SCAN
South East Scotland Cancer Network

NHS SCOTLAND

Working regionally to improve cancer services

SOUTH EAST SCOTLAND CANCER NETWORK (SCAN)
PROSPECTIVE CANCER AUDIT

Prostate Cancer 2023-24 Comparative Audit Report

Patients diagnosed 1st July 2023 to 30th June 2024

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Report number: **SA U03/25W**

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Document History

Version	Circulation	Date	Comments
1	SCAN Urology Leads sign off meeting	18/09/25	Action points and comments agreed. Chair's summary to be added.
2.0	SCAN Lead Clinician and sign off group	18/09/25	Borders comment required for QPI7ii. D&G clarification required for QPI15ii (update to attainment table also required) Actions and comments to be checked and finalised. Lead's commentary to be added.
3	SCAN Urology Group	14/10/25	SCAN Group members approved comments and actions - this is the final opportunity for any edits. Deadline 04/11//2025
Final Version	SCAN Group SCAN Governance Framework SCAN Action Plan Board Executive Leads.	05/11/25	Assessed for disclosive information
Web Version	Published to SCAN website.	June 2026	

Summary by Lead for Prostate Cancer

This is my first year as SCAN Lead Consultant for Prostate Cancer and I am grateful for the opportunity to lead on standard setting and maintaining quality in the prostate cancer service(s). It is encouraging to see the overall high standard of care provided to our prostate cancer patients, despite all the pressures facing the service.

Rates of referral and prostate cancer detection continue to rise due to the “Chris Hoy” effect. The TRANSFORM trial (UK-wide prostate cancer screening) is nearing launch, which is likely to further increase detection of prostate cancer. There is global increase in the uptake of focal treatments for prostate cancer, and in Edinburgh, we are privileged participants of the UK-wide PART Trial (Partial Ablation vs Radical Treatment). As a direct result of this, we have performed the first HIFU and IRE treatments in Scotland, as well as the first Robotic HIFU treatment in the UK (and remain the highest volume centre for this currently). We continue to deliver SABR in oligometastatic recurrence and the Brachytherapy service for the whole of the East of Scotland. Rates of active surveillance continue to go up, due to the 15-year outcomes from the landmark ProtecT Study (in which Edinburgh was a participant).

In this year’s report, we continue to see some repeating themes where QPIs (Quality Performance Indicators) are being narrowly missed – these are often process-driven measures such as registration at MDT within a set timeframe from treatment, or documentation of metastatic cancer burden. It is my sincere belief that these patients are not being underserved from failing to meet these QPIs, as they continue to get the correct and high-quality care that they require. I do, however, note other factors (unmeasured by this audit) in clinical practice, that in my view have a bigger detriment to patient care. These are universally due to lack of resource i.e. long waiting times from first referral to scan, to biopsy, to clinic and to treatment. It should be noted that during the timeframe of this audit, patients were waiting 6 – 9 months for radical surgery. Some of these capacity issues have been addressed in more recent months, and I am proud of our team’s hard work to make this improvement. But there remains much work to be done, and an ongoing quality improvement project is pending.

It is my opinion, one shared by many of my colleagues, and indeed the NPCA (National Prostate Cancer Audit), that outcome measures are more important indicators of quality. To that effect, I am encouraged by the broader roll out of Scottish ePROMS database, to all radical treatment modalities during this audit period, and would encourage continued engagement with this from all clinicians involved in prostate cancer treatment. We should also continue to strive for excellence and world-class care for prostate cancer in the South-East of Scotland, and at our next QPI review, I plan to propose outcome-driven measures in

SCAN QPIs, rather than process-driven QPIs, in line with the NCPA. I am grateful to the all the teams at large, that work tirelessly to continue to improve outcomes for our prostate cancer patients, despite the significant service pressures.

Mr A Sharma, Prostate Cancer Lead Consultant
October 2025

Clinical Recommendation Summary 2023 – 2024

QPI	Action required	Lead	Date for update
4i	Reminder to all clinicians to register patients for MDT discussion, even if protocolised	SCAN Clinical Lead	3/12/25
	For future consideration by the Cancer Quality program: Cystoprostatectomy patients should be excluded as these are incidental cancers in this cohort.	National Cancer Quality Program	TBC
4ii	Look at prioritizing patients with high PSA for an accelerated pathway. A pragmatic pathway approach should be investigated.	SCAN Clinical Lead	3/12/25
5	For future consideration by the Cancer Quality program: With the next iteration perhaps look at all prostatectomies rather than just pT2 - include pT3	National Cancer Quality Program	TBC
7i	Patients should be discussed or registered at the MDM. Reminder to all clinicians to register patients for MDT discussion, even if protocolised. Note for Cancer Quality Program: It is noted that timelines are out in general by a few days and results are close to the target. With the numbers involved 5% is not a good tolerance for this QPI.	SCAN Clinical Lead/ SCAN Oncology Lead	3/12/25
7ii	A breakdown of the patients who started systemic therapy >100 days is required	SCAN Cancer Information Analyst	3/12/25
	Oncology lead to remind colleagues to document reasons when not offering upfront SACT.	SCAN Oncologist/ Oncologists for all health boards	
8	Raise awareness of the PROMS REDCap database within SCAN. Additional resource may be required to improve performance against this QPI.	SCAN Lead Oncologist / Oncologists for all Health Boards	3/12/25
11	Capacity issues for radiology and prostate biopsy services are progressing in Borders and Lothian. NHS D&G update required	Service managers NHS D&G	3/12/25
14ii	Prostate Lead clinician to prompt SCAN lead radiologist to ensure Likert is documented on the radiology reports.	SCAN Radiology Lead and Prostate Lead	3/12/25
15	This QPI relies on M stage & Metastatic Burden of disease being recorded. Clinical colleagues to be reminded to document burden of disease. Clinicians need to document (in correspondence) if patients have declined radiotherapy treatment.	SCAN Oncologists	3/12/25
	National Cancer Quality Program Action: This QPI needs reviewed and potential updating to current clinical practice.	National Cancer Quality Program	TBC

Clinical Recommendation Summary 2022-23

QPI	Action required	Lead	Progress at Board Level
4i	Reminder to all clinicians to register patients for MDT discussion, even if protocolised	SCAN Clinical Leads	Clinicians have been reminded and this will be an ongoing action.
4ii	Look at prioritizing patients with high PSA for an accelerated pathway. A pragmatic pathway approach should be investigated.	SCAN Clinical Leads	Discussion at local level for assistance with this within the cancer directorate and improvement teams
7i	Reminder to all clinicians to register patients for MDT discussion.	SCAN Clinical Leads	As for QPI 4(i) clinicians have been reminded and this will be an ongoing action.
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	Progress in Lothian and Borders with some ring-fenced slots now provided in Borders. Ongoing action
	Clinical staff to be reminded to document whether patients are for active surveillance or watchful waiting protocols.	SCAN Clinical Leads	Addressed.
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	Discussions underway. This is an ongoing action.
15	This QPI relies on M stage & Metastatic Burden of disease being recorded. Clinical colleagues to be reminded to document burden of disease. Clinicians need to document (in correspondence) if patients have declined radiotherapy treatment.	SCAN Clinical Leads	Action addressed and ongoing.

