



HEAD AND NECK CANCERS

COMPARATIVE ANNUAL REPORT PATIENTS DIAGNOSED 1 January – 31 December 2008

Final Report Sign off 31st August 2010

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1 Document History

Version	Circulation to	Date	Comment
1.0	Dr E Junor (EJJ)	23/03/2010	
1.0	Discussed with Valerie Findlay	01/04/2010	Various points noted and amendments to be made with a view to further discussion and circulation w/0 19 th April
1.0	Discussed with EJJ	21/04/2010	Previous amendments made. EJJ requested a revision of staging in Lothian. D&G requested to revise figures. D&G data rechecked in Lothian.
1.1	A Allen, SCAN Audit Manager (AA)	26/04/2010	Forwarded to AA for approval to circulate.
1.1	SCAN H&N Group	03/05/2010	First circulation to H&N group. Comments by 17 th May.
1.1	SCAN H&N Group	17/05/2010	No comments received from H&N group. Dr Junor resigned as Chair interrupting formal process for sign off by a review sub-group.
1.1	A Allen, SCAN Audit Manager (AA)	21/07/2010	No formal sign off meeting due to vacancy in Chair of H&N group post. Under the circumstances, Dr Davies, SCAN Clinical Director, proposed sign off by Dr Junor alone.
2.0	SCAN H&N Group	18/08/2010	Dr Junor agreed circulation for final sign off 31/08/2010
2.0	A Allen, SCAN Audit Manager (AA)	31/08/2010	No comments received: Report finalised
2.0	Clinical Governance	01/09/2010	Circulated to Clinical Governance contacts in SCAN
2.0	Regional Cancer Planning Group	13/10/2010	Report circulated with agenda for meeting of the Regional cancer planning Group on 13/10/2010
2.0W	Preparation for publication to SCAN website	15/11/2010	Report reviewed for disclosive material to assess the risk of personally identifiable information and circulated to lead clinician for comment.
	Report lodged on SCAN website	December 2010	Report amended by removing a comment made about a single patient.

HEAD AND NECK CANCERS In South East Scotland Cancer Network COMPARATIVE ANNUAL REPORT

PATIENTS DIAGNOSED 1 January – 31 December 2008

2 FOREWORD

This report presents analysis of data collected on Head & Neck cancer patients diagnosed between 1 January and 31 December 2008 in the four health board regions comprising S E Scotland Cancer Network (SCAN) – Borders, Dumfries & Galloway, Fife, and Lothian.

Basis of Analysis

There are currently no nationally agreed standards for Head & Neck cancer care. Measures presented are those incorporated into a draft set of Clinical Effectiveness Measures for the SCAN Head & Neck Group. They incorporate some items within the SIGN Guideline on Management of Head & Neck Cancers (No: 90 Date published: Oct 2006) and items from the Core Standards for Cancer published by NHS Quality Improvement Scotland (NHSQIS) in March 2008. This report is intended to provide baseline data against which improvement can be measured in subsequent years.

Patients included in the Report

Patients included: all patients diagnosed with Head & Neck Cancers 1 January – 31 December 2008

SCAN Region	Hospital	Lead Clinician	Audit Support
Lothian	St Johns Hospital at Howden, Royal Infirmary Edinburgh, Western General Hospital, EDI	Dr E Junor	Valerie Findlay
Dumfries & Galloway	D&G Royal Infirmary	Mr B Joshi Mr S Mahmood	Kirsten Moffat
Borders	Borders General Hospital	Mr S Moralee Mr M Armstrong	Valerie Findlay
Fife	Queen Margaret Hospital Victoria Hospital	MrJ Lyall	Laura Huey

Data Collection

Patients were almost all identified through registration at the weekly regional multidisciplinary meeting, and through checks made against pathology listings. Data capture was dependent on casenote audit or review of various hospitals electronic records systems. Data was recorded on Access databases and eCase (in Dumfries & Galloway).

Datasets and definitions

The dataset collected is the Scottish National Core Minimum Dataset as published by ISD on 1st July 2005. This may be viewed on the ISD website (www.isdscotland.org/cancer)
Further information on the dataset and definitions can be obtained from Valerie Findlay, SCAN Cancer Audit Facilitator, SCAN Audit Office, c/o Dept of Clinical Oncology, Western General Hospital, Edinburgh. walerie.findlay@luht.scot.nhs.uk

Data Quality

All hospitals in the region participate in the Quality Assurance programme provided by the National Services Scotland Information Services Division (ISD). QA of the full Head & Neck dataset has not yet been undertaken.

