SCAN
South East Scotland Cancer Network

NHS SCOTLAND

Working regionally to improve cancer services

SOUTH EAST SCOTLAND CANCER NETWORK (SCAN)
PROSPECTIVE CANCER AUDIT

Gynaecological Cancers 2021-22 Quality Performance Indicators (QPI) Comparative Report

Dr Cameron Martin, SCAN Lead Gynaecology Cancer Clinician

Dr Nayani Berugoda, NHS Borders
Dr Phillip Dutton, NHS Dumfries and Galloway
Dr Scott Fegan, NHS Fife & NHS Lothian
Dr Vanishree Lakshmi Narayana Rao, NHS Fife
Dr Helen Creedon, NHS Lothian
Dr Alison Stillie, NHS Lothian
Dr Mark Zahra, NHS Lothian

Dr Lorna Bruce, NHS Lothian, SCAN Cancer Audit Manager

Stanka Easton, SCAN Cancer Information Analyst, NHS Lothian
Jennifer Bruce, Senior Analyst, NHS Dumfries and Galloway
Jackie Stevenson, Cancer Audit Facilitator, NHS Fife
Suzanne Tunmore, Clinical Information Officer, NHS Borders

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SCAN Audit Office, c/o Department of Clinical Oncology,
Western General Hospital, Crewe Road, Edinburgh EH4 2XU
T: 0131 537 2234
W: **www.scan.scot.nhs.uk**
stanka.easton@nhslothian.scot.nhs.uk

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Document History

v	Date	Events	Actions
1	26/07/2023	Report circulated to SCAN Gynae Chair and lead clinicians in advance of sign off meeting	Sign off meeting on 3rd August 2023
2	08/08/2023	Report sent to Lead Clinician sign off group for approval and Lead Clinician's Commentary	Clinical commentary added to report.
3	11/10/2023	Circulated to SCAN group for final comments.	Deadline for comments: 27/10/2023
4	30/10/2023	Circulated to SCAN Clinical Governance Framework.	To be assessed for disclosive information.
4w	April 2024	Web version published on SCAN website. *www.scan.scot.nhs.uk*	

Lead Clinician's Commentary

The CMO annual report focused on the importance of team working and the wellbeing of staff. The recently published 10-year cancer strategy reinforced the role of the wider team in driving recovery and change with a strong emphasis on patient centred care, good data collection and realistic medicine.
The Gynaecology tumour group has excelled in delivering post covid recovery treatment(s). Our outstanding performance in the recent QPI is also related to strong survival data generated by our own data team and collected by national reporting. We are a strong collaborative group and every member of the team contributes to our success.

Our group is underpinned by clearer protocols, multidisciplinary working relationships and a programme of modernisation to deliver better and better outcomes. We have embraced prehabilitation and updated our pathways based on current evidence. Robotic surgery is now embedded in service and complemented by a progressive clinical oncology team to deliver adjuvant therapies. Our CPS has gone from strength to strength and a successful business case submitted by our clinical and managerial team and wide multidisciplinary working is delivering a World Class service by the whole team from dietetics, prehabilitation, CNS support, radical gynaecology surgeons and a superb medical oncology group.

However, as always, we have work to do. In particular, we must continue to improve pathways for endometrial cancer by further engagement with primary care, consider early detection of ovarian cancer and demonstrate better recruitment to clinical trials. We need to improve MDM flow. As a team, we will continue to strive to improve our service and collaborate with national services to further develop managed network protocols. We will meet the challenges posed by the national strategy to continue to improve survival and ensure we have equitable access to treatments for all our patients.

Dr Cameron W Martin MD FRCOG
Lead Clinician South East Scotland Cancer Network (SCAN)
October 2023

Cervix Cancer QPI Attainment Summary 2021-22	Target %	SCAN		
QPI 1: Radiological staging. Patients who have an MRI of the pelvis performed prior to definitive treatment.	95	N D	54 56	96.4%
QPI 4: Radical Hysterectomy. Patients with FIGO stage IB1 cervical cancer who undergo radical hysterectomy.	85	N D	12 15	80.0%
QPI 5: Surgical Margins in hysterectomy patients with FIGO stage IB1 disease (By Hospital of Surgery).	95	N D	15 16	93.8%
QPI 6: Treatment Time for Radical Radiotherapy. Patients whose treatment time is less than 56 days.	90	N D	37 37	100%
QPI 7: Chemoradiation. Patients undergoing radical radiotherapy who receive concurrent chemotherapy.	70	N D	28 37	75.7%

Individual Boards not shown to avoid potential disclosure.

Following formal review of the Cervical Cancer QPIs, which took place following analysis of year 6 cervical cancer QPI data, QPIs 1, 2 and 3 have been updated.
Second cycle of formal review took place following analysis of year 6 cervical cancer QPI data. QPIs 2 and 3 have been archived and QPI 4 has been updated. Clinical trials QPI is removed from the individual specific QPI documents and is to be replaced with a standardised and centralised report across all tumour sites which will be reported via the NHS Research Scotland Central Management Team in due course.

2021-22 Cervix Action Plans

None identified

2020-2021 Cervix Action Progress

None identified

Endometrial QPI Attainment Summary 2021-22	Target %	Borders		D&G		Fife		Lothian		SCAN	
QPI 1 Radiological Staging. Patients who have an MRI ± CT of the abdomen & pelvis performed prior to definitive treatment	90	N 6 D 7	85.7%	N 6 D 7	85.7%	N 33 D 33	100%	N 53 D 64	82.8%	N 98 D 111	88.3%
QPI 2 MDT. Patients discussed at the MDT before definitive treatment	95	N 15 D 15	100%	N 16 D 18	88.9%	N 55 D 56	98.2%	N 122 D 124	98.4%	N 208 D 213	97.7%
QPI 3 Total Hysterectomy and Bilateral Salpingo-Oophorectomy in patients with FIGO stage I-III disease	85	N 10 D 17	58.8%	N 11 D 14	78.6%	N 48 D 57	84.2%	N 102 D 114	89.5%	N 171 D 202	84.7%
QPI 4 Minimal Access Surgery (definitive surgery, by hospital of surgery)	70									N 152 D 178	85.4%
QPI 6 Chemotherapy / Hormone therapy. Stage IV endometrial cancer patients receiving chemo or hormones	75									N 12 D 13	92.3%

Individual Boards for QPIs 4 and 6 are not shown to avoid potential disclosure.

Following formal review of the Endometrial Cancer QPIs, which took place following analysis of year 6 endometrial cancer QPI data, the QPIs 5 and 7 have been archived and QPI 4 has been changed from Laparoscopic Surgery to Minimal Access Surgery to take account of robotic surgery. Clinical trials QPI is removed from the individual specific QPI documents and is to be replaced with a standardised and centralised report across all tumour sites which will be reported via the NHS Research Scotland Central Management Team in due course.

2021-22 Endometrial Action Plans

QPI	Action required where QPI not met (2021-22)	Lead	Date for update
1	CT chest abdomen and MRI pelvis protocol was agreed in Lothian at the start of 2022 and this let to improvement for 2021/22 cohort. No further action is required.	N/A	N/A
3	Full staging to be recorded at MDM.	Dr Cameron Martin	June 2024

2020-21 Endometrial Action Progress

QPI	Action required where QPI not met (2020-21)	Progress
1	CT chest abdomen and MRI pelvis protocol was agreed in Lothian at the start of 2022 and improvement should be seen in next reporting period. No further action is required at this point.	Completed.
3	Full staging to be recorded at MDM.	Ongoing.

Ovarian Cancer QPI Attainment Summary 2021-22		Target %	**Borders**		**D&G**		**Fife**		**Lothian**		**SCAN**	
QPI 2: Extent of disease assessed by CT or MRI prior to treatment		95	N 20 D 21	95.2%	N 15 D 15	100%	N 17 D 17	100%	N 66 D 69	95.7%	N 118 D 122	96.7%
QPI 3: Treatment planned and reviewed at a regional multi-disciplinary team meeting		95	N 18 D 20	90.0%	N 14 D 14	100%	N 15 D 16	93.8%	N 64 D 70	91.4%	N 111 D 120	92.5%
QPI 4: Patients with early stage disease have an adequate staging operation (by hospital of surgery)		90									N 15 D 22	68.2%
QPI 6: Histopathology reports are complete and support clinical decision making (by hospital of surgery)		95									N 68 D 68	100%
QPI 7: Histological diagnosis prior to starting chemotherapy		90	N 5 D 6	83.3%	N 9 D 9	100%	N 8 D 8	100%	N 15 D 17	88.2%	N 37 D 40	92.5%
QPI 9: First-line Chemotherapy		90	N 14 D 17	82.4%	N 10 D 11	90.9%	N 10 D 13	76.9%	N 38 D 48	79.2%	N 72 D 89	80.9%
QPI 10: Surgery for advanced disease (By hospital of surgery)	All surgery (primary or delayed) (by board of diagnosis)	65	N 11 D 14	78.6%	N 8 D 12	66.7%	N 8 D 12	66.7%	N 35 D 49	71.4%	N 62 D 87	71.3%
	Primary surgery where no residual disease is achieved	60			N/A				N 21 D 27	77.8%	N 26 D 33	78.8%
	Delayed primary surgery (after chemo) where no residual disease is achieved	60	N/A		N/A		N/A		N 14 D 17	82.4%	N 14 D 17	82.4%
QPI 11: Genetic testing in non-mucinous epithelial ovarian cancer		90	N 16 D 21	76.2%	N 11 D 15	73.3%	N 11 D 15	73.3%	N 43 D 60	71.7%	N 81 D 111	73.0%
QPI 12: 30-day mortality following surgery (by Board of surgery)		<5	N 0 D 7	0.0%	N/A		N 0 D 9	0.0%	N 0 D 74	0.0%	N 0 D 90	0.0%

Figures suppressed where denominator is <5. SCAN only figures shown for QPIs 4 and 6 to avoid potential disclosure.

2021-22 Ovarian Action Plans

QPI	Action required where QPI not met 2021-22	Lead	Date for update
9	The reasons for not meeting this QPI were down to comorbidities / frailty / poor performance status / patients' choice / rapid deterioration and died before treatment / chemotherapy not indicated for low grade tumour. Patients were all treated appropriately, and no action was identified. Consider excluding patients who die before treatment from the measurability at the next formal review.	Dr Cameron Martin and QPI review	Review meeting October 2023
11	All patients who were not tested have been reviewed and those who have not been tested were clear cell carcinomas or low grade tumours with the low rate of mutations within the tested panel and below that at which testing would standardly be offered, patients who were on surgical follow up only, patient who declined testing, died before treatment or were for supportive care only. This QPI is due for review in October 2023 and may be rationalised at that time. No further action was identified.	Dr Cameron Martin and QPI review	Review meeting October 2023

2020-21 Ovarian Action Progress

QPI	Action required where QPI not met 2019-20	Progress
3	The reasons for not meeting this QPI were down to incidental findings / emergency surgery / rapid deterioration. Triaging of patients in Fife and referral to MDM needs to be reviewed.	Triage and referrals have been reviewed with no actions identified.
4	The reasons for not meeting this QPI were down to cancer not suspected at the time of surgery and low risk of malignancy. It was agreed that more specific IOTA system needs to be put into place to allow for better screening and triaging patients into MDM needs to be reviewed.	Ongoing.
11	All patients who were not tested have been reviewed and patients who have not been tested were those who did not have tissue diagnosis, were not for active investigation or treatment due to comorbidities, not fit for treatment or patient wishes, clear cell carcinomas or low grade tumours unlikely to have relevant mutations, declined testing or died before investigations. Protocol for patients with no histology should be investigated. Numbers of patients with no tissue diagnosis are small so the feasibility of testing should be investigated if a blood test is all that is required.	Ongoing - Due for review in October 2023.

Introduction and Methods

Cohort

This report covers patients diagnosed with gynaecological cancer: cervix, endometrial and epithelial ovarian. The results contained within this report have been presented by NHS Board of diagnosis. Where the QPI relates to surgical outcomes the results have 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 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[1].
Accompanying datasets and measurability criteria for QPIs are published on the PHS website[2]. NHS Boards are required to report against QPIs as part of a mandatory publicly reported programme, at a national level.

The QPI dataset for epithelial ovarian cancer was implemented from 01/10/2013. The QPI datasets for cervix and endometrial were implemented from 01/10/2014.

The standard QPI format is shown below:
Results are shown by Board of diagnosis as standard and by Hospital of surgery where required.

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 Stanka Easton, SCAN Cancer Audit Facilitator, who also compiled this regional report.

[1] QPI documents are available at www.healthcareimprovementscotland.org
[2] Datasets and measurability documents are available at www.isdscotland.org

Data capture is focused round the process for the weekly multidisciplinary meetings ensuring that data covering patient referral, investigation and diagnosis is being picked up through routine process. Oncology data is obtained either from the clinical records (electronic systems and case notes) or by downloads from Aria and from the Department of Clinical Oncology database within the Edinburgh Cancer Centre (ECC).

Each of the hospitals provides surgery and chemotherapy but radiotherapy is provided centrally in Edinburgh Cancer Centre. Patients living closer to either Carlisle or Dundee may opt to have oncology treatment outwith the SCAN region. Collecting complete audit data for these patients remains a challenge.

The process remains dependent on audit staff for capture and entry of data, and for data quality checking.

All data in SCAN is collected using eCase.

Lead Clinicians and Audit Personnel

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Dr Nayani Berugoda	Suzanne Tunmore
NHS Dumfries and Galloway	Dumfries & Galloway Royal Infirmary	Dr Philip Dutton	Jenny Bruce Teresa Quintela
NHS Fife	Queen Margaret Hospital Victoria Hospital	Dr Scott Fegan Dr Vanishree Lakshmi Narayana Rao	Jackie Stevenson
SCAN & NHS Lothian	St John's Hospital Royal Infirmary Edinburgh Western General Hospital	Dr Cameron Martin	Stanka Easton

Data Quality

Estimated Case Ascertainment

An estimate of case ascertainment is made by comparison with the Scottish Cancer Registry five-year average data from 2017-2021. However, results for ovarian must be interpreted with caution as Cancer Registry data does not include clinical only diagnoses.

High levels of case ascertainment should 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 cohort (01/10/21-30/09/22)

SCAN Audit 2021-22	Borders	D&G	Fife	Lothian	SCAN
Cervical	7	10	22	45	84
Endometrial	17	18	61	128	224
Ovarian	22	15	18	73	128

Cancer Registry 5 Year Average 2017-21	Borders	D&G	Fife	Lothian	SCAN
Cervical	5	5	14	25	49
Endometrial	12	23	53	106	194
Ovarian	11	13	30	65	119

Source: Scottish Cancer Registry, PHS. Data extracted from ACaDMe, 10 July 2023.

Estimate of case ascertainment: calculated using the average of the most recent available five years of Cancer Registry Data (2017 – 2021)

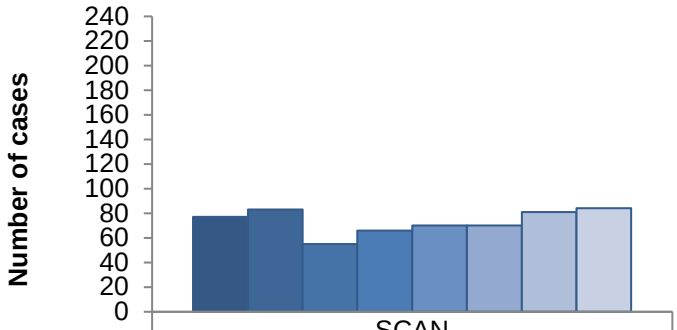
Percentage case ascertainment	Borders	D&G	Fife	Lothian	SCAN
Cervical	140.0%	200.0%	157.1%	180.0%	171.4%
Endometrial	141.7%	78.3%	115.1%	120.8%	115.5%
Ovarian*	200.0%	115.4%	60.0%	112.3%	107.6%

Note: Case ascertainment is reported by Board of diagnosis and has been estimated using a denominator based on the latest (2017-2021) five-year annual average available from the Scottish Cancer Registry datamart, ACaDMe on 10 July 2023. 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.

*Cancer Registry datamart includes only non-epithelial ovarian cancers with diagnosis confirmed by histology or by cytology and does not include ovarian cancers diagnosed with clinical investigation only (both included in this QPI report) so numbers do not match up well.

Number of cases recorded in audit cohort 2013/14 – 2021/22

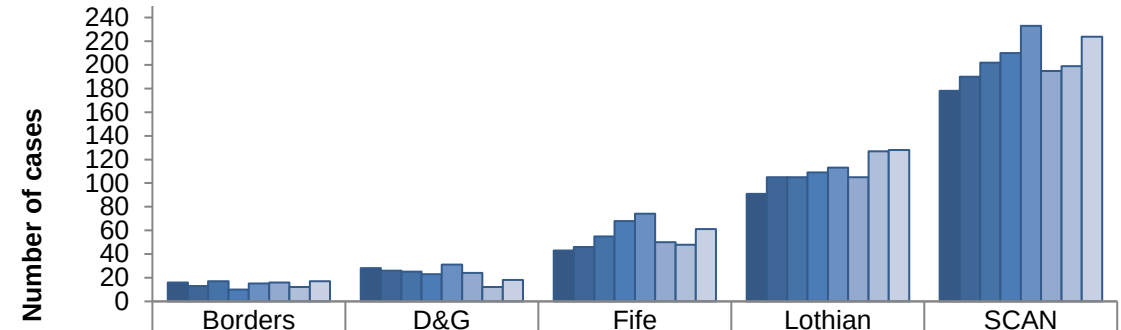
Number of cases recorded in audit cohort (Cervical) 2014/15 to 2021/22



	SCAN
2014-2015	77
2015-2016	83
2016-2017	55
2017-2018	66
2018-2019	70
2019-2020	70
2020-2021	81
2021-2022	84

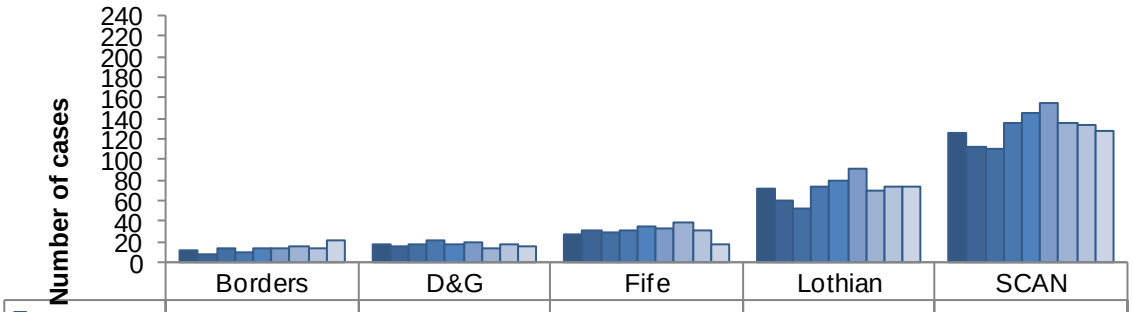
Individual Boards not shown to avoid potential disclosure.