Prostate Cancer QPI Attainment Summary 2023-24			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 103 D 105	98.1%	N 144 D 148	97.3%	N 293 D 304	96.4%	N 612 D 652	93.9%	N 1152 D 1209	95.3%
	Metastatic prostate cancer (M1) within 6 weeks of treatment		95	N 19 D 22	86.4%	N 22 D 28	78.6%	N 75 D 83	90.4%	N 90 D 107	84.1%	N 206 D 240	85.8%
QPI 5: Surgical Margins: Positive margins in pathologically confirmed organ confined pT2 radical prostatectomy			≤20	Presented by Board of Surgery				N 9 D 56	16.1%	N 25 D 136	18.4%	N 34 D 192	17.7%
QPI 6: Surgical Volume: Radical prostatectomy /surgeon in 1 year			≥50	Four consultants in SCAN met the QPI target.									
QPI 7: Hormone Therapy + Additional SACT / ARTA	Hormone therapy within 31 days of MDM decision		95	N 21 D 22	95.5%	N 24 D 26	92.3%	N 72 D 84	85.7%	N 97 D 108	89.8%	N 214 D 240	89.2%
	M1 cases treated with ADT 31 days + SACT 100 days from ADT date		60	N 13 D 21	61.9%	N 8 D 26	30.8%	N 38 D 82	46.3%	N 54 D 102	52.9%	N 113 D 231	48.9%
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 6 D 71	8.5%	N 47 D 132	35.6%	N 53 D 203	26.1%
		Radical Radiotherapy	50	Board of Treatment				N 0 D 90	0.0%	N 0 D 154	0.0%	N 0 D 244	0.0%
		Brachytherapy	50	Board of Treatment				N 0 D 6	0.0%	N 0 D 41	0.0%	N 0 D 47	0.0%
QPI 11: Patients under surveillance to have bpMRI or mpMRI or prostate biopsy within 11-18 months of diagnosis.			95	N 20 D 34	58.8%	N 8 D 14	57.1%	N 27 D 31	87.1%	N 95 D 117	81.2%	N 150 D 196	76.5%
QPI 14: Diagnostic Pre-biopsy MRI	Those for biopsy that had pre-biopsy bpMRI or mpMRI as initial investigation.		95	N 62 D 66	93.9%	N 99 D 101	98.0%	N 138 D 141	97.9%	N 425 D 427	99.5%	N 724 D 735	98.5%
	Pre-biopsy bpMRI or mpMRI reported with PI-RADS/ Likert		95	N 97 D 103	94.2%	N 113 D 144	78.5%	N 218 D 280	77.9%	N 513 D 606	84.7%	N 941 D 1133	83.1%
QPI 15: Low Burden Metastatic Disease	Patients with metastatic prostate cancer in whom burden of disease is assessed.		95	N 14 D 16	87.5%	N 24 D 28	85.7%	N 84 D 84	100%	N 100 D 105	95.2%	N 222 D 233	95.3%
	Those with low metastatic burden that receive radiotherapy.		60	N 1 D 2	50.0%	N 1 D 9	11.1%	N 4 D 29	13.8%	N 15 D 25	60.0%	N 21 D 65	32.3%

Introduction and Methods

Cohort

This report covers patients newly diagnosed with prostate cancer in SCAN between 01/07/2023 and 30/06/2024. The results contained within this report are presented by NHS board of diagnosis, where the presented by hospital of surgery.

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 Juan Yanez Casal, SCAN Cancer Information 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 Michael Charles
NHS Fife	Queen Margaret Hospital	Dr Sarah Scobie	Adam Steenkamp
SCAN & NHS Lothian	St John's Hospital Western General Hospital	Mr Abhishek Sharma Dr A Sundaramurthy	Juan Yanez Casal

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 2019 to 2023. 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 01/07/2023 to 30/06/2024.

	Borders	D&G	Fife	Lothian	SCAN
Prostate Cancer	130	187	401	778	1496

Estimate of Case Ascertainment: Calculated using the average of the most recent available five years of Cancer Registry Data 2019-2023

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	130	187	401	778	1496
Cancer Registry 5 Year Average	103	173	309	635	1219
Case Ascertainment %	**126.2%**	**108.1%**	**129.8%**	**122.5%**	**122.7%**

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
2023-2024 cohort	130	187	401	778	1496
Excluded from analysis	0	0	1	0	1
Ineligible for analysis	25	39	96	126	286
Numerator	103	144	293	612	1152
Not recorded for numerator	0	0	8	2	10
Denominator	105	148	304	652	1209
Not recorded for exclusion	0	0	1	0	1
Not recorded for denominator	1	3	8	6	18
% Performance	**98.1%**	**97.3%**	**96.4%**	**93.9%**	**95.3%**

Patients discussed at MDM	103	144	293	612	1152
Patients not discussed/registered before definitive treatment	2	4	11	40	57
Total	**105**	**148**	**295**	**652**	1200
% of patients not discussed prior to definitive treatment	**1.9%**	**2.8%**	**3.8%**	**6.5%**	**4.9%**

Comments:

Lothian: The QPI target was not met showing a shortfall of 1.1% (38 cases). 32 patients had their definitive treatment after being discussed at the MDM (median 29d, range 5-352) and 6 patients were not discussed.

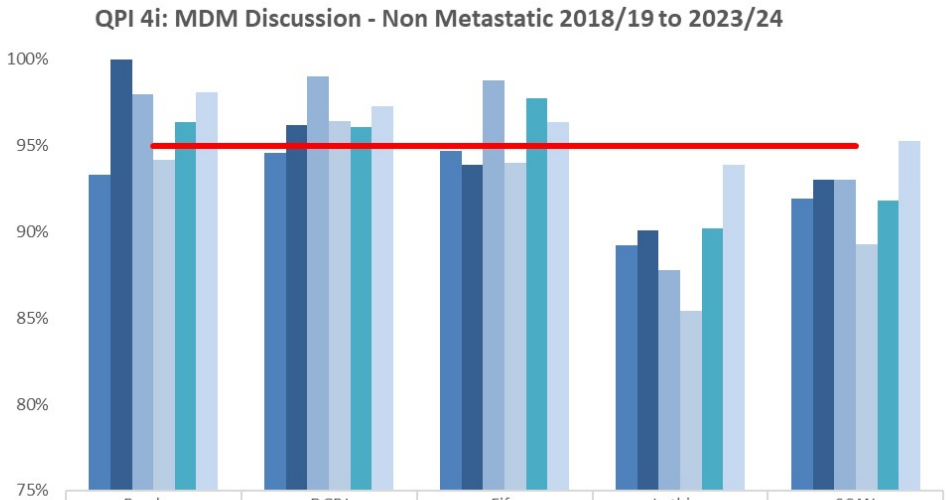
- 22 patients had ADT, 20 of them were discussed at the MDM after definitive treatment and 2 patients were not discussed
- 8 patients were on Watchful Waiting, 4 of them discussed at the MDM after definitive treatment (6, 7, 9 and 324 days after) and 4 were not discussed
- 7 patients were incidentally diagnosed after cystoprostatectomy (bladder cancer) and had their definitive treatment after MDM discussion
- 1 patient was on Active Surveillance and was discussed at the MDM 31 days after definitive treatment

With two exceptions, the first treatment and definitive treatment were the same for these 38 patients.

Comment: The small numbers not discussed at MDM may reflect good case ascertainment with audit teams identifying patients from GRO death data. Generally it's an older cohort of patients that are not discussed, but they should all be registered at MDM.

Action: Lothian reminder to all clinicians to register patients for MDT discussion, even if protocolised.

For future consideration by the Cancer Quality program: Cystoprostatectomy patients should be excluded as these are incidental cancers in this cohort.



	Borders	DGRI	Fife	Lothian	SCAN
2018-19	93.3%	94.6%	94.7%	89.2%	91.9%
2019-20	100.0%	96.2%	93.9%	90.1%	93.0%
2020-21	98.0%	99.0%	98.8%	87.8%	93.0%
2021-22	94.2%	96.4%	94.0%	85.4%	89.3%
2022-23	96.4%	96.1%	97.7%	90.2%	91.8%
2023-24	98.1%	97.3%	96.4%	93.9%	95.3%
Target ≥	95.0%	95.0%	95.0%	95.0%	95.0%

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**
2023-2024 cohort	130	187	401	778	1496
Excluded from analysis	0	0	1	0	1
Ineligible for analysis	108	159	317	671	1255
Numerator	19	22	75	90	206
Not recorded for numerator	0	0	0	0	0
Denominator	22	28	83	107	240
Not recorded for exclusion	0	0	8	0	8
Not recorded for denominator	1	3		6	10
% Performance	**86.4%**	**78.6%**	**90.4%**	**84.1%**	**85.8%**

Comments:

Borders: The QPI target was not met showing a shortfall of 8.6% (3 patients). All 3 were started on hormones prior to MDT discussion.

D&G: The QPI target was not met showing a shortfall of 6 patients, 4 patients were discussed outwith the timeframe (59 - 109 days) as awaiting imaging prior to MDT and 2 were not discussed with no reason identified.

