SCAN
South East Scotland Cancer Network

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SOUTH EAST SCOTLAND CANCER NETWORK (SCAN)
PROSPECTIVE CANCER AUDIT

Prostate Cancer 2022-23 Comparative Audit Report

Patients diagnosed 1st July 2022 to 30th June 2023

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Report number: **SA U05/24W**

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Document History

Version	Circulation	Date	Comments
1	SCAN Urology Leads sign off meeting	21/06/2024	Action points and comments agreed. Chair's summary to be added.
2	SCAN Lead Clinician and sign off group	28/06/2024	SCAN totals in Graphs to be removed. Lead's commentary to be added. Comments to be approved by sign off group
3	SCAN Urology Group	19/09/2024	For any final comments and SCAN Group Approval by
Final Version	SCAN Group SCAN Governance Framework SCAN Action Plan Board Executive Leads.	09/10/2024	Document to be assessed for disclosive data in preparation for publishing to the website.
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SCAN Audit Comment

Due to a vacant post in NHS Fife, data from NHS Fife is not available for this report.

Due to the omission of data from NHS Fife it is not possible to calculate SCAN totals or percentage performance for the QPIs.

It is anticipated that Fife data for patients diagnosed in 2022-23 will be available for inclusion in the SCAN Comparative report next year.

Lorna Bruce
SCAN Audit Manager
June 2024

Summary by Lead for Prostate Cancer

Looking through the data from the latest SCAN data for prostate cancer, it is striking the increase in prostate cancer referrals throughout the region. This has placed a greater burden on delivering timely diagnosis and treatment across the region. This data serves to highlight to higher levels the increased support that is required in order to provide patients with the timely access to diagnosis and treatment they need. The services across the region and those working within them can be proud of the great efforts they are making to meet the increasing demands. The recent Lancet article serves to further highlight that this trend will only increase over the next two decades.

This increase in workload will place further strain on prostate cancer services. It is vital that further investment is made to ensure government cancer targets both for diagnosis and treatment are met. The increasing workload places strain on professionals within these services to meet patient expectations. It is not only surgical services which require investment, active surveillance will continue to enrol an ever increasing number of men as a result of the PROTECT trial findings. It is therefore vital that further investment is made in MRI, radiology and active surveillance protocols to ensure men are safely managed on this.

I would like to place on record our thanks to Adam Steenkamp and his colleagues who work tirelessly to gather this data which serves as an important yardstick for all regions to work towards improving their services.

It is clear from the QPI outcomes in Lothian that many of the QPIs are being narrowly missed. It is reassuring that when you dive into the patient records that the quality of care is of the highest level, however, it is often the administrative burden that may be more of a reason that these QPIs are being missed.

This is my last summary before leaving Scotland but would continue to urge those within the prostate cancer surgical space to continue to collaborate in order to drive better standards across the country. It is only by working together that we can ensure best practice is shared.

Mr D Good Prostate Cancer Lead Consultant
August 2024

Clinical Recommendation Summary 2022-23

QPI	Action required	Lead	Date for update
4i	Reminder to all clinicians to register patients for MDT discussion, even if protocolised	SCAN Clinical Leads	
4ii	Look at prioritizing patients with high PSA for an accelerated pathway. A pragmatic pathway approach should be investigated.	SCAN Clinical Leads	
7i	Reminder to all clinicians to register patients for MDT discussion.	SCAN Clinical Leads	
11	Capacity issues for NHS Lothian radiology and prostate biopsy services need to be addressed. NHS Borders colleagues to be reminded when MRIs are required.	SCAN Service managers	
	Clinical staff to be reminded to document whether patients are for active surveillance or watchful waiting protocols.	SCAN Clinical Leads	
14ii	Provisional TNM staging would be helpful in order to streamline patient treatments. John Taylor will continue to highlight this QPI requirement and remind colleagues to add Likert to reports, which is standard in other centres.	SCAN Radiology Lead	
15	This QPI relies on M stage & metastatic burden of disease being recorded. Clinical colleagues to be reminded to document burden of disease. Clinicians to document (in correspondence) if patients have declined radiotherapy treatment.	SCAN Oncology Clinical Lead	

Clinical Recommendation Summary 2021 – 2022

QPI	Action required	Lead	Progress at Board Level
4i & 4ii	Mr Good to send a reminder to all clinicians to register patients for MDT discussion.	Mr D Good	Emails circulated
7i & 7ii	Mr Good and Dr A Sundaramurthy to send a reminder to all clinicians to register patients for MDT discussion.	Mr D Good / Dr A Sundaramurthy	QPI 4 MDM non-registered patients – direct impact on this QPI
15i	Departments are encouraged to confirm metastatic burden recording as high or low.	Mr D Good / Dr A Sundaramurthy	Ongoing for cases not seen at Oncology department

Prostate Cancer QPI Attainment Summary 2022-23		Target %	Borders	D&G	Fife	Lothian	SCAN
QPI 4: MDT Meeting: Patients with prostate cancer discussed by MDT before treatment	Non-metastatic prostate cancer (M0) before treatment	95	N 80 D 83 96.4%	N 146 D 152 96.1%	N N/A D N/A N/A	N 560 D 621 90.2%	N N/A D N/A N/A
	Metastatic prostate cancer (M1) within 6 weeks of treatment	95	N 21 D 23 91.3%	N 27 D 31 87.1%	N N/A D N/A N/A	N 84 D 112 75.0%	N N/A D N/A N/A
QPI 5: Surgical Margins: Positive margins in pathologically confirmed organ confined pT2 radical prostatectomy		≤20	Presented by Board of Surgery			N 21 D 103 20.4%	N N/A D N/A N/A
QPI 6: Surgical Volume: Radical prostatectomy /surgeon in 1 year		50+	Two of NHS Lothian consultants met the QPI target.				
QPI 7: Hormone Therapy	Hormone therapy within 31 days of MDM decision	95	N 20 D 21 95.2%	N 29 D 31 93.5%	N N/A D N/A N/A	N 99 D 113 87.6%	N N/A D N/A N/A
	M1 cases treated with ADT 31 days plus SACT 100 days from ADT date	60	N 12 D 20 60.0%	N 10 D 25 40.0%	N N/A D N/A N/A	N 54 D 112 48.2%	N N/A D N/A N/A
QPI 8: Those undergoing radical treatment who returned PROMs pre and post operatively (12-18 months) to assess treatment outcomes.	Surgery	50	Board of Surgery		N N/A D N/A N/A	N 84 D 191 44.0%	N N/A D N/A N/A
	Radical Radiotherapy	50	Board of Treatment			N 0 D 145 0%	N N/A D N/A N/A
	Brachytherapy	50	Board of Treatment			N 0 D 36 0%	N N/A D N/A N/A
QPI 11: Patients under surveillance to have bpMRI or mpMRI or prostate biopsy within 11-18 months of diagnosis.		95	N 4 D 6 66.7%	N 8 D 12 66.7%	N N/A D N/A N/A	N 80 D 94 85.1%	N N/A D N/A N/A
QPI 14: Diagnostic Pre-biopsy MRI	Pre-biopsy bpMRI or mpMRI as initial investigation.	95	N 54 D 54 100%	N 98 D 98 100%	N N/A D N/A N/A	N 408 D 409 99.8%	N N/A D N/A N/A
	Pre biopsy bpMRI or mpMRI reported with PI-RADS/ Likert	95	N 81 D 89 91.0%	N 117 D 146 80.1%	N N/A D N/A N/A	N 488 D 572 85.3%	N N/A D N/A N/A
QPI 15: Low Burden Metastatic Disease	Patients with metastatic prostate cancer in whom burden of disease is assessed.	95	N 22 D 22 100%	N 31 D 31 100%	N N/A D N/A N/A	N 110 D 113 97.3%	N N/A D N/A N/A
	Those with low metastatic burden that receive radiotherapy.	60	N 5 D 9 55.6%	N 6 D 9 66.7%	N N/A D N/A N/A	N 24 D 39 61.5%	N N/A D N/A N/A

Introduction and Methods

Cohort

This report covers patients newly diagnosed with prostate cancer in SCAN between 01/07/2022 and 30/06/2023. The results contained within this report are presented by NHS board of diagnosis, where the QPI relates to surgical outcomes the results has been presented by hospital of surgery. Note that NHS Fife has not provided data for this report.

Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Information Services Division (PHS), and Healthcare Improvement Scotland. QPIs are kept under regular review and be responsive to changes in clinical practice and emerging evidence.
The overarching aim of the cancer quality work programme is to ensure that activity at NHS board level is focused on areas most important in terms of improving survival and patient experience whilst reducing variance and ensuring safe, effective and person-centred cancer care.
Following a period of development, public engagement and finalisation, each set of QPIs is published by Healthcare Improvement Scotland. Accompanying datasets and measurability criteria for QPIs are published on the PHS website. NHS boards are required to report against QPIs as part of a mandatory, publicly reported programme at a national level.