Estimate of Case Ascertainment

Overall case ascertainment is estimated at 94% when compared with a 5 year average of Scottish Cancer Registry data from 2003-2007.

Process for reviewing and reporting the results

The report was circulated to members of the SCAN Head & Neck Group in May 2010. The report was also reviewed by the Lead Clinician, with the assistance of the audit staff. Arising from these discussions a number of items of data were checked and amendments made so that there was agreement on the results shown. Issues raised by the results were considered by the Lead Clinician, and comments have been added to the report. The Lead Clinician agreed to circulate the report for final sign off by the SCAN group on 18 August 2010.

Dissemination of report

After final sign off the report was sent on 01/09/2010 to Clinical Governance groups within the four health boards for consideration of any action points. It was included on the circulation to the Regional Cancer Planning Group for its meeting on 13/10/2010.

In preparation for lodging the report on the SCAN website the contents were reviewed for Disclosive Material to assess for any risk of communication of personally-identifiable information about a data subject. A report comment was removed to avoid the risk of communicating personally-identifiable and possibly sensitive information about a data subject.

3 Comment by Dr EJ Junor- Chair SCAN Head and Neck Group

A key purpose of S E Scotland Cancer Network is to promote equity of treatment across its constituent health boards and I am pleased to present the SCAN Head & Neck Group Comparative Audit Report on data relating to patients newly-diagnosed in the year 2008 who were treated in one of the four constituent health board areas (Borders, Dumfries & Galloway, Fife, and Lothian, and the tertiary centre in Edinburgh).

Comparing results offers the opportunity to consider any specific points of difference, and comments within the report will draw attention to these. Allowance has to be made in reviewing results where numbers are small and variation may be due to chance.

The report also compares summary results between 2006 and 2007. It is important to demonstrate consistency and (where necessary) improvement in results over time.

We have been collecting the nationally-agreed dataset in SCAN health boards from 2004 and the process of collection and reporting is well-established. This report presents results based on very comprehensive coverage of the Head & Neck cancer population in the four health board areas. Results have been reviewed and checked locally by Head & Neck Cancer Lead Clinicians. This means that we can be confident in the accuracy of the results shown.

An important aim of the network is to monitor the quality of care received by Head & Neck cancer patients against nationally-agreed standards. At present there are no Scottish nationally-agreed clinical quality standards specific to Head & Neck cancers. In the absence of nationally-agreed standards we have developed some draft Clinical Effectiveness Measures based on SIGN Guideline on Management of Head & Neck Cancers (No: 90) and on items from the *Core Cancer Standards* which were published in March 2008 by NHS Quality Improvement Scotland (NHSQIS) (www.healthquality.org).

Many results confirm our confidence in the quality of the service provided across SCAN.

- Our well-established regional multidisciplinary meeting now considers over 97% of patients and this allows for an integrated approach to their care.
- We are also pleased with a low rate of treatment-related mortality given that many of these patients have complex treatment needs

Some results have merited further investigation, for example:

- The reasons why some patients did not receive a CT of their chest (in line with SIGN Guideline 3.2) have been investigated and in most cases there are clinical reasons. Overall results have improved from 77.4% in 2006 to 96.0% in 2008.
- We have also measured our practice against the SIGN Guideline (7.3) about time between definitive surgery and completion of radiotherapy. This is a challenging guideline but ways of improving compliance with it are being actively sought and there has been a steady improvement over the past 3 years.

Outcome of treatment is the final and most important piece of information we need to incorporate into our reports and we need to look at ways of recording and reporting on this.

To make our results fully meaningful we in the SCAN Head & Neck Group are keen to compare our results with those from the other Scottish networks and also more widely through the DAHNO project supported by the NHS Information Centre for Health & Social Care (www.ic.nhs.uk). I hope that the programme of work instigated by the recently-formed National Cancer Quality Group will support us in achieving these aims.