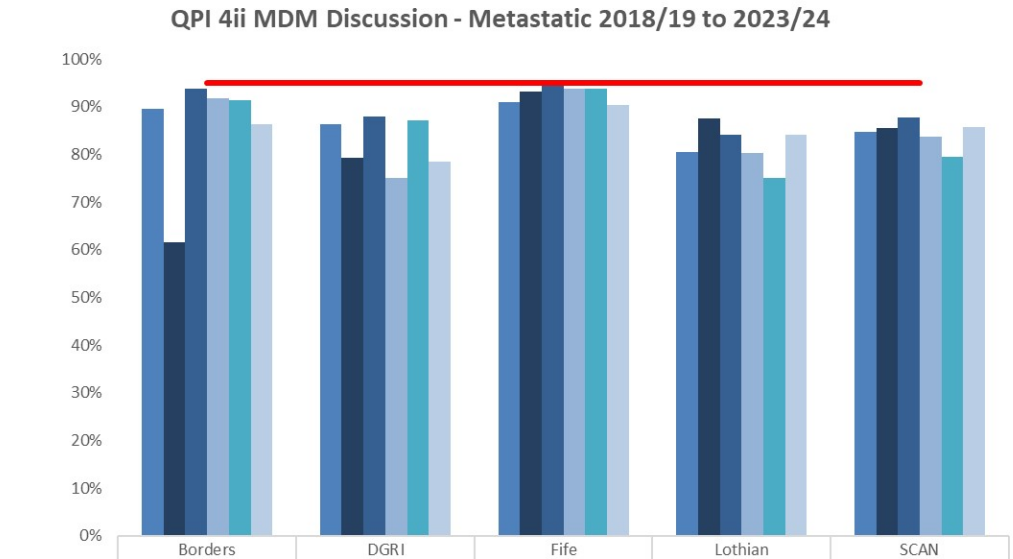
Fife: The QPI target was not met showing a shortfall of 4.6% (8 cases) 3 didn't have MDT discussion. 5 had appropriate treatment but outwith the 42 day parameter set by this QPI (Median 62 days before MDM) We will continue to try and ensure that all patients are recorded for MDM even when not for active treatment and regardless of performance status.

Lothian: The QPI target was not met showing a shortfall of 10.9% (17 patients), all of them on ADT as first and definitive treatment.13 of these were discussed after treatments started (median 62d, range 43-125).

Outliers in Lothian tended to be older patients who were clinically diagnosed and started on hormone therapy prior to MDM discussion (comment from last year).

Action: Ongoing action to prioritize patients with high PSA for an accelerated pathway. A pragmatic pathway approach should be investigated.

Comment: This QPI is problematic, if this QPI is continued a valid question may be how many would have had management changed after the MDM.



	Borders	DGRI	Fife	Lothian	SCAN
2018-19	89.5%	86.4%	90.9%	80.6%	84.8%
2019-20	61.5%	79.4%	93.3%	87.5%	85.6%
2020-21	93.8%	87.9%	95.0%	84.1%	87.8%
2021-22	91.7%	75.0%	93.8%	80.3%	83.8%
2022-23	91.3%	87.1%	93.8%	75.0%	79.5%
2023-24	86.4%	78.6%	90.4%	84.1%	85.8%
Target ≥	95.0%	95.0%	95.0%	95.0%	95.0%

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 2023-24 rather than diagnoses in 2023-2024). (No exclusions).

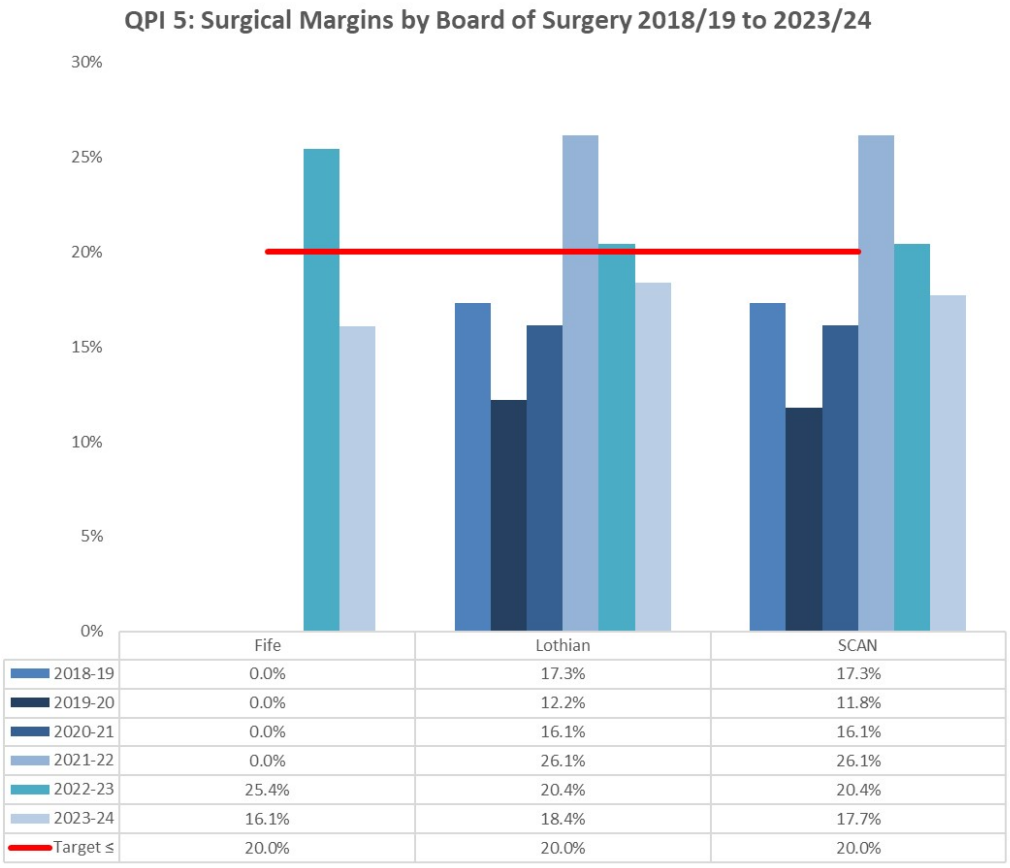
By Board of Surgery

Target ≤ 20%	Fife	Lothian	SCAN
Numerator	9	25	34
Not recorded for numerator	0	0	0
Denominator	56	136	192
Not recorded for exclusion	0	0	0
Not recorded for denominator	0	0	1
% Performance	**16.1%**	**18.4%**	**17.7%**

Action: None identified

Comment: Treatment of NCCN Low Risk (according to National Comprehensive Cancer Network guidelines) or Grade Group 1 (CPG-1 cancers should be 8-9% according to National Cancer Prostate Audit 2024.

For future consideration by the Cancer Quality program: With the next iteration perhaps look at all prostatectomies rather than just pT2, include pT3.



	Fife	Lothian	SCAN
2018-19	0.0%	17.3%	17.3%
2019-20	0.0%	12.2%	11.8%
2020-21	0.0%	16.1%	16.1%
2021-22	0.0%	26.1%	26.1%
2022-23	25.4%	20.4%	20.4%
2023-24	16.1%	18.4%	17.7%
Target ≤	20.0%	20.0%	20.0%

Note: All surgery was performed in Lothian prior to 2022-23.

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 2023-2024 rather than diagnoses in 2023-2024.