The QPI dataset for prostate cancer was implemented from 01/07/2012 and this is the eleventh publication of QPI results for prostate cancer within SCAN. The dataset had another formal review in 2022.

Audit Processes

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

Data capture focuses round the process for the weekly multidisciplinary meetings (MDM) PSA lists and cancer registry data comparisons, ensuring that information is collected through routine process. Data is recorded in eCase.

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

QPI Dashboard

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

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

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

Lead Clinicians and Audit Personnel

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Mr Ben Thomas	Leanne Robinson
NHS Dumfries & Galloway	Dumfries & Galloway Royal Infirmary	Miss Maria Bews-Hair	Jennifer Bruce Campbell Wallis
NHS Fife	Queen Margaret Hospital	Mr Nabeel Al-Shammary	Vacant post
SCAN & NHS Lothian	St John's Hospital Western General Hospital	Mr D Good Dr A Sundaramurthy	Adam Steenkamp

Data Quality

Estimate of Case Ascertainment

An estimate of case ascertainment (the percentage of the population with prostate cancer recorded in the audit) is made by comparison with the Scottish Cancer Registry five year average data from 2018 to 2022. High levels of case ascertainment provide confidence in the completeness of the audit recording and contribute to the reliability of results presented. Levels greater than 100% may be attributable to an increase in incidence. Allowance should be made when reviewing results where numbers are small and variation may be due to chance.

Number of cases recorded in audit: Patients diagnosed 01/07/2022 to 30/06/2023.

	Borders	D&G	Fife	Lothian	SCAN
Prostate Cancer	122	191	N/A	754	N/A

Estimate of Case Ascertainment: Calculated using the average of the most recent available five years of Cancer Registry Data 2018-2022

Note: Extract of data taken from PHS Cancer Registry website: https://www.isdscotland.org/Health-Topics/Cancer/Scottish-Cancer-Registry/

	Borders	D&G	Fife	Lothian	SCAN
Cases from Audit	122	191	N/A	754	N/A
Cancer Registry 5 Year Average	99	150	288	568	1104
Case Ascertainment %	**123.2**	**127.3**	**N/A**	**132.7**	**N/A**

Quality Assurance

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

	Borders	D&G	Fife	Lothian	SCAN
Accuracy of data recording (%)	95.0	96.3	99.5	99.8	97.7

Clinical Sign-Off

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

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

Actions for Improvement

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

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

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

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

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

Exclusion = Patients who died before first treatment.

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

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022-2023 cohort	122	191	N/A	754	N/A
Excluded from analysis	0	0	N/A	0	N/A
Ineligible for analysis	39	39	N/A	133	N/A
Numerator	80	146	N/A	560	N/A
Not recorded for numerator	2	0	N/A	2	N/A
Denominator	83	152	N/A	621	N/A
Not recorded for exclusion	0	0	N/A	0	N/A
Not recorded for denominator	1	5	N/A	7	N/A
% Performance	**96.4**	**96.1**	**N/A**	**90.2**	**N/A**

Patients discussed at MDM	80	146	N/A	560	N/A
Patients not discussed/registered	3	6	N/A	61	N/A
Total	**83**	**152**	**N/A**	**621**	N/A
% of patients not discussed	**3.6**	**3.9**	**N/A**	**9.8**	N/A

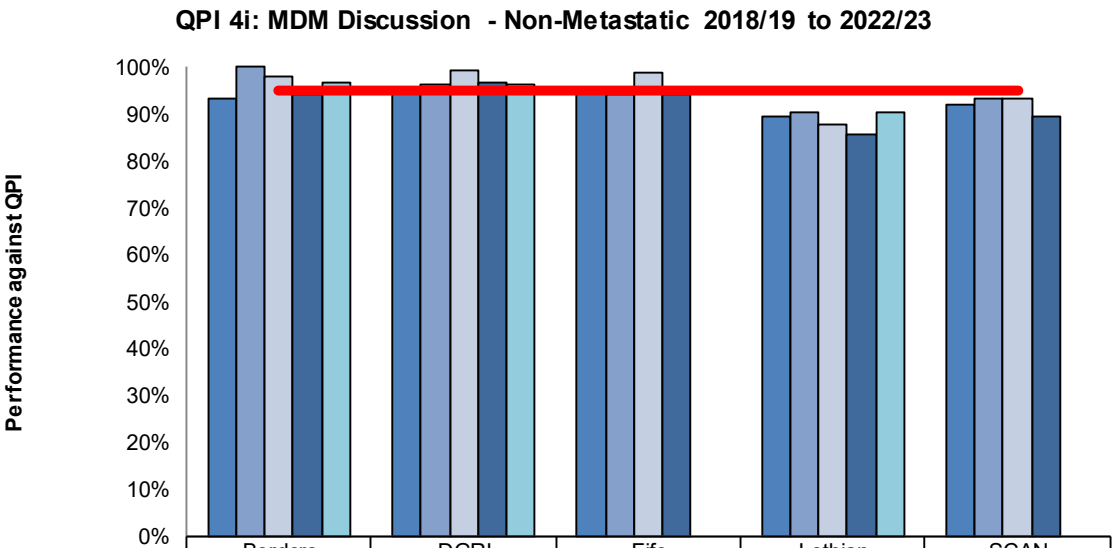
Comments:

Lothian: The QPI target was not met showing a shortfall of 4.8% (59 cases) 34 did not have MDM discussion before definitive treatment. 25 had definitive treatment started before MDM.

Outliers in Lothian tended to be older patients who were clinically diagnosed and either started on hormone therapy prior to MDM discussion or were not registered at MDM (which is oversubscribed). However, these patients need to be registered (not necessarily discussed) in order for audit to collect these data.

Concern is raised at the high number of patients not being registered at the MDM in Lothian. The majority of these cases were seen and treated at East Lothian community hospital and St Johns hospital in West Lothian.
Failure to meet this QPI has a direct impact on the performance measured in QPI 7i and QPI 7ii.

Action: SCAN Lead to send a reminder to all clinicians to register patients for MDT discussion, even if protocolised



	Borders	DGRI	Fife	Lothian	SCAN
2018-2019	93.3%	94.6%	94.7%	89.2%	91.9%
2019-2020	100%	96.2%	93.9%	90.1%	93.0%
2020-2021	98.0%	99.0%	98.8%	87.8%	93.0%
2021-2022	94.2%	96.4%	94.0%	85.4%	89.3%
2022-2023	96.4%	96.1%	0%	90.2%	0%
Target	95%	95%	95%	95%	95%

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

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

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

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

Exclusion = Patients who died before first treatment.

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

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022-2023 cohort	122	191	N/A	754	N/A
Excluded from analysis	0	0	N/A	1	N/A
Ineligible for analysis	99	160	N/A	641	N/A
Numerator	21	27	N/A	84	N/A
Not recorded for numerator	0	0	N/A	0	N/A
Denominator	23	31	N/A	112	N/A
Not recorded for exclusion	0	0	N/A	0	N/A
Not recorded for denominator	1	5	N/A	7	N/A
% Performance	**91.3**	**87.1**	**N/A**	**75.0**	**N/A**

Comments:

Borders: The QPI target was not met showing a shortfall of 3.7% (2 cases). 1 started treatment before MDT discussion. 1 had another malignancy discussed (prostate cancer was an incidental finding).

D&G: The QPI target was not met showing a shortfall of 7.9% (4 cases). 1 started hormones after initial DRE, MDT discussion after MRI and bone scan (65 days). 1 started hormones after MRI as an in-patient and there was no documented reason for delay (83 days). 1

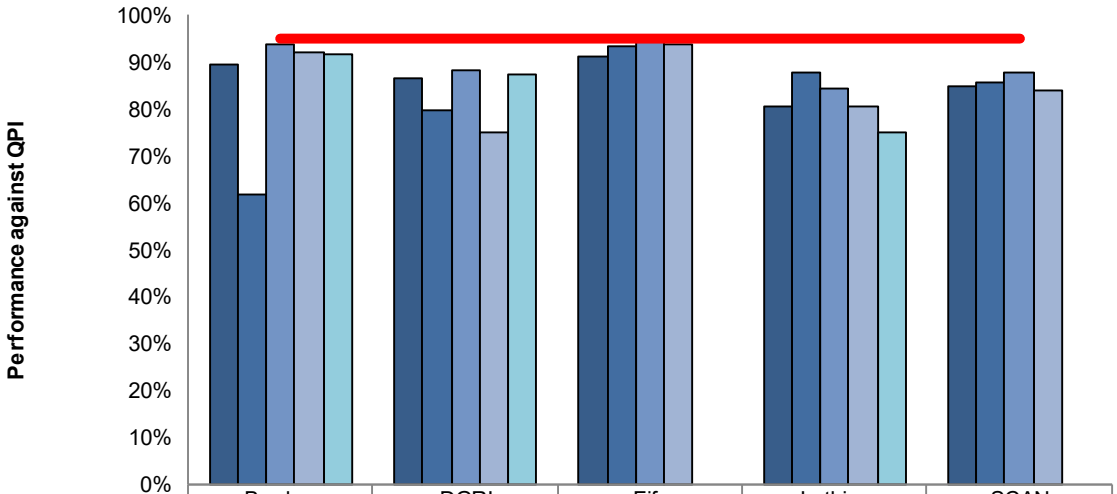
started hormones after initial DRE, MDT discussion was after MRI and bone scan (83 days). 1 started hormones after initial DRE and the patient did not attend first MRI appointment (135 days).

