SCAN
South East Scotland Cancer Network

NHS SCOTLAND

Working regionally to improve cancer services

SOUTH EAST SCOTLAND CANCER NETWORK (SCAN)
PROSPECTIVE CANCER AUDIT

Prostate Cancer 2018-19 Comparative Audit Report

Patients diagnosed 1st July 2018 to 30th June 2019

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Document History

Version	Circulation	Date	Comments
1	SCAN Urology Leads sign off meeting	10/07/2020	Action points and comments agreed. Chair's summary to be added.
2	SCAN Lead Clinician	30/07/2020	For Lead's commentary.
3	SCAN Urology Group	31/08/2020	For any final comments and SCAN Group Approval by 14/09/2020
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SCAN Urology Chair Summary

At the time of writing we are facing even larger pressures than usual as we seek to address the backlog of cancer diagnoses and treatment caused by the Covid crisis, so it is ever more important that we ensure high quality efficient care is delivered. The QPI process should help us in this regard and it is therefore important that we all seek to contribute to it and bring forward new QPIs as appropriate.

The last year has seen quite a lot of activity around the QPIs for prostate cancer as we have gone through a formal review process that has led to some QPIs being removed and others amended or proposed.

The QPIs that related to diagnosis of prostate cancer, which focussed on imaging and pathology reporting have been removed, as pre-biopsy mpMRI is now standard practice for all, whilst pathology reporting standards are high.

QPI 2 relates to the requirement for all men with high risk prostate cancer to undergo full staging with MRI (or CT) and bonescan. This is happening although due to some MRIs being reported as showing possible T3 disease in men that MDT considered to have low or intermediate risk disease we did not achieve the target. This will be a focus to correct for reporting in the coming year.

The reported rates for QPI 4 are below target primarily because clinicians commence treatment for men with advanced disease and then do not list for MDT as it is not going to change management. We've sought to encourage use of the registration category for the MDT to overcome this and improve reporting against this QPI.

The positive surgical margin and surgeon number QPIs remain the subject of discussion as we are seeing more men with early T3 disease undergoing surgery, consequently many are asking whether the T2 positive surgical margin rate remains a good indicator of quality. For the time being it remains as a measure of quality although in the coming year it has been agreed that the denominator will be all patients undergoing surgery in that centre during the year of reporting. This should provide more accurate information as the whole clinical team will help ensure that data is input to a bespoke database shared with our data manager colleagues. The number of cases per surgeon remains as a QPI although as most men now undergo surgery in regional high volume centres it is less likely to be very important in its own right.

In QPI 7 we are reporting an apparently low proportion of men with metastatic disease who receive chemotherapy. It is accepted that the denominator for this should be the number of men thought suitable for chemotherapy on the basis of clinical assessment as opposed to disease stage. All being well we can take this into account when reporting next year.

Finally, I must thank the whole data management and audit team and clinical colleagues who put such effort into capturing the data upon which this report is based. The report is only as good at the data available for analysis so it is extremely important that we all do what we can to ensure it is of the best quality. There is always room for improvement however, and in particular I would personally like to see us reporting patient reported outcome data following any treatment, surgical or non-surgical, for prostate cancer as this ultimately is what matters most. All being well we now are putting in place the infrastructure that will support this in future.

Professor Alan McNeill
August 2020

Clinical Recommendation Summary 2018 – 2019

QPI	Action required	Lead	Date for update
4	In the cases where MDM discussion did not take place, the consultants have already been reminded that all cases need to be at least registered at MDM to ratify treatment decision and to confirm appropriate clinical practice for all patients. No further action was identified.	N/A	N/A
6	Query source of data in Lothian coding department – Following National Cancer Quality Steering Group meeting on 14th September 2020, data for this QPI is likely to be replaced by audit data in future reports so no action is required at this time.	N/A	N/A
7	Despite a high tolerance set for this QPI, more consideration should be given to the QPI measurement to include only patients where the MDM outcome suggests suitability for chemotherapy treatment.	Lorna Bruce and QPI program	Next formal review

Clinical Recommendation Summary 2017 – 2018

QPI	Action required	Lead	Progress at Board Level
5	This QPI requires review of the methodology set out by the Cancer Quality Programme in the assessment of PSM for T2 cancers	Formal review	Complete
7ii	New date from the Stampede Study is leading to changes in practice: This QPI perhaps should be revised to be measuring metastatic prostate cancer patients treated with hormone therapy and *additional early metastatic therapy* which may be Docetaxel or Abiraterone or radical dose radiotherapy to prostate. Formal Review discussion recommended.	Formal review	Complete
11	QPI requires review in light of the new NICE guidance.	Formal review	Complete

Prostate Cancer QPI Attainment Summary 2018-19		Target %	**Borders**	**D&G**	**Fife**	**Lothian**	**SCAN**
QPI 2: Radiological Staging: High risk cases undergoing radical treatment, who had MRI + Bone scan.		95	N 17 D 17 100%	N 22 D 22 100%	N 72 D 75 96.0%	N 96 D 103 93.2%	N 207 D 217 95.4%
QPI 4: MDT Meeting: Patients with prostate cancer discussed by MDT before treatment	Non-metastatic prostate cancer (TanyNanyM0)	95	N 60 D 61 98.4%	N 70 D 74 94.6%	N 233 D 246 94.7%	N 344 D 372 92.5%	N 707 D 753 93.9%
	Metastatic prostate cancer (TanyNanyM1)	95	N 17 D 19 89.5%	N 19 D 22 86.4%	N 40 D 44 90.9%	N 75 D 93 80.6%	N 151 D 178 84.8%
QPI 5: Surgical Margins: Positive margins in pathologically confirmed organ confined pT2 radical prostatectomy		≤20	Presented by Board of Surgery			N 9 D 74 12.2%	N 9 D 76 11.8%
QPI 6: Surgical Volume: Radical prostatectomy /surgeon in 1 year		50+	1 of the Surgeons in SCAN met the Target.				
QPI 7: Hormone Therapy and Docetaxel Chemotherapy	Hormone therapy within 31 days of MDM decision	95	N 16 D 18 88.9%	N 15 D 19 78.9%	N 37 D 44 84.1%	N 68 D 85 80.0%	N 136 D 166 81.9%
	Docetaxel chemotherapy within 90 days of Hormones	40	N 4 D 18 22.2%	N 6 D 19 31.6%	N 10 D 42 23.8%	N 17 D 78 21.8%	N 37 D 157 23.6%
Clinical Trial QPI - N = Patients consented to trials on SCRN database. D = 5 year average Cancer Registry patients		15	N 5 D 106 4.7%	N 3 D 121 2.5%	N 1 D 230 0.4%	N 14 D 523 2.7%	N 23 D 980 2.3%

Introduction and Methods

Cohort

This report covers patients newly diagnosed with prostate cancer in SCAN between 01/07/2018 and 30/06/2019. The results contained within this report are presented by NHS board of diagnosis, where the QPI relates to surgical outcomes the results has also been presented by hospital of surgery.

Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Public Health Scotland (PHS), and Healthcare Improvement Scotland. QPIs are 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 focused 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 Scotland. Accompanying datasets and measurability criteria for QPIs are published on the PHS website. NHS boards are required to report against QPIs as part of a mandatory, publicly reported programme at a national level.

The QPI dataset for prostate cancer was implemented from 01/07/2012 and this is the seventh publication of QPI results for prostate cancer within SCAN. The dataset was formally reviewed in 2019 along with changes to the QPIs to be measured. At the formal review QPI 1: Biopsy Procedure, QPI 2i Radiological Staging for intermediate risk prostate cancer and QPI3: Pathology Reporting were archived. 2 new QPIs were added, QPI 14: Diagnostic Pre-Biopsy MRI and QPI 15: Low Burden Metastatic Disease, which will be reported in year 8. Significant changes were also made to the measurement of QPIs 2, 4, 7, 8, 11 and 12 following formal review so data for these QPIs are not directly comparable and where applicable will be reported in the year 8 report (patients diagnosed 2019-20).

Audit Processes

Data was analysed by the audit facilitators in each NHS board according to the measurability document provided by PHS. SCAN data was collated by Adam Steenkamp, SCAN Audit Facilitator for Urological cancer.

Data capture focuses round the process for the weekly multidisciplinary meetings (MDM) ensuring that information is collected through routine process. Data is recorded in eCase.

Clinical Sign-Off: This report compares analysed data from individual Health Boards within SCAN and was signed off as accurate following review by the lead clinicians from each board. The collated SCAN results were reviewed jointly by the lead clinicians, including oncologists, to assess variances and provide comments on results.

QPI Dashboard

National QPI performance is now recorded on the new Discovery dashboard provided by PHS.

The Discovery dashboard has all the different cancer QPIs contained in one place along with survival data for each when that becomes available. Discovery requires individual user access and all interested parties are encouraged to sign up.

For guidance on registering for access, please follow this link:
http://www.nssdiscovery.scot.nhs.uk/docs/discovery-registering-for-access-v1-4.pdf

Lead Clinicians and Audit Personnel

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Mr Ben Thomas	Leanne Robinson
NHS Dumfries & Galloway	Dumfries & Galloway Royal Infirmary	Miss Maria Bews-Hair	Martin Keith
NHS Fife	Queen Margaret Hospital	Ms Robyn Webber	Alison Robertson
SCAN & NHS Lothian	St John's Hospital Western General Hospital	Prof A McNeill Dr A Sundaramurthy	Adam Steenkamp

Data Quality

Estimate of Case Ascertainment

An estimate of case ascertainment (the percentage of the population with prostate cancer recorded in the audit) is made by comparison with the Scottish Cancer Registry five year average data from 2014 to 2018. 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 01/07/2018 to 30/06/2019

	Borders	D&G	Fife	Lothian	SCAN
Prostate Cancer	79	99	301	499	978

Estimate of Case Ascertainment: Calculated using the average of the most recent available five years of Cancer Registry Data 2014-2018

Note: Extract of data taken from PHS Cancer Registry website http://www.PHSscotland.org/Health-Topics/Cancer/Cancer-Audit/

	Borders	D&G	Fife	Lothian	SCAN
Cases from Audit	79	99	301	499	978
Cancer Registry 5 Year Average	106	121	230	523	980
Case Ascertainment %	**75**	**82**	**131**	**95**	**100**

Quality Assurance

All hospitals in the region participate in a Quality Assurance (QA) programme provided by the National Services Scotland Public Health Scotland(PHS). QA of the prostate cancer data was carried out in 2020 (2017-18 cohort) and overall accuracy percentage results are shown below:

	Borders	D&G	Fife	Lothian	SCAN
Accuracy of data recording (%)	95.0	96.3	99.5	99.8	97.65

Clinical Sign-Off

This report compares data from reports prepared for individual hospitals and signed off as accurate following review by the lead clinicians from each service. The collated SCAN results are reviewed jointly by the lead clinicians, to assess variances and provide comments on results:

- Individual health board results were reviewed and signed-off locally.
- Final report circulated to SCAN Urology Group and Clinical Governance Groups on 14/09/2020

Actions for Improvement

After final sign off, the process is for the report to be sent to the Clinical Governance groups with action plans for completion at Health Board level. The report is placed on the SCAN website with completed action plans once it has been fully signed-off and checked for any disclosive material.

QPI 2: Radiological Staging – High Risk - Target = 95%

Title: Patients with high risk prostate cancer, who are suitable for radical treatment, should be evaluated for locally advanced, nodal or bony metastatic disease.

Numerator = Number of patients with high risk prostate cancer undergoing radical treatment who have an MRI of the prostate and isotope bone scan (or alternative whole body MRI evaluation).

Denominator = All patients with high risk prostate cancer undergoing radical treatment.

Exclusions: Patients unable to undergo an MRI scan, patients who decline MRI and Patients with T2c tumours (with no other high risk factors).

