

SOUTH EAST SCOTLAND CANCER NETWORK PROSPECTIVE CANCER AUDIT

OESOPHAGO-GASTRIC CANCER 2022

COMPARATIVE AUDIT REPORT

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OESOPHAGO-GASTRIC CANCER 2022 COMPARATIVE AUDIT REPORT

Patients diagnosed 1st January 2022 – 31st December 2022

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DOCUMENT HISTORY

Version	Circulation	Date	Comments
Version 1	SCAN Upper GI Group meeting	1/09/2022	Comments and actions added at sign-off meeting. Format changes.
Version 2	Lead Clinician for commentary and comments	04/10/2023	Draft 2 of the report sent to sign off group. Comments added and modified.
Version 3	Final draft report circulated to SCAN Upper GI Group	12/10/2023	Draft 3 of report Lead commentary added.
Version 4	Final report and action plans circulated to SCAN Upper GI Group and Clinical Governance Groups	14/11/2023	Comments updated for final circulation. Checked for disclosure January 2024
Version 4w	Final report uploaded to the SCAN website	January 2024	

OESOPHAGO-GASTRIC CANCER 2022 COMPARATIVE AUDIT REPORT
COMMENT BY CHAIR OF THE SCAN UPPER GI GROUP

The introduction of oesophago-gastric cancer QPIs has led to improvement in the level and quality of audit data with the aim of driving good practice and equity of care. The SCAN audit team have worked hard to provide complete and accurate data for the 2022 report.

In many QPIs there has been good performance and ongoing improvements in some areas despite emerging from the COVID pandemic. This is a tribute to the hard work of all members of the multidisciplinary teams throughout the SCAN region. For example, MDT documentation of disease staging has progressively improved. The administration of neo-adjuvant chemotherapy remains safe and effective, and surgical outcomes such as length of stay and lymph node status demonstrate high standards. However, it is important that we remain vigilant of challenges faced by ongoing development. For example, our documentation of nutritional screening has improved, and yet, in the face of this, our provision of timely dietetic assessment for high-risk patients has reduced. Provision of sufficient dietetic resource remains a local priority.

Some QPIs represent an ongoing challenge for the treatment of oesophago-gastric cancer at a national level. In particular, the low levels of patients undergoing curative treatment requires further work in screening and primary care at a national level with an emphasis on earlier diagnosis.

Mr Richard Skipworth
SCAN Lead Clinician for OG Cancers
November 2023

Actions 2022

QPI	Action	Lead	Date for update
5	To improve documentation of MUST score and in gastric cancer patients to review and improve accessibility to a dietician.	RS	February 2024

SCAN Lead Clinician: we have made a further dietetic appointment and are trying to emphasise MUST scoring, as a general point for all Clinicians, Dieticians and CNS.

Actions 2021 Update

QPI	Action	Lead	Progress
1	Review patients with non-diagnostic biopsies at first endoscopy to identify any common factors (e.g., Number of biopsies, transnasal endoscopy).	PL	Completed

OG QPI Attainment Summary – 2022, Year 10		Target %	Borders		D&G		Fife		Lothian		SCAN	
QPI 1: Endoscopy - Histological diagnosis made within 6 weeks of initial endoscopy and biopsy	Oesophageal	95	N 20 D 22	90.9%	N 44 D 44	100%	N 58 D 61	95.1%	N 152 D 176	86.4%	N 274 D 303	90.4%
	Gastric	95	N 5 D 5	100%	N 5 D 6	83.3%	N 22 D 24	91.7%	N 31 D 35	88.6%	N 63 D 70	90.0%
QPI 3: MDT before definitive treatment	Oesophageal	95	N 22 D 23	95.7%	N 43 D 44	97.7%	N 60 D 62	96.8%	N 165 D 179	92.2%	N 290 D 308	94.2%
	Gastric	95	N 5 D 6	83.3%	N 4 D 5	80%	N 26 D 26	100%	N 35 D 35	100%	N 70 D 72	97.2%
QPI 4: TNM Staging recorded at MDT prior to treatment	Oesophageal	90	N 23 D 23	100%	N 44 D 44	100%	N 63 D 64	98.4%	N 165 D 180	91.7%	N 295 D 311	94.9%
	Gastric	90	N 5 D 6	83.3%	N 4 D 6	66.7%	N 26 D 27	96.3%	N 35 D 35	100%	N 70 D 74	94.6%
QPI 4ii: TNM Treatment Intent recorded at MDT prior to treatment	Oesophageal	95	N 23 D 23	100%	N 44 D 44	100%	N 60 D 64	93.8%	N 164 D 180	91.1%	N 291 D 311	93.6%
	Gastric	95	N 5 D 6	83.3%	N 5 D 6	83.3%	N 26 D 27	96.3%	N 29 D 35	82.9%	N 65 D 74	87.8%
QPI 5i: Nutritional Assessment: Undergo screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	Oesophageal	95	N 21 D 23	91.3%	N 43 D 44	97.7%	N 62 D 64	96.9%	N 1252 D 180	69.4%	N 251 D 311	80.7%
	Gastric	95	N 6 D 6	100%	N 6 D 6	100%	N 27 D 27	100%	N 25 D 35	71.4%	N 64 D 74	86.5%
QPI 5ii: Nutritional Assessment: are at high risk of malnutrition (MUST score >2) referred to dietician	Oesophageal	90	N 11 D 12	91.7%	N 26 D 27	96.3%	N 20 D 22	90.9%	N 102 D 117	87.2%	N 159 D 178	89.3%
	Gastric	90	N 2 D 2	100%	N 1 D 1	100%	N 12 D 13	92.3%	N 11 D 19	57.9%	N 26 D 35	74.3%
QPI 6: Appropriate Selection: Neo-Adjuvant chemotherapy followed by surgical resection	Oesophageal	80	N 4 D 4	100%	N 7 D 8	87.5%	N 7 D 7	100%	N 26 D 29	89.7%	N 44 D 48	91.7%
	Gastric	80	N 1 D 1	100%	N 0 D 0	-	N 2 D 2	100%	N 2 D 2	100%	N 5 D 5	100%
QPI 7i: 30 Day Mortality Following Surgery (presented by Board of Surgery)	Oesophageal	<5	Board of Surgery					N 1 D 53	1.9%	N 1 D 53	1.9%	
	Gastric	<5	Board of Surgery					N 0 D 9	0.0%	N 0 D 9	0.0%	

OG QPI Attainment Summary – 2022, Year 10		Target %	Borders	D&G	Fife	Lothian	SCAN
QPI 7ii: 90 Day Mortality Following Surgery (presented by Board of Surgery)	Oesophageal	<7.5	Board of Surgery			N 1 2.0%	N 1 2.0%
	D 51					D 51	D 51
QPI 8: Lymph Node Yield – Curative resection where >15 lymph nodes are resected and examined (Presented by Board of Surgery)	Gastric	<7.5	Board of Surgery			N 0 0.0%	N 0 0.0%
	D 9					D 9	D 9
QPI 9: Hospital of Stay: Discharge within 14 days of surgical procedure (presented by Board of Surgery)	Oesophageal	60	Board Of Surgery			N 35 66.0%	N 35 66.0%
	D 53					D 53	D 53
QPI 10i: Oesophageal clear circumferential resection margins (presented by board of surgery)	Gastric	60	Board of Surgery			N 9 100%	N 9 100%
	D 9					D 9	D 9
QPI 10ii: Longitudinal margins clear (Presented by Board of Surgery)	Oesophageal	70	Board of Surgery			N 39 73.6%	N 39 73.6%
	D 53					D 53	D 53
QPI 11: Curative Treatment Rates	Oesophageal	90	Board of Surgery			N 52 98.1%	N 52 98.1%
	D 53					D 53	D 53
QPI 13 HER2 Status in Advanced Oesophageal/Gastric Adenocarcinoma	Gastric	95	Board of Surgery			N 9 100%	N 9 100%
	D 9					D 9	D 9
QPI 11: Curative Treatment Rates	Oesophageal	35	N 7 30.4%	N 9 20.5%	N 15 23.8%	N 50 27.8%	N 81 26.1%
	D 23		D 44	D 63	D 180	D 310	
QPI 11: Curative Treatment Rates	Gastric	35	N 1 16.7%	N 0 0.0%	N 3 11.5%	N 5 14.7%	N 9 12.5%
	D 6		D 6	D 26	D 34	D 72	
QPI 13 HER2 Status in Advanced Oesophageal/Gastric Adenocarcinoma	Oesophageal	90	N 2 100%	N 6 100%	N 13 92.6%	N 23 100%	N 44 97.8%
	D 2		D 6	D 14	D 23	D 45	

INTRODUCTION AND METHODS

Cohort

This report covers patients diagnosed with an Oesophageal or Gastric cancer from 01/01/2022 to 31/12/2022. The results contained within this report are presented by NHS board of diagnosis, where the QPI relates to surgical outcomes the results are presented by hospital of surgery.

Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Public Health Scotland, 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 Scotland.

Accompanying datasets and measurability criteria for QPIs are published on the PHS website¹. 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. A first formal 3 year review of the Upper GI Cancer QPIs was undertaken and published on the HIS website in April 2017. The revised QPIs were used to report year 4, 2016 data with the existing data fields and using the new measurability. Where new data fields were required, collection and reporting started in year 5, 2017.

The second 3 year formal review for the Upper GI cancer QPIs commenced in autumn 2019. Due to Covid-19 there was a delay in publication of the review. The revised QPIs are used to report Year 10, 2022 data.

The third 3 year formal review process for the OG cancer QPIs commenced in autumn 2022 and finalised April 2023. The revised QPIs will be used to report Year 11, 2023 data.

The following QPIs have been updated:

QPI	Change	Year for reporting
4i	New data item: TNM recorded at MDT (TNM) (Yes/No)	2021
5ii	QPI amended to patients being "assessed by" dietetics rather than "referred to" dietetics. New data items added: Dietetic assessment (ASSESSDIET), Date of dietetic assessment (DATEDIET).	2021
9	QPI to now be measured using audit data rather than SMR01 data. New data item: Date of discharge (DDISCHARGE)	2021
13	HER2 testing measurability to include all patients with adenocarcinoma of gastric and gastro-oesophageal cancers.	2020

QPI 12, 30-day Oncology and the Clinical Trials QPI were archived in 2021. QPI 2 was archived in the 2016 Formal Review.

¹ Datasets and measurability documents are available at www.isdscotland.org

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.	

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 Kirsty Martin, SCAN Cancer Information Analyst for Oesophago-Gastric 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 audit of the patient record and review of various hospitals electronic records systems.

Surgical and Oncology data is obtained from the clinical records (electronic systems)

SCAN data was recorded in eCase for Lothian, Borders, Dumfries & Galloway and Fife.

Lead Clinicians and Audit Personnel

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Mr Jonathon Fletcher	Suzanne Tunmore
NHS Dumfries & Galloway	Dumfries & Galloway Royal Infirmary	Mr Jeyakumar Apollos	Jenny Bruce / Teresa Quintela
NHS Fife	Queen Margaret Hospital Victoria Hospital	Mr Andreas Luhmann	Maureen Lamb
SCAN & NHS Lothian	St John's Hospital Royal Infirmary Edinburgh Western General Hospital	Mr Pete Lamb / Mr Richard Skipworth	Kirsty Martin
	Edinburgh Cancer Centre	Dr Lucy Wall	

Data Quality Assurance

All hospitals in mainland Scotland participate in a Quality Assurance (QA) programme provided by Public Health Scotland (PHS). QA of the Oesophago-Gastric data was carried out in February 2020 and this showed an average of 98.1% data accuracy for SCAN and the average accuracy for Scotland was 97.5%.

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 1st September 2023.
- The final draft of the regional report was circulated to members of the SCAN Upper GI Group and Clinical Governance Framework on 14th November 2023.

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 2017 to 2021. 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 01/01/2022 – 31/12/2022.

	Borders	D&G	Fife	Lothian	SCAN
Oesophageal Cancer	24	44	64	180	312
Gastric Cancer	6	6	27	35	74
Total OG Cancers	30	50	91	215	386

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

Case Ascertainment	Borders	D&G	Fife	Lothian	SCAN
Number of cases from audit	30	50	91	215	386
Cases from Cancer Registry	34	48	93	193	368
Case Ascertainment %	88.2	104.2	97.8	111.4	104.9

Source: Scottish Cancer Registry, PHS. Data extracted from ACaDMe 01/08/2023.

Note: 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 = 95%

Numerator = Number of patients with oesophageal or gastric cancer who undergo endoscopy and who have a histological diagnosis made within 6 weeks of initial endoscopy and biopsy

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

Exclusions = No exclusions

Oesophageal cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	24	44	64	180	312
Ineligible for this QPI	2	0	3	4	9
Numerator	20	44	58	152	274
Not recorded for numerator	0	0	0	0	0
Denominator	22	44	61	176	303
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	90.9	100.0	95.1	86.4	90.4

Comments where QPI was not met.

Borders: The QPI target was not met showing a shortfall of 4.1% (2 cases).

1 patient with negative pathology at endoscopy underwent EMR which diagnosed and treated the cancer. 1 patient diagnosed clinically at endoscopy & also on CT without pathology despite 2 biopsies, patient was discussed at MDT.

Lothian: The QPI target was not met showing a shortfall of 8.6% (24 cases). 24 patients were clinically diagnosed without pathology and with cancer in-situ or high-grade dysplasia of which 7 received stent, 4 underwent EMR, 3 received radical radiotherapy, 3 underwent surgical resection, 3 received best supportive care, 2 underwent argon therapy, 1 dilation and laryngectomy and 1 radical chemo/radiotherapy.