Number of cases recorded in audit cohort (Endometrial) 2014/15 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2014-2015	16	28	43	91	178
2015-2016	13	26	46	105	190
2016-2017	17	25	55	105	202
2017-2018	10	23	68	109	210
2018-2019	15	31	74	113	233
2019-2020	16	24	50	105	195
2020-2021	12	12	48	127	199
2021-2022	17	18	61	128	224

Number of cases recorded in audit cohort (Ovarian) 2013/14 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2013-2014	11	17	27	71	126
2014-2015	7	16	30	60	113
2015-2016	14	17	28	52	111
2016-2017	9	21	31	74	135
2017-2018	13	17	34	80	144
2018-2019	13	20	32	90	155
2019-2020	15	13	38	70	136
2020-2021	13	17	30	73	133
2021-2022	22	15	18	73	128

Quality Assurance

All hospitals in mainland Scotland participate in a Quality Assurance (QA) programme provided by the Public Health Scotland (PHS). QA of the Ovarian QPI dataset was undertaken in 2021. Cervix and Endometrial QA were undertaken in 2018 and 2019.

	Borders	D&G	Fife	Lothian	Scotland
Ovarian QPI data recording accuracy (%)	100	100	92	100	95.6

	Borders	D&G	Fife	Lothian	Scotland
Cervical QPI data recording accuracy (%)	94.3	96.6	97.6	99.7	96.6

	Borders	D&G	Fife	Lothian	Scotland
Endometrial QPI data recording accuracy (%)	98.6	98.6	98.2	96.7	97.3

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 SCAN Clinical Leads sign off meeting on 3rd August 2023.

Actions for Improvement

After final sign off, and insertion of Lead clinician's commentary, 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.

1. Cervix Cancers

Age at Diagnosis	SCAN	Percentage
<20 - 44	36	42.9%
45 - 69	33	39.3%
70 - >85	15	17.9%
Total	87	100%

QPI 1: Radiological Staging (cervix)

Proportion of patients with cervical cancer who have an MRI of the pelvis performed prior to definitive treatment. Target = 95%

Numerator: Number of patients with cervical cancer having MRI of the pelvis carried out prior to definitive treatment.

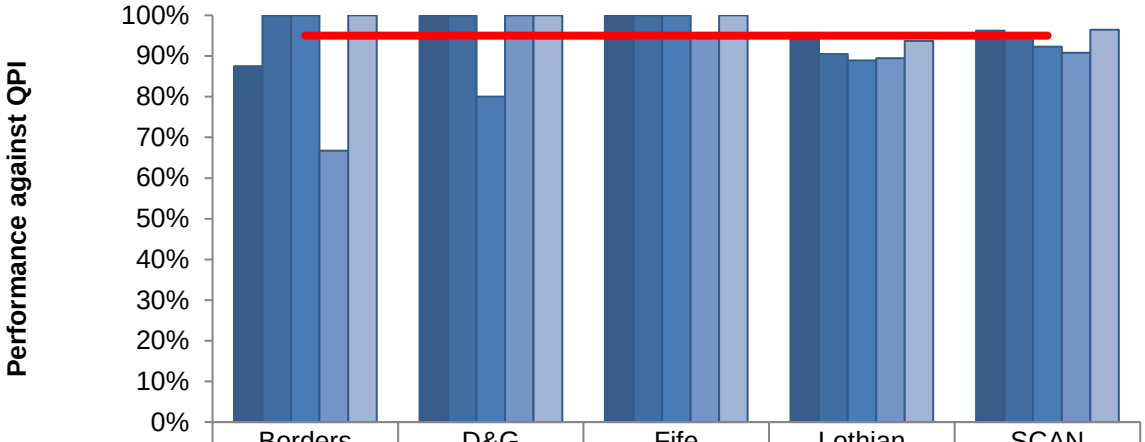
Denominator: All patients with cervical cancer.

Exclusions: Patients with FIGO IA1 or IVB disease, Patients unable to undergo MRI due to contraindications. Patients who decline MRI investigation.

Target = 95%	SCAN
2021/22 Cohort	84
Ineligible for this QPI	28
Numerator	54
Not Recorded for Numerator	0
Denominator	56
Not Recorded for Exclusions	2
Not Recorded for Denominator	0
% Performance	96.4%

Individual Boards not shown to avoid potential disclosure.

QPI 1 - Radiological staging (Cervical) 2017/18 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2017-2018	87.5%	100.0%	100.0%	95.7%	96.2%
2018-2019	100.0%	100.0%	100.0%	90.5%	95.0%
2019-2020	100.0%	80.0%	100.0%	88.9%	92.3%
2020-2021	66.7%	100.0%	94.4%	89.5%	90.8%
2021-2022	100.0%	100.0%	100.0%	93.8%	96.4%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

Comments

Note: The QPI and Dataset has been changed from 2009 to 2018 FIGO staging classification.

Action: The target was met in SCAN. All patients have been reviewed. Patients were all treated appropriately and no action has been identified.

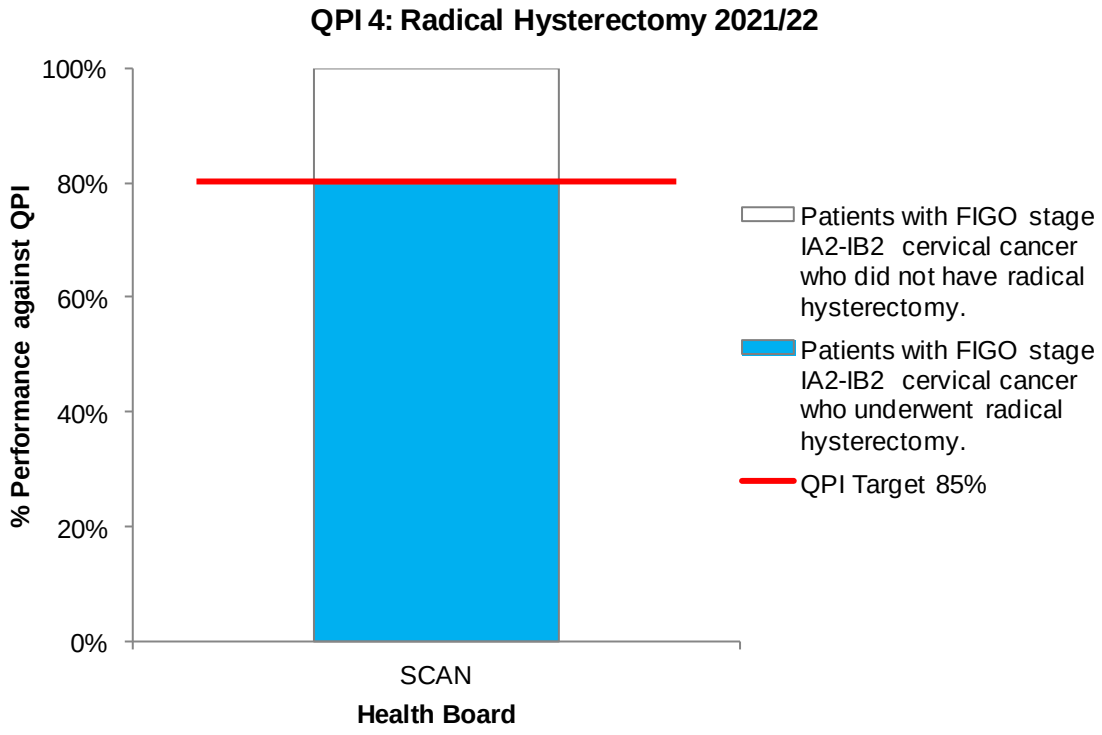
QPI 4: Radical Hysterectomy (cervix)

Proportion of patients with stage IA2-IB2 cervical cancer (as defined by radiology and/or histopathology) who undergo radical hysterectomy. Target = 85%

Numerator: Number of patients with FIGO stage IA2-IB2 cervical cancer who undergo radical hysterectomy.
Denominator: All patients with FIGO stage IA2-IB2 cervical cancer.
Exclusions: Patients who decline surgery, patients who undergo fertility conserving treatment, patients having neo-adjuvant chemotherapy, patients enrolled into surgical trials.

Target = 85%	SCAN
2021/22 Cohort	84
Ineligible for this QPI	69
Numerator	12
Not Recorded for Numerator	0
Denominator	15
Not Recorded for Exclusions	0
Not Recorded for Denominator	3
% Performance	80.0%

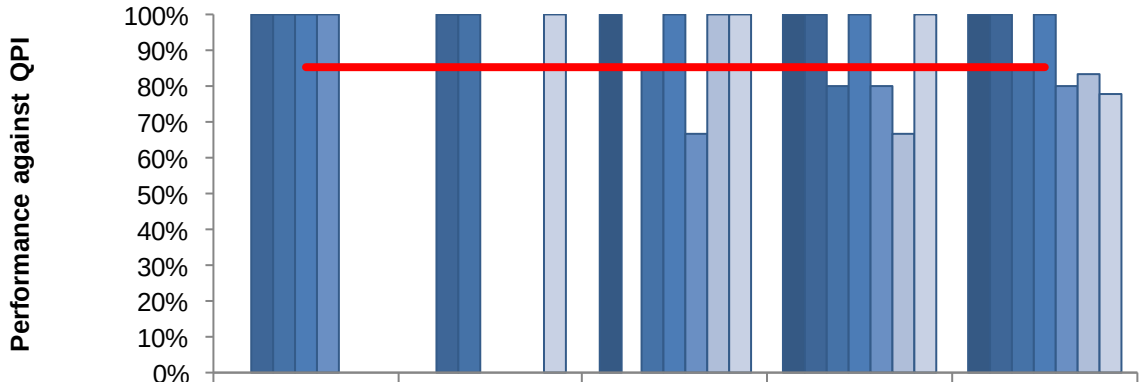
Individual Boards not shown to avoid potential disclosure.



Action: All patients have been reviewed. Patients were all treated appropriately and no action has been identified.

Following formal review after year 6 QPI 4 was updated: Clinical cohort was amended to include stages IA2-IB2 using 2018 FIGO staging classification (previously IB1 using 2009 FIGO staging classification). As year 7 was reported during the formal review all the changes are implemented in year 8 of reporting (cases from October 21– September 22). Figures for years 1-7 are below.

QPI 4 - Radical Hysterectomy (Cervical) 2014/15 to 2020/21



	Borders	D&G	Fife	Lothian	SCAN
2014-2015	0	0	100.0%	100.0%	100.0%
2015-2016	100.0%	100.0%	0	100.0%	100.0%
2016-2017	100.0%	100.0%	85.7%	80.0%	85.7%
2017-2018	100.0%	0	100.0%	100.0%	100.0%
2018-2019	100.0%	0	66.7%	80.0%	80.0%
2019-2020	0	0	100.0%	66.7%	83.3%
2020-2021	0.0%	100.0%	100.0%	100.0%	77.8%
Target	85.0%	85.0%	85.0%	85.0%	85.0%

Zero values are due to no eligible patients for the QPI in cohort.

QPI 5: Surgical Margins (cervix)

Proportion of patients with cervical cancer, who have surgical margins clear of tumour, following hysterectomy. Target = 95%

Numerator: Number of patients with cervical cancer who undergo surgery where surgical margins are clear of tumour.

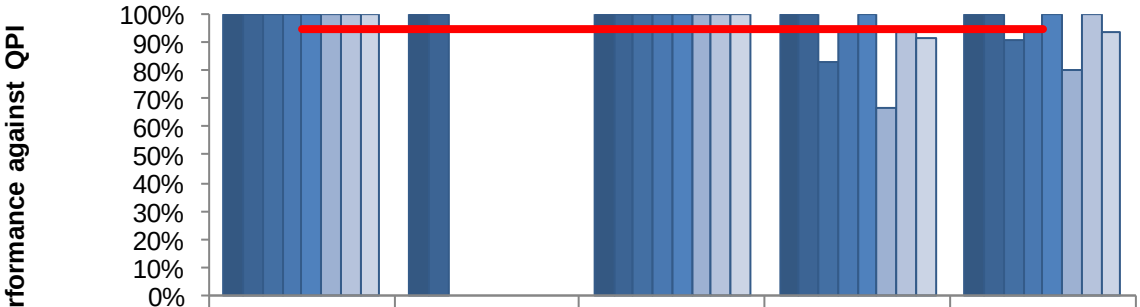
Denominator: All patients with cervical cancer who undergo surgery (no exclusions).

By Hospital of Surgery

Target = 95%	SCAN
Numerator	15
Not Recorded for Numerator	0
Denominator	16
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	93.8%

Individual Boards not shown to avoid potential disclosure.

QPI 5 - Surgical Margins (Cervical) 2014/15 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2014-2015	100.0%	100.0%	100.0%	100.0%	100.0%
2015-2016	100.0%	100.0%	100.0%	100.0%	100.0%
2016-2017	100.0%	0	100.0%	83.3%	90.9%
2017-2018	100.0%	0	100.0%	93.3%	95.2%
2018-2019	100.0%	0	100.0%	100.0%	100.0%
2019-2020	100.0%	0	100.0%	66.7%	80.0%
2020-2021	100.0%	0	100.0%	93.8%	100.0%
2021-2022	100.0%	0	100.0%	91.7%	93.8%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

Zero values are due to no eligible patients for the QPI in cohort.

Comments:

Action: The target was not met (1 case). The patient has been reviewed and was treated appropriately. Low numbers produce a high percentage change as evidenced in NHS Lothian and SCAN. No action has been identified.

QPI 6: 56 Day Treatment Time for Radical Radiotherapy (cervix)

Proportion of patients with cervical cancer undergoing radical radiotherapy whose overall treatment time, from the start to the end of treatment, is not more than 56 days. Target = 90%

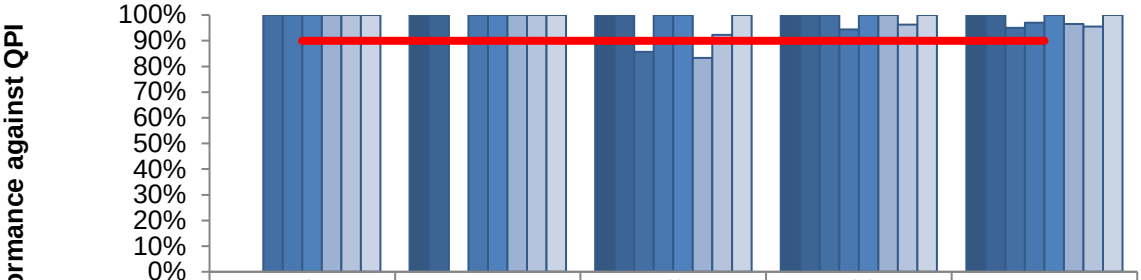
Numerator: Number of patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy) whose overall treatment time, from start to the end of treatment, is not more than 56 days.

Denominator: All patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy), (no exclusions).

Target = 90%	SCAN
2021/22 Cohort	84
Ineligible for this QPI	47
Numerator	37
Not Recorded for Numerator	0
Denominator	37
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	100.0%

Individual Boards not shown to avoid potential disclosure.

QPI 6 - 56 Day Treatment Time for Radical Radiotherapy (Cervical)
2014/15 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2014-2015	0	100.0%	100.0%	100.0%	100.0%
2015-2016	0	100.0%	100.0%	100.0%	100.0%
2016-2017	100.0%	0	85.7%	100.0%	95.0%
2017-2018	100.0%	100.0%	100.0%	94.4%	97.1%
2018-2019	100.0%	100.0%	100.0%	100.0%	100.0%
2019-2020	100.0%	100.0%	83.3%	100.0%	96.6%
2020-21	100.0%	100.0%	92.3%	96.3%	95.6%
2021-2022	100.0%	100.0%	100.0%	100.0%	100.0%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

Zero values are due to no eligible patients for the QPI in cohort.

Comments: The target was met by all Boards.

QPI 7: Chemoradiation (cervix)

Proportion of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy. Target = 70%

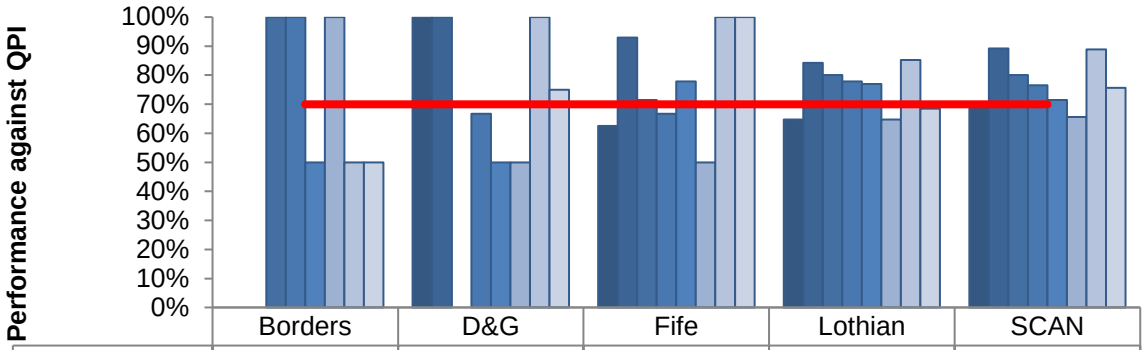
Numerator: Number of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.

