SCAN
South East Scotland Cancer Network

NHS SCOTLAND

Working regionally to improve cancer services

**SOUTH EAST SCOTLAND CANCER NETWORK (SCAN)**
**PROSPECTIVE CANCER AUDIT**

# Gynaecological Cancers 2023-24 Quality Performance Indicators (QPI) Comparative Report


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## Document History

| v | Date | Events | Actions |
|---|---|---|---|
| 1 | 19/06/2025 | Report circulated to SCAN Gynae Chair and lead clinicians in advance of sign off meeting | Sign off meeting on 26th June 2025 |
| 2 | 07/07/2025 | Report sent to Lead Clinician sign off group for approval and Lead Clinician's Commentary | Clinical commentary added to report. |
| 3 | 02/09/2025 | Circulated to SCAN group for final comments. | Deadline for comments: 23rd September 2025 |
| 4 | 14/10/2025 | Circulated to SCAN Clinical Governance Framework. | Deadline for action plan returns 11th November 2025 |
| 4w | 03/12/2025 | Web version published on SCAN website. www.scan.scot.nhs.uk | |

**Lead Clinician's Commentary**

This year SCAN performance can be described as stable showing slight upwards and downwards shifts. The main indicators which are related directly to prognosis remain stable.

A new QPI cycle has started, and we now have updated QPIs for cervical, endometrial and ovarian cancers. The 2023/24 data is measured by the old set of QPIs which in some cases doesn't reflect the current scientific evidence.
In cervical cancer we didn't achieve the target in 2 main QPIs.

1- QPI4 Radical Hysterectomy. Patients with FIGO stage IA2-IB2 cervical cancer who undergo radical hysterectomy.
   Although the target was not achieved patients have received the right management as patients with stage IA2 don't require a radical hysterectomy. This a clear example where the QPI was lagging behind the current scientific evidence
2- QPI 5 Surgical Margins. Patients with cervical cancer who undergo surgery 2 patients didn't meet the QPI, both patients had cancer as an incidental finding on surgery for benign pathology.

Endometrial cancer performance is strong and has shown improvement when compared to the previous year.

Ovarian cancer performance in general is very strong, targets were missed by small margins which are within statistical standard deviation. In terms of QPI 15(ii) Lothian and Fife performance was scrutinized and no issues were identified, factors such as frailty, patient declining surgery, disease progression or death before surgery are factors that the clinical teams can't influence, and no major action is required at this stage.

In summary the performance is stable, the next performance will be measured by new set of QPIs which we are looking forward to implement.
As always, I am grateful to the hard work and dedication shown by the clinical and audit teams for their contribution.

Dr Nidal Ghaoui
Lead Clinician South East Scotland Cancer Network (SCAN)
July 2025

| Cervix Cancer QPI Attainment Summary 2023-24 | Target % | SCAN | | |
|---|---|---|---|---|
| QPI 1: Radiological staging. Patients who have an MRI of the pelvis performed prior to definitive treatment. | 95 | N<br>D | 62<br>62 | 100% |
| QPI 4: Radical Hysterectomy. Patients with FIGO stage IA2-IB2 cervical cancer who undergo radical hysterectomy. | 85 | N<br>D | 9<br>13 | 69.2% |
| QPI 5: Surgical Margins. Patients with cervical cancer who undergo surgery (By Hospital of Surgery). | 95 | N<br>D | 24<br>26 | 92.3% |
| QPI 6: Treatment Time for Radical Radiotherapy. Patients whose treatment time is less than 56 days. | 90 | N<br>D | 44<br>44 | 100% |
| QPI 7: Chemoradiation. Patients undergoing radical radiotherapy who receive concurrent chemotherapy. | 70 | N<br>D | 35<br>44 | 79.5% |

Individual Boards not shown to avoid potential disclosure.

Following the second cycle of formal review took place following analysis of year 6 cervical cancer QPI data. QPIs 2 and 3 have been archived and QPI 4 has been changed to include patients with stage IA2-IB2 cervical cancer (using 2018 FIGO staging classification). Clinical trials QPI was removed from the individual specific QPI documents and is to be replaced with a standardised and centralised report across all tumour sites which will be reported via the NHS Research Scotland Central Management Team in due course.

**2023-24 Cervix Action Plans**

| QPI | Action required where QPI not met (2023-24) | Person responsible for action | Date for update |
|---|---|---|---|
| 4 | In cases where it is extremely difficult to distinguish a difference between an endometrial and cervical cancer on preoperative biopsy, more critical approach is needed during MDT discussions in view to review pathology and consider a modified radical hysterectomy in patients with suspected endometrial cancer with invasion to cervix.<br>*Note: Following 3rd cycle formal review QPI 4, the clinical cohort has been revised and patients with stage IA2 disease have been removed from denominator to focus on those patients with FIGO stage IB1 – IB2 cervical cancer. As this QPI requires changes to measurability this will apply for patients diagnosed from 1st October 2024.* | Dr Nidal Ghaoui and SCAN Gynae MDT | June 2026 |
| 5 | SCAN Lead will write to the general gynae team recommending that postmenopausal patients with cervical pathology undergo imaging and biopsy prior to surgery. | Dr Nidal Ghaoui | June 2026 |