Lothian: The QPI target was not met showing a shortfall of 20% (28 cases) 7 had no MDM discussion. 21 had MDM review but outwith the prescribed 42 day deadline pre or post definitive treatment. Patients who were not for active treatment (watchful waiting and best supportive care) were not referred for MDT discussion. We identified a timing issue for patients treated with hormone therapy. In all cases, patients were treated appropriately.

Comment: With new treatments now available rather than just hormones it's important that these patients go to MDM in timely manner. Pathology reporting is not likely to be a significant delay. However, there are issues with radiology capacity and time to clinics, outpatient clinics especially for diagnoses with pathology results.
Lack of resource is currently noted and with the reduction of recent capacity, performance for this QPI is likely to get worse.

Action: Look at prioritizing patients with high PSA for an accelerated pathway. A pragmatic pathway approach should be investigated.

QPI 4ii: MDM Discussion - Metastatic 2018/19 to 2022/23



	Borders	DGRI	Fife	Lothian	SCAN
2018-2019	89.5%	86.4%	90.9%	80.6%	84.8%
2019-2020	61.5%	79.4%	93.3%	87.5%	85.6%
2020-2021	93.8%	87.9%	95.0%	84.1%	87.8%
2021-2022	91.7%	75.0%	93.8%	80.3%	83.8%
2022-2023	91.3%	87.1%	0%	75.0%	0%
Target	95%	95%	95%	95%	95%

QPI 5: Surgical Margins - Target ≤ 20%

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

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

Denominator = All patients with stage pT2 prostate cancer who had radical prostatectomy (cohort based on surgeries performed in 2022-2023 rather than diagnoses in 2022-2023). (No exclusions).

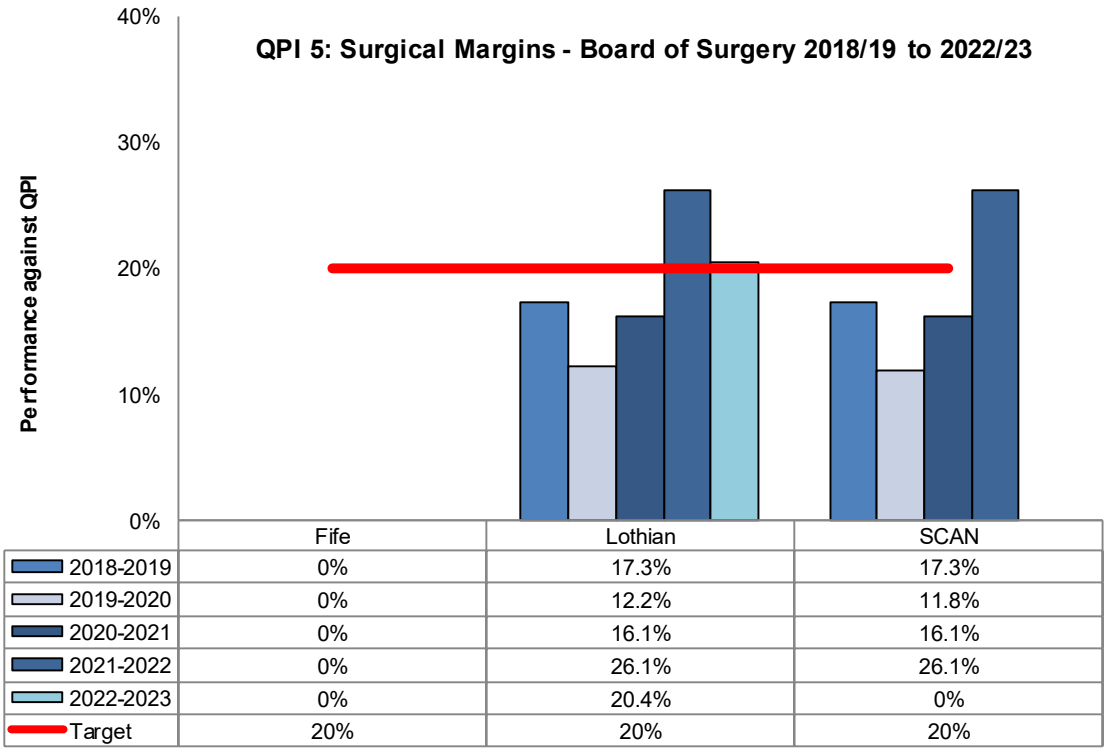
By Board of Surgery

Target ≤ 20%	**Lothian**	**SCAN**
Numerator	21	N/A
Not recorded for numerator	0	N/A
Denominator	103	N/A
Not recorded for exclusion	0	N/A
Not recorded for denominator	0	N/A
% Performance	**20.4**	**N/A**

Note: All surgery was performed in Lothian.

Action: None identified

Comment: Treatment of NCCN Low Risk or CPG-1 cancers should be 8-9% according to NCPA 2024.
Present number of patients with “clinically low risk” disease (i.e. based on pre-treatment biopsy, PSA, MRI) by region and by modality in 2023-24 report.



	Fife	Lothian	SCAN
2018-2019	0%	17.3%	17.3%
2019-2020	0%	12.2%	11.8%
2020-2021	0%	16.1%	16.1%
2021-2022	0%	26.1%	26.1%
2022-2023	0%	20.4%	0%
Target	20%	20%	20%

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

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

These figures are reported using QPI Audit data, as agreed at the QPI formal review.

Cohort based on surgeries performed in 2022-2023 rather than diagnoses in 2022-2023.

Number of prostatectomy procedures by GMC number in 2022/23				
	A*	B	C	D**
SCAN Audit figures	2	101	84	49

*Consultant performed 2 local surgical procedures deemed necessary due to clinical requirements. **Consultant was not in post for a full year.

QPI 7i: Immediate Androgen Deprivation Therapy (ADT) - Target = 95%

Title: Patients with metastatic prostate cancer should undergo immediate Androgen Deprivation Therapy (within 31 days of being discussed at MDM).

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

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

Exclusions = Patients documented to have declined immediate ADT and patients enrolled in clinical trials.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022-2023 cohort	122	191	N/A	754	N/A
Excluded from analysis	0	0	N/A	0	N/A
Ineligible for analysis	101	160	N/A	641	N/A
Numerator	20	29	N/A	99	N/A
Not recorded for numerator	0	0	N/A	0	N/A
Denominator	21	31	N/A	113	N/A
Not recorded for exclusion	0	0	N/A	0	N/A
Not recorded for denominator	1	5	N/A	7	N/A
% Performance	**95.2**	**93.5**	**N/A**	**87.6**	**N/A**

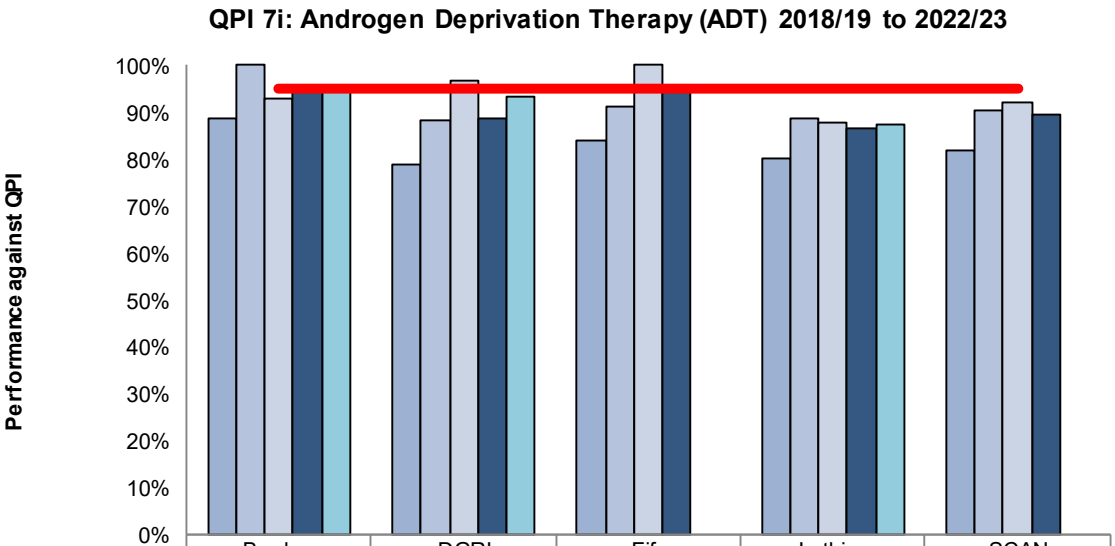
Comments:

D&G: The QPI target was not met showing a shortfall of 1.5% (2 cases) 1 waited for a bone scan and MRI (44 days). 1 waited for joint assessment (56 days).

