5.9	0.0	3.2	10.7	0.0
QPI 7(ii): 90 Day Mortality Following Surgery	Oesophageal	<10	14.3	14.3	0.0	0.0	16.7	14.3	0.0	0.0	0.0	3.0	0.0	7.7	3.3	3.5	6.1
	Gastric	<10	0.0	0.0	0.0	0.0	25.0	0.0	20.0	16.7	0.0	5.0	11.8	5.6	6.5	14.3	3.4
QPI 8: Lymph Node Yield curative resection where ≥15 lymph nodes are resected and examined	Gastric	80	0.0	100	100	75.0	75.0	50.0	100	50.0	83.3	75.0	70.6	44.4	74.2	67.9	58.6
QPI 9: Hospital Stay. Discharge within 21 days of surgical procedure	Oesophageal	60	57.1	66.7	80.0	70.0	55.6	100	80.0	69.2	93.3	66.7	68.8	93.9	68.3	66.7	93.5
	Gastric	60	100	100	75.0	100	100	100	80.0	100	100	85.0	77.8	94.9	87.1	86.2	93.1
QPI 10i: Gastric resection margins. Circumferential & longitudinal clear		70	42.9	28.6	20.0	50.0	83.3	50.0	90.0	61.5	45.5	48.5	51.6	50.0	55.0	54.4	46.0
QPI 10ii: Gastric resection margins. Longitudinal clear		90	100	100	66.7	100	100	100	100	100	100	80.0	64.7	83.3	87.1	78.6	86.2
QPI 11: Curative Treatment Rates	Oesophageal	35	26.9	30.0	22.7	33.3	29.4	27.3	29.4	23.8	20.8	29.6	24.7	26.9	29.7	25.6	25.1
	Gastric	35	15.4	9.1	37.5	30.8	30.8	22.2	14.7	31.6	28.6	27.0	25.0	31.6	23.1	25.2	30.5
QPI 12: 30 day Mortality after Oncological Treatment	Oesophageal Curative Chemoradiotherapy	<10	-	0.0	-	0.0	0.0	-	0.0	-	-	0.0	0.0	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	0.0	0.0	0.0	0.0	0.0
	Gastric Curative Chemoradiotherapy	<10	-	-	-	0.0	-	-	0.0	-	-	-	-	-	0.0	-	-
	Gastric Peri-operative Chemotherapy	<10	-	-	0.0	0.0	-	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Oesophageal Palliative Chemotherapy	<20	0.0	0.0	0.0	11.1	0.0	0.0	0.0	14.3	18.2	6.5	8.3	0.0	5.6	6.7	4.9
	Oesophageal Palliative Radiotherapy	<20	0.0	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.2	0.0	0.0	1.9	0.0	0.0
	Gastric Palliative Chemotherapy	<20	0.0	0.0	0.0	-	0.0	0.0	0.0	0.0	0.0	8.3	11.1	0.0	6.7	7.7	0.0
Gastric Palliative Radiotherapy	<20	-	-	-	-	0.0	-	0.0	-	0.0	0.0	-	50.0	0.0	0.0	40.0	
Clinical Trial Access QPI	OG Patients enrolled in Interventional Clinical Trials	7.5	-	0.0	0.0	-	2.4	0.0	-	5.0	0.0	-	5.1	0.0	-	4.3	0.0
	OG Patients enrolled in Translational Research	15	-	0.0	15.4	-	0.0	18.6	-	0.0	11.0	-	2.8	16.5	-	1.5	15.3

INTRODUCTION AND METHODS

Cohort

This report covers patients diagnosed with an Oesophageal or Gastric cancer from 01.01.2015 – 31.12.2015. The results contained within this report have been presented by NHS board of diagnosis, where the QPI relates to surgical outcomes the results will also be 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 third 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 26th August 2016
- The final draft of the regional report was circulated to members of the SCAN Upper GI Group on
- Data was submitted to ISD on
- Collated results for all health boards in Scotland were presented at the Upper GI National Meeting on 20th November 2015

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 2010 to 2014. 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 01.01.2015 – 31.12.2015

Tumour Site	Borders		D&G		Fife		Lothian		SCAN	
	n	%	n	%	n	%	n	%	n	%
Oesophageal Cancer	22	73.3	33	78.6	72	77.4	156	73.2	283	74.9
Gastric Cancer	8	26.7	9	21.4	21	22.6	57	26.8	95	25.1
Total Upper GI Cancers	30	100%	42	100%	93	100%	213	100%	378	100%

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
Number of cases from audit	30	42	93	213	348
Cases from Cancer Registry (2010-2014)	39	43	100	218	361
Case Ascertainment	76.9	97.7	93.0	97.7	96.4

Source: Scottish Cancer Registry, ISD. Data extracted from ACaDMe 15.07.2016

Note: Case ascertainment is reported by board of diagnosis and has been estimated using a denominator based on the latest (2010-2014) 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

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	0	0	2	4	6
Numerator	18	29	64	143	254
Not recorded for numerator	0	0	0	0	0
Denominator	22	33	70	152	277
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	81.8	87.9	91.4	94.1	91.7

Borders: The target was not met showing a shortfall of 8.2% (4 cases) all had negative pathology at initial endoscopy.

D&G: The target was not met showing a shortfall of 2.1% (4 cases). 3 patients had histological diagnosis at subsequent endoscopy and 1 patient was diagnosed elsewhere with no further information available.

Gastric cancer

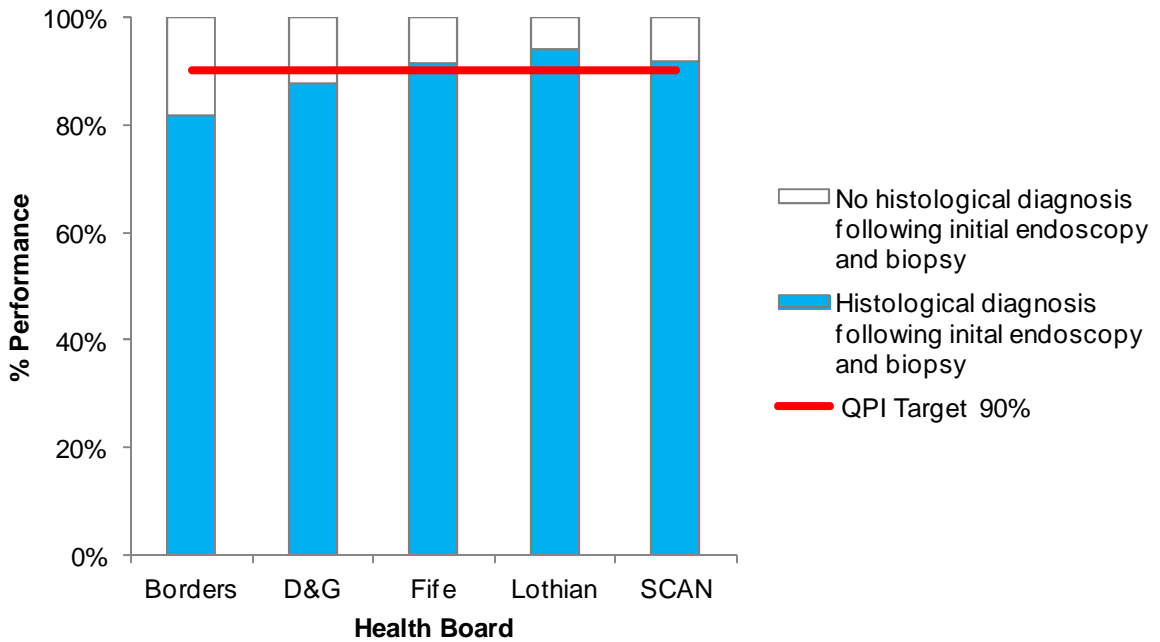
Target 90%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	0	0	1	4	5
Numerator	8	6	16	45	75
Not recorded for numerator	0	0	0	0	0
Denominator	8	9	20	53	90
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	66.7	80.0	84.9	83.3

D&G: The target was not met showing a shortfall of 33.3% (3 cases). All 3 had histological diagnosis at subsequent endoscopy

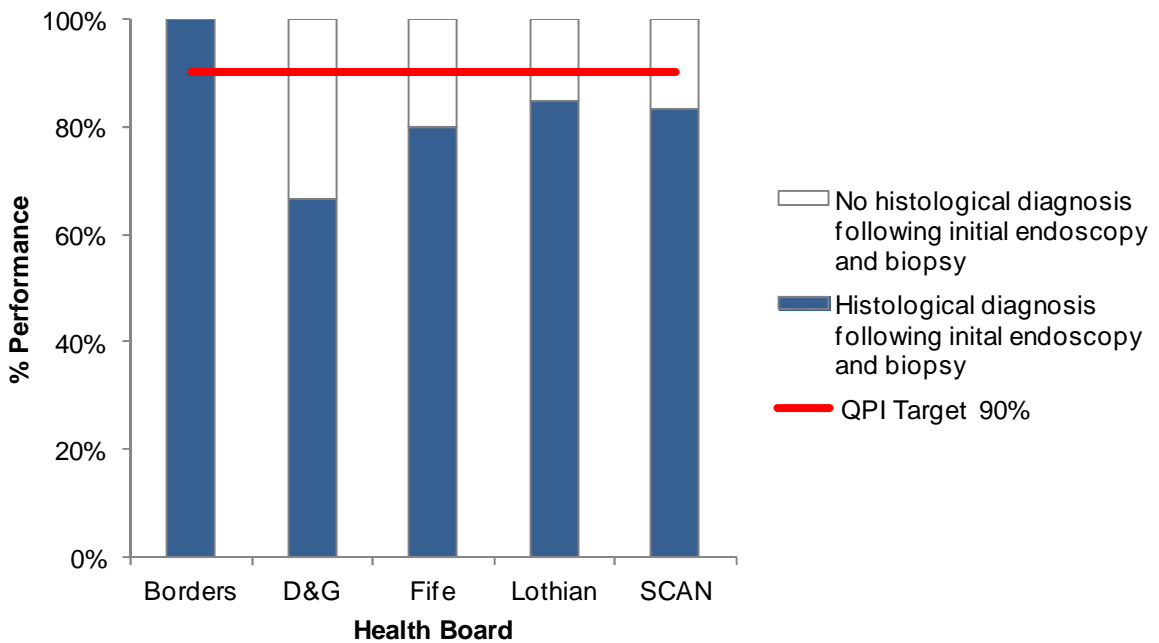
Fife: The target was not met showing a shortfall of 20% (4 cases), 3 had histological diagnosis at subsequent endoscopy. 1 had no histological diagnosis. One patient was ineligible with no endoscopy performed.