**2022-2023 Cervix Action Progress**

| QPI | Action required where QPI not met (2022-23) | Progress |
|---|---|---|
| 5 | The SCAN Lead will write to the chairs of the MDM recommending that cases with unusual pathology have more in-depth discussion and recommendation that these patients are considered for a radical hysterectomy. | Ongoing as action for QPI4. |

| Endometrial QPI Attainment Summary 2023-24 | Target % | Borders | | | D&G | | | Fife | | | Lothian | | | SCAN | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| QPI 1 Radiological Staging. Patients who have an MRI ± CT of the abdomen & pelvis performed prior to definitive treatment | 90 | N<br>D | 9<br>9 | 100% | N<br>D | 13<br>13 | 100% | N<br>D | 23<br>24 | 95.8% | N<br>D | 61<br>62 | 98.4% | N<br>D | 106<br>108 | 98.1% |
| QPI 2 MDT. Patients discussed at the MDT before definitive treatment | 95 | N<br>D | 14<br>15 | 93.3% | N<br>D | 24<br>24 | 100% | N<br>D | 47<br>48 | 97.9% | N<br>D | 133<br>136 | 97.8% | N<br>D | 218<br>223 | 97.8% |
| QPI 3 Total Hysterectomy and Bilateral Salpingo-Oophorectomy in patients with FIGO stage I-III disease | 85 | N<br>D | 11<br>12 | 91.7% | N<br>D | 20<br>22 | 90.9% | N<br>D | 39<br>44 | 88.6% | N<br>D | 113<br>128 | 88.3% | N<br>D | 183<br>206 | 88.8% |
| QPI 4 Minimal Access Surgery (definitive surgery, by hospital of surgery) | 70 | N<br>D | 8<br>9 | 88.9% | N<br>D | 5<br>6 | 83.8% | N<br>D | 39<br>40 | 97.5% | N<br>D | 116<br>135 | 85.9% | N<br>D | 168<br>190 | 88.4% |
| QPI 6 Chemotherapy / Hormone therapy. Stage IV endometrial cancer patients receiving chemo or hormones | 75 | | | | | | | | | | | | | N<br>D | 11<br>16 | 68.8% |

Individual Boards for QPI 6 are not shown to avoid potential disclosure.

## 2023-24 Endometrial Action Plans

| QPI | Action required where QPI not met (2023-24) | Person responsible for action | Date for update |
|---|---|---|---|
| 2 | NHS Borders already agreed with the team that all patients including those who do not require MDT discussion are registered at MDT. | Dr Nayani Berugoda | Completed. To review at the next sign off meeting in June 2026. |
| 6 | All patients have been reviewed. Patients were all treated appropriately, and no action was identified. | N/A | N/A |

**2022-23 Endometrial Action Progress**

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

| Ovarian Cancer QPI Attainment Summary 2023-24 | | Target % | Borders | | | D&G | | | Fife | | | Lothian | | | SCAN | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| QPI 3: Treatment planned and reviewed at a regional multi-disciplinary team meeting | | 95 | N<br>D | 12<br>14 | 85.7% | N<br>D | 17<br>18 | 94.4% | N<br>D | 32<br>33 | 97.0% | N<br>D | 69<br>72 | 95.8% | N<br>D | 130<br>137 | 94.9% |
| QPI 6: Histopathology reports are complete and support clinical decision making (by hospital of surgery) | | 95 | | | | | | | N<br>D | 7<br>7 | 100% | N<br>D | 61<br>61 | 100% | N<br>D | 73<br>73 | 100% |
| QPI 7: Histological diagnosis prior to starting chemotherapy | | 90 | N<br>D | 7<br>7 | 100% | N<br>D | 10<br>10 | 100% | N<br>D | 22<br>23 | 95.7% | N<br>D | 28<br>32 | 87.5% | N<br>D | 67<br>72 | 93.1% |
| QPI 9: First-line Chemotherapy | | 90 | N<br>D | 10<br>11 | 90.9% | N<br>D | 11<br>13 | 84.6% | N<br>D | 25<br>29 | 86.2% | N<br>D | 48<br>54 | 88.9% | N<br>D | 94<br>107 | 87.9% |
| QPI 12: 30-day mortality following surgery (by Board of surgery) | | <5 | | | | | | | N<br>D | 0<br>9 | 0.0% | N<br>D | 1<br>71 | 1.4% | N<br>D | 2<br>87 | 2.3% |
| QPI 15: Surgical management in ovarian cancer | (i) Primary surgery for stage 1-3A (by board of diagnosis) | 90 | | | | | | | N<br>D | 9<br>9 | 100% | N<br>D | 24<br>25 | 96.0% | N<br>D | 38<br>40 | 95.0% |
| | (ii) Primary surgery for stage 1-3A with no residual disease (by hospital of surgery) | 95 | | | | | | | N<br>D | 6<br>8 | 75.0% | N<br>D | 26<br>26 | 100% | N<br>D | 36<br>38 | 94.7% |
| | (iii) Primary/delayed surgery for stage 3B and above (by board of diagnosis) | 70 | N<br>D | 8<br>10 | 80.0% | N<br>D | 8<br>12 | 66.7% | N<br>D | 8<br>28 | 28.6% | N<br>D | 24<br>44 | 54.5% | N<br>D | 48<br>94 | 51.1% |
| | (iv) Primary/delayed surgery for stage 3B and above with no residual disease | 65 | | | | | | | | | | N<br>D | 36<br>45 | 80.0% | N<br>D | 38<br>48 | 79.2% |