Lothian: The QPI target was not met showing a shortfall of 7.4% (14 cases) 8 did not have MDM discussion. 1 was recommended for best supportive care at MDM. 1 was placed on watchful waiting. 4 had hormone treatment but outwith the 31-day timeline.

In Lothian there was an issue with patients who were not for active treatment (watchful waiting and best supportive care) were not referred for MDT discussion. We also identified a timing issue for patients treated with hormone therapy. In all cases, patients were treated appropriately.

Action: SCAN Lead to send a reminder to all clinicians to register patients for MDT discussion.



	Borders	DGRI	Fife	Lothian	SCAN
2018-2019	88.9%	78.9%	84.1%	80.0%	81.9%
2019-2020	100%	88.2%	91.1%	88.7%	90.3%
2020-2021	92.9%	97.0%	100%	87.9%	92.3%
2021-2022	95.7%	88.5%	94.7%	86.4%	89.7%
2022-2023	95.2%	93.5%	0%	87.6%	0%
Target	95%	95%	95%	95%	95%

QPI 7ii: ADT with Additional Systemic Therapy - Target = 60%

Title: Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate Androgen Deprivation Therapy (ADT) plus additional systemic therapy.

Numerator = Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate ADT (within 31 days) plus additional systemic therapy (100 days from ADT start date).

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

Exclusions = Patients documented to have declined immediate ADT.
Patients documented to have declined systemic therapy. Patients enrolled in clinical trials.

Target 60%	Borders	D&G	Fife	Lothian	SCAN
2022-2023 cohort	122	191	N/A	754	N/A
Excluded from analysis	0	0	N/A	1	N/A
Ineligible for analysis	102	166	N/A	641	N/A
Numerator	12	10	N/A	54	N/A
Not recorded for numerator	0	0	N/A	0	N/A
Denominator	20	25	N/A	112	N/A
Not recorded for exclusion	0	0	N/A	0	N/A
Not recorded for denominator	1	5	N/A	7	N/A
% Performance	**60.0**	**40.0**	**N/A**	**48.2**	**N/A**

Comments:

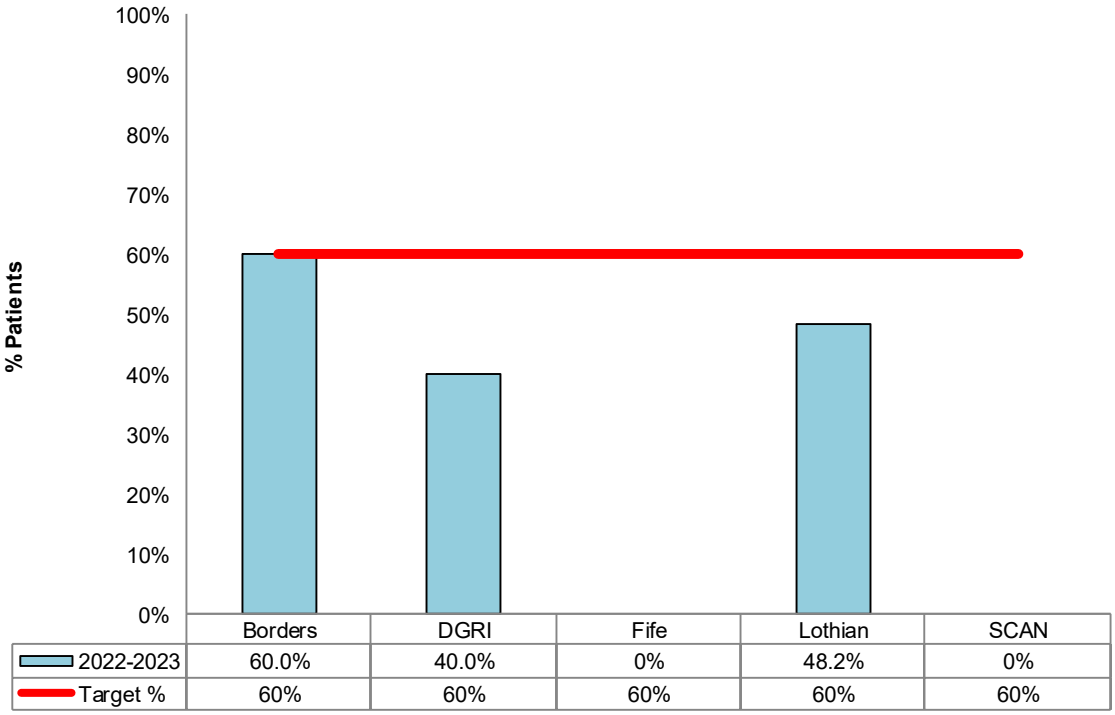
D&G: The QPI target was not met showing a shortfall of 20% (15 cases) 3 had ARTA (Androgen Receptor Targeted Agents) but outwith the 100-day timeframe. 1 died before oncology review. 11 received hormones only, as per MDT recommendation or due to comorbidities and overall fitness.

Lothian: The QPI target was not met showing a shortfall of 11.8% (58 cases). There was a combination of cases either started on hormone treatment before MDM discussion or outwith 31 days from MDM discussion. Also, many patients did not have SACT or ARTA treatment. In some cases, ARTA treatment commenced outwith the 100-day target from starting hormone treatment.

SCAN Comment: Important to note that this is the first year of reporting and with improved MDM registration these figures are likely to improve.

Action: None identified

QPI 7ii - Immediate ADT + Systemic therapy 2022/23



	Borders	DGRI	Fife	Lothian	SCAN
2022-2023	60.0%	40.0%	0%	48.2%	0%
Target %	60%	60%	60%	60%	60%

QPI 8: Assessment of post treatment PROMS - Target = 50%

Title: Post-treatment outcomes for patients with prostate cancer should be assessed using a validated PROMs (Patient Reported Outcome Measures) tool.

Numerator (i-iii) = Proportion of patients with prostate cancer who undergo radical treatment that have returned a PROMs tool both pre and post treatment for assessment of quality of life issues.

Denominator = All patients with prostate cancer undergoing (i) radical prostatectomy, (ii) radical external beam radiotherapy, (iii) brachytherapy

Exclusions = Patients who undergo salvage prostatectomy and patients who receive adjuvant radiotherapy within 12 months of surgery. Patients who die within 12 months of radical treatment.

i) Radical Prostatectomy Target 50%	Fife	Lothian	SCAN
Patients who had surgery in 2021-2022	N/A	865	N/A
Excluded from analysis	N/A	4	N/A
Ineligible for analysis	N/A	670	N/A
Numerator	N/A	84	N/A
Not recorded for numerator	N/A	107	N/A
Denominator	N/A	191	N/A
Not recorded for exclusion	N/A	0	N/A
Not recorded for denominator	N/A	0	N/A
% Performance	N/A	**44.0**	**N/A**

PROMS surgical data for Fife was not available at the time of reporting

ii) Radiotherapy Target 50%	Lothian
Patients who completed XRT in 2021-2022	865
Excluded from analysis	3
Ineligible for analysis	717
Numerator	0
Not recorded for numerator	145
Denominator	145
Not recorded for exclusion	0
Not recorded for denominator	0
% Performance	**0**

All Radiotherapy is performed in NHS Lothian.

Data for Fife was not available at the time of reporting

iii) Brachytherapy Target 50%	Lothian
Patients who completed brachytherapy in 2021-22	865
Excluded from analysis	1
Ineligible for analysis	828
Numerator	0
Not recorded for numerator	36
Denominator	36
Not recorded for exclusion	0
Not recorded for denominator	0
% Performance	**0**

All Brachytherapy is performed in NHS Lothian.