Denominator: All patients with cervical cancer who undergo radical radiotherapy (no exclusions).

Target = 70%	SCAN
2021/22 Cohort	84
Ineligible for this QPI	47
Numerator	28
Not Recorded for Numerator	0
Denominator	37
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	75.7%

Individual Boards not shown to avoid potential disclosure.

QPI 7 - Chemoradiation (Cervical) 2014/15 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2014-2015	0	100.0%	62.5%	64.7%	69.0%
2015-2016	0	100.0%	92.9%	84.2%	89.2%
2016-2017	100.0%	0	71.4%	80.0%	80.0%
2017-2018	100.0%	66.7%	66.7%	77.8%	76.5%
2018-2019	50.0%	50.0%	77.8%	76.9%	71.4%
2019-2020	100.0%	50.0%	50.0%	64.7%	65.6%
2020-2021	50.0%	100.0%	100.0%	85.2%	88.9%
2021-2022	50.0%	75.0%	100.0%	68.4%	75.7%
Target	70.0%	70.0%	70.0%	70.0%	70.0%

Zero values are due to no eligible patients for the QPI in cohort.

Comments

Action: All patients have been reviewed. The patients are receiving radical radiotherapy including image guided brachytherapy with interstitial needles prescribed to the HR CTV as per ESTRO guidelines. This has been in place in SCAN since 2010. Patients were all treated appropriately and no action has been identified.

2. Endometrial Cancers

Age	SCAN	Percentage
<20 - 49	8	3.6%
50 - 74	159	71.0%
75 - >85	57	25.4%
Total	224	100%

QPI 1: Radiological Staging (Endometrial)

Proportion of patients with endometrial cancer who have an MRI and/or CT scan of the abdomen and pelvis performed prior to definitive treatment. Target = 90%

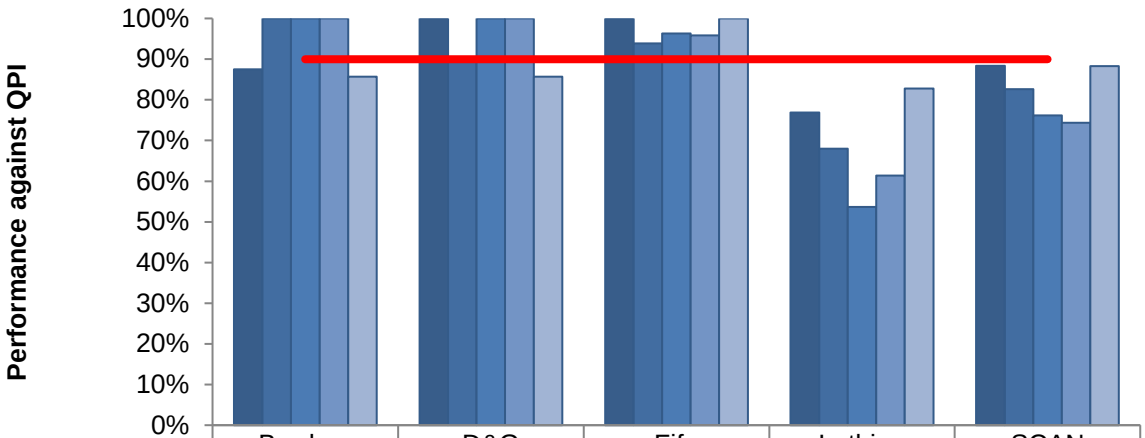
Numerator: Number of patients with endometrial cancer having an MRI and/or CT scan of the abdomen and pelvis carried out prior to definitive treatment.

Denominator: All patients with endometrial cancer.

Exclusions: Patients with Grade 1 endometrioid or mucinous carcinoma on pre-operative biopsy, patients with atypical hyperplasia on preoperative biopsy.

Target = 90%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	17	18	61	128	224
Ineligible for this QPI	10	11	28	64	113
Numerator	6	6	33	53	98
Not Recorded for Numerator	0	0	0	0	0
Denominator	7	7	33	64	111
Not Recorded for Exclusions	0	0	1	0	1
Not Recorded for Denominator	0	0	0	0	0
% Performance	85.7%	85.7%	100.0%	82.8%	88.3%

QPI 1 - Radiological staging (Endometrial) 2017/18 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2017-2018	87.5%	100.0%	100.0%	76.9%	88.4%
2018-2019	100.0%	90.0%	93.9%	68.0%	82.6%
2019-2020	100.0%	100.0%	96.3%	53.7%	76.2%
2020-2021	100.0%	100.0%	95.8%	61.4%	74.4%
2021-2022	85.7%	85.7%	100.0%	82.8%	88.3%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

Comments:

Borders: The target was not met (1 case). The patient was not fit for any treatment and the result of the investigations would not have changed the management plan.
D&G: The target was not met (1 case). The patient was not fit and imaging would not have change treatment.
Lothian: The target was not met (11 cases). In 10 cases patients had CT chest and MRI pelvis done, with no abdomen imaging before definitive treatment. In 1 case the patient had a CT chest, abdomen and pelvis done after the start of hormone therapy.

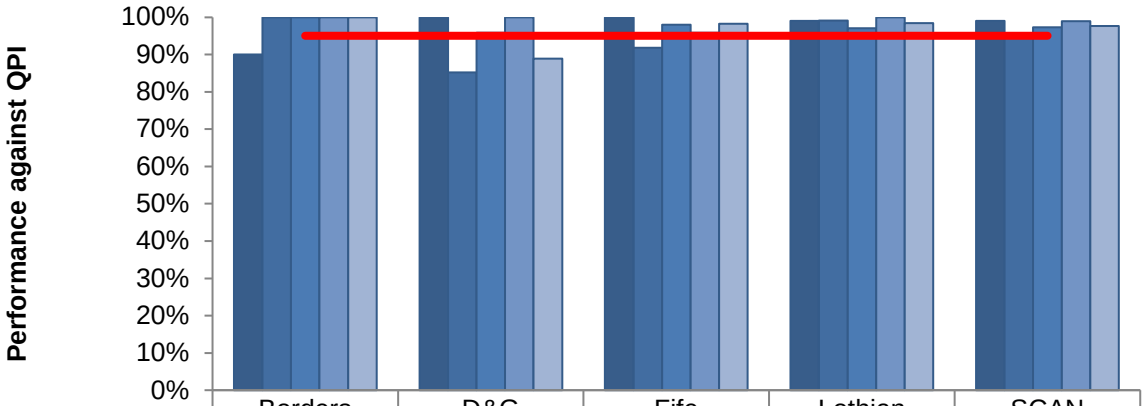
Action: CT chest abdomen and MRI pelvis protocol was agreed in Lothian at the start of 2022 and this led to improvement for 2021/22 cohort. No further action is required.

QPI 2: Multidisciplinary Team Meeting (MDT) (Endometrial)

Proportion of patients with endometrial cancer, who are discussed at MDT meeting before definitive treatment. Target = 95%
Numerator: Number of patients with endometrial cancer discussed at the MDT prior to definitive treatment.
Denominator: All patients with endometrial cancer.
Exclusions: Patients with atypical hyperplasia on preoperative biopsy. Patients who died before first treatment.

Target = 95%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	17	18	61	128	224
Ineligible for this QPI	2	0	5	4	11
Numerator	15	16	55	122	208
Not Recorded for Numerator	0	0	1	0	1
Denominator	15	18	56	124	213
Not Recorded for Exclusions	0	0	1	0	1
Not Recorded for Denominator	0	0	0	0	0
% Performance	100.0%	88.9%	98.2%	98.4%	97.7%

QPI 2 - Multidisciplinary Team Meeting (MDT) (Endometrial)
2017/18 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2017-2018	90.0%	100.0%	100.0%	99.0%	99.0%
2018-2019	100.0%	85.2%	91.8%	99.1%	95.0%
2019-2020	100.0%	95.8%	98.0%	97.0%	97.3%
2020-2021	100.0%	100.0%	95.8%	100.0%	98.9%
2021-2022	100.0%	88.9%	98.2%	98.4%	97.7%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

Comments

D&G: The target was not met (2 cases). For 1 patient cancer diagnosed on post operative pathology. 1 patient started a hormone treatment prior to the MDM discussion.

Action: The target was met in SCAN.

QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy (Endometrial)

Proportion of patients with endometrial cancer who undergo TH/BSO. Target = 85%

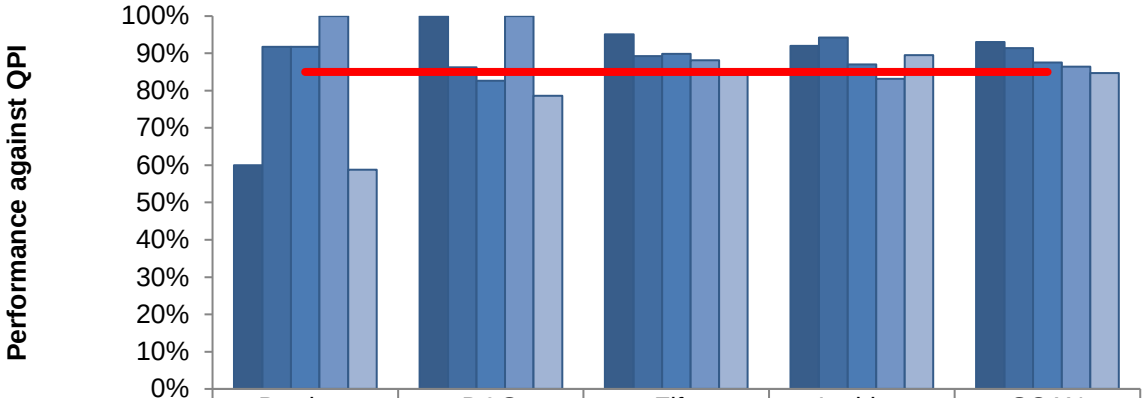
Numerator: Number of patients with endometrial cancer who undergo TH/BSO.

Denominator: All patients with endometrial cancer.

Exclusions: Patients with FIGO Stage IV disease. Patients who decline surgical treatment. Patients having neo-adjuvant chemotherapy.

Target = 85%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	17	18	61	128	224
Ineligible for this QPI	0	4	4	15	23
Numerator	10	11	48	102	171
Not Recorded for Numerator	0	0	1	0	1
Denominator	17	14	57	114	202
Not Recorded for Exclusions	0	1	8	2	11
Not Recorded for Denominator	0	0	0	0	0
% Performance	58.8%	78.6%	84.2%	89.5%	84.7%

QPI 3 - Total Hysterectomy and Bilateral Salpingo-Oophorectomy (Endometrial) 2017/18 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2017-2018	60.0%	100.0%	95.1%	92.0%	93.0%
2018-2019	91.7%	86.2%	89.2%	94.2%	91.4%
2019-2020	91.7%	82.6%	89.8%	87.0%	87.5%
2020-2021	100.0%	100.0%	88.1%	83.2%	86.4%
2021-2022	58.8%	78.6%	84.2%	89.5%	84.7%
Target	85.0%	85.0%	85.0%	85.0%	85.0%

Comments

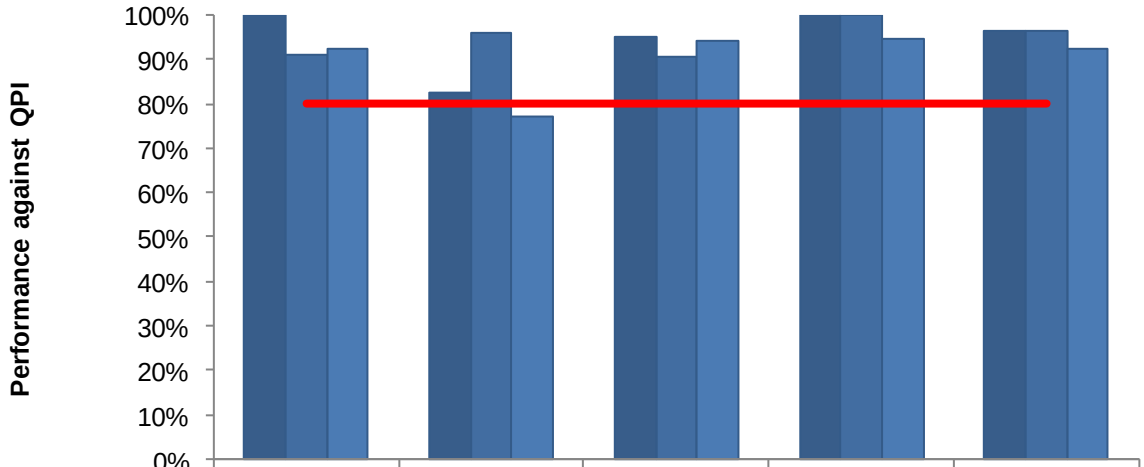
Borders: The target was not met showing (7 cases). 4 patients were not fit for surgery due to co-morbidities. 2 patients were not for surgery due to extensive disease. 1 patient died shortly after diagnosis.

D&G: The target was not met (3 cases). For 1 patient cancer was diagnosed on post operative pathology and treated with palliative radiotherapy. 1 patient with non-operable disease referred for palliative radiotherapy. 1 patient had extensive comorbidities and was for palliative treatment only.
Fife: The target was not met (9 cases). 4 patients were not fit for surgery due to co-morbidities. 2 patients died before treatment: 1 patient died prior to staging imaging, MDM discussion and treatment. 1 patient had advanced disease and died before re-discussion at MDM. 1 patient is not treated at time of reporting. 1 patient had metastatic disease therefore not for surgery. 1 patient did not have surgery due to advanced disease and frailty, for best supportive care as per MDM.
In Fife 7 patients did not have their final FIGO stage recorded at MDM and 1 patient could not be staged as no imaging was performed.

Action: All patients have been reviewed and were all treated appropriately. Full staging to be recorded at MDM.

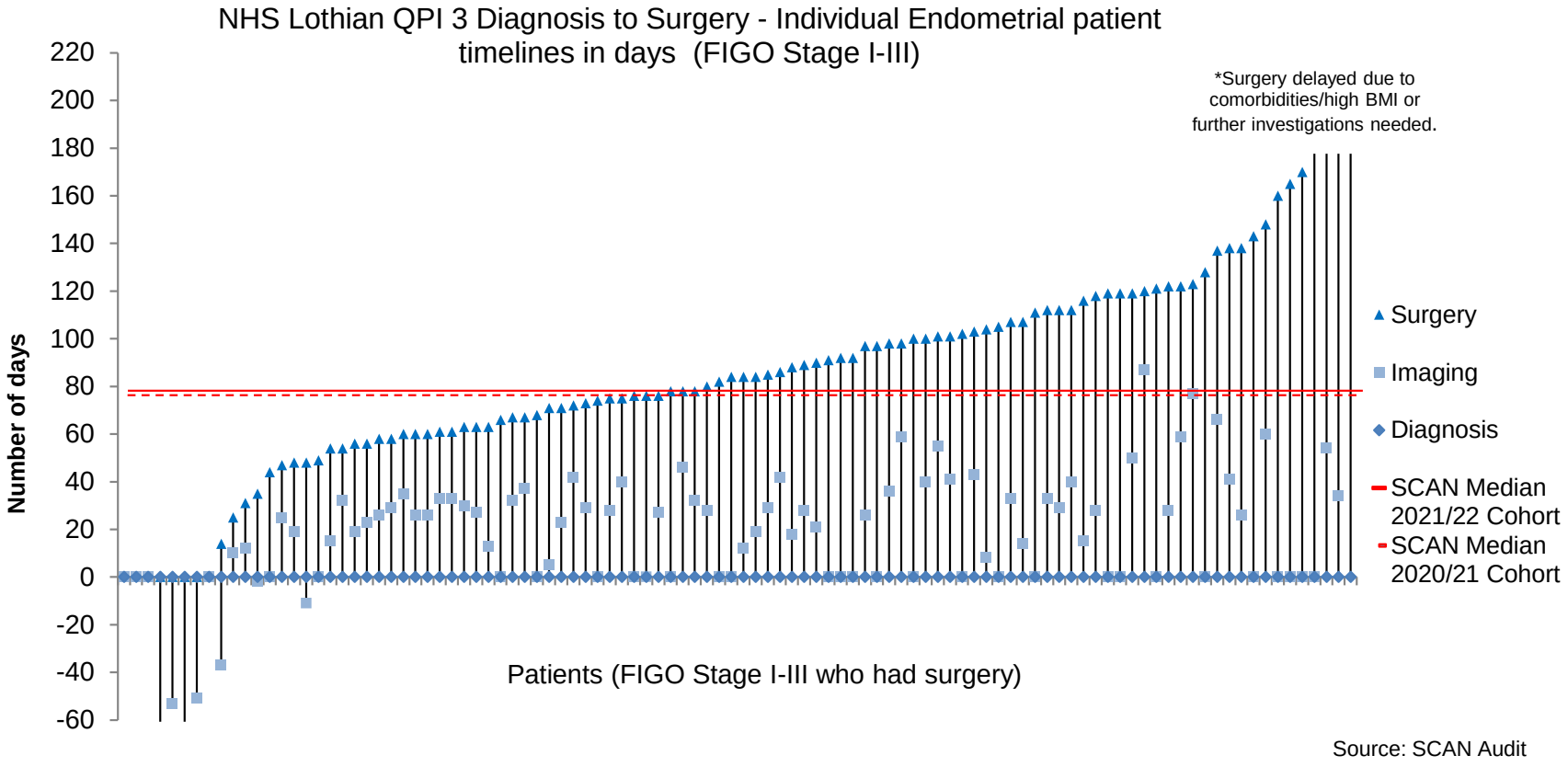
Following formal review after year 3 the target for the QPI 3 was increased from 80% to 85%. Below are QPI 3 figures from the first 3 years of QPI collection.