Figures suppressed where denominator is <5

## 2023-24 Ovarian Action Plans

| QPI | Action required where QPI not met 2023-24 | Person responsible for action | Date for update |
|---|---|---|---|
| 3 | The reasons for not meeting this QPI were down to incidental findings / emergency surgery / not fit for treatment / died shortly after surgery.<br>To ensure that all patients including those who do not require MDT discussion are registered at MDT. NHS Borders already agreed this with their team. | Dr Nidal Ghaoui<br>Dr Nayani Berugoda<br>Dr Philip Dutton<br>Dr Vanishree Lakshmi Narayana Rao | June 2026<br>(Completed in the Borders. To review at the next sign off meeting in June 2026.) |

| | | | |
|---|---|---|---|
| 9 | All patients have been reviewed and were treated appropriately.<br>QPI9e - Diagnosis to neoadjuvant chemotherapy - All eleven Fife outliers above SCAN median of 53 days were reviewed. Areas of delay highlighted were referral from other specialties to Gynae to initiate MDT referral, Radiology and Gynae capacity issues for biopsies, diagnostic laparoscopy and post MDT appointments, chemotherapy capacity in delivering treatment and patient co-morbidities delaying neoadjuvant chemotherapy.<br>No further action was identified. | N/A | N/A |
| 15(ii) | The reason for not meeting this QPI was down to not recorded measurement of macroscopic residual disease. Action to ensure that macroscopic residual disease is documented clearly for audit purposes. | Dr Nidal Ghaoui<br>Dr Nayani Berugoda<br>Dr Philip Dutton<br>Dr Vanishree Lakshmi Narayana Rao | June 2026 |
| 15(iii) | All patients have been reviewed. In NHS Fife there was noticeable increase in stage IV disease diagnoses with more patients being treated with neoadjuvant chemotherapy and no following surgery. The majority of the patients were discussed at the Complex Pelvic Surgery MDT following 6 cycles of neoadjuvant chemotherapy and decisions made for no surgery due to inoperable disease. This is the first year of reporting this QPI and this will be monitored and reviewed next year to assess any ongoing patterns or changes. | N/A | June 2026 |

**2022-23 Ovarian Action Progress**

| QPI | Action required where QPI not met 2022-23 | Progress |
|---|---|---|
| 3 | The target was met in SCAN. RMI staging to be recorded prior to surgery. | Ongoing. |
| 4 | No action required. The QPI will be archived. Quality measures for surgery will be incorporated in the new QPI. | QPI Archived following 3rd cycle Formal review. |
| 9 | The reasons for not meeting this QPI were down to comorbidities / frailty / patients' choice / died before treatment / chemotherapy not indicated for low grade tumour. Patients were all treated appropriately, and no action was identified. | Completed. QPI will be updated for 2023/24 cohort. |
| 10(i) | The QPI will be archived. Quality measures for surgery in all stages of ovarian cancer will be incorporated in the new QPI. | QPI Archived following 3rd cycle Formal review. |
| 11 | No action required. Following formal review this QPI will be updated for 2023/24 cohort. | Completed. QPI will be updated for 2024/25 cohort. |

## Introduction and Methods

### Cohort

This report covers patients diagnosed with gynaecological cancer: cervix, endometrial and epithelial ovarian. The results contained within this report have been presented by NHS Board of diagnosis. Where the QPI relates to surgical outcomes the results have been presented by Hospital of surgery.

### Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Public Health Scotland (PHS), and Healthcare Improvement Scotland. QPIs will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.
The overarching aim of the cancer quality work programme is to ensure that activity at NHS Board level is focussed on areas most important in terms of improving survival and patient experience whilst reducing variance and ensuring safe, effective and person-centred cancer care.
Following a period of development, public engagement and finalisation, each set of QPIs is published by Healthcare Improvement Scotland[1].
Accompanying datasets and measurability criteria for QPIs are published on the PHS website[2]. NHS Boards are required to report against QPIs as part of a mandatory publicly reported programme, at a national level.

