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 2022-23 Quality Performance Indicators (QPI) Comparative Report

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Document History

v	Date	Events	Actions
1	18/06/2024	Report circulated to SCAN Gynae Chair and lead clinicians in advance of sign off meeting	Sign off meeting on 27th June 2024
2	05/07/2024	Report sent to Lead Clinician sign off group for approval and Lead Clinician's Commentary	Clinical commentary added to report.
3	06/08/2024	Circulated to SCAN group for final comments.	Deadline for comments: 20/08/2024
4	17/09/2014	Circulated to SCAN Clinical Governance Framework.	To be assessed for disclosive information.
4w	November 2024	Web version published on SCAN website. *www.scan.scot.nhs.uk*	

Lead Clinician's Commentary

SCAN QPI performance remains strong, the QPI data for 2022-20223 is clear evidence of the hard and excellent work delivered by the SCAN team. The challenges that had faced the service during Covid were immense, nonetheless SCAN clinical team continued to deliver excellent timely service.

In his previous comments my predecessor Cameron Martin spoke about the building blocks of our service. The Complex Pelvic Surgery team and its importance in delivering robust and excellent service for patients with advanced Ovarian Cancer and recurrent cervical cancer. Our Robotic service is now up and running in Fife and Lothian providing cutting edge surgery that include patients with high BMI to whom we previously struggled to offer surgical intervention.

The QPIs are not a static entity, new evidence-based research can modify our practice and targets. Going forward there will be changes to all QPIs especially the ovarian QPIs and as a team we will need to adapt and modify our service to continue to deliver high quality service and achieve our targets.

We also have exciting future; with introduction of robotic surgery we will be able to offer sentinel lymph node biopsy which undoubtedly decreases morbidity and increases efficiency. In collaboration with pathology departments in both Lothian and Fife we will start a pilot study to assess the feasibility and safety of this new surgical approach.

Finally, I would like to thank the clinical and audit teams for the hard work and dedication that enabled us to deliver this report.

Dr Nidal Ghaoui
Lead Clinician South East Scotland Cancer Network (SCAN)
August 2024

Cervix Cancer QPI Attainment Summary 2022-23	Target %	SCAN		
QPI 1: Radiological staging. Patients who have an MRI of the pelvis performed prior to definitive treatment.	95	N	56	98.2%
		D	57	
QPI 4: Radical Hysterectomy. Patients with FIGO stage IB1 cervical cancer who undergo radical hysterectomy.	85	N	15	88.2%
		D	17	
QPI 5: Surgical Margins patients with cervical cancer who undergo surgery (By Hospital of Surgery).	95	N	25	92.6%
		D	27	
QPI 6: Treatment Time for Radical Radiotherapy. Patients whose treatment time is less than 56 days.	90	N	31	93.9%
		D	33	
QPI 7: Chemoradiation. Patients undergoing radical radiotherapy who receive concurrent chemotherapy.	70	N	29	87.9%
		D	33	

Individual Boards not shown to avoid potential disclosure.

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 changed to include patients with stage IA2-IB2 cervical cancer (using 2018 FIGO staging classification).

2022-23 Cervix Action Plans

QPI	Action required where QPI not met (2022-23)	Person responsible for action	Date for update
5	The SCAN Lead will write to the chairs of the MDM recommending that cases with unusual pathology have more in-depth discussion and recommendation that these patients are considered for a radical hysterectomy.	Dr Nidal Ghaoui	Ongoing

2021-2022 Cervix Action Progress

None identified.

Endometrial QPI Attainment Summary 2022-23	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	5	100%	N	6	100%	N	20	95.2%	N	60	98.4%	N	91	97.8%
		D	5		D	6		D	21		D	61		D	93	
QPI 2 MDT. Patients discussed at the MDT before definitive treatment	95	N	16	100%	N	20	95.2%	N	36	92.3%	N	133	99.3%	N	205	97.6%
		D	16		D	21		D	39		D	134		D	210	
QPI 3 Total Hysterectomy and Bilateral Salpingo-Oophorectomy in patients with FIGO stage I-III disease	85	N	13	100%	N	16	80.0%	N	29	80.6%	N	107	88.4%	N	165	86.8%
		D	13		D	20		D	36		D	121		D	190	
QPI 4 Minimal Access Surgery (definitive surgery, by hospital of surgery)	70													N	157	88.2%
														D	178	
QPI 6 Chemotherapy / Hormone therapy. Stage IV endometrial cancer patients receiving chemo or hormones	75													N	15	71.4%
														D	21	

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

Second cycle of formal review took place following analysis of year 6 endometrial cancer QPI data. 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.

2022-23 Endometrial Action Plans

QPI	Action required where QPI not met (2022-23)	Lead	Date for update
3	Clinical stage and substage for patients with stage IV disease should be documented at the MDM for non-surgical patients. SCAN Lead to email colleagues.	Dr Nidal Ghaoui	Ongoing
6	Consider including Mirena coil as a treatment option to the dataset and measurability at the next formal review.	Dr Nidal Ghaoui and QPI review	Review meeting 2024

2021-22 Endometrial Action Progress

QPI	Action required where QPI not met (2021-22)	Progress
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.	Completed.
3	Full staging to be recorded at MDM.	Ongoing.

Ovarian Cancer QPI Attainment Summary 2022-23		Target %	Borders			D&G			Fife			Lothian			SCAN		
QPI 2: Extent of disease assessed by CT or MRI prior to treatment		95	N	13	100%	N	11	100%	N	34	94.4%	N	79	97.5%	N	137	97.2%
			D	13		D	11		D	36		D	81		D	141	
QPI 3: Treatment planned and reviewed at a regional multi-disciplinary team meeting		95	N	11	100%	N	10	100%	N	32	91.4%	N	70	95.9%	N	123	95.3%
			D	11		D	10		D	35		D	73		D	129	
QPI 4: Patients with early stage disease have an adequate staging operation (by hospital of surgery)		90							N	6	75.0%	N	11	73.3%	N	18	69.2%
									D	8		D	15		D	26	
QPI 6: Histopathology reports are complete and support clinical decision making (by hospital of surgery)		95					N/A					N	52	100%	N	67	100%
												D	52		D	67	
QPI 7: Histological diagnosis prior to starting chemotherapy		90	N	6	100%	N	5	100%	N	20	100%	N	36	97.3%	N	67	98.5%
			D	6		D	5		D	20		D	37		D	68	
QPI 9: First-line Chemotherapy		90	N	7	70.0%	N	6	100%	N	26	92.9%	N	47	82.5%	N	86	85.1%
			D	10		D	6		D	28		D	57		D	101	
QPI 10: Surgery for advanced disease (By hospital of surgery)	All surgery (primary or delayed) (by board of diagnosis)	65							N	13	52.0%	N	30	56.6%	N	49	57.0%
									D	25		D	53		D	86	
	Primary surgery where no residual disease is achieved	60					N/A					N	11	84.6%	N	17	85.0%
												D	13		D	20	
	Delayed primary surgery (after chemo) where no residual disease is achieved	60		N/A			N/A								N	21	91.3%
															D	23	
QPI 11: Genetic testing in non-mucinous epithelial ovarian cancer		90	N	6	66.7%	N	8	88.9%	N	25	75.8%	N	53	72.6%	N	92	74.2%
			D	9		D	9		D	33		D	73		D	124	
QPI 12: 30-day mortality following surgery (by Board of surgery)		<5							N	0	0.0%	N	0	0.0%	N	0	0.0%
									D	15		D	63		D	82	

Figures suppressed where denominator is <5.

2022-23 Ovarian Action Plans

QPI	Action required where QPI not met 2022-23	Person responsible for action	Date for update
3	The target was met in SCAN. RMI staging to be recorded prior to surgery.	Dr Nidal Ghaoui	Sign off meeting June 2025
4	No action required. The QPI will be archived. Quality measures for surgery will be incorporated in the new QPI.	N/A	N/A
9	The reasons for not meeting this QPI were down to comorbidities / frailty / patients' choice / died before treatment / chemotherapy not indicated for low grade tumour. Patients were all treated appropriately, and no action was identified.	N/A	N/A
10(i)	The QPI will be archived. Quality measures for surgery in all stages of ovarian cancer will be incorporated in the new QPI.	N/A	N/A
11	No action required. Following formal review this QPI will be updated for 2023/24 cohort.	N/A	Sign off meeting June 2025

2021-22 Ovarian Action Progress

QPI	Action required where QPI not met 2021-22	Progress
3	The reasons for not meeting this QPI were down to emergency surgeries / incidental findings / declined further investigations and treatment / a patient deteriorated rapidly and died prior to MDM discussion. All were treated appropriately, and no action is identified.	N/A
4	The reasons for not meeting this QPI were down to incidental findings or intraoperative difficulties. Patients were all treated appropriately, and no action was identified.	N/A
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.	QPI will be updated for 2023/24 cohort.
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.	QPI will be updated for 2023/24 cohort.

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 Information Analyst, who also compiled this regional report.

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[1] QPI documents are available at Cancer Quality Performance Indicators (QPIs) (healthcareimprovementscotland.scot)

[2] Datasets and measurability documents are available at Cancer | Cancer Audit | Health Topics |

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	Sarah Davison
NHS Dumfries	Dumfries & Galloway Royal Infirmary	Dr Philip Dutton	Jenny Bruce Teresa Quintela
NHS Fife	Queen Margaret Hospital Victoria Hospital	Dr Vanishree Lakshmi Narayana Rao	Jackie Stevenson
SCAN & NHS Lothian	St John's Hospital Royal Infirmary Edinburgh Western General Hospital	Dr Nidal Ghaoui	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 2018-2022. However, results for ovarian must be interpreted with caution as Cancer Registry data does include borderline ovarian tumours.

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 (01/10/22-30/09/23)

SCAN Audit 2022-23	Borders	D&G	Fife	Lothian	SCAN
Cervical	5	8	19	46	78
Endometrial	16	21	42	142	221
Ovarian	13	11	36	82	142

Cancer Registry 5 Year Average 2018-22*	Borders	D&G	Fife	Lothian	SCAN
Cervical	7	8	20	42	77
Endometrial	16	27	58	122	223
Ovarian	14	20	37	86	157

Source: Scottish Cancer Registry, PHS. Data extracted from ACaDMe, 4 September 2024.
*The total number of confirmed gynaecological cancer registrations held in the Scottish Cancer Registry for selected calendar year(s) is filtered using ICD-10 site codes: C53 (Cervix), C54 (Endometrial), C55 (Uterus, Part Unspecified), and C56 (Ovary) and the ICD-O(3) morphology codes are not used.

Estimate of case ascertainment: calculated using the average of the most recent available five years of Cancer Registry Data (2018 – 2022)

Percentage case ascertainment*	Borders	D&G	Fife	Lothian	SCAN
Cervical	71.4%	100.0%	95.0%	109.5%	101.3%
Endometrial	100.0%	77.8%	72.4%	116.4%	99.1%
Ovarian	92.9%	55.0%	102.7%	95.3%	90.4%

Note: Case ascertainment is reported by Board of diagnosis and has been estimated using a denominator based on the latest (2018-2022) five-year annual average available from the Scottish Cancer Registry datamart, ACaDMe on 4 September 2024. 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 borderline ovarian tumours not included in this QPI report and does not include fallopian tube and peritoneal sites (C57 and C48) so numbers do not match up well.

Number of cases recorded in audit cohort 2013/14 – 2022/23

Number of cases recorded in audit cohort (Cervical) 2014/15 to 2022/23

	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
■ 2022-2023	78
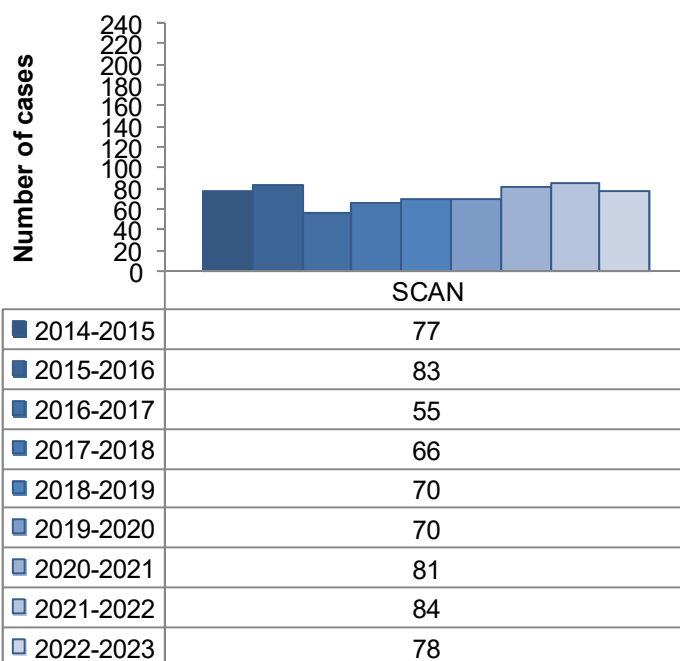
Individual Boards not shown to avoid potential disclosure.

Number of cases recorded in audit cohort (Endometrial) 2014/15 to 2022/23

	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
■ 2022-2023	16	21	42	142	221
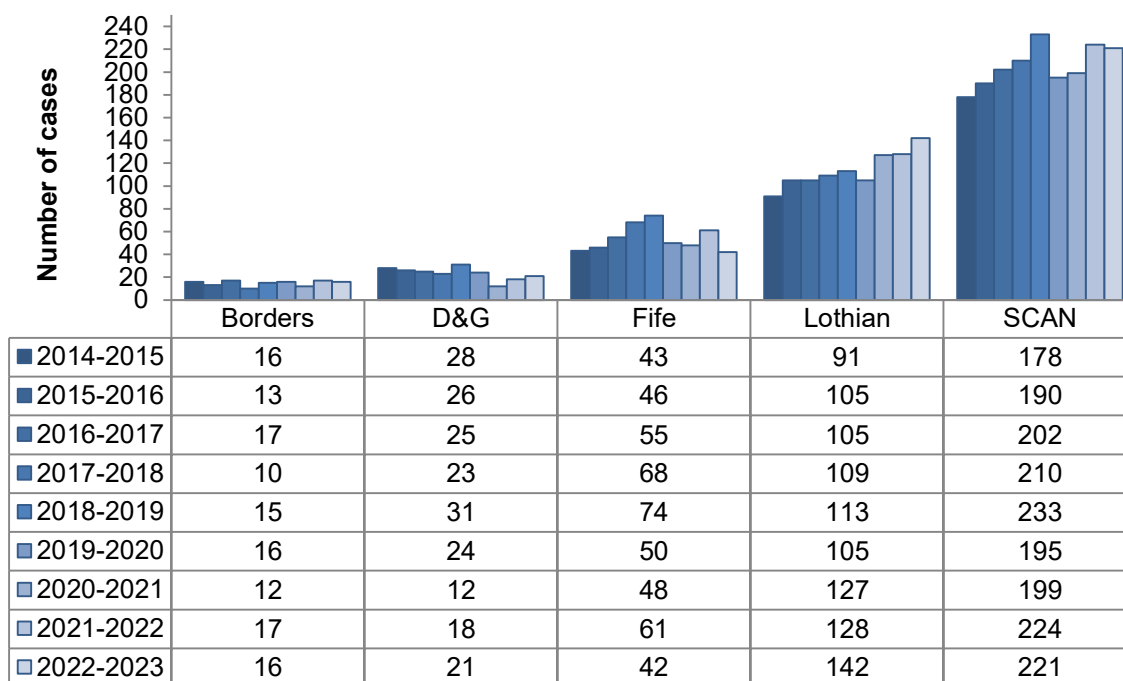
Number of cases recorded in audit cohort (Ovarian) 2013/14 to 2022/23

	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
2022-2023	13	11	36	82	142
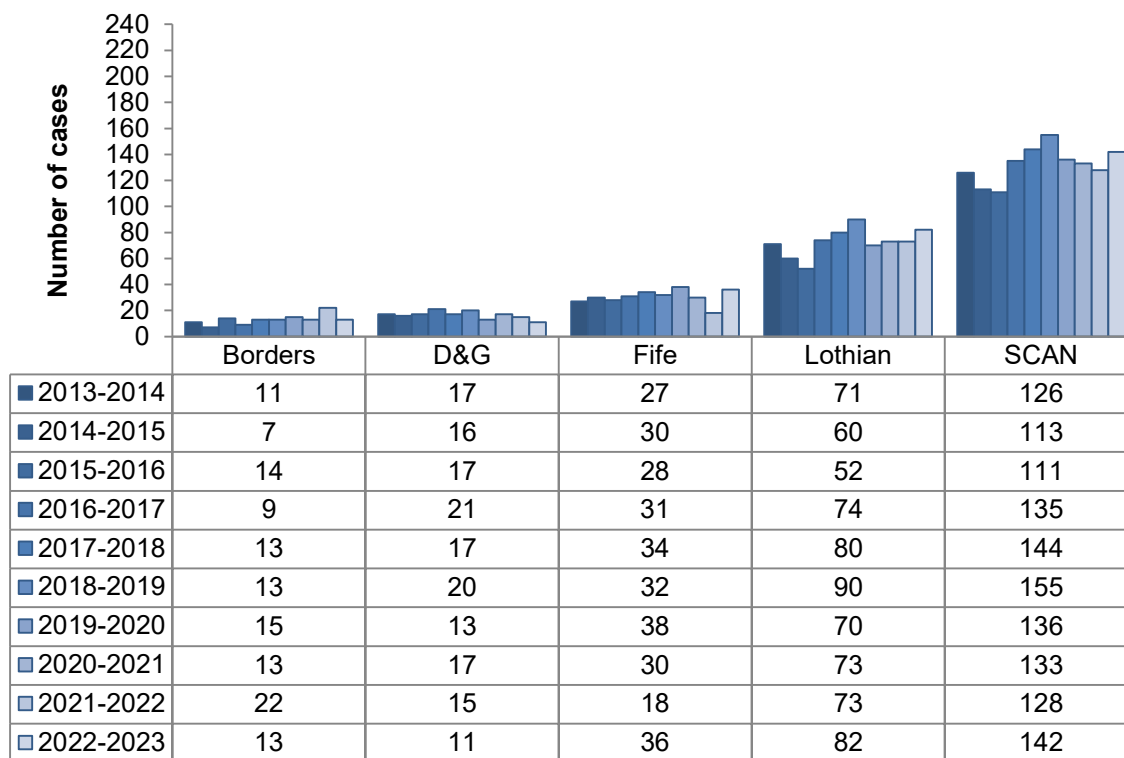
Quality Assurance

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 27th June 2024.