QPI 3 - Total Hysterectomy and Bilateral Salpingo-Oophorectomy (Endometrial) 2014/15 to 2016/17



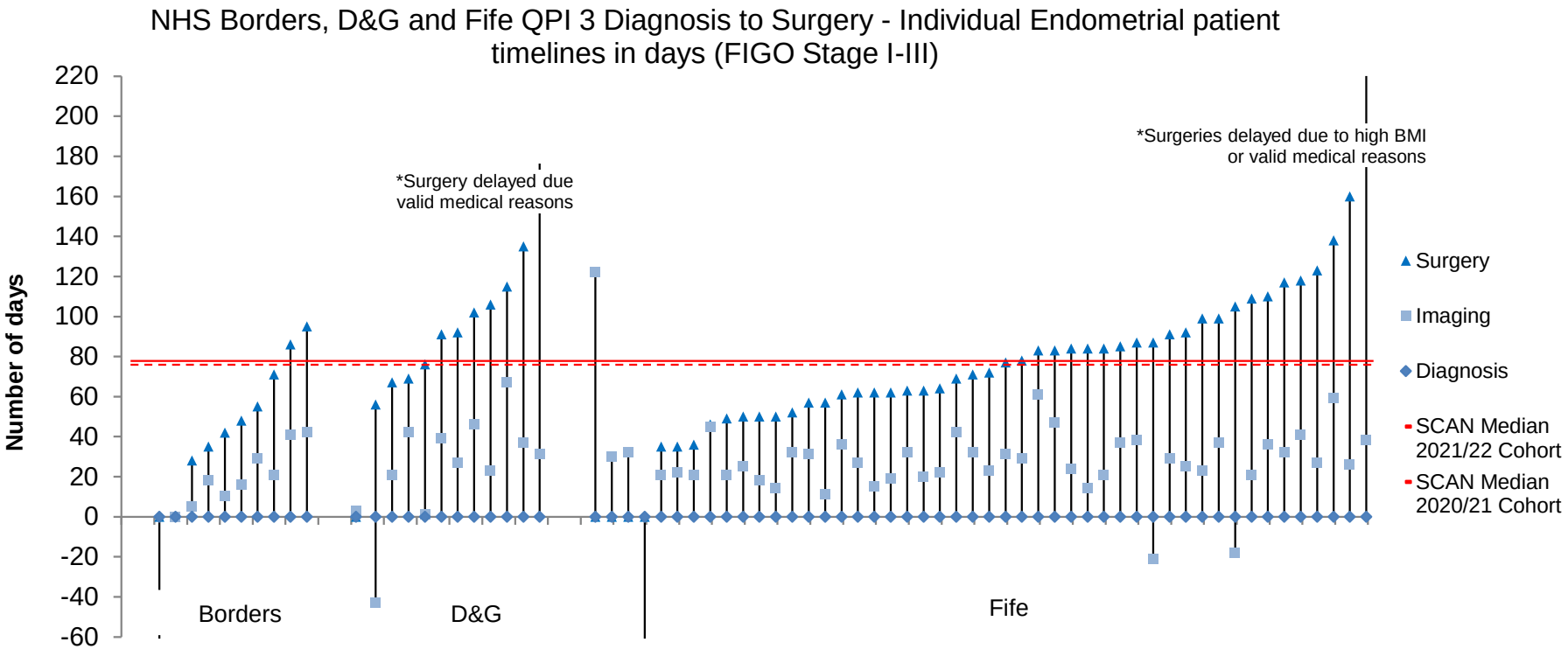
	Borders	D&G	Fife	Lothian	SCAN
2014-2015	100.0%	82.6%	95.0%	100.0%	96.2%
2015-2016	91.0%	95.8%	90.7%	100.0%	96.4%
2016-2017	92.3%	77.3%	94.3%	94.8%	92.4%
Target	80.0%	80.0%	80.0%	80.0%	80.0%

QPI 3: Days from Diagnosis to Surgery



*Patients treated with Mirena coil prior to surgery in view of comorbidities/high BMI/further investigations needed.

The Lothian median time from diagnosis to surgery for patients with FIGO stage I-III disease was 84 days (range 0 - 391), the mean was 88 days. SCAN median time from diagnosis to surgery for patients with FIGO stage I-III disease was 78 days (range 0 - 391), the mean was 82 days.



Source: SCAN Audit

The median time from diagnosis to surgery for patients with FIGO stage I-III disease was 45 days for NHS Borders patients (range 0-95, mean 46), 92 for NHS Dumfries and Galloway (range 0-191, mean 92) and 72 days for NHS Fife (range 0-247, mean 75).

The median time from diagnosis to surgery for patients with FIGO stage IV disease was 66 days for SCAN (range 0-102, mean 60).

QPI 4: Minimal Access Surgery (Endometrial)

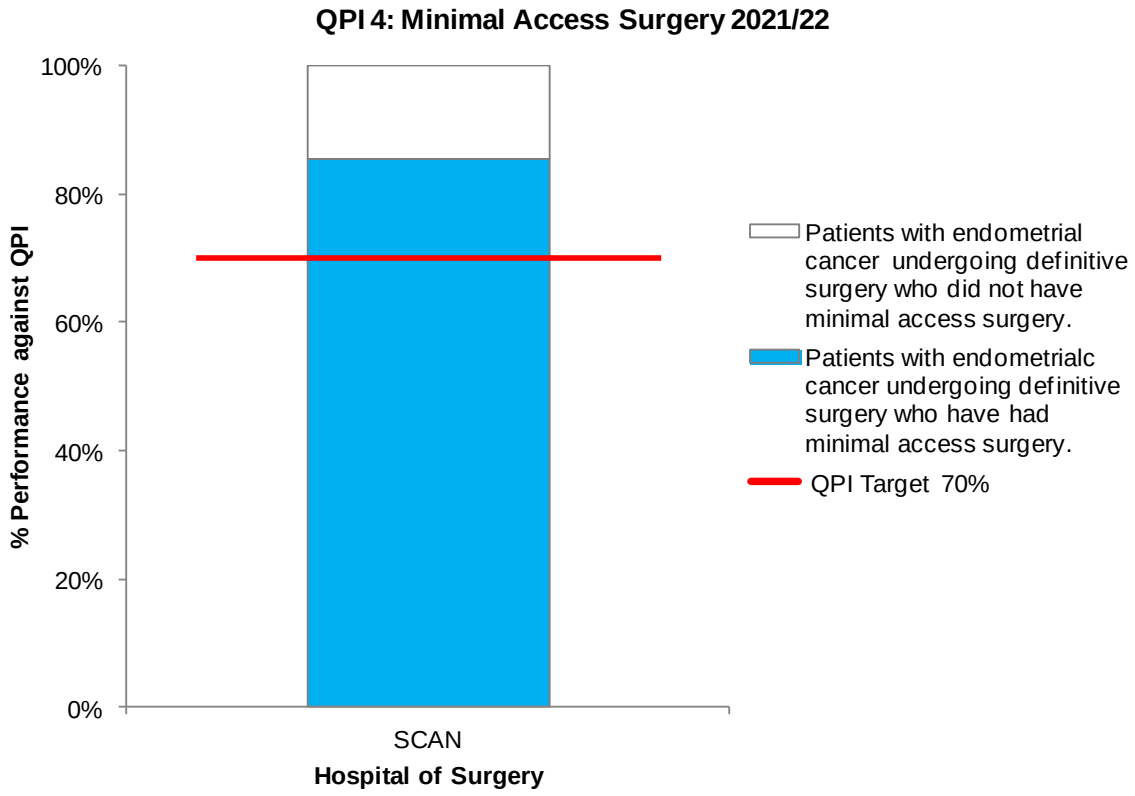
Proportion of patients with endometrial cancer undergoing definitive surgery who undergo minimal access surgery. Target = 70%

Numerator: Number of patients with endometrial cancer undergoing definitive surgery who have minimal access surgery.

Denominator: All patients with endometrial cancer undergoing definitive surgery (no exclusions).

Hospital of Surgery Target = 70%	SCAN
Numerator	152
Not Recorded for Numerator	0
Denominator	178
Not Recorded for Exclusions	0
Not Recorded for Denominator	1
% Performance	85.4%

Individual Boards not shown to avoid potential disclosure.

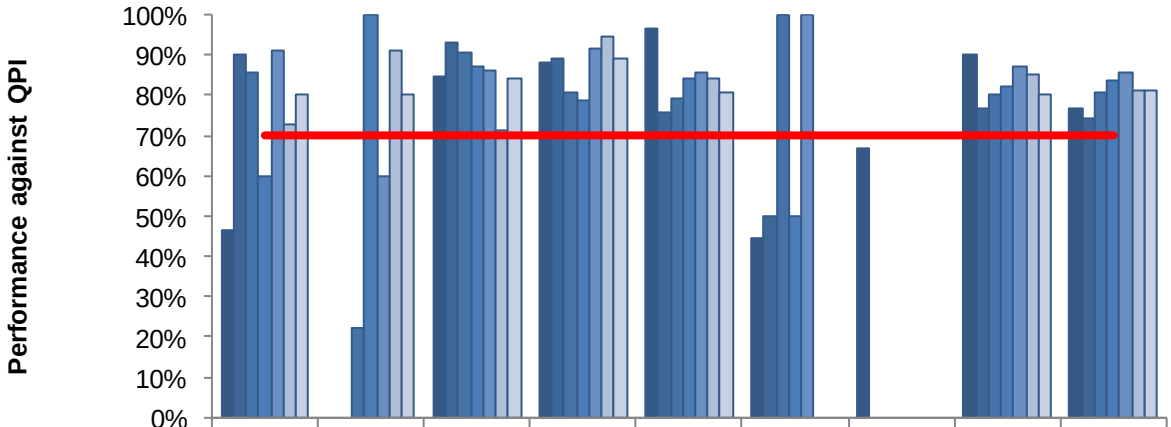


Comments

Action: The target was met in SCAN.

Following formal review after year 6 QPI 4 was updated: QPI wording was changed from Laparoscopic Surgery to Minimal Access Surgery. As year 7 was reported during the formal review all the changes are implemented in year 8 of reporting (cases from October 21– September 22). Figures for years 1-7 are below.

QPI 4 - Laparoscopic Surgery (Endometrial) 2014/15 to 2020/21



	BGH	D&G	Fife	SJH	RIE	WGH	Spire	Lothian	SCAN
2014-2015	46.7%	0	84.6%	88.0%	96.6%	44.4%	66.7%	90.0%	76.5%
2015-2016	90.0%	0	92.9%	88.9%	75.6%	50.0%	0	76.9%	74.0%
2016-2017	85.7%	22.2%	90.4%	80.6%	79.4%	100.0%	0	80.0%	80.6%
2017-2018	60.0%	100.0%	86.9%	78.6%	84.0%	50.0%	0	82.0%	83.7%
2018-2019	90.9%	60.0%	86.2%	91.7%	85.7%	100.0%	0	87.2%	85.7%
2019-2020	72.7%	90.9%	71.1%	94.7%	84.1%	0	0	85.3%	81.1%
2020-2021	80.0%	80.0%	84.2%	88.9%	80.9%	0.0%	0	80.0%	81.0%
Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%

Zero values are due to no eligible patients for the QPI in cohort.

QPI 6: Systemic Anti-Cancer Therapy (SACT) / Hormone therapy (Endometrial)

Proportion of patients with stage IV endometrial cancer receiving SACT or hormone therapy.
Target = 75%

Numerator: Number of patients with stage IV endometrial cancer receiving SACT or hormone therapy.

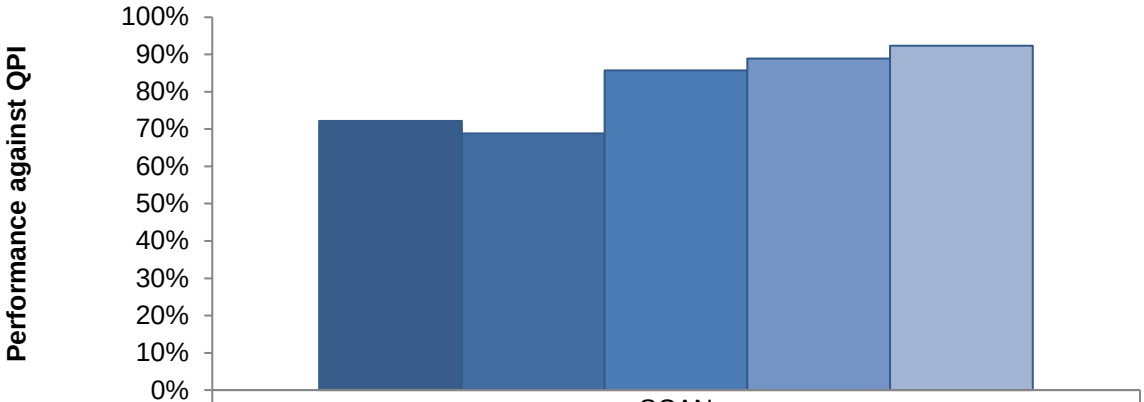
Denominator: All patients with stage IV endometrial cancer.

Exclusions: Patients who decline SACT or hormone therapy.

Target = 75%	SCAN
2021/22 Cohort	224
Ineligible for this QPI	211
Numerator	12
Not Recorded for Numerator	0
Denominator	13
Not Recorded for Exclusions	0
Not Recorded for Denominator	11
% Performance	92.3%

Individual Boards not shown to avoid potential disclosure.

QPI 6 - Systemic Anti Cancer Therapy (SACT) / Hormone Therapy (Endometrial) 2017/18 to 2021/22



	SCAN
2017-2018	72.2%
2018-2019	68.8%
2019-2020	85.7%
2020-2021	88.9%
2021-2022	92.3%
Target	75.0%

Zero values are due to no eligible patients for the QPI in cohort.

Comments:

Action: The target was met in SCAN. The patient has been reviewed and was treated appropriately. No action has been identified.

3. Epithelial Ovarian Cancers

Age at Diagnosis (Ovarian)	SCAN	Percentage
<20 - 39	8	6.2%
40 - 69	60	46.9%
70 - >85	60	46.9%
Total	128	100%

QPI 2: Extent of disease assessed by CT or MRI prior to treatment (Ovarian)

Proportion of patients with epithelial ovarian cancer having a CT scan or MRI of the abdomen and pelvis performed to exclude the presence of metastatic disease prior to starting treatment.
Target: 95%

Numerator: Number of patients with epithelial ovarian cancer having a CT scan or MRI of the abdomen and pelvis carried out prior to starting treatment.

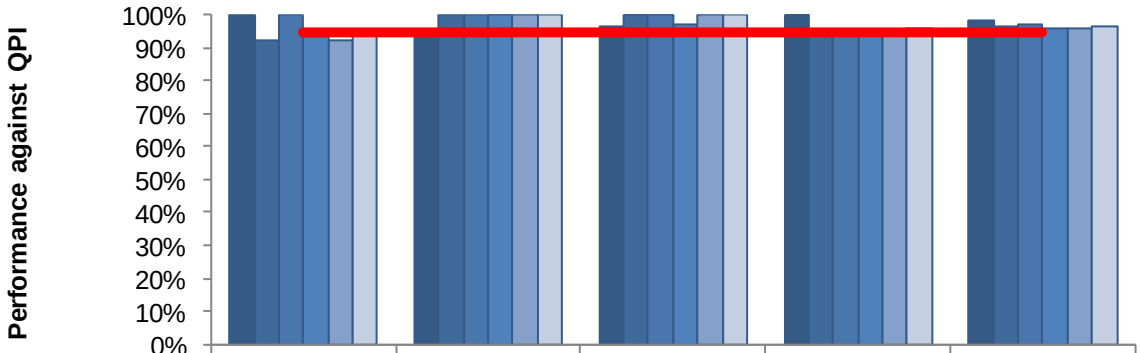
Denominator: All patients with epithelial ovarian cancer.

Exclusions: Patients who decline to undergo investigation. Patients presenting for surgery as an emergency.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	22	15	18	73	128
Ineligible for this QPI	1	0	1	4	6
Numerator	20	15	17	66	118
Not Recorded for Numerator	0	0	0	0	0
Denominator	21	15	17	69	122
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Performance	95.2%	100.0%	100.0%	95.7%	96.7%

Comments: The target was met by all Boards.