Elizabeth Junor Consultant Oncologist July 2010

4 SUMMARY OF RESULTS

Achievement against SCAN Head & Neck Group Draft Clinical Effectiveness Measures (April 2009)

Table	Measure	Target (%)	Lothian	Borders	Fife	D&G	SCAN 2008	SCAN 2007	SCAN 2006
1	Number of patients	n/a	149	13	62	23	247	267	243
4	TNM recorded (%)	100	89.9	92.3	100	75	97.9	95.0	97.1
8	Discussed at MDM (%)	100	97.3	92.3	100	91.7	97.2	99.2	99.1
10	CT/ Chest (%)	100	94.6	92.3	98.4	100	96.0	88.4	77.4
11	CT/MRI Head & Neck (%)	100	100	100	100	100	100	96.5	86.4
13	Max 11 weeks from surgery to completion of radiotherapy (%)	100	31.4	0	50	50	37.3	29.6	25.7
14	Treatment related mortality (< 31 days from definitive surgery) (%)	n/a	1.5	0	0	0	0.9	0	0
16	patients <70years old with stage 3 or 4 disease without primary surgery should be treated with chemoradiotherapy(%)	100	88.5	100	87.5	100	89.7	97.8	83.0

Key

100-95%	96-75% of	>75% of
of target	target	target

Note: 7 patients from D&G were treated in Glasgow although they were diagnosed in the SCAN region. Their treatment is included in this report but is not a true reflection of the service given in SCAN.

5 RESULTS

Patient numbers and estimate of case ascertainment

Table 1

lealth Board n		Scottish Cancer Registry (annual average 2003-2007)	Estimate of case ascertainment	Male	Female
Lothian	149	143	104%	94	55
Borders	13	19	68%	7	6
Fife	62	68	91%	47	15
Dumfries & Galloway	23	34	68%	17	6
SCAN	247	264	94%	165	82

Source: Scottish Cancer Registration figures 2003-2007

As numbers for Head and Neck cancer patients are relatively small an average of Cancer Registration figures was taken from 2003 -2007 to provide a more accurate estimate of case ascertainment for 2008. Variations in estimates may be accounted for by the following differences between audited cohorts: cancer registration figures use" Incidence Date" rather than "Date of Diagnosis" and also include patients diagnosed at post mortem, Dumfries and Galloway may have patients who although resident in Scotland will be diagnosed in England and are therefore not included in the audit. Further information on Cancer Registration figures can be found on the ISD website http://www.isdscotland.org/isd/183.html

Frequencies of age at date of diagnosis of Head and Neck cancer

Table 2

- 4010 2										
Age										
Group	Lot	hian	Bor	ders	ı	Fife		&G	SCAN	
<20	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
20-29	2	1.3%	0	0.0%	0	0.0%	1	4.3%	3	1.2%
30-39	6	4.0%	0	0.0%	4	6.5%	1	4.3%	11	4.5%
40-49	15	10.1%	0	0.0%	2	3.2%	4	17.4%	21	8.5%
50-59	25	16.8%	2	15.4%	6	9.7%	3	13.0%	36	14.6%
60-69	49	32.9%	1	7.7%	25	40.3%	5	21.7%	80	32.4%
70-79	35	23.5%	6	46.2%	22	35.5%	6	26.1%	69	27.9%
80-89	16	10.7%	4	30.8%	3	4.8%	2	8.7%	25	10.1%
>89	1	0.7%	0	0.0%	0	0.0%	1	4.3%	2	0.8%
Total	149	100.0%	13	100.0%	62	100.0%	23	100.0%	247	100.0%

Breakdown by cancer site

Table 3

rable 3										
Cancer site	Lo	othian	В	orders		Fife	ı	O&G	S	CAN
Oral Cavity & Lip	44	29.5%	5	38.5%	13	21.0%	8	34.8%	70	28.3%
Oropharynx	34	22.8%	2	15.4%	18	29.0%	2	8.7%	56	22.7%
Nasopharynx	4	2.7%	0	0.0%	2	3.2%	2	8.7%	8	3.2%
Hypopharynx	14	9.4%	1	7.7%	2	3.2%	1	4.3%	18	7.3%
Larynx	36	24.2%	4	30.8%	25	40.3%	6	26.1%	71	28.7%
Nose and ear	6	4.0%	0	0.0%	0	0.0%	2	8.7%	8	3.2%
Paranasal sinuses	0	0.0%	0	0.0%	1	1.6%	1	4.3%	2	0.8%
Major salivary glands	5	3.4%	0	0.0%	1	1.6%	0	0.0%	6	2.4%
Minor salivary glands	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other ill defined sites	0	0.0%	0	0.0%	0	0.0%	1	4.3%	1	0.4%
Not recorded	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not yet Known	6	4.0%	1	7.7%	0	0.0%	0	0.0%	7	2.8%
Total	149	100.0%	13	100.0%	62	100.0%	23	100.0%	247	100.0%