Lothian: The target was not met showing a shortfall of 16.1% (8 cases). All 8 did not have histological diagnosis at initial endoscopy. No patients waited longer than 8 weeks for subsequent endoscopy and biopsy. 4 patients were ineligible with no endoscopy performed.

QPI 1 - Endoscopy
Oesophageal Cancer 2015



QPI 1 - Endoscopy
Gastric Cancer 2015



Comment:

Definite progress has been shown since the introduction of new protocols at the end of 2015. No further action is required at this stage.

QPI 2 – Radiological Staging

Target = 90%

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

Denominator = All patients with an oesophageal or gastric cancer diagnosis

Exclusions = No exclusions

Oesophageal cancer

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	0	0	0	0	0
Numerator	22	33	69	150	274
Not recorded for numerator	0	0	0	0	0
Denominator	22	33	72	156	283
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	95.8	96.2	96.8

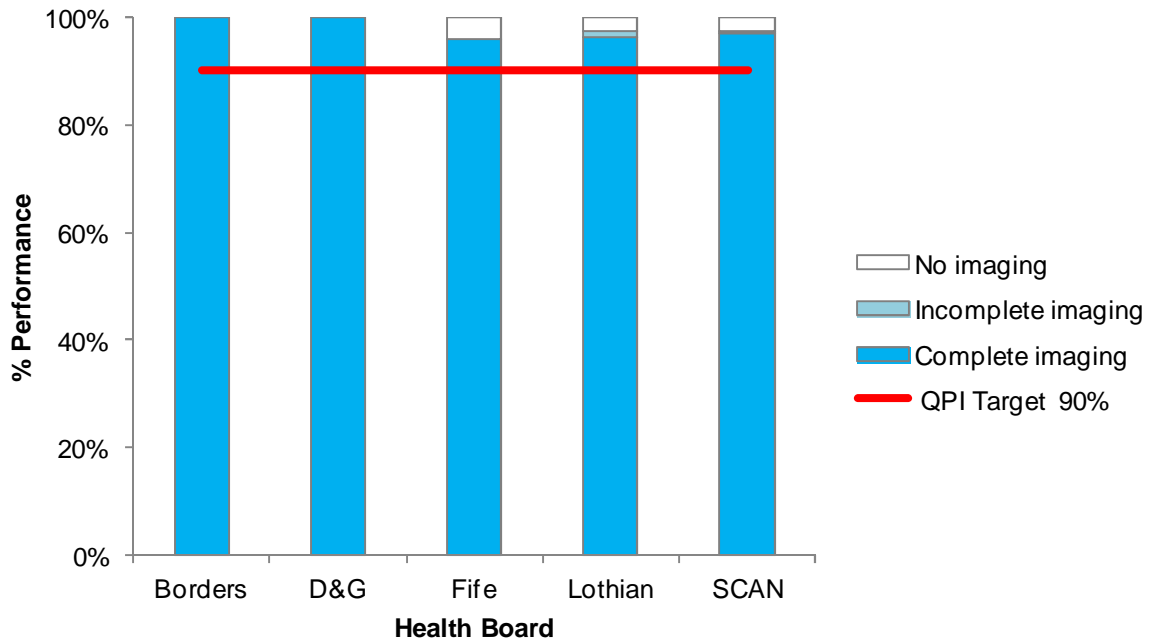
The target was met by all Boards

Gastric cancer

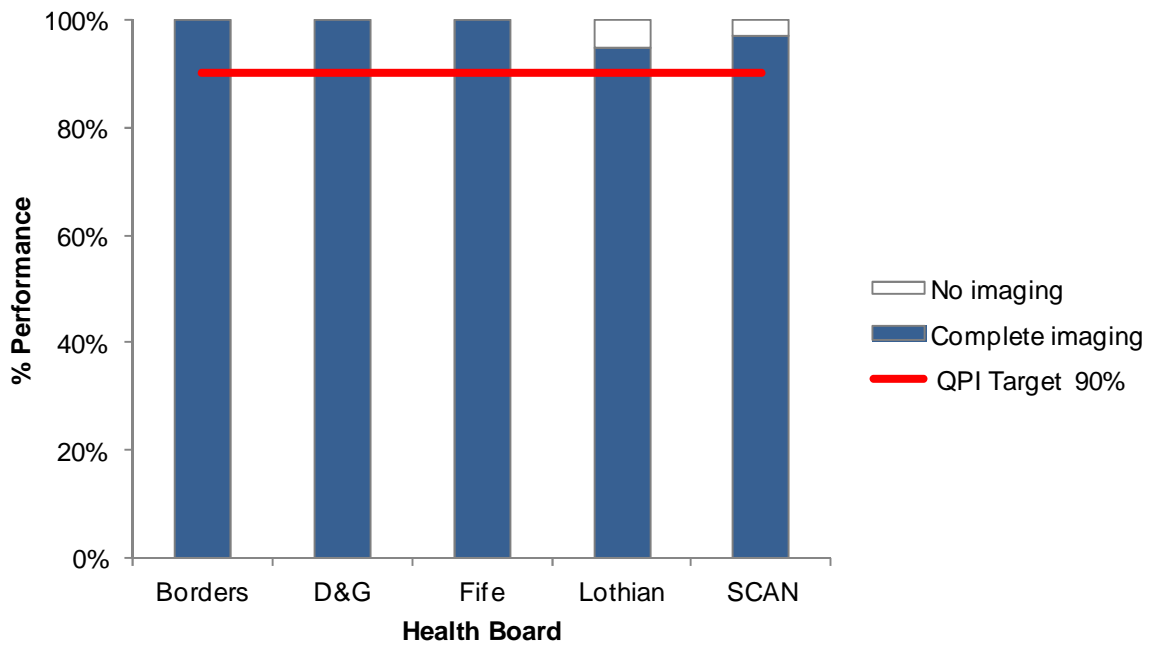
Target 90%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	0	0	0	0	0
Numerator	8	9	21	54	92
Not recorded for numerator	0	0	0	0	0
Denominator	8	9	21	57	95
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	100.0	94.7	96.8

The target was met by all Boards

QPI 2 - Radiological Staging
Oesophageal Cancer 2015



QPI 2 - Radiological Staging
Gastric Cancer 2015



Comment:

This target was met by all Health Boards.

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

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	1	0	2	0	3
Numerator	20	32	66	149	267
Not recorded for numerator	0	0	0	0	0
Denominator	21	33	70	156	280
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	95.2	97.0	94.3	95.5	95.4

Fife: The target was not met showing a shortfall of 0.7% (4 cases). 3 had treatment prior to discussion and one was not discussed at MDT. All patients were managed appropriately.

Gastric cancer

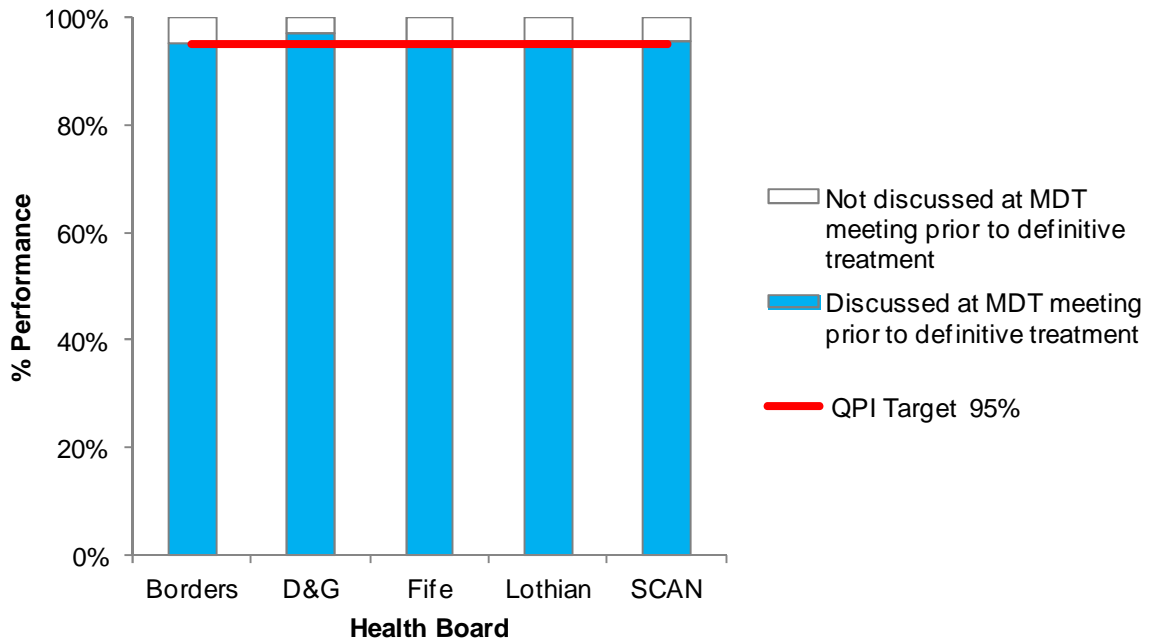
Target 95%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	0	0	1	2	3
Numerator	6	8	20	46	80
Not recorded for numerator	0	0	0	0	0
Denominator	8	9	20	55	92
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	75.0	88.9	100.0	83.6	87.0

Borders: The target was not met showing a shortfall of 5% (2 cases). Both patients were managed appropriately and were not discussed for valid clinical reasons.