Data for Fife was not available at the time of reporting

Note: The Oncology department only started to enrol patients to the National PROMS database in April 2024.

Comment: The National PROMS database is live and is now hosted by Public Health Scotland. There has been a problem with some patients held on the original database servers (Edinburgh University) not being able to be transferred to new PHS servers. There is also a potential problem with patients who decline to engage with the PROMS email service. Perhaps for future QPI revisions we need a new code to account for patients who "unsubscribe".

Note that this is the first year reporting this QPI with the changes from the QPI formal review. "***QPI title changed to 'Assessment of Post Treatment PROMs'. QPI revised to include all radical prostate cancer treatments (radical prostatectomy, brachytherapy and radical external beam radiotherapy). PROMS measurement revised to include all domains i.e. urinary (incontinence/obstructive), bowel, sexual and hormonal function. "***

Action: No action was identified

QPI 11: Management of Active Surveillance - Target = 95%

Title: Patients under active surveillance for prostate cancer should undergo bi-parametric MRI (bpMRI) or multi parametric MRI (mpMRI) or prostate biopsy within 11-18 months of diagnosis.

Numerator = Patients with prostate cancer under active surveillance who undergo bpMRI or mpMRI or prostate biopsy within 11-18 months of diagnosis.

Denominator = All patients with prostate cancer under active surveillance.

Exclusions = Patients unable to undergo an MRI scan and patients who decline MRI or have radical treatment within 12 months.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2021-2022 cohort	104	146	N/A	615	N/A
Excluded from analysis	2	0	N/A	6	N/A
Ineligible for analysis	98	134	N/A	515	N/A
Numerator	4	8	N/A	80	N/A
Not recorded for numerator	1	0	N/A	0	N/A
Denominator	6	12	N/A	94	N/A
Not recorded for exclusion	1	0	N/A	0	N/A
Not recorded for denominator	0	0	N/A	0	N/A
% Performance	**66.7**	**66.7**	**N/A**	**85.1**	**N/A**

Comments:

Borders: The QPI target was not met showing a shortfall of 28.3% (2 cases) 1 had surveillance scan after 9 months. 1 didn't have a surveillance scan.
Borders clinic capacity 4% of overall cohort, Lothian is 14%. Remind colleagues that MRI needs to be done, as MRI capacity less of an issue at BGH.

D&G: The QPI target was not met showing a shortfall of 28.3% (4 cases) 3 had follow up but outwith the 12-18 month timeframe from diagnosis (234, 308, 571 days). 1 had no follow up.
D&G timing issue, patients do get the scans but a wee bit out of time parameter.

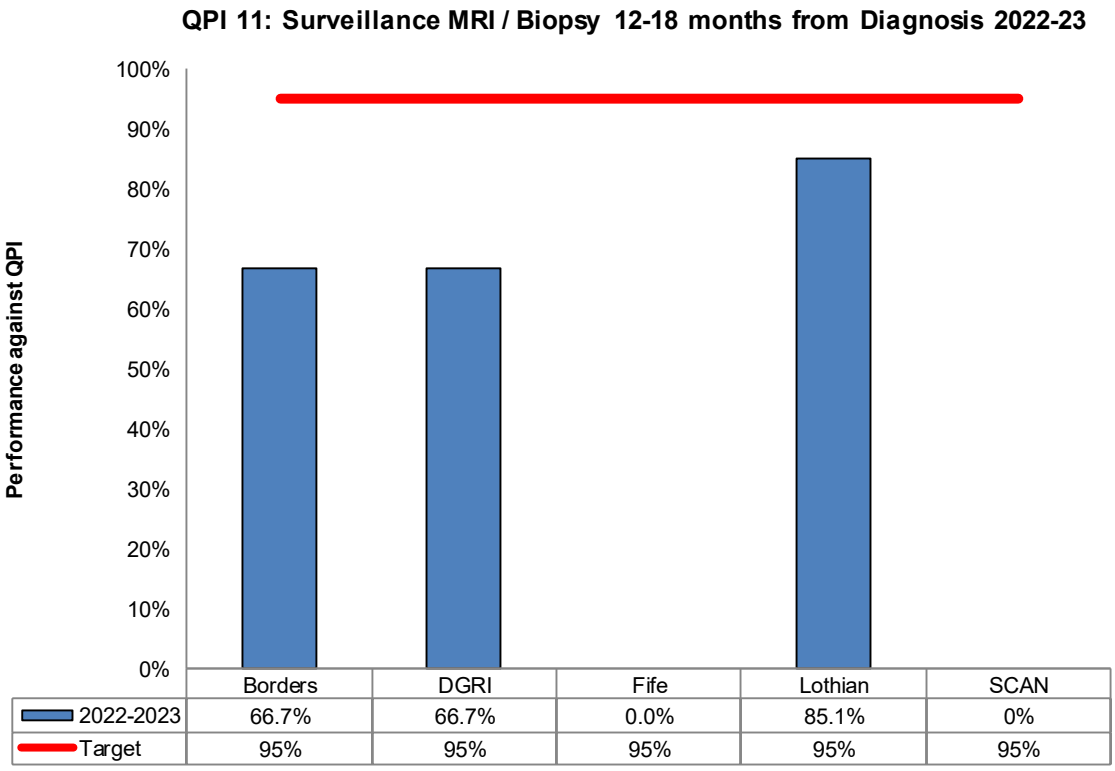
Lothian: The QPI target was not met showing a shortfall of 9.9% (14 cases) All had MRI or biopsy, but not within the prescribed ≥335 days and ≤547 days from diagnosis.
There is an issue with time to MRI and for the prostate biopsy service, these capacity isses will negatively affect numbers in next report too.

SCAN Comment:

Terminology use is key to this QPI. WW or active surveillence are used interchangebly by clinicians but it needs to be correctly documented by all clinical staff at clinics.

Action:
Capacity issues for NHS Lothian radiology and prostate biopsy services need to be addressed. NHS Borders colleagues to be reminded when MRIs are required.

Clinical staff to be reminded to document whether patients are for active surveillance or watchful waiting protocols.



QPI 14i: Diagnostic Pre-biopsy MRI - Target = 95%

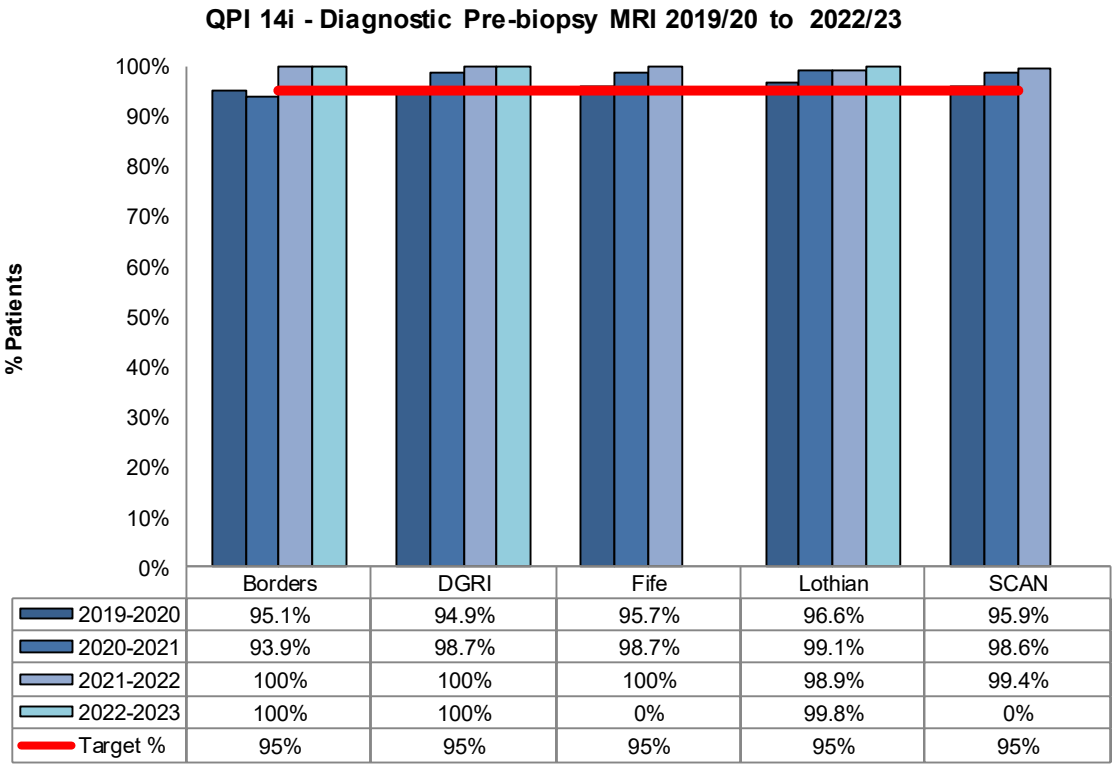
Title: Patients with prostate cancer that undergo biopsy and had a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.