| 149 | 100.0% | 13 | 100.0% | 62 | 100.0% | 23 | 100.0% | 247 | 100.0% | Note: Depending on the location of the lesion some patients with lip cancer are reported by the skin audit team although often reviewed and treated by the Head and Neck oncology team. The Oral Cavity and Lip total for Fife includes 1 patient with lip cancer treated and audited by the H&N group in Fife.

Tumour site and staging

Table 4

Oral Cavity & Lip	Lothian	Borders	Fife	D&G	SCAN
T1	9	2	3	1	15
T2	21	2	4	3	30
T3	2	0	1	0	3
T4	11	1	3	2	17
Not applicable	0	0	0	0	0
Not recorded	1	0	2	2	5
Total	44	5	13	8	70

Note- Fife total includes one patient with Lip cancer

<u>Oropharynx</u>	Lothian	Borders	Fife	D&G	SCAN
T1	4	0	4	1	9
T2	12	0	2	0	14
T3	7	0	5	0	12
T4	10	2	6	1	19
Not					
applicable	0	0	0	0	0
Not recorded	1	0	1	0	2
Total	34	2	18	2	56

<u>Nasopharynx</u>	Lothian	Borders	Fife	D&G	SCAN
T1	0	0	0	0	0
T2	1	0	1	1	3
T3	2	0	0	0	2
T4	1	0	1	1	3
Not applicable	0	0	0	0	0
Not recorded	0	0	0	0	0
Total	4	0	2	2	8

<u>Hypopharynx</u>	Lothian	Borders	Fife	D&G	SCAN
T1	1	0	0	0	1
T2	4	0	0	0	4
T3	5	0	1	0	6
T4	4	1	0	1	6
Not applicable	0	0	0	0	0
Not recorded 0		0	1	0	1
Total	14	1	2	1	18

Tumour site and staging cont.

<u>Larynx</u> (total)	Lothian	Borders	Fife	D&G	SCAN	
<u>Tis</u>	2	0	0	0	2	
T1	11	3	6	2	22	
T2	10	0	6	2	18	
T3	4	0	6	2	12	
T4	8	1	7	0	16	
Not						
applicable	0	0	0	0	0	
Not recorded	ot recorded 1		0	0	1	
Total	36	4	25	6	71	

Larynx subsites

supraglottis	Lothian	Borders	Fife	D&G	SCAN	
Tis	0	0	0	0	0	
T1	2	0	1	0	3	
T2	6	0	3	0	9	
T3	1	0	1	0	2	
T4	3	0	4	0	7	
Not						
applicable	0	0	0 0		0	
Not recorded	0	0	0	0	0	
Total						
Supraglottis	12	0	9	0	21	

glottis	Lothian	Borders	Fife	D&G	SCAN
Tis	2	0	0	0	2
T1	8	3	5	2	18
T2	4	0	3	2	9
T3	2	0	5	2	9
T4	5	1	2	0	8
Not					
applicable	0	0	0	0	0
Not recorded			0	0	1
Total Glottis	22	4	15	6	47

subglottis	Lothian	Borders	Fife	D&G	SCAN
Tis	0	0	0	0	0
T1	1	0	0	0	1
T2	0	0	0	0	0
T3	0	0	0	0	0
T4	0	0	1	0	1
Not					
applicable	0	0	0	0	0
Not recorded	0	0	0	0	0
Total					
Subglottis	1	0	1	0	2
Overlapping					
Lesions	1	0	0	0	1

Tumour site and staging cont.