Gastric cancer

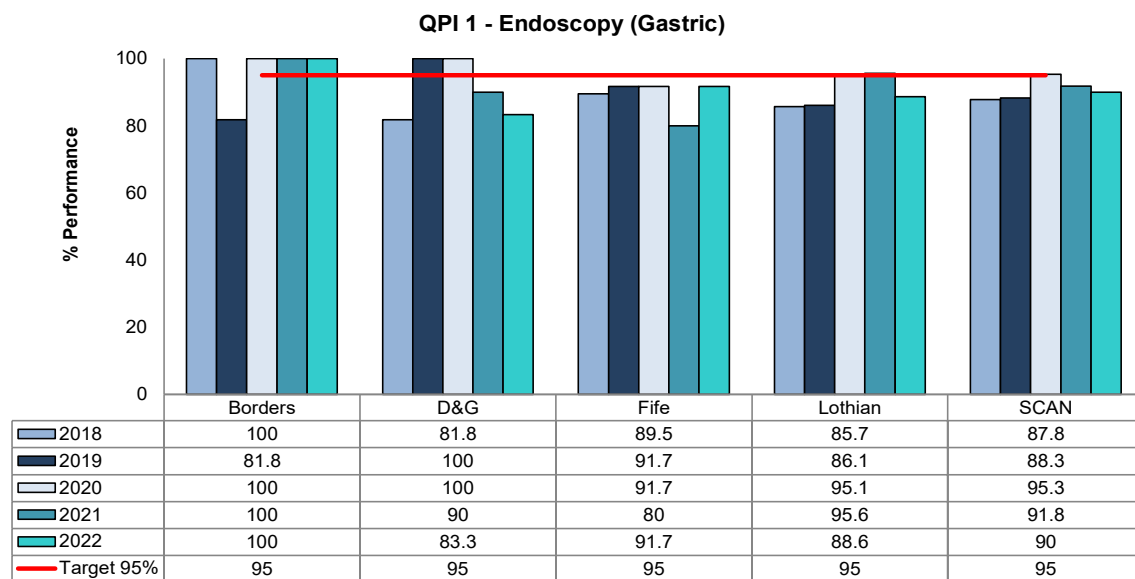
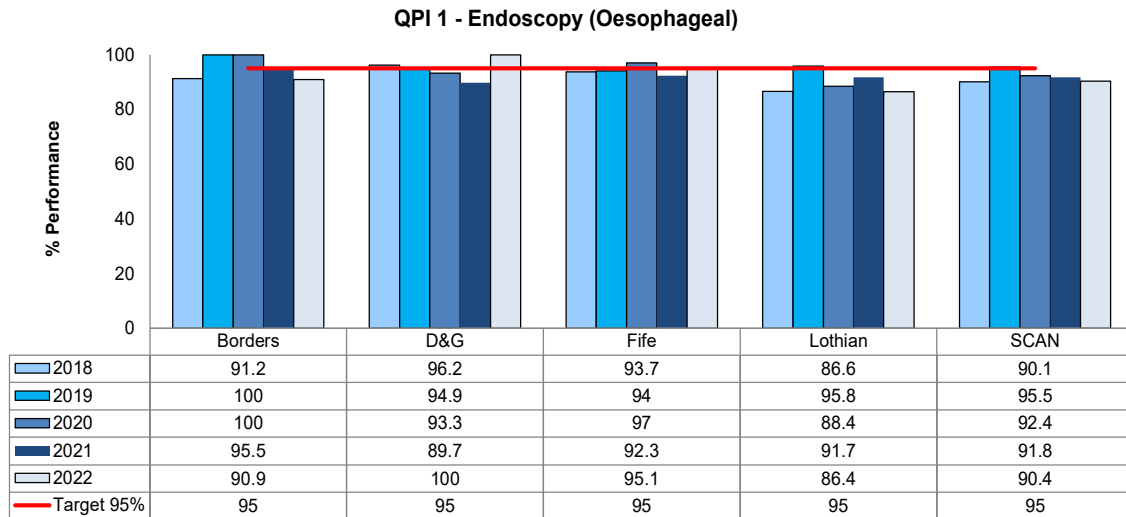
Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	6	6	27	35	74
Ineligible for this QPI	1	0	3	0	4
Numerator	5	5	22	31	63
Not recorded for numerator	0	0	0	0	0
Denominator	5	6	24	35	70
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100	83.3	91.7	88.6	90.0

Comments where QPI was not met.

D&G: The QPI target was not met showing a shortfall 11.7% (1 case). One patient declined repeat scope and all investigations as was not fit for treatment.

Fife: The QPI target was not met showing a shortfall of 3.3% (2 cases) - One patient's pathology came back no malignancy; when discussed at MDT the decision was for BSC - clinical diagnosis. One patient omentum biopsy confirmed cancer from GI primary.

Lothian: The QPI target was not met showing a shortfall of 6.4% (4 cases). 4 patients were clinically diagnosed without pathology of which 2 received best supportive care, 1 received a stent and 1 underwent argon therapy.



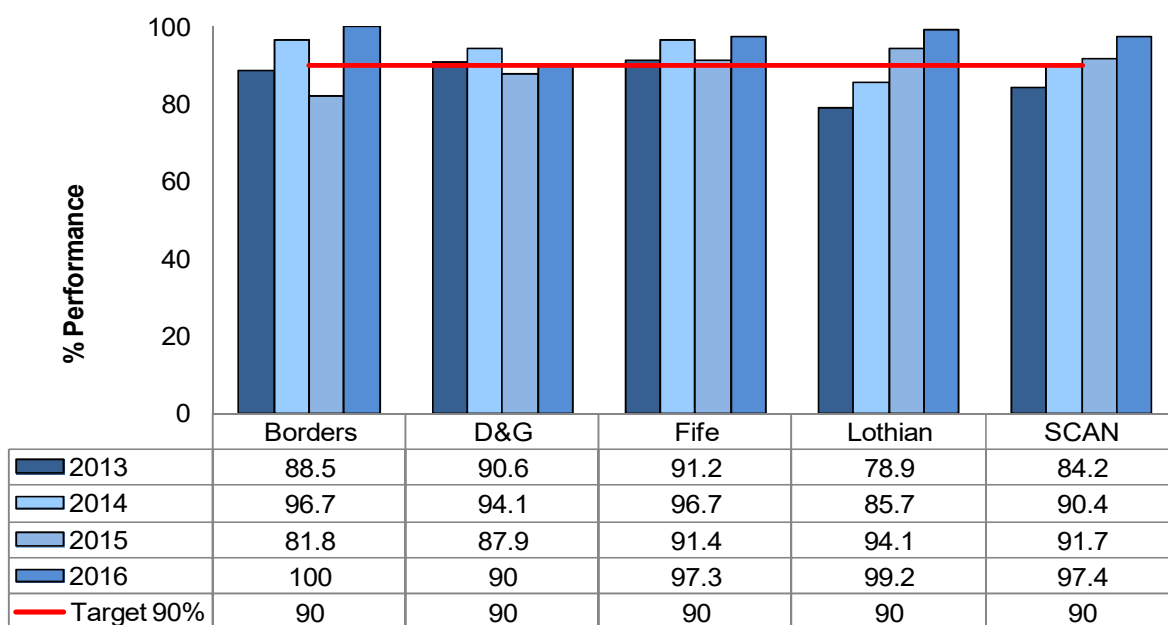
Following the formal review after 3 years of data collection, the measurability for QPI 1 was changed for year 4 (2016), when a 6-week timeframe was introduced and the target was increased to 95%. Below are QPI 1 details from the first 3 years.

Comment:

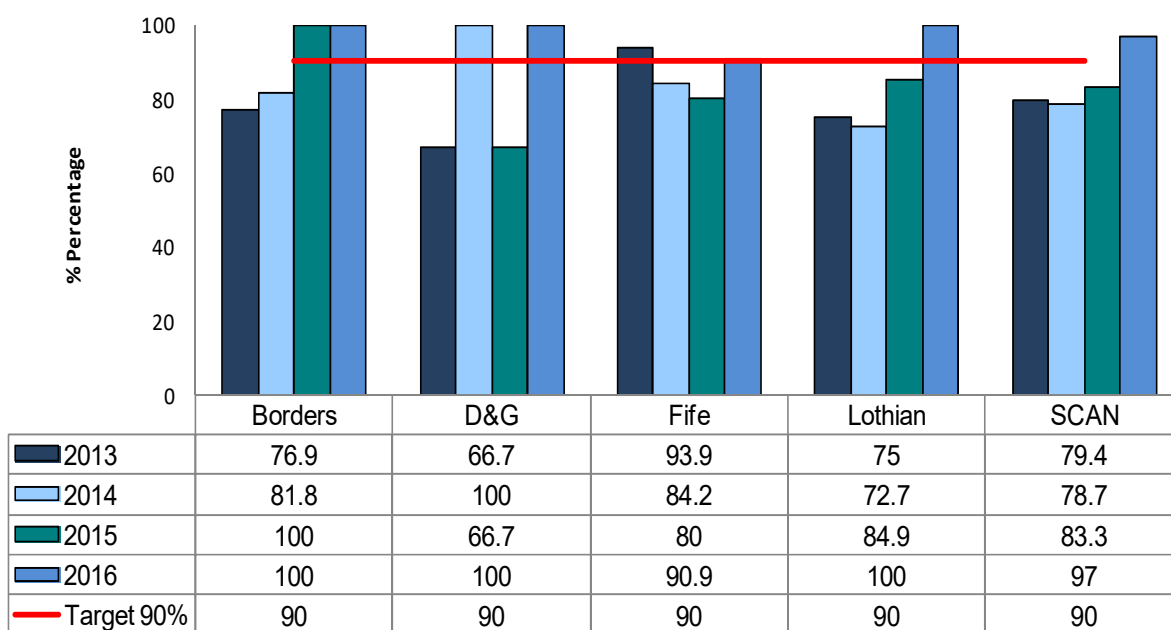
Many patients are diagnosed clinically, and patients are often diagnosed post EMR which also treats the cancer.

No Issues identified.

QPI 1 - Endoscopy (Oesophageal) 2013 - 2016



QPI 1 - Endoscopy (Gastric) 2013 - 2016



QPI 3 – Multi-Disciplinary Team (MDT) Meeting

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer discussed at the MDT meeting (MDM) 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
2022 Cohort	24	44	64	180	312
Ineligible for this QPI	1	0	2	1	4
Numerator	22	43	60	165	290
Not recorded for numerator	0	0	0	0	0
Denominator	23	44	62	179	308
Not recorded for exclusions	0	0	0	1	1
Not recorded for denominator	0	0	0	0	0
% Performance	95.7	97.7	96.8	92.2	94.2

Comments where QPI was not met.

Lothian: The QPI target was not met showing a shortfall of 2.7% (14 cases). 6 patients received a stent prior to MDT, 3 patients underwent EMR which diagnosed and treated cancer, 3 patients were for best supportive care and not discussed at MDT and 2 patients received Argon therapy before MDT discussion.

Gastric cancer

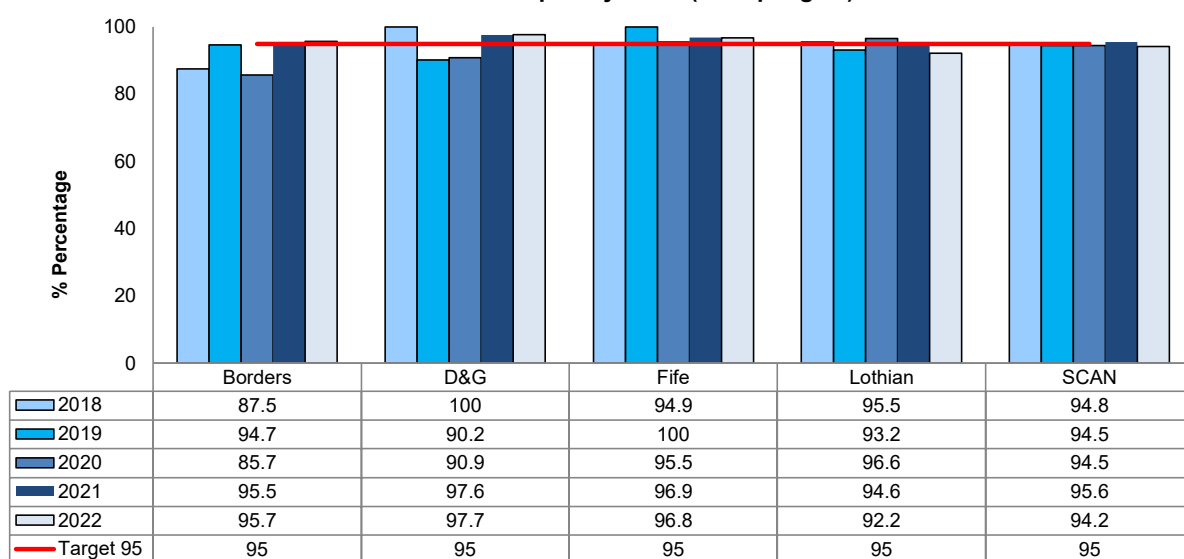
Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	6	6	27	35	74
Ineligible for this QPI	0	1	1	0	2
Numerator	5	4	26	35	70
Not recorded for numerator	0	0	0	0	0
Denominator	6	5	26	35	72
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	83.3	80.0	100.0	100.0	97.2

Comments where QPI was not met.

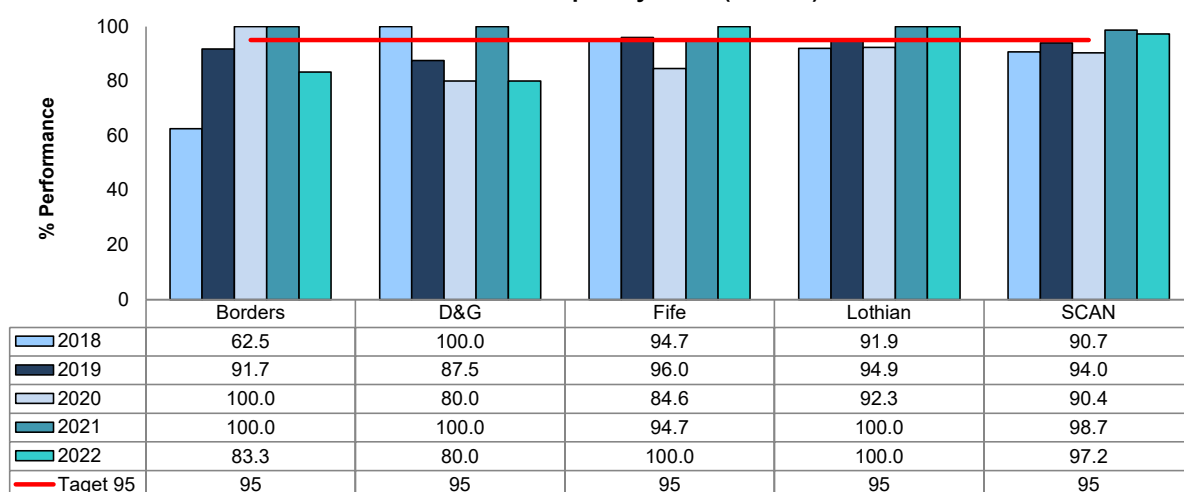
Borders: The QPI target was not met showing a shortfall of 11.7% (1 case). 1 patient was for Best Supportive Care, decision made on the ward due to extensive disease and patient was not discussed at MDT.

D&G: The QPI target was not met showing a shortfall 15% (1 case). 1 patient was not referred to the MDT and had no pathological diagnosis.