SCAN Audit figures	Number of prostatectomy procedures in 2023/24			
	B	C	D	E
	93	68	76	23

Surgeon E had been in post for only 6 months at the time of reporting

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
2023-2024 cohort	130	187	401	778	1496
Excluded from analysis	0	1	0	0	1
Ineligible for analysis	108	160	317	670	1255
Numerator	21	24	72	97	214
Not recorded for numerator	0	1	0	0	1
Denominator	22	26	84	108	240
Not recorded for exclusion	0	1	0	0	1
Not recorded for denominator	1	3	8	6	18
% Performance	**95.5%**	**92.3%**	**85.7%**	**89.8%**	**89.2%**

Comments:

DGRI: The QPI target was not met showing a shortfall of 2 cases, both started on hormones but were not discussed at MDT

Fife: The QPI target was not met showing a shortfall of 9.3% (12 cases) 7 had hormones and MDT discussion outwith the prescribed 31 days due to cancer pathway complexities. 3 were cancer registry cases where patients found to have incidental prostate cancer, not discussed at MDM. 1 for best supportive care only from a Urology MDM (bladder and prostate cancers). 1 died before treatment. We can continue to ensure all patients are registered at MDM. Clinic capacity remains under pressure. With more capacity the patients can be seen in a timely fashion in line with QPI parameters.

Lothian: The QPI target was not met showing a shortfall of 5.2% (11 patients), with the following breakdown:

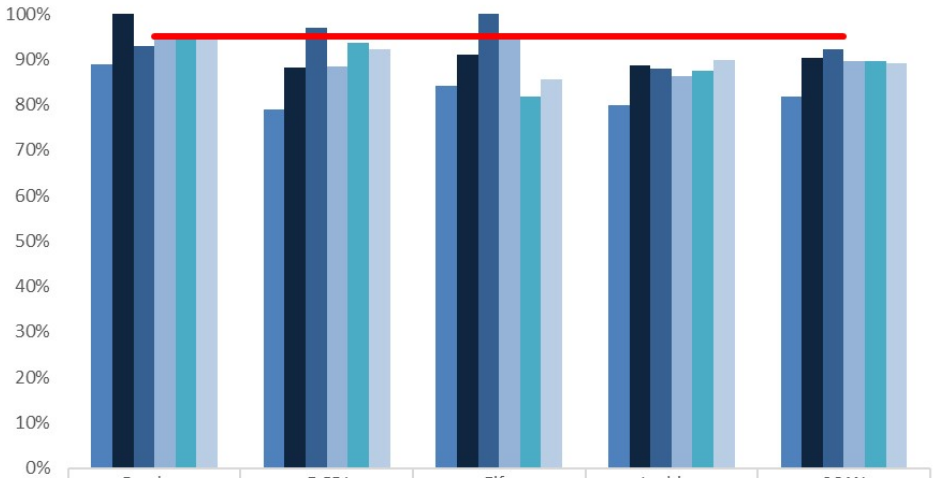
- 4 started hormones without being discussed at the MDM, all within 1 or 2 days of diagnosis.
- A decision for BSC was made for 3 patients
- 2 patients died shortly after diagnosis (53 days and 20 days, respectively).

- 1 patient (discussed at MDM) declined further investigation and enrolled the watchful waiting protocol.
- In 1 case the QPI was missed by 10 days.

Action: Patients should be discussed or registered at the MDM. Reminder to all clinicians to register patients for MDT discussion, even if protocolised

It is noted that timelines are out in general by a few days and results are close to the target. With the numbers involved, 5% is not a good tolerance for this QPI.

QPI 7i: Androgen Deprivation Therapy (ADT) 2018/19 to 2023/24



	Borders	DGRI	Fife	Lothian	SCAN
2018-19	88.9%	78.9%	84.1%	80.0%	81.9%
2019-20	100.0%	88.2%	91.1%	88.7%	90.3%
2020-21	92.9%	97.0%	100.0%	87.9%	92.3%
2021-22	95.7%	88.5%	94.7%	86.4%	89.7%
2022-23	95.2%	93.5%	81.8%	87.6%	89.7%
2023-24	95.5%	92.3%	85.7%	89.8%	89.2%
Target ≥	95.0%	95.0%	95.0%	95.0%	95.0%

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 of MDM) 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
2023-2024 cohort	130	187	401	778	1496
Excluded from analysis	1	1	0	0	2
Ineligible for analysis	108	160	319	676	1263
Numerator	13	8	38	54	113
Not recorded for numerator	0	1	0	0	1
Denominator	21	26	82	102	231
Not recorded for exclusion	0	1	0	0	1
Not recorded for denominator	1	3	8	6	17
% Performance	**61.9%**	**30.8%**	**46.3%**	**52.9%**	**48.9%**

Comments:

D&G: The QPI target was not met showing a shortfall of 18 patients, 14 patients had hormones only due to fitness or co-morbidities and 4 started ARTA outwith the timescale.

Fife: The QPI target was not met showing a shortfall of 13.7% (44 cases) combination of cases either started 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 but outwith the 100 day target from starting hormone treatment. There has been a suggestion to split this QPI and revise the ARTA part at the next formal review.

Lothian: The QPI target was not met showing a shortfall of 7.1% (48 patients).

31 patients started hormones before (29 patients) or the same day they were discussed at MDM (2 patients): 21 of those didn't receive any SACT, only ADT (good response to hormones, frailty, extent of disease), 8 received ARTA more than 100 days after starting hormones (QPI criteria) and 2 received chemotherapy, exceeding the QPI criteria (over 100 days between ADT and ARTA/chemotherapy).

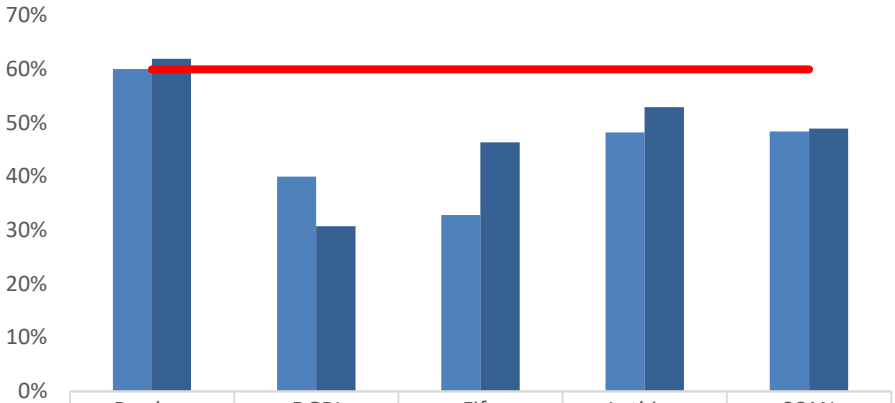
A further 7 patients started ADT after MDM discussion and only one received SACT, missing the criteria by 21 days (ADT to ARTA ≤ 100 days)

6 patients were not discussed at the MDM and received BSC or active monitoring.

The remaining 4 patients started ADT without being discussed at the MDM and only one received SACT (meeting the QPI criteria for ADT to ARTA ≤ 100 days).
Comment: This may reflect capacity more than clinical need.

Action: A further review of the patients who started systemic therapy >100 days is not possible due to the absence of adequate documentation in the patient records. This needs to be addressed.

QPI 7ii - Immediate ADT + Systemic therapy 2023/24



	Borders	DGRI	Fife	Lothian	SCAN
2022-23	60.0%	40.0%	32.8%	48.2%	48.4%
2023-24	61.9%	30.8%	46.3%	52.9%	48.9%
Target ≥	60.0%	60.0%	60.0%	60.0%	60.0%

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
2022-2023 cohort	382	754	1450
Excluded from analysis	1	0	1
Ineligible for analysis	310	622	932
Numerator	6	47	53
Not recorded for numerator	0	71	71
Denominator	71	132	203
Not recorded for exclusion	0	0	0
Not recorded for denominator	0	0	0
% Performance	**8.5%**	**35.6%**	**26.1%**

Comments:

Fife: The QPI target was not met showing a shortfall of 41.5% (65 cases) 6 had full set of PROMS data uploaded to REDCAP. 65 surgical PROMS proformas were not completed and uploaded to the REDCAP database. Additional resource will improve performance.

ii) Radiotherapy Target 50%	Fife	Lothian	SCAN
2022-2023 cohort	382	754	1450
Excluded from analysis	0	0	0
Ineligible for analysis	292	600	892
Numerator	0	0	0
Not recorded for numerator	0	90	90
Denominator	90	154	244
Not recorded for exclusion	0	0	0
Not recorded for denominator	0	0	0
% Performance	0%	0%	0%

All Radiotherapy is performed in NHS Lothian.