Nose and					
<u>ear</u>	Lothian	Borders	Fife	D&G	SCAN
T1	1	0	0	1	2
T2	2	0	0	0	2
T3	0	0	0	0	0
T4	3	0	0	0	3
Not					
applicable	0	0	0	0	0
Not recorded	0	0	0	1	1
Total	6	0	0	2	8

<u>Paranasal</u>					
<u>Sinuses</u>	Lothian	Borders	Fife	D&G	SCAN
T1	0	0	0	0	0
T2	0	0	0	0	0
Т3	0	0	0	0	0
T4	0	0	1	1	2
Not					
applicable	0	0	0	0	0
Not recorded			0	0	0
Total			1	1	2

Major Salivary Glands	Lothian	Borders	Fife	D&G	SCAN
T1	2	0	1	0	3
T2	0	0	0	0	0
T3	1	0	0	0	1
T4	2	0	0	0	2
Not					
applicable	0	0	0	0	0
Not recorded	0	0	0	0	0
Total	5	0	1	0	6

Minor Salivary Glands	Lothian	Borders	Fife	D&G	SCAN	
T1	0	0	0	0	0	
T2	0	0	0	0	0	
T3	0	0	0	0	0	
T4	0	0	0	0	0	
Not						
applicable	0	0	0	0	0	
Not recorded 0		0	0	0	0	
Total	0	0	0	0	0	

Tumour site and staging cont.

Other ill defined						
<u>sites</u>	Lothian	Borders	Fife	D&G	SCAN	
T1	0	0	0	0	0	
T2	0	0	0	0	0	
T3	0	0	0	0	0	
T4	0	0	0	0	0	
Not						
applicable	0	0	0	0	0	
Not recorded	0	0	0	1	1	
Total	0	0	0	1	1	
Unknown						
Primary	Lothian	Borders	Fife	D&G	SCAN	
	6	1	0	0	7	
Total each						
region	149	13	62	23	247	

Note: In Lothian there are 6 unknown primary tumours which cannot be fully staged. In Borders there is 1 patient with an unknown primary without complete staging.

Overall clinical stage Table 5a

Lothian n=149

	Oral cavity	Oro pharynx	Naso pharynx	Hypo pharynx	Larynx (total)	Paranasal Sinus	Minor Salivary glands	Major Salivary Glands	III defined sites	Lip	Nose and Ear	Unknown primary	Total	% of Total
Stage 0	0	0	0	0	2	0	0	0	0	0	0	0	2	1.3
Stage 1	9	4	0	1	11	0	0	2	0	0	1	0	28	18.8
Stage 2	12	4	0	0	8	0	0	0	0	0	1	0	25	16.8
Stage 3	6	4	1	4	4	0	0	1	0	0	1	0	21	14.1
Stage 4 (total)	16	21	3	9	10	0	0	2	0	0	3	0	64	43.0
Stage 4a	16	20	1	8	8	0	0	2	0	0	3	0	57	38.3
Stage 4b	0	1	1	0	2	0	0	0	0	0	0	0	4	2.7
Stage 4c	0	0	1	1	0	0	0	0	0	0	0	0	2	1.3
not measured	1	1	0	0	1	0	0	0	0	0	0	6	9	6.0
not recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Total	44	34	4	14	36	0	0	5	0	0	6	6	149	100.0

Table 5b Fife n=62

	Oral cavity	Oro pharynx	Naso pharynx	Hypo pharynx	Larynx (total)	Para nasal Sinus	Minor Salivary glands	Major Salivary Glands	III defined sites	Lip	Nose and Ear	Not Yet Known	Total	% of Total
Stage 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Stage 1	2	1	0	0	6	0	0	0	0	1	0	0	10	16.1
Stage 2	2	0	0	0	5	0	0	0	0	0	0	0	7	11.3
Stage 3	1	6	0	1	5	0	0	0	0	0	0	0	13	21.0
Stage (4 total)	5	10	1	0	9	1	0	1	0	0	0	0	27	43.5
Stage 4a	5	7	0	0	7	1	0	1	0	0	0	0	21	33.9
Stage 4b	0	3	1	0	2	0	0	0	0	0	0	0	6	9.7
Stage 4c	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Not measured	2	1	1	1	0	0	0	0	0	0	0	0	5	8.1
Not recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Total	12	18	2	2	25	1	0	1	0	1	0	0	62	100.0

Note -Fife: Table 3 on page 9 includes combined total for oral cavity and lip.