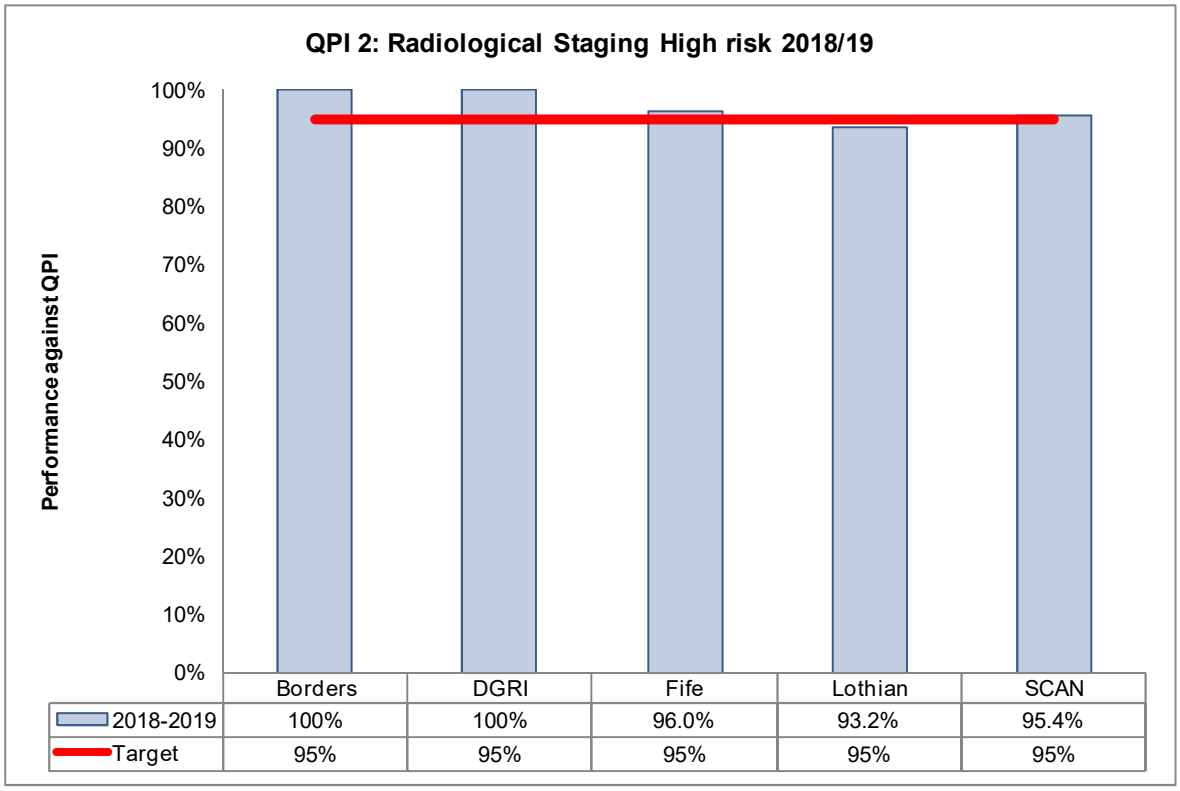
Target 95%	Borders	D&G	Fife	Lothian	SCAN
2018-2019 cohort	79	99	301	499	978
Excluded from analysis	0	0	40	0	40
Ineligible for analysis	62	71	186	396	715
Numerator	17	22	72	96	207
Not recorded for numerator	0	0	0	0	0
Denominator	17	22	75	103	217
Not recorded for exclusion	0	0	1	0	1
Not recorded for denominator	0	0	0	0	0
% Performance	**100**	**100**	**96.0**	**93.2**	**95.4**

Comments:

Lothian: The QPI target was not met showing a shortfall of 1.8% (7 cases) 4 had MRI only. 3 had CT + bone scan only.

Lothian Clinical Comment: 4 of the cases not meeting the QPI criteria should not be considered to be high risk prostate cancer cases on the basis of the clinical T stage alone. The overall clinical picture is that of low or intermediate risk at best. It is worth noting that the MDM discussion and team discussing these cases are better placed to categorize cases as high risk. In the cases of CT + bone scan the high PSA levels suggest imaging to assess for nodal and bone metastasis and therefore it is considered that these cases were assessed appropriately. All these patients were appropriately treated.

Action: None identified



QPI 4i: Multi-Disciplinary Team (MDT) Meeting - Target = 95%

Title: Patients should be discussed by a multidisciplinary team prior to definitive treatment.

Numerator = Number of patients with non-metastatic prostate cancer (TanyNanyM0) discussed at the MDT before definitive treatment.

Denominator = All patients with non-metastatic prostate cancer (TanyNanyM0).

Exclusion = Patients who died before first treatment.

The tolerance within this target accounts for situations where patients require treatment urgently or where prostate cancer is an incidental finding at surgery.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2018-2019 cohort	79	99	301	499	978
Excluded from analysis	0	0	1	1	2
Ineligible for analysis	18	22	48	126	215
Numerator	60	70	233	344	707
Not recorded for numerator	0	0	0	0	0
Denominator	61	74	246	372	753
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	4	7	11
% Performance	**98.4**	**94.6**	**94.7**	**92.5**	**93.9**

Comments:

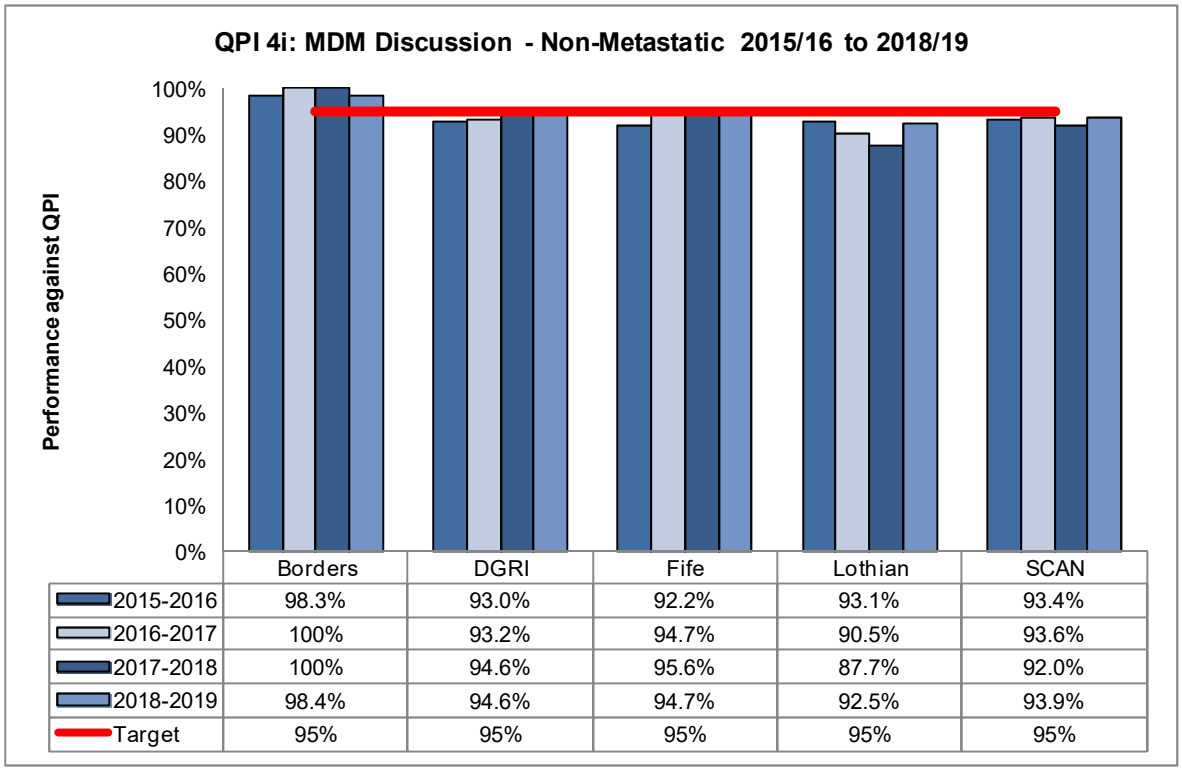
BGH: The QPI target was not met showing a shortfall of 1.7% (4 cases) 3 have definitive treatment (radiotherapy) pending at time of reporting. 1 presented acutely and had to be treated prior to MDM discussion.