Comment

The Oncology department started to enrol patients to the National PROMS database in April 2024

iii) Brachytherapy Target 50%	Fife	Lothian	SCAN
2022-2023 cohort	382	754	1450
Excluded from analysis	0	0	0
Ineligible for analysis	376	713	1089
Numerator	0	0	0
Not recorded for numerator	0	18	18
Denominator	6	41	47
Not recorded for exclusion	0	0	0
Not recorded for denominator	0	0	0
% Performance	0%	0%	0%

All Brachytherapy is performed in NHS Lothian.

Comments The Oncology department started to enrol patients to the National PROMS database in April 2024

Comment:
The National PROMS database is now hosted by Public Health Scotland. All clinicians offering radical treatment should be using it for this cohort of patients, partly for quality measurements and partly for safeguarding patients with PSA biochemical failure.
The database is easy to use and once final treatment done the database sends the patient an email.

The PROMS database originated in NHS Lothian and the surgical PROMS process in Lothian is supported by the Lothian data services manager as part of his role.

Although clinician awareness of the database might be a factor, this is additional work with no additional resource. The database work takes a few minutes for each patient and clinicians are trying to do this in busy clinics.

This QPI entails extra work with no extra resource so this is aspirational but requires action and further resource should be sought for Fife (surgery and oncology) and Lothian (oncology).

Actions: Raise awareness of the PROMS REDCap database within SCAN. Additional resource may be required to improve performance against this QPI.

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
2022-2023 cohort	123	191	382	754	1450
Excluded from analysis	0	10	0	0	10
Ineligible for analysis	89	167	351	637	1244
Numerator	20	8	27	95	150
Not recorded for numerator	0	0	0	6	6
Denominator	34	14	31	117	196
Not recorded for exclusion	0	0	0	2	2
Not recorded for denominator	0	0	0	0	0
% Performance	**58.8%**	**57.1%**	**87.1%**	**81.2%**	**76.5%**

Comments:

Borders: The QPI target was not met showing a shortfall of 14 patients.

- 4 patients received their scan outwith the QPI timeframe:
  - 2 within 11 months
  - 2 after 18 months
- 3 Patients were moved to watchful waiting due to other health issues.
- 3 patients were awaiting follow up appointment due to clinic capacity issues
- 1 was an incidental finding after bladder investigations
- 1 patient had a CT instead of MRI.
- 1 patient had no repeat scan requested.

Clinic capacity and staffing levels are an ongoing issue and it is challenging to see patients in a timely fashion as patients are not currently separately identified on the clinic waiting lists.

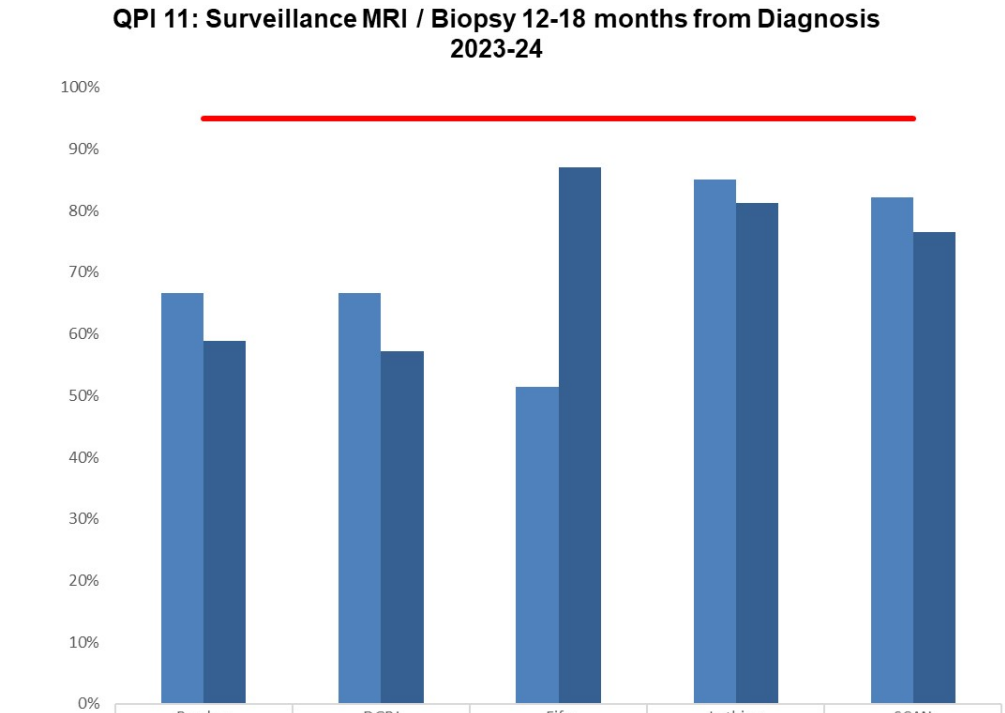
D&G: The QPI target was not met showing a shortfall of 6 patients, 5 patients had MRI outwith timescale (291 - 322 days). 1 patient had not had MRI which has now been arranged

Fife: The QPI target was not met showing a shortfall of 7.9% (4 cases) 1 didn't have any surveillance follow up MRI or biopsy. 3 had MRI or biopsy but not within the prescribed ≥335 days and ≤547 days from diagnosis. The median was 324 days. Small numbers create greater percentage change.

Lothian: The QPI target was not met showing a shortfall of 13.8% (16 cases).

- 11 patients had a surveillance MRI/Re-biopsy due to PSA dynamics (PSA rise or PSA remaining high)
- 2 patients were moved on to a watchful waiting protocol
- 1 patient was discharged after failing to attend 5 clinic appointments for his active surveillance
- 1 patient's first MRI scan suggested more significant disease on the left side than the biopsy found and therefore he had his MRI to be repeated sooner to ensure not under sampled a more significant lesion in the left lobe.
- For 1 patient no reason was found.

Action: Capacity issues for radiology and prostate biopsy services are progressing NHS D&G update required.



	Borders	DGRI	Fife	Lothian	SCAN
2022-23	66.7%	66.7%	51.4%	85.1%	82.1%
2023-24	58.8%	57.1%	87.1%	81.2%	76.5%
Target ≥	95.0%	95.0%	95.0%	95.0%	95.0%

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.

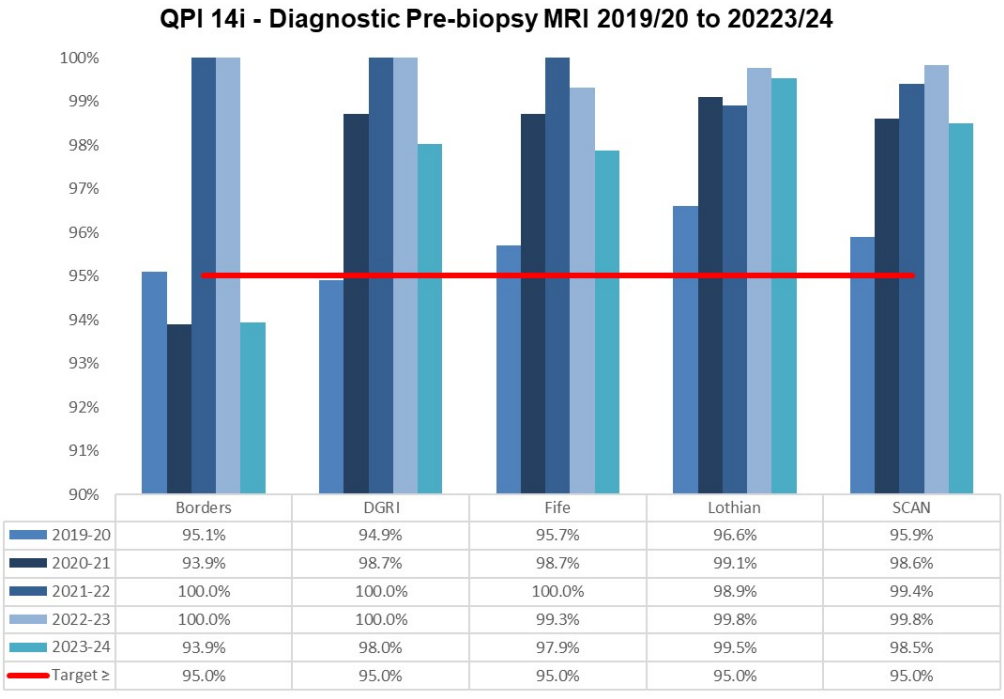
Exclusions = Patients unable to undergo an MRI scan, decline MRI, have undergone TURP, have undergone laser enucleation, or those with locally advanced (Clinical T3 and above) and / or M1 disease.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023-2024 cohort	130	187	401	778	1496
Excluded from analysis	12	3	239		254
Ineligible for analysis	52	83	21	351	507
Numerator	62	99	138	425	724
Not recorded for numerator	0	0	0	2	2
Denominator	66	101	141	427	735
Not recorded for exclusion	8	25	0	0	33
Not recorded for denominator	0	0	0	0	0
% Performance	**93.9%**	**98.0%**	**97.9%**	**99.5%**	**98.5%**