Overall clinical stage cont. Table 5c

Borders n=13

	Oral cavity	Oro phar ynx	Naso pharyn x	Hypo pharyn x	Larynx (total)	Paranasal Sinus	Minor Salivary glands	Major Salivar y Glands	III defin ed sites	Lip	Nose and Ear	Not Yet Known	Total	% of Total
Stage 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Stage 1	2	0	0	0	3	0	0	0	0	0	0	0	5	38.5
Stage 2	1	0	0	0	0	0	0	0	0	0	0	0	1	7.7
Stage 3	1	0	0	0	0	0	0	0	0	0	0	0	1	7.7
Stage 4 (total)	1	2	0	1	1	0	0	0	0	0	0	0	5	38.5
Stage 4a	1	2	0	1	1	0	0	0	0	0	0	0	5	30.8
Stage 4b	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Stage 4c	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Not measure d	0	0	0	0	0	0	0	0	0	0	0	1	1	7.7
Not recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Total	5	2	0	1	4	0	0	0	0	0	0	1	13	100

Table 5d **Dumfries and Galloway** n=23

	Oral	Oro	Naso	Нуро	Larynx	Paranasal	Minor Salivary	Major Salivary	III defined	Lip	Nose and	Not Yet		
	cavity	pharynx	pharynx	pharynx	(total)	Sinus	glands	Glands	sites		Ear	Known	Total	% of Total
Stage 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Stage 1	1	0	0	0	2	0	0	0	0	0	1	0	4	17.4
Stage 2	2	0	0	0	2	0	0	0	0	0	0	0	4	17.4
Stage 3	0	0	0	0	2	0	0	0	0	0	0	0	2	8.7
Stage 4 (total)	2	2	2	1	0	1	0	0	0	0	0	0	8	34.8
Stage 4a	2	1	1	0	0	1	0	0	0	0	0	0	5	21.7
stage 4b	0	1	0	1	0	0	0	0	0	0	0	0	2	8.7
Stage 4c	0	0	1	0	0	0	0	0	0	0	0	0	1	4.3
Not measured	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Not recorded	3	0	0	0	0	0	0	0	1	0	1	0	5	21.7
Total	8	2	2	1	6	1	0	0	1	0	2	0	23	100.0

Overall clinical stage cont. Table 5e

SCAN n=247

	J 7 11 1 11-					_								
	Oral cavity	Oro pharynx	Naso pharynx	Hypo pharynx	Larynx (total)	Para nasal Sinus	Minor Salivary glands	Major Salivary Glands	III defined sites	Lip	Nose and Ear	Not Yet Known	Total	% of Total
Stage 0	0	0	0	0	2	0	0	0	0	0	0	0	2	0.8
Stage 1	14	5	0	1	22	0	0	2	0	1	2	0	47	19.0
Stage 2	17	4	0	0	15	0	0	0	0	0	1	0	37	15.0
Stage 3	8	10	1	5	11	0	0	1	0	0	1	0	37	15.0
stage 4 (total)	24	35	6	11	20	2	0	3	0	0	3	0	104	42.1
Stage 4a	24	30	2	9	16	2	0	3	0	0	3	0	89	35.2
Stage 4b	0	5	2	1	4	0	0	0	0	0	0	0	12	4.9
Stage 4c	0	0	2	1	0	0	0	0	0	0	0	0	3	1.2
not measured	3	2	1	1	1	0	0	0	0	0	0	7	15	6.1
not recorded	3	0	0	0	0	0	0	0	1	0	1	0	5	2.0
Total	69	56	8	18	71	2	0	6	1	1	8	7	247	100

Note: For Fife Table 3 on page 9 includes combined total for oral cavity and lip.

Comparison of stage at presentation across health boards of the five most frequent Head and Neck cancers

Table 6

	Oral cavity					Oroph	arynx		ı	Nasoph	arynx	(Hypopharynx				Larynx			
Stage at presentation	Lothian	Fife	BGH	D&G	Lothian	Fife	BGH	D&G	Lothian	Fife	BGH	D&G	Lothian	Fife	BGH	D&G	Lothian	Fife	BGH	D&G
Stage 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%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%
Stage 1	20.5%	16.7%	40.0%	12.5%	11.8%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	0.0%	30.6%	24.0%	75.0%	33.3%
Stage 2	27.3%	16.7%	20.0%	25.0%	11.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	22.2%	20.0%	0.0%	33.3%
Stage 3	13.6%	8.3%	20.0%	0.0%	11.8%	33.3%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	28.6%	50.0%	0.0%	0.0%	11.1%	20.0%	0.0%	33.3%
Stage 4	36.4%	41.7%	20.0%	25.0%	61.8%	55.6%	100.0%	100.0%	75.0%	50.0%	0.0%	100.0%	64.3%	0.0%	100.0%	100.0%	27.8%	36.0%	25.0%	0.0%
Not Measured	2.3%	16.7%	0.0%	0.0%	2.9%	5.6%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%
Not Recorded	0.0%	0.0%	0.0%	37.5%	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%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Stage at presentation across SCAN region of the five most frequent Head and Neck cancers Table 7