Numerator = Patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.

Denominator = All patients with prostate cancer who undergo biopsy.

Exclusions = Patients unable to undergo an MRI scan, decline MRI, have undergone TURP, have undergone laser enucleation, or those with locally advanced (Clinical T3 and above) and / or M1 disease.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022-2023 cohort	122	191	N/A	754	N/A
Excluded from analysis	39	52	N/A	193	N/A
Ineligible for analysis	29	41	N/A	152	N/A
Numerator	54	98	N/A	408	N/A
Not recorded for numerator	0	0	N/A	0	N/A
Denominator	54	98	N/A	409	N/A
Not recorded for exclusion	3	28	N/A	0	N/A
Not recorded for denominator	0	0	N/A	0	N/A
% Performance	**100**	**100**	**N/A**	**99.8**	**N/A**



	Borders	DGRI	Fife	Lothian	SCAN
2019-2020	95.1%	94.9%	95.7%	96.6%	95.9%
2020-2021	93.9%	98.7%	98.7%	99.1%	98.6%
2021-2022	100%	100%	100%	98.9%	99.4%
2022-2023	100%	100%	0%	99.8%	0%
Target %	95%	95%	95%	95%	95%

The target was met by all boards for which data was available.

QPI 14ii: Diagnostic Pre-biopsy MRI using PI-RADS/Likert grading - Target = 95%

Title: Patients with prostate cancer who undergo biopsy and had a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation, with imaging reported using a PI-RADS/Likert system of grading.

Numerator = Patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/Likert system of grading.

Denominator = All patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.

Exclusions = None.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022-2023 cohort	122	191	N/A	754	N/A
Excluded from analysis	0	0	N/A	0	N/A
Ineligible for analysis	33	45	N/A	182	N/A
Numerator	81	117	N/A	488	N/A
Not recorded for numerator	8	29	N/A	84	N/A
Denominator	89	146	N/A	572	N/A
Not recorded for exclusion	0	0	N/A	0	N/A
Not recorded for denominator	0	0	N/A	0	N/A
% Performance	**91.0**	**80.1**	**N/A**	**85.3**	**N/A**

Comments:

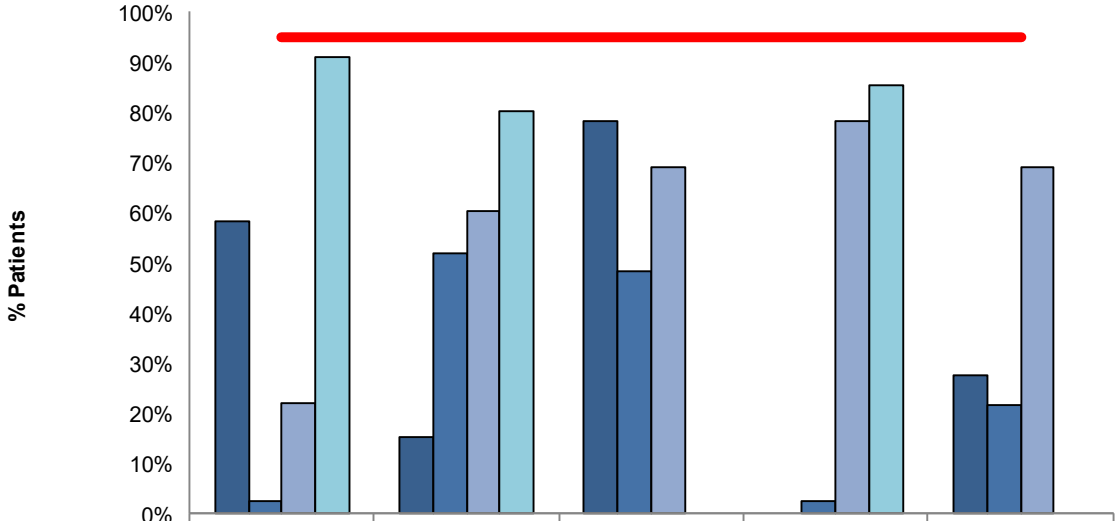
Borders: The QPI target was not met showing a shortfall of 4% (8 cases) Likert score not recorded.

D&G: The QPI target was not met showing a shortfall of 14.9% (29 cases) Likert scores not recorded on staging MRI reports.

Lothian: The QPI target was not met showing a shortfall of 9.7% (84 cases) Imaging for prostate cancer cases are often reported by non-Urology specialist radiologists.

Action: Provisional TNM staging would be helpful in order to streamline patient treatments. John Taylor will continue to highlight this QPI requirement and remind colleagues to add Likert to reports, which is standard in other centres.

QPI 14ii - Diagnostic Pre-biopsy MRI 2019/20 to 2022/23



	Borders	DGRI	Fife	Lothian	SCAN
2019-2020	58.3%	15.2%	78.3%	0%	27.5%
2020-2021	2.6%	52.0%	48.6%	2.5%	21.7%
2021-2022	22.2%	60.2%	69.2%	78.4%	69.2%
2022-2023	91.0%	80.1%	0%	85.3%	0%
Target %	95%	95%	95%	95%	95%

QPI 15i: Low Burden Metastatic Disease Assessed - Target = 95%

Title: Patients with metastatic prostate cancer who have their burden of disease assessed.

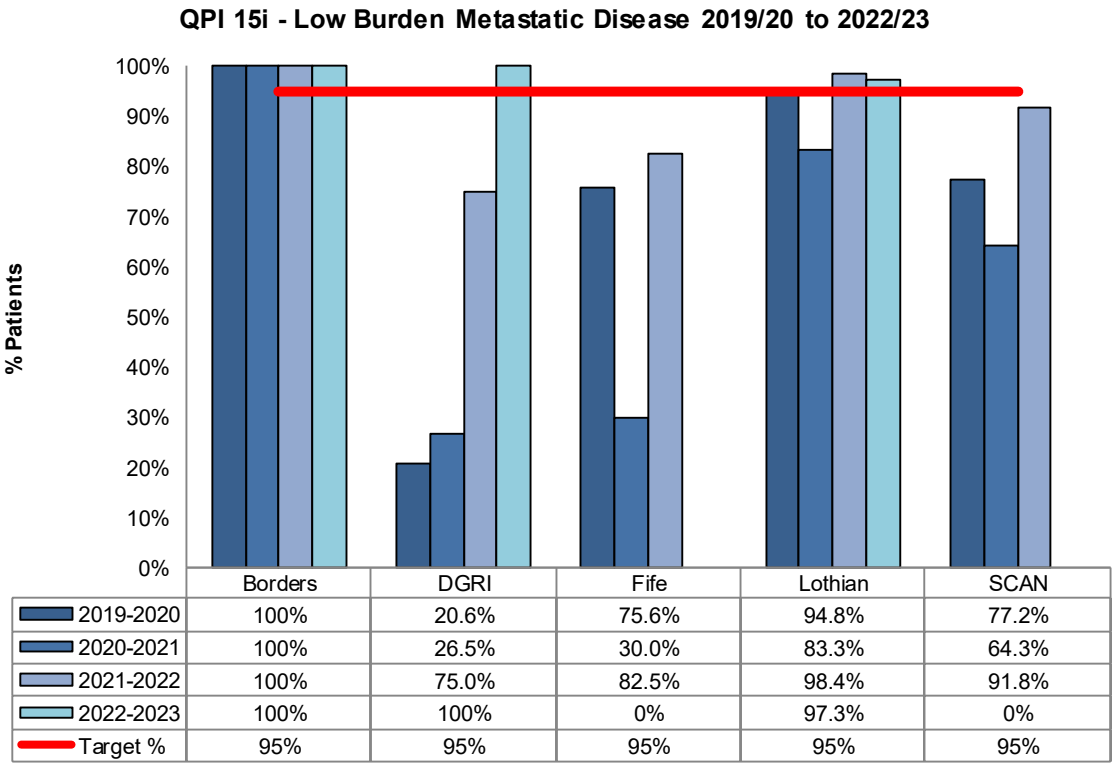
Numerator = Patients with metastatic prostate cancer in whom burden of disease is assessed.
MRI, Bone Scan or CT is the current method routinely used within NHS Scotland to assess metastatic burden of disease.