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

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

| | | |
|---|---|---|
| QPI Title: | Short title of Quality Performance Indicator (for use in reports etc.) | |
| Description: | Full and clear description of the Quality Performance Indicator. | |
| Rationale and Evidence: | Description of the evidence base and rationale which underpins this indicator. | |
| Specifications: | Numerator: | Of all the patients included in the denominator those who meet the criteria set out in the indicator. |
| | Denominator: | All patients to be included in the measurement of this indicator. |
| | Exclusions: | Patients who should be excluded from measurement of this indicator. |
| | Not recorded for numerator: | Include in the denominator for measurement against the target. Present as not recorded only if the patient cannot otherwise be identified as having met/not met the target. |
| | Not recorded for exclusion: | Include in the denominator for measurement against the target unless there is other definitive evidence that the record should be excluded. Present as not recorded only where the record cannot otherwise be definitively identified as an inclusion/exclusion for this standard. |
| | Not recorded for denominator: | Exclude from the denominator for measurement against the target. Present as not recorded only where the patient cannot otherwise be definitively identified as an inclusion/exclusion for this standard. |
| Target: | Statement of the level of performance to be achieved. | |

[1] QPI documents are available at Cancer Quality Performance Indicators (QPIs) (healthcareimprovementscotland.scot)
[2] Datasets and measurability documents are available at Cancer Quality Performance Indicators (QPIs) | QPI documentation

## Audit Processes

Data was analysed by the audit facilitators in each NHS Board according to the measurability document provided by PHS. SCAN data was collated by Stanka Easton, SCAN Senior Cancer Information Analyst, who also compiled this regional report.

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

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

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

All data in SCAN is collected using eCase.

**Lead Clinicians and Audit Personnel**

| SCAN Region | Hospital | Lead Clinician | Audit Support |
|---|---|---|---|
| NHS Borders | Borders General Hospital | Dr Nayani Berugoda | Sarah Davison |
| NHS Dumfries | Dumfries & Galloway Royal Infirmary | Dr Philip Dutton | Jenny Bruce<br>Teresa Quintela |
| NHS Fife | Queen Margaret Hospital<br>Victoria Hospital | Dr Vanishree Lakshmi Narayana Rao | Jackie Stevenson |
| SCAN &<br>NHS Lothian | St John's Hospital<br>Royal Infirmary Edinburgh<br>Western General Hospital | Dr Nidal Ghaoui | Stanka Easton |

Following 3 cycle formal review of the Ovarian Cancer QPIs, the following QPIs have been updated: 3, 9 and 11. New QPIs 15, 16 and 17 have been added.
QPIs 2, 4 and 10 have been archived.
QPIs 11, 16 and 17 have new data items and will be reported in Year 12.

| QPI | Change | Year of reporting |
|---|---|---|
| 3 | QPI wording changed to patients with epithelial ovarian cancer who are managed through 'a regional MDT process' before definitive treatment. QPI 3 has a data definitional change which will not be fully implemented and reported until Year 12 (1st October 2024 – 30th September 2025). | 2023/24 |
| 9 | QPI updated to remove reference to 'platinum based compound' and replace with 'chemotherapy treatment'.<br>Denominator changed to only include those patients with a 'histological or cytological diagnosis' | 2023/24 |
| 11 | **QPI updated and separated into 3 separate specifications:**<br>- Patients with a histological or cytological diagnosis of non-mucinous epithelial ovarian cancer who undergo germline testing;<br>- Patients with a histological diagnosis of high grade epithelial ovarian carcinoma who undergo HRD testing; and<br>- Patients with a histological diagnosis of endometrioid or clear cell ovarian carcinoma who undergo mismatch repair immunohistochemistry. | 2024/25 |
| 15 | **New QPI** added to cover all stages of disease and their surgical management. | 2023/24 |
| 16 | **New QPI:** Maintenance Treatment for Advanced Stage High Grade Epithelial Ovarian | 2024/25 |
| 17 | **New QPI:** MDT Review of Patients with Advanced Epithelial Cancer Following 3 Cycles of Chemotherapy. | 2024/25 |

## Data Quality

### Estimated Case Ascertainment

An estimate of case ascertainment is made by comparison with the Scottish Cancer Registry five-year average data from 2019-2023. However, results for ovarian must be interpreted with caution as Cancer Registry data does include borderline ovarian tumours and germ cell tumours.

High levels of case ascertainment should provide confidence in the completeness of the audit recording and contribute to the reliability of results presented. Levels greater than 100% may be attributable to an increase in incidence. Allowance should be made when reviewing results where numbers are small and variation may be due to chance.

**Number of cases recorded in audit cohort (01/10/2023-30/09/2024)**

| SCAN Audit 2023-24 | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| **Cervical** | 6 | 8 | 15 | 57 | 86 |
| **Endometrial** | 15 | 25 | 49 | 139 | 228 |
| **Ovarian** | 14 | 19 | 37 | 74 | 144 |

| Cancer Registry 5 Year Average 2019-23* | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| **Cervical** | 7 | 8 | 19 | 45 | 79 |
| **Endometrial** | 16 | 26 | 54 | 129 | 225 |
| **Ovarian** | 15 | 20 | 37 | 89 | 161 |

Source: Scottish Cancer Registry, PHS. Data extracted from ACaDMe, 14 May 2025.
*The total number of confirmed gynaecological cancer registrations held in the Scottish Cancer Registry for selected calendar year(s) is filtered using ICD-10 site codes: C53 (Cervix), C54 (Endometrial), C55 (Uterus, Part Unspecified), and C56 (Ovary) and the ICD-O(3) morphology codes are not used.

**Estimate of case ascertainment:** calculated using the average of the most recent available five years of Cancer Registry Data (2019 – 2023).