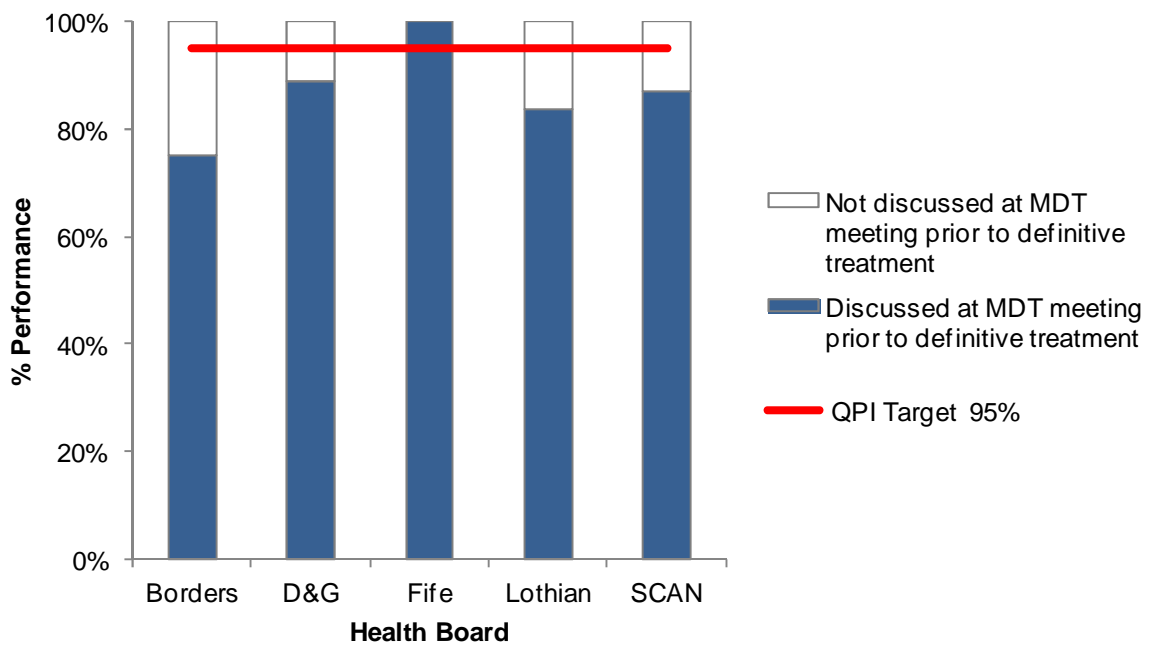
D&G: The target was not met showing a shortfall of 11.1% (1 case). The patient was managed appropriately and was not discussed for valid clinical reasons.

Lothian: The target was not met showing a shortfall of 4.4% (9 cases). 6 were discussed after initial treatment and 3 patients not discussed at MDT were frail and died rapidly. All patients were managed appropriately.

QPI 3 - Multi-Disciplinary Team Meeting
Oesophageal Cancer 2015



QPI 3 - Multi-Disciplinary Team Meeting
Gastric Cancer 2015



Comment:

All patients were treated appropriately and no action is required

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

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	28	72	156	278
Ineligible for this QPI	0	0	0	0	0
Numerator	20	28	67	142	257
Not recorded for numerator	0	0	0	0	0
Denominator	22	33	72	156	283
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	90.9	84.8	93.1	91.0	90.8

Borders: The target was not met showing a shortfall of 4.1% (2 cases). 1 patient refused treatment and 1 was not referred to MDT

D&G: The target was not met showing a shortfall of 10.2% (5 cases). 4 had incompletely documented staging 1 and 1 had no intent recorded.

Fife: The target was not met showing a shortfall of 1.9% (5 cases). 2 patients did not have CT, 2 did not have TNM staging recorded at MDT and 1 was not discussed at MDT.

Lothian: The target was not met showing a shortfall of 4% (14 cases) 5 had no treatment intent recorded, 5 had no staging recorded and 4 were not discussed at MDT and therefore had neither recorded.

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

Staging recorded (regardless of treatment intent being recorded)

Target 95%	Borders	D&G	Fife	Lothian	SCAN
Numerator	20	30	70	147	267
Not recorded for numerator	0	0	0	0	0
Denominator	22	33	72	156	283
% Performance	90.9	90.9	97.2	94.2	94.3

Treatment Intent recorded (regardless of staging being recorded)

Target 95%	Borders	D&G	Fife	Lothian	SCAN
Numerator	20	31	67	147	265
Not recorded for numerator	0	0	0	0	0
Denominator	22	33	72	156	283
% Performance	90.9	93.9	93.1	94.2	93.6

Gastric cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	0	0	0	0	0
Numerator	6	5	18	37	66
Not recorded for numerator	0	0	0	0	0
Denominator	8	9	21	57	95
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	75.0	55.6	85.7	64.9	69.5

Borders: The target was not met showing a shortfall of 20% (2 cases). Both had valid clinical reasons for incomplete staging.

D&G: The target was not met showing a shortfall of 39.4% (4 cases). 3 had incomplete staging, 1 had valid clinical reasons for incomplete staging.

Fife: The target was not met showing a shortfall of 9.3% (3 cases). 2 patients had incomplete staging and there were valid clinical reasons why 1 patient had incomplete staging.

Lothian: The target was not met showing a shortfall of 30.1% (20 cases). 9 did not have TNM recorded, 7 did not have treatment intent recorded and 4 were not discussed at MDT therefore no staging or treatment intent were recorded.

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

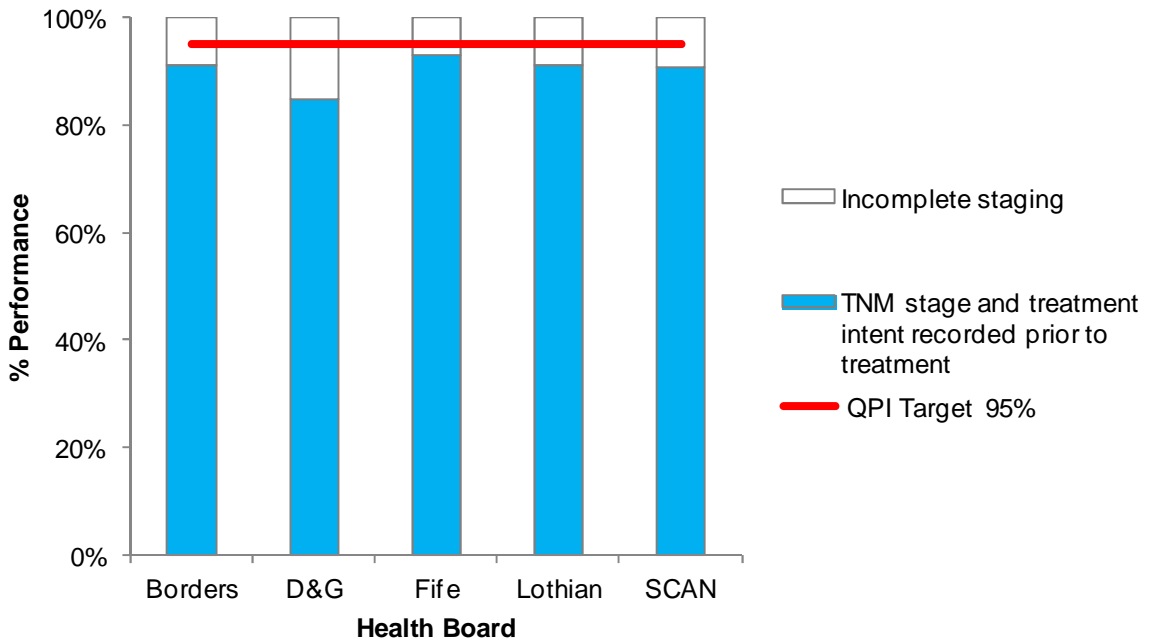
Staging recorded (regardless of treatment intent being recorded)

Target 95%	Borders	D&G	Fife	Lothian	SCAN
Numerator	6	5	18	46	75
Not recorded for numerator	0	0	0	0	0
Denominator	8	9	21	57	95
% Performance	75.0	55.6	85.7	80.7	78.9

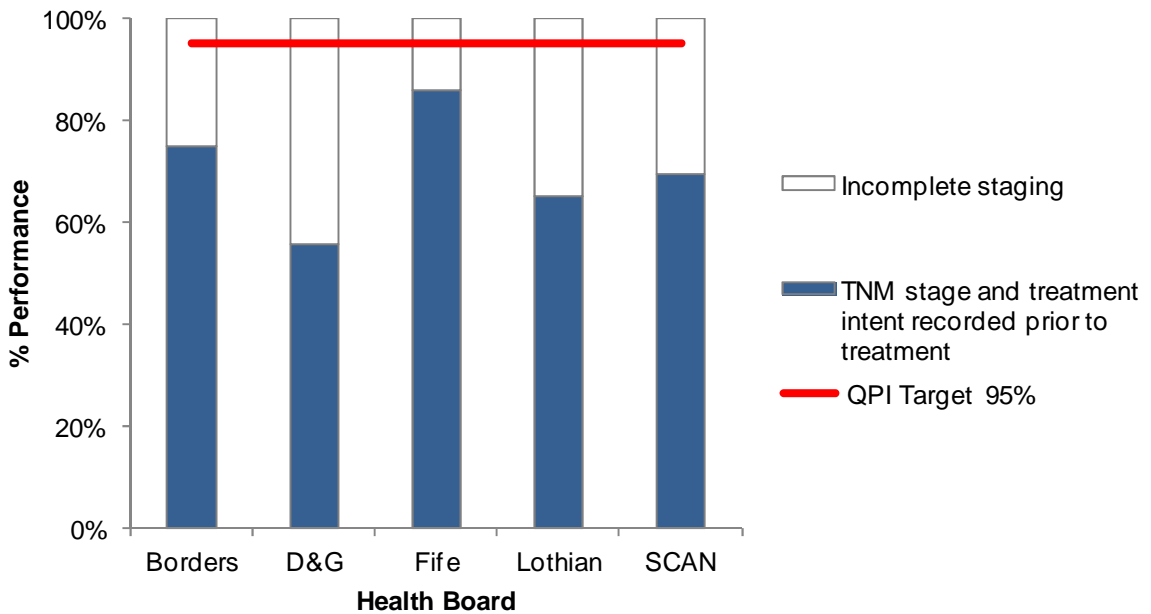
Treatment Intent recorded (regardless of staging being recorded)

Target 95%	Borders	D&G	Fife	Lothian	SCAN
Numerator	6	7	20	46	79
Not recorded for numerator	0	0	0	0	0
Denominator	8	9	21	57	95
% Performance	75.0	77.8	95.2	80.7	83.2

QPI 4 - Staging and Treatment Intent
Oesophageal Cancer 2015



QPI 4 - Staging and Treatment Intent
Gastric Cancer 2015



Comment:

It should be noted that this QPI reflects practice at the SCAN MDM.