D&G: The QPI target was not met showing a shortfall of 0.4% (4 cases) 1 not discussed at MDM. 3 started hormones prior to MDM.

Fife: The QPI target was not met showing a shortfall of 0.4% (13 cases). 2 were not discussed at MDM. 2 were incidental findings after cystoprostatectomy. 9 had their definitive treatment prior to MDM.

Lothian: The QPI target was not met showing a shortfall of 2.5% (28 cases). 13 did not have MDM discussion. 15 had first treatment defined prior to MDM discussion.

Action: Where patients were started on hormones, it is considered the appropriate treatment. The MDM in this setting only serves as a tool to ratify treatment given, and confirm all patients received appropriate clinical assessment and treatment.
In the cases where MDM discussion did not take place, the consultants were reminded that all cases need to be at least registered at MDM to ratify treatment decision and to confirm appropriate clinical practice for all patients.



	Borders	DGRI	Fife	Lothian	SCAN
2015-2016	98.3%	93.0%	92.2%	93.1%	93.4%
2016-2017	100%	93.2%	94.7%	90.5%	93.6%
2017-2018	100%	94.6%	95.6%	87.7%	92.0%
2018-2019	98.4%	94.6%	94.7%	92.5%	93.9%
Target	95%	95%	95%	95%	95%

QPI 4ii: Multi-Disciplinary Team (MDT) Meeting - Target = 95%

Title: Patients should be discussed by a multidisciplinary team prior to definitive treatment.

Numerator = Number of patients with metastatic prostate cancer (TanyNanyM1) discussed at the MDT within 42 days of commencing treatment.

Denominator = All patients with metastatic prostate cancer (TanyNanyM1).

Exclusion = Patients who died before first treatment.

The tolerance within this target accounts for situations where patients require treatment urgently or where prostate cancer is an incidental finding at surgery.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2018-2019 cohort	79	99	301	499	978
Excluded from analysis	0	0	0	406	406
Ineligible for analysis	0	74	251	0	325
Numerator	17	19	40	75	151
Not recorded for numerator	0	0	0	0	0
Denominator	19	22	44	93	178
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	3	4	7	14
% Performance	**89.5**	**86.4**	**90.9**	**80.6**	**84.8**

Comments:

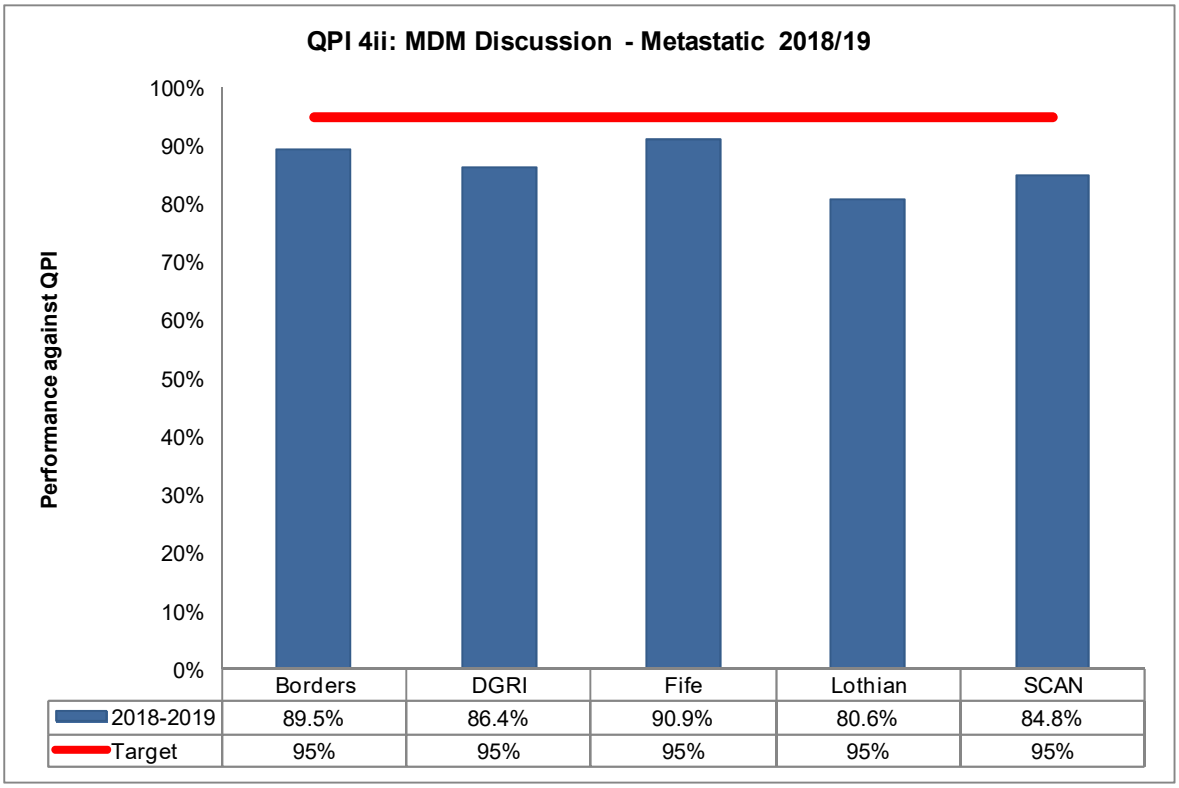
Borders: The QPI target was not met showing a shortfall of 5.5% (2 cases). Both patients started treatment prior to MDM discussion. All staff will be reminded to list all cases on MDM even when clinical diagnosis is apparent.

D&G: The QPI target was not met showing a shortfall of 8.6% (3 cases). All 3 started on hormones but were not discussed at MDM.

Fife: The QPI target was not met showing a shortfall of 4.1% (4 cases). 3 were discussed at MDM outwith 42 days from treatment. 1 was not discussed at MDM.

Lothian: The QPI target was not met showing a shortfall of 15.2% (19 cases). 12 cases were not discussed at MDM. 7 cases were discussed after treatment started and outwith the 42 day timeframe.

Action: In the cases where MDM discussion did not take place, the consultants were reminded that all cases need to be at least registered at MDM to ratify treatment decisions and to confirm appropriate clinical practice for all patients. No further action was identified.



QPI 5: Surgical Margins - Target ≤ 20%

Title: Organ confined prostate cancers which are surgically treated with radical prostatectomy should be completely excised.