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	32	41.0%
45 - 69	36	46.2%
70 - >85	10	12.8%
Total	78	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
2022/23 Cohort	78
Ineligible for this QPI	21
Numerator	56
Not Recorded for Numerator	0
Denominator	57
Not Recorded for Exclusions	2
Not Recorded for Denominator	0
% Performance	98.2%

Individual Boards not shown to avoid potential disclosure.

QPI 1 - Radiological staging (Cervical) 2017/18 to 2022/23

	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%
2022-2023	100.0%	100.0%	100.0%	97.0%	98.2%
Target	95.0%	95.0%	95.0%	95.0%	95.0%
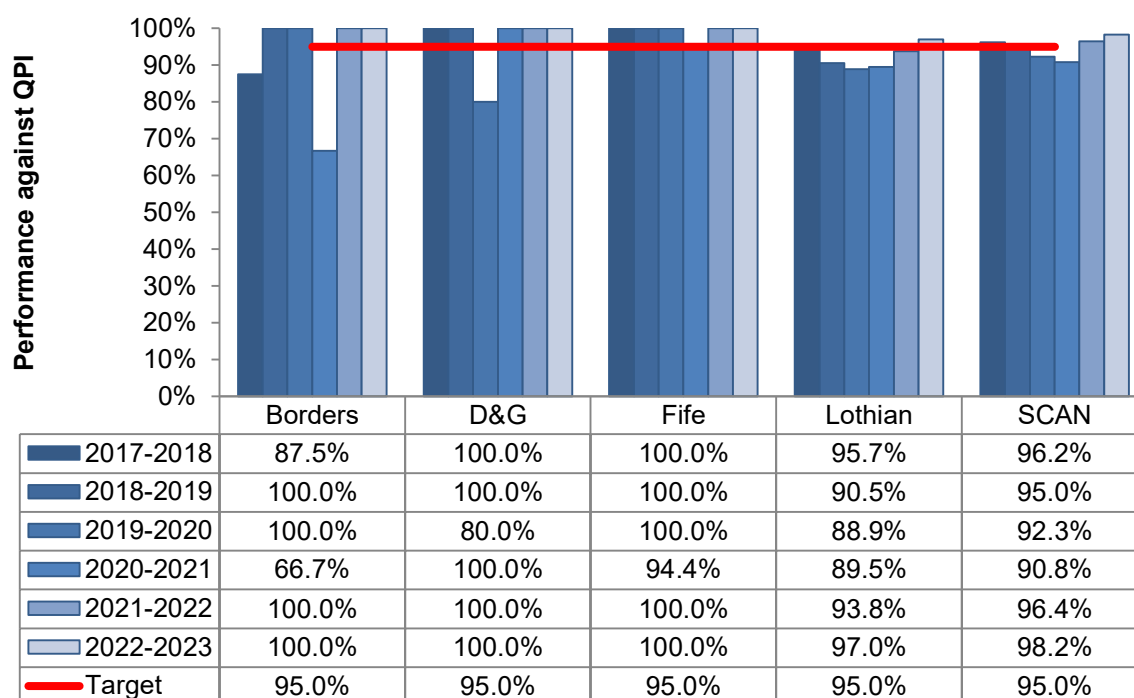
Comment: The target was met by all Boards.

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
2022/23 Cohort	78
Ineligible for this QPI	61
Numerator	15
Not Recorded for Numerator	0
Denominator	17
Not Recorded for Exclusions	0
Not Recorded for Denominator	2
% Performance	88.2%

Individual Boards not shown to avoid potential disclosure.

QPI 4 - Radical Hysterectomy (Cervical) 2021/22 to 2022/23

	Borders	D&G	Fife	Lothian	SCAN
2021-2022	100.0%	100.0%	100.0%	66.7%	80.0%
2022-2023	100.0%	100.0%	100.0%	75.0%	88.2%
Target	85.0%	85.0%	85.0%	85.0%	85.0%
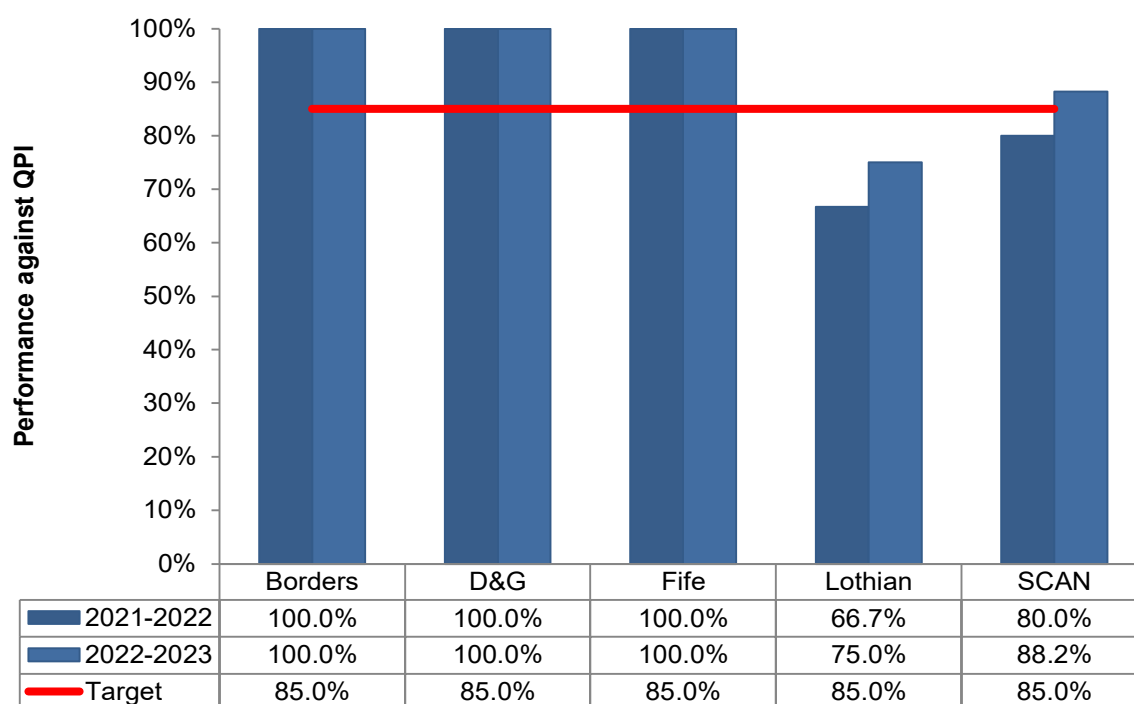
Comments: The target was met in SCAN. All patients have been reviewed. Patients were all treated appropriately and no action has been identified.

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	25
Not Recorded for Numerator	0
Denominator	27
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	92.6%

Individual Boards not shown to avoid potential disclosure.

QPI 5 - Surgical Margins (Cervical) 2014/15 to 2022/23

	BGH	D&G	FIFE	SJH	RIE	Lothian	SCAN
2014-2015	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2015-2016	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2016-2017	100.0%	0	100.0%	100.0%	60.0%	83.3%	90.9%
2017-2018	100.0%	0	100.0%	100.0%	92.9%	93.3%	95.2%
2018-2019	100.0%	0	100.0%	100.0%	100.0%	100.0%	100.0%
2019-2020	100.0%	0	100.0%	0.0%	75.0%	66.7%	80.0%
2020-2021	100.0%	0	100.0%	100.0%	93.3%	93.8%	100.0%
2021-2022	100.0%	0	100.0%	100.0%	100.0%	91.7%	93.8%
2022-2023	100.0%	0	100.0%	100.0%	89.5%	90.9%	92.6%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
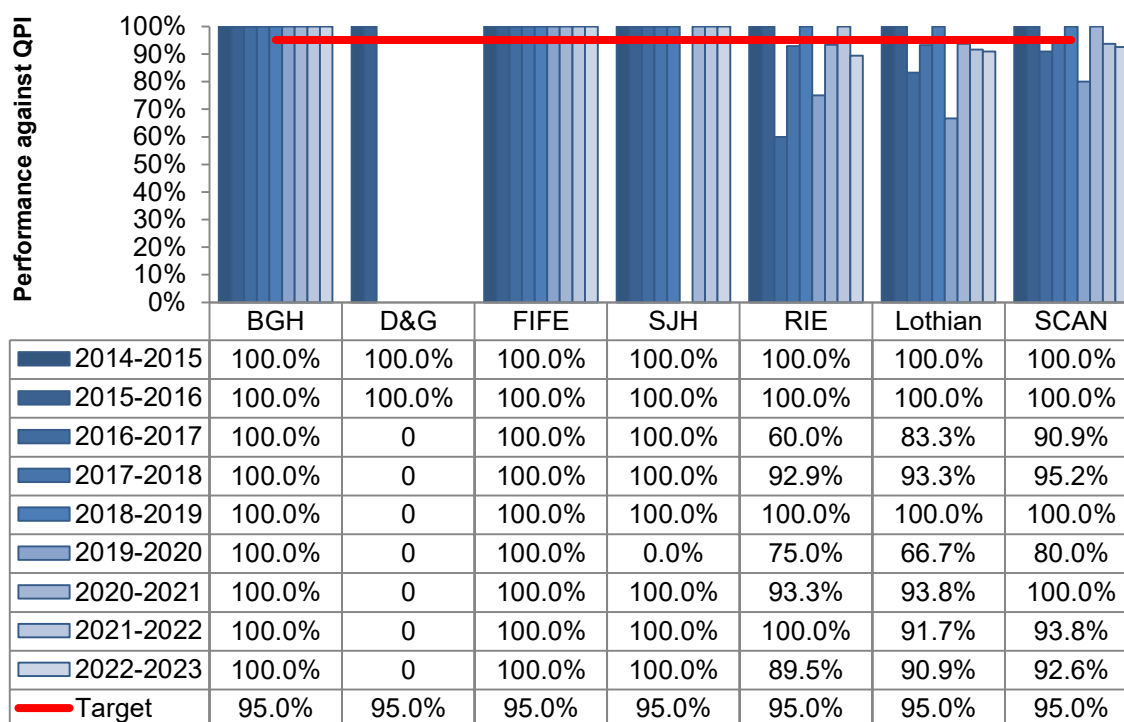
Zero values are due to no eligible patients for the QPI in cohort.

Action: The SCAN Lead will write to the chairs of the MDM recommending that cases with unusual pathology have more in-depth discussion keeping in mind the possibility of a cervical cancer and recommendation that these patients are considered for a radical hysterectomy.

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
2022/23 Cohort	78
Ineligible for this QPI	45
Numerator	31
Not Recorded for Numerator	1
Denominator	33
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	93.9%

Individual Boards not shown to avoid potential disclosure.

QPI 6 - 56 Day Treatment Time for Radical Radiotherapy (Cervical) 2014/15 to 2022/23
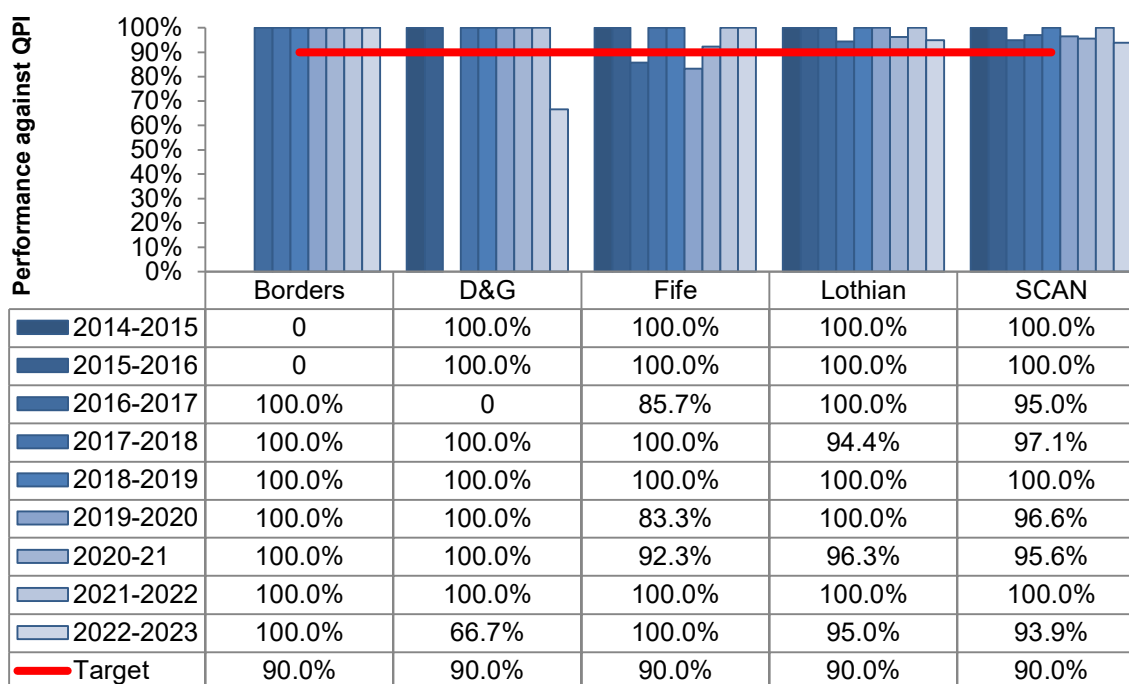
	Borders	D&G	Fife	Lothian	SCAN
2014-2015	0	100.0%	100.0%	100.0%	100.0%
2015-2016	0	100.0%	100.0%	100.0%	100.0%
2016-2017	100.0%	0	85.7%	100.0%	95.0%
2017-2018	100.0%	100.0%	100.0%	94.4%	97.1%
2018-2019	100.0%	100.0%	100.0%	100.0%	100.0%
2019-2020	100.0%	100.0%	83.3%	100.0%	96.6%
2020-21	100.0%	100.0%	92.3%	96.3%	95.6%
2021-2022	100.0%	100.0%	100.0%	100.0%	100.0%
2022-2023	100.0%	66.7%	100.0%	95.0%	93.9%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

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

Action: The target was met in SCAN and no action is required.

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
2022/23 Cohort	78
Ineligible for this QPI	45
Numerator	29
Not Recorded for Numerator	0
Denominator	33
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	87.9%

Individual Boards not shown to avoid potential disclosure.