Action: The MDM chair should articulate the stage and intent with a verbal summary at the MDM.

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

Target 85%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	3	72	156	253
Ineligible for this QPI	0	0	0	0	0
Numerator	21	20	38	68	147
Not recorded for numerator	0	1	7	0	8
Denominator	22	33	72	156	283
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	95.5	60.6	52.8	43.6	51.9

D&G: The target was not met showing a shortfall of 24.4% (13 cases). 8 patients were referred outwith the QPI timescale (range 30-89 days), 4 patients were not referred to dietician and 1 was not recorded.

Fife: The target was not met showing a shortfall of 24.4% (27 cases). 19 patients were referred more than 28 days from diagnosis and 8 patients were not referred, 7 patients were not recorded.

Lothian: The target was not met showing a shortfall of 41.4% (88 cases). 52 were referred more than 28 days from diagnosis and 36 were not referred.

Gastric cancer

Target 85%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	0	0	0	0	0
Numerator	5	5	9	18	37
Not recorded for numerator	2	0	2	0	4
Denominator	8	9	21	57	95
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	62.5	55.6	42.9	31.6	38.9

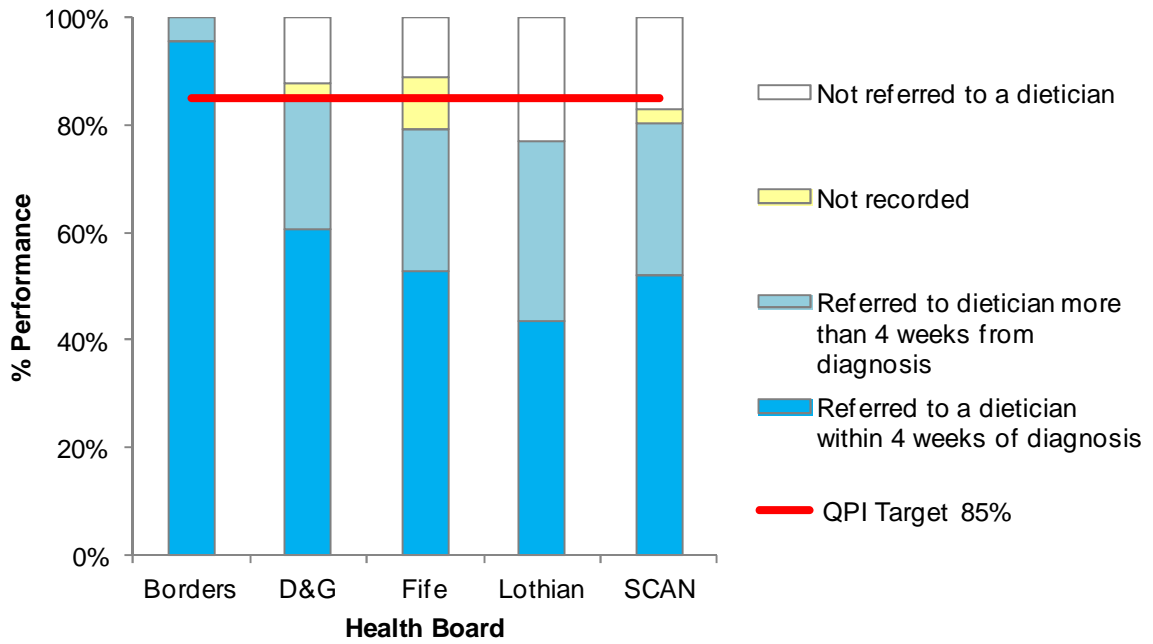
Borders: The target was not met showing a shortfall of 22.5% (3 cases). 2 patients did not have the referral date to dietician recorded and 1 was referred more than 28 days from diagnosis

D&G: The target was not met showing a shortfall of 29.4% (4 cases). 3 patients were referred more than 28 days from diagnosis (range 29-51 days). 1 patient was not referred.

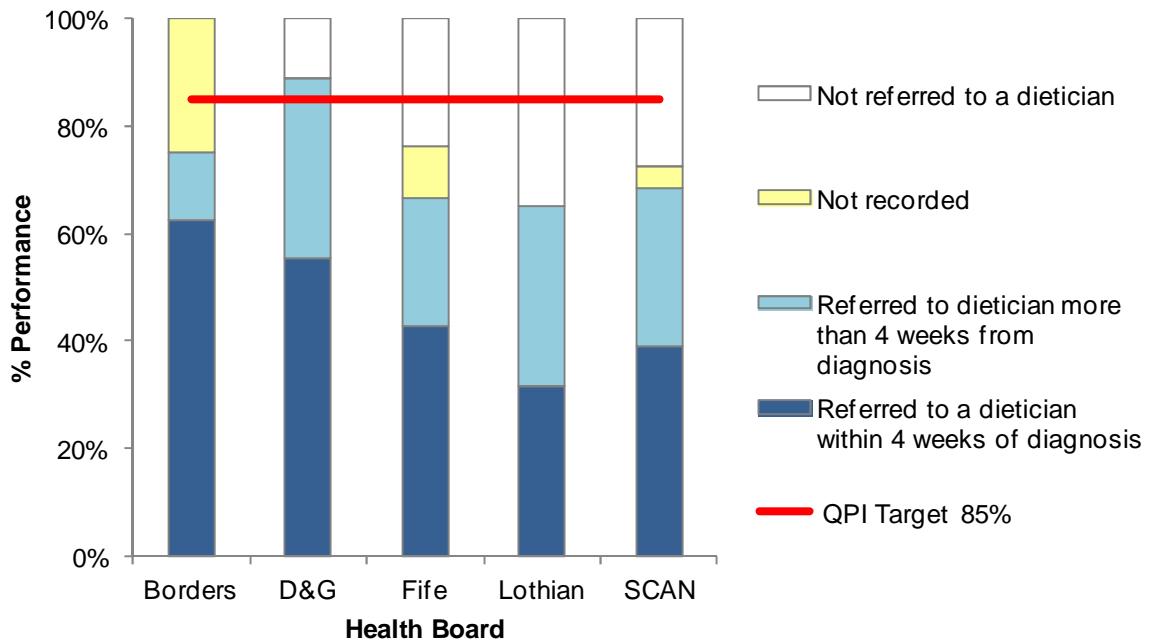
Fife: The target was not met showing a shortfall of 42.1% (10 cases). 5 patients were referred more than 28 days from diagnosis, 5 were not referred and 2 were not recorded.

Lothian: The target was not met showing a shortfall of 53.4% (39 cases). 20 were not referred and 19 were referred more than 28 days from diagnosis.

**QPI 5 - Nutritional Assessment
Oesophageal Cancer 2015**



**QPI 5 - Nutritional Assessment
Gastric Cancer 2015**



Comment:

This QPI is to be revised at the forthcoming formal review. No action is required.

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

Target 80%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	20	29	61	137	247
Numerator	2	4	7	15	28
Not recorded for numerator	0	0	0	0	0
Denominator	2	4	11	19	36
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	63.6	78.9	77.8

Fife: The target was not met showing a shortfall of 16.4% (4 cases). All had disease progression on chemotherapy.

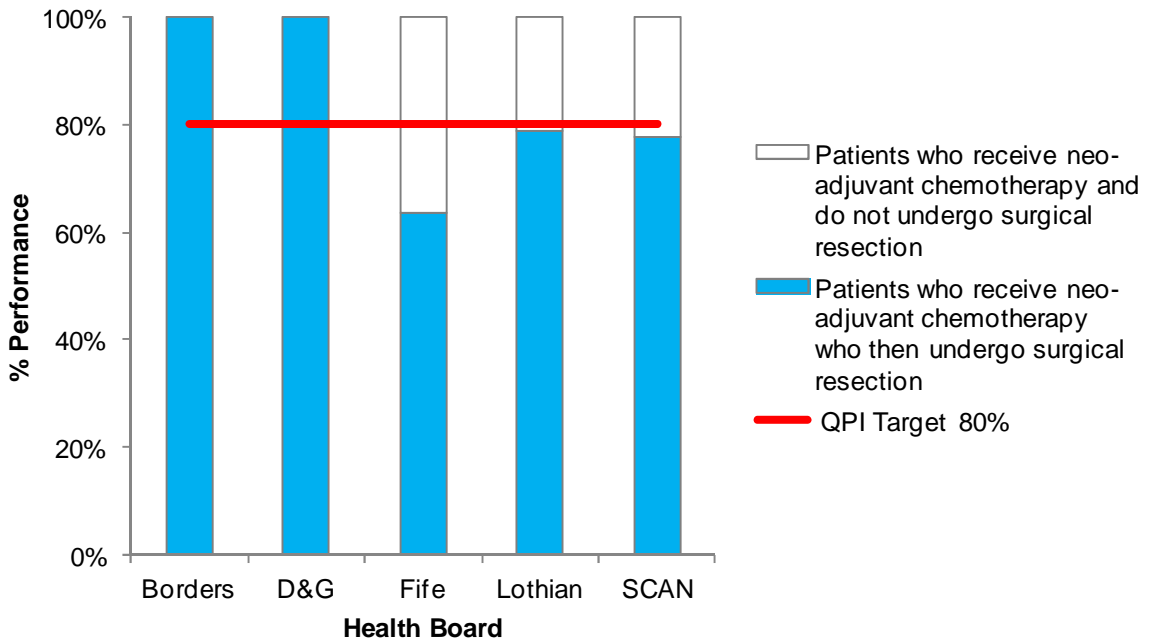
Lothian: The target was not met showing a shortfall of 1.1% (4 cases). 3 had disease progression on chemotherapy. 1 patient declined surgery.