QPI 2 - Extent of disease assessed by CT or MRI prior to treatment (Ovarian) 2016/17 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2016-2017	100.0%	95.0%	96.8%	100.0%	98.5%
2017-2018	92.3%	100.0%	100.0%	94.7%	96.4%
2018-2019	100.0%	100.0%	100.0%	95.5%	97.4%
2019-2020	93.3%	100.0%	97.3%	95.5%	96.2%
2020-2021	92.3%	100.0%	100.0%	94.4%	96.2%
2021-2022	95.2%	100.0%	100.0%	95.7%	96.7%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

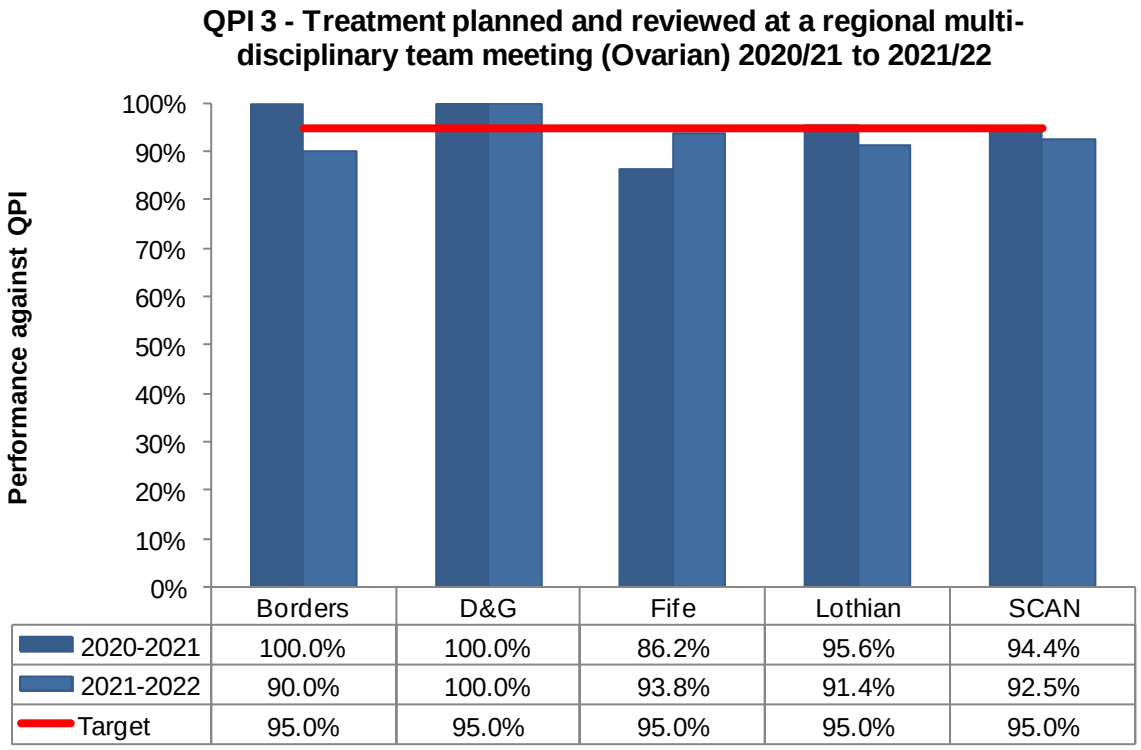
QPI 3: Treatment planned and reviewed at a regional multi-disciplinary team meeting (Ovarian)

Proportion of patients with epithelial ovarian cancer who are discussed at a regional MDT meeting before definitive treatment. Target: 95%
Numerator: Number of patients with epithelial ovarian cancer discussed at a regional MDT before definitive treatment.
Denominator: All patients with epithelial ovarian cancer.
Exclusions: Patients who died before first treatment. Patients with Risk of Malignancy Index <200.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	22	15	18	73	128
Ineligible for this QPI	2	1	2	3	8
Numerator	18	14	15	64	111
Not Recorded for Numerator	0	0	0	0	0
Denominator	20	14	16	70	120
Not Recorded for Exclusions	0	13	5	34	52
Not Recorded for Denominator	0	0	0	0	0
% Performance	90.0%	100.0%	93.8%	91.4%	92.5%

Comments

Borders: The target was not met showing a shortfall of 5% (2 cases). 1 patient was not discussed at MDT, patient declined all investigations/biopsy/treatment. 1 patient presented as an emergency for surgery therefore not discussed at MDT prior to definitive treatment.
Fife: The target was not met showing a shortfall of 1.2% (1 case). 1 patient was referred to Rapid Cancer Diagnostic Service and admitted, but deteriorated rapidly and was for BSC, discussed at MDM retrospectively.
Lothian: The target was not met showing a shortfall of 3.6% (6 cases). All of these patients presented acutely and were diagnosed following emergency surgery.



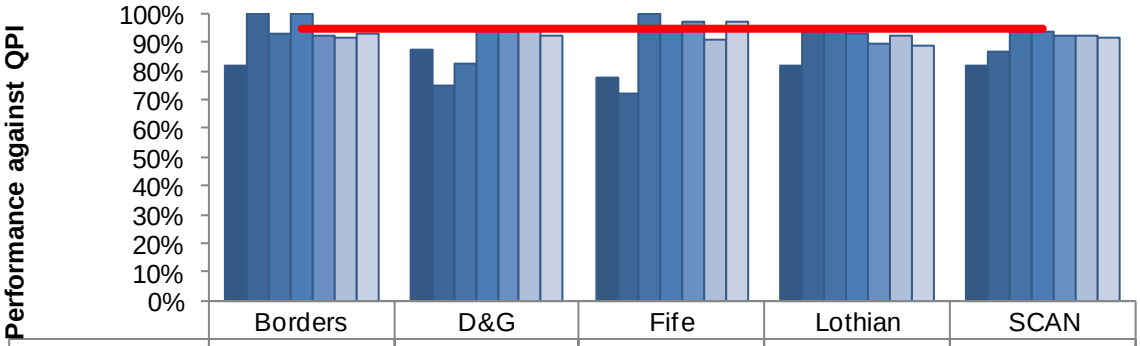
	Borders	D&G	Fife	Lothian	SCAN
2020-2021	100.0%	100.0%	86.2%	95.6%	94.4%
2021-2022	90.0%	100.0%	93.8%	91.4%	92.5%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

The high number of not recorded cases for the exclusion criteria was attributed to RMI value not being recorded.

Action: All patients have been reviewed. Patients were all treated appropriately and no action has been identified.

Following formal review after year 6 the QPI3 was revised to measure discussion at a ‘regional MDT’ and the exclusion of ‘Patients with Risk of Malignancy Index <200’ was added. Below are QPI 3 figures from the first 7 years of QPI collection.

QPI 3 - Treatment planned and reviewed at a multi-disciplinary team meeting (Ovarian) 2013/14 to 2019/20



	Borders	D&G	Fife	Lothian	SCAN
2013-2014	81.8%	87.5%	77.8%	81.7%	81.6%
2014-2015	100.0%	75.0%	72.4%	95.0%	86.6%
2015-2016	92.9%	82.4%	100.0%	94.2%	93.6%
2016-2017	100.0%	94.7%	93.5%	93.2%	93.9%
2017-2018	92.3%	93.8%	97.1%	89.7%	92.2%
2018-2019	91.7%	95.0%	90.6%	92.0%	92.1%
2019-2020	93.3%	92.3%	97.4%	88.6%	91.9%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

QPI 4: Patients with early stage disease have an adequate staging operation (Ovarian)

Proportion of patients with early stage epithelial ovarian cancer (FIGO Stage I) undergoing primary surgery for ovarian cancer, having their stage of disease adequately assessed (TAH, BSO, omentectomy and washings), to determine suitability for adjuvant therapies. Target: 90%

Numerator: Number of early stage (FIGO Stage I) epithelial ovarian cancer patients having primary surgery involving TAH, BSO, omentectomy and washings.

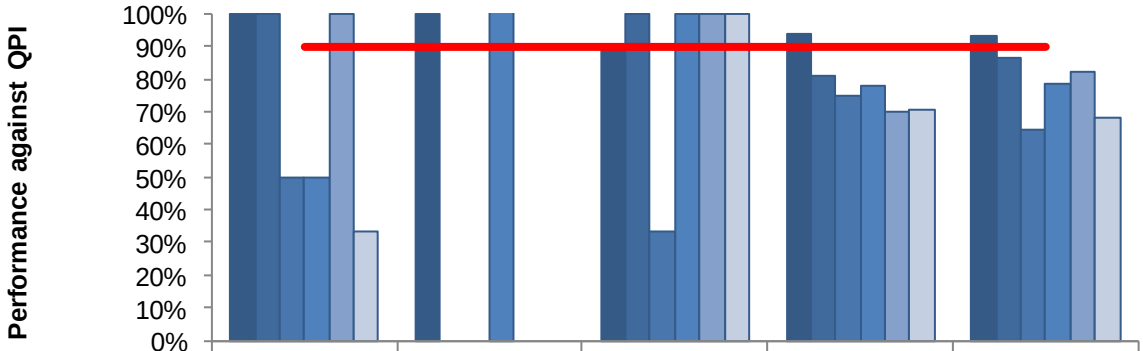
Denominator: All early stage (FIGO Stage I) epithelial ovarian cancer patients undergoing primary surgery.

Exclusions: Patients having fertility conserving surgery. Patients presenting for emergency surgery.

By Hospital of Surgery Target 90%	SCAN
Numerator	15
Not Recorded for Numerator	0
Denominator	22
Not Recorded for Exclusions	0
Not Recorded for Denominator	1
% Performance	68.2%

Due to very small numbers in individual hospitals only the SCAN figure is shown.

QPI 4 - Patients with early stage disease have an adequate staging operation (Ovarian) 2016/17 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2016-2017	100.0%	100.0%	90.0%	93.8%	93.3%
2017-2018	100.0%	0	100.0%	81.3%	86.4%
2018-2019	50.0%	0	33.3%	75.0%	64.7%
2019-2020	50.0%	100	100.0%	77.8%	78.3%
2020-2021	100.0%	0	100.0%	70.0%	82.4%
2021-2022	33.3%	0	100.0%	70.6%	68.2%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

Zero values are due to no eligible patients for the QPI in cohort.

Comments:

Action: All patients have been reviewed. The reasons for not meeting this QPI were down to incidental findings in five cases – four of these patients had a completions surgery and for one patient completion surgery is planned. In two cases patients did not have a complete staging surgery due to intraoperative difficulties. Patients were all treated appropriately and no action has been identified.

QPI 6: Histopathology reports are complete and support clinical decision making (Ovarian)

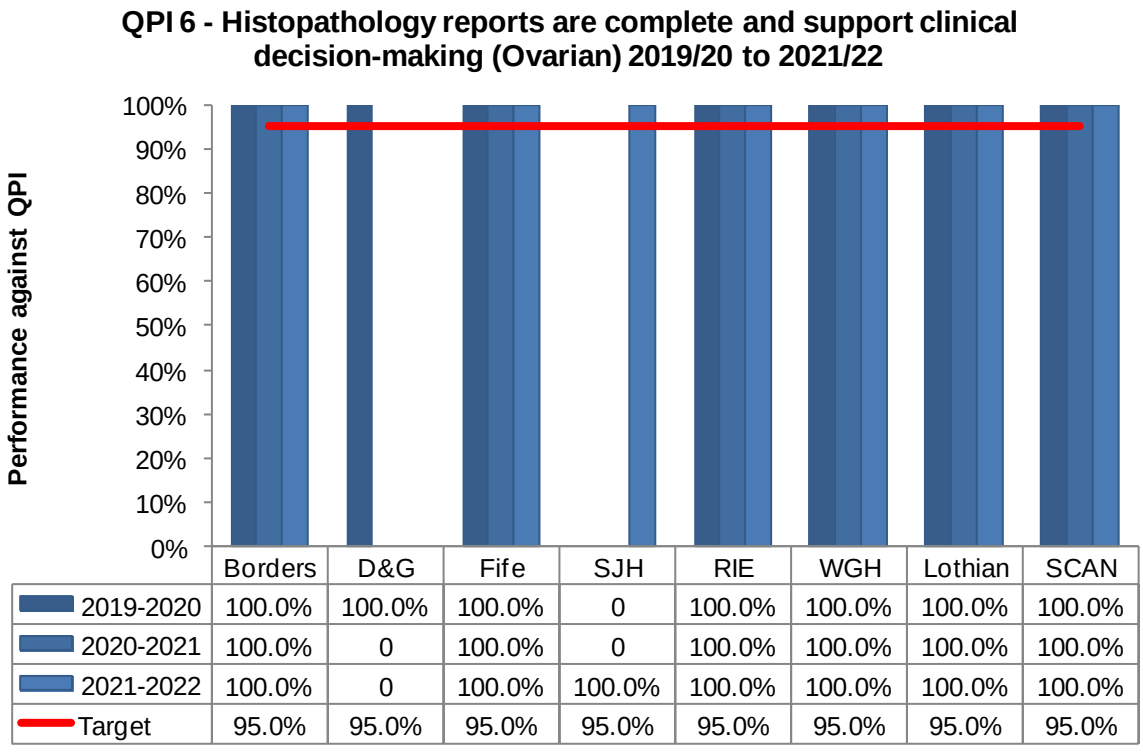
Proportion of patients with epithelial ovarian cancer undergoing pelvic clearance surgery having a complete pathology report as defined by the Royal College of Pathologists. Target: 95%

Numerator: Number of patients with epithelial ovarian cancer undergoing definitive cytoreductive surgery who have a complete pathology report that contains all data items as defined by the Royal College of Pathologists.

Denominator: All patients with epithelial ovarian cancer undergoing definitive cytoreductive surgery (no exclusions).

By Hospital of Surgery Target 95%	SCAN
Numerator	68
Not Recorded for Numerator	0
Denominator	68
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	100%

Due to very small numbers in individual hospitals only the SCAN figure is shown.



	Borders	D&G	Fife	SJH	RIE	WGH	Lothian	SCAN
2019-2020	100.0%	100.0%	100.0%	0	100.0%	100.0%	100.0%	100.0%
2020-2021	100.0%	0	100.0%	0	100.0%	100.0%	100.0%	100.0%
2021-2022	100.0%	0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Zero values for are due to no eligible patients for the QPI in cohort.

Comments: The target was met by all Boards.

QPI 7: Histological diagnosis prior to starting chemotherapy (Ovarian)

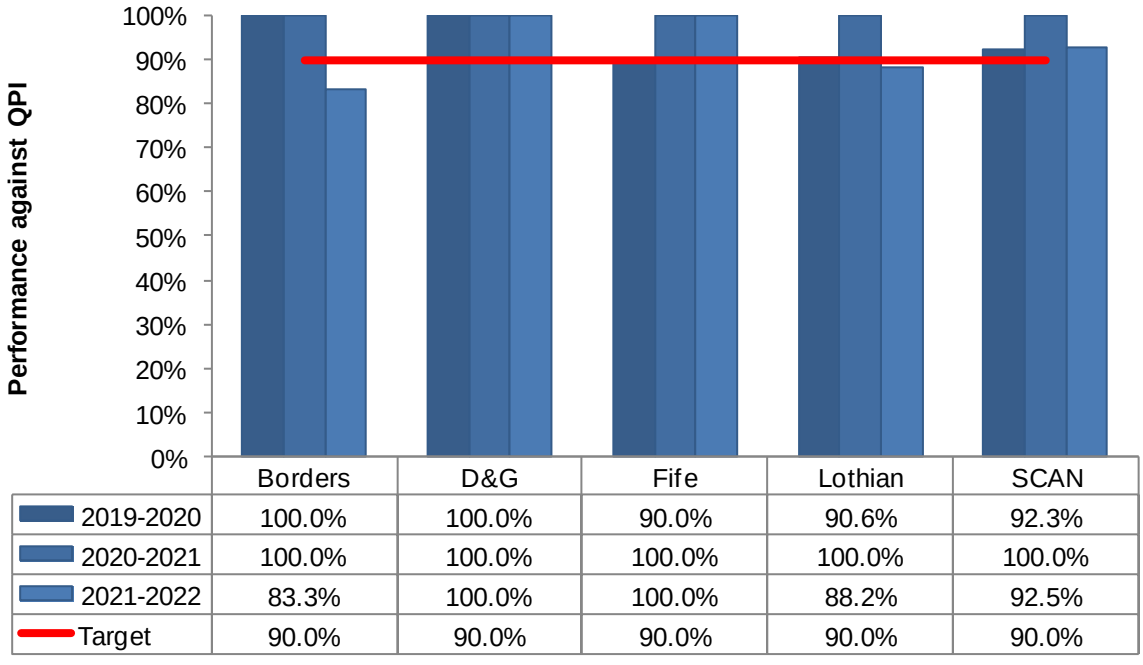
Proportion of patients with epithelial ovarian cancer having a histological diagnosis obtained by percutaneous image-guided biopsy or laparoscopy prior to starting chemotherapy. Target: 90%

Numerator: Number of patients who have a diagnosis of epithelial ovarian cancer confirmed by histology prior to starting chemotherapy.

Denominator: All patients with epithelial ovarian cancer undergoing chemotherapy (no exclusions).

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	22	15	18	73	128
Ineligible for this QPI	16	6	10	56	88
Numerator	5	9	8	15	37
Not Recorded for Numerator	0	0	0	0	0
Denominator	6	9	8	17	40
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Performance	83.3%	100.0%	100.0%	88.2%	92.5%

QPI 7 - Histological diagnosis prior to starting chemotherapy (Ovarian) 2019/20 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2019-2020	100.0%	100.0%	90.0%	90.6%	92.3%
2020-2021	100.0%	100.0%	100.0%	100.0%	100.0%
2021-2022	83.3%	100.0%	100.0%	88.2%	92.5%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

Comments:

Action: The target was met in SCAN. All patients have been reviewed and were treated appropriately. No action has been identified.

QPI 9: First-line Chemotherapy (Ovarian)

Proportion of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum-based compound. Target: 90%

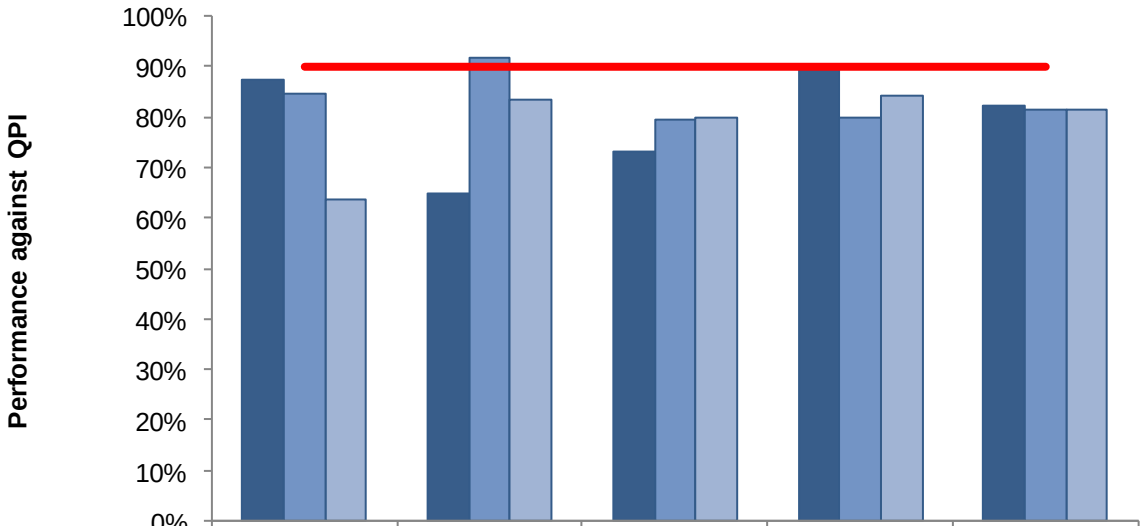
Numerator: Number of patients with epithelial ovarian cancer who receive chemotherapy treatment with a platinum-based compound.

Denominator: All epithelial ovarian cancer patients.

Exclusions: Stage I-IV Low grade serous ovarian carcinomas. Stage IA-IC3 G1/G2 Endometrioid ovarian carcinomas. Stage IA-IC1 clear cell ovarian carcinomas. Mucinous Stage IA Grade 1/2. Mucinous Stage IB-IC3 Grade 1/2. Patients who decline chemotherapy treatment.