QPI 7 - Chemoradiation (Cervical) 2014/15 to 2022/23
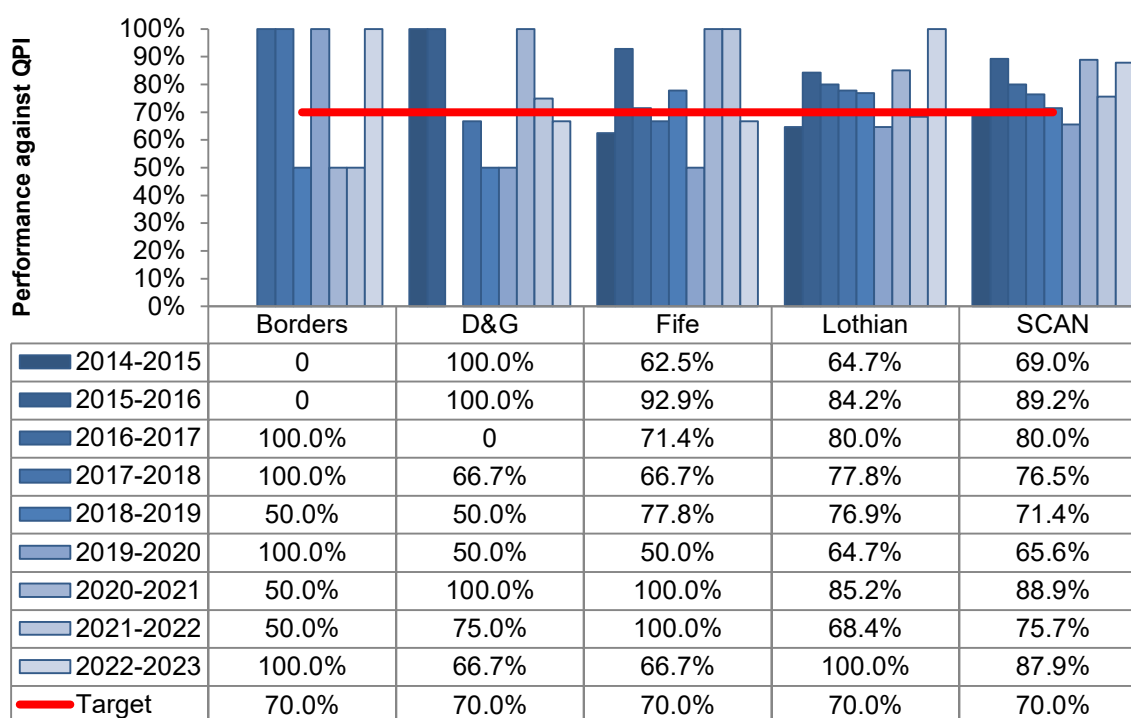
	Borders	D&G	Fife	Lothian	SCAN
2014-2015	0	100.0%	62.5%	64.7%	69.0%
2015-2016	0	100.0%	92.9%	84.2%	89.2%
2016-2017	100.0%	0	71.4%	80.0%	80.0%
2017-2018	100.0%	66.7%	66.7%	77.8%	76.5%
2018-2019	50.0%	50.0%	77.8%	76.9%	71.4%
2019-2020	100.0%	50.0%	50.0%	64.7%	65.6%
2020-2021	50.0%	100.0%	100.0%	85.2%	88.9%
2021-2022	50.0%	75.0%	100.0%	68.4%	75.7%
2022-2023	100.0%	66.7%	66.7%	100.0%	87.9%
Target	70.0%	70.0%	70.0%	70.0%	70.0%

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

Action: The target was met in SCAN and no action is required.

2. Endometrial Cancers

Age	SCAN	Percentage
<20 - 49	8	3.6%
50 - 74	149	67.4%
75 - >85	64	29.0%
Total	221	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
2022/23 Cohort	16	21	42	142	221
Ineligible for this QPI	11	15	21	81	128
Numerator	5	6	20	60	91
Not Recorded for Numerator	0	0	0	0	0
Denominator	5	6	21	61	93
Not Recorded for Exclusions	0	0	0	3	3
Not Recorded for Denominator	0	0	0	0	0
% Performance	100.0%	100.0%	95.2%	98.4%	97.8%

QPI 1 - Radiological staging (Endometrial) 2017/18 to 2022/23

	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%
2022-2023	100.0%	100.0%	95.2%	98.4%	97.8%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

Comment: The target was met by all Boards.

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
2022/23 Cohort	16	21	42	142	221
Ineligible for this QPI	0	0	3	8	11
Numerator	16	20	36	133	205
Not Recorded for Numerator	0	0	1	1	2
Denominator	16	21	39	134	210
Not Recorded for Exclusions	0	0	1	0	1
Not Recorded for Denominator	0	0	0	0	0
% Performance	100.0%	95.2%	92.3%	99.3%	97.6%

QPI 2 - Multidisciplinary Team Meeting (MDT) (Endometrial)
2017/18 to 2022/23

	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%
2022-2023	100.0%	95.2%	92.3%	99.3%	97.6%
Target	95.0%	95.0%	95.0%	95.0%	95.0%
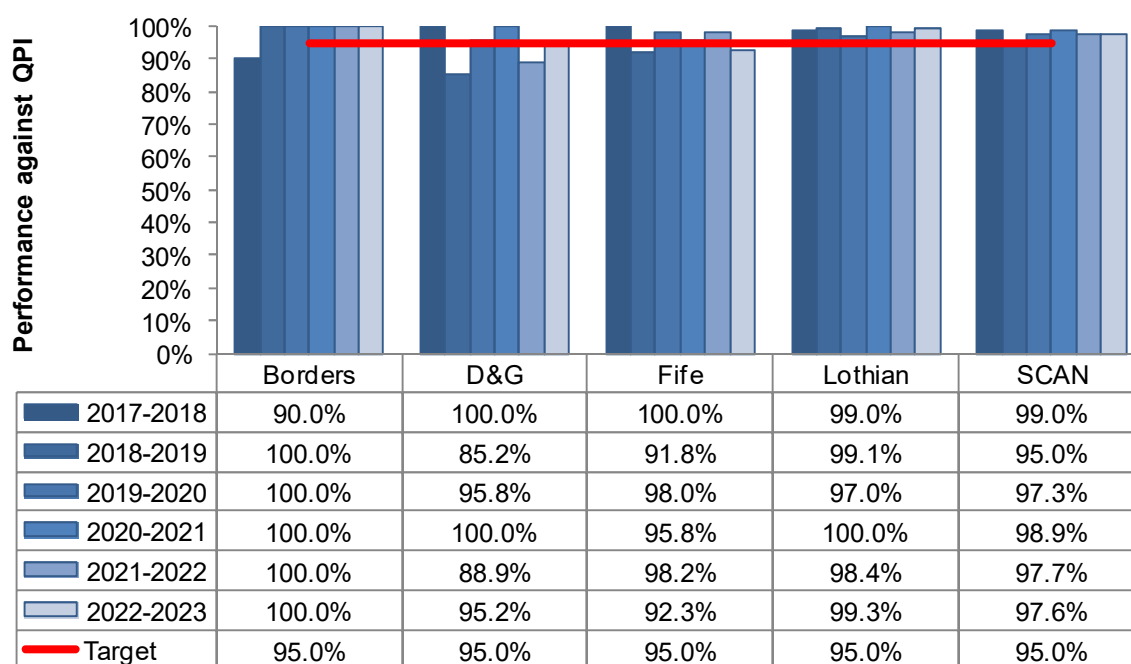
Action: The target was met in SCAN and no action is required.

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
2022/23 Cohort	16	21	42	142	221
Ineligible for this QPI	3	1	6	21	31
Numerator	13	16	29	107	165
Not Recorded for Numerator	0	0	1	2	3
Denominator	13	20	36	121	190
Not Recorded for Exclusions	0	0	4	2	6
Not Recorded for Denominator	0	0	0	0	0
% Performance	100.0%	80.0%	80.6%	88.4%	86.8%

QPI 3 - Total Hysterectomy and Bilateral Salpingo-Oophorectomy (Endometrial) 2017/18 to 2022/23

	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%
2022-2023	100.0%	80.0%	80.6%	88.4%	86.8%
Target	85.0%	85.0%	85.0%	85.0%	85.0%
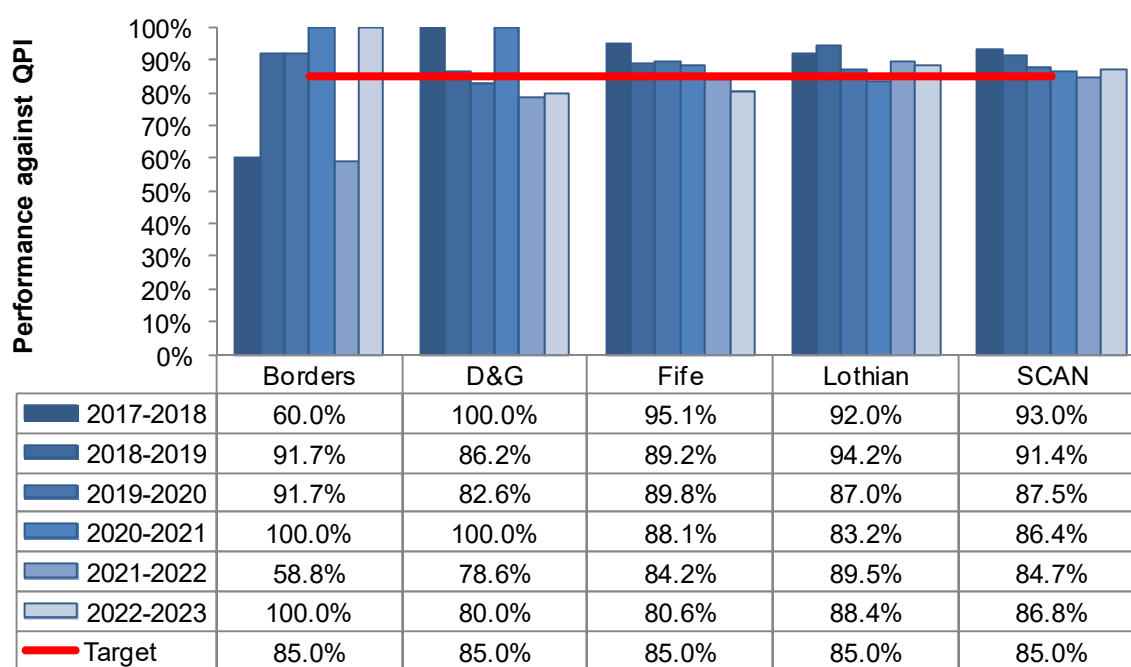
Action: The target was met in SCAN. Clinical stage should be documented at the MDM for non-surgical patients. SCAN Lead to email colleagues.

QPI 3: Days from Diagnosis to Surgery
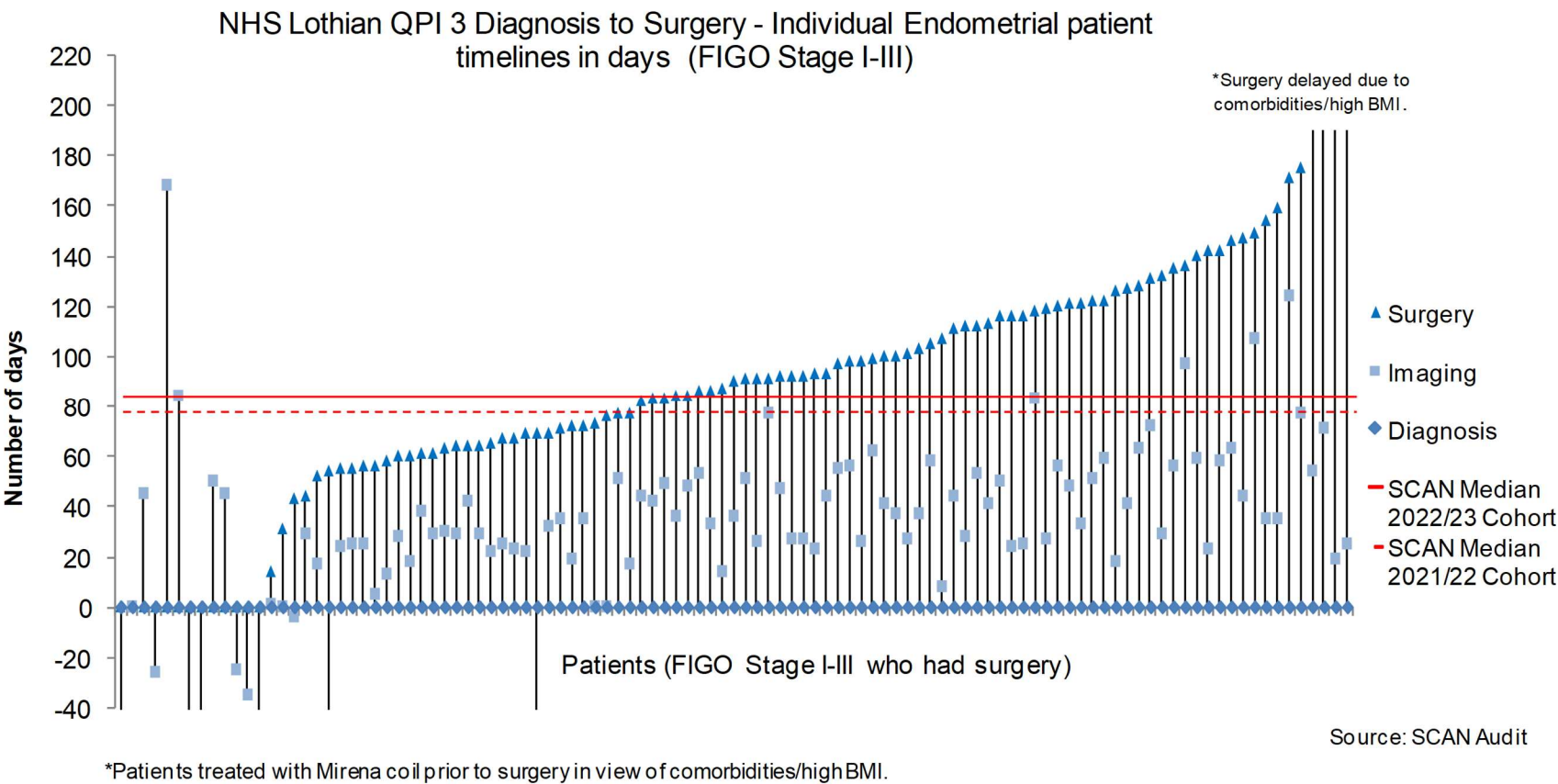
The Lothian median time from diagnosis to surgery for patients with FIGO stage I-III disease was 90 days (range 0 - 358), the mean was 91 days. SCAN median time from diagnosis to surgery for patients with FIGO stage I-III disease was 84 days (range 0 - 358), the mean was 85 days.

NHS Borders, D&G and Fife QPI 3 Diagnosis to Surgery - Individual Endometrial patient timelines in days (FIGO Stage I-III)

The median time from diagnosis to surgery for patients with FIGO stage I-III disease was 82 days for NHS Borders patients (range 40-180, mean 83), 100 for NHS Dumfries and Galloway (range 77-191, mean 110) and 53 days for NHS Fife (range 0-130, mean 52).

SCAN QPI 3 Diagnosis to Surgery - Individual Endometrial patient timelines in days (FIGO Stage IV)
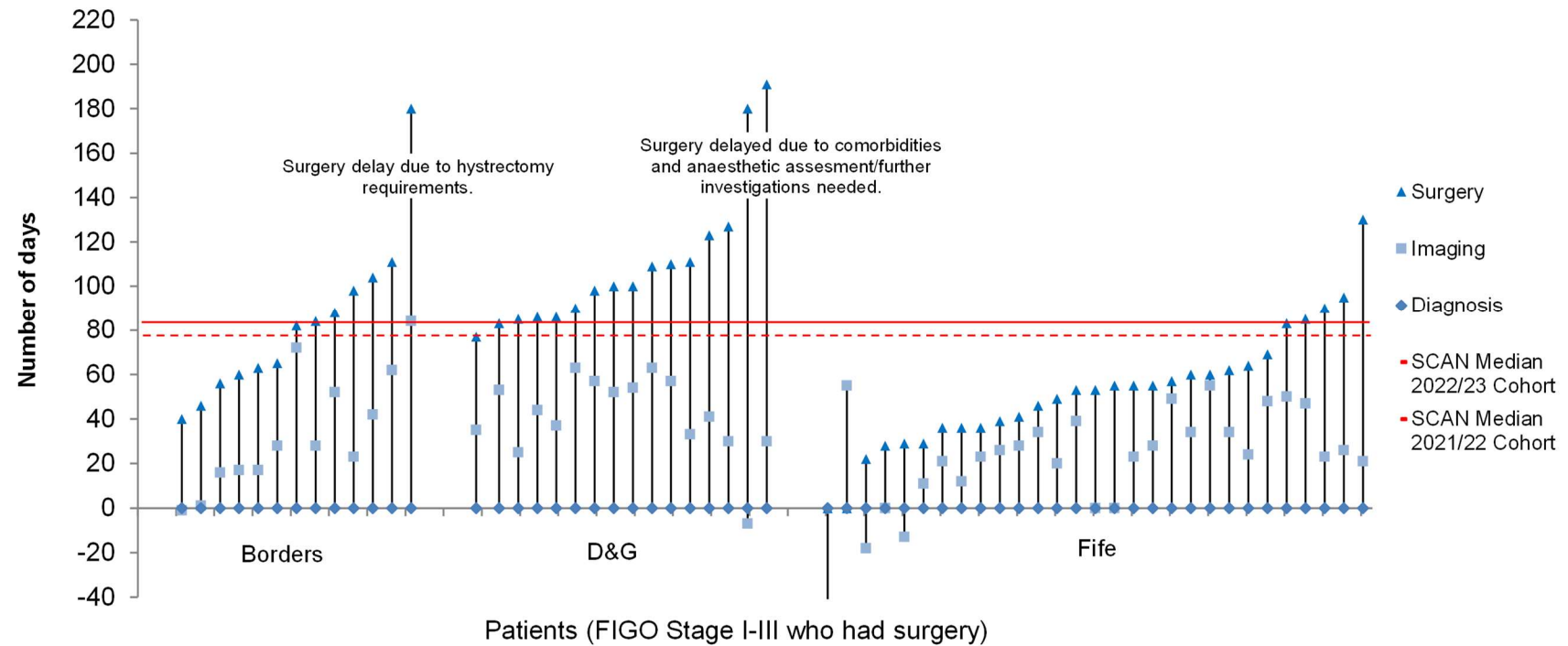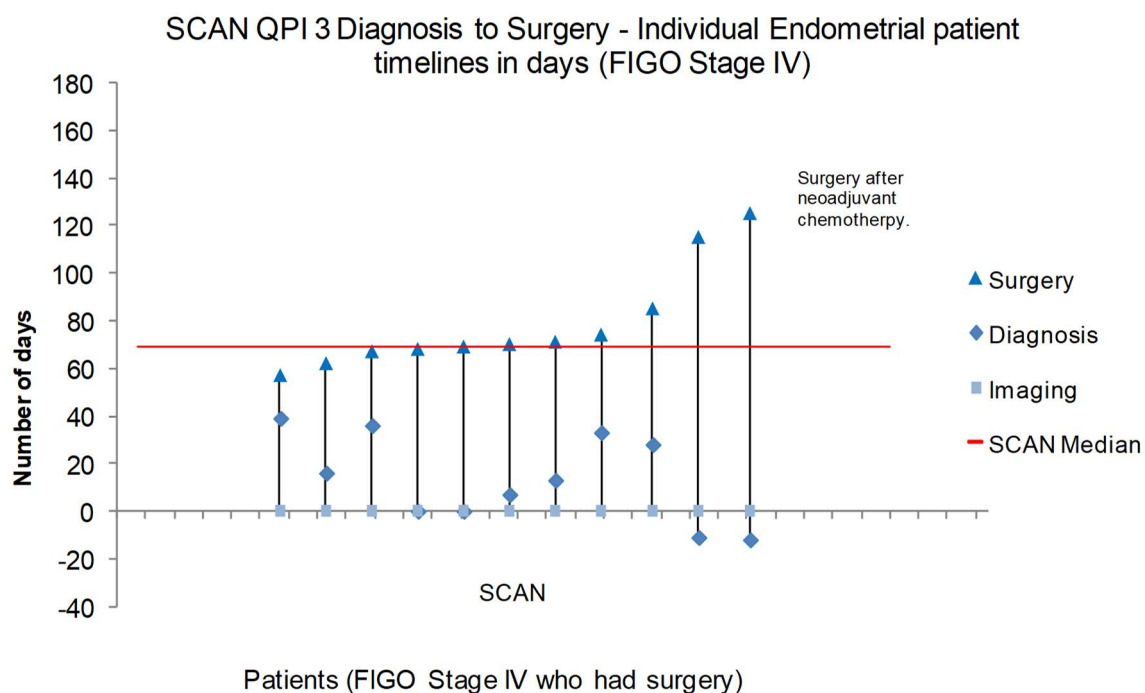
Source: SCAN Audit

The median time from diagnosis to surgery for patients with FIGO stage IV disease was 70 days for SCAN (range 57-125, mean 78).