QPI 3 - Multi-Disciplinary Team (Oesophageal)



QPI 3 - Multi-Disciplinary Team (Gastric)

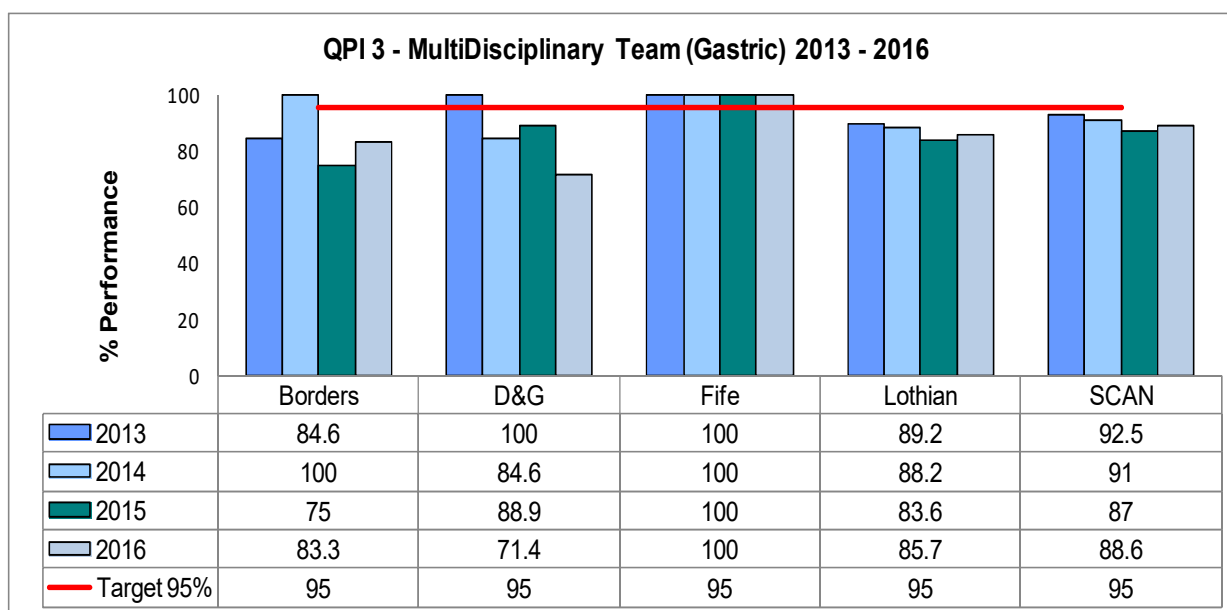
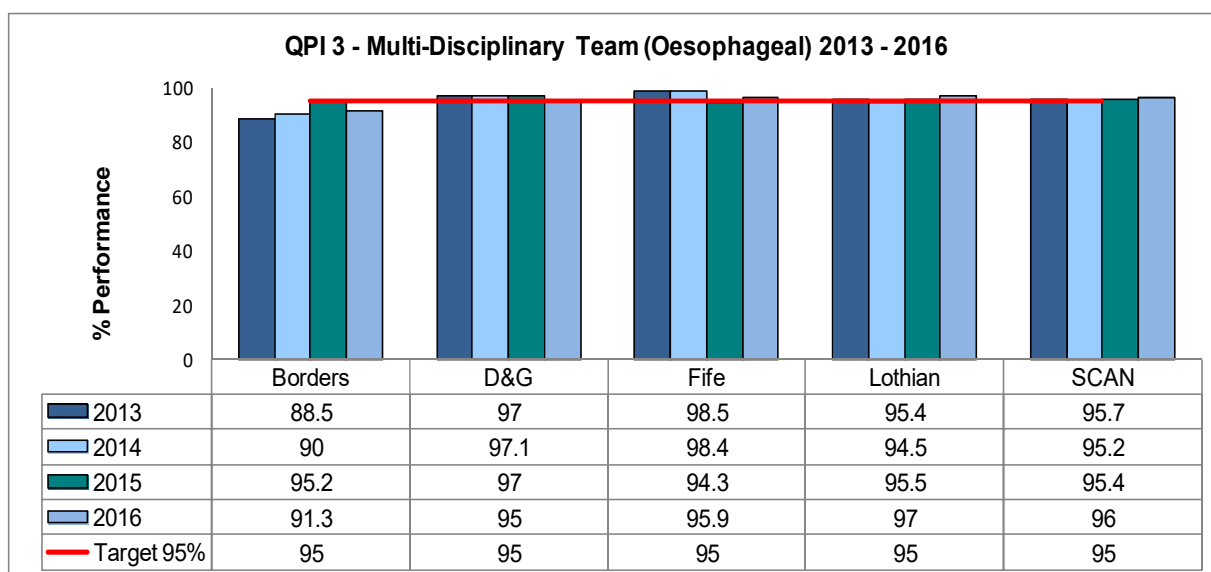


Comment:

Patients typically have endoscopic treatment prior to MDT discussion or EMR as part of the diagnosis and treatment.

No issues identified.

After the formal 3 year review the measurability for QPI 3 changed for year 4 (2016). The QPI was previously more complex and included whether TNM and treatment intent were recorded at MDM. Below are the details from the first 4 years of QPI3 results with those requirements.



QPI 4i – Staging (TNM)

Staging Target = 90%

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

Denominator = All patients with an oesophageal or gastric cancer diagnosis

Exclusions = No exclusions

Oesophageal cancer

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	24	44	64	180	312
Ineligible for this QPI	1	0	0	0	1
Numerator	23	44	63	165	295
Not recorded for numerator	0	0	0	0	0
Denominator	23	44	64	180	311
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	98.4	91.7	94.9

The QPI was met

Gastric cancer

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	6	6	27	35	74
Ineligible for this QPI	0	0	0	0	0
Numerator	5	4	26	35	70
Not recorded for numerator	0	0	0	0	0
Denominator	6	6	27	35	74
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	83.3	66.7	96.3	100.0	94.6

Comments where QPI was not met.

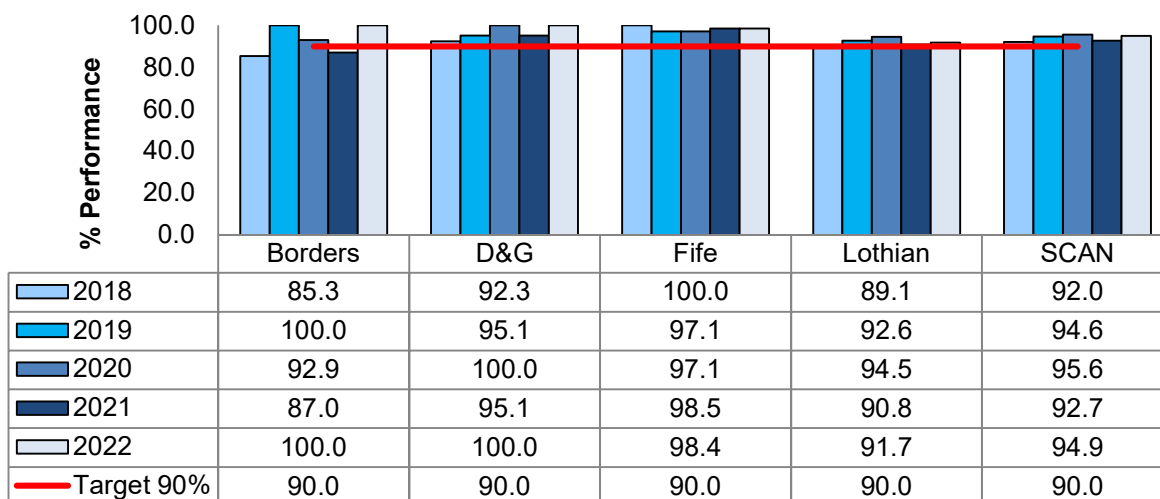
Borders: The QPI target was not met, showing a shortfall of 11.7% (1 case).

1 patient was for Best Supportive Care, decision made on the ward due to extensive disease and patient was not discussed at MDT.

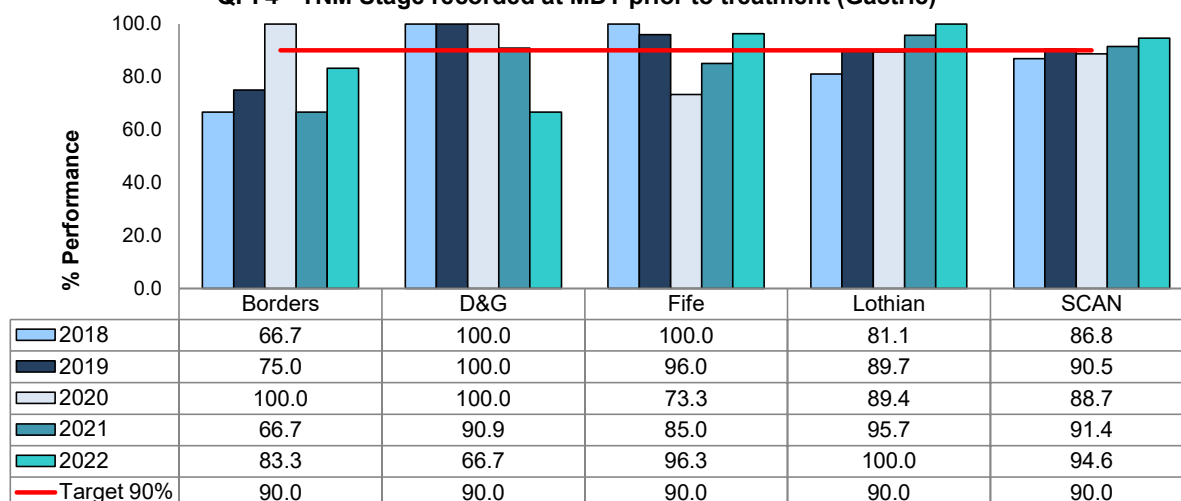
D&G: The QPI target was not met showing a shortfall 23.3% (2 patients). 2 patients - 1 had an endoscope but died soon after with scan not available for MDT, 1 patient declined further investigations and was not referred to the MDT.

Following the second 3 year formal review a new data item was added TNM recorded at MDT (Yes/No) for year 9 (2021).

QPI 4 - TNM Stage recorded at MDT prior to treatment (Oesophageal)



QPI 4 - TNM Stage recorded at MDT prior to treatment (Gastric)



Comment:

A lot of work, by the team, has taken place to improve documentation at the MDT.

No issues identified.

QPI 4ii – Treatment Intent

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer who have treatment intent recorded at the MDT meeting prior to treatment.

Denominator = All patients with an oesophageal or gastric cancer diagnosis (no exclusions)

Oesophageal Cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	24	44	64	180	312
Ineligible for this QPI	1	0	0	0	1
Numerator	23	44	60	164	291
Not recorded for numerator	0	0	0	0	0
Denominator	23	44	64	180	311
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	93.8	91.1	93.6

Comments where QPI was not met.

Fife: The QPI target was not met showing a shortfall of 1.2% (4 cases) - 3 patients declined treatment; 1 patient died before treatment.

Lothian: The QPI target was not met showing a shortfall of 3.9% (16 cases). 10 patients were discussed at MDT and 6 were not. Of the 10 patients discussed 5 were to be seen in clinic to discuss fitness (2 received stent, 1 BSC, 1 argon therapy and 1 received radical chemotherapy and surgery. 2 patients were discussed at head and neck MDT - 1 received dilation and laryngectomy and 1 radical radiotherapy. 1 patient was discussed at the cancer of unknown primary MDT and received chemotherapy. 1 patient received palliative chemotherapy and 1 patient underwent EMR which diagnosed and treated cancer. For the further 6 patients not discussed at MDT - 2 received best supportive care, 2 died before MDT discussion, 1 underwent argon therapy and 1 received a stent.

Gastric Cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	6	6	27	35	74
Ineligible for this QPI	0	0	0	0	0
Numerator	5	5	26	29	65
Not recorded for numerator	0	0	0	0	0
Denominator	6	6	27	35	74
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	83.3	83.3	96.3	82.9	87.8

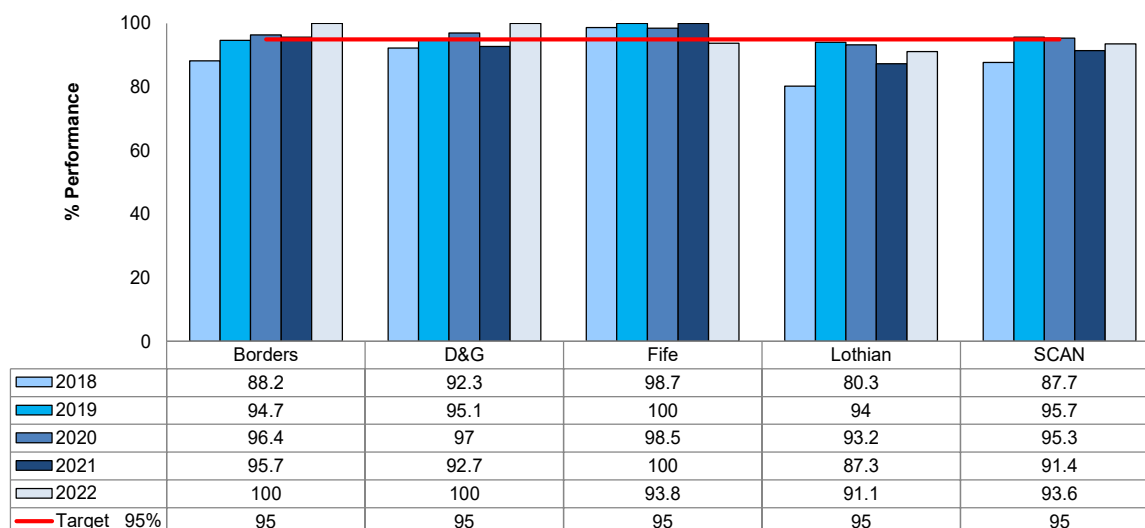
Comments where QPI was not met.

Borders: the QPI target was not met, showing a shortfall of 11.7% (1 case). 1 patient for Best Supportive Care, decision made on the ward due to extensive disease and patient was not discussed at MDT.

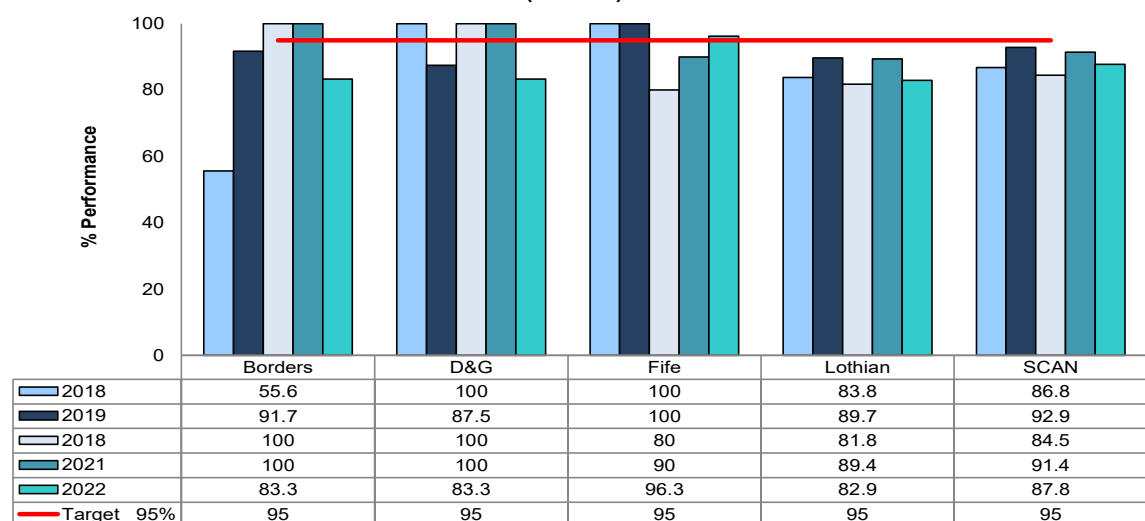
D&G: The QPI target was not met showing a shortfall 11.7% (1 case). 1 patient was not referred to the MDT and declined further investigations.

Lothian: The QPI target was not met showing a shortfall of 12.1% (6 cases). All 6 patients were discussed at MDT and the patients were to be seen in clinic to discuss treatment types and to check fitness. 3 patients were for BSC, 1 patient received palliative chemotherapy, 1 patient received stent and 1 patient declined surgery received argon therapy.

QPI 4 - Treatment Intent recorded at MDT (Oesophageal)



QPI 4 - Treatment Intent recorded at MDT (Gastric)



TNM stage and treatment intent were previously part of QPI 3 so comparable data are not available prior to 2016.

Comment

At initial MDT there can be more than one treatment option proposed, which is to be discussed with the patient following a fitness assessment in clinic. Once the patient has been seen, they are not re-discussed at the MDT to confirm the treatment plan to be followed.

QPI 5i – Nutritional Assessment: Malnutrition Universal Screening Tool (MUST)

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.

Denominator = All patients with an oesophageal or gastric cancer diagnosis

Exclusions = No exclusions

Oesophageal cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	24	44	64	180	312
Ineligible for this QPI	1	0	0	0	1
Numerator	21	43	62	125	251
Not recorded for numerator	0	0	0	0	0
Denominator	23	44	64	180	311
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	91.3	97.7	96.9	69.4	80.7

Comments where QPI was not met.

Borders: The QPI target was not met showing a shortfall of 3.7% (2 cases).

1 patient had MUST score calculated 2 months post EMR and 1 patient had a MUST score calculated 2 days after definitive treatment date (BSC).

Lothian: The QPI target was not met showing a shortfall of 20.6% (55 cases). 18 patients received a MUST score within 5 days of treatment, 12 patients within 2 weeks of treatment, 11 patients between 2 and 10 weeks of treatment and 14 patients had no MUST score recorded.