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	22	15	18	73	128
Ineligible for this QPI	5	4	5	25	39
Numerator	14	10	10	38	72
Not Recorded for Numerator	0	0	0	0	0
Denominator	17	11	13	48	89
Not Recorded for Exclusions	0	0	2	4	6
Not Recorded for Denominator	0	0	0	0	0
% Performance	82.4%	90.9%	76.9%	79.2%	80.9%

QPI 9 - First-line Chemotherapy (Ovarian) 2016/17 to 2018/19



	Borders	D&G	Fife	Lothian	SCAN
2016-2017	87.5%	64.7%	73.1%	90.3%	82.3%
2017-2018	84.6%	91.7%	79.3%	80.0%	81.5%
2018-2019	63.6%	83.3%	80.0%	84.4%	81.6%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

Comments:

Borders: The target was not met (3 cases). 1 patient was diagnosed radiologically with advanced peritoneal malignancy and was for BSC. 1 patient declined any further investigations or treatment, decision for BSC. 1 patient died before any treatment.
Fife: The target was not met (3 cases). In 1 case the patient deteriorated and was given BSC. 1 patient deteriorated quickly and died. 1 patient was for NACT, however due to frailty and deterioration treated with best supportive care.

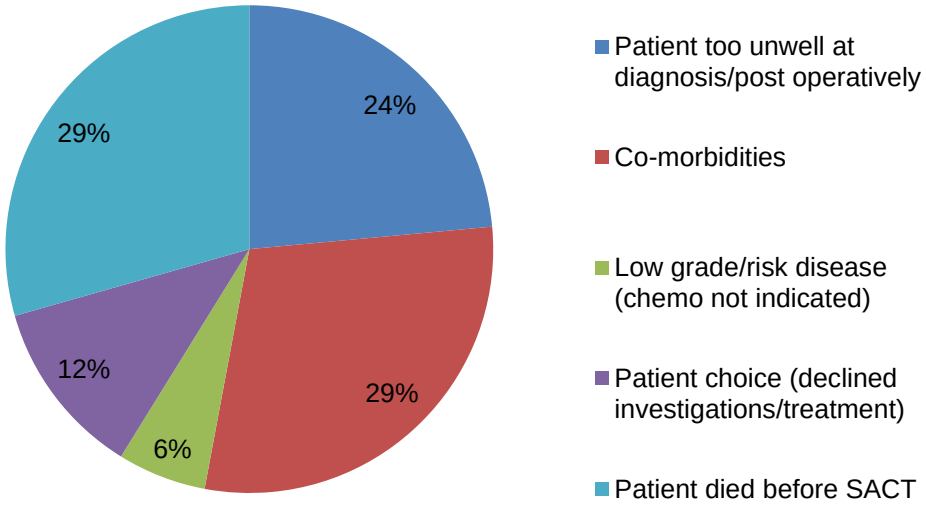
Lothian: The target was not met (10 cases). Four patients did not receive chemotherapy due to poor performance status/frailty/comorbidities, which meant the risks of severe treatment related toxicity would outweigh the benefits of treatment. One patient did not receive chemotherapy due to low tumour grade. The role of chemotherapy in this group of patients is not fully established and the decision about whether to proceed must be made on an individual patient basis. Five patients had no pathological diagnosis and therefore would not be considered for chemotherapy. Two of these patients declined/too frail for further intervention. Two of these patients deteriorated and died very rapidly before having a biopsy. There were no concerns about the duration of diagnostic work up or delays in biopsy that may have contributed to this.

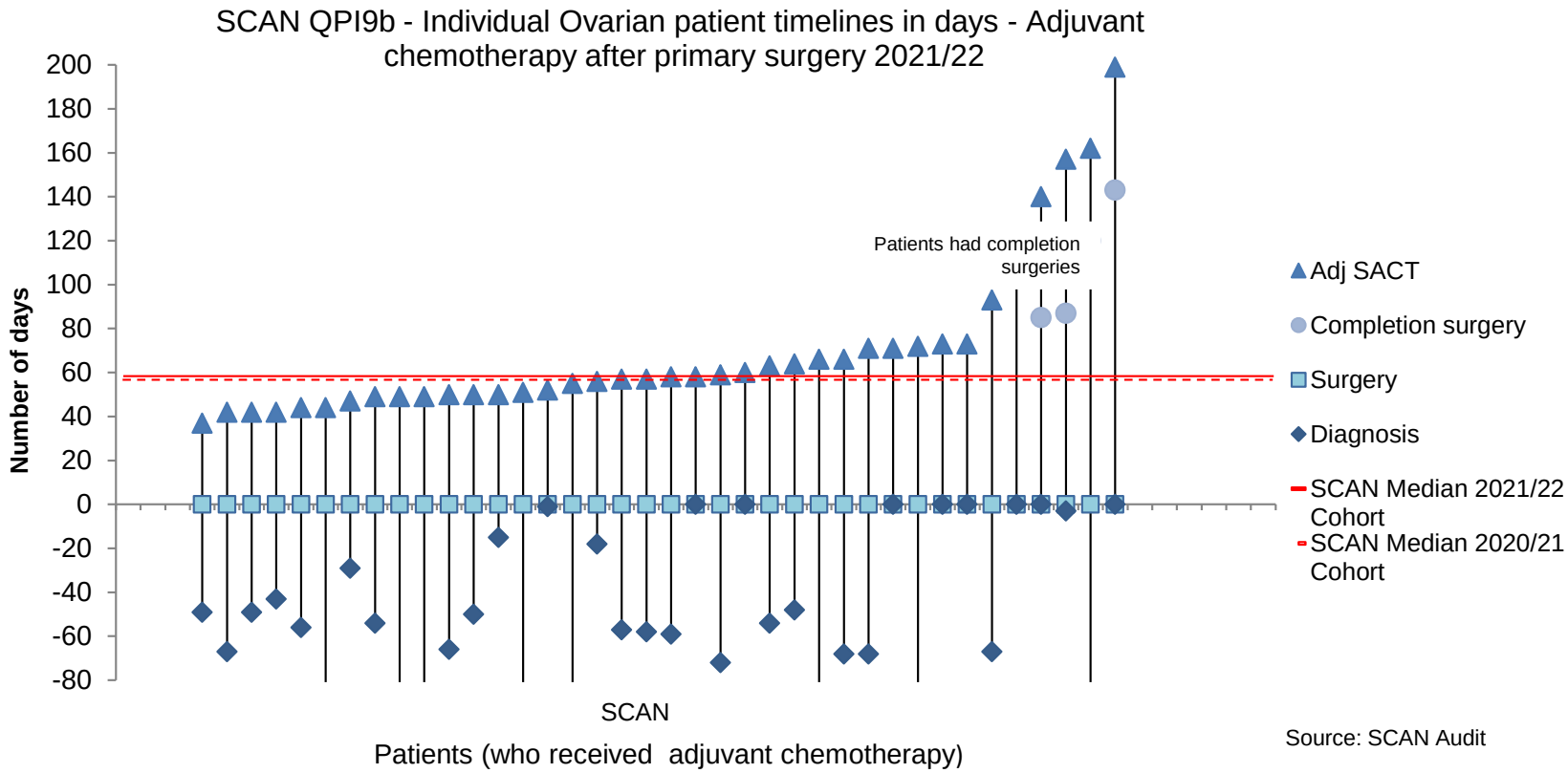
Action: All patients were treated appropriately and no action was identified. Consider excluding patients who die before treatment from the measurability at the next Formal review.

All outliers are tabulated below.

Reasons for no chemotherapy given	SCAN
Patient too unwell at diagnosis/post operatively	4
Comorbidities/frailty	5
Low grade/risk disease (chemo not indicated)	1
Patient choice (declined investigations/treatment)	2
Patient died before treatment	5
Total	17

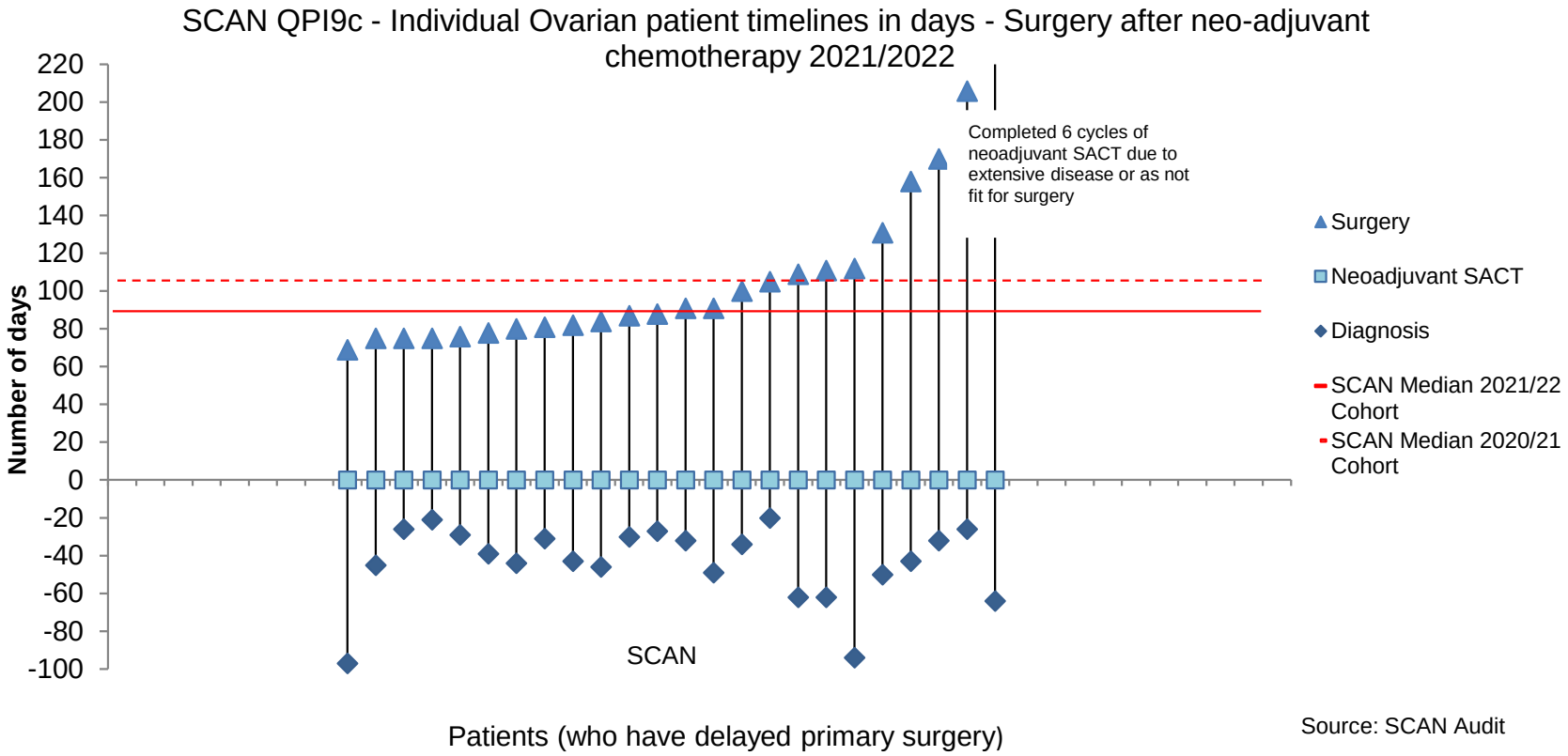
QPI9 - Reasons for no chemotherapy



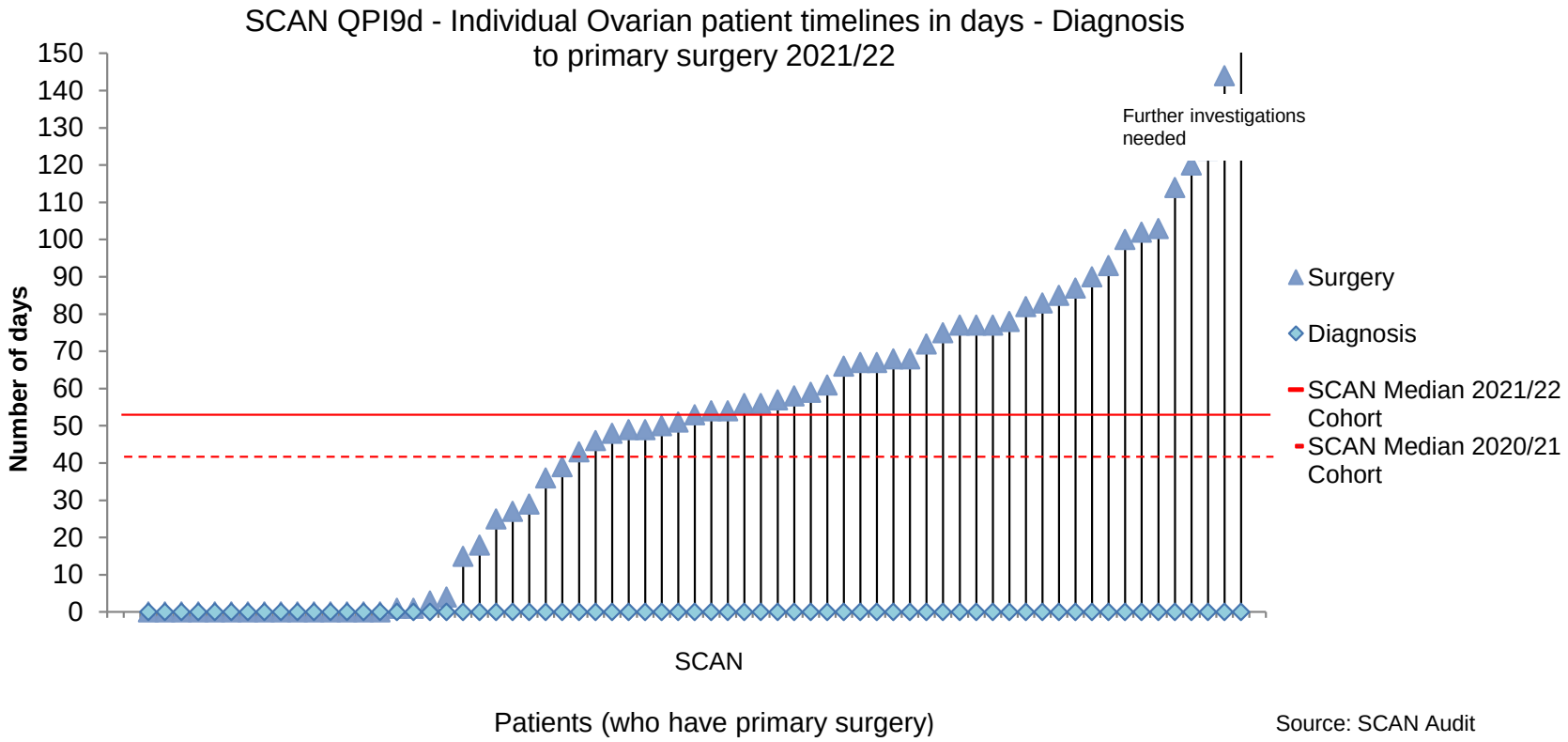


SCAN median time from surgery to adjuvant chemotherapy was 58 days (range 37-199), the mean was 69 days.

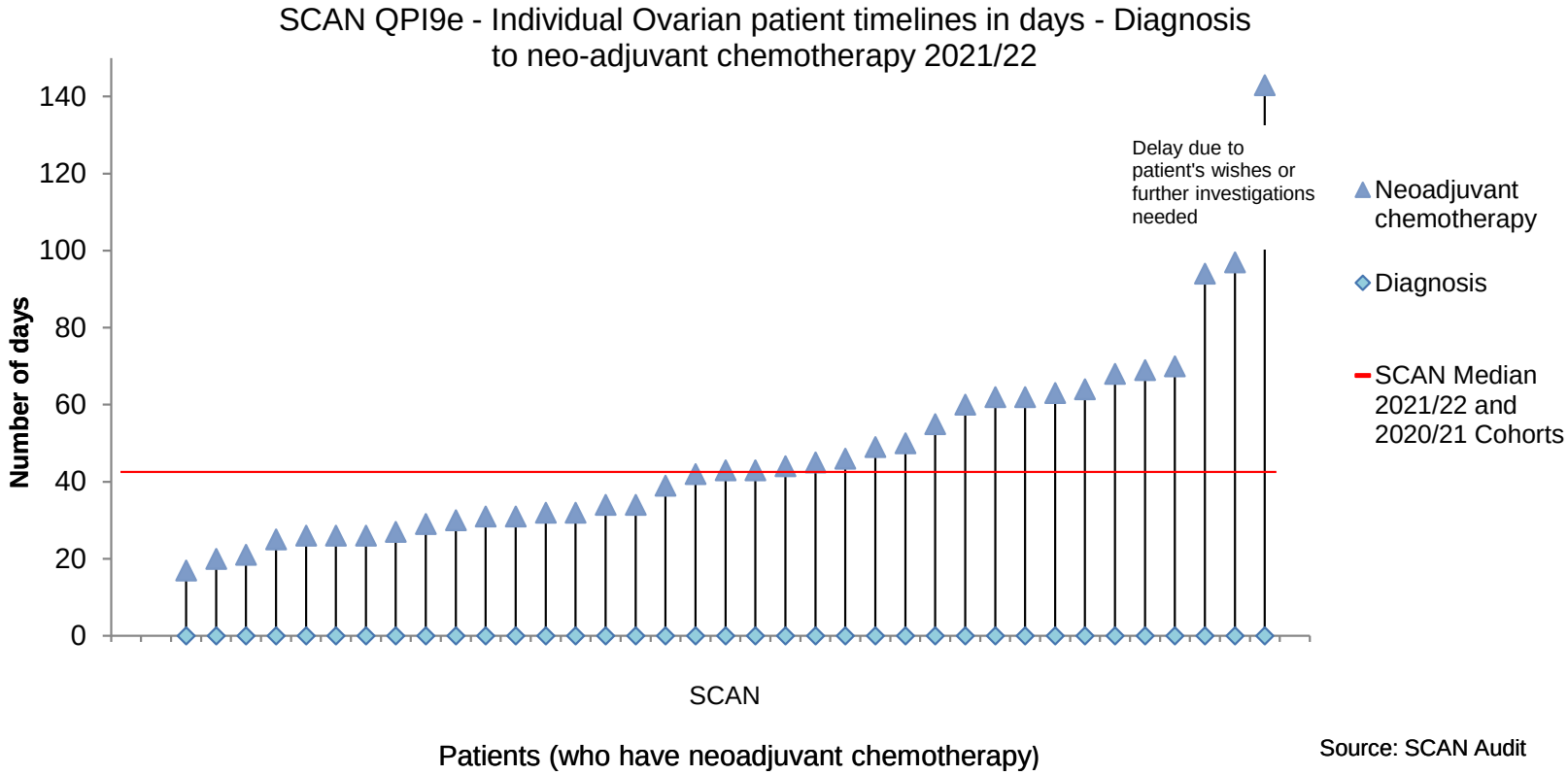
All patients who received adjuvant chemotherapy both after primary surgery and delayed primary surgery are included in calculation. Second surgery should be taken into consideration for patients with prolonged period between surgery and adjuvant chemotherapy.