Comments:

Borders: The QPI target was not met showing a shortfall 1.1% (4 patients). In 2 cases MRI was not performed due to contra-indications (spinal nerve simulator and claustrophobia). One patient was given only CT scan on MDT recommendation. The fourth patient had MRI done in 2022 but this was thought to be inflammation and an updated MRI was done after biopsy.

Action: No action identified



	Borders	DGRI	Fife	Lothian	SCAN
2019-20	95.1%	94.9%	95.7%	96.6%	95.9%
2020-21	93.9%	98.7%	98.7%	99.1%	98.6%
2021-22	100.0%	100.0%	100.0%	98.9%	99.4%
2022-23	100.0%	100.0%	99.3%	99.8%	99.8%
2023-24	93.9%	98.0%	97.9%	99.5%	98.5%
Target ≥	95.0%	95.0%	95.0%	95.0%	95.0%

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
2023-2024 cohort	130	187	401	778	1496
Excluded from analysis	0	0	0	0	0
Ineligible for analysis	27	43	121	172	363
Numerator	97	113	218	513	941
Not recorded for numerator	6	31	62	93	192
Denominator	103	144	280	606	1133
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
% Performance	**94.2%**	**78.5%**	**77.9%**	**84.7%**	**83.1%**

Comments:

Borders: The QPI target was not met showing a shortfall of 0.8% (6 cases). The scan was not completed due to patient not tolerating scanner and it was not recorded by radiologist Not recorded by radiologist in the remaining 5 cases.

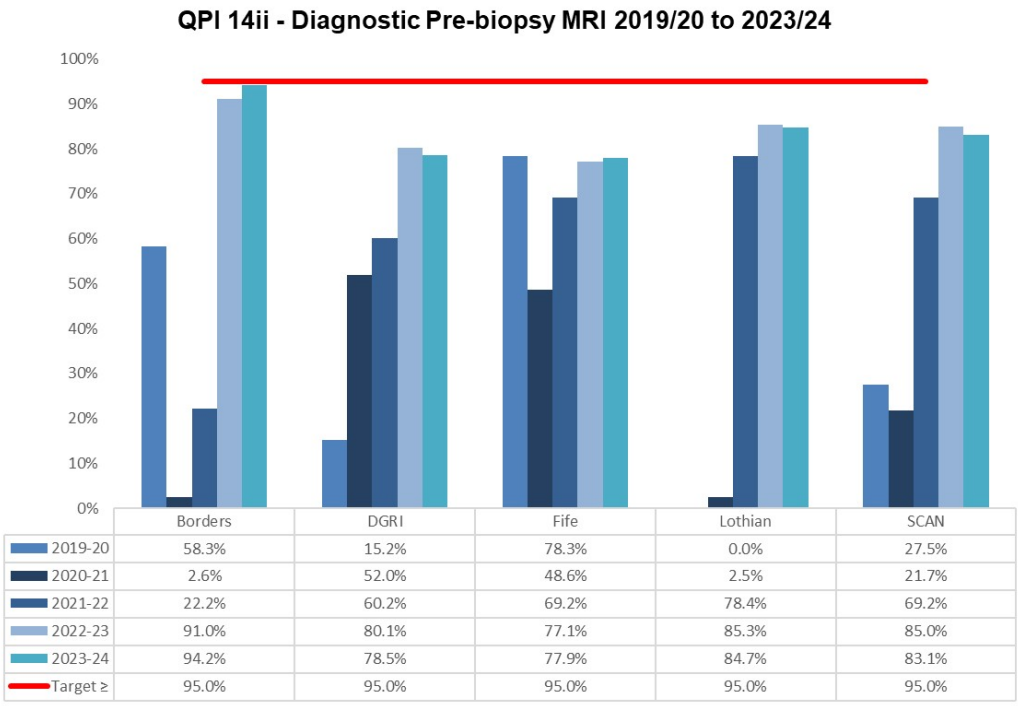
D&G: The QPI target was not met showing a shortfall of 31 patients, no reason identified for Pi-Rads not being recorded

Fife: The QPI target was not met showing a shortfall of 17.1% (62 cases) Likert or Pi-Rads scores not assigned. With a wide array of radiologists reporting NHS Fife imaging, this remains a work in progress. Efforts are being made at MDM to gather this information when lacking on the original radiology report.

Lothian: The QPI target was not met showing a shortfall of 15.3 (93 cases), all of them not recorded.

Comment: It is good practice to have this reported on MRI but it is subjective so there is inconsistency amongst radiology reports. There is a new SCNP with a template for high quality reporting prostate cancer MRI.
Note that this QPI is achieved in both West and North of Scotland Networks (WoSCAN and NCA).

Action: Prostate Lead clinician to prompt SCAN lead radiologist to ensure Likert is documented on the radiology reports.



	Borders	DGRI	Fife	Lothian	SCAN
2019-20	58.3%	15.2%	78.3%	0.0%	27.5%
2020-21	2.6%	52.0%	48.6%	2.5%	21.7%
2021-22	22.2%	60.2%	69.2%	78.4%	69.2%
2022-23	91.0%	80.1%	77.1%	85.3%	85.0%
2023-24	94.2%	78.5%	77.9%	84.7%	83.1%
Target ≥	95.0%	95.0%	95.0%	95.0%	95.0%

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
2023-2024 cohort	130	187	401	778	1496
Excluded from analysis	0	0	0	0	0
Ineligible for analysis	114	159	317	673	1263
Numerator	14	24	84	100	222
Not recorded for numerator	2	2	0	3	7
Denominator	16	28	84	105	233
Not recorded for exclusion	0	0	0	0	0
Not recorded for denominator	1	3	8	6	18
% Performance	**87.5%**	**85.7%**	**100.0%**	**95.2%**	**95.3%**

Comments:

Borders: The QPI target was not met showing a shortfall of 7.5% (2 cases), one of them not recorded by radiology and the second one due to the difficulty to assess due to nodes from Merkel cell disease.

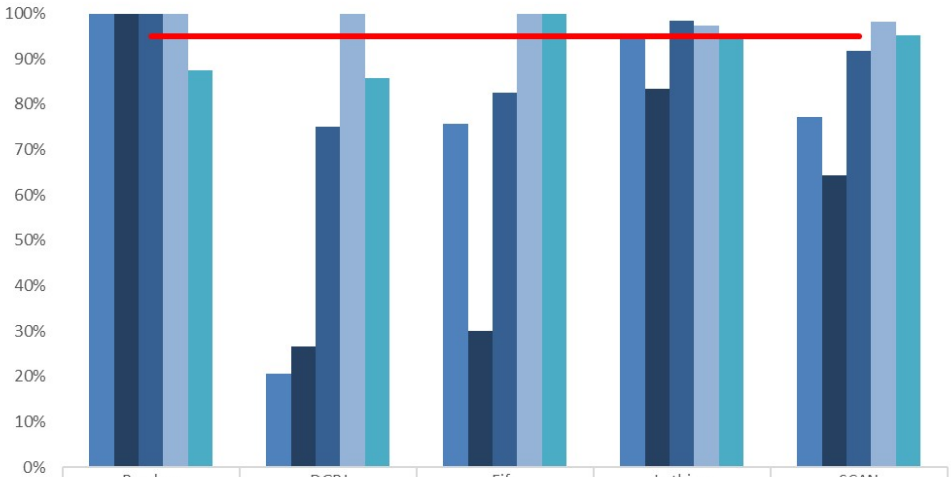
DGRI: The QPI target was not met showing a shortfall of 4 patients, 3 patients were scanned in Carlisle.