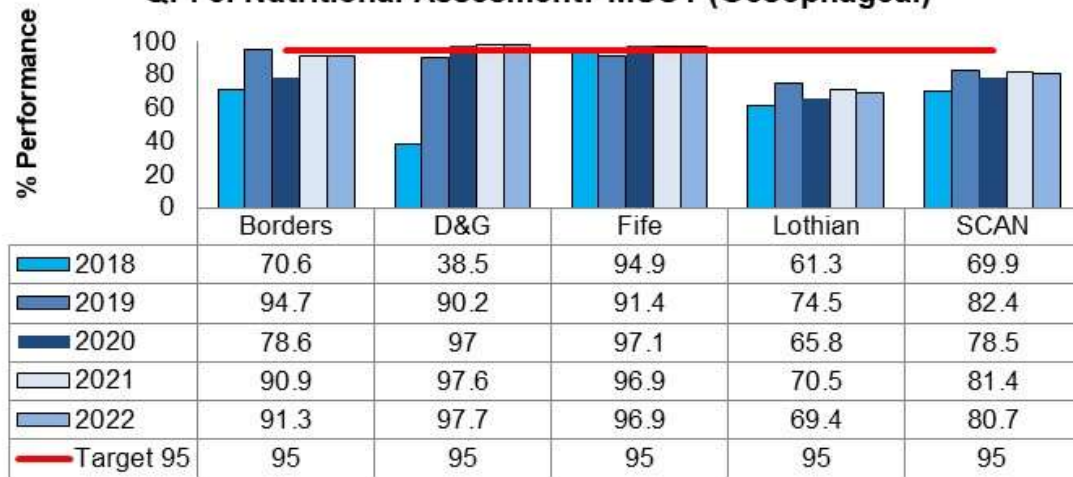
Gastric cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	6	6	27	35	74
Ineligible for this QPI	0	0	0	0	0
Numerator	6	6	27	25	64
Not recorded for numerator	0	0	0	0	0
Denominator	6	6	27	35	74
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	71.4	86.5

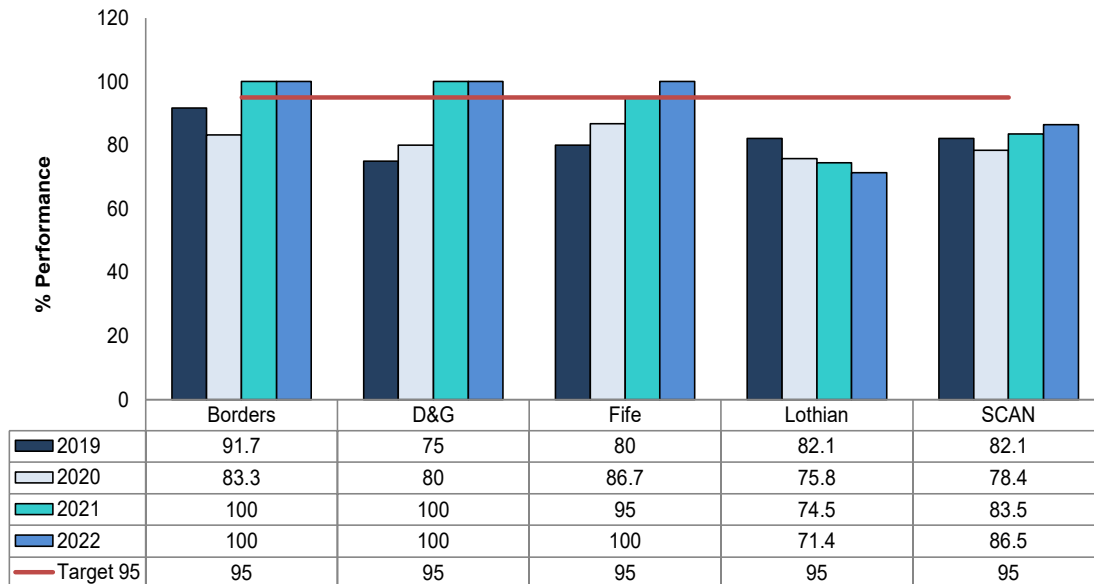
Comments where QPI was not met.

Lothian: The QPI target was not met showing a shortfall of 23.6% (10 cases). 2 patients received a MUST score within 5 days of receiving treatment, 1 patient within 2 weeks of treatment, 5 patients within 6mths of treatment and 2 patients had no MUST score recorded.

QPI 5i Nutritional Assessment: MUST (Oesophageal)



QPI 5i Nutritional Assessment: MUST (Gastric)



Comment

A lot of hard work has been carried out. There is much improved dietetic support available to patients and an excellent service is being provided. The MUST score needs to be better documented as cannot be deduced from clinic letters.

QPI 5ii – Nutritional Assessment: Assessed by a dietician for patients with a high risk of malnutrition (MUST score ≥ 2)

Target = 90%

Numerator: Patients with high risk of malnutrition (MUST Score ≥ 2) who are assessed by a dietician.

Denominator: All patients with MUST Score ≥ 2

No exclusions

Oesophageal cancer

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	24	44	64	180	312
Ineligible for this QPI	11	17	42	63	133
Numerator	11	26	20	102	159
Not recorded for numerator	0	0	0	0	0
Denominator	12	27	22	117	178
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	91.7	96.3	90.9	87.2	89.3

Comments where QPI was not met.

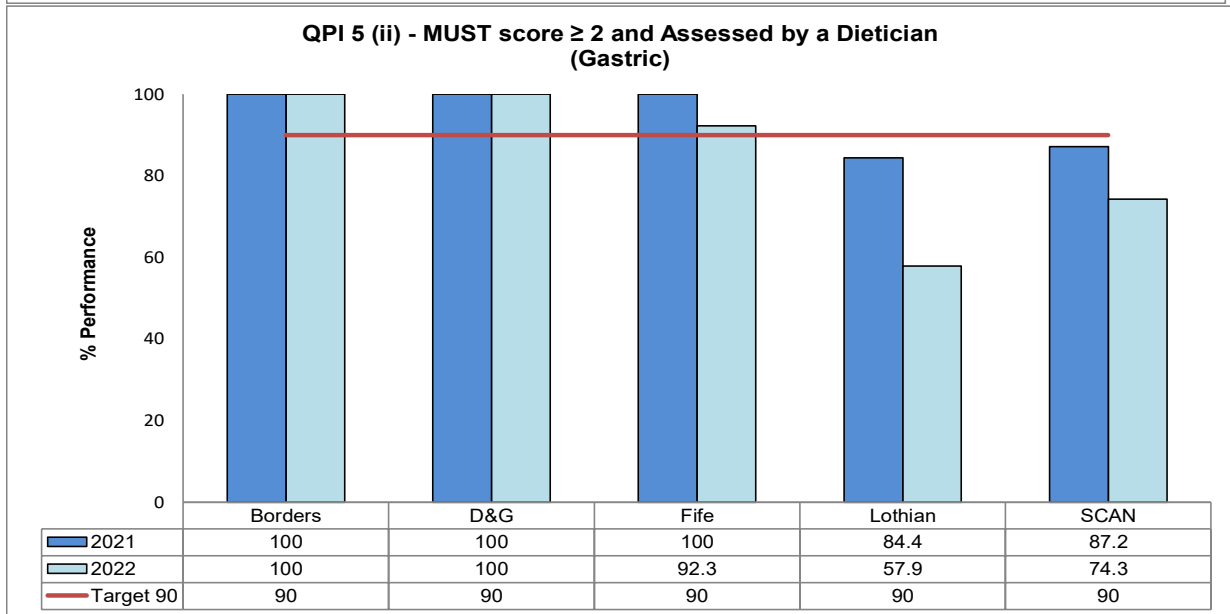
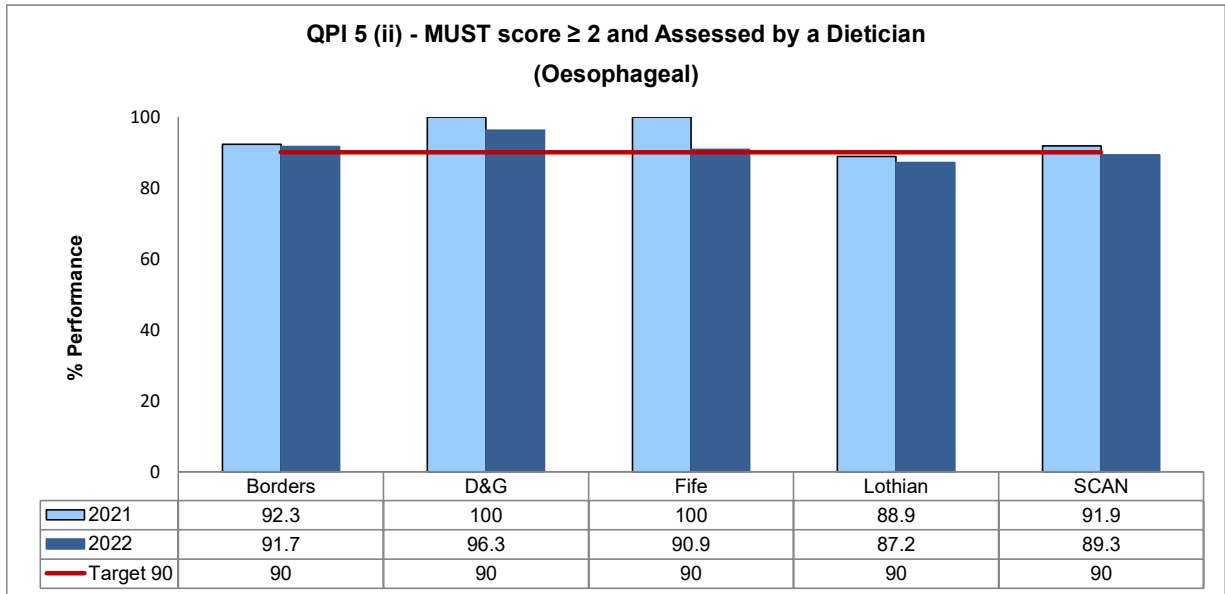
Lothian: The QPI target was not met showing a shortfall of 7.8% (15 cases). 7 patients who were not seen were for BSC, 2 patients received radical radiotherapy, 2 patients underwent EMR, 1 patient received argon therapy, 1 patient had a stent inserted, 1 patient received radical chemo / radiotherapy and 1 patient died before the MDT.

Gastric cancer

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	6	6	27	35	74
Ineligible for this QPI	4	5	14	16	39
Numerator	2	1	12	11	26
Not recorded for numerator	0	0	1	0	1
Denominator	2	1	13	19	35
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	92.3	57.9	74.3

Comments where QPI was not met.

Lothian: The QPI target was not met showing a shortfall of 32.1% (8 cases). 4 patients who were not seen by a dietician received palliative chemotherapy, 3 patients were for BSC and 1 patient received argon therapy.



Following the second 3-year formal review the QPI 5ii was amended to patients who were assessed by a dietician from year 9, (2021). Below shows QPI 5ii Patients who were referred to a dietician prior to 2021.

Comment:

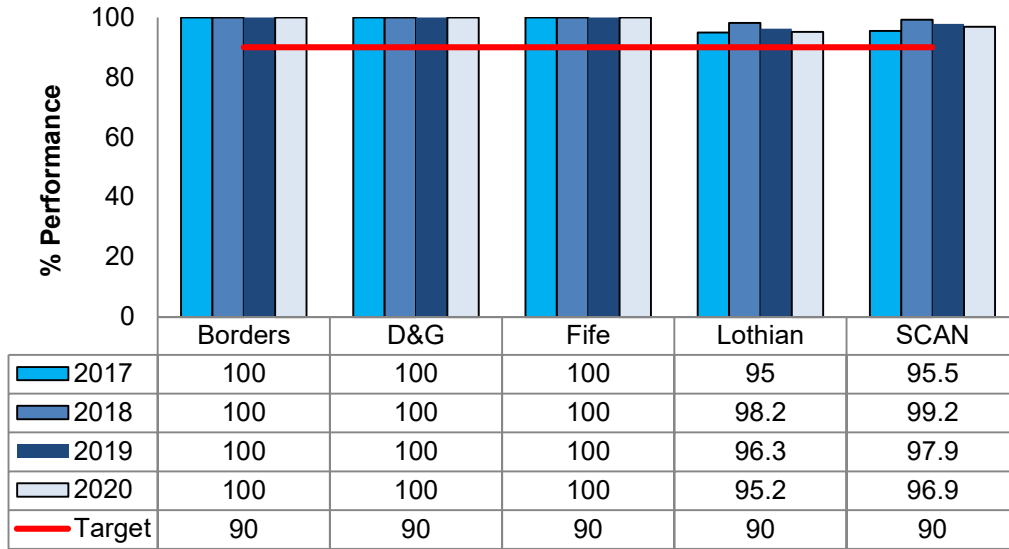
Dietetic support has improved. The numbers of gastric cancer patients remain low (only 19 patients in total) and some patients are receiving a stent before being seen by a dietician. Further work is required to make improvements for gastric patients.

Action

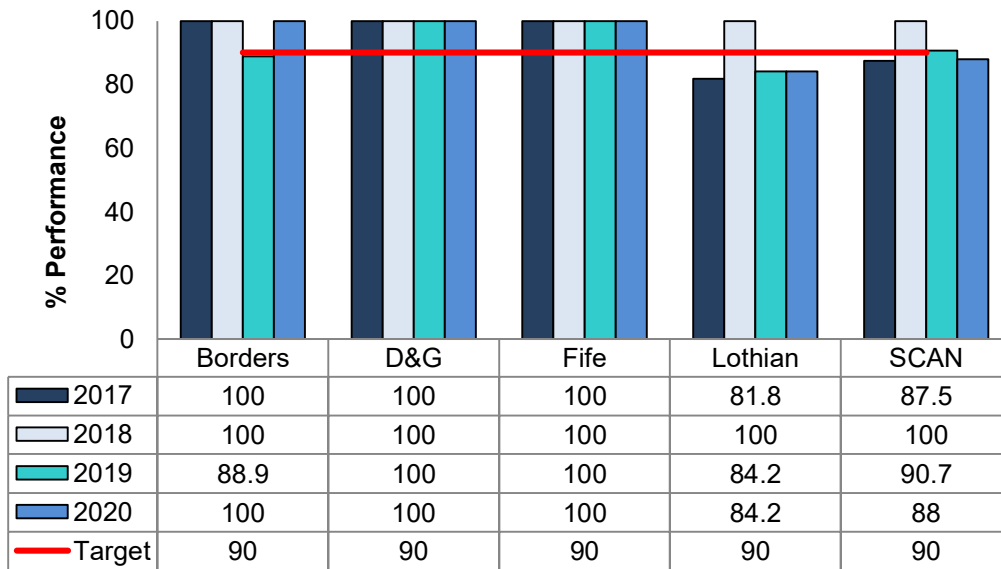
To improve documentation of MUST score and in gastric cancer patients to review and improve accessibility to a dietician.

Action identified at Regional sign-off and has been advanced by the SCAN Lead Clinician, (page 5).