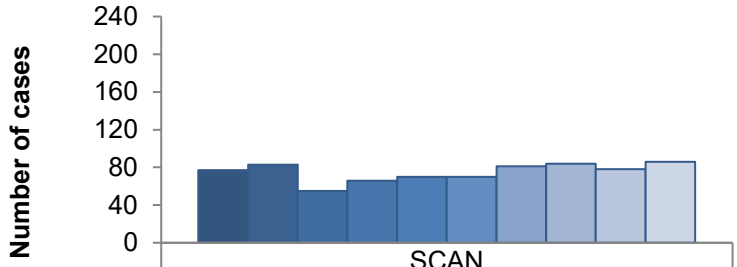
| Percentage case ascertainment* | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| **Cervical** | 85.7% | 100.0% | 78.9% | 126.7% | 108.9% |
| **Endometrial** | 93.8% | 96.2% | 90.7% | 107.8% | 101.3% |
| **Ovarian** | 93.3% | 95.0% | 100.0% | 83.1% | 89.4% |

Note: Case ascertainment is reported by Board of diagnosis and has been estimated using a denominator based on the latest (2019-2023) five-year annual average available from the Scottish Cancer Registry datamart, ACaDMe on 14 May 2025. Death certificate only cases have been excluded. Cases that have been diagnosed in the private sector but received any treatment in NHS hospitals have been included.

*Cancer Registry datamart includes borderline ovarian tumours and germ cell tumours not included in this QPI report and does not include fallopian tube and peritoneal sites (C57 and C48) so numbers do not match up well.

**Number of cases recorded in audit cohort 2013/14 – 2023/24**

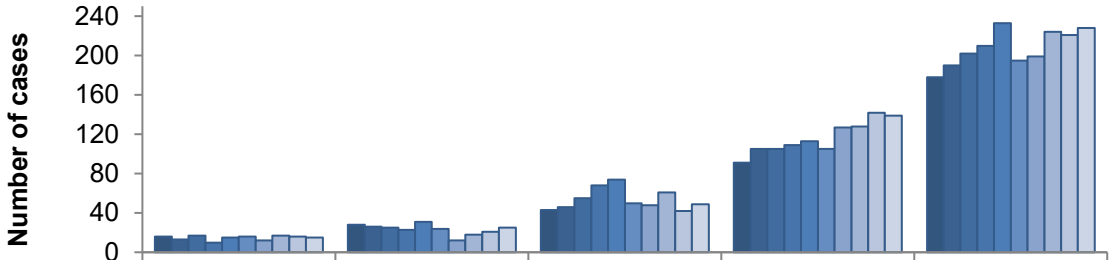
**Number of cases recorded in audit cohort (Cervical) 2014/15 to 2023/24**




| | SCAN |
|---|---|
| 2014-2015 | 77 |
| 2015-2016 | 83 |
| 2016-2017 | 55 |
| 2017-2018 | 66 |
| 2018-2019 | 70 |
| 2019-2020 | 70 |
| 2020-2021 | 81 |
| 2021-2022 | 84 |
| 2022-2023 | 78 |
| 2023-2024 | 86 |

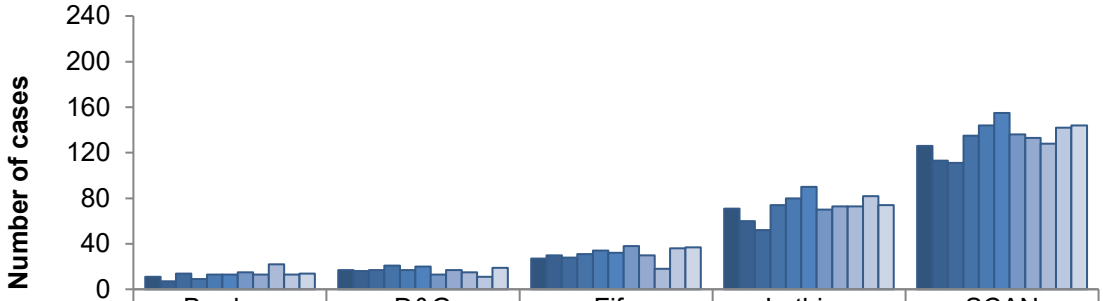
Individual Boards not shown to avoid potential disclosure.

**Number of cases recorded in audit cohort (Endometrial) 2014/15 to 2023/24**




| | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2014-2015 | 16 | 28 | 43 | 91 | 178 |
| 2015-2016 | 13 | 26 | 46 | 105 | 190 |
| 2016-2017 | 17 | 25 | 55 | 105 | 202 |
| 2017-2018 | 10 | 23 | 68 | 109 | 210 |
| 2018-2019 | 15 | 31 | 74 | 113 | 233 |
| 2019-2020 | 16 | 24 | 50 | 105 | 195 |
| 2020-2021 | 12 | 12 | 48 | 127 | 199 |
| 2021-2022 | 17 | 18 | 61 | 128 | 224 |
| 2022-2023 | 16 | 21 | 42 | 142 | 221 |
| 2023-2024 | 15 | 25 | 49 | 139 | 228 |