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.

Action: Departments are encouraged to continue to confirm metastatic burden recording as high or low volume.

QPI 15i - Low Burden Metastatic Disease 2019/20 to 2023/24



	Borders	DGRI	Fife	Lothian	SCAN
2019-20	100.0%	20.6%	75.6%	94.8%	77.2%
2020-21	100.0%	26.5%	30.0%	83.3%	64.3%
2021-22	100.0%	75.0%	82.5%	98.4%	91.8%
2022-23	100.0%	100.0%	100.0%	97.3%	98.2%
2023-24	87.5%	85.7%	100.0%	95.2%	95.3%
Target ≥	95.0%	95.0%	95.0%	95.0%	95.0%

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
2023-2024 cohort	130	187	401	778	1496
Excluded from analysis	2	0	0	0	2
Ineligible for analysis	126	178	372	753	1429
Numerator	1	1	4	15	21
Not recorded for numerator	0	0	0	1	1
Denominator	2	9	29	25	65
Not recorded for exclusion	0	0	0	3	3
Not recorded for denominator	2	3	0	2	7
% Performance	**50.0%**	**11.1%**	**13.8%**	**60.0%**	**32.3%**

Comments:

Borders: The QPI target was not met showing a shortfall of 10.0% (1 case). The MDT decision was for hormones only due to patient's age.

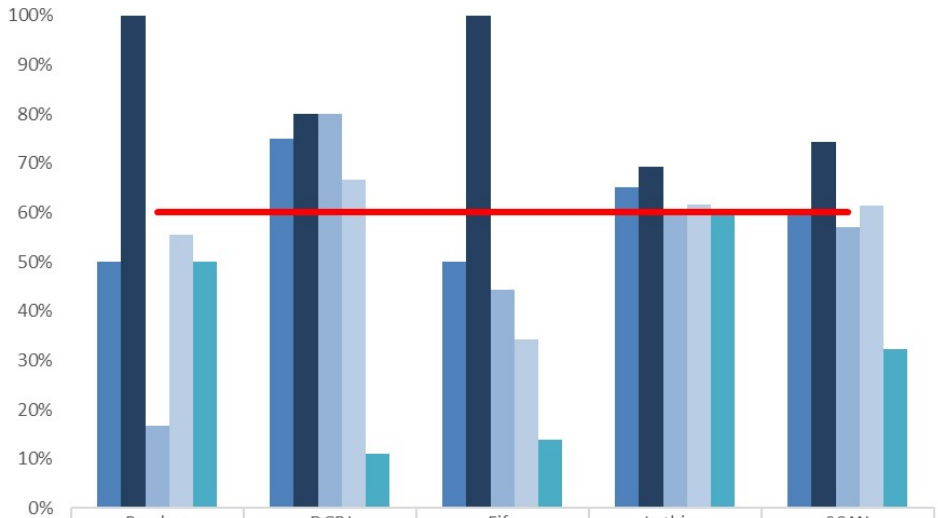
DGRI: The QPI target was not met showing a shortfall of 8 patients, 6 on hormones only as not fit and 2 treated with Abiraterone.

Fife: The QPI target was not met showing a shortfall of 25.8% (25 cases) in the majority of cases the patients struggle with bladder outflow issues, urinary tract infections and other age related co-morbidities that will exclude them from receiving high dose palliative radiotherapy.

Action: Need to document if patients decline this treatment.

National Cancer Quality Program Action: This QPI needs reviewed and potential updating to current clinical practice.

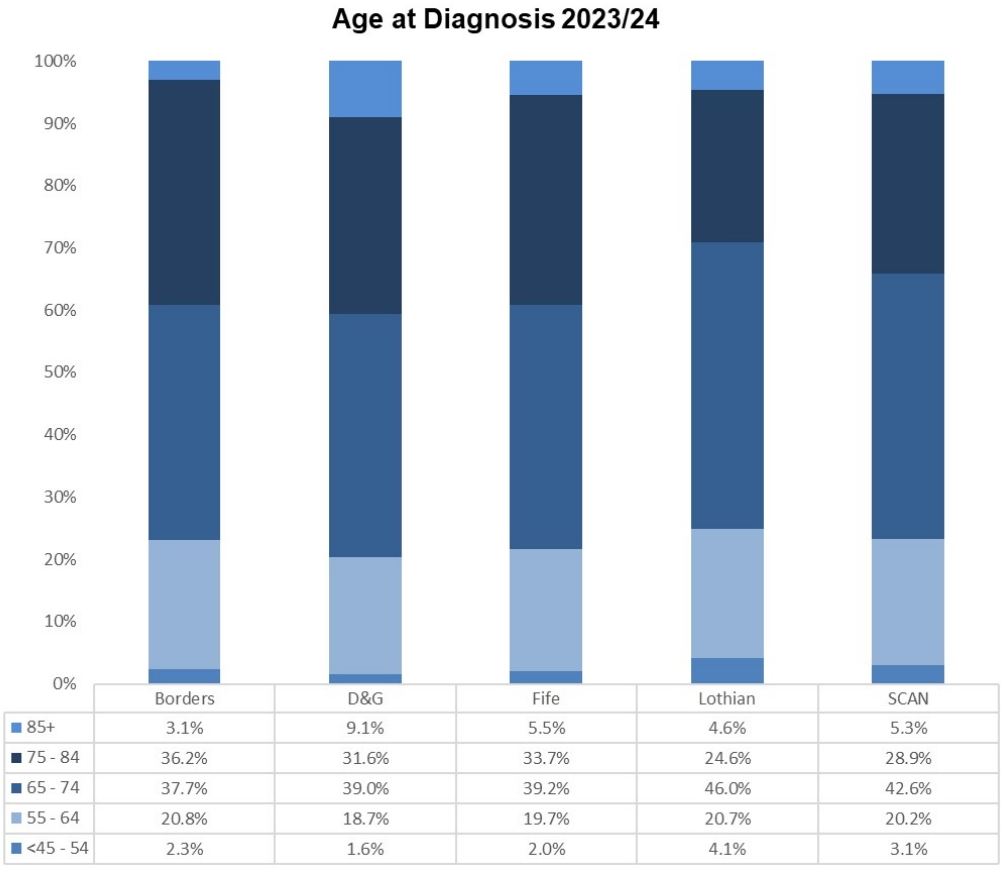
QPI 15ii - Low Burden Metastatic Disease 2019/20 to 2023/24



	Borders	DGRI	Fife	Lothian	SCAN
2019-20	50.0%	75.0%	50.0%	65.0%	59.5%
2020-21	100.0%	80.0%	100.0%	69.2%	74.3%
2021-22	16.7%	80.0%	44.4%	60.5%	57.1%
2022-23	55.6%	66.7%	34.2%	61.5%	61.4%
2023-24	50.0%	11.1%	13.8%	60.0%	32.3%
Target ≥	60.0%	60.0%	60.0%	60.0%	60.0%