**QPI 5 (ii) - MUST score \geq Referred to a Dietician
(Oesophageal)**



**QPI 5 (ii) - MUST Score \geq 2 Referred to a Dietician
(Gastric)**



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 or chemoradiotherapy who then undergo surgical resection

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

Exclusions = No exclusions

Oesophageal cancer

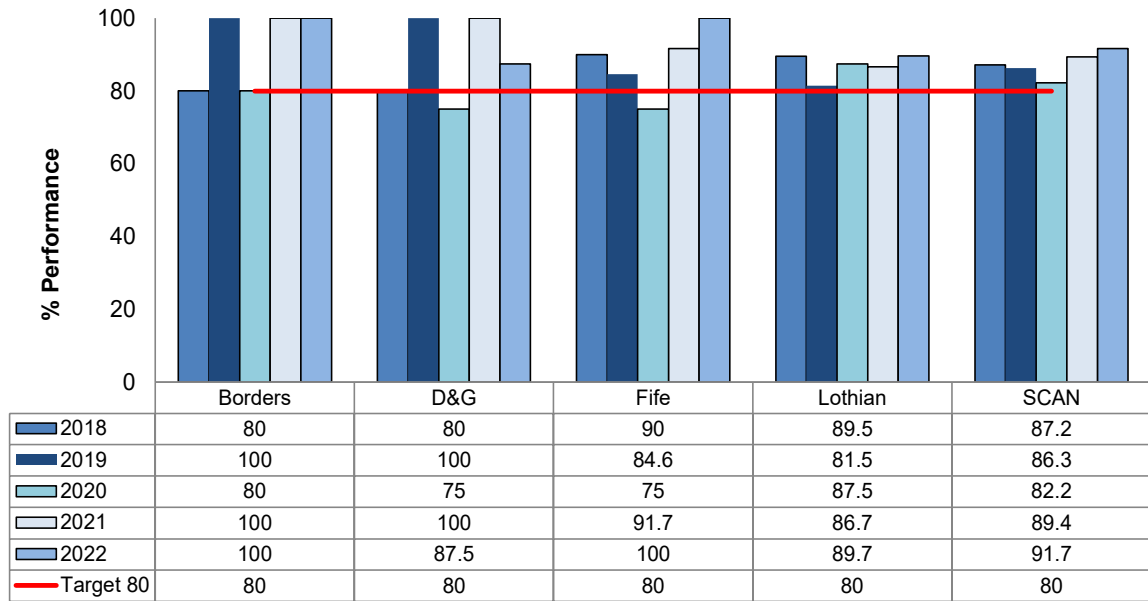
Target 80%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	24	44	64	180	312
Ineligible for this QPI	20	36	57	151	264
Numerator	4	7	7	26	44
Not recorded for numerator	0	0	0	0	0
Denominator	4	8	7	29	48
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	87.5	100.0	89.7	91.7

Gastric cancer

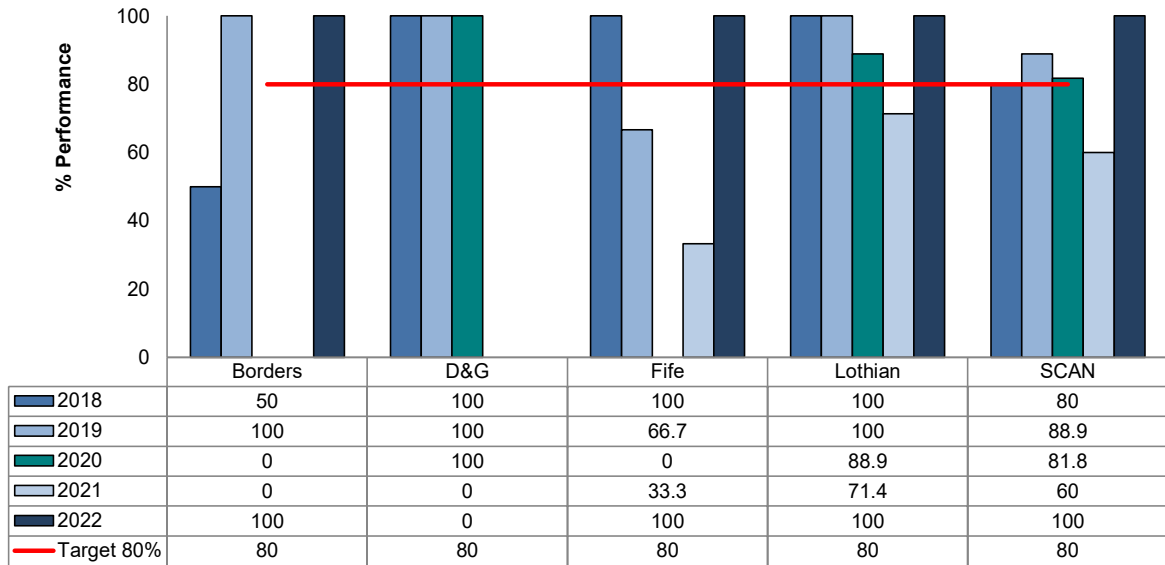
Target 80%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	6	6	27	35	74
Ineligible for this QPI	5	6	25	33	69
Numerator	1	0	2	2	5
Not recorded for numerator	0	0	0	0	0
Denominator	1	0	2	2	5
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	NA	100.0	100.0	100.0

The QPI was met.

**QPI 6 - Appropriate Selection of Surgical Patients
(Oesophageal)**



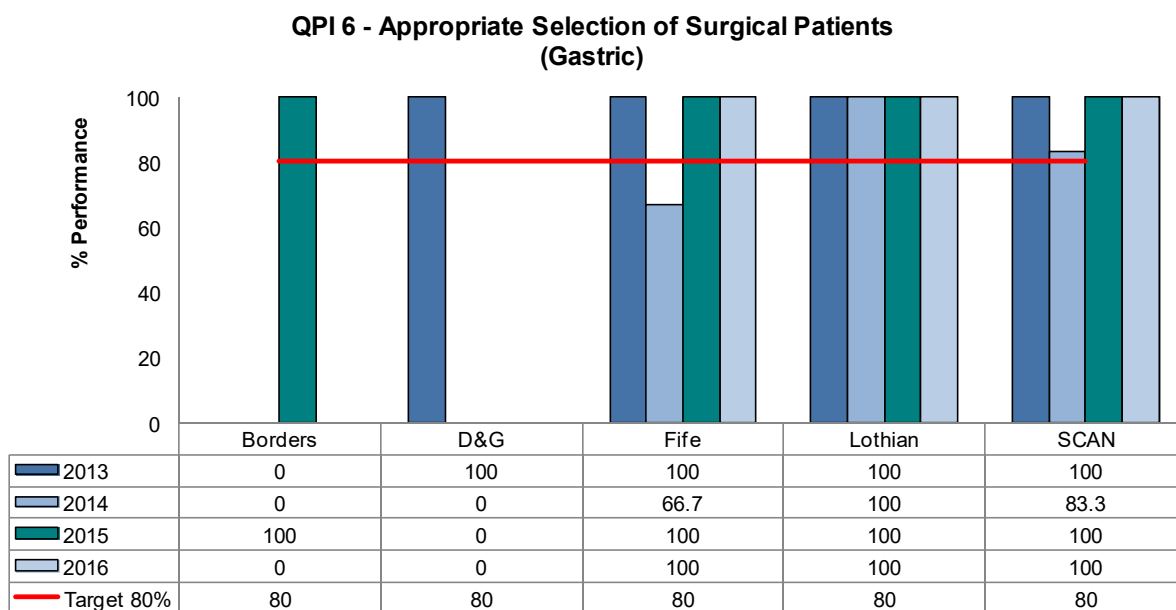
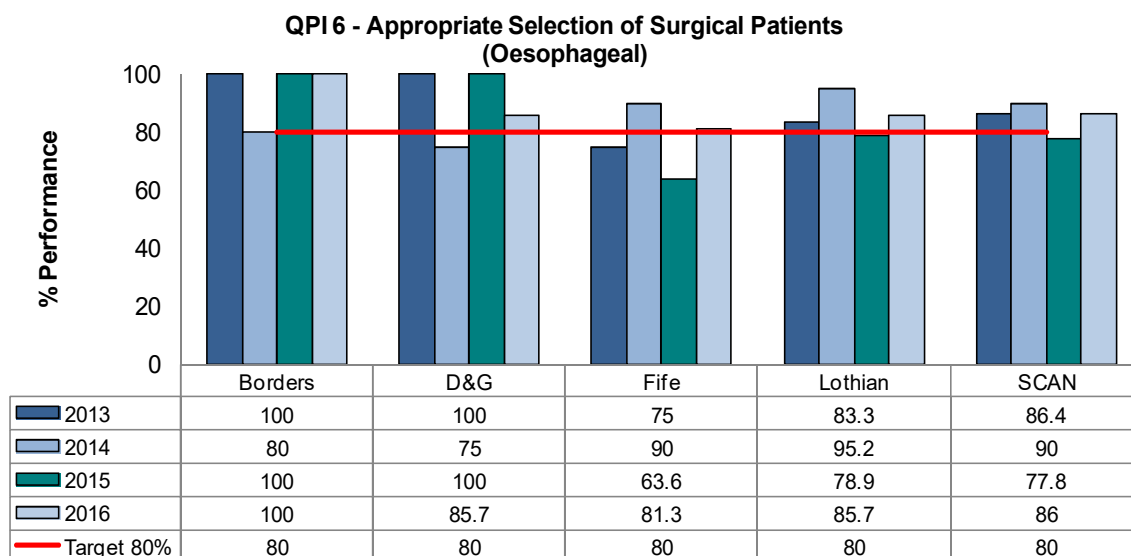
**QPI 6 - Appropriate Selection of Surgical Patients
(Gastric)**



Comment:

There is a much more effective peri-operative plan for patients. More focus is to be placed for gastric patients to receive neo-adjuvant chemotherapy.

Following 3-year formal review QPI 6 was updated, for year 5. The QPI was amended to include patients who received chemoradiotherapy. The results are directly comparable for years 1-5, for the gastric cohort as there were no gastric cancer patients in SCAN who received chemoradiotherapy prior to 2017.



QPI 7 – 30/90 Day Mortality Following Surgery

30d Target <5%, 90d Target <7.5%

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

Denominator = All patients with oesophageal or gastric cancer and who undergo surgical resection (no exclusions).

Oesophageal cancer by Hospital of Surgery

30 Day Mortality Target 5%	RIE	SCAN
2022 Cohort	312	312
Ineligible for this QPI	259	259
Numerator	1	1
Not recorded for numerator	0	0
Denominator	53	53
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	1.9	1.9

90 Day Mortality Target 7.5%	RIE	SCAN
2022 Cohort	312	312
Ineligible for this QPI	261	261
Numerator	1	1
Not recorded for numerator	0	0
Denominator	51	51
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	2.0	2.0

Two patients not yet 90 days post-surgery at time of reporting.

The QPI was met.

Gastric cancer by Hospital of Surgery

30 Day Mortality

30 Day Mortality Target 5%	RIE	SCAN
2022 Cohort	74	74
Ineligible for this QPI	65	65
Numerator	0	0
Not recorded for numerator	0	0
Denominator	9	9
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	0.0	0.0

90 Day Mortality Target 7.5%	RIE	SCAN
2022 Cohort	74	74
Ineligible for this QPI	65	65
Numerator	0	0
Not recorded for numerator	0	0
Denominator	9	9
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	0.0	0.0

The QPI was met.

QPI 8 – Lymph Node Yield

Target = Oesophageal 90%, Gastric = 80%

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

Denominator = All patients with oesophageal or gastric cancer who undergo surgical resection (no exclusions).

Oesophageal cancer – Hospital of surgery

Target 90%	RIE	SCAN
2022 Cohort	312	312
Ineligible for this QPI	259	259
Numerator	50	50
Not recorded for numerator	0	0
Denominator	53	53
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	94.3	94.3

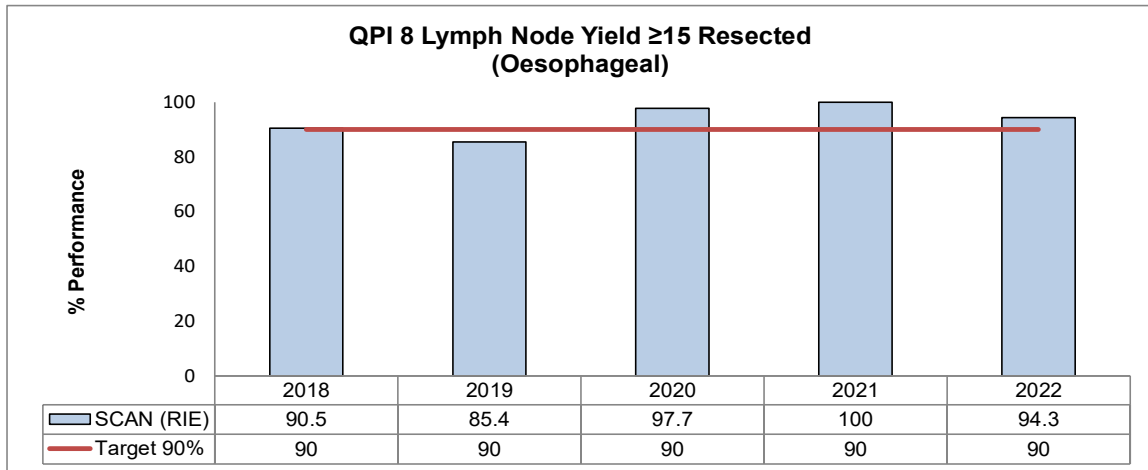
Gastric cancer – Hospital of surgery

Target 80%	RIE	SCAN
2022 Cohort	74	74
Ineligible for this QPI	65	65
Numerator	8	8
Not recorded for numerator	0	0
Denominator	9	9
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	88.9	88.9

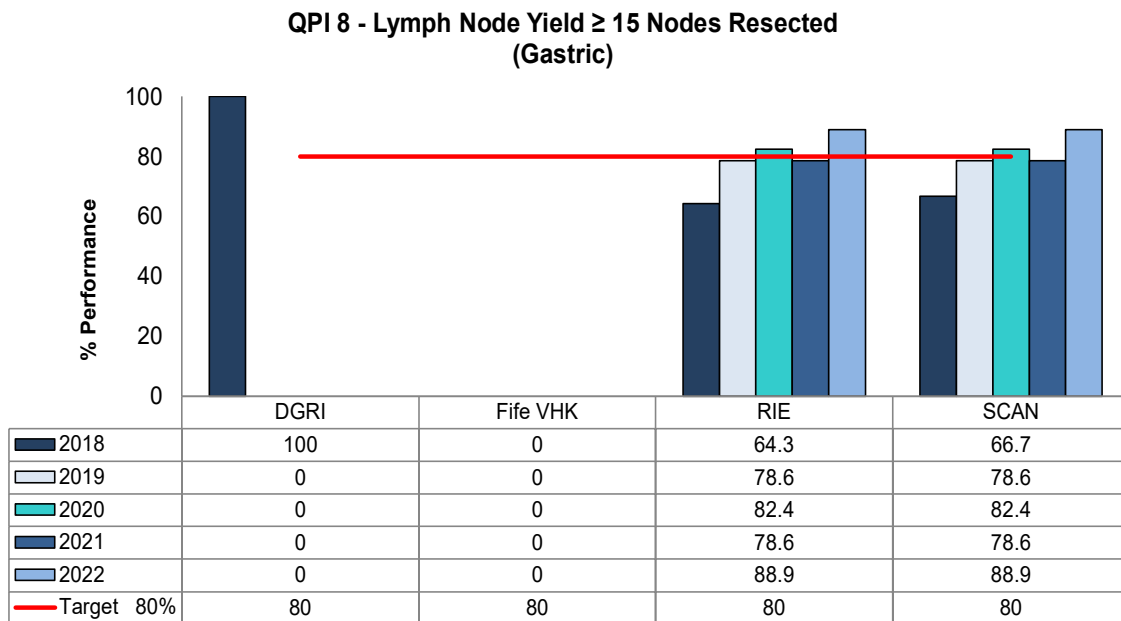
The QPI was met.

Comment:

The pathology department have worked very hard to report lymph node yield following surgery.