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	157
Not Recorded for Numerator	0
Denominator	178
Not Recorded for Exclusions	0
Not Recorded for Denominator	4
% Performance	88.2%

Individual Boards not shown to avoid potential disclosure.

QPI 4 - Minimal Access Surgery (Endometrial) 2021/22 to 2022/23

	BGH	D&G	FIFE	SJH	RIE	WGH	Lothian	SCAN
2021-2022	88.9%	66.7%	90.2%	100.0%	83.7%	0.0%	83.5%	85.4%
2022-2023	72.7%	100.0%	94.3%	92.9%	88.3%	50.0%	87.6%	88.2%
Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
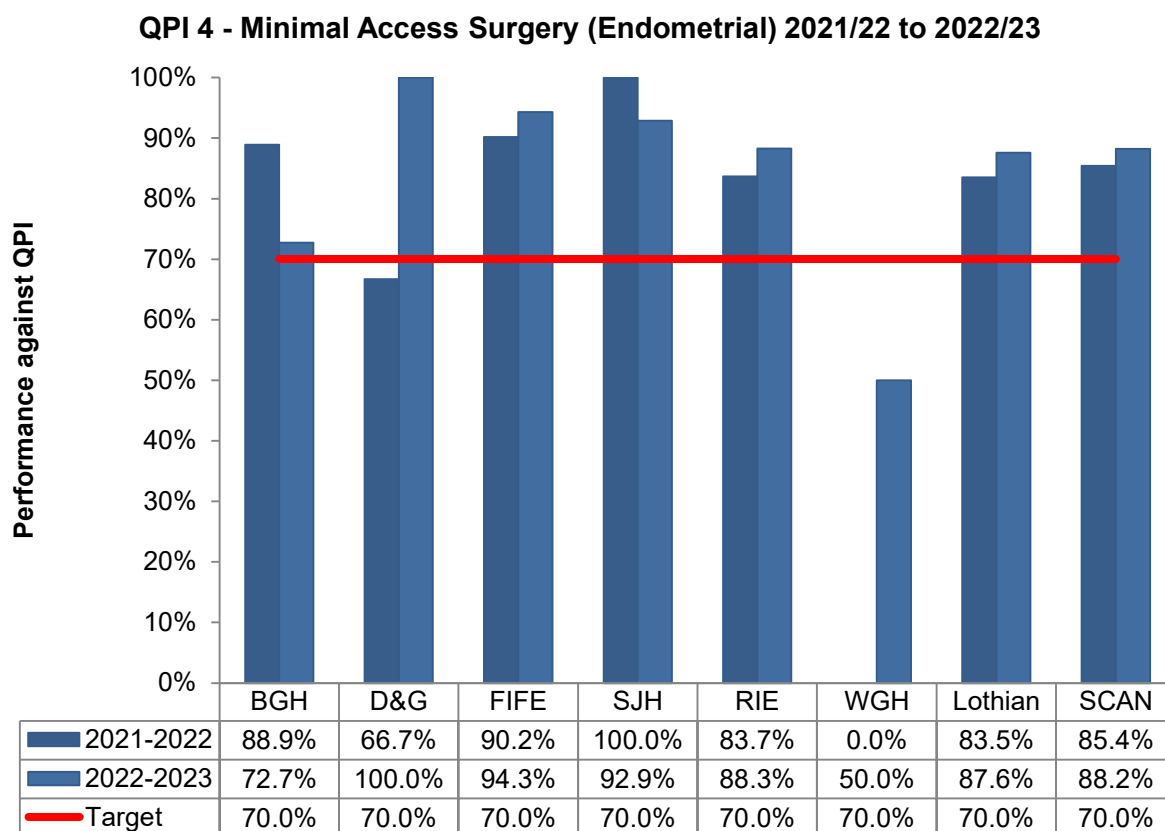
Comments:

The target was met by all Boards.

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
2022/23 Cohort	221
Ineligible for this QPI	200
Numerator	15
Not Recorded for Numerator	0
Denominator	21
Not Recorded for Exclusions	0
Not Recorded for Denominator	5
% Performance	71.4%

Individual Boards not shown to avoid potential disclosure.

QPI 6 - Systemic Anti Cancer Therapy (SACT) / Hormone Therapy (Endometrial) 2017/18 to 2022/23

	Borders	D&G	Fife	Lothian	SCAN
2017-2018	66.7%	66.7%	100.0%	50.0%	72.2%
2018-2019	0.0%	0	80.0%	77.8%	68.8%
2019-2020	100.0%	0	0.0%	100.0%	85.7%
2020-2021	100.0%	0	66.7%	100.0%	88.9%
2021-2022	0	100.0%	66.7%	100.0%	92.3%
2022-2023	100.0%	100.0%	80.0%	61.5%	71.4%
Target	75.0%	75.0%	75.0%	75.0%	75.0%
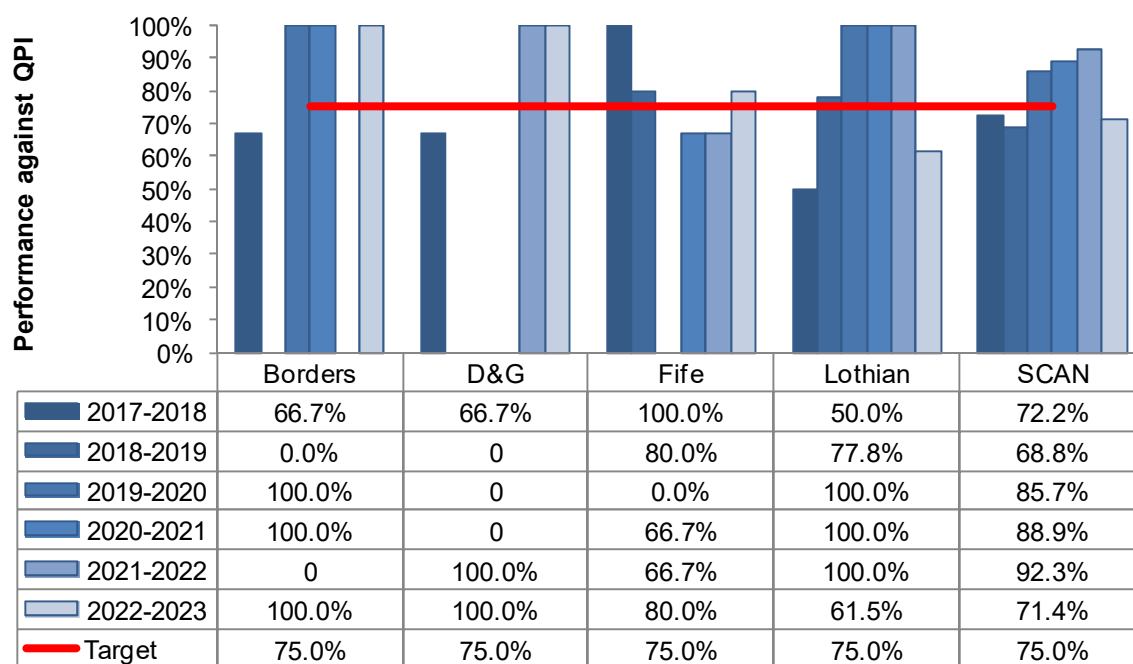
Zero values are due to no eligible patients for the QPI in cohort.

Action: All patients have been reviewed and were treated appropriately. Consider including Mirena coil as a treatment option to the dataset and measurability at the next formal review.

3. Epithelial Ovarian Cancers

Age at Diagnosis (Ovarian)	SCAN	Percentage
<20 - 39	6	4.2%
40 - 69	62	43.7%
70 - >85	74	52.1%
Total	142	100%

Age at Diagnosis (Ovarian) 2022/23
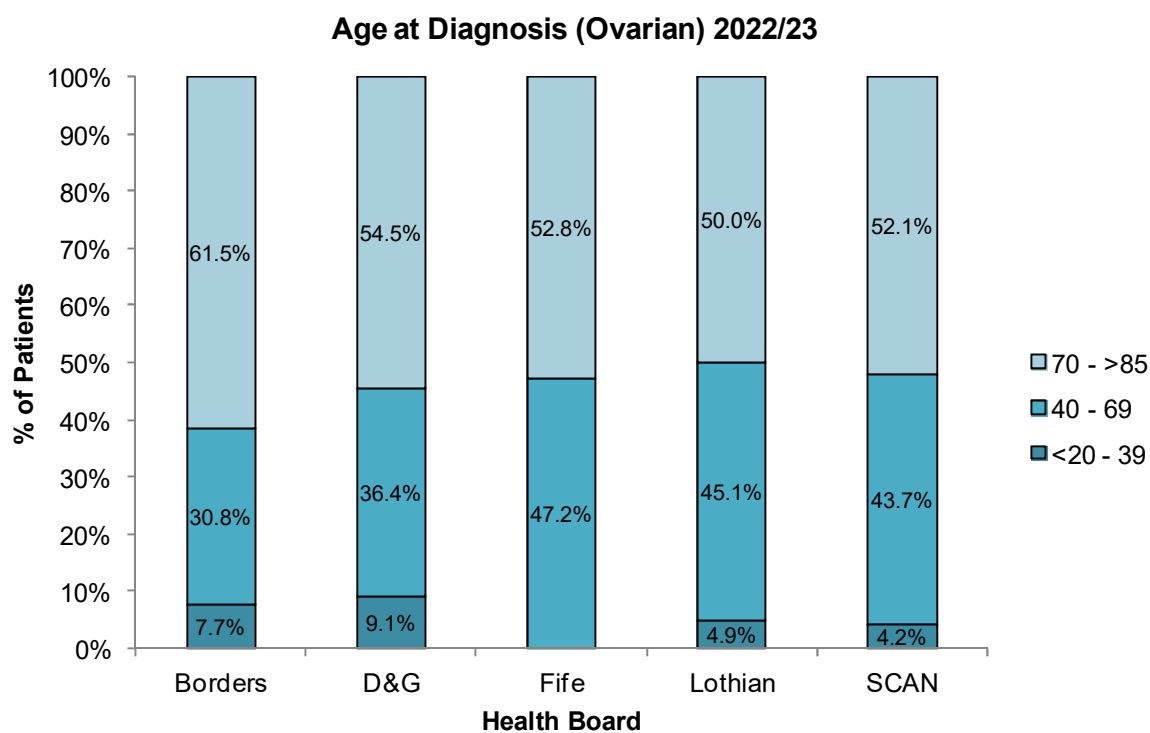
QPI 2: Extent of disease assessed by CT or MRI prior to treatment (Ovarian)

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
2022/23 Cohort	13	11	36	82	142
Ineligible for this QPI	0	0	0	1	1
Numerator	13	11	34	79	137
Not Recorded for Numerator	0	0	0	0	0
Denominator	13	11	36	81	141
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Performance	100.0%	100.0%	94.4%	97.5%	97.2%

QPI 2 - Extent of disease assessed by CT or MRI prior to treatment (Ovarian) 2016/17 to 2022/23

	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%
2022-2023	100.0%	100.0%	94.4%	97.5%	97.2%
Target	95.0%	95.0%	95.0%	95.0%	95.0%
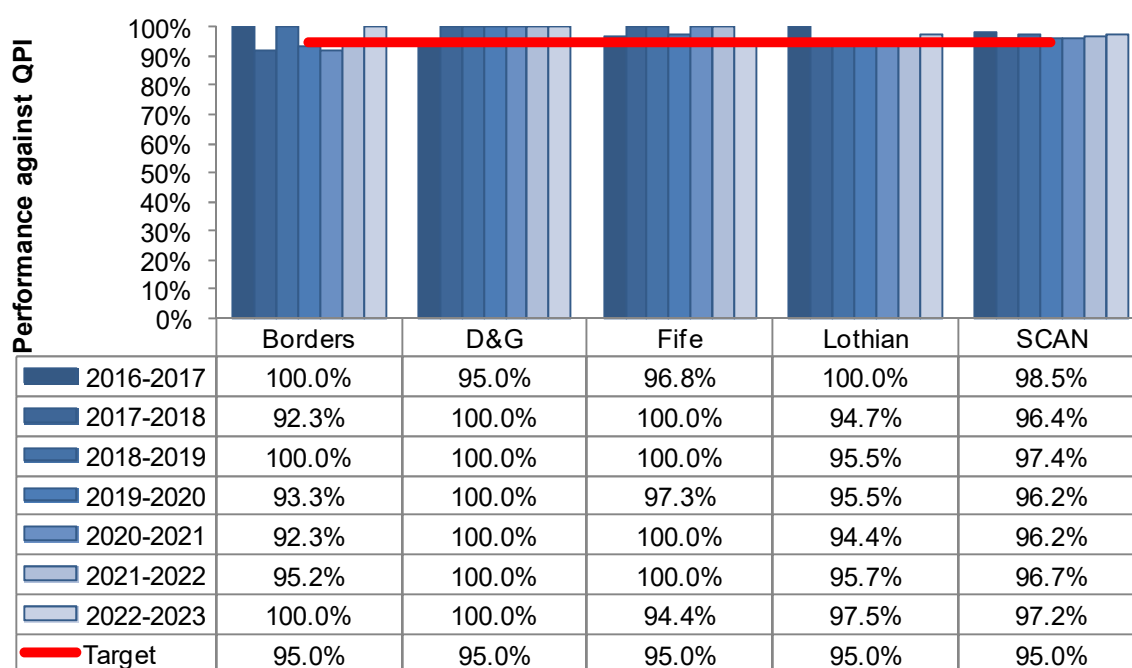
Comments:

Fife: The target was not met showing a shortfall of 0.6% (2 cases). 2 patients were incidental findings, appropriate imaging completed post operatively.

Action: The target was met in SCAN.