1 4510 7					
	Oral Cavity	Oropharynx	Nasopharynx	Hypopharynx	Larynx
Stage at presentation	-		-		
Stage 0	0.0%	0.0%	0.0%	0.0%	2.8%
Stage 1	20.3%	8.9%	0.0%	5.6%	31.0%
Stage 2	24.6%	7.1%	0.0%	0.0%	21.1%
Stage 3	11.6%	17.9%	12.5%	27.8%	15.5%
Stage 4	34.8%	62.5%	75.0%	61.1%	28.2%
Not Measured	4.3%	3.6%	12.5%	5.6%	1.4%
Not Recorded	4.3%	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Patients reviewed at MDM Table 8

	Lothian	Borders	Fife	D&G	SCAN	% of Total
n=	149	13	62	23	247	100
Patients seen MDT	145	12	62	21	240	97.2
Patients not seen						
by MDT	4	1	0	2	7	2.8

First Treatment Table 9

Table 9										
	Lo	thian	Вс	orders		Fife		D&G	SCAN	% of Total
n=	1	149		13		62		23	2	247
							25			
Surgery	77	51.7%	9	69.2%	34	54.8%	9	39.1%	129	52.2
Radiotherapy	26	17.4%	2	15.4%	11	17.7%	5	21.7%	44	17.8
Chemotherapy	14	9.4%	1	7.7%	9	14.5%	3	13.0%	27	10.9
Synchronous ChemoRTX	16	10.7%	0	0.0%	2	3.2%	1	4.3%	19	7.7
No Active Treatment	10	6.7%	0	0.0%	4	6.5%	2	8.7%	16	6.5
Patient refused all therapies	2	1.3%	0	0.0%	1	1.6%	1	4.3%	4	1.6
Other therapy	1	0.7%	0	0.0%	1	1.6%	2	8.7%	4	1.6
Watchful waiting	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0
Died before treatment	3	2.0%	1	7.7%	0	0.0%	0	0.0%	4	1.6
Not recorded	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0

All patients with head and neck cancer should undergo chest CT

Table 10

(SIGN guideline 3.2.5)

	Lothian	% of Total	Borders	% of Total	Fife	% of Total	D&G	% of Total	SCAN	%of total 2008	% of Total 2007	% of Total 2006
n=	149	n/a	13	n/a	62	n/a	23	n/a	247	n/a	n/a	n/a
CT Chest/Thorax	141	94.6	12	92.3	61	98.4	23	100.0	237	96.0	88.4	77.4
No imaging recorded	8	5.4	1	7.7	1	1.6	0	0.0	10	4.0	11.6	22.6

There is no evidence that CT or MRI improves the accuracy of primary staging of T1 laryngeal tumours which are localised and confined to one vocal cord with no extension into the anterior commisure. The purpose of CT chest is to detect synchronous lung tumours in a population of smokers. CT of the chest in stage T2-T4 tumours is for staging purposes in addition to detection of a second primary tumour.

All patients with head and neck cancer should undergo CT/MRI of primary tumour site

Table 11

(SIGN guideline 3.2.3)

	94.40	/								
	Lothian	% of Total	Borders	% of Total	Fife	% of Total	D&G	% of Total	SCAN	% of Total 2008
Total	149	n/a	13	n/a	62	n/a	23	n/a	247	n/a
Tis or T1 not requiring imaging	1	0.7	1	7.7	14	22.6	0	0.0	16	6.5
Eligible for imaging (n=)	148	99.3	12	92.3	48	77.4	23	100.0	231	93.5
CT or MRI Head/Nec k	148	100	12	100	48	100	23	100.0	231	100.0
No Imaging recorded in eligible group	0	0	0	0	0	0	0	0.0	0	0.0

T1 larynx first treatment summary

Table 12

n= number of patients diagnosed with T1 larynx

	Lothian	% of n	Borders	% of n	Fife	% of n	D&G	% of n	SCAN	% of n
n=	11	n/a	3	n/a	6	n/a	2	n/a	22	100
Surgery	7	63.6	2	66.7	3	50.0	1	50.0	13	59.1
Radiotherapy	4	36.4	1	33.3	3	50.0	1	50.0	9	40.9
Surgery and post op										
Radiotherapy	2	18.2	0	0.0	0	0.0	0	0.0	2	9.1

Patients with early glottic cancer (T1) may be treated by endoscopic laser excision, partial laryngectomy or radiotherapy (SIGN 11.1).Radiotherapy offers voice preservation with surgery available as salvage.