**Number of cases recorded in audit cohort (Ovarian) 2013/14 to 2023/24**




| | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2013-2014 | 11 | 17 | 27 | 71 | 126 |
| 2014-2015 | 7 | 16 | 30 | 60 | 113 |
| 2015-2016 | 14 | 17 | 28 | 52 | 111 |
| 2016-2017 | 9 | 21 | 31 | 74 | 135 |
| 2017-2018 | 13 | 17 | 34 | 80 | 144 |
| 2018-2019 | 13 | 20 | 32 | 90 | 155 |
| 2019-2020 | 15 | 13 | 38 | 70 | 136 |
| 2020-2021 | 13 | 17 | 30 | 73 | 133 |
| 2021-2022 | 22 | 15 | 18 | 73 | 128 |
| 2022-2023 | 13 | 11 | 36 | 82 | 142 |
| 2023-2024 | 14 | 19 | 37 | 74 | 144 |

## Quality Assurance

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

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

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

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

### Clinical Sign-off

To ensure the quality of the data and the results presented, the process was as follows:

- Individual health Board results were reviewed and signed-off locally.
- Collated results were presented and discussed at the SCAN Clinical Leads sign off meeting on 26th June 2025.

### Actions for Improvement

After final sign off, and insertion of Lead clinician's commentary, the process is for the report to be sent to the Clinical Governance groups with action plans for completion at Health Board level.

The report is placed on the SCAN website with completed action plans once it has been fully signed-off and checked for any disclosive material.

## 1. Cervix Cancers

| Age at Diagnosis | SCAN | Percentage |
|---|---|---|
| <20 - 44 | 28 | 32.6% |
| 45 - 69 | 42 | 48.8% |
| 70 - >85 | 16 | 18.6% |
| Total | **86** | 100% |

Individual Boards not shown to avoid potential disclosure.

### QPI 1: Radiological Staging (cervix)

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

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

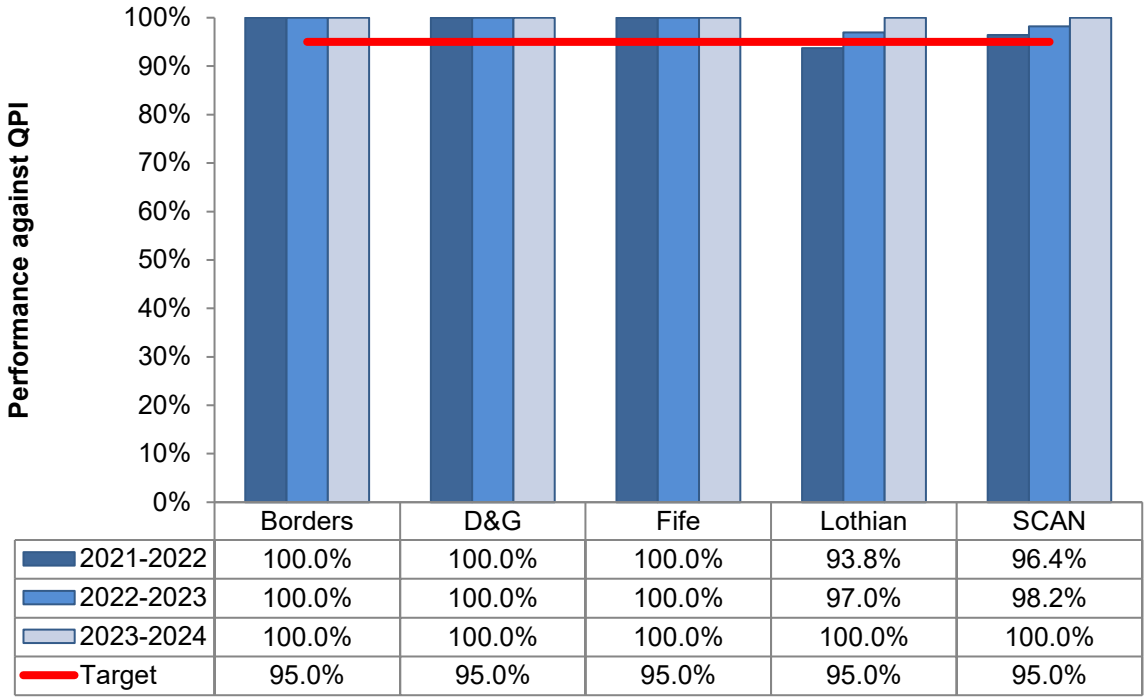
Denominator: All patients with cervical cancer.

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

| Target = 95% | SCAN |
|---|---|
| 2023/24 Cohort | 86 |
| Ineligible for this QPI | 24 |
| | |
| Numerator | 62 |
| Not Recorded for Numerator | 0 |
| Denominator | 62 |
| | |
| Not Recorded for Exclusions | 5 |
| Not Recorded for Denominator | 0 |
| **% Performance** | 100.0% |

Individual Boards not shown to avoid potential disclosure.