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
2022/23 Cohort	13	11	36	82	142
Ineligible for this QPI	2	1	1	9	13
Numerator	11	10	32	70	123
Not Recorded for Numerator	0	0	0	0	0
Denominator	11	10	35	73	129
Not Recorded for Exclusions	0	9	17	40	66
Not Recorded for Denominator	0	0	0	0	0
% Performance	100.0%	100.0%	91.4%	95.9%	95.3%

QPI 3 - Treatment planned and reviewed at a regional multi-disciplinary team meeting (Ovarian) 2020/21 to 2022/23

	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%
2022-2023	100.0%	100.0%	91.4%	95.9%	95.3%
Target	95.0%	95.0%	95.0%	95.0%	95.0%
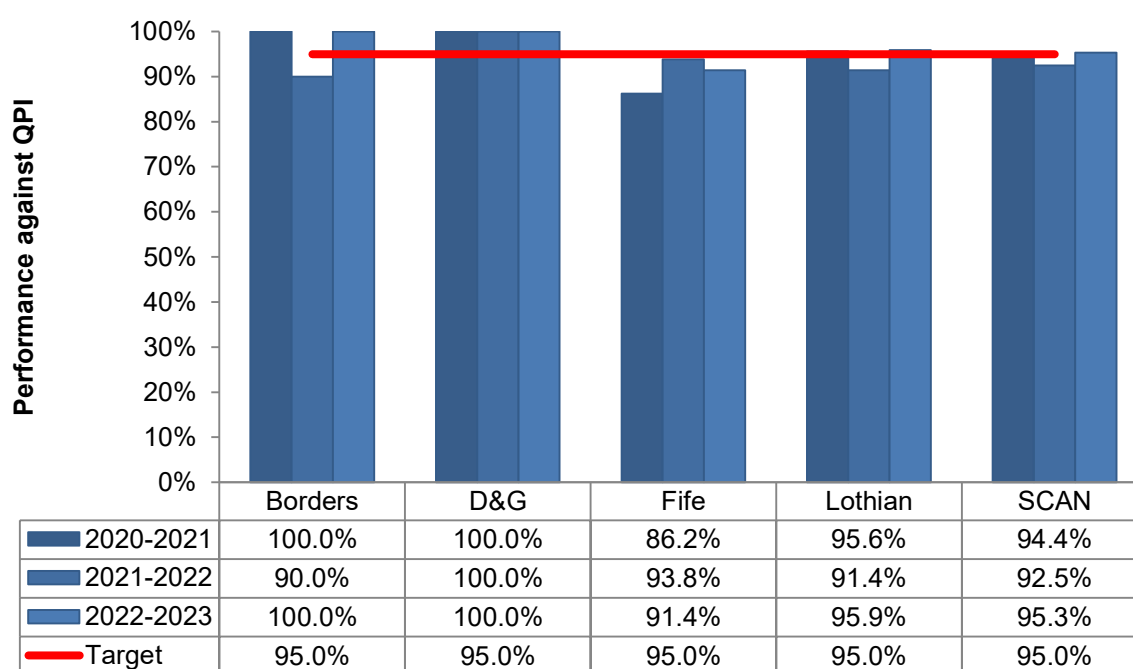
Comments
Fife: The target was not met showing a shortfall of 3.6% (3 cases). 2 cases were incidental findings during surgery and discussed at MDM post operatively.
The high number of not recorded cases for the exclusion criteria was attributed to RMI value not being recorded.

Action: The target was met in SCAN. RMI staging to be recorded prior to surgery.

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	18
Not Recorded for Numerator	0
Denominator	26
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	69.2%

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 2022/23

	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%
2022-2023	50.0%	0.0%	75.0%	73.3%	69.2%
Target	90.0%	90.0%	90.0%	90.0%	90.0%
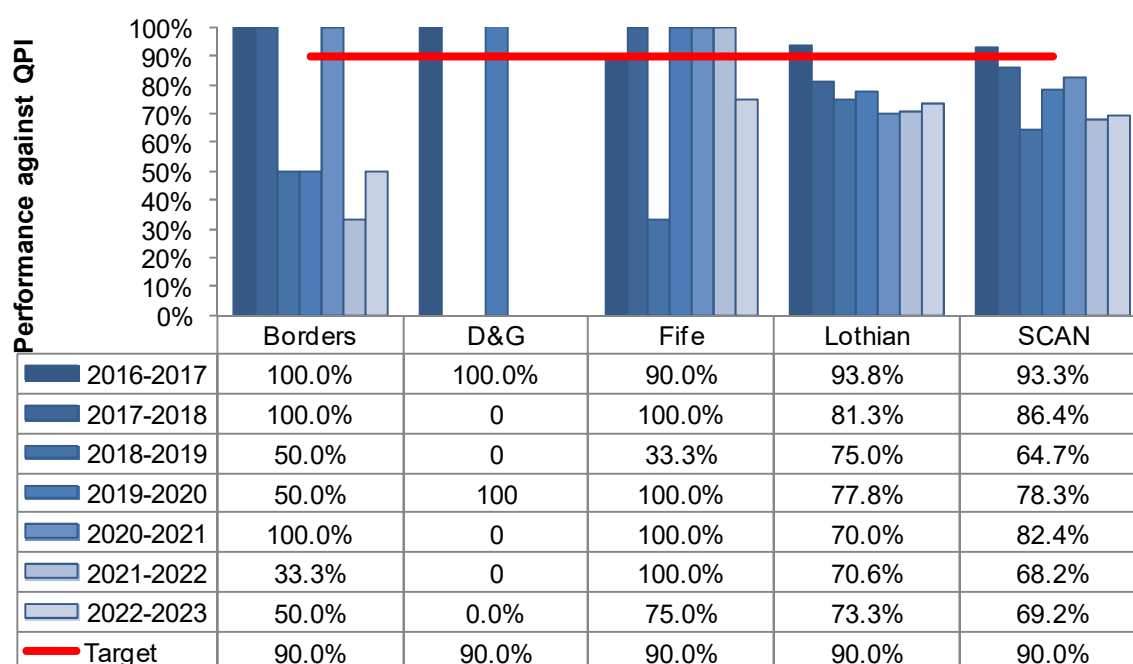
Zero values are due to no eligible patients for the QPI in cohort.

Comments:

All patients have been reviewed. The reasons for not meeting this QPI were down to incidental findings and having salpingo-oophorectomy prior to MDM discussion.

Action: The QPI will be archived. Quality measures for surgery will be incorporated in the new QPI.

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	67
Not Recorded for Numerator	0
Denominator	67
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.

QPI 6 - Histopathology reports are complete and support clinical decision-making (Ovarian) 2019/20 to 2022/23

	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%
2022-2023	100.0%	0	100.0%	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%
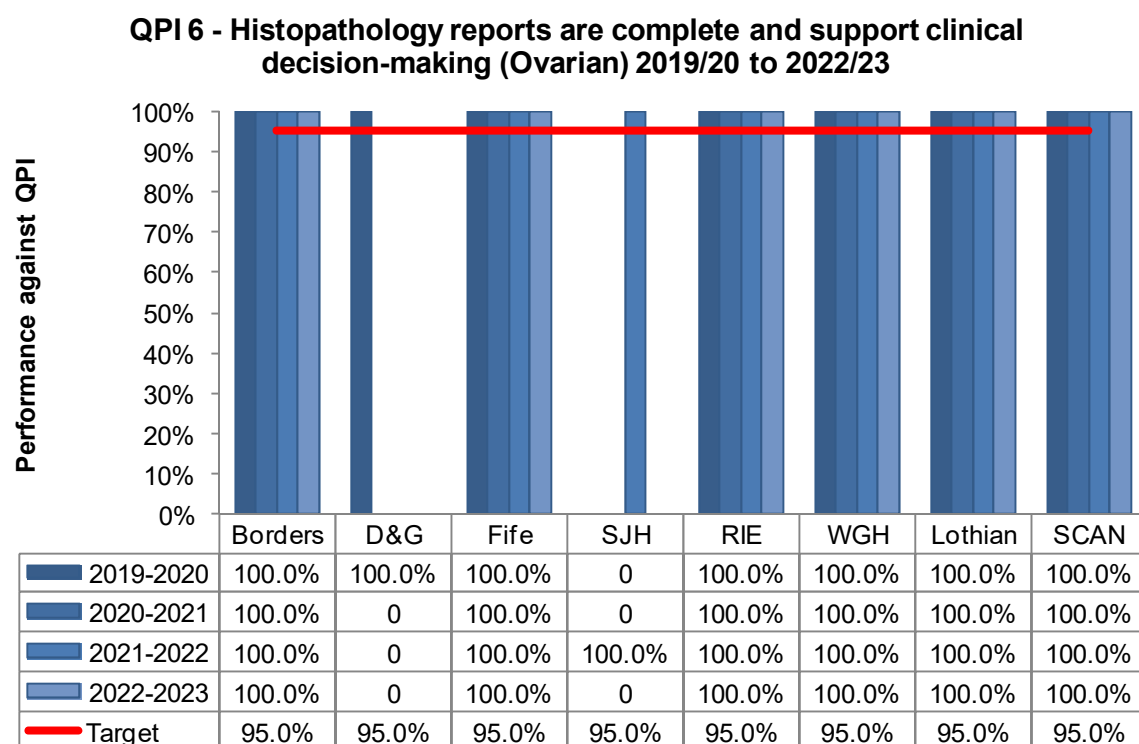
Zero values for are due to no eligible patients for the QPI in cohort.

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
2022/23 Cohort	13	11	36	82	142
Ineligible for this QPI	7	6	16	45	74
Numerator	6	5	20	36	67
Not Recorded for Numerator	0	0	0	0	0
Denominator	6	5	20	37	68
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%	97.3%	98.5%

QPI 7 - Histological diagnosis prior to starting chemotherapy (Ovarian) 2019/20 to 2022/23

	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%
2022-2023	100.0%	100.0%	100.0%	97.3%	98.5%
Target	90.0%	90.0%	90.0%	90.0%	90.0%
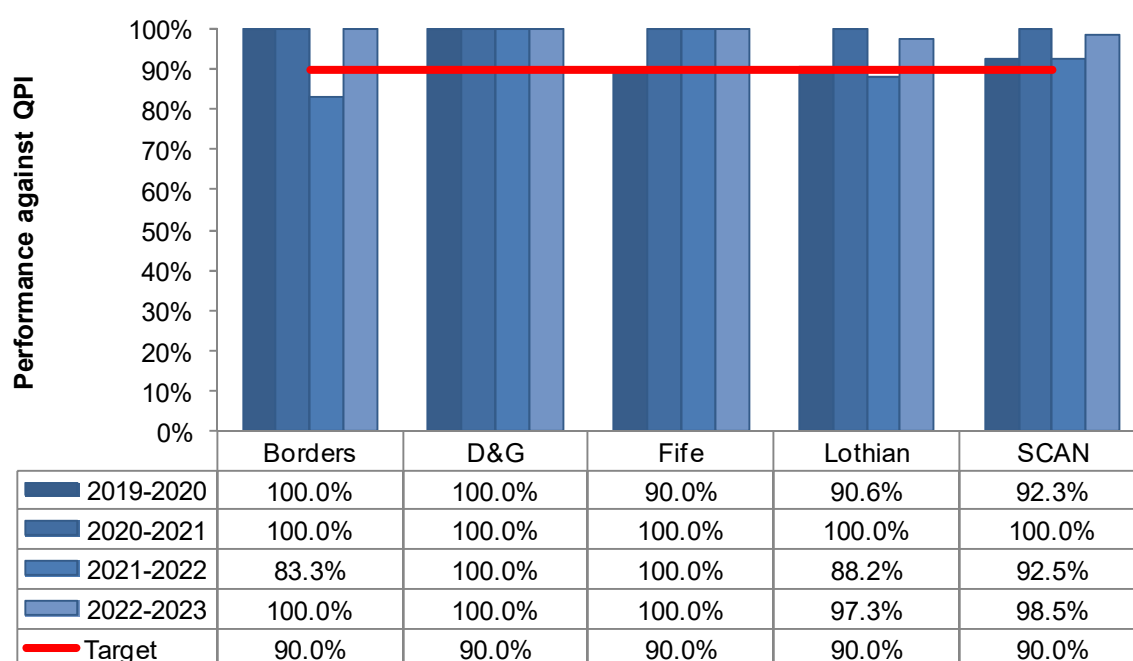
Comments: The target was met by all Boards.

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
2022/23 Cohort	13	11	36	82	142
Ineligible for this QPI	3	5	8	25	41
Numerator	7	6	26	47	86
Not Recorded for Numerator	0	0	0	0	0
Denominator	10	6	28	57	101
Not Recorded for Exclusions	0	0	3	7	10
Not Recorded for Denominator	0	0	0	0	0
% Performance	70.0%	100.0%	92.9%	82.5%	85.1%

QPI 9 - First-line Chemotherapy (Ovarian) 2020/21 to 2022/23

	Borders	D&G	Fife	Lothian	SCAN
2020-2021	70.0%	85.7%	70.8%	83.1%	79.4%
2021-2022	82.4%	90.9%	76.9%	79.2%	80.9%
2022-2023	70.0%	100.0%	92.9%	82.5%	85.1%
Target	90.0%	90.0%	90.0%	90.0%	90.0%
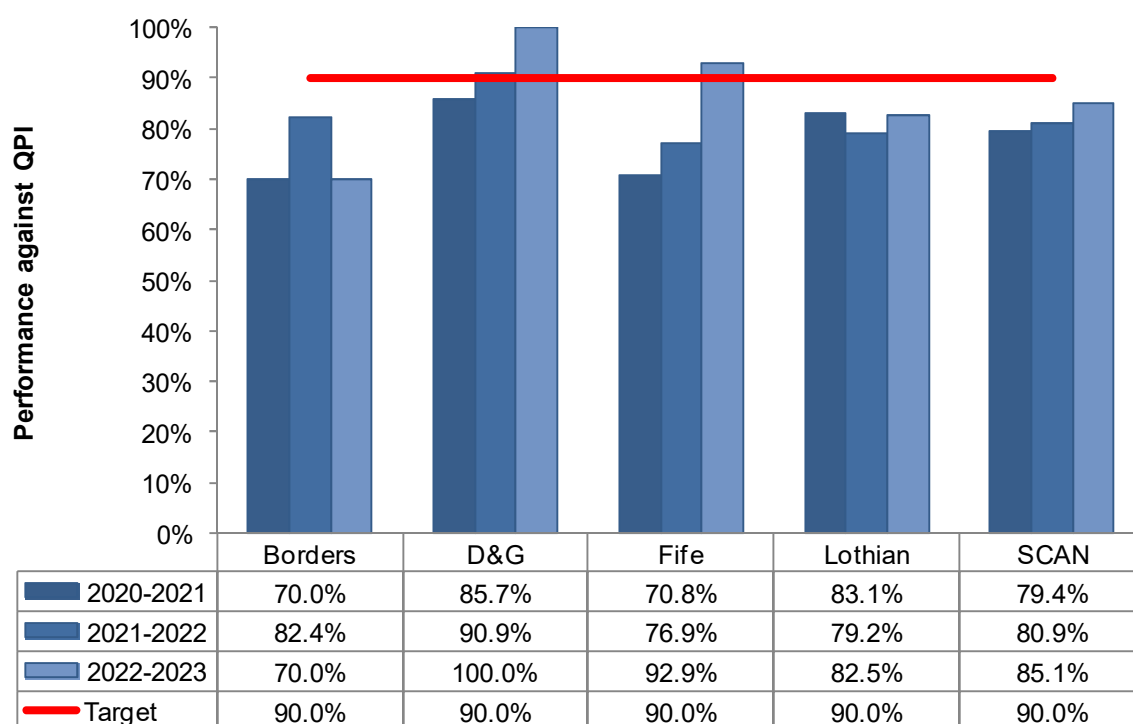
Comments:
The reasons for not meeting this QPI were down to comorbidities / frailty / patients' choice / died before treatment / chemotherapy not indicated for low grade tumour. Patients were all treated appropriately, and no action was identified. All outliers are tabulated below.

Action: All patients were treated appropriately and no action was identified.