Denominator = All patients with metastatic prostate cancer. (No exclusions)

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2022-2023 cohort	122	191	N/A	754	N/A
Excluded from analysis	0	0	N/A	0	N/A
Ineligible for analysis	100	160	N/A	641	N/A
Numerator	22	31	N/A	110	N/A
Not recorded for numerator	0	0	N/A	3	N/A
Denominator	22	31	N/A	113	N/A
Not recorded for exclusion	0	0	N/A	0	N/A
Not recorded for denominator	1	5	N/A	7	N/A
% Performance	**100**	**100**	**N/A**	**97.3**	**N/A**

Comments:

SCAN Comment: Departments are encouraged to continue to confirm metastatic burden recording as high or low volume. Bone scans are reported by different radiologists so it's important to flag to the relevant teams. Royal College of radiologists should provide a basic dataset for these reports.



	Borders	DGRI	Fife	Lothian	SCAN
2019-2020	100%	20.6%	75.6%	94.8%	77.2%
2020-2021	100%	26.5%	30.0%	83.3%	64.3%
2021-2022	100%	75.0%	82.5%	98.4%	91.8%
2022-2023	100%	100%	0%	97.3%	0%
Target %	95%	95%	95%	95%	95%

QPI 15ii: Low Burden Metastatic Disease with Radiotherapy - Target = 60%

Title: Patients with metastatic prostate cancer who have their burden of disease assessed and undergo radiotherapy if metastatic burden is low.

Radiotherapy regimes included in the measurement of this QPI are 36Gy (6 fractions) or a minimum of 50Gy (20 fractions).

Numerator = Patients with metastatic prostate cancer who have a low metastatic burden who receive radiotherapy.

Denominator = All patients with metastatic prostate cancer who have a low metastatic burden.

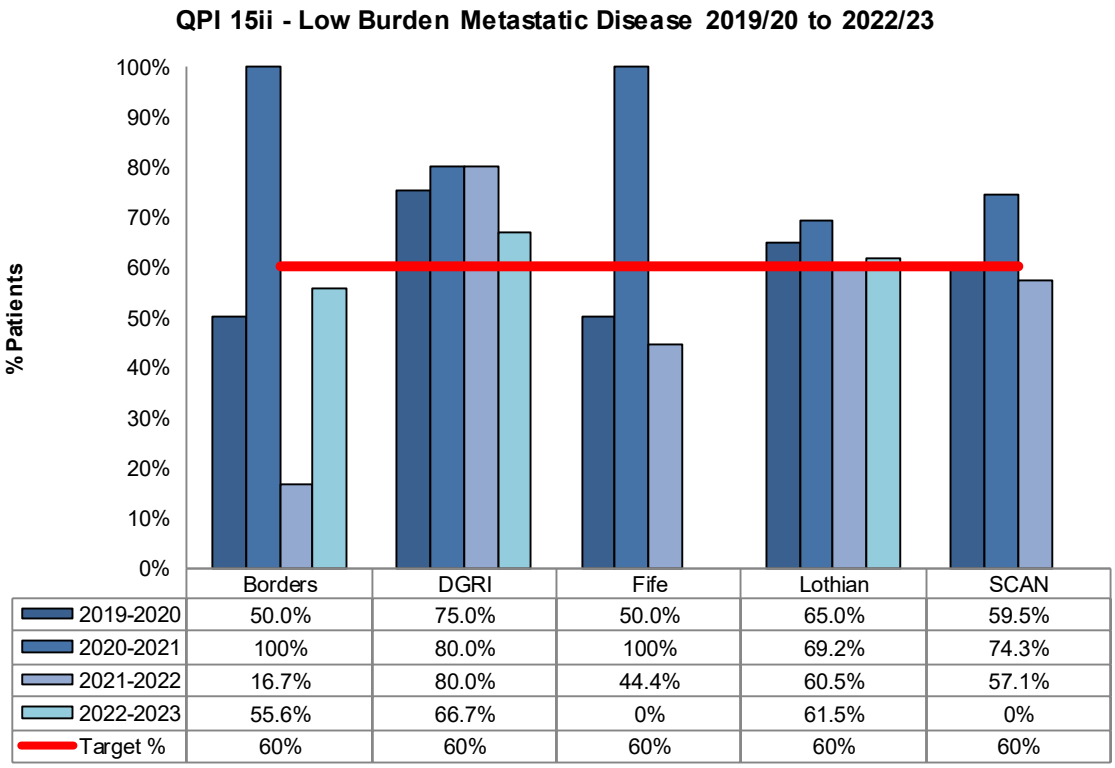
Exclusions = Patients documented to have declined radiotherapy treatment.

Target 60%	Borders	D&G	Fife	Lothian	SCAN
2022-2023 cohort	122	191	N/A	754	N/A
Excluded from analysis	0	0	N/A	1	N/A
Ineligible for analysis	113	182	N/A	714	N/A
Numerator	5	6	N/A	24	N/A
Not recorded for numerator	0	0	N/A	0	N/A
Denominator	9	9	N/A	39	N/A
Not recorded for exclusion	0	0	N/A	0	N/A
Not recorded for denominator	0	3	N/A	3	N/A
% Performance	**55.6**	**66.7**	**N/A**	**61.5**	**N/A**

Comments:

Borders: The QPI target was not met showing a shortfall of 4.4% (4 cases) 1 had regression on SACT and radiotherapy was not appropriate. 2 were recommended for hormones only. 1 was due for radiotherapy but not commenced at time of reporting.

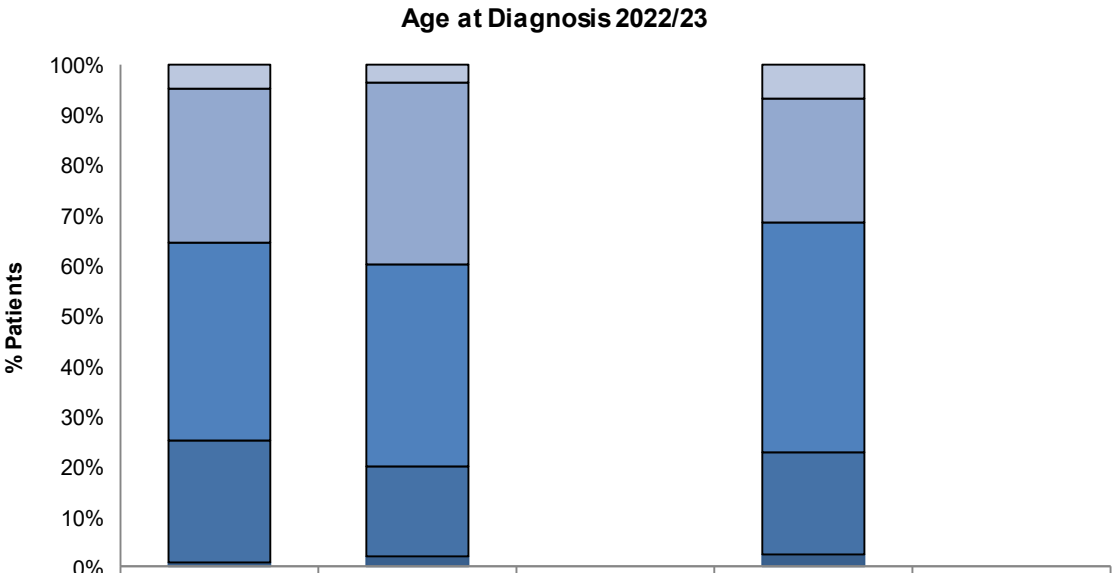
Action: This QPI relies on M stage & metastatic burden of disease being recorded. Clinical colleagues to be reminded to document burden of disease. Clinicians to document (in correspondence) if patients have declined radiotherapy treatment.