**QPI 1 - Radiological staging (Cervical) 2021/22 to 2023/24**




**Comments:** The target was met by all Boards.

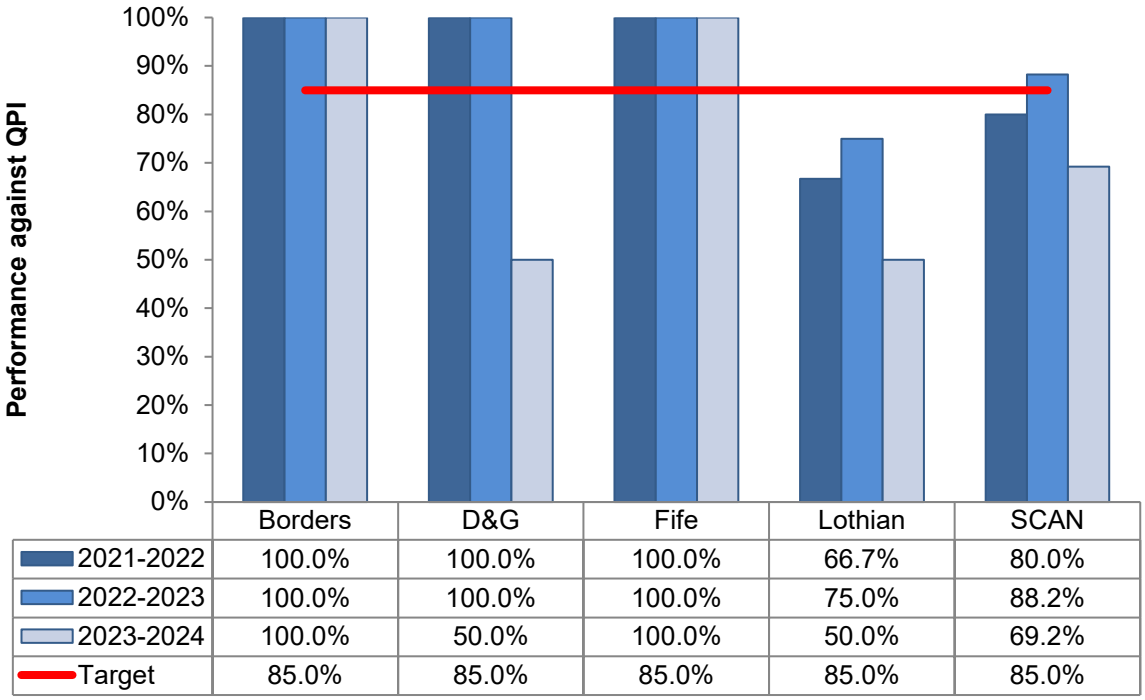
## QPI 4: Radical Hysterectomy (cervix)

Proportion of patients with stage IA2-IB2 cervical cancer (as defined by radiology and/or histopathology) who undergo radical hysterectomy. Target = 85%
Numerator: Number of patients with FIGO stage IA2-IB2 cervical cancer who undergo radical hysterectomy.
Denominator: All patients with FIGO stage IA2-IB2 cervical cancer.
Exclusions: Patients who decline surgery, patients who undergo fertility conserving treatment, patients having neo-adjuvant chemotherapy, patients enrolled into surgical trials.

| **Target = 85%** | SCAN |
|---|---|
| 2023/24 Cohort | 86 |
| Ineligible for this QPI | 73 |
| | |
| Numerator | 9 |
| Not Recorded for Numerator | 0 |
| Denominator | 13 |
| | |
| Not Recorded for Exclusions | 0 |
| Not Recorded for Denominator | 5 |
| % Recorded | 69.2% |

Individual Boards not shown to avoid potential disclosure.

**QPI 4 - Radical Hysterectomy (Cervical) 2021/22 to 2023/24**




**Comments**
Following 3rd cycle formal review QPI 4, the clinical cohort has been revised and patients with stage IA2 disease have been removed from denominator to focus on those patients with FIGO stage IB1 – IB2 cervical cancer. As this QPI requires changes to measurability this will apply for patients diagnosed from 1st October 2024.
QPI 4 is currently reported using the measurability v4 which means that these patients are still included in denominator.

**Action:** In cases where it is extremely difficult to distinguish a difference between an endometrial and cervical cancer on preoperative biopsy, more critical approach is needed during MDT discussions in particular to review pathology and consider a modified radical hysterectomy in patients with suspected endometrial cancer with invasion to cervix.

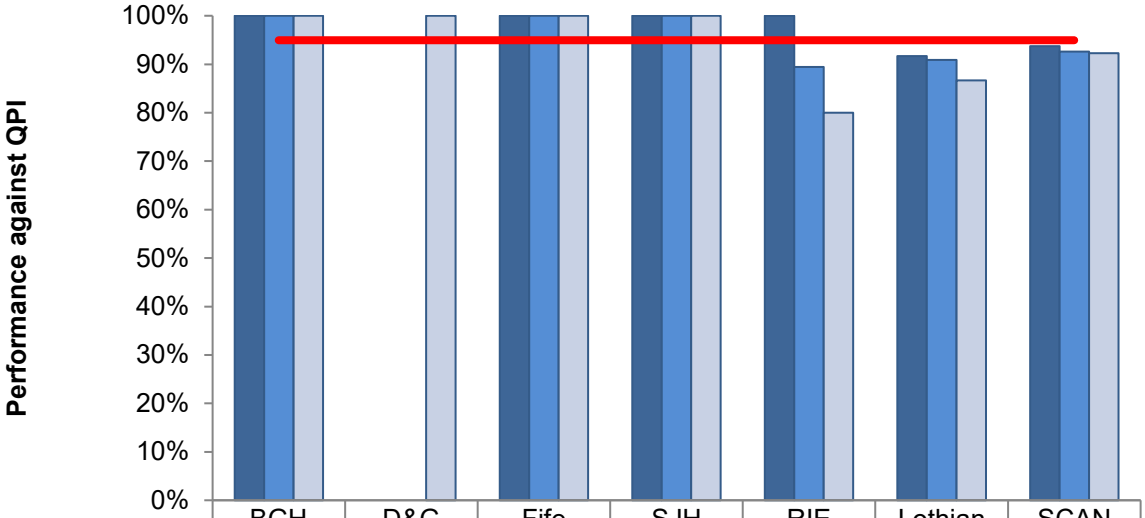
## QPI 5: Surgical Margins (cervix)