Gastric cancer

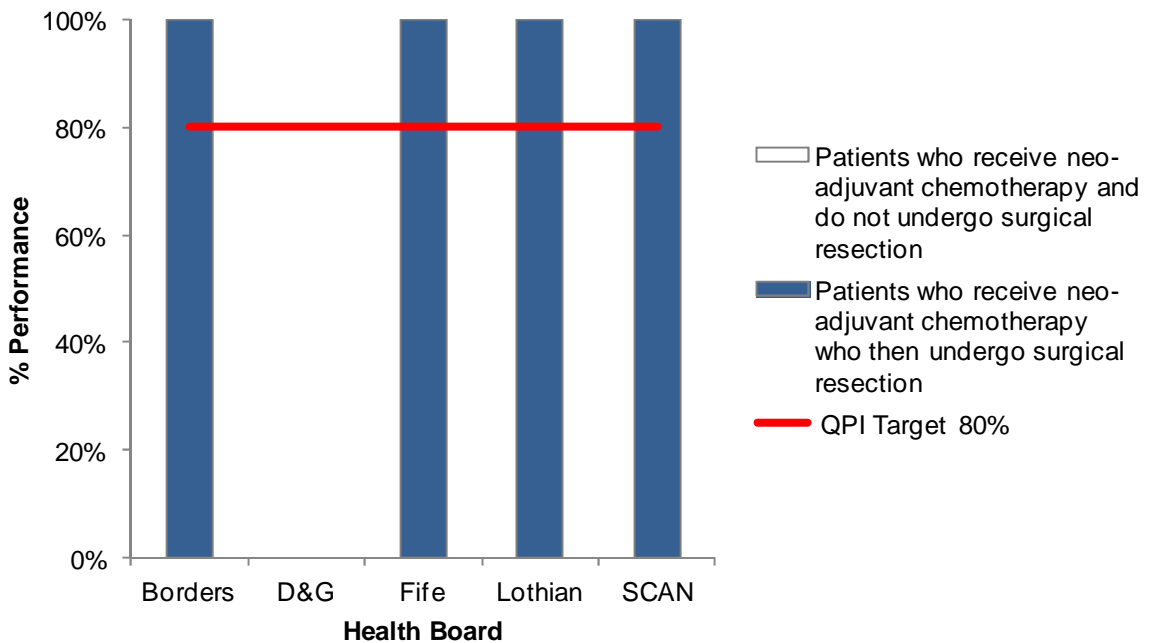
Target 80%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	6	9	20	55	90
Numerator	2	0	1	2	5
Not recorded for numerator	0	0	0	0	0
Denominator	2	0	1	2	5
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	N/A	100.0	100.0	100.0

The target was met by all Boards

QPI 6 - Appropriate Selection of Surgical Patients
Oesophageal Cancer 2015



QPI 6 - Appropriate Selection of Surgical Patients
Gastric Cancer 2015



Comment:

All surgical cases have been reviewed in Lothian and the patients were treated appropriately. Fife cases require review.

Action: Fife to review individual cases

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

Target <10%	RIE	SCAN
2015 Cohort	283	283
Ineligible for this QPI	234	234
Numerator	1	1
Not recorded for numerator	0	0
Denominator	49	49
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	2.0	2.0

90 Day Mortality

Target <10%	RIE	SCAN
2015 Cohort	283	283
Ineligible for this QPI	234	234
Numerator	3	3
Not recorded for numerator	0	0
Denominator	49	49
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	6.1	6.1

The minimum target was met.

Of the 3 patients who died, 1 had extensive recurrent disease and suffered a cardiac event, 1 died 21 days post op and 1 died 52 days post op.

One patient was not included in the analysis as was only 28 days post op at time of analysis.

Gastric cancer – Hospital of Surgery

30 Day Mortality

Target <10%	DRI	RIE	VHK	SCAN
2015 Cohort	9	65	21	95
Ineligible for this QPI	7	44	15	66
Numerator	0	0	0	0
Not recorded for numerator	0	0	0	0
Denominator	2	25	2	29
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	0.0	0.0	0.0	0.0

90 Day Mortality

Target <10%	DRI	RIE	VHK	SCAN
2015 Cohort	9	65	21	95
Ineligible for this QPI	7	44	15	66
Numerator	0	1	0	1
Not recorded for numerator	0	0	0	0
Denominator	2	25	2	29
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	0.0	4.0	0.0	3.4

The minimum target was met.

One patient died at 57 days post op.

Comment:

All deaths have been reviewed. The results are very good for both oesophageal and gastric cancers.

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

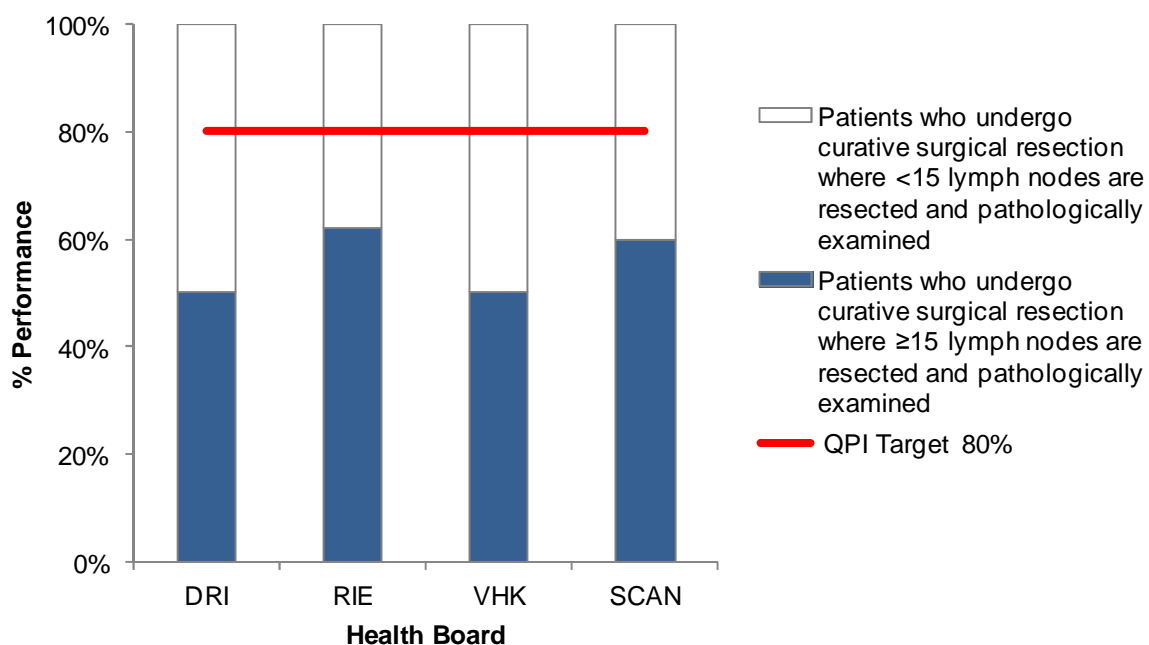
Gastric cancer – Health board of diagnosis

Target 80%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	5	7	15	39	66
Numerator	3	1	5	8	17
Not recorded for numerator	0	0	0	0	0
Denominator	3	2	6	18	29
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	50.0	83.3	44.4	58.6

Gastric cancer – Hospital of surgery

Target 80%	DRI	RIE	VHK	SCAN
2015 Cohort	9	65	21	95
Ineligible for this QPI	7	44	15	66
Numerator	1	15	1	17
Not recorded for numerator	0	0	0	0
Denominator	2	25	2	29
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	50.0	60.0	50.0	58.6

QPI 8 - Lymph Node Yield Gastric Cancer 2015



Comment:

All individual cases have been reviewed and no action has been identified.

It is noted that this QPI may include some palliative surgical cases and should be revised at the forthcoming formal review. The intent of surgery should be included in the calculation to exclude such cases.

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

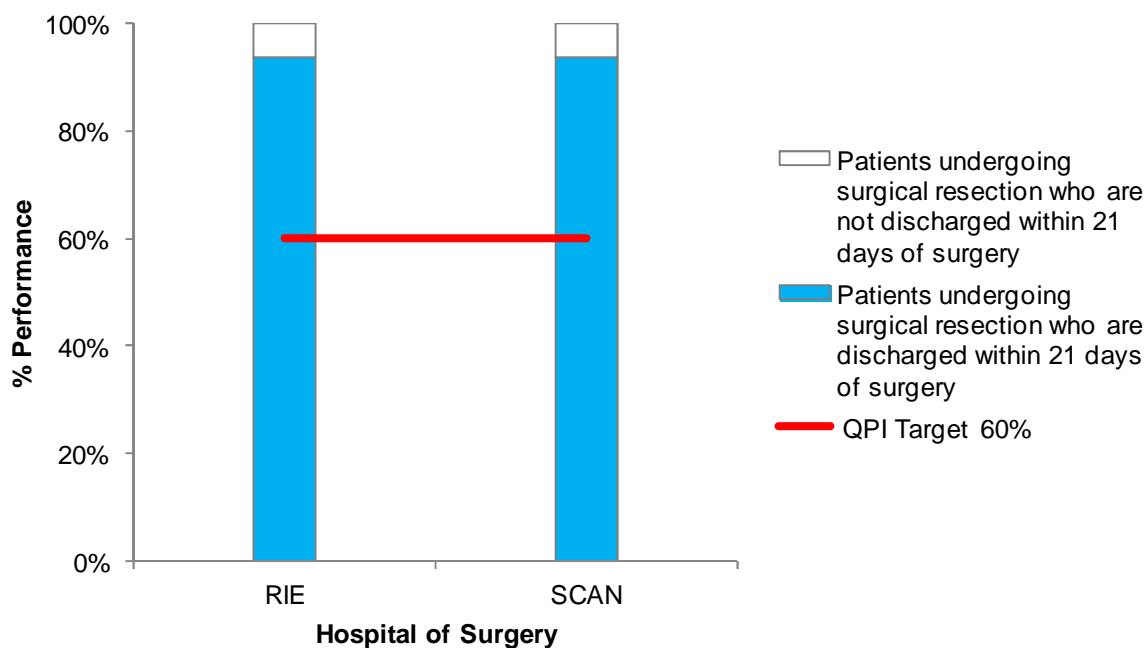
Target 60%	Borders	D&G	Fife	Lothian	SCAN
Numerator	4	9	14	31	58
Not recorded for numerator	0	0	0	0	0
Denominator	5	9	15	33	62
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	80.0	100	93.3	93.9	93.5