Reasons for no chemotherapy given	SCAN
Patient too unwell at diagnosis/post operatively	3
Comorbidities/frailty	6
Low grade/risk disease (chemo not indicated)	1
Patient choice (declined investigations/treatment)	1
Patient died before treatment	4
Total	15

QPI9 - Reasons for no chemotherapy

Legend:
- Patient too unwell at diagnosis/post operatively
- Comorbidities
- Low grade/risk disease (chemo not indicated)
- Patient choice (declined investigations/treatment)
- Patient died before SACT

SCAN QPI9b - Individual Ovarian patient timelines in days - Adjuvant chemotherapy after primary surgery 2022/23
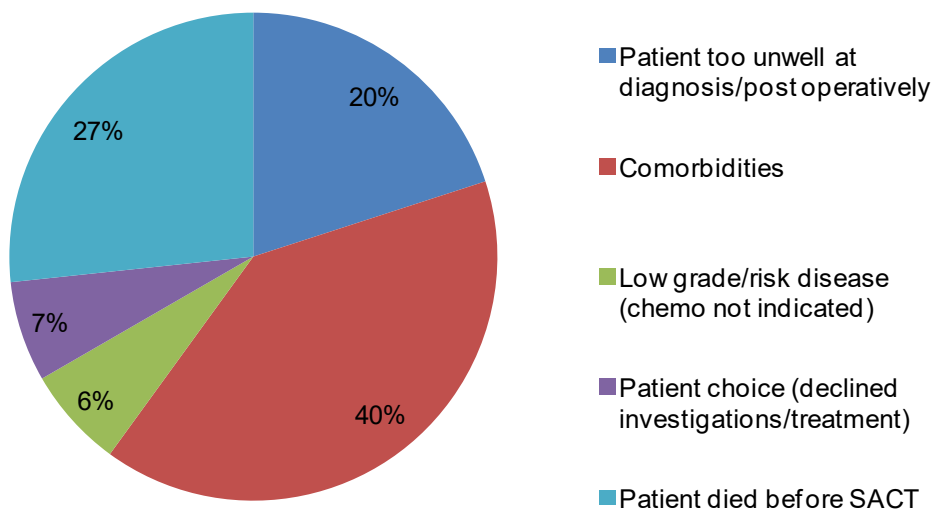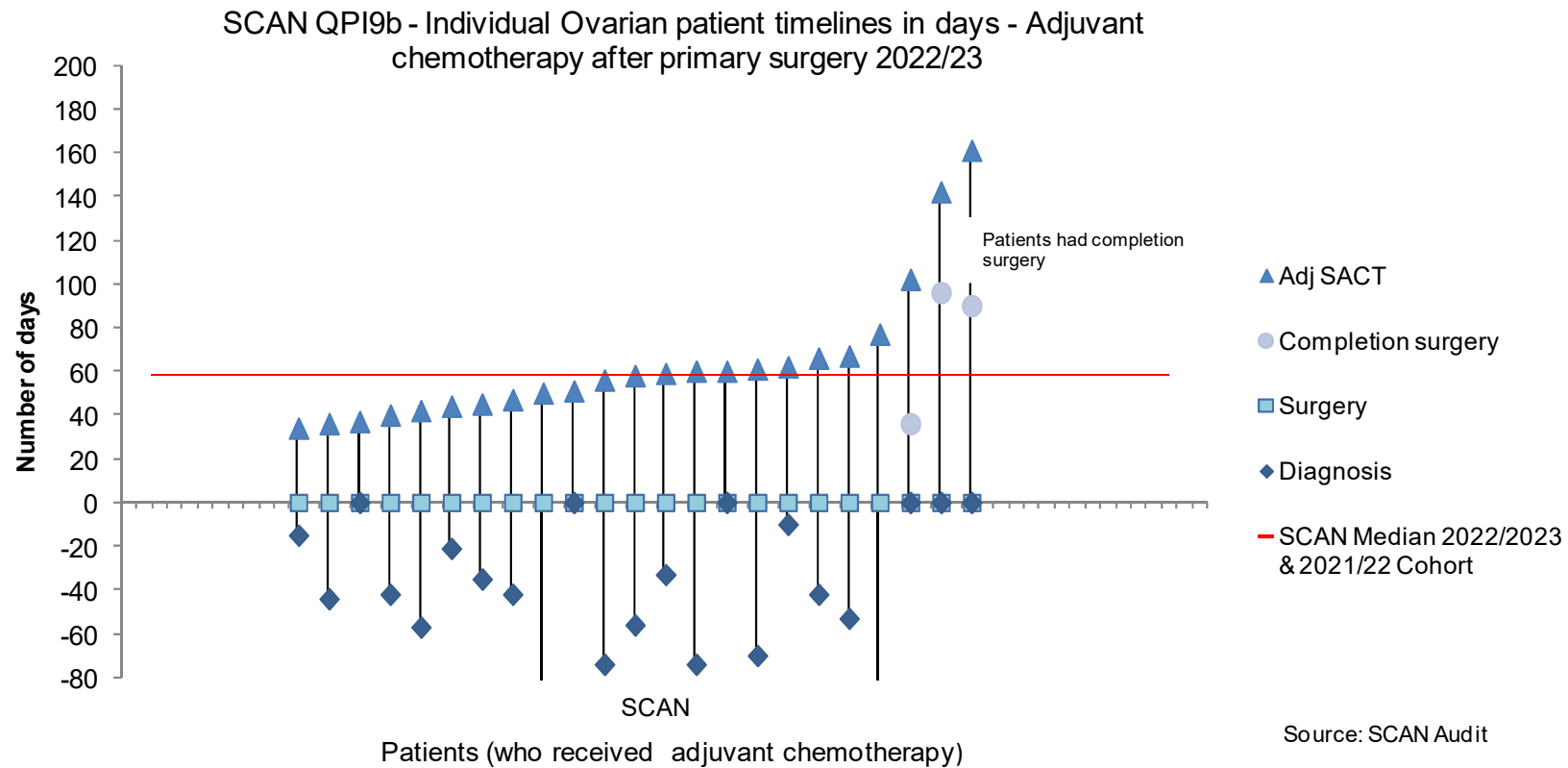
The median time from surgery to adjuvant chemotherapy was 62 days for NHS Borders patients (range 0-62, mean 62), 67 for NHS Dumfries and Galloway (range 0-67, mean 67), 44 days for NHS Fife (range 34-161, mean 62) and 60 days for NHS Lothian patients (range 42-142, mean 64). SCAN median time from surgery to adjuvant chemotherapy was 58 days (range 34-161), the mean was 63 days.

SCAN QPI9c - Individual Ovarian patient timelines in days - Surgery after neo-adjuvant chemotherapy 2022/2023
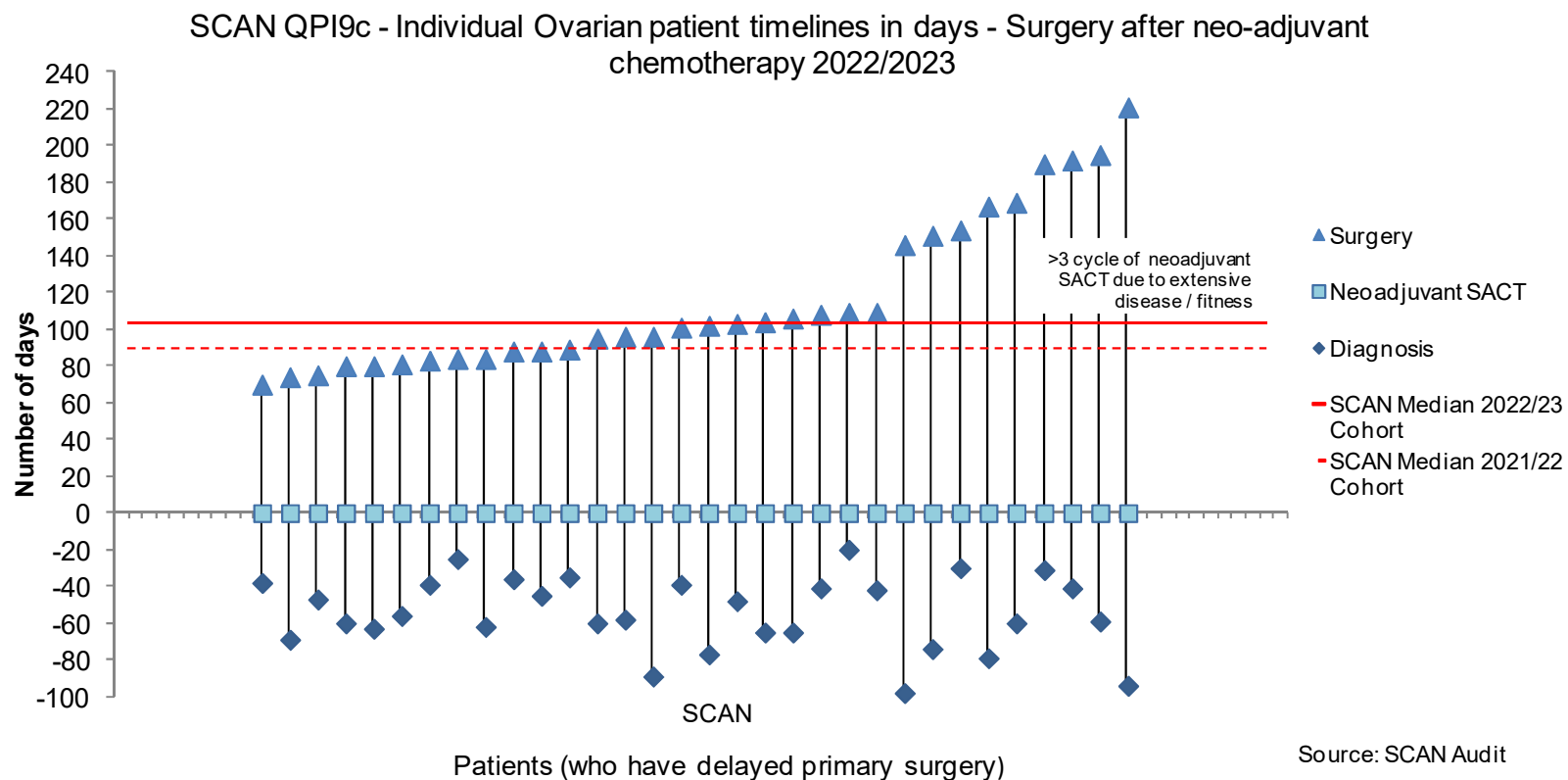
The median time from neo-adjuvant chemotherapy to surgery was 101 days for NHS Borders patients (range 74-221, mean 124), 109 for NHS Dumfries and Galloway (range 75-154, mean 113), 108 days for NHS Fife (range 80-190, mean 121) and 96 days for NHS Lothian patients (range 70-195, mean 115).
SCAN median time from neo-adjuvant chemotherapy to surgery was 102 days (range 70-221), the mean was 115 days.

SCAN QPI9d - Individual Ovarian patient timelines in days - Diagnosis to primary surgery 2022/23

The median time from diagnosis to primary surgery was 56 days for NHS Borders patients (range 10-135, mean 67), 27 for NHS Dumfries and Galloway (range 0-64, mean 29), 18 days for NHS Fife (range 0-252, mean 39) and 33 days for NHS Lothian patients (range 0-165, mean 32). SCAN median time from diagnosis to primary surgery was 24 days (range 0-252), the mean was 36 days.

SCAN QPI9e - Individual Ovarian patient timelines in days - Diagnosis to neo-adjuvant chemotherapy 2022/2023
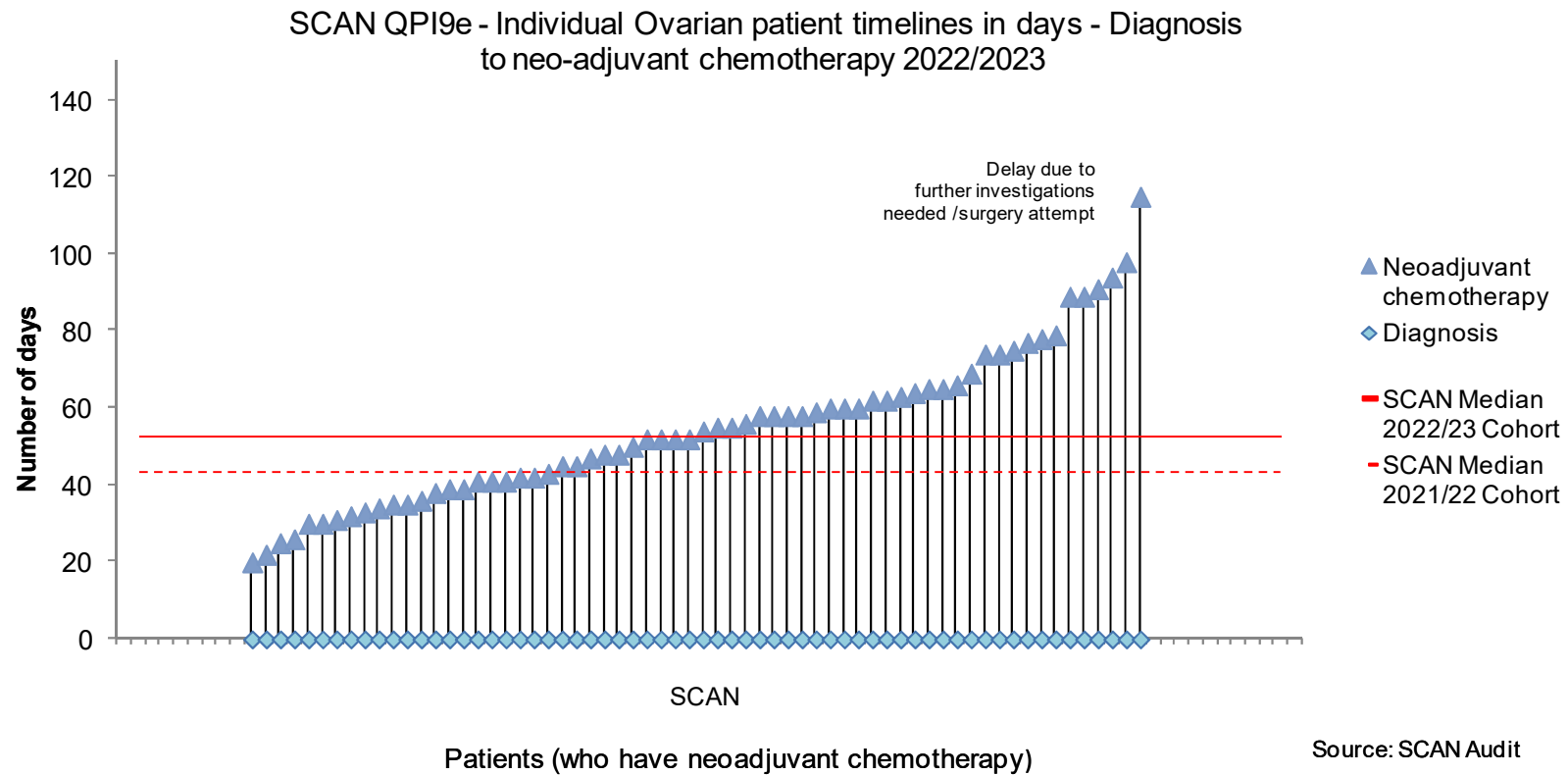
The median time from diagnosis to neo-adjuvant chemotherapy was 67 days for NHS Borders patients (range 53-94, mean 72), 47 for NHS Dumfries and Galloway (range 20-58, mean 41), 49 days for NHS Fife (range 26-115, mean 53) and 55 days for NHS Lothian patients (range 22-98, mean 55). SCAN median time from diagnosis to neo-adjuvant chemotherapy was 53 days (range 20-115), the mean was 54 days.

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%

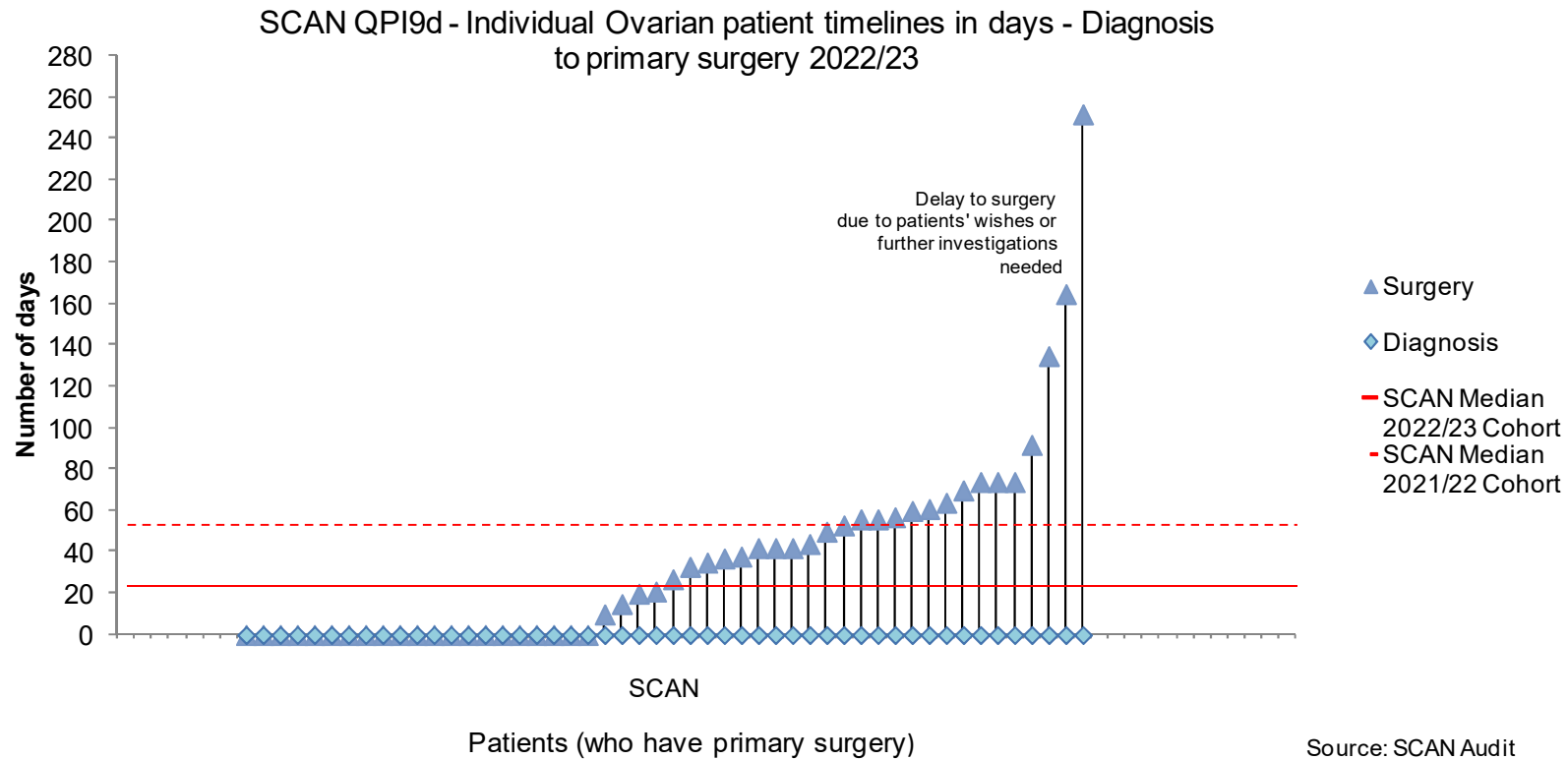Numerator: Number of patients with advanced epithelial ovarian cancer (FIGO stage II or higher) undergoing surgery (primary or delayed).