Following formal review, QPI 8 was updated in 2016 to include results for oesophageal cancers with a target of 90%, previously QPI was reported for gastric cancer only and results are shown for gastric for all 8 years below with the unchanged target of 80%.



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 14 days of surgical procedure

Denominator = All patients undergoing surgical resection for oesophageal or gastric cancer (no exclusions)

Oesophageal cancer – Hospital of surgery

Target 60%	RIE	SCAN
Numerator	35	35
Not recorded for numerator	0	0
Denominator	53	53
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	66.0	66.0

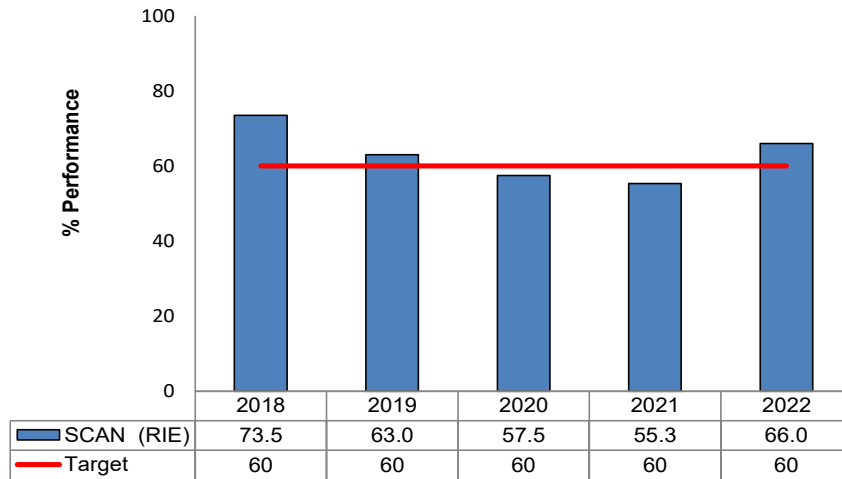
Gastric cancer – Hospital of surgery

Target 60%	RIE	SCAN
Numerator	9	9
Not recorded for numerator	0	0
Denominator	9	9
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	100.0	100.0

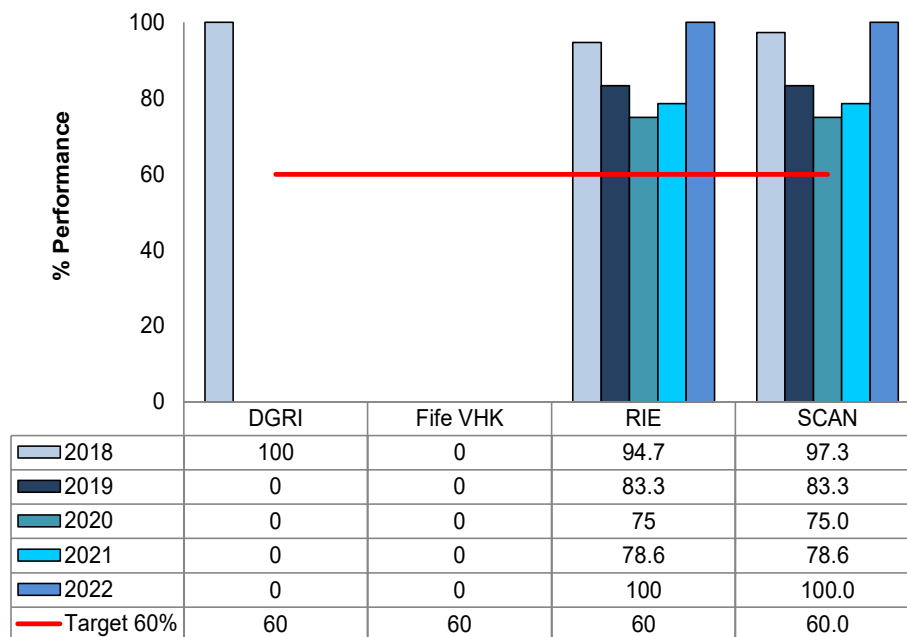
The QPI was met.

Following the second 3-year formal review QPI 9 (2021), Year 9 was amended to use QPI audit data.

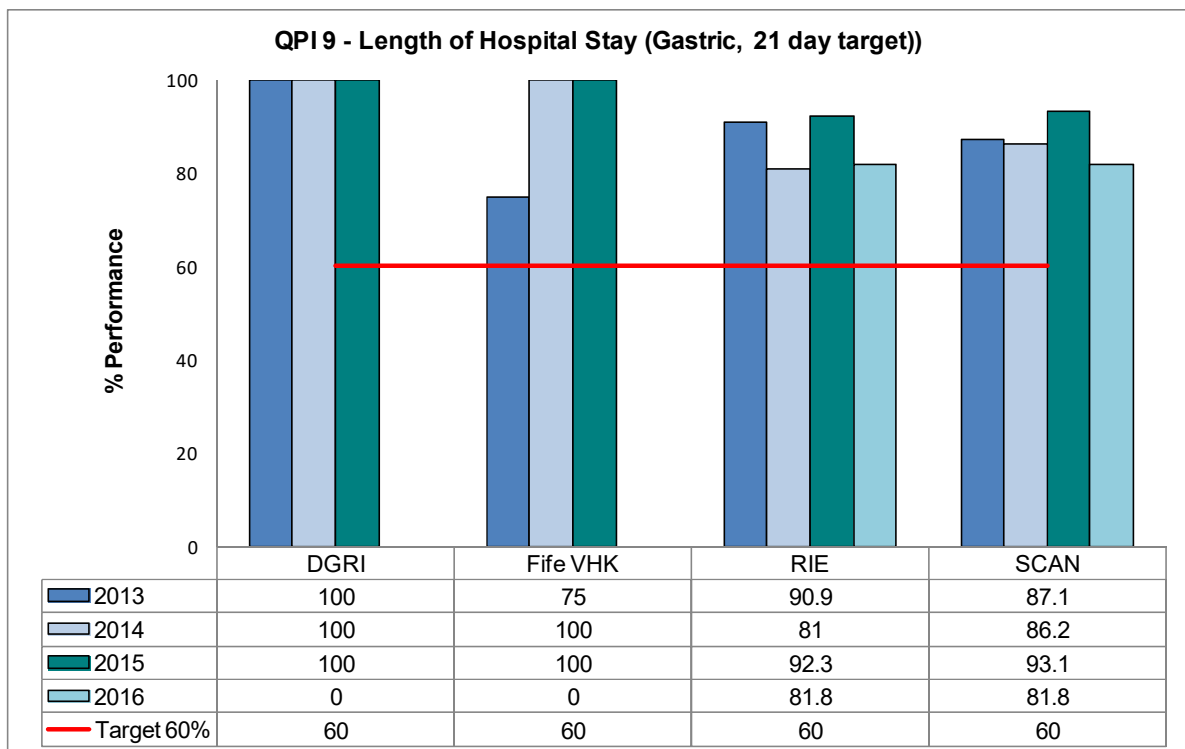
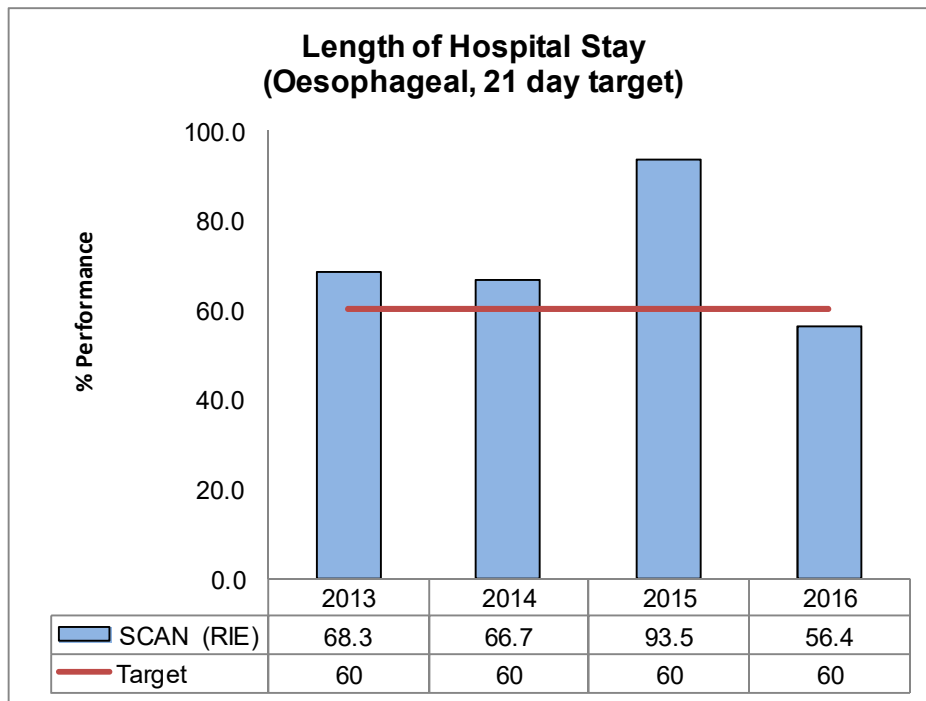
QPI 9 Length of Hospital Stay (Oesophageal)



QPI 9 - Length of Hospital of Stay (Gastric)



Following formal review, QPI 9 was updated in 2016. The time in days was changed from 21 to 14. Below are QPI 9 Oesophageal details for 3 years, measuring 21 days.



QPI 10i – Circumferential Resection Margins

Target = 70%

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

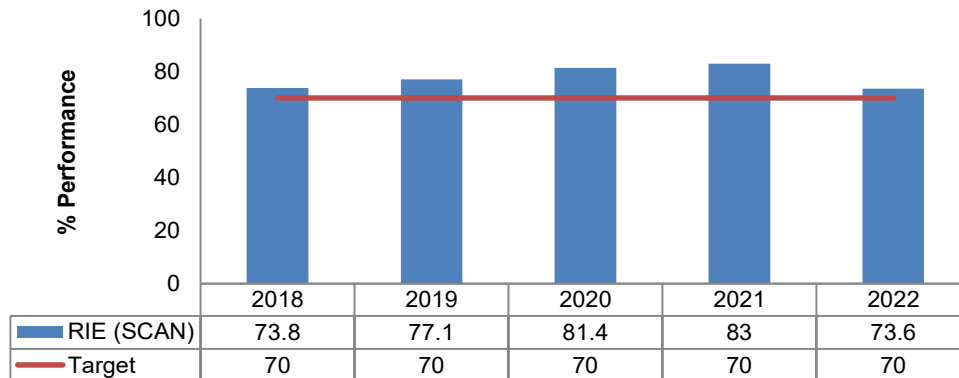
Denominator = All patients with oesophageal cancer who undergo surgical resection (no exclusions)

Oesophageal cancer – Hospital of surgery

Target 70%	RIE	SCAN
2022 Cohort	312	312
Ineligible for this QPI	259	259
Numerator	39	39
Not recorded for numerator	0	0
Denominator	53	53
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
% Performance	73.6	73.6

The QPI was met.

QPI 10(i) Circumferential Resection Margin (Oesophageal)



Comment:

Reassuring to see improvement following the neoadjuvant chemotherapy regime change.

QPI 10ii – Longitudinal Resection Margin

Target = 95%

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

Denominator = All patients with oesophageal and gastric cancer who undergo surgical resection (no exclusions)

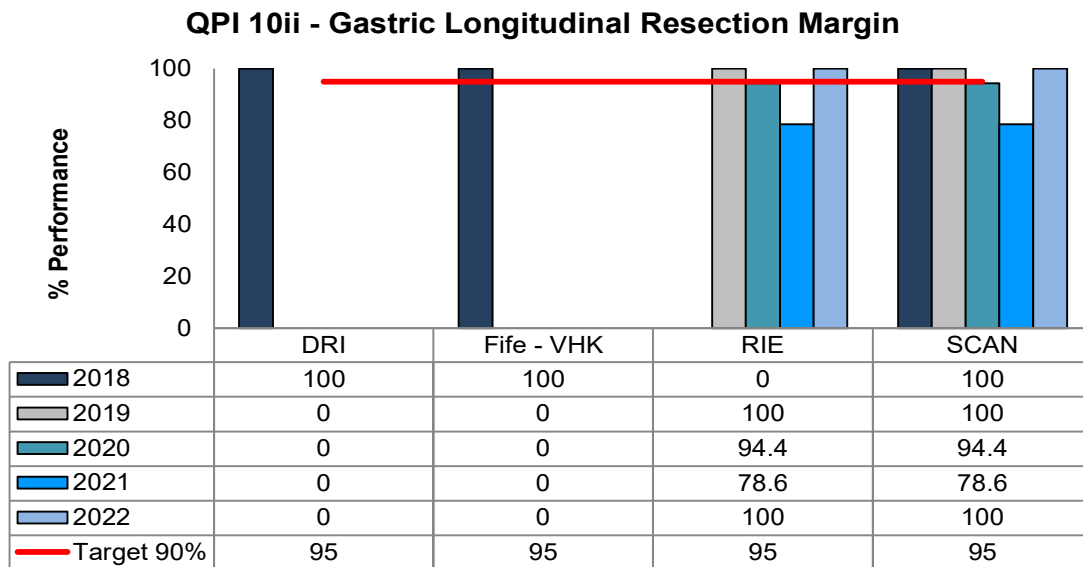
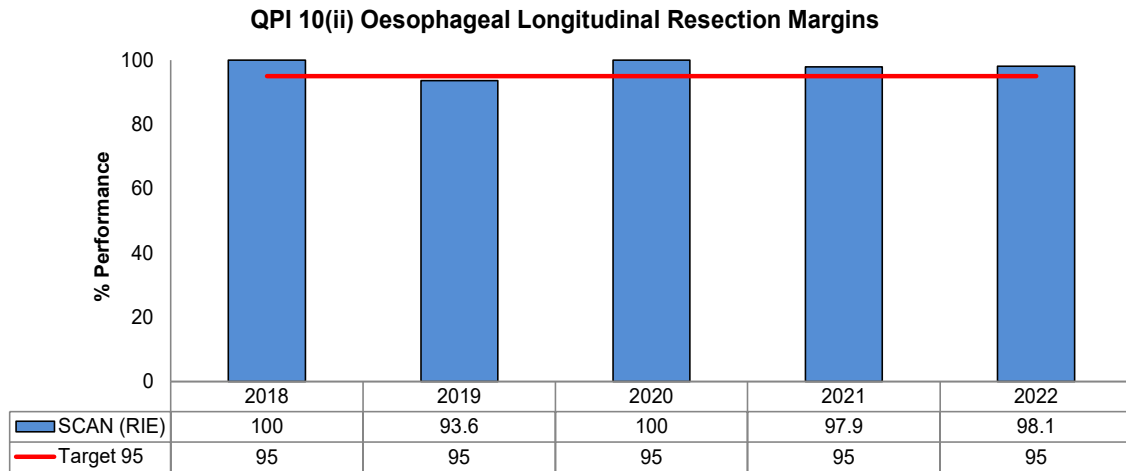
Oesophageal Longitudinal margin (Hospital of Surgery)

Target 95%	RIE	SCAN
2022 Cohort	312	312
Ineligible for this QPI	259	259
Numerator	52	52
Not recorded for numerator	0	0
Denominator	53	53
% Performance	98.1	98.1

Gastric Longitudinal margin (Hospital of Surgery)

Target 95%	RIE	SCAN
2022 Cohort	74	74
Ineligible for this QPI	65	65
Numerator	9	9
Not recorded for numerator	0	0
Denominator	9	9
% Performance	100.0	100.0

The QPI was met.



Following first formal review, QPI 10 was updated in 2016. The oesophageal cancer circumferential and longitudinal resection margins were previously reported combined.