Oesophageal cancer – Hospital of surgery

Target 60%	RIE	SCAN
Numerator	58	58
Not recorded for numerator	0	0
Denominator	62	62
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	93.5	93.5

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 Oesophageal Cancer 2015



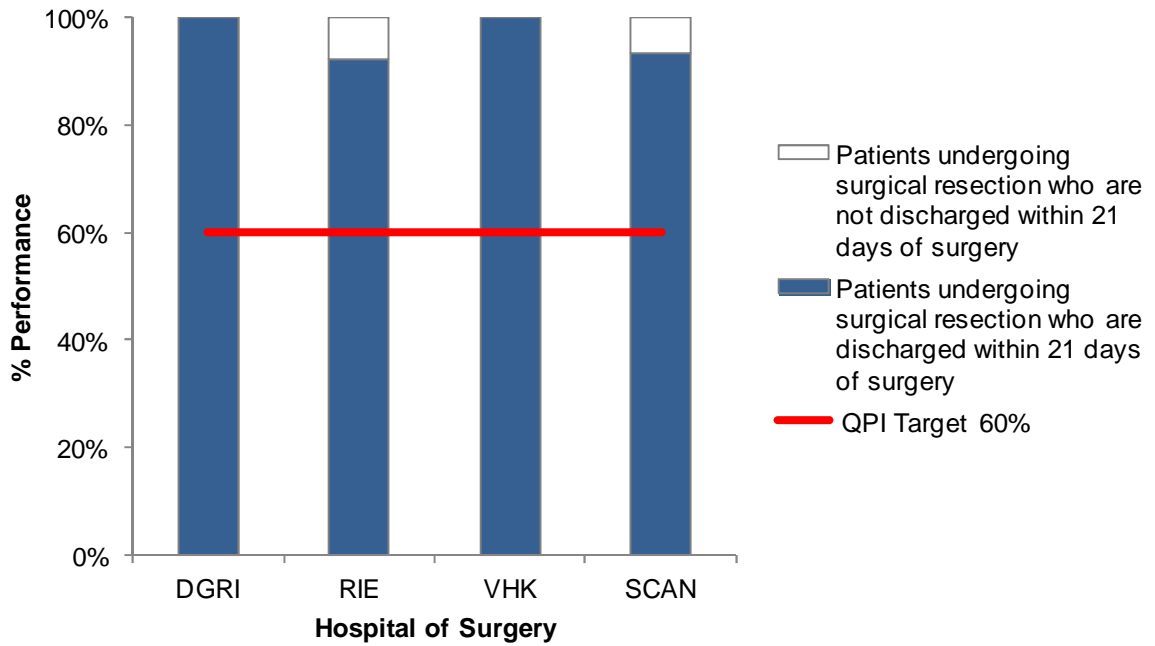
Gastric cancer – Health board of diagnosis

Target 60%	Borders	D&G	Fife	Lothian	SCAN
Numerator	3	1	6	17	27
Not recorded for numerator	0	0	0	0	0
Denominator	4	1	6	18	29
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	75.0	100.0	100.0	94.4	93.1

Gastric cancer – Hospital of surgery

Target 60%	DGRI	RIE	VHK	SCAN
Numerator	1	24	2	27
Not recorded for numerator	0	0	0	0
Denominator	1	26	2	29
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	100	92.3	100.0	93.1

QPI 9 - Length of Hospital Stay Gastric Cancer 2015



Comment:

It is noted that this is a measure to capture serious complications and SCAN always performs very well with this QPI.

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

Target 70%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	17	25	61	130	233
Numerator	1	4	5	13	23
Not recorded for numerator	0	0	0	1	1
Denominator	5	8	11	26	50
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	20.0	50.0	45.5	50.0	46.0

Borders: The target was not met showing a shortfall of 50% (4 cases). All had involved CRM

D&G: The target was not met showing a shortfall of 20% (4 cases). All had involved CRM

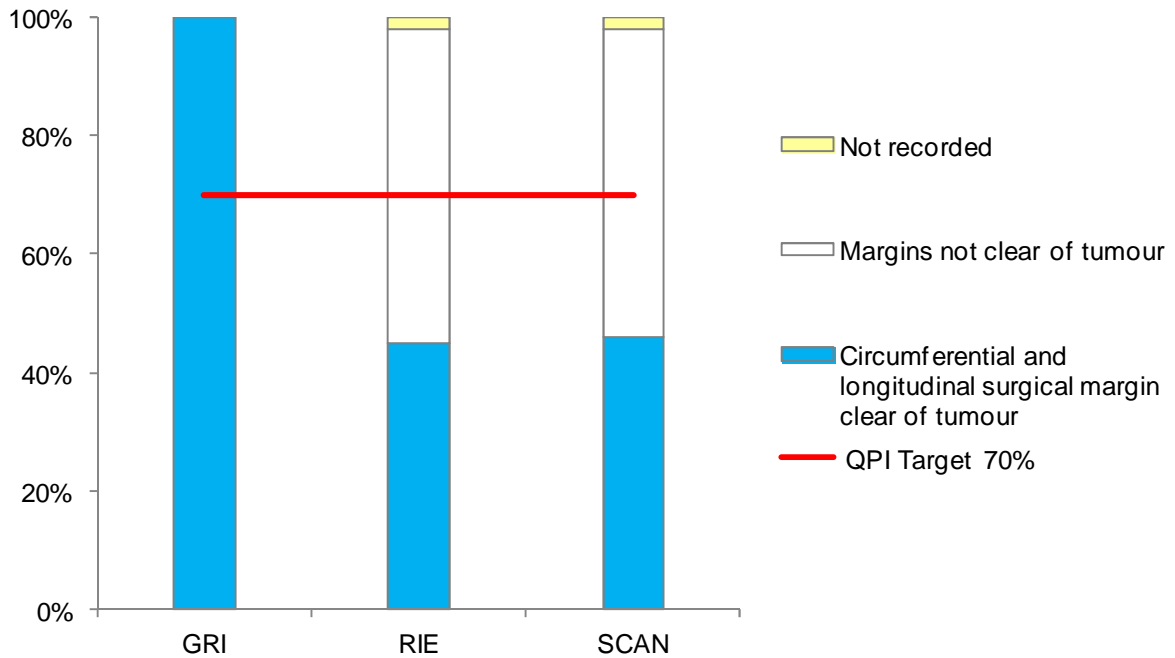
Fife: The target was not met showing a shortfall of 24.5% (6 cases). All had involved CRM

Lothian: The target was not met showing a shortfall of 20% (13 cases). 8 had tumour within 1mm of CRM, 3 had tumour at CRM, 1 had clear CRM but tumour at longitudinal margin and 1 was not recorded as CRM was not assessable.

Oesophageal cancer – Hospital of surgery

Target 70%	GRI	RIE	SCAN
2015 Cohort	1	210	211
Ineligible for this QPI	0	172	172
Numerator	1	22	23
Not recorded for numerator	0	1	1
Denominator	1	49	50
Not recorded for exclusions	0	0	0
Not recorded for denominator	0	0	0
% Performance	100.0	44.9	46.0

QPI 10 - Resection Margins
Oesophageal Cancer 2015



Resection Margins – Sub analysis

Circumferential margin clear

Target 70%	GRI	RIE	SCAN
2015 Cohort	1	210	211
Ineligible for this QPI	0	172	172
Circumferential margin clear	1	23	24
Not recorded for numerator	0	1	1
Denominator	1	49	50
% Performance	100.0	46.9	48.0

Longitudinal margin clear

Target 70%	GRI	RIE	SCAN
2015 Cohort	1	210	210
Ineligible for this QPI	0	172	172
Longitudinal margin clear	1	46	47
Not recorded for numerator	0	0	0
Denominator	1	49	50
% Performance	100.0	93.9	94.0

Comment:

Results are similar to last year, and it is noted that more surgery is performed in SCAN than in the other Scottish Network areas which may produce a case selection bias.

All 27 cases have been reviewed and were predominantly bulky advanced tumours.

No action has been identified at this point.

It is noted that longer term outcome data on these patients would be useful and it may be possible to incorporate this into survival analyses performed by ISD.