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
2022/23 Cohort			36	82	142
Ineligible for this QPI			8	29	53
Numerator			13	30	49
Not Recorded for Numerator			0	0	0
Denominator			25	53	86
Not Recorded for Exclusions			0	0	0
Not Recorded for Denominator			3	11	15
% Performance			52.0%	56.6%	57.0%

Figures suppressed where denominator is < 5.

QPI 10 (i) - Surgery for Advanced Disease by Board of Diagnosis (Ovarian) 2019/20 to 2022/23

	Borders	D&G	Fife	Lothian	SCAN
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%
2022-2023	100.0%	66.7%	52.0%	56.6%	57.0%
Target	65.0%	65.0%	65.0%	65.0%	65.0%

Comments

Action: The QPI will be archived. Quality measures for surgery in all stages of ovarian cancer will be incorporated in the new QPI. No further action required.

All outliers are tabulated below.

Reasons for no surgery	SCAN
Disease progression / inadequate response on neoadjuvant chemotherapy	14
Patient unfit for treatment / deteriorated post diagnosis/primary treatment	5
Extent of disease and/or comorbidities	8
Patient choice (declined investigations/treatment)	9
Patient died before treatment	0
Other	1
Total	37

QPI10(i) - Reasons for no surgery
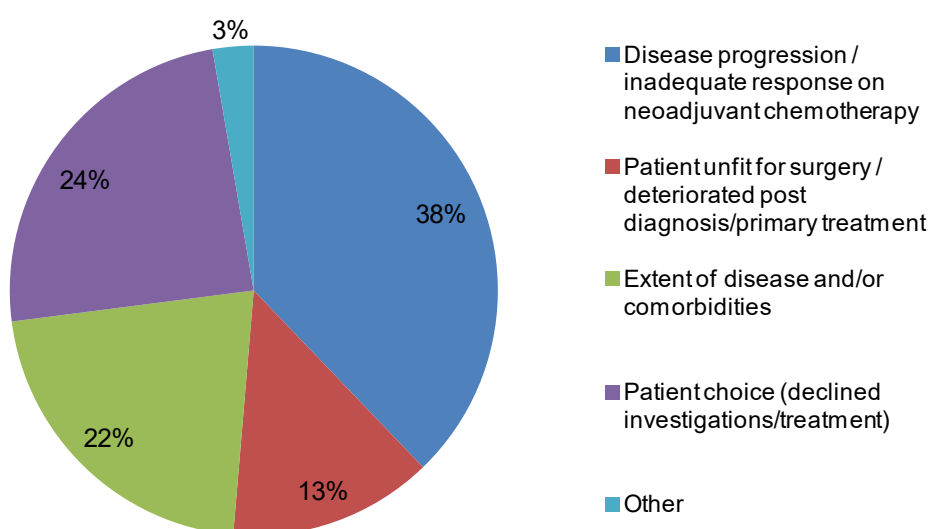
Numbers of patients having surgery for advanced disease by Board of Diagnosis (Ovarian) 2016/17 to 2022/23

	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
2022-2023	2	4	13	30	49
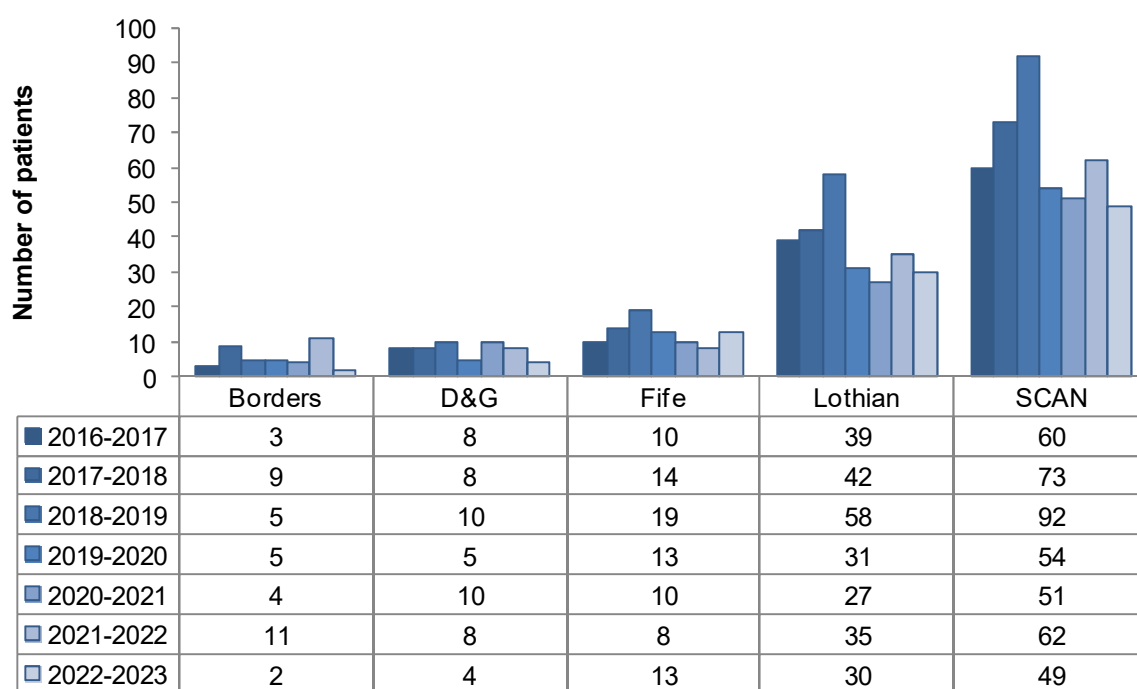
QPI 10 (ii): Primary Surgery for Advanced Disease (Ovarian)

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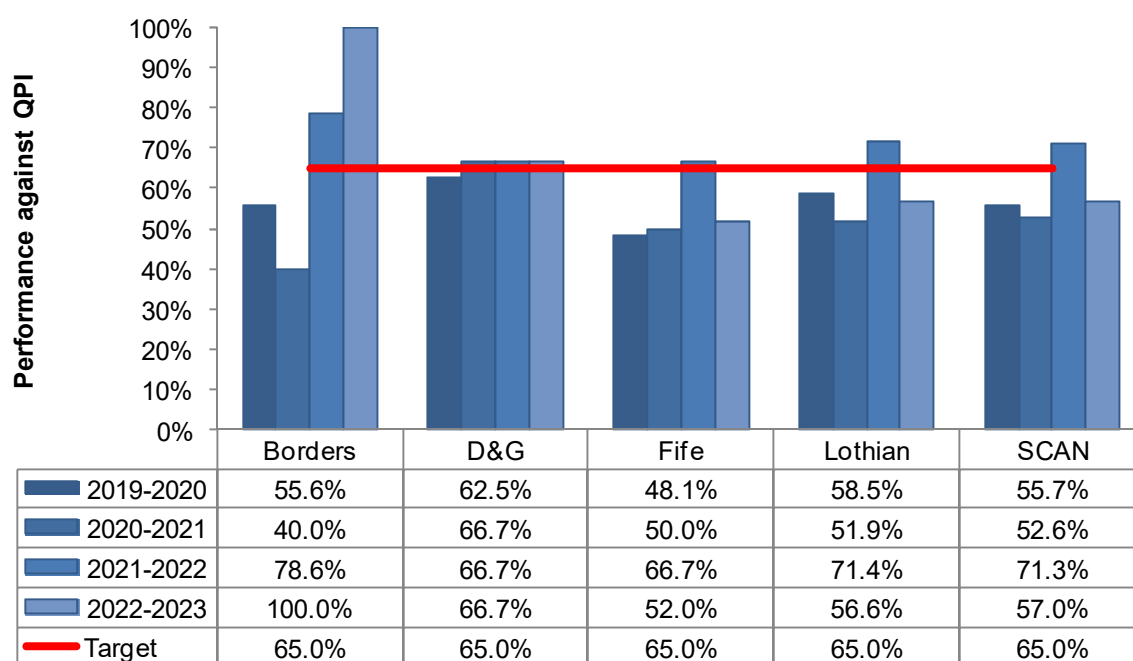
Numerator: Number of patients with advanced epithelial ovarian cancer (FIGO stage II or higher) undergoing primary surgery with no residual disease.

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 Hospital of Surgery Target 60%	Borders	D&G	Fife	Lothian	SCAN
Numerator				11	17
Not Recorded for Numerator				0	1
Denominator				13	20
Not Recorded for Exclusions				0	0
Not Recorded for Denominator				0	0
% Performance				84.6%	85.0%

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 2022/23
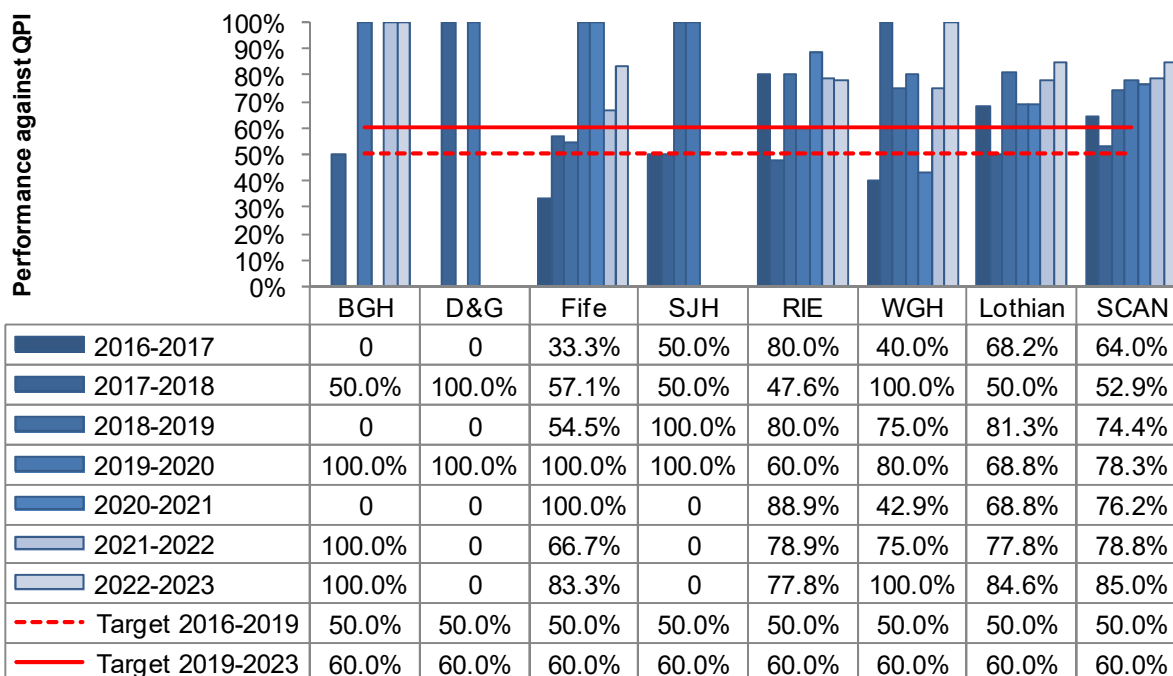
	BGH	D&G	Fife	SJH	RIE	WGH	Lothian	SCAN
2016-2017	0	0	33.3%	50.0%	80.0%	40.0%	68.2%	64.0%
2017-2018	50.0%	100.0%	57.1%	50.0%	47.6%	100.0%	50.0%	52.9%
2018-2019	0	0	54.5%	100.0%	80.0%	75.0%	81.3%	74.4%
2019-2020	100.0%	100.0%	100.0%	100.0%	60.0%	80.0%	68.8%	78.3%
2020-2021	0	0	100.0%	0	88.9%	42.9%	68.8%	76.2%
2021-2022	100.0%	0	66.7%	0	78.9%	75.0%	77.8%	78.8%
2022-2023	100.0%	0	83.3%	0	77.8%	100.0%	84.6%	85.0%
Target 2016-2019	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Target 2019-2023	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:

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 Hospital of Surgery Target 60%	SCAN
Numerator	21
Not Recorded for Numerator	1
Denominator	23
Not Recorded for Exclusions	0
Not Recorded for Denominator	0
% Performance	91.3%

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

QPI 10 (iii) - Surgery for Advanced Disease - Delayed Primary Surgery (Ovarian) 2016/17 - 2022/23
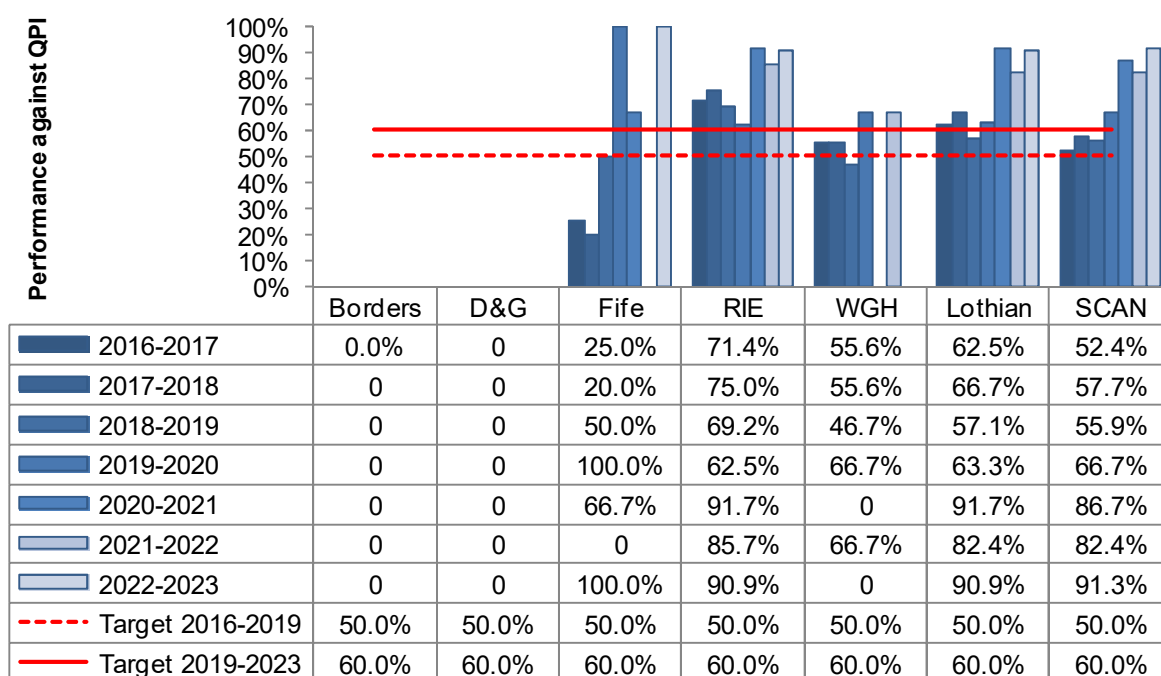
	Borders	D&G	Fife	RIE	WGH	Lothian	SCAN
2016-2017	0.0%	0	25.0%	71.4%	55.6%	62.5%	52.4%
2017-2018	0	0	20.0%	75.0%	55.6%	66.7%	57.7%
2018-2019	0	0	50.0%	69.2%	46.7%	57.1%	55.9%
2019-2020	0	0	100.0%	62.5%	66.7%	63.3%	66.7%
2020-2021	0	0	66.7%	91.7%	0	91.7%	86.7%
2021-2022	0	0	0	85.7%	66.7%	82.4%	82.4%
2022-2023	0	0	100.0%	90.9%	0	90.9%	91.3%
Target 2016-2019	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Target 2019-2023	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

The target was met by all Boards.