Age Analysis

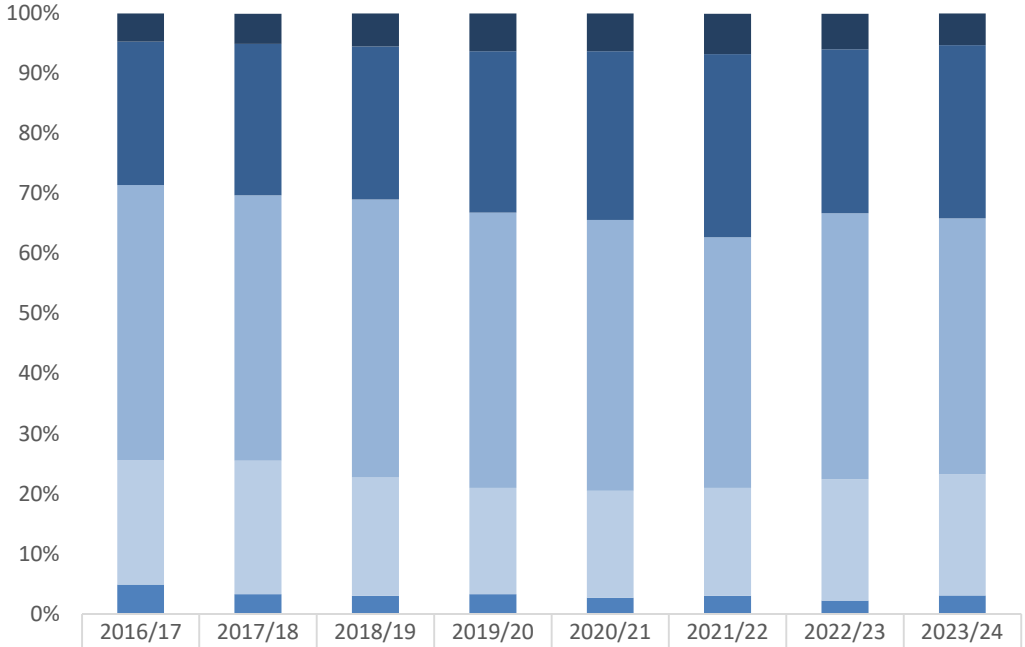
Age Analysis	Borders	D&G	Fife	Lothian	SCAN
Under 45	0	0	0	1	1
45 - 49	0	0	2	2	4
50 - 54	3	3	6	29	41
55 - 59	7	17	31	65	120
60 - 64	20	18	48	96	182
65 - 69	22	29	79	172	302
70 - 74	27	44	78	186	335
75 - 79	38	37	96	147	318
80 - 84	9	22	39	44	114
85+	4	17	22	36	79
Total	**130**	**187**	**401**	**778**	**1496**



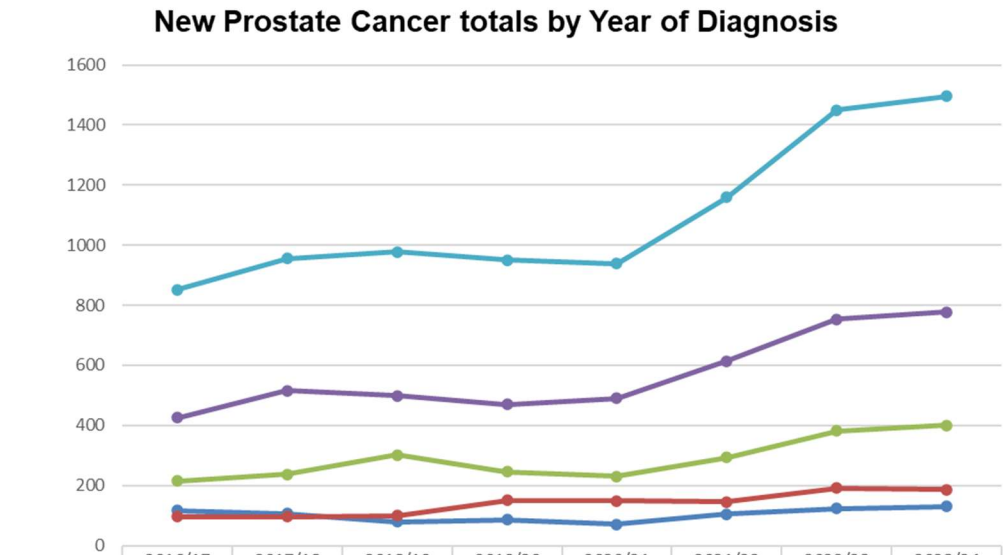
Treatment Types

Health Board	Primary Hormones		Active Surveillance		WW / BSC		Radical Radiotherapy		Brachytherapy		Surgery	
Borders	35	26.9%	28	21.5%	5	3.8%	36	27.7%	2	1.5%	23	17.7%
D&G	44	23.5%	43	23.0%	27	14.4%	42	22.5%	8	4.3%	22	11.8%
Fife	97	24.2%	39	9.7%	47	11.7%	142	35.4%	3	0.7%	61	15.2%
Lothian	324	41.6%	208	26.7%	76	9.8%	41	5.3%	26	3.3%	125	16.1%
SCAN	**500**	**29.1%**	**318**	**20.2%**	**155**	**9.9%**	**261**	**22.7%**	**39**	**2.5%**	**231**	**15.2%**

Age at Diagnosis - SCAN Total over 8 years



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
85+	4.7%	5.0%	5.5%	6.3%	6.3%	6.7%	5.9%	5.3%
75 to 84	23.9%	25.2%	25.5%	26.9%	28.1%	30.5%	27.3%	28.9%
65 to 74	45.8%	44.2%	46.2%	45.8%	45.1%	41.7%	44.3%	42.6%
55 to 64	20.7%	22.2%	19.8%	17.7%	17.8%	18.0%	20.2%	20.2%
<45 to 54	4.9%	3.3%	3.0%	3.3%	2.7%	3.0%	2.2%	3.1%



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Borders	116	106	79	86	70	104	123	130
D&G	96	97	99	150	149	146	191	187
Fife	215	237	301	246	230	294	382	401
Lothian	425	516	499	469	490	615	754	778
SCAN	852	956	978	951	939	1159	1450	1496

Note 2022-23 figures for Fife were not available at the time of initial reporting. These figures have been added retrospectively in this report.

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 301 D 308	97.7%	N 560 D 621	90.2%	N 1087 D 1164	93.4%
	Metastatic prostate cancer (M1) within 6 weeks of treatment		95	N 21 D 23	91.3%	N 27 D 31	87.1%	N 61 D 65	93.8%	N 84 D 112	75.0%	N 193 D 231	83.5%
QPI 5: Surgical Margins: Positive margins in pathologically confirmed organ confined pT2 radical prostatectomy			≤20	Presented by Board of Surgery				N 15 D 59	25.4%	N 21 D 103	20.4%	N 36 D 162	22.2%
QPI 6: Surgical Volume: Radical prostatectomy /surgeon in 1 year			≥50	Two of NHS Lothian consultants met the QPI target.									
QPI 7: Hormone Therapy + Additional SACT / ARTA	Hormone therapy within 31 days of MDM decision		95	N 20 D 21	95.2%	N 29 D 31	93.5%	N 54 D 66	81.8%	N 99 D 113	87.6%	N 202 D 231	87.4%
	M1 cases treated with ADT 31 days + SACT 100 days from ADT date		60	N 12 D 20	60.0%	N 10 D 25	40.0%	N 21 D 64	32.8%	N 54 D 112	48.2%	N 97 D 221	43.9%
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 9 D 29	31.0%	N 84 D 191	44.0%	N 93 D 220	42.3%
		Radical Radiotherapy	50	Board of Treatment				N 0 D 54	0%	N 0 D 145	0%	N 0 D 199	0%
		Brachytherapy	50	Board of Treatment				N 0 D 5	0%	N 0 D 36	0%	N 0 D 41	0%
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 18 D 35	51.4%	N 80 D 94	85.1%	N 110 D 147	74.8%
QPI 14: Diagnostic Pre-biopsy MRI	Those for biopsy that had pre-biopsy bpMRI or mpMRI as initial investigation.		95	N 54 D 54	100%	N 98 D 98	100%	N 143 D 144	99.3%	N 408 D 409	99.8%	N 703 D 705	99.7%
	Those that had pre biopsy bpMRI or mpMRI reported with PI-RADS/ Likert		95	N 81 D 89	91.0%	N 117 D 146	80.1%	N 222 D 288	77.1%	N 488 D 572	85.3%	N 908 D 1095	82.9%
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 66 D 66	100%	N 110 D 113	97.3%	N 229 D 232	98.7%
	Those with low metastatic burden that receive radiotherapy.		60	N 5 D 9	55.6%	N 6 D 9	66.7%	N 13 D 38	34.2%	N 24 D 39	61.5%	N 48 D 95	50.5%