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

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	5	7	15	39	66
Numerator	2	2	6	15	25
Not recorded for numerator	0	0	0	0	0
Denominator	3	2	6	18	29
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	66.7	100.0	100.0	83.3	86.2

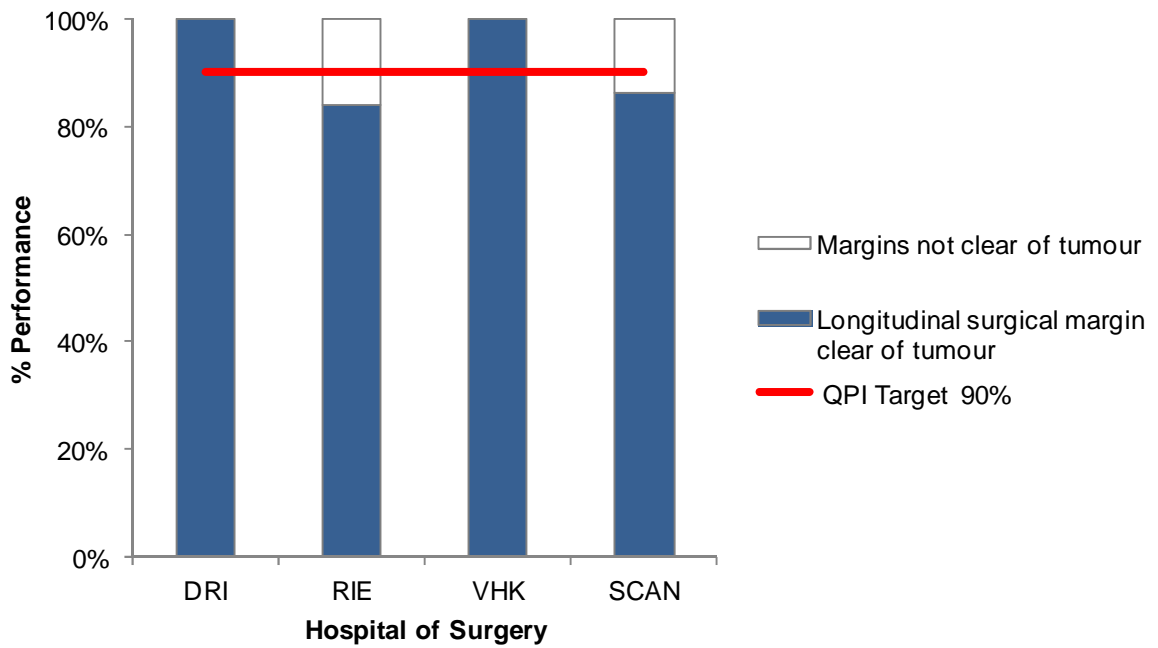
Borders: The target was not met showing a shortfall of 23.3% (1 case). Margins were involved

Lothian: The target was not met showing a shortfall of 6.7% (3 cases). All 3 had margins involved

Gastric cancer – Hospital of Surgery

Target 90%	DRI	RIE	VHK	SCAN
2015 Cohort	9	65	21	95
Ineligible for this QPI	7	44	15	66
Numerator	2	21	2	25
Not recorded for numerator	0	0	0	0
Denominator	2	25	2	29
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	100.0	84.0	100.0	86.2

QPI 10 - Resection Margins Gastric Cancer 2015



Comment:

All 4 cases have been reviewed and no action identified.

As with QPI 8 this measure currently includes some palliative resections and requires revision at the forthcoming formal review.

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

Target 35%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	0	0	0	0	0
Numerator	5	9	15	42	71
Not recorded for numerator	0	0	0	0	0
Denominator	22	33	72	156	283
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	22.7	27.3	20.8	26.9	25.1

Oesophageal cancer curative treatment rates – 2012-14 audit results

Target 35%	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
% Performance 2014	30.0	29.4	23.8	24.7	25.6	27.1

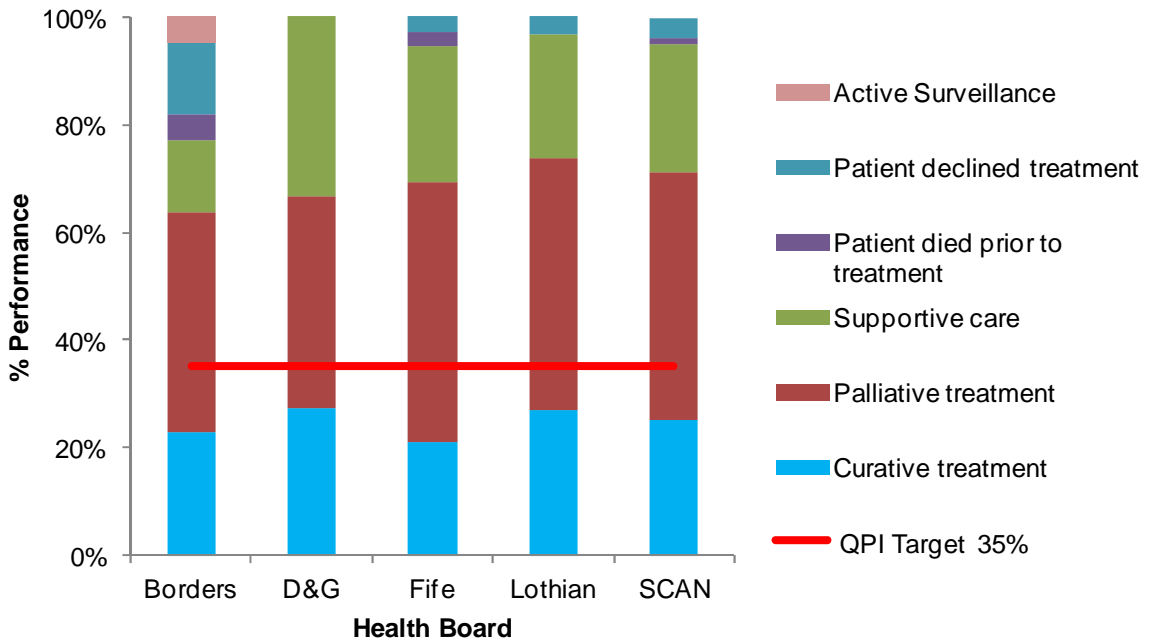
Gastric cancer – Health board of diagnosis

Target 35%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	0	0	0	0	0
Numerator	3	2	6	18	29
Not recorded for numerator	0	0	0	0	0
Denominator	8	9	21	57	95
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	37.5	22.2	28.6	31.6	30.5

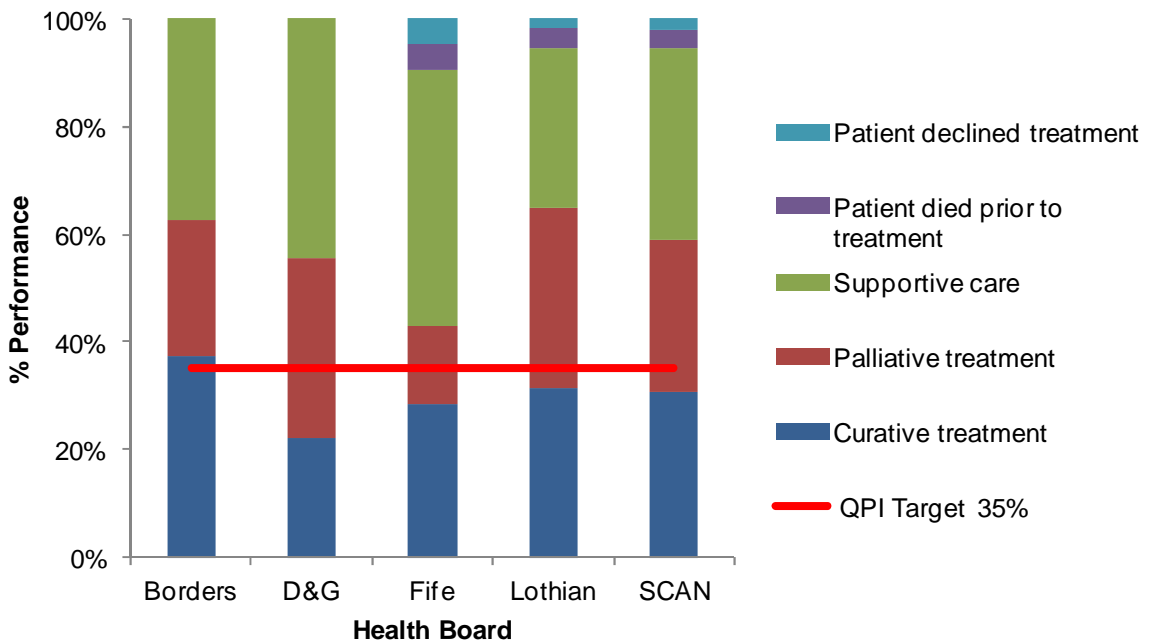
Gastric cancer curative treatment rates – 2012-14 audit results

Target 35%	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
% Performance 2014	9.1	30.8	31.6	25.0	25.2	23.2

QPI 11 - Curative Treatment Rates
Oesophageal Cancer 2015



QPI 11 - Curative Treatment Rates
Gastric Cancer 2015



Comment:

Curative treatment rates may be improved by diagnosing cancers earlier, an awareness campaign for OG cancers should be recommended nationally.

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

Target <10 %	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	22	33	72	153	280
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	0	0	0	3	3
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	0.0	0.0

Peri-operative Chemotherapy

Target <10 %	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	20	28	61	135	244
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	2	5	11	21	39
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	0.0	0.0

Adjuvant Radiotherapy

Target <10 %	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	21	33	70	154	278
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	1	0	2	2	5
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	N/A	0.0	0.0	0.0

Gastric cancer – 30 Day mortality for curative Oncological treatment

Peri-operative Chemotherapy

Target <10 %	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	6	9	19	55	89
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	2	0	2	2	6
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	N/A	0.0	0.0	0.0

No gastric cancer patients were treated with chemoradiotherapy or adjuvant radiotherapy in 2015

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

Target <20%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	20	29	61	132	242
Numerator	0	0	2	0	2
Not recorded for numerator	0	0	0	0	0
Denominator	2	4	11	24	41
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	0.0	0.0	18.2	0.0	4.9

The minimum target was met by all Boards

Of the 2 patients who died, 1 died 27 days post chemo and 1 died 28 days post chemo.