Numerator = Number of patients with stage pT2 prostate cancer who underwent radical prostatectomy in which tumour is present at the margin.

Denominator = All patients with stage pT2 prostate cancer who underwent radical prostatectomy.

Exclusions = No exclusions.

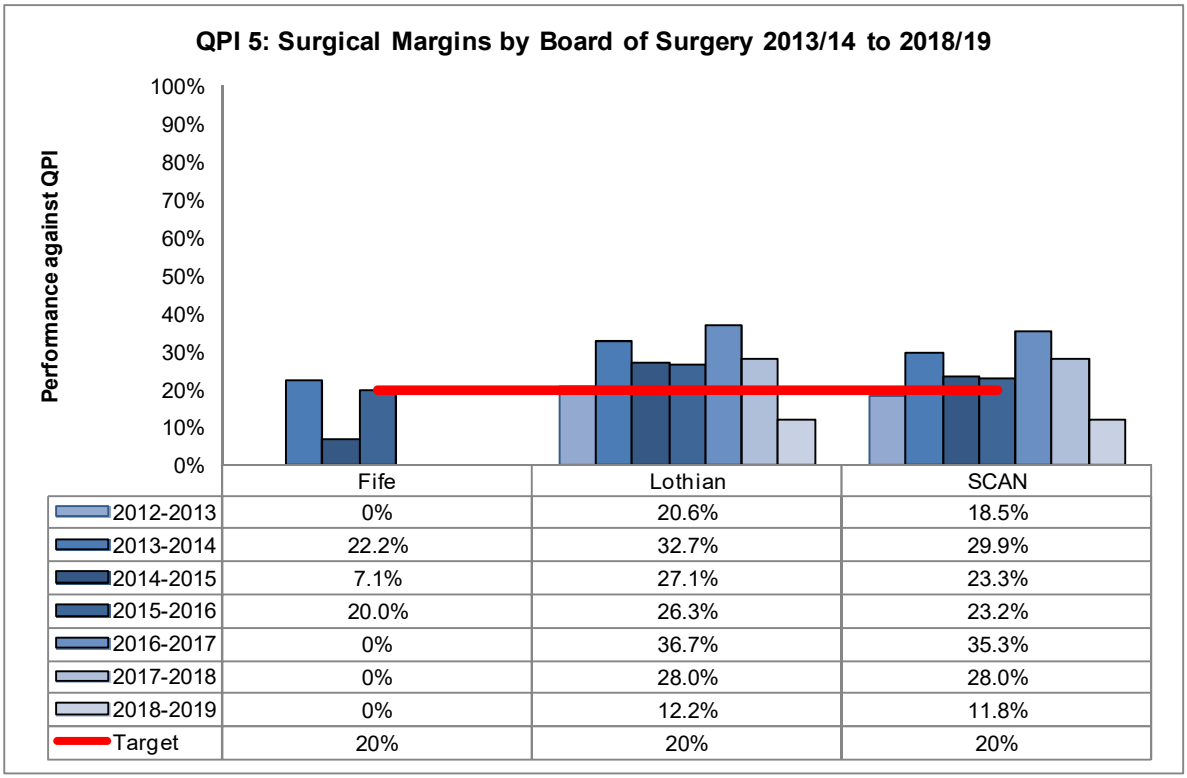
Target ≤ 20%	Borders	D&G	Fife	Lothian	SCAN
2018-2019 cohort	79	99	301	499	978
Excluded from analysis	0	0	0	0	0
Ineligible for analysis	76	95	299	458	928
Numerator	-	-	0	9	9
Not recorded for numerator	-	-	0	0	0
Denominator	-	-	2	74	76
Not recorded for exclusion	-	-	0	0	0
Not recorded for denominator	-	-	0	0	0
% Performance	**N/A**	**N/A**	**0**	**12.2**	**11.8**

2018/19	Target ≤ 20%			
Surgeon	A	B	C	ALL
Numerator	6	3	0	9
Denominator	50	24	2	76
% Performance	**12.0**	**12.5**	**0**	**11.8**

Since June 2016 NHS Lothian exclusively performed robotic assisted prostatectomies on Borders, D&G and some Fife patients.

Comment: The case mix will inevitably affect the outcome and may vary between surgeons, which mean that these 'top-line' results may not allow direct comparison between surgeons. The methodology used to collate the SCAN data, results in reporting of only a proportion of cases performed by each surgeon diagnosed and treated in the cohort year is flawed. In positive margin pT2 cases the pathologists were not routinely reporting whether the margin was focal or not. Hence it may be seen that there are issues with the methodology of capture and interpretation, which make the results of this QPI unrepresentative of each surgeon's whole practice, thereby misrepresenting the quality of care delivered. Furthermore, it is likely that those surgeons who undertake training of other less experienced surgeons will see their own outcome results affected by this training activity. This has been addressed in the recent formal review and we await the 2019-20 report to assess results.

Action: None identified



	Fife	Lothian	SCAN
2012-2013	0%	20.6%	18.5%
2013-2014	22.2%	32.7%	29.9%
2014-2015	7.1%	27.1%	23.3%
2015-2016	20.0%	26.3%	23.2%
2016-2017	0%	36.7%	35.3%
2017-2018	0%	28.0%	28.0%
2018-2019	0%	12.2%	11.8%
Target	20%	20%	20%

QPI 6: Volume of Cases per Surgeon - Target ≥ 50

Title: Surgery should be performed by surgeons who perform the procedure routinely.

Standard reports from SMR01 data from PHS have found to be erroneous as the data returns are incomplete at the time of reporting. These figures are derived from SCAN audit manual data checking.

Number of prostatectomy procedures by surgeon in 2018/19			
	A	B	C
SCAN Audit figures	163	44	3

The target was ≥ 12 for years 1-3 and was changed to ≥ 50 for years 4 onwards.
Previous years SMR01 data:

Varying evidence exists regarding the most appropriate target level for surgical case volume. In order to ensure that the target level takes account of level 1 evidence and will drive continuous quality improvement as intended this performance indicator will be kept under regular review. It is recognised that multiple factors affect overall performance and that the end point focus must be clinical outcomes in what is a team delivered goal. It is recommended that where two consultants operate together on the same patient each should

count the case in his/her numbers as this best reflects the partnership accountability of such shared procedures. This QPI includes all prostatectomies performed by a surgeon in a single year and therefore is not comparable to QPI 5 (surgical margins), which uses the audit cohort of patients diagnosed in 2017-18 and is further defined by pathological staging.

Comment: NHS Health Boards send SMR01 returns to PHS. PHS perform a rudimentary QA on these data and any errors in coding should be fed back to the local coding department.