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
2022/23 Cohort	13	11	36	82	142
Ineligible for this QPI	5	2	3	9	19
Numerator	6	8	25	53	92
Not Recorded for Numerator	0	0	0	0	0
Denominator	9	9	33	73	124
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Performance	66.7%	88.9%	75.8%	72.6%	74.2%

QPI 11 - Genetic testing in non-mucinous epithelial ovarian cancer (Ovarian) 2019/20 to 2022/23

	Borders	D&G	Fife	Lothian	SCAN
2019-2020	100.0%	88.9%	80.0%	80.0%	82.6%
2020-2021	58.3%	86.7%	73.1%	83.1%	78.8%
2021-2022	76.2%	73.3%	73.3%	71.7%	73.0%
2022-2023	66.7%	88.9%	75.8%	72.6%	74.2%
Target	90.0%	90.0%	90.0%	90.0%	90.0%
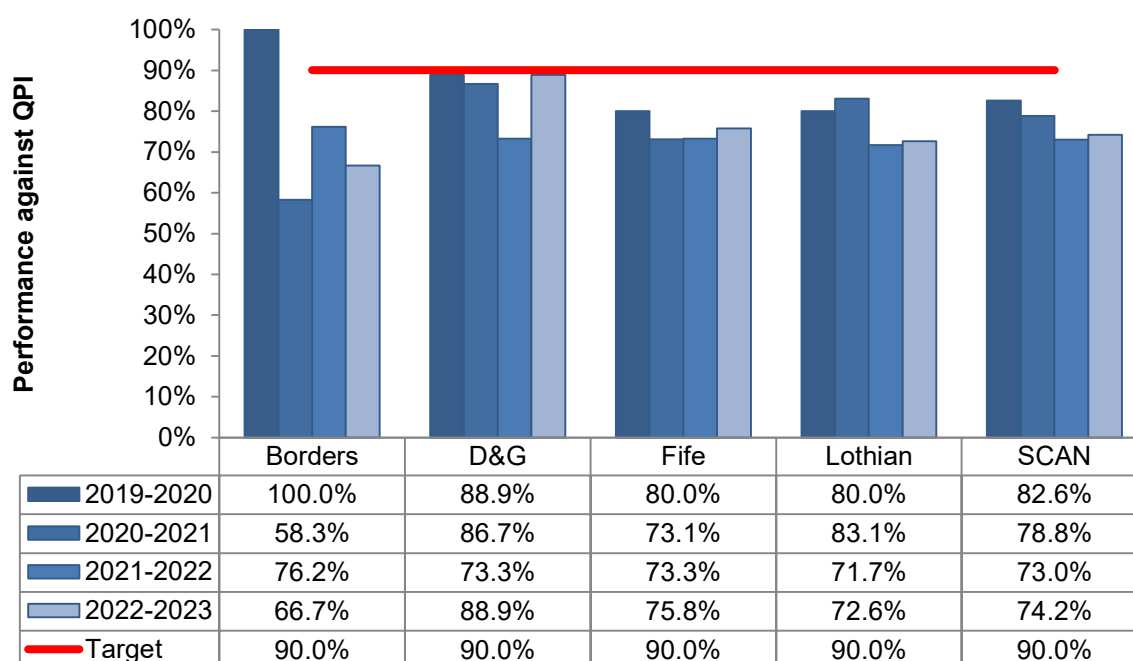
Comments:

All patients who were not tested have been reviewed and those who have not been tested were patients with clear cell carcinomas, low grade tumours or without histological confirmation, patients who declined testing or treatment, died before treatment or were for supportive care only.

Action: No action required. Following formal review this QPI will be updated for 2023/24 cohort.

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
Not Recorded for Numerator			0	0	0
Denominator			15	63	82
Not Recorded for Exclusions			0	0	0
Not Recorded for Denominator			0	0	0
% Performance			0.0%	0.0%	0.0%

Figures suppressed where denominator is < 5.
Lothian shown by Board rather than hospital of surgery to avoid disclosure.

Comments

All Boards met the target.

Following formal review after year 6 SACT element has been removed from this QPI therefore this QPI will now measure surgical mortality only.

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.

Initial Treatment Types (cervix)	Borders	D&G	Fife	Lothian	SCAN
Surgery	4	6	6	25	41
Radiotherapy	0	1	6	1	8
Chemotherapy	0	0	0	1	1
Biological therapy	0	0	0	0	0
Endoscopic	0	0	0	0	0
Chemoradiotherapy	1	1	5	15	22
Supportive care	0	0	1	3	4
Watchful waiting	0	0	0	0	0
Other therapy	0	0	0	0	0
Patient died before treatment	0	0	0	0	0
Patient declined all therapy	0	0	1	1	2
Not recorded	0	0	0	0	0
Total	**5**	**8**	**19**	**46**	**78**

Table 2: Surgery Performed (cervix)

Surgery Performed (cervix)	Borders	D&G	Fife	Lothian	SCAN
Hysterectomy	2	6	0	7	15
Radical Hysterectomy	1	0	2	9	12
Trachelectomy	0	0	0	0	0
Radical Trachelectomy	0	0	0	0	0
LEEP/ LLETZ only	1	0	4	9	14
Cone biopsies only	0	0	0	0	0
Patient died before treatment	0	0	0	0	0
Patient declined treatment	0	0	1	0	1
Inapplicable	1	2	12	21	24
Not recorded	0	0	0	0	12
Total	**5**	**8**	**19**	**46**	**78**

Table 3: Cervix Morphology

Cervix Morphology	Borders	D&G	Fife	Lothian	SCAN
8070/3 Squamous cell carcinoma	1	3	15	11	30
8098/3 Adenoid basal carcinoma	0	1	0	0	1
8140/3 Adenocarcinoma, usual type	2	3	2	9	16
8482/3 Gastric type including adenoma malignum/ minimal deviation adenocarcinoma	0	0	0	0	0
8310/3 Clear Cell adenocarcinoma	0	0	1	0	1
8441/3 Serous adenocarcinoma	0	0	0	0	0
9110/3 Mesonephric adenocarcinoma	0	0	0	1	1
8574/3 Adenocarcinoma admixed with neuroendocrine carcinoma	0	0	0	0	0
8560/3 Adenosquamous carcinoma	0	1	0	3	4
8041/3 Small cell neuroendocrine carcinoma (grade 3)	0	0	0	0	0
8013/3 Large cell neuroendocrine carcinoma (grade 3)	0	0	0	0	0
8384/3 Adenocarcinoma endocervical type	1	0	0	1	2
8010/3 Carcinoma NOS	0	0	1	0	1
1010/10 Inapplicable	1	0	0	21	22
999/9 Not recorded	0	0	0	0	0
Total	**5**	**8**	**19**	**46**	**78**

Table 4: Cervix Final FIGO

Cervix Final FIGO (2018)	Borders	D&G	Fife	Lothian	SCAN
IA	0	0	0	0	0
IA1	2	0	3	11	16
IA2	2	0	1	3	6
IB	0	0	0	1	1
IB1	0	4	1	5	10
IB2	0	1	0	1	2
IB3	0	0	0	0	0
IIA	0	0	0	1	1
IIA1	0	0	0	0	0
IIA2	0	1	0	0	1
IIB	1	0	4	10	15
IIIA	0	0	0	0	0
IIIB	0	2	0	2	4
IIIC	0	0	0	1	1
IIIC1	0	0	4	5	9
IIIC2	0	0	1	0	1
IVA	0	0	2	2	4
IVB	0	0	3	2	5
Inapplicable	0	0	0	0	0
Not recorded	0	0	0	2	2
Total	**5**	**8**	**19**	**46**	**78**

Table 5: Margin Status (cervix)

Margin Status (cervix)	Borders	D&G	Fife	Lothian	SCAN
Clear	4	5	2	22	33
Involved	0	1	0	3	4
Not Assessable	0	0	0	0	0
Inapplicable	1	2	17	21	41
Not recorded	0	0	0	0	0
Total	**5**	**8**	**19**	**46**	**78**

Table 6: Radiotherapy (cervix)

Radiotherapy (cervix)	Borders	D&G	Fife	Lothian	SCAN
Adjuvant	1	1	3	2	7
Radical	0	1	0	0	1
Palliative	0	0	3	1	4
Neoadjuvant	0	0	0	0	0
Chemoradiotherapy	1	2	6	20	29
Patient died before radiotherapy treatment	0	0	0	0	0
Patient declined radiotherapy treatment	0	0	1	2	3
Inapplicable	3	4	6	21	34
Not recorded	0	0	0	0	0
Total	**5**	**8**	**19**	**46**	**78**

Table 7: Brachytherapy (cervix)

Brachytherapy (cervix)	Borders	D&G	Fife	Lothian	SCAN
Yes	2	4	8	21	35
No	3	4	11	23	41
Patient declined treatment	0	0	0	2	2
Not recorded	0	0	0	0	0
Total	**5**	**8**	**19**	**46**	**78**

Table 8: Chemotherapy (cervix)

Chemotherapy (cervix)	Borders	D&G	Fife	Lothian	SCAN
Neoadjuvant	0	0	0	1	1
Adjuvant	0	0	0	0	0
Palliative	0	0	1	1	2
Chemoradiotherapy	1	2	6	19	28
Biological therapy	0	0	0	0	0
Patient died before SACT treatment	0	0	0	0	0
Patient declined SACT treatment	0	0	0	1	1
Inapplicable	4	6	12	24	46
Not recorded	0	0	0	0	0
Total	**5**	**8**	**19**	**46**	**78**

Endometrial Cancer Key Categories

Table 1: Initial Treatment Types (Endometrial)

Initial Treatment Types (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Surgery	15	17	33	111	176
Radiotherapy	0	1	2	7	10
Chemotherapy	0	0	0	3	3
Biological therapy	0	0	1	0	1
Endoscopic	0	0	0	0	0
Chemoradiotherapy	0	0	0	1	1
Supportive care	0	0	2	7	9
Watchful waiting	0	3	0	8	11
Other therapy (hormones)	0	0	0	2	2
Patient died before treatment	0	0	2	1	3
Patient declined all therapy	1	0	1	2	4
Not recorded	0	0	1	0	1
Total	**16**	**21**	**42**	**142**	**221**

Table 2: Surgery Performed (Endometrial)

Surgery Performed (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Total hysterectomy and BSO	12	7	13	71	103
Total hysterectomy and BSO and Lymphadenectomy	3	10	19	41	73
Subtotal hysterectomy and BSO	0	0	0	0	0
Total hysterectomy	0	0	1	0	1
Total hysterectomy and Lymphadenectomy	0	0	0	0	0
Subtotal hysterectomy	0	0	0	0	0
Patient died before treatment	0	0	2	0	2
Patient declined treatment	0	0	1	5	6
Not applicable	1	4	5	22	32
Not recorded	0	0	1	3	4
Total	**16**	**21**	**42**	**142**	**221**

Table 3: Surgical approach (Endometrial)

Surgical approach (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Open	5	2	1	13	21
Laparoscopic	8	5	1	37	51
Laparoscopic converted to open	1	0	0	1	2
Vaginal Hysterectomy	0	0	1	0	1
Robotic	1	10	30	61	104
Robotic converted to open	1	0	0	0	1
Inapplicable	0	4	8	27	39
Not Recorded	0	0	1	3	4
Total	**16**	**21**	**42**	**142**	**221**

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	0	1	1
8050/3 Papillary carcinoma, NOS	0	0	0	0	0
8070/3 Squamous cell carcinoma	0	0	0	1	1
8120/3 Transitional cell carcinoma	0	0	0	0	0
8140/3 Adenocarcinoma, NOS	0	0	0	0	0
8262/3 Villous adenocarcinoma	0	0	0	0	0
8310/3 Clear cell adenocarcinoma, clear cell carcinoma	0	0	0	6	6
8323/3 Mixed cell adenocarcinoma	0	0	3	2	5
8380/3 Endometrioid adenocarcinoma, endometrioid carcinoma, endometrioid cystadenocarcinoma	14	19	32	101	166
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	0	1	3	15	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	2	2
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	3	10	15
1111/1 Not assessable	0	0	0	0	0
1010/0 Inapplicable	1	0	1	1	3
8888/8 Negative pathology	0	0	0	0	0
9999/9 Not recorded	0	0	0	0	0
Total	**16**	**21**	**42**	**142**	**221**

Table 5: Tumour Grade (Endometrial)

Tumour Grade (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
G1 - Low Grade	9	11	17	86	123
G2 - Moderate Grade	1	3	4	12	20
G3 - High Grade	5	3	13	41	62
Not assessable	0	0	0	0	0
Inapplicable	1	4	7	1	13
Not recorded	0	0	1	2	3
Total	**16**	**21**	**42**	**142**	**221**

Table 5: Endometrial Final FIGO

Endometrial Final FIGO	Borders	D&G	Fife	Lothian	SCAN
IA	9	11	16	68	104
IB	2	5	10	14	31
II	0	2	3	8	13
IIIA	0	2	1	8	11
IIIB	0	0	1	2	3
IIIC	0	0	0	0	0
IIIC1	1	0	0	7	8
IIIC2	1	0	1	1	3
IVA	0	1	0	0	1
IVB	2	0	5	15	22
Inapplicable	1	0	0	19	20
Not recorded	0	0	5	0	5
Total	**16**	**21**	**42**	**142**	**221**

Table 7: Radiotherapy (Endometrial)

Radiotherapy (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Adjuvant	3	8	6	22	39
Radical	0	0	2	2	4
Palliative	0	1	0	5	6
Neoadjuvant	0	0	0	0	0
Chemoradiotherapy	0	0	0	0	0
Patient died before radiotherapy	0	0	0	0	0
Patient declined radiotherapy	0	1	2	7	10
Inapplicable	13	11	31	101	156
Not recorded	0	0	1	5	6
Total	**16**	**21**	**42**	**142**	**221**

Table 8: Brachytherapy (Endometrial)

Brachytherapy (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Yes	4	6	6	16	32
No	11	14	32	109	166
Declined treatment	1	0	3	9	13
Not recorded	0	1	1	8	10
Total	**16**	**21**	**42**	**142**	**221**

Table 9:

Chemotherapy (Endometrial)	Borders	D&G	Fife	Lothian	SCAN
Neoadjuvant	0	0	0	3	3
Adjuvant	2	5	5	17	29
Palliative	1	0	1	6	8
Chemoradiotherapy	0	0	0	0	0
Biological therapy	0	0	0	0	0
Hormone therapy	0	0	2	3	5
Patient died before SACT	1	0	0	0	1
Patient declined SACT	0	0	2	11	13
Inapplicable	12	16	31	102	161
Not recorded	0	0	1	0	1
Total	**16**	**21**	**42**	**142**	**221**

Ovarian Cancer Key Categories

Table 1: Final FIGO Stage (ovarian)

Final FIGO Stage	Borders	D&G	Fife	Lothian	SCAN
IA	1	0	2	11	14
IB	1	0	0	1	2
IC	0	1	0	0	1
IC1	1	2	1	2	6
IC2	0	0	0	2	2
IC3	2	0	5	1	8
II	0	0	0	0	0
IIA	1	0	1	4	6
IIB	0	0	1	3	4
III	0	0	0	1	1
IIIA	0	0	0	0	0
IIIA1	0	0	0	2	2
IIIA2	0	0	3	0	3
IIIB	1	0	1	5	7
IIIC	0	2	10	22	34
IV	0	1	0	3	4
IVA	0	0	3	6	9
IVB	0	3	7	7	17
Inapplicable	6	1	0	1	8
Not Recorded	0	1	2	11	14
Total	**13**	**11**	**36**	**82**	**142**

Table 2: Initial Treatment Types

Initial Treatment Types	Borders	D&G	Fife	Lothian	SCAN
Surgery	3	4	14	29	50
Radiotherapy	0	0	0	0	0
Chemotherapy	6	5	20	37	68
Chemoradiotherapy	0	0	0	0	0
Endoscopic	0	0	0	0	0
Hormone therapy	0	0	0	0	0
Supportive care	3	2	2	10	17
Other therapy	0	0	0	0	0
Patient declined all therapy	1	0	0	3	4
Patient died before treatment	0	0	0	3	3
Not recorded	0	0	0	0	0
Total	**13**	**11**	**36**	**82**	**142**

Table 3: Type of staging operation

Type of staging operation	Borders	D&G	Fife	Lothian	SCAN
Complete Staging Operation	2	2	11	21	36
Incomplete Staging	1	1	3	5	10
Incomplete staging - fertility sparing	0	1	0	3	4
Delayed Primary Operation - complete	3	3	7	17	30
Delayed Primary Operation - incomplete	1	0	0	1	2
Patient unfit for surgery	2	0	0	5	7
Patient died before surgery	0	0	0	0	0
Patient declined surgery	2	1	4	4	11
Inapplicable	2	3	11	26	42
Not recorded	0	0	0	0	0
Total	**13**	**11**	**36**	**82**	**142**

Table 4: Second operation to complete

Second operation to complete	Borders	D&G	Fife	Lothian	SCAN
Yes - staging complete	2	1	2	6	11
Yes - staging incomplete	1	0	0	0	1
Inapplicable	10	10	34	76	130
Not recorded	0	0	0	0	0
Total	**13**	**11**	**36**	**82**	**142**

Table 5: Morphology (ovarian)

Morphology	Borders	D&G	Fife	Lothian	SCAN
Serous tumours - malignant					
8441/3 Serous adenocarcinoma	1	5	24	29	59
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	1	0	7	8
9015/3 Adenocarcinofibroma (malignant adenofibroma)	0	0	0	0	0
8021/3 High Grade Anaplastic Ovarian Carcinoma	1	0	0	0	1
Endometrioid tumours including variants with squamous differentiation - malignant					
8380/3 Adenocarcinoma, not otherwise specified	2	0	6	9	17
8381/3 Adenocarcinofibroma (malignant adenofibroma)	0	0	0	0	0
8950/3 Malignant Mullerian mixed tumour (Carcinosarcoma), mixed mesodermal	0	0	0	0	0
Clear Cell tumours - malignant					
8310/3 Adenocarcinoma, not otherwise specified	0	1	1	2	4
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	1	0	0	0	1
Mixed epithelial tumours (specify components)					
8323/3 Malignant	0	0	0	0	0
Complex mixed and stromal					
8990/3 Carcinosarcoma, NOS	1	0	2	0	3
Undifferentiated and unclassified tumours - malignant					
8010/3 Carcinoma, not otherwise specified	0	2	0	0	2
8020/3 Undifferentiated carcinoma	0	0	0	0	0
8140/3 Adenocarcinoma, not otherwise specified	0	0	1	0	1
No pathology					
1111/1 Not assessable	0	0	0	0	0
8888/8 Negative Pathology	2	0	0	0	2
9999/9 Not recorded	0	0	0	0	0
1010/0 Not applicable	5	2	2	35	44
Total	**13**	**11**	**36**	**82**	**142**