Radiotherapy

Target <20%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	22	33	72	156	283
Ineligible for this QPI	21	28	62	137	248
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	1	5	10	19	35
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	0.0	0.0

Gastric cancer – 30 Day mortality for palliative Oncological treatment

Chemotherapy

Target <20%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	6	8	18	49	81
Numerator	0	0	0	0	0
Not recorded for numerator	0	0	0	0	0
Denominator	2	1	3	8	14
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	0.0	0.0

Radiotherapy

Target <20%	Borders	D&G	Fife	Lothian	SCAN
2015 Cohort	8	9	21	57	95
Ineligible for this QPI	8	9	20	53	90
Numerator	0	0	0	2	2
Not recorded for numerator	0	0	0	0	0
Denominator	0	0	1	4	5
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	50.0	40.0

This minimum target was exceeded in Lothian. Of the 2 patients who died, 1 died 10 days post radiotherapy and 1 patient died 28 days post radiotherapy.

Comment

All deaths after treatment have been reviewed and all patients were treated appropriately. No action is required.

CLINICAL TRIALS

Clinical Trials Access

Target = 7.5% Interventional Trials/ 15% Translational Research

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

Denominator = All patients with oesophageal or gastric cancer

Exclusions = No exclusions

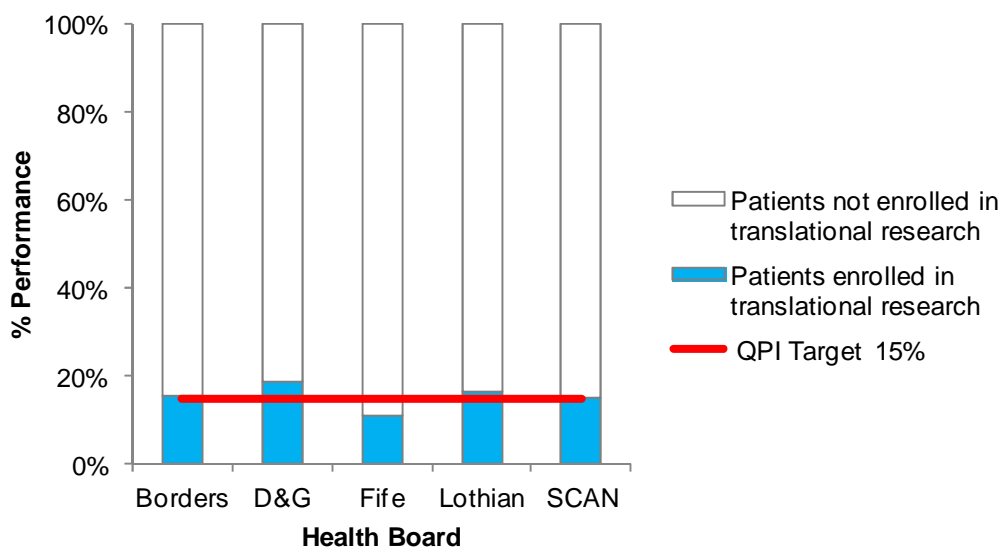
Note: The clinical trials QPI will be measured utilising SCRN data and Cancer Registry data (5 year average of case ascertainment)

Interventional Target 7.5%	Borders	D&G	Fife	Lothian	SCAN
Numerator	0	0	0	0	0
Denominator	39	43	100	218	400
% Performance	0.0	0.0	0.0	0.0	0.0

No patients from the SCAN region were enrolled in interventional clinical trials during 2015

Translational Target 15%	Borders	D&G	Fife	Lothian	SCAN
Numerator	6	8	11	36	61
Denominator	39	43	100	218	400
% Performance	15.4	18.6	11.0	16.5	15.3

Clinical Trials Access - Translational Research OG Cancer 2015



Translational Research in 2015	Numbers recruited
OCCAMS	56
RTL Advanced	5

Comment:

Some improvement has been seen already and there are new trials becoming available.

Action: Potential new interventional trial protocols are being circulated for consideration in SCAN.

KEY CATEGORIES

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					

	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	Stage IIB	Right 2 phase sub total Oesophagectomy (Ivor Lewis)	3	Chemoradiotherapy	1	EMR	0	Supportive Care only
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 III C	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	
			Adjuvant Radiotherapy	0	Dilatation	0		
			Radical Radiotherapy	0				
			Palliative Chemotherapy	1				
Stage IB			Palliative Radiotherapy	0				
	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		
Stage IIA			Radical Radiotherapy	0				
			Palliative Chemotherapy	0				
			Palliative Radiotherapy	0				
	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 IIB	Surgery	n	Oncology	n	Endoscopic	n	Other	n
	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				
		Palliative Radiotherapy	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				
		Palliative Radiotherapy	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				
		Palliative Radiotherapy	0					
Unable to stage	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					

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	22	73.3	33	78.6	72	77.4	156	73.2	283	74.9
Gastric Cancer	8	26.7	9	21.4	21	22.6	57	26.8	95	25.1
Total Upper GI Cancers	30	100%	42	100%	93	100%	213	100%	378	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	4	1.9	4	1.1
C15.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
C15.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
C15.3	2	6.7	0	0.0	5	5.4	2	0.9	9	2.4
C15.4	2	6.7	3	7.1	8	8.6	23	10.8	36	9.5
C15.5	16	53.3	22	52.4	47	50.5	94	44.1	179	47.4
C15.8	0	0.0	1	2.4	7	7.5	1	0.5	9	2.4
C15.9	0	0.0	5	11.9	1	1.1	1	0.5	7	1.9
C16.0	2	6.7	2	4.8	4	4.3	31	14.6	39	10.3
C16.1	2	6.7	0	0.0	3	3.2	3	1.4	8	2.1
C16.2	5	16.7	0	0.0	7	7.5	16	7.5	28	7.4
C16.3	1	3.3	2	4.8	7	7.5	13	6.1	23	6.1
C16.4	0	0.0	0	0.0	0	0.0	8	3.8	8	2.1
C16.5	0	0.0	1	2.4	1	1.1	6	2.8	8	2.1
C16.6	0	0.0	0	0.0	0	0.0	2	0.9	2	0.5
C16.8	0	0.0	0	0.0	1	1.1	0	0.0	1	0.3
C16.9	0	0.0	6	14.3	2	2.2	9	4.2	17	4.5
Total	30	100%	42	100%	93	100%	213	100%	378	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	0	0.0	0	0.0	2	9.5	0	0.0	0	0.0	0	0.0	1	0.9	0	0.0	3	1.5	0	0.0
45-49	1	5.9	0	0.0	1	4.8	0	0.0	1	2.1	1	4.0	1	0.9	0	0.0	4	2.0	1	1.2
50-54	1	5.9	0	0.0	1	4.8	0	0.0	2	4.3	0	0.0	2	1.8	1	2.3	6	3.0	1	1.2
55-59	0	0.0	0	0.0	0	0.0	0	0.0	2	4.3	3	12.0	9	8.0	7	15.9	11	5.6	10	11.6
60-64	2	11.8	1	20.0	3	14.3	2	16.7	6	12.8	2	8.0	13	11.6	3	6.8	24	12.2	8	9.3
65-69	2	11.8	1	20.0	4	19.0	0	0.0	7	14.9	1	4.0	27	24.1	2	4.5	40	20.3	4	4.7
70-74	4	23.5	0	0.0	5	23.8	2	16.7	10	21.3	4	16.0	15	13.4	5	11.4	34	17.3	11	12.8
75-79	1	5.9	0	0.0	2	9.5	1	8.3	5	10.6	9	36.0	21	18.8	7	15.9	29	14.7	17	19.8
80-84	5	29.4	2	40.0	0	0.0	5	41.7	7	14.9	2	8.0	14	12.5	9	20.5	26	13.2	18	20.9
85+	1	5.9	1	20.0	3	14.3	2	16.7	7	14.9	3	12.0	9	8.0	10	22.7	20	10.2	16	18.6
Total	17	100%	5	100%	21	100%	12	100%	47	100%	25	100%	112	100%	44	100%	197	100%	86	100%

Age at Diagnosis	Borders		D&G		Fife		Lothian	
	M	F	M	F	M	F	M	F
Min	47	64	33	60	47	47	40	53
Max	86	87	90	87	94	96	92	92
Mean	72	76	67	77	72	73	71	74
Median	73	80	69	81	72	75	70	77

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	0	9.5	0	0.0	1	0.0	0	0.0	1	0.9	2	0.0	2	1.5	2	0.0
45-49	0	5.9	0	0.0	0	4.8	0	0.0	0	2.1	0	4.0	0	0.9	0	0.0	0	2.0	0	1.2
50-54	0	5.9	0	0.0	0	4.8	0	0.0	0	4.3	0	0.0	0	1.8	3	2.3	0	3.0	3	1.2
55-59	0	0.0	0	0.0	1	0.0	0	0.0	0	4.3	0	12.0	2	8.0	1	15.9	3	5.6	1	11.6
60-64	0	11.8	0	20.0	0	14.3	0	16.7	1	12.8	0	8.0	3	11.6	1	6.8	4	12.2	1	9.3
65-69	1	11.8	0	20.0	1	19.0	0	0.0	2	14.9	0	4.0	6	24.1	1	4.5	10	20.3	1	4.7
70-74	1	23.5	2	0.0	1	23.8	0	16.7	1	21.3	1	16.0	7	13.4	3	11.4	10	17.3	6	12.8
75-79	1	5.9	0	0.0	2	9.5	1	8.3	4	10.6	1	36.0	6	18.8	4	15.9	13	14.7	6	19.8
80-84	1	29.4	0	40.0	1	0.0	0	41.7	4	14.9	1	8.0	3	12.5	2	20.5	9	13.2	3	20.9
85+	1	5.9	1	20.0	1	14.3	1	16.7	4	14.9	1	12.0	6	8.0	6	22.7	12	10.2	9	18.6
Total	5	100%	3	100%	7	100%	2	100%	17	100%	4	100%	34	100%	23	100%	63	100%	32	100%

Age at Diagnosis	Borders		D&G		Fife		Lothian	
	M	F	M	F	M	F	M	F
Min	69	71	57	75	24	73	44	37
Max	86	95	87	94	90	85	95	91
Mean	77	80	73	84	75	79	74	71
Median	77	73	73	85	77	79	74	74

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