Action: Query source of data in Lothian coding department

QPI 7i: Immediate Hormone Therapy - Target = 95%

Title: Patients with metastatic prostate cancer should undergo hormone therapy within 31 days of being discussed at MDM.

Numerator = Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with hormone therapy (LHRH agonist monotherapy, maximum androgen blockade or bilateral orchidectomy) within 31 days of being discussed at MDM.

Denominator = All patients presenting with metastatic prostate cancer (TanyNanyM1).

Exclusions = Patients documented to have declined hormone therapy and patients enrolled in clinical trials.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2018-2019 cohort	79	99	301	499	978
Excluded from analysis	0	0	0	6	6
Ineligible for analysis	61	77	251	408	797
Numerator	16	15	37	68	136
Not recorded for numerator	0	0	0	0	0
Denominator	18	19	44	85	166
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	3	4	7	14
% Performance	**88.9**	**78.9**	**84.1**	**80.0**	**81.9**

Comments:

Borders: The QPI target was not met showing a shortfall of 6.1% (2 cases) 1 had hormone treatment prior to MDT discussion. 1 had hormone treatment after MDT discussion but outwith 31 days from MDM.

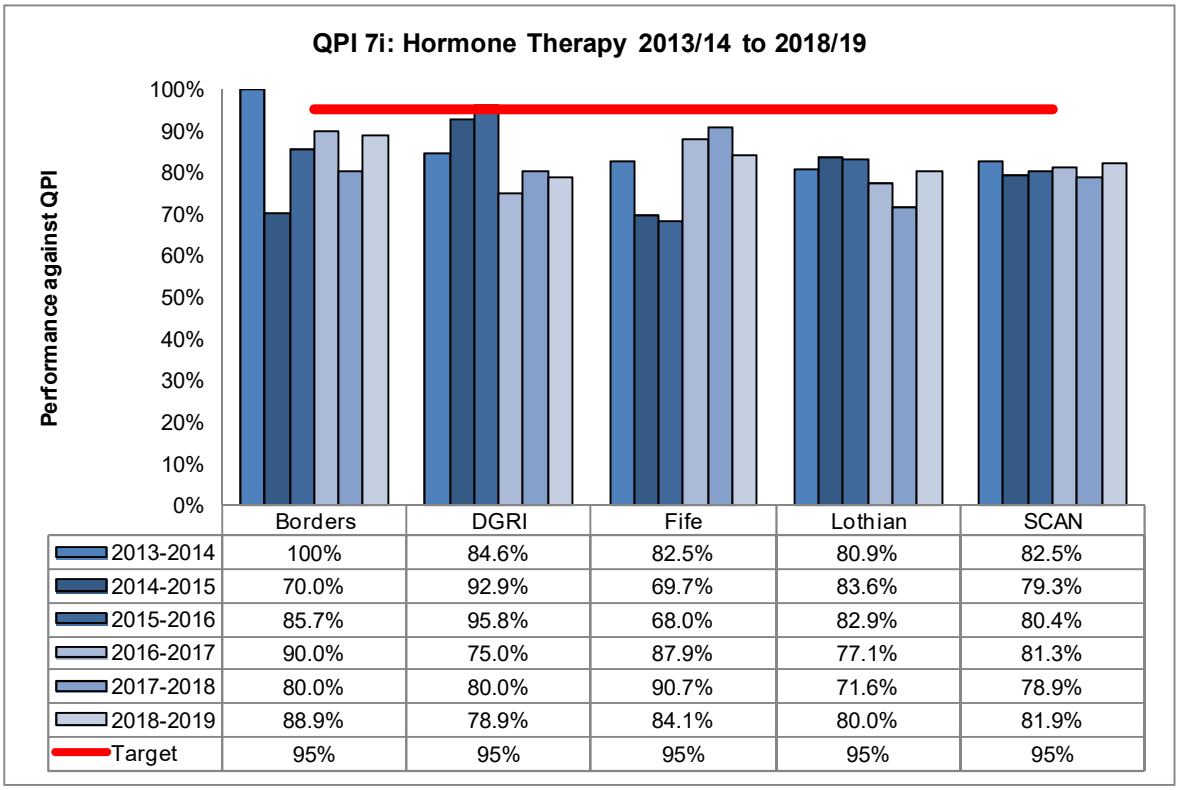
D&G: The QPI target was not met showing a shortfall of 16.1% (4 cases) all started on hormones. 3 were not discussed at MDM. 1 started hormones 42 days post MDM as was only to start if bone scan was positive for metastatic disease.

Fife: The QPI target was not met showing a shortfall of 10.9% (7 cases) 2 were for best supportive care. 1 was not discussed at MDM. 4 waited longer than 31 days from MDM to treatment.

Lothian: The QPI target was not met showing a shortfall of 15% (17 cases) 11 did not have MDM discussion. 2 did not start hormones (1 on watchful waiting + 1 had palliative radiotherapy with best supportive care) 4 started hormone treatment but outwith 31 days.

Comment: Where patients received appropriate treatment outwith the 31 day timeframe, factors including clinic capacity and overall clinical judgement (delayed +/- intermittent hormone deprivation therapy) and preserving patient quality of life needs consideration.

Action: In the cases where MDM discussion did not take place, the consultants were reminded that all cases need to be at least registered at MDM to ratify treatment decision and to confirm appropriate clinical practice for all patients.



	Borders	DGRI	Fife	Lothian	SCAN
2013-2014	100%	84.6%	82.5%	80.9%	82.5%
2014-2015	70.0%	92.9%	69.7%	83.6%	79.3%
2015-2016	85.7%	95.8%	68.0%	82.9%	80.4%
2016-2017	90.0%	75.0%	87.9%	77.1%	81.3%
2017-2018	80.0%	80.0%	90.7%	71.6%	78.9%
2018-2019	88.9%	78.9%	84.1%	80.0%	81.9%
Target	95%	95%	95%	95%	95%

QPI 7ii: Immediate Hormone Therapy and Docetaxel Chemotherapy - Target = 40%

Title: Patients with metastatic prostate cancer should undergo immediate hormone therapy and chemotherapy where appropriate

Numerator = Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate hormone therapy and Docetaxel chemotherapy.

Denominator = All patients presenting with metastatic prostate cancer (TanyNanyM1).

Exclusions = Patients documented to have declined immediate hormone therapy. Patients documented to have declined chemotherapy. Patients enrolled in clinical trials.