Overall treatment time from definitive surgery to completion of XRT should be <11 weeks

Table 13

(Sign guideline 7.3)

Exclusions= Patients having neck dissection or biopsy

	Lothian	%	Borders	%	Fife	%	D&G	%	SCAN	%
Number patients having post op XRT/ chemoRTX	35	n/a	2	n/a	20	n/a	1	n/a	58	100
Surgery to completion of XRT<11 weeks	11	31.4	0	0	10	50.0	0	0.0	21	36.2

Note: Although the SIGN guideline implies that 100% of patients should have completed radiotherapy within 11 weeks of surgery, delayed healing post surgery can make it impossible to hit this target.

Treatment related mortality: death <31 days from definitive surgery

Table 14

Exclusions= Patients having neck dissection

	Lothian	Borders	Fife	D&G	SCAN
Number of patients with definitive surgery	67	8	27	6	108
Patients dying within 30 days of surgery	1	0	0	0	1

Neck dissection showing Extra Capsular Spread who then proceed to chemoradiation

Table 15

N = Patients having neck dissection

Exclusions= patients who have chemotherapy prior to neck dissection, >70 years, unfit for treatment.

		% of		% of		% of		% of		% of
	Lothian	Total	Borders	Total	Fife	Total	D&G	Total	SCAN	Total
Patients excluded	5	18.5	0	0	0	0.0	0	0.0	5	n/a
Patients with Neck Dissection (after exclusions)	27	n/a	2	n/a	13	100	4	100	46	100
Patients with ECS	8	29.6	2	100	4	30.8	1	25.0	15	32.6
ECS proceeding to chemorad/cetuxim ab & radiotherapy	8	100	2	100	4	100	1	100	15	100
ECS proceeding to XRT only	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

<u>Patients < 70years with stage 3 or 4 disease without primary surgery should be treated with chemoradiotherapy</u>

Table 16

N = Number of patients <70years old with stage 3 or 4 disease who have not had primary surgery

Exclusions = Patients having palliative chemotherapy, unfit patients, patients who died before treatment, patients who refused treatment.

	Lothian	%	Borders	%	Fife	%	D&G	%	SCAN	%
Patients <70years with stage3/4 disease	56	n/a	3	n/a	25	n/a	8	n/a	92	n/a
Patients with primary surgery	24	n/a	2	n/a	13	n/a	4	n/a	43	n/a
Exclusions	6	n/a	0	n/a	4	n/a	0	0.0	10	10.9
n=	26	n/a	1	n/a	8	n/a	4	n/a	39	n/a
Chemorad/xrt & cetuximab	23	88.5	1	100	7	87.5	4	100	35	89.7
No chemoradiotherapy	3	11.5	0	0.0	1	12.5	0	0.0	4	10.3

Note: Radiotherapy and cetuximab is considered an alternative treatment to chemoradiotherapy for patients unfit for chemotherapy

Surgical Margins Achieved

Table 17

N= all patients having surgery

Exclusions= patients having laser resection, patients having neck dissection, and/or biopsy.

Margin achieved	Lothian	%	Borders	%	Fife	%	D&G	%	SCAN	%
n=	59	n/a	6	n/a	26	n/a				
>5mm	16	27.1	2	33.3	3	11.5				
1-5mm	26	44.1	3	50.0	13	50.0				
<1mm	4	6.8	0	0.0	4	15.4				
Involved margin	6	10.2	0	0.0	2	7.7				
uncertain	1	1.7	0	0.0	0	0.0				
Not recorded	6	10.2	1	16.7	4	15.4				

Note: D&G data not provided and therefore not possible to produce a figure for SCAN.

Ideally surgeons try to have 5mm of tissue around the tumour which is free of disease. This is often technically impossible because of the situation of the tumour. One Lothian patient had extensive residual disease from a previous tumour.