	Borders	DGRI	Fife	Lothian	SCAN
2019-2020	50.0%	75.0%	50.0%	65.0%	59.5%
2020-2021	100%	80.0%	100%	69.2%	74.3%
2021-2022	16.7%	80.0%	44.4%	60.5%	57.1%
2022-2023	55.6%	66.7%	0%	61.5%	0%
Target %	60%	60%	60%	60%	60%

Age Analysis

Age Analysis	Borders	D&G	Fife	Lothian	SCAN
Under 45	0	0	N/A	0	N/A
45 - 49	0	1	N/A	3	N/A
50 - 54	1	3	N/A	16	N/A
55 - 59	14	7	N/A	54	N/A
60 - 64	16	27	N/A	98	N/A
65 - 69	22	35	N/A	170	N/A
70 - 74	26	42	N/A	177	N/A
75 - 79	33	45	N/A	137	N/A
80 - 84	4	24	N/A	49	N/A
85+	6	7	N/A	50	N/A
Total	**122**	**191**	**N/A**	**754**	**N/A**

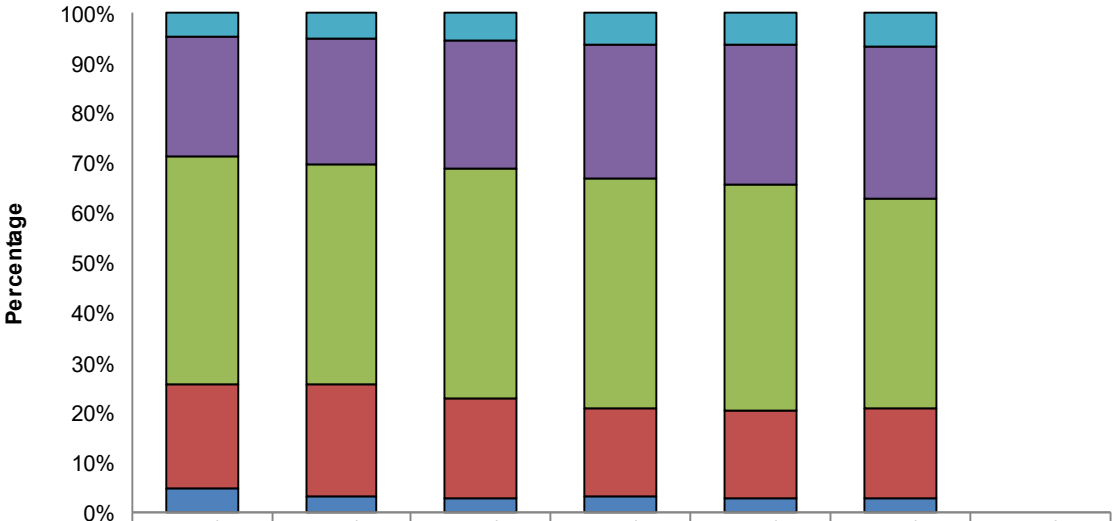


	Borders	D&G	Fife	Lothian	SCAN
85+	4.9%	3.7%	0%	6.6%	0%
75 - 84	30.3%	36.1%	0%	24.7%	0%
65 - 74	39.3%	40.3%	0%	46.0%	0%
55 - 64	24.6%	17.8%	0%	20.2%	0%
<45 - 54	0.8%	2.1%	0%	2.5%	0%

Treatment Types

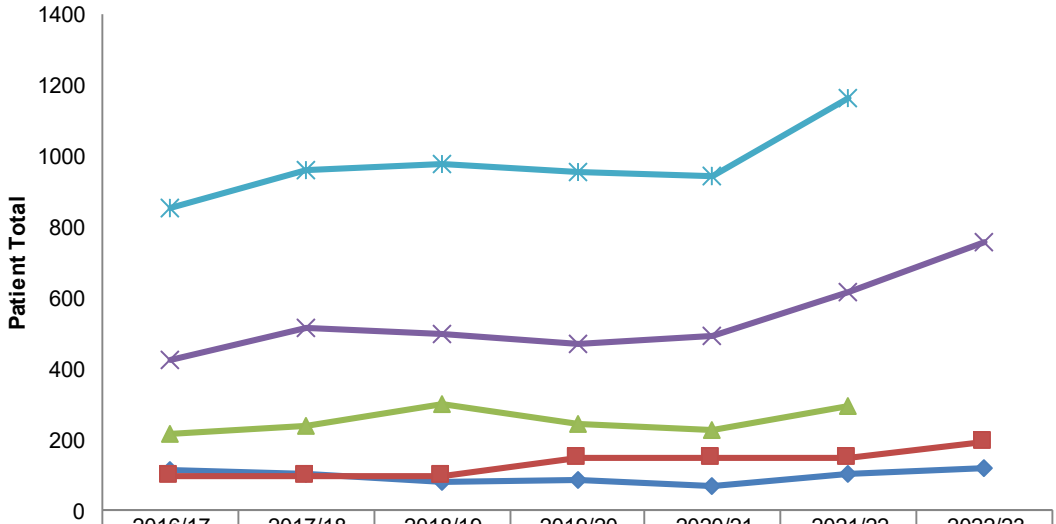
Health Board	Primary Hormones		Active Surveillance		WW / BSC		Radical Radiotherapy		Brachy-therapy		Surgery	
Borders	35	28.7%	35	28.7%	1	0.8%	22	18.0%	10	8.2%	17	13.9%
D&G	51	26.7%	26	13.6%	24	13.6%	38	19.9%	6	3.1%	43	22.5%
Fife	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lothian	156	20.7%	138	18.3%	83	11.0%	201	26.7%	32	4.2%	134	17.8%
SCAN	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Age at Diagnosis - SCAN Total over 7 years



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
85+	4.7%	5.0%	5.5%	6.3%	6.3%	6.7%	0%
75 to 84	23.9%	25.2%	25.5%	26.9%	28.1%	30.5%	0%
65 to 74	45.8%	44.2%	46.2%	45.8%	45.1%	41.7%	0%
55 to 64	20.7%	22.2%	19.8%	17.7%	17.8%	18.0%	0%
<45 to 54	4.9%	3.3%	3.0%	3.3%	2.7%	3.0%	0%

New Prostate Cancer totals by Year of Diagnosis



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Borders	116	106	79	86	70	104	123
D&G	96	97	99	150	149	146	191
Fife	215	237	301	246	230	294	
Lothian	425	516	499	469	490	615	755
SCAN	852	956	978	951	939	1159	

Prostate Cancer QPI Attainment Summary 2021-22		Target %	Borders		D&G		Fife		Lothian		SCAN	
QPI 2: Radiological Staging: High risk cases undergoing radical treatment, who had MRI + Bone scan.		95	N 28 D 29	96.6%	N 28 D 28	100%	N 58 D 58	100%	N 123 D 128	96.1%	N 237 D 243	97.5%
QPI 4: MDT Meeting: Patients with prostate cancer discussed by MDT before treatment	Non-metastatic prostate cancer (TanyNanyM0)	95	N 65 D 69	94.2%	N 106 D 110	96.4%	N 157 D 167	94.0%	N 408 D 478	85.4%	N 736 D 824	89.3%
	Metastatic prostate cancer (TanyNanyM1)	95	N 22 D 24	91.7%	N 21 D 28	75.0%	N 45 D 48	93.8%	N 98 D 122	80.3%	N 186 D 222	83.8%
QPI 5: Surgical Margins: Positive margins in pathologically confirmed organ confined pT2 radical prostatectomy		≤20	Presented by Board of Surgery						N 30 D 115	26.1%	N 30 D 115	26.1%
QPI 6: Surgical Volume: Radical prostatectomy /surgeon in 1 year		50+	Two of NHS Lothian consultants met the QPI target.									
QPI 7: Hormone Therapy and Docetaxel Chemotherapy	Hormone therapy within 31 days of MDM decision	95	N 22 D 23	95.7%	N 23 D 26	88.5%	N 54 D 57	94.7%	N 102 D 118	86.4%	N 201 D 224	89.7%
	Docetaxel chemotherapy within 90 days of Hormones	40	N 0 D 14	0%	N 0 D 16	0%	N 13 D 31	41.9%	N 1 D 51	2.0%	N 14 D 112	12.5%
QPI 8: Those undergoing prostatectomy who returned PROMs pre and post operatively (12-18 months) to assess continence.		50	Presented by Board of Surgery						N 104 D 183	56.8%	N 104 D 183	56.8%
QPI 11: Patients under active surveillance who have bpMRI or mpMRI within 12-18 months of diagnosis.		95	N 2 D 8	25.0%	N 6 D 18	33.3%	N 6 D 20	30.0%	N 43 D 62	69.4%	N 57 D 108	52.8%
QPI 14: Diagnostic Pre-biopsy MRI	Those for biopsy that had pre-biopsy bpMRI or mpMRI as initial investigation.	95	N 39 D 39	100%	N 62 D 62	100%	N 80 D 80	100%	N 279 D 282	98.9%	N 460 D 463	99.4%
	Those that had pre biopsy bpMRI or mpMRI reported with PI-RADS/ Likert	95	N 14 D 63	22.2%	N 62 D 103	60.2%	N 117 D 169	69.2%	N 331 D 422	78.4%	N 524 D 757	69.2%
QPI 15: Low Burden Metastatic Disease	Patients with metastatic prostate cancer in whom burden of disease is assessed.	95	N 24 D 24	100%	N 21 D 28	75.0%	N 47 D 57	82.5%	N 121 D 123	98.4%	N 213 D 232	91.8%
	Those with low metastatic burden that receive radiotherapy.	60	N 1 D 6	16.7%	N 8 D 10	80.0%	N 4 D 9	44.4%	N 23 D 38	60.5%	N 36 D 63	57.1%