Proportion of patients with cervical cancer, who have surgical margins clear of tumour, following hysterectomy. Target = 95%
Numerator: Number of patients with cervical cancer who undergo surgery where surgical margins are clear of tumour.
Denominator: All patients with cervical cancer who undergo surgery (no exclusions).

By Hospital of Surgery

| **Target = 95%** | SCAN |
|---|---|
| Numerator | 24 |
| Not Recorded for Numerator | 0 |
| Denominator | 26 |
| | |
| Not Recorded for Exclusions | 0 |
| Not Recorded for Denominator | 0 |
| % Recorded | 92.3% |

Individual Boards not shown to avoid potential disclosure.




| | BGH | D&G | Fife | SJH | RIE | Lothian | SCAN |
|---|---|---|---|---|---|---|---|
| 2021-2022 | 100.0% | 0 | 100.0% | 100.0% | 100.0% | 91.7% | 93.8% |
| 2022-2023 | 100.0% | 0 | 100.0% | 100.0% | 89.5% | 90.9% | 92.6% |
| 2023-2024 | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 86.7% | 92.3% |
| Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |

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

**Action:** SCAN Lead will write to the general gynae team recommending that postmenopausal patients with cervical pathology undergo imaging and biopsy prior to surgery.

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

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

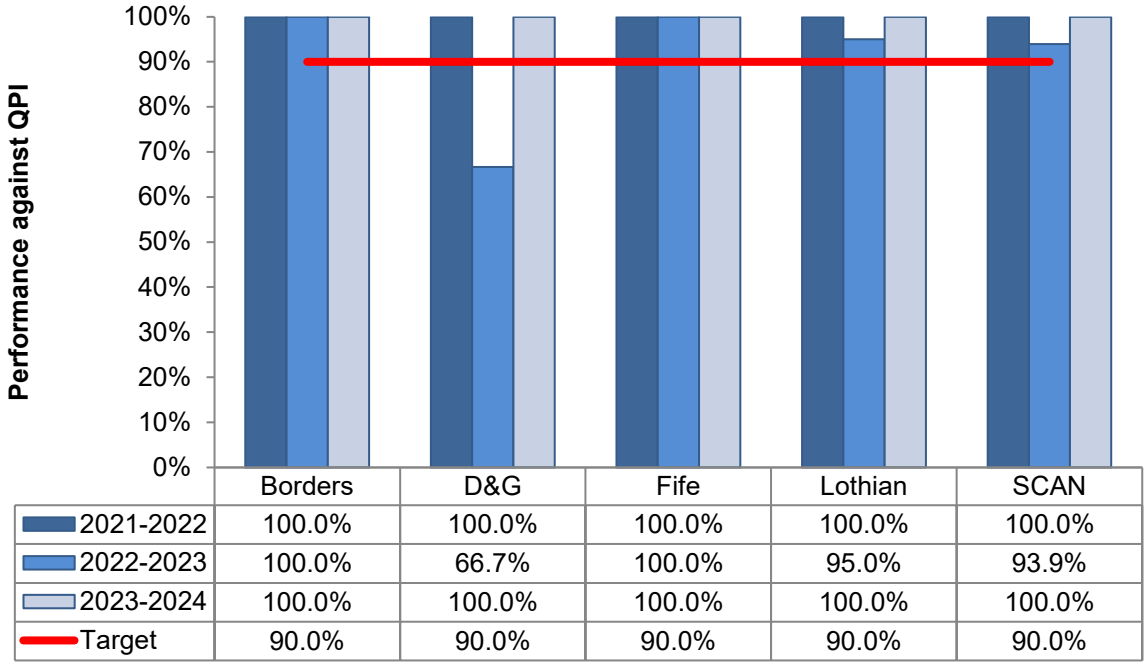
Numerator: Number of patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy) whose overall treatment time, from start to the end of treatment, is not more than 56 days.

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

| **Target = 90%** | SCAN |
|---|---|
| 2023/24 Cohort | 86 |
| Ineligible for this QPI | 42 |
| | |
| Numerator | 44 |
| Not Recorded for Numerator | 0 |
| Denominator | 44 |
| | |
| Not Recorded for Exclusions | 0 |
| Not Recorded for Denominator | 0 |
| % Recorded | 100.0% |

Individual Boards not shown to avoid potential disclosure.

**QPI 