SCAN median time from neo-adjuvant chemotherapy to surgery was 90 days (range 69-260), the mean was 108 days.
Patients with prolonged period between neo-adjuvant chemotherapy and surgery received 6 cycles of chemotherapy due to extensive disease or as not fit for surgery.



SCAN median time from diagnosis to primary surgery was 53 days (range 0-179), the mean was 50 days.
Patients with prolonged period between diagnosis and primary surgery needed further investigations.



SCAN median time from diagnosis to neo-adjuvant chemotherapy was 43 days (range 17-143), the mean was 47 days.
Prolonged period between diagnosis and neo-adjuvant chemotherapy was due patients' wishes or further investigations needed.

QPI 10 (i): Surgery for Advanced Disease (Ovarian)

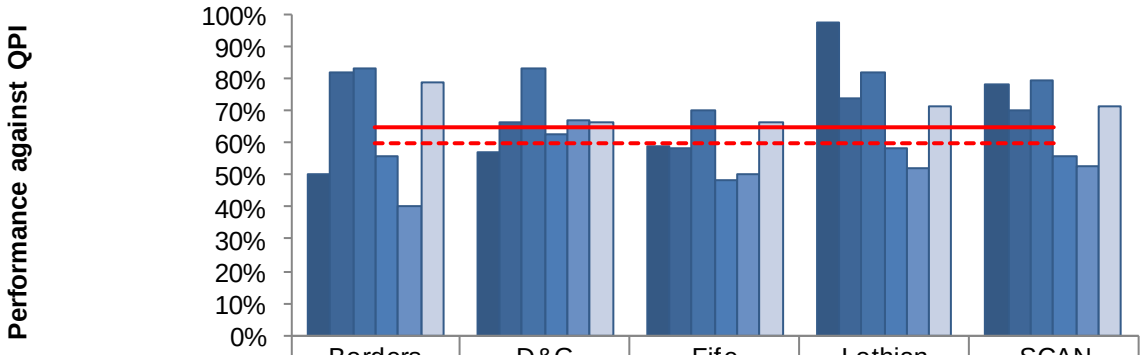
Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage II or higher) undergoing surgery who have no macroscopic residual disease following surgical resection. Target: 65%

Numerator: Number of patients with advanced epithelial ovarian cancer (FIGO stage II or higher) undergoing surgery (primary or delayed).

Denominator: All patients with advanced epithelial ovarian cancer (FIGO Stage II or higher) (no exclusions).

By Board of Diagnosis Target: 65%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	22	15	18	73	128
Ineligible for this QPI	8	3	6	24	41
Numerator	11	8	8	35	62
Not Recorded for Numerator	0	0	0	0	0
Denominator	14	12	12	49	87
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	2	4	6
% Performance	78.6%	66.7%	66.7%	71.4%	71.3%

QPI 10 (i) - Surgery for Advanced Disease by Board of Diagnosis (Ovarian) 2016/17 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2016-2017	50.0%	57.1%	58.8%	97.5%	77.9%
2017-2018	81.8%	66.7%	58.3%	73.7%	70.2%
2018-2019	83.3%	83.3%	70.4%	81.7%	79.3%
2019-2020	55.6%	62.5%	48.1%	58.5%	55.7%
2020-2021	40.0%	66.7%	50.0%	51.9%	52.6%
2021-2022	78.6%	66.7%	66.7%	71.4%	71.3%
Target Year 4-6	60.0%	60.0%	60.0%	60.0%	60.0%
Target Year 7-8	65.0%	65.0%	65.0%	65.0%	65.0%

Comments

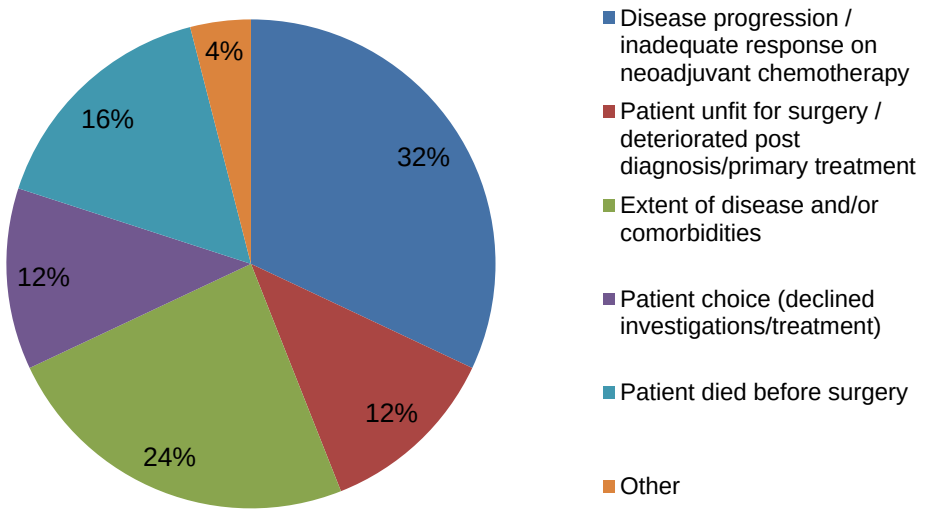
Following formal review after year 6 the target for the QPI 10(i) was increased from 60% to 65%.

The target was met by all Boards.

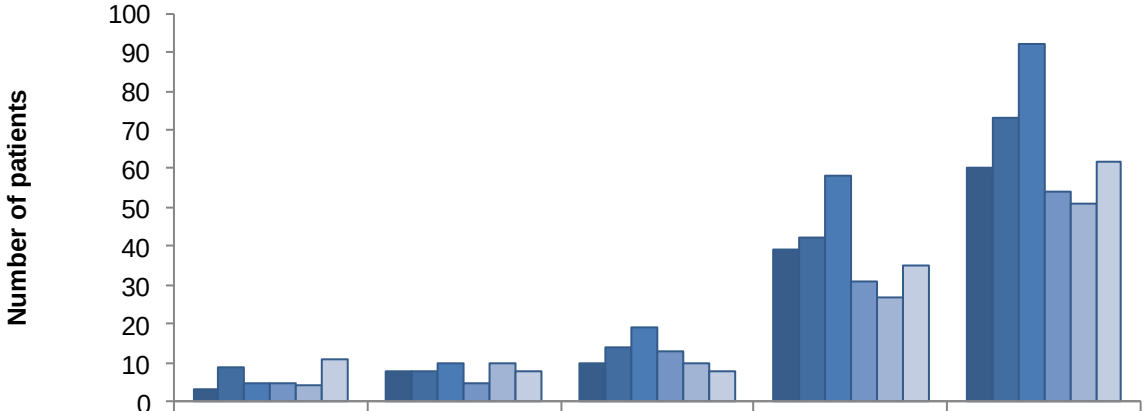
All outliers are tabulated below.

Reasons for no surgery	SCAN
Disease progression / inadequate response on neoadjuvant chemotherapy	8
Patient unfit for treatment / deteriorated post diagnosis/primary treatment	3
Extent of disease and/or comorbidities	6
Patient choice (declined investigations/treatment)	3
Patient died before treatment	4
Other	1
Total	25

QPI10(i) - Reasons for no surgery



Numbers of patients having surgery for advanced disease by Board of Diagnosis (Ovarian) 2016/17 to 2021/22



	Borders	D&G	Fife	Lothian	SCAN
2016-2017	3	8	10	39	60
2017-2018	9	8	14	42	73
2018-2019	5	10	19	58	92
2019-2020	5	5	13	31	54
2020-2021	4	10	10	27	51
2021-2022	11	8	8	35	62

QPI 10 (ii): Primary Surgery for Advanced Disease (Ovarian)

Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage II or higher) undergoing surgery who have no macroscopic residual disease following surgical resection. Target: 60%

Numerator: Number of patients with advanced epithelial ovarian cancer (FIGO stage II or higher) undergoing primary surgery with no residual disease.

Denominator: All patients with advanced epithelial ovarian cancer (FIGO Stage II or higher) undergoing primary surgery.

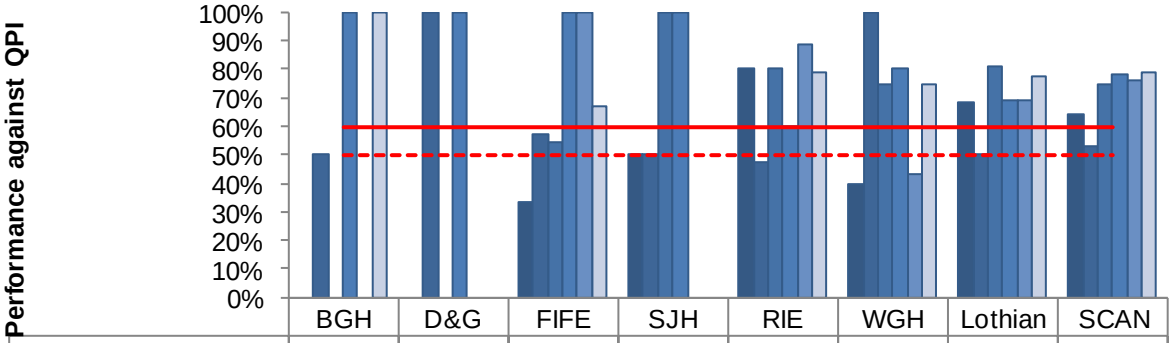
Exclusions: Patients with FIGO Stage IVB disease.

Patients who undergo primary surgery, where no residual disease is achieved.

By Board of Surgery Target 60%	Borders	D&G	Fife	Lothian	SCAN
Numerator				21	26
Not Recorded for Numerator				2	2
Denominator				27	33
Not Recorded for Exclusions				0	0
Not Recorded for Denominator				1	1
% Performance				77.8%	78.8%

Figures suppressed where denominator is < 5.
Shown by Board rather than Hospital of surgery to avoid disclosure.

QPI 10 (ii) - Surgery for Advanced Disease With No Residual Disease - By Hospital of Surgery (Ovarian) 2016/17 to 2021/22



	BGH	D&G	FIFE	SJH	RIE	WGH	Lothian	SCAN
2016-2017	0	0	33.3%	50.0%	80.0%	40.0%	68.2%	64.0%
2017-2018	50.0%	100.0%	57.1%	50.0%	47.6%	100.0%	50.0%	52.9%
2018-2019	0	0	54.5%	100.0%	80.0%	75.0%	81.3%	74.4%
2019-2020	100.0%	100.0%	100.0%	100.0%	60.0%	80.0%	68.8%	78.3%
2020-2021	0	0	100.0%	0	88.9%	42.9%	68.8%	76.2%
2021-2022	100.0%	0	66.7%	0	78.9%	75.0%	77.8%	78.8%
Target Year 4-6	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Target Year 7-8	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%

Zero values are due to no eligible patients for the QPI in cohort.

Comments:
Following formal review after year 6 the target for the QPI 10(ii) was increased from 50% to 60%.
The target was met by all Boards.

QPI 10 (iii): Surgery for Advanced Disease (Ovarian)

Proportion of patients with advanced epithelial ovarian cancer (FIGO Stage II or higher) undergoing surgery who have no macroscopic residual disease following surgical resection.

Target: 60%

Numerator: Number of patients with advanced epithelial ovarian cancer (FIGO stage II or higher) undergoing delayed primary surgery after chemotherapy with no residual disease.

Denominator: All patients with advanced epithelial ovarian cancer (FIGO Stage II or higher) undergoing delayed primary surgery after chemotherapy.

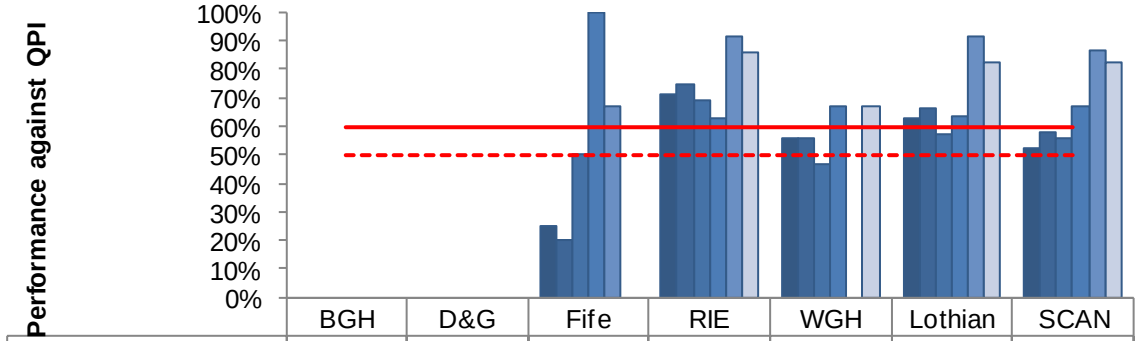
Exclusions: Patients with FIGO Stage IVB disease.

Patients who undergo delayed primary surgery after chemotherapy, where no residual disease is achieved.

By Board of Surgery Target 60%	Borders	D&G	Fife	Lothian	SCAN
Numerator	0	0	0	14	14
Not Recorded for Numerator	0	0	0	0	0
Denominator	0	0	0	17	17
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Performance	N/A	N/A	N/A	82.4%	82.4%

Shown by Board rather than Hospital of surgery to avoid disclosure.

QPI 10 (iii) - Surgery for Advanced Disease - Delayed Primary Surgery (Ovarian) 2016/17 - 2021/22



	BGH	D&G	Fife	RIE	WGH	Lothian	SCAN
2016-2017	0.0%	0	25.0%	71.4%	55.6%	62.5%	52.4%
2017-2018	0	0	20.0%	75.0%	55.6%	66.7%	57.7%
2018-2019	0	0	50.0%	69.2%	46.7%	57.1%	55.9%
2019-2020	0	0	100.0%	62.5%	66.7%	63.3%	66.7%
2020-2021	0	0	66.7%	91.7%	0	91.7%	86.7%
2021-2022	0	0	0	85.7%	66.7%	82.4%	82.4%
Target Year 4-6	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Target Year 7-8	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%

Zero values are due to no eligible patients for the QPI in cohort.

Comments

Following formal review after year 6 the target for the QPI 10(iii) was increased from 50% to 60%.

The target was met in SCAN.

QPI 11: Genetic testing in non-mucinous epithelial ovarian cancer (Ovarian)

Proportion of patients with non-mucinous epithelial ovarian cancer who undergo genetic testing.
Target: 90%

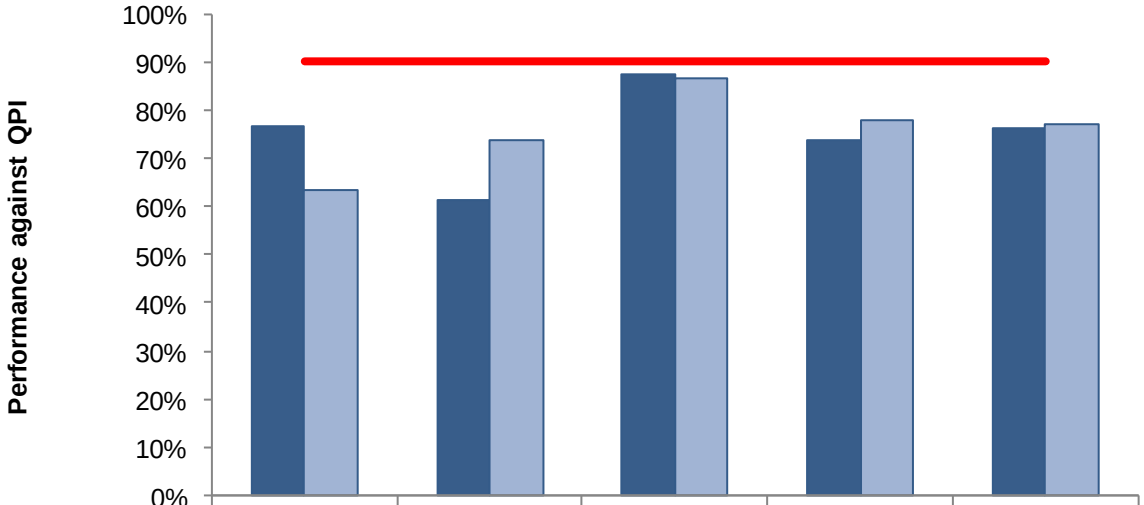
Numerator: Number of patients with non-mucinous epithelial ovarian cancer who undergo genetic testing.

Denominator: All patients with non-mucinous epithelial ovarian cancer.

Exclusions: Patients with low grade serous disease.