Target 40%	Borders	D&G	Fife	Lothian	SCAN
2018-2019 cohort	79	99	301	499	978
Excluded from analysis	0	0	2	12	14
Ineligible for analysis	61	77	251	409	798
Numerator	4	6	10	17	37
Not recorded for numerator	0	0	0	0	0
Denominator	18	19	42	78	157
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	4	7	11
% Performance	**22.2**	**31.6**	**23.8**	**21.8**	**23.6**

Comments:

Borders: The QPI target was not met showing a shortfall of 17.8% (14 cases). In 8 cases the MDM recommendation was to not offer chemotherapy. 2 patients had ARTA. 2 declined chemotherapy.1 had chemotherapy outwith the QPI timeframe (31 days for hormones and 90

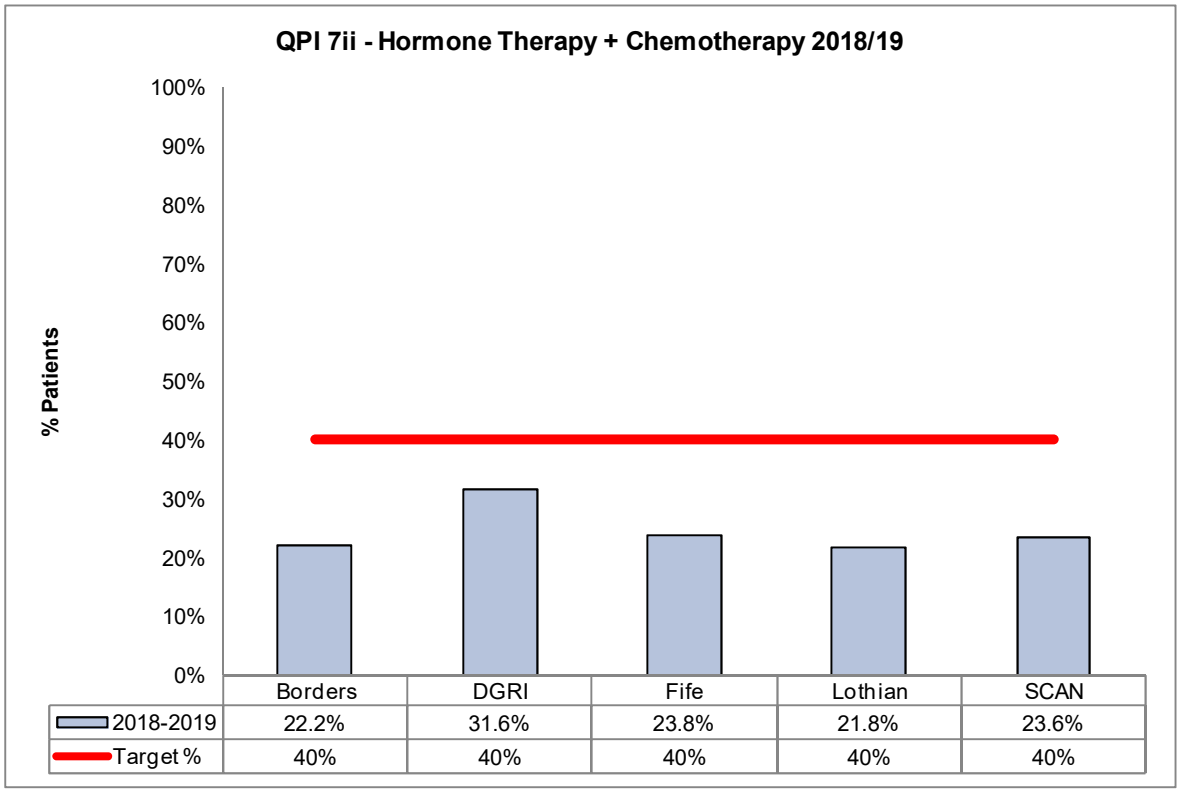
days for chemotherapy). In 1 case it was not clinically appropriate to offer chemotherapy due to a pathological fracture fixation.

D&G: The QPI target was not met showing a shortfall of 8.4% (13 cases) 2 had chemotherapy outwith the timescale. 11 did not have chemotherapy.

Fife: The QPI target was not met showing a shortfall of 16.2% (32 cases) 3 waited longer than 90 days for chemotherapy. 3 waited longer than 31 days to start hormones. 2 were for best supportive care. 23 did not receive chemotherapy. 1 was not discussed at MDM.

Lothian: The QPI target was not met showing a shortfall of 18.2% (61 cases) 6 waited longer than 90 days for chemotherapy. 1 waited longer than 31 days to start hormones. 54 did not receive chemotherapy - All were not fit for chemotherapy

Action: Despite a high tolerance set for this QPI, more consideration should be given to the QPI measurement to include only patients where the MDM outcome suggests suitability for chemotherapy treatment.



	Borders	DGRI	Fife	Lothian	SCAN
2018-2019	22.2%	31.6%	23.8%	21.8%	23.6%
Target %	40%	40%	40%	40%	40%

QPI 13: Clinical Trials – Target 15%

Proportion of patients with Prostate cancer who are consented for an interventional clinical trial or translational research.

Numerator = Number of patients with Prostate cancer consented in a clinical trial.

Denominator = All patients with Prostate cancer.

Average 5 year incidence from Cancer Registry (2014 – 2018)

Target 15%	Borders	D&G	Fife	Lothian	SCAN
Numerator	5	3	1	14	23
Denominator	106	121	230	523	980
% Performance	**4.7**	**2.5**	**0.4**	**2.7**	**2.3**