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 (no exclusions)

Oesophageal cancer – Health board of diagnosis

Target 35%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	24	44	64	180	312
Ineligible for this QPI	1	0	1	0	2
Numerator	7	9	15	50	81
Not recorded for numerator	0	0	0	0	0
Denominator	23	44	63	180	310
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	30.4	20.5	23.8	27.8	26.1

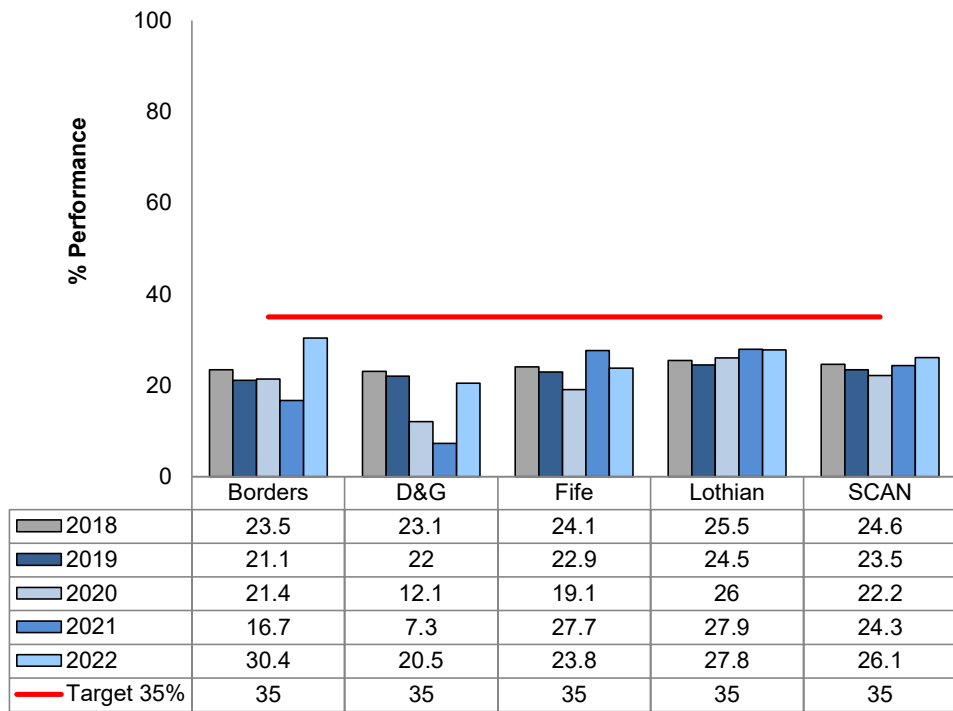
Gastric cancer – Health board of diagnosis

Target 35%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	6	6	27	35	74
Ineligible for this QPI	0	0	1	1	2
Numerator	1	0	3	5	9
Not recorded for numerator	0	0	0	0	0
Denominator	6	6	26	34	72
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	16.7	0.0	11.5	14.7	12.5

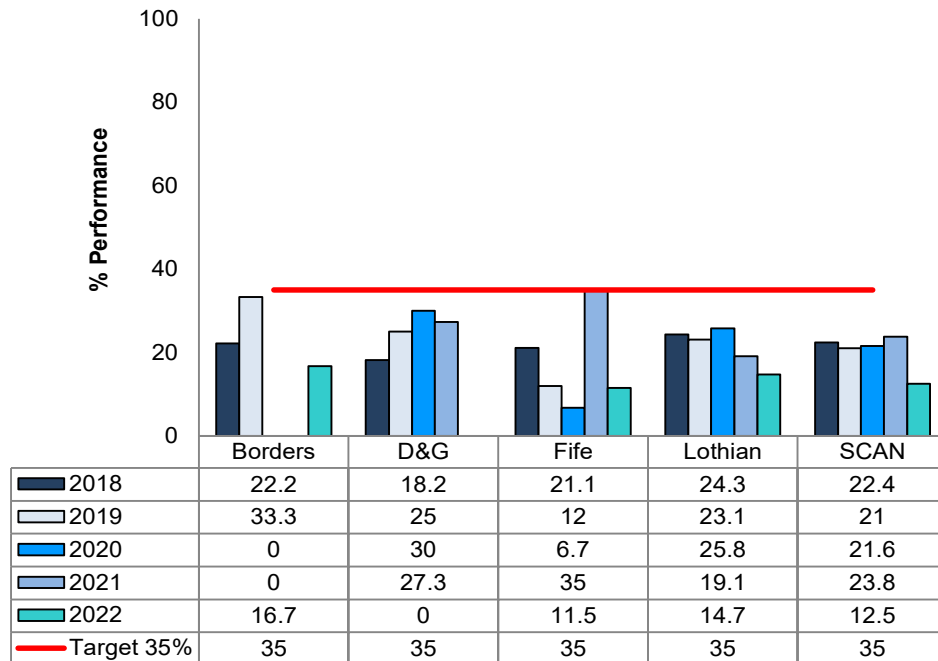
Comment:

The target for this QPI is a national ambition. There is a need to ensure that the patients present with symptoms earlier to see an increase in curative treatment.

QPI 11 - Curative Treatments (Oesophageal)



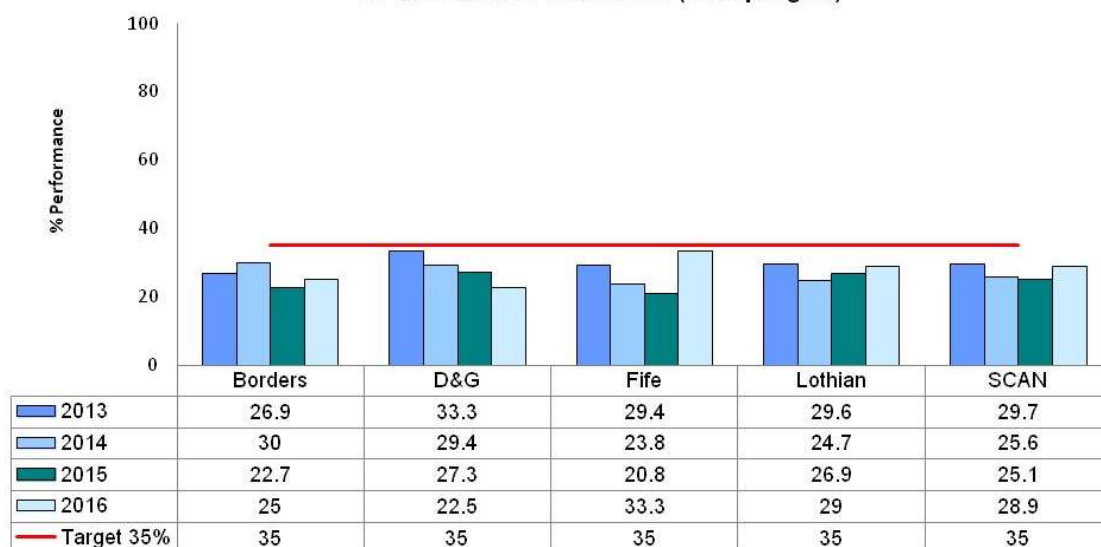
QPI 11 - Curative Treatments (Gastric)



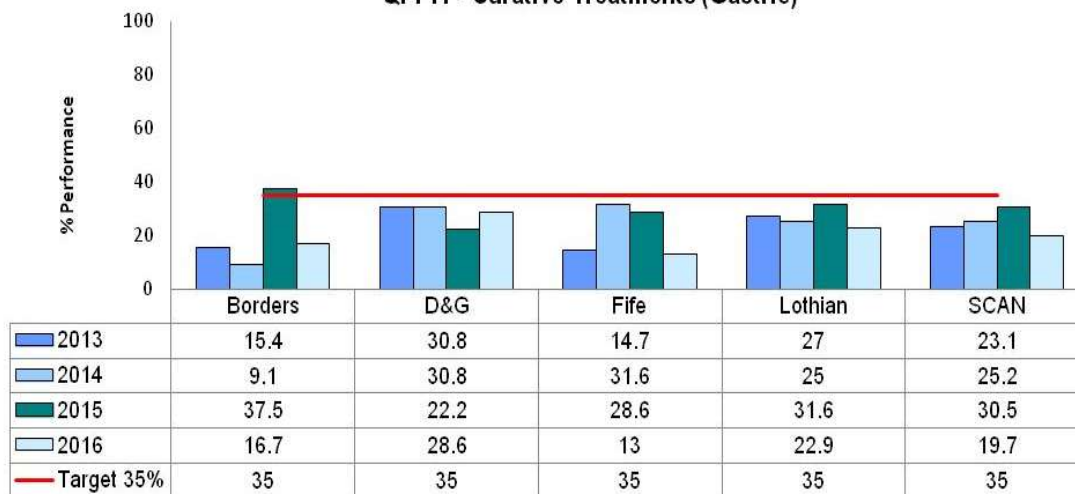
Following first formal review, QPI 11 was updated in Year 5, 2017. The curative treatment now includes neoadjuvant chemotherapy and neoadjuvant chemoradiotherapy and additional oesophagectomy and gastrectomy procedures.

Below are the QPI details for the first 4 years of analysis.

QP 11 - Curative Treatments (Oesophageal)



QPI 11 - Curative Treatments (Gastric)



QPI 12 – 30 Day Mortality Following Oncological Treatment for Oesophageal or Gastric Cancer

Target 5%

The regional cancer networks no longer report 30 Day mortality following SACT. This has recently been undertaken by Public Health Scotland (PHS) which published its first annual report in July 2023, using data collected on Chemo-Care: the national chemotherapy electronic prescribing and administration system. The report presents the number and percentage of patients treated in 2022 who died within 30 days of starting their last cycle of SACT, reported for NHS Scotland and the three regional cancer networks. The data has been made available in a dashboard on the PHS website:

[30-day mortality after systemic anti-cancer therapy \(SACT\) - patients treated in 2022 - 30-day mortality after systemic anti-cancer therapy \(SACT\) - Publications - Public Health Scotland](#)

QPI 13 – HER2 for Decision Making in Advanced Gastric and Gastro-oesophageal Junction Cancer

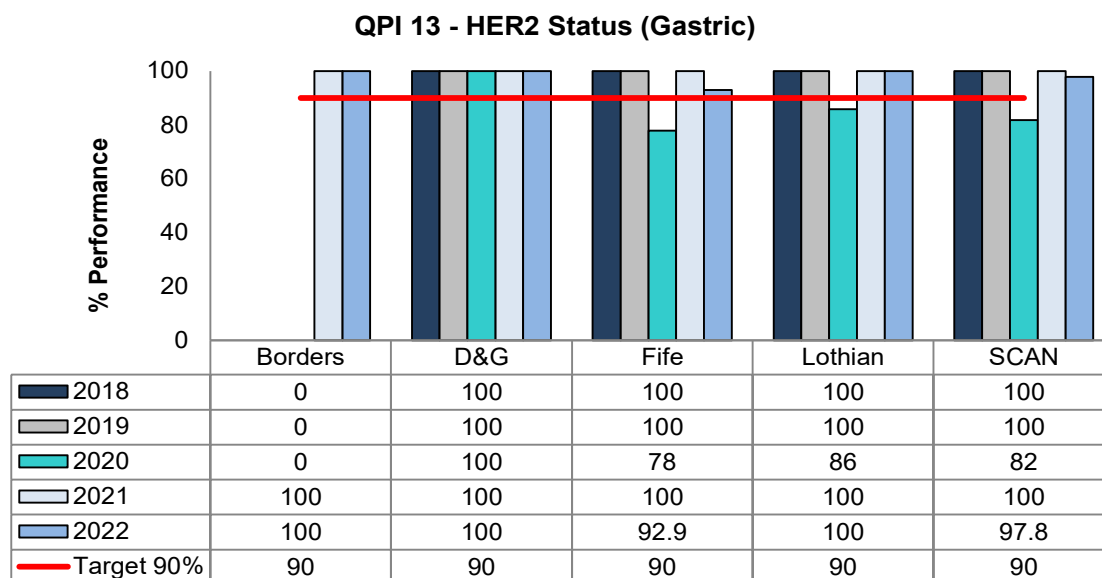
Target = 90%

Numerator = Number of patients with metastatic gastric or gastro-oesophageal junction adenocarcinoma having palliative chemotherapy with HER2 status reported prior to treatment.

Denominator = All patients with metastatic oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment (no exclusions).

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2022 Cohort	30	50	14	23	117
Ineligible for this QPI	28	44	0	0	72
Numerator	2	6	13	23	44
Not recorded for numerator	0	0	0	0	0
Denominator	2	6	14	23	45
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	100.0	100.0	92.9	100.0	97.8

The QPI was met.



Comment:

The results for this QPI are very positive.

Key Categories

Number of Cases by Site of Origin of Tumour

Case Ascertainment	Borders	D&G	Fife	Lothian	SCAN
Number of cases from audit	30	50	91	215	386
Cases from Cancer Registry (2017-2021)	34	48	93	193	368
Case Ascertainment	88.2	104.2	97.8	111.4	104.9

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	0.0	1	0.5	1.0	0.3
C15.1	0.0	0.0	0	0.0	1	1.1	0	0.0	1.0	0.3
C15.2	0.0	0.0	0	0.0	0	0.0	0	0.0	0.0	0.0
C15.3	1.0	3.3	4	8.0	1	1.1	11	5.1	17.0	4.4
C15.4	7.0	23.3	10	20.0	10	11.0	39	18.1	66.0	17.1
C15.5	14.0	46.7	20	40.0	46	50.5	103	47.9	183.0	47.4
C15.8	0.0	0.0	1	2.0	0	0.0	4	1.9	5.0	1.3
C15.9	0.0	0.0	4	8.0	0	0.0	2	0.9	6.0	1.6
C16.0	2.0	6.7	5	10.0	6	6.6	20	9.3	33.0	8.5
C16.1	0.0	0.0	0	0.0	2	2.2	1	0.5	3.0	0.8
C16.2	3.0	10.0	0	0.0	9	9.9	4	1.9	16.0	4.1
C16.3	1.0	3.3	5	10.0	4	4.4	22	10.2	32.0	8.3
C16.4	1.0	3.3	1	2.0	1	1.1	3	1.4	6.0	1.6
C16.5	0.0	0.0	0	0.0	7	7.7	2	0.9	9.0	2.3
C16.6	0.0	0.0	0	0.0	2	2.2	1	0.5	3.0	0.8
C16.8	0.0	0.0	0	0.0	0	0.0	1	0.5	1.0	0.3
C16.9	1.0	3.3	0	0.0	2	2.2	1	0.5	4.0	1.0
Total	30.0	100%	50.0	100%	91.0	100%	215.0	100%	386.0	100%

ICD Key

ICD-O(3) Code	Description
C15.0	Cervical oesophagus
C15.1	Thoracic oesophagus
C15.2	Abdominal part of oesophagus
C15.3	Upper third of oesophagus
C15.4	Middle third of oesophagus
C15.5	Lower third of oesophagus
C15.8	Overlapping lesion of oesophagus
C15.9	Oesophagus, NOS.
C16.0	Cardia, NOS
C16.1	Fundus of stomach
C16.2	Body of stomach
C16.3	Gastric antrum
C16.4	Pylorus
C16.5	Lesser curvature of stomach, unspecified
C16.6	Greater curvature of stomach, unspecified
C16.8	Overlapping lesion of the stomach
C16.9	Stomach, (NOS)