By Board of Diagnosis Target: 90%	Borders	D&G	Fife	Lothian	SCAN
2021/22 Cohort	22	15	18	73	128
Ineligible for this QPI	1	0	3	13	17
Numerator	16	11	11	43	81
Not Recorded for Numerator	0	0	0	0	0
Denominator	21	15	15	60	111
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Performance	76.2%	73.3%	73.3%	71.7%	73.0%

QPI 11 - BRCA1 and BRCA2 sequencing in epithelial ovarian cancer (Ovarian) 2017/18 to 2018/19



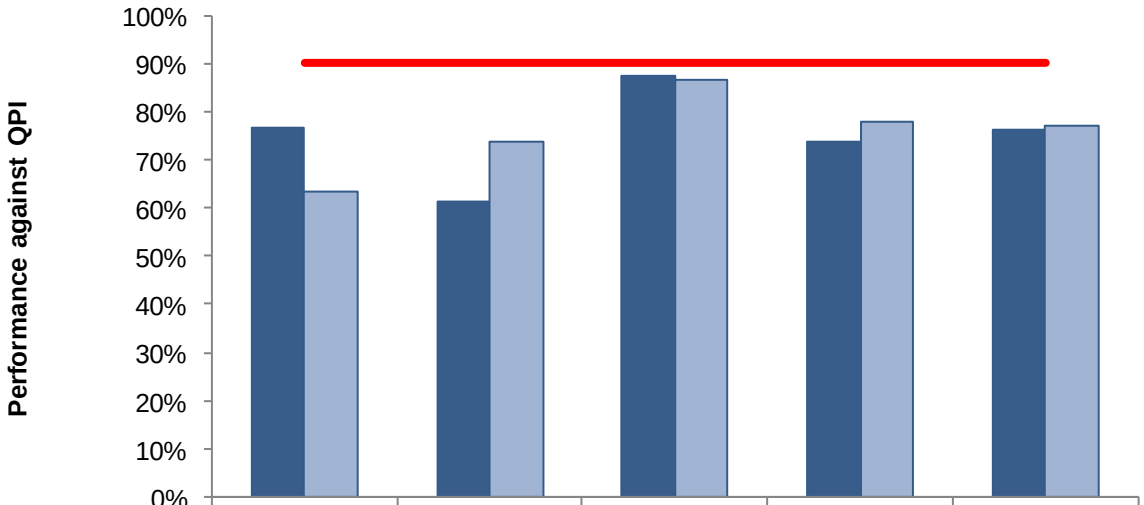
	Borders	D&G	Fife	Lothian	SCAN
2017-2018	76.9%	61.5%	87.5%	74.0%	76.3%
2018-2019	63.6%	73.7%	86.7%	77.8%	77.3%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

Comments:

Action: All patients who were not tested have been reviewed and those who have not been tested were patients with no tissue diagnosis and patients with clear cell carcinomas or low grade tumours with the low rate of mutations within the tested panel and below that at which testing would standardly be offered, patients who were on surgical follow up only, patient who declined testing, died before treatment or were for supportive care only.
This QPI is due for review in October 2023 and may be rationalised at that time. No further action was identified.

Following formal review after year 6 the QPI3 was revised and title has been changed to 'Genetic testing in non-mucinous epithelial ovarian cancer'. Clinical cohort has changed to non-mucinous epithelial ovarian cancer and exclusion for mucinous tumours has been removed.

QPI 11 - BRCA1 and BRCA2 sequencing in epithelial ovarian cancer (Ovarian) 2017/18 to 2018/19



	Borders	D&G	Fife	Lothian	SCAN
2017-2018	76.9%	61.5%	87.5%	74.0%	76.3%
2018-2019	63.6%	73.7%	86.7%	77.8%	77.3%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

QPI 12: 30 day mortality following surgery for ovarian cancer

Proportion of patients who die within 30 days of surgery for ovarian cancer. Target: <5%

Numerator: Number of patients with epithelial ovarian cancer who undergo surgery that die within 30 days of treatment.

Denominator: All patients with epithelial ovarian cancer who undergo surgery (no exclusions).

Hospital of Surgery	Borders	D&G	Fife	Lothian	SCAN
Numerator	0	0	0	0	0
Not Recorded for Numerator	0	0	0	0	0
Denominator	7	0	9	74	90
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Performance	0.0%	N/A	0.0%	0.0%	0.0%

Lothian shown by Board rather than hospital of surgery to avoid disclosure.

Comments

All Boards met the target.

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 ChemoCare: 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

Appendix 1

Cervical Cancer Key Categories

Table 1: Initial Treatment Types (cervix)
N=All patients diagnosed with cervical cancer.
Due to very small numbers in individual hospitals only the SCAN figure is shown.

Initial Treatment Types (cervix)	SCAN
Surgery	38
Radiotherapy	13
Chemotherapy	1
Biological therapy	0
Endoscopic	0
Chemoradiotherapy	25
Supportive care	6
Watchful waiting	0
Other therapy	0
Patient died before treatment	0
Patient declined all therapy	1
Not recorded	0
Total	**84**

Table 2: Surgery Performed (cervix)

Surgery Performed (cervix)	SCAN
Hysterectomy	2
Radical Hysterectomy	14
Trachelectomy	0
Radical Trachelectomy	0
LEEP/ LLETZ only	23
Cone biopsies only	0
Patient died before treatment	0
Patient declined treatment	1
Inapplicable	44
Not recorded	0
Total	**84**

Table 3: Cervix Morphology

Cervix Morphology	SCAN
8070/3 Squamous cell carcinoma	43
8098/3 Adenoid basal carcinoma	3
8140/3 Adenocarcinoma, usual type	10
8482/3 Gastric type including adenoma malignum/ minimal deviation adenocarcinoma	0
8310/3 Clear Cell adenocarcinoma	1
8441/3 Serous adenocarcinoma	0
9110/3 Mesonephric adenocarcinoma	1
8574/3 Adenocarcinoma admixed with neuroendocrine carcinoma	0
8560/3 Adenosquamous carcinoma	0
8041/3 Small cell neuroendocrine carcinoma (grade 3)	1
8013/3 Large cell neuroendocrine carcinoma (grade 3)	0
8384/3 Adenocarcinoma endocervical type	0
1111/1 Not assessable	0
1010/10 Inapplicable	25
999/9 Not recorded	0
Total	**84**

Table 4: Cervix Final FIGO

Cervix Final FIGO (2018)	SCAN
IA	0
IA1	18
IA2	2
IB	0
IB1	8
IB2	5
IB3	1
IIA	1
IIA1	0
IIA2	0
IIB	10
IIIA	1
IIIB	1
IIIC	17
IIIC1	0
IIIC2	0
IVA	7
IVB	9
Inapplicable	1
Not recorded	3
Total	**84**

Table 5: Margin Status (cervix)

Margin Status (cervix)	SCAN
Clear	29
Involved	3
Not Assessable	0
Inapplicable	52
Not recorded	0
Total	**84**

Table 6: Radiotherapy (cervix)

Radiotherapy (cervix)	SCAN
Adjuvant	1
Radical	9
Palliative	6
Neoadjuvant	0
Chemoradiotherapy	28
Patient died before radiotherapy treatment	0
Patient declined radiotherapy treatment	1
Inapplicable	39
Not recorded	0
Total	**84**

Table 7: Brachytherapy (cervix)

Brachytherapy (cervix)	SCAN
Yes	29
No	54
Patient declined treatment	1
Not recorded	0
Total	**84**

Table 8: Chemotherapy (cervix)

Chemotherapy (cervix)	SCAN
Neoadjuvant	0
Adjuvant	1
Palliative	5
Chemoradiotherapy	28
Biological therapy	0
Patient died before SACT treatment	0
Patient declined SACT treatment	1
Inapplicable	49
Not recorded	0
Total	**84**

Endometrial Cancer Key Categories

Table 1: Initial Treatment Types (Endometrial)

Initial Treatment Types (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Surgery	10	12	49	105	176
Radiotherapy	2	2	4	3	11
Chemotherapy	0	0	1	2	3
Biological therapy	0	0	3	0	3
Endoscopic	0	0	0	0	0
Chemoradiotherapy	0	0	0	0	0
Supportive care	4	2	0	4	10
Watchful waiting	0	0	1	7	8
Other therapy (hormones)	0	2	0	3	5
Patient died before treatment	1	0	2	2	5
Patient declined all therapy	0	0	0	2	2
Not recorded	0	0	1	0	1
Total	**17**	**18**	**61**	**128**	**224**

Table 2: Surgery Performed (Endometrial)

Surgery Performed (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Total hysterectomy and BSO	9	6	26	69	110
Total hysterectomy and BSO and Lymphadenectomy	1	5	23	38	67
Subtotal hysterectomy and BSO	0	0	0	0	0
Total hysterectomy	0	0	0	0	0
Total hysterectomy and Lymphadenectomy	0	0	0	0	0
Subtotal hysterectomy	0	1	0	0	1
Patient died before treatment	0	0	0	0	0
Patient declined treatment	0	2	0	5	7
Not applicable	7	4	11	16	38
Not recorded	0	0	1	0	1
Total	**17**	**18**	**61**	**128**	**224**

Table 3: Surgical approach (Endometrial)

Surgical approach (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Open	1	2	5	15	23
Laparoscopic	8	10	5	83	106
Laparoscopic converted to open	1	0	3	1	5
Vaginal Hysterectomy	0	0	0	3	3
Robotic	0	0	35	5	40
Robotic converted to open	0	0	1	0	1
Inapplicable	7	6	11	21	45
Not Recorded	0	0	1	0	1
Total	**17**	**18**	**61**	**128**	**224**

Table 4: Endometrial Morphology

Endometrial Morphology	Borders	D&G	Fife	Lothian	SCAN
8010/3 Carcinoma, NOS, epithelial tumour, malignant	0	0	0	3	3
8020/3 Carcinoma, undifferentiated, NOS	0	0	1	0	1
8050/3 Papillary carcinoma, NOS	0	0	0	0	0
8070/3 Squamous cell carcinoma	0	0	0	0	0
8120/3 Transitional cell carcinoma	0	0	0	0	0
8140/3 Adenocarcinoma, NOS	0	2	0	1	3
8262/3 Villous adenocarcinoma	0	0	0	0	0
8310/3 Clear cell adenocarcinoma, clear cell carcinoma	1	1	1	1	4
8323/3 Mixed cell adenocarcinoma	0	0	1	10	11
8380/3 Endometrioid adenocarcinoma, endometrioid carcinoma, endometrioid cystadenocarcinoma	13	11	50	91	165
8382/3 Endometrioid adenocarcinoma, secretory variant	0	0	0	0	0
8383/3 Endometrioid adenocarcinoma, ciliated cell variant	0	0	0	0	0
8441/3 Serous cystadenocarcinoma, serous adenocarcinoma, serous carcinoma	1	3	3	12	19
8480/3 Mucinous adenocarcinoma	0	0	0	0	0
8481/3 Mucin-producing (or secreting) adenocarcinoma, mucin-producing (or secreting) carcinoma	0	0	0	0	0
8570/3 Endometrioid adenocarcinoma with squamous differentiation	0	0	0	3	3
8041/3 Small cell carcinoma	0	0	0	0	0
8560/3 Adenosquamous carcinoma	0	0	0	0	0
8980/3 Carcinosarcoma, NOS	1	1	4	7	13
1111/1 Not assessable	0	0	0	0	0
1010/0 Inapplicable	1	0	1	0	2
8888/8 Negative pathology	0	0	0	0	0
9999/9 Not recorded	0	0	0	0	0
Total	**17**	**18**	**61**	**128**	**224**

Table 5: Tumour Grade (Endometrial)

Tumour Grade (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
G1 - Low Grade	11	10	25	59	105
G2 - Moderate Grade	0	0	19	14	33
G3 - High Grade	3	8	15	34	60
Not assessable	1	0	0	0	1
Inapplicable	2	0	1	21	24
Not recorded	0	0	1	0	1
Total	**17**	**18**	**61**	**128**	**224**

Table 5: Endometrial Final FIGO

Endometrial Final FIGO	Borders	D&G	Fife	Lothian	SCAN
IA	5	9	28	61	103
IB	3	0	9	18	30
II	1	1	6	11	19
IIIA	1	2	1	3	7
IIIB	0	1	0	1	2
IIIC	0	1	0	0	1
IIIC1	0	1	4	7	12
IIIC2	0	1	0	0	1
IVA	0	0	0	0	0
IVB	0	1	4	10	15
Inapplicable	7	0	1	14	22
Not recorded	0	1	8	3	12
Total	**17**	**18**	**61**	**128**	**224**

Table 7: Radiotherapy (Endometrial)

Radiotherapy (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Adjuvant	5	4	12	24	45
Radical	0	0	0	1	1
Palliative	2	3	4	3	12
Neoadjuvant	0	0	0	0	0
Chemoradiotherapy	0	0	0	0	0
Patient died before radiotherapy	0	0	0	0	0
Patient declined radiotherapy	1	0	3	5	9
Inapplicable	9	11	39	95	154
Not recorded	0	0	3	0	3
Total	**17**	**18**	**61**	**128**	**224**

Table 8: Brachytherapy (Endometrial)

Brachytherapy (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Yes	3	1	9	29	42
No	14	17	49	93	173
Declined treatment	0	0	2	6	8
Not recorded	0	0	1	0	1
Total	**17**	**18**	**61**	**128**	**224**

Table 9:

Chemotherapy (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Neoadjuvant	0	0	0	1	1
Adjuvant	2	3	10	19	34
Palliative	0	1	2	4	7
Chemoradiotherapy	0	0	0	0	0
Biological therapy	0	0	0	0	0
Hormone therapy	0	2	0	4	6
Patient died before SACT	0	0	0	0	0
Patient declined SACT	0	0	3	4	7
Inapplicable	15	12	45	96	168
Not recorded	0	0	1	0	1
Total	**17**	**18**	**61**	**128**	**224**

Ovarian Cancer Key Categories

Table 1: Final FIGO Stage (ovarian)

Final FIGO Stage	Borders	D&G	Fife	Lothian	SCAN
IA	0	1	1	10	12
IB	0	0	0	0	0
IC	0	0	0	0	0
IC1	3	0	0	5	8
IC2	1	0	2	4	7
IC3	0	0	1	0	1
II	0	0	0	0	0
IIA	1	1	0	3	5
IIB	0	0	0	5	5
III	0	0	1	1	2
IIIA	0	0	0	0	0
IIIA1	2	0	1	2	5
IIIA2	1	2	0	2	5
IIIB	1	1	0	3	5
IIIC	5	4	7	19	35
IV	2	0	0	1	3
IVA	1	1	1	5	8
IVB	1	3	2	8	14
Inapplicable	4	0	0	1	5
Not Recorded	0	2	2	4	8
Total	**22**	**15**	**18**	**73**	**128**

Table 2: Initial Treatment Types

Initial Treatment Types	Borders	D&G	Fife	Lothian	SCAN
Surgery	11	2	7	47	67
Radiotherapy	0	0	0	0	0
Chemotherapy	6	9	8	17	40
Chemoradiotherapy	0	0	0	0	0
Endoscopic	0	0	0	0	0
Hormone therapy	0	0	0	1	1
Supportive care	4	3	2	5	14
Other therapy	0	0	0	0	0
Patient declined all therapy	1	0	0	1	2
Patient died before treatment	0	1	1	2	4
Not recorded	0	0	0	0	0
Total	**22**	**15**	**18**	**73**	**128**

Table 3: Type of staging operation

Type of staging operation	Borders	D&G	Fife	Lothian	SCAN
Complete Staging Operation	8	6	5	33	52
Incomplete Staging	3	1	0	12	16
Incomplete staging - fertility sparing	1	0	2	3	6
Delayed Primary Operation - complete	3	1	5	8	17
Delayed Primary Operation - incomplete	0	0	0	0	0
Patient unfit for surgery	0	0	0	0	0
Patient died before surgery	0	0	0	0	0
Patient declined surgery	1	1	1	1	4
Inapplicable	6	6	5	16	33
Not recorded	0	0	0	0	0
Total	**22**	**15**	**18**	**73**	**128**

Table 4: Second operation for completion

Second operation for completion	Borders	D&G	Fife	Lothian	SCAN
Yes - staging complete	1	0	0	7	8
Yes - staging incomplete	0	0	1	0	1
Inapplicable	21	15	17	0	53
Not recorded	0	0	0	66	66
Total	**22**	**15**	**18**	**73**	**128**

Table 5: Morphology (ovarian)

Morphology	Borders	D&G	Fife	Lothian	SCAN
Serous tumours - malignant					
8441/3 Serous adenocarcinoma	14	10	12	33	69
8461/3 Surface papillary adenocarcinoma	0	0	0	0	0
9014/3 Adenocarcinofibroma (malignant adenofibroma)	0	0	0	0	0
Mucinous tumours - malignant					
8480/3 Mucinous adenocarcinoma	0	0	2	4	6
9015/3 Adenocarcinofibroma (malignant adenofibroma)	0	0	0	0	0
8021/3 High Grade Anaplastic Ovarian Carcinoma	0	0	0	0	0
Endometrioid tumours including variants with squamous differentiation - malignant					
8380/3 Adenocarcinoma, not otherwise specified	3	0	2	9	14
8381/3 Adenocarcinofibroma (malignant adenofibroma)	0	0	0	0	0
8950/3 Malignant Mullerian mixed tumour (Carcinosarcoma), mixed mesodermal	0	0	0	1	1
Clear Cell tumours - malignant					
8310/3 Adenocarcinoma, not otherwise specified	1	0	1	5	7
8313/3 Adenocarcinofibroma (malignant adenofibroma)	0	0	0	0	0
Transitional Cell tumours - malignant					
8120/3 Transitional cell carcinoma (non-Brenner type)	0	0	0	0	0
9000/3 Malignant Brenner Tumour	0	0	0	0	0
Squamous cell tumours - malignant					
8070/3 Squamous cell carcinoma	0	0	0	0	0
Mixed epithelial tumours (specify components)					
8323/3 Malignant	0	0	0	1	1
Complex mixed and stromal					
8990/3 Carcinosarcoma, NOS	0	0	0	3	3
Undifferentiated and unclassified tumours - malignant					
8010/3 Carcinoma, not otherwise specified	0	0	0	0	0
8020/3 Undifferentiated carcinoma	0	0	0	0	0
8140/3 Adenocarcinoma, not otherwise specified	0	1	0	0	1
No pathology					
1111/1 Not assessable	0	0	0	0	0
8888/8 Negative Pathology	0	0	0	0	0
9999/9 Not recorded	0	0	0	0	0
1010/0 Not applicable	4	4	1	17	26
Total	**22**	**15**	**18**	**73**	**128**