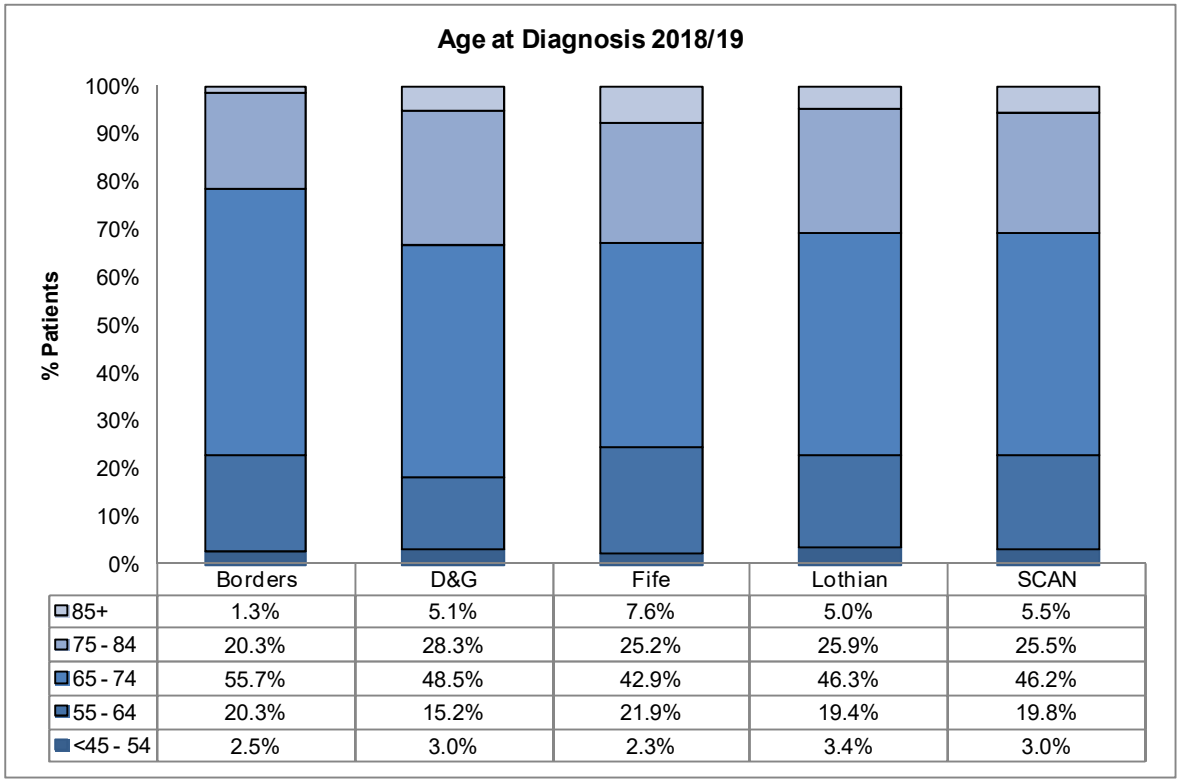
Open Trials in 2018	Number recruited
STAMPEDE	10
ENeRgy	3
CANC - 4350 - PF-0438119	1
PRINToUT	9

Cancer Registry data taken from PHS website (2014 – 2018).
SCRN data 2019 calendar year cohort.

Comment: It is noted that the covid19 lockdown and suspension of clinical trials will affect results for 2019-20.

Age Analysis

Age group	Borders	D&G	Fife	Lothian	SCAN
Under 45	1	0	0	0	1
45 - 49	0	0	0	4	4
50 - 54	1	3	7	13	24
55 - 59	3	4	22	29	58
60 - 64	13	11	44	68	136
65 - 69	19	22	54	120	215
70 - 74	25	26	75	111	237
75 - 79	9	20	57	88	174
80 - 84	7	8	19	41	75
85+	1	5	23	25	54
Total	79	99	301	499	978



	Borders	D&G	Fife	Lothian	SCAN
85+	1.3%	5.1%	7.6%	5.0%	5.5%
75 - 84	20.3%	28.3%	25.2%	25.9%	25.5%
65 - 74	55.7%	48.5%	42.9%	46.3%	46.2%
55 - 64	20.3%	15.2%	21.9%	19.4%	19.8%
<45 - 54	2.5%	3.0%	2.3%	3.4%	3.0%

Prostate Cancer QPI Attainment Summary 2017-18		Target %	Borders		D&G		Fife		Lothian		SCAN	
QPI 1: Biopsy Procedure. Diagnostic TRUS biopsy where a minimum of 10 cores are received		90	N 75 D 75	100%	N 54 D 54	100%	N 135 D 138	97.8%	N 304 D 323	94.1%	N 568 D 590	96.3%
QPI 2: Radiological Staging in Patients having radical treatment	MRI for intermediate risk cancer	95	N 14 D 14	100%	N 7 D 7	100%	N 44 D 44	100%	N 63 D 63	100%	N 128 D 128	100%
	MRI & bone scan for high risk cancer	95	N 18 D 18	100%	N 24 D 24	100%	N 59 D 60	98.3%	N 112 D 122	91.8%	N 213 D 224	95.1%
QPI 3. Pathology report contains a full set of pathology data items for needle biopsies.		90	N 82 D 82	100%	N 68 D 68	100%	N 156 D 156	100%	N 343 D 355	96.6%	N 649 D 661	98.2%
QPI 4: MDT discussion	Discussion of non metastatic cases prior to treatment	95	N 88 D 88	100%	N 70 D 74	94.6%	N 172 D 180	95.6%	N 322 D 367	87.7%	N 652 D 709	92.0%
	Discussion of metastatic cases within 28 days of treatment	95	N 12 D 15	80.0%	N 15 D 21	71.4%	N 37 D 43	86.0%	N 55 D 82	67.1%	N 119 D 161	73.9%
QPI 5: Surgical Margins. Positive margins in pathologically confirmed organ confined pT2 radical prostatectomy		≤20	Presented by Board of Surgery						N 21 D 75	28.0%	N 21 D 75	28.0%
QPI 6: Surgical Volume. Radical prostatectomy /surgeon in 1 year		50+	1 surgeon in SCAN exceeded the target. 2 surgeons performed less than 50 procedures.									
QPI 7: Hormone Therapy for metastatic disease	Within 31 days of MDM treatment decision	95	N 12 D 15	80.0%	N 16 D 20	80.0%	N 39 D 43	90.7%	N 53 D 74	71.6%	N 120 D 152	78.9%
	Docetaxel chemotherapy within 90 days of first hormone treatment	70	N 4 D 15	26.7%	N 3 D 20	15.0%	N 8 D 41	19.5%	N 9 D 69	13.0%	N 24 D 145	16.6%
QPI 8 Post Surgical Incontinence in radical prostatectomy patients*	>0 pads per day	≤20	Presented by Board of Surgery				N 2 D 6	33.3	N 39 D 102	38.2%	N 41 D 108	38.0%
	>1 pad per day	≤10	Presented by Board of Surgery				N 0 D 6	0%	N 18 D 102	17.6%	N 18 D 108	16.7%
QPI 11: Early Management of Active Surveillance*	Multiparametric MRI within 6 months of diagnosis	95	N 7 D 40	17.5	N N/A D N/A	N/A	N 0 D 27	0	N 65 D 103	63.1%	N 72 D 170	42.4%
	Prostate re-biopsy within 14 months of diagnosis	75	N 9 D 38	23.7	N N/A D N/A	N/A	N 6 D 25	24.0	N 57 D 93	61.3%	N 72 D 156	46.2%
QPI 12: 30 Day mortality following chemotherapy		5	N 0 D 9	0%	N 0 D 4	0%	N 0 D 25	0%	N 0 D 38	0%	N 0 D 76	0%

Prostate Cancer QPI Attainment Summary 2017-18	Target %	Borders	D&G	Fife	Lothian	SCAN
Clinical Trial QPI - N = Patients consented to trials on SCRN database. D = 5 year average Cancer Registry patients	15	N 1 D 101 1.0%	N 1 D 115 0.9%	N 3 D 218 1.4%	N 21 D 517 4.1%	N 26 D 950 2.7%