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	1	3.6	0	0.0	1	2.1	0	0.0	3	2.5	0	0.0	5	2.4	0	0.0
45-49	1	6.7	0	0.0	1	3.6	0	0.0	1	2.1	0	0.0	0	0.0	0	0.0	3	1.4	0	0.0
50-54	2	13.3	0	0.0	1	3.6	1	6.3	1	2.1	0	0.0	7	5.9	1	1.6	11	5.3	2	1.9
55-59	1	6.7	0	0.0	2	7.1	1	6.3	2	4.2	2	12.5	17	14.4	4	6.5	22	10.5	7	6.8
60-64	1	6.7	1	11.1	2	7.1	1	6.3	6	12.5	0	0.0	15	12.7	10	16.1	24	11.5	12	11.7
65-69	3	20.0	2	22.2	5	17.9	2	12.5	7	14.6	4	25.0	12	10.2	9	14.5	27	12.9	17	16.5
70-74	2	13.3	3	33.3	2	7.1	1	6.3	12	25.0	5	31.3	27	22.9	5	8.1	43	20.6	14	13.6
75-79	3	20.0	2	22.2	7	25.0	3	18.8	7	14.6	3	18.8	15	12.7	13	21.0	32	15.3	21	20.4
80-84	1	6.7	1	11.1	3	10.7	3	18.8	8	16.7	0	0.0	10	8.5	11	17.7	22	10.5	15	14.6
85+	1	6.7	0	0.0	4	14.3	4	25.0	3	6.3	2	12.5	12	10.2	9	14.5	20	9.6	15	14.6
Total	15	100%	9	100%	28	100%	16	100%	48	100%	16	100%	118	100%	62	100%	209	100%	103	100%

Oesophageal

Age at Diagnosis	Borders		D&G		Fife		Lothian	
	M	F	M	F	M	F	M	F
Min	48	63	44	64	49	55	36	50
Max	86	83	88	82	90	88	94	94
Mean	67	71	71.2	73.4	69	71	69	74
Median	67	71	73.5	78.5	70	72	70	76

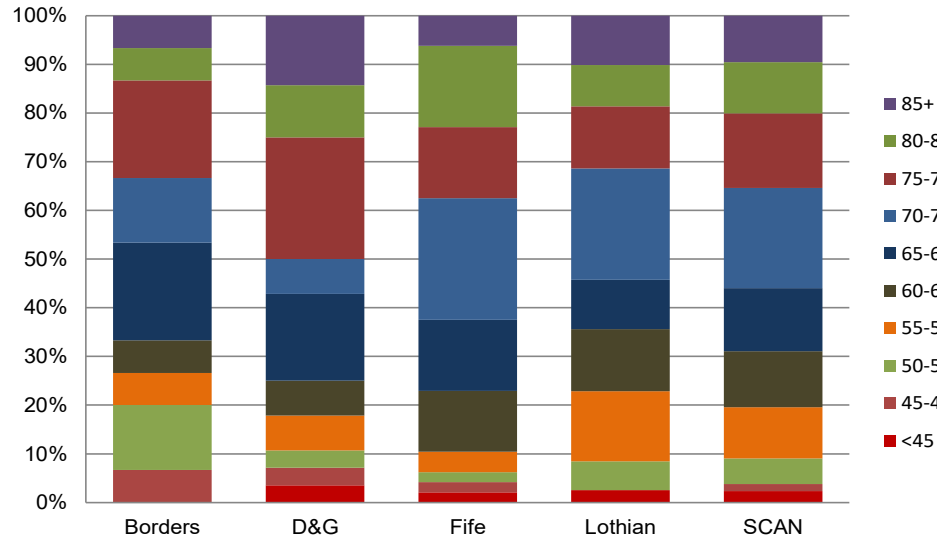
Gastric

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	0.0	0	0.0	0	0.0	1	11.1	2	10.5	0	0.0	2	4.3	1	3.7
45-49	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
50-54	0	0.0	0	0.0	0	0.0	0	0.0	1	5.6	1	11.1	1	5.3	2	12.5	2	4.3	3	11.1
55-59	0	0.0	0	0.0	0	0.0	0	0.0	1	5.6	1	11.1	0	0.0	0	0.0	1	2.1	1	3.7
60-64	1	20.0	0	0.0	1	20.0	0	0.0	2	11.1	1	11.1	0	0.0	4	25.0	4	8.5	5	18.5
65-69	0	0.0	0	0.0	0	0.0	0	0.0	2	11.1	1	11.1	4	21.1	2	12.5	6	12.8	3	11.1
70-74	1	20.0	0	0.0	2	40.0	0	0.0	1	5.6	1	11.1	2	10.5	2	12.5	6	12.8	3	11.1
75-79	2	40.0	0	0.0	1	20.0	0	0.0	3	16.7	2	22.2	3	15.8	1	6.3	9	19.1	3	11.1
80-84	0	0.0	0	0.0	1	20.0	1	100.0	7	38.9	1	11.1	4	21.1	2	12.5	12	25.5	4	14.8
85+	1	20.0	1	100.0	0	0.0	0	0.0	1	5.6	0	0.0	3	15.8	3	18.8	5	10.6	4	14.8
Total	5	100%	1	100%	5	100%	1	100%	18	100%	9	100%	19	100%	16	100%	47	100%	27	100%

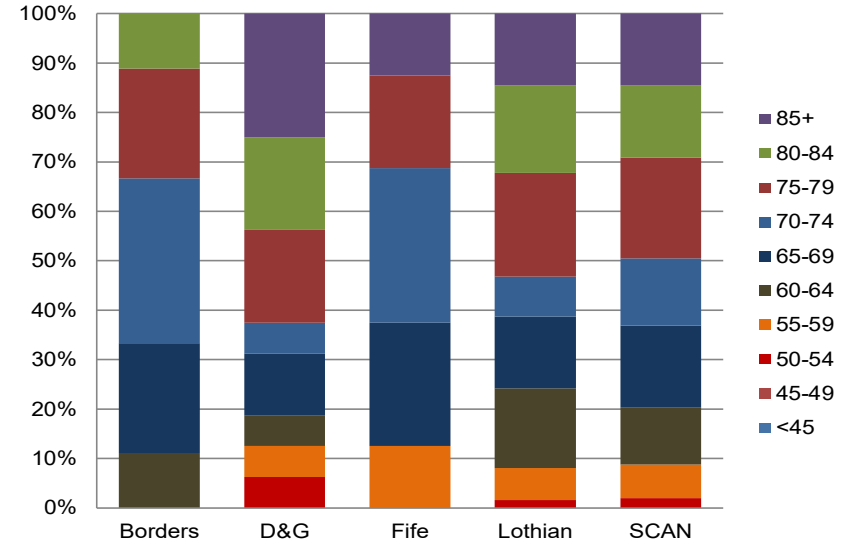
Gastric

Age at Diagnosis	Borders		D&G		Fife		Lothian	
	M	F	M	F	M	F	M	F
Min	60	90	51	84	51	36	31	50
Max	90	90	92	84	94	83	96	87
Mean	75	90	75.7	84	74	65	72	71
Median	75	90	72	84	78	69	73	68

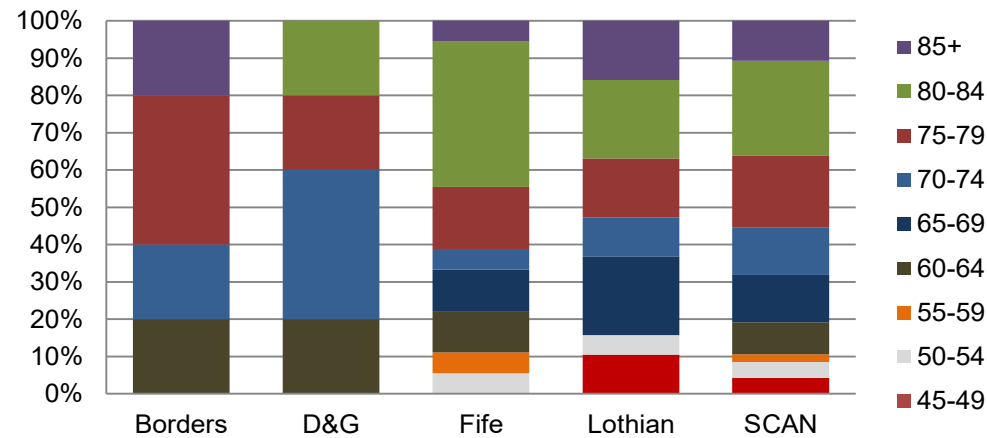
2022 Oesophageal Cancer Age by Board (Males)



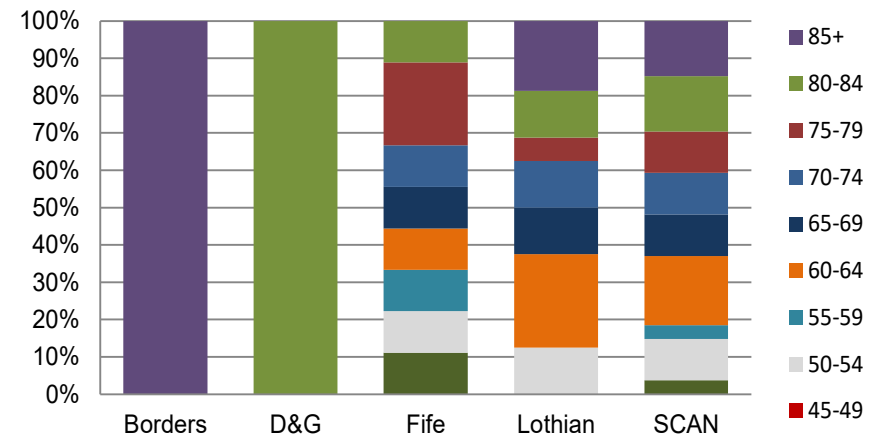
2022 Oesophageal Cancer Age by Board (Females)



2022 Gastric Cancer Age by Board (Males)



2022 Gastric Cancer Age by Board (Females)



OG QPI Attainment Summary – 2021, Year 9		Target %	Borders		D&G		Fife		Lothian		SCAN	
QPI 1: Endoscopy - Histological diagnosis made within 6 weeks of initial endoscopy and biopsy	Oesophageal	95	N 21 D 22	95.5%	N 35 D 39	89.7%	N 60 D 65	92.3%	N 154 D 168	91.7%	N 270 D 294	91.8%
	Gastric	95	N 3 D 3	100%	N 9 D 10	90%	N 12 D 15	80.0%	N 43 D 45	95.6%	N 67 D 73	91.8%
QPI 3: MDT before definitive treatment	Oesophageal	95	N 21 D 22	95.5%	N 40 D 41	97.6%	N 63 D 65	96.9%	N 159 D 168	94.6%	N 283 D 296	95.6%
	Gastric	95	N 3 D 3	100%	N 11 D 11	100%	N 18 D 19	94.7%	N 45 D 45	100%	N 77 D 78	98.7%
QPI 4i: TNM Staging recorded at MDT prior to treatment	Oesophageal	90	N 20 D 23	87.0%	N 39 D 41	95.1%	N 64 D 65	98.5%	N 157 D 173	90.8%	N 280 D 302	92.7%
	Gastric	90	N 2 D 3	66.7%	N 10 D 11	90.9%	N 17 D 20	85.0%	N 45 D 47	95.7%	N 74 D 81	91.4%
QPI 4ii: TNM Treatment Intent recorded at MDT prior to treatment	Oesophageal	95	N 22 D 23	95.7%	N 38 D 41	92.7%	N 65 D 65	100%	N 151 D 173	87.3%	N 276 D 302	91.4%
	Gastric	95	N 3 D 3	100%	N 11 D 11	100%	N 18 D 20	90.0%	N 42 D 47	89.4%	N 74 D 81	91.4%
QPI 5i: Nutritional Assessment: Undergo screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	Oesophageal	95	N 20 D 22	90.9%	N 40 D 41	97.6%	N 63 D 65	96.9%	N 122 D 173	70.5%	N 245 D 301	81.4%
	Gastric	95	N 1 D 1	100%	N 11 D 11	100%	N 19 D 20	95.0%	N 35 D 47	74.5%	N 66 D 79	83.5%
QPI 5ii: Nutritional Assessment: are at high risk of malnutrition (MUST score >2) referred to dietician	Oesophageal	90	N 12 D 13	92.3%	N 14 D 14	100%	N 18 D 18	100%	N 80 D 90	88.9%	N 124 D 135	91.9%
	Gastric	90	N 1 D 1	100%	N 4 D 4	100%	N 2 D 2	100%	N 27 D 32	84.4%	N 34 D 39	87.2%
QPI 6: Appropriate Selection: Neo-Adjuvant chemotherapy followed by surgical resection	Oesophageal	80	N 3 D 3	100%	N 2 D 2	100%	N 11 D 12	91.7%	N 26 D 30	86.7%	N 42 D 47	89.4%
	Gastric	80	N 0 D 0	-	N 0 D 0	-	N 1 D 3	33.3%	N 5 D 7	71.4%	N 6 D 10	60.0%
QPI 7i: 30 Day Mortality Following Surgery (presented by Board of Surgery)	Oesophageal	<5	Board of Surgery						N 0 D 46	0.0%	N 0 D 46	0.0%
	Gastric	<5	Board of Surgery						N 0 D 14	0.0%	N 0 D 14	0.0%

QPI 7ii: 90 Day Mortality Following Surgery (presented by Board of Surgery)	Oesophageal	<7.5	Board of Surgery			N 0 0.0%	D 45	N 0 0.0%	D 45			
	Gastric	<7.5	Board of Surgery			N 0 0.0%	D 14	N 0 0.0%	D 14			
QPI 8: Lymph Node Yield – Curative resection where >15 lymph nodes are resected and examined (Presented by Board of Surgery)	Oesophageal	90	Board of Surgery			N 46 100%	D 46	N 46 100%	D 46			
	Gastric	80	Board of Surgery			N 11 78.6%	D 14	N 11 78.6%	D 14			
QPI 9: Hospital of Stay: Discharge within 14 days of surgical procedure (presented by Board of Surgery)	Oesophageal	60	Board Of Surgery			N 26 55.3%	D 47	N 26 55.3%	D 47			
	Gastric	60	Board of Surgery			N 11 78.6%	D 14	N 11 78.6%	D 14			
QPI 10i: Oesophageal clear circumferential resection margins (presented by Board of Surgery)	Oesophageal	70	Board of Surgery			N 39 83.0%	D 47	N 39 83.0%	D 47			
QPI 10ii: Longitudinal margins clear (Presented by Board of Surgery)	Oesophageal	90	Board of Surgery			N 46 97.9%	D 47	N 46 97.9%	D 47			
	Gastric	95	Board of Surgery			N 11 78.6%	D 14	N 11 78.6%	D 14			
QPI 11: Curative Treatment Rates	Oesophageal	35	N 3 16.7%	D 18	N 3 7.3%	D 41	N 18 27.7%	D 65	N 48 27.9%	D 172	N 72 24.3%	D 296
	Gastric	35	N 0 0.0%	D 2	N 3 27.3%	D 11	N 7 35.0%	D 20	N 9 19.1%	D 47	N 19 23.8%	D 80
QPI 12: 30-day Mortality after Oncological Treatment	Oesophageal curative Chemoradiotherapy	<5	Not yet reported - Awaiting Chemo-care guidelines									
	Gastric Curative Chemoradiotherapy											
QPI 13 HER2 Status in Advanced Oesophageal/Gastric Adenocarcinoma		90%	N 3 100%	D 3	N 6 100%	D 6	N 7 100%	D 7	N 19 100%	D 19	N 35 100%	D 35
Clinical Trial QPI NB: N= patients consented to trial/study on SCRN database, D = 5-year average Cancer Registry patients		15%	N 5 14.3%	D 35	N 0 0.0%	D 46	N 6 6.0%	D 99	N 62 34.8%	D 178	N 71 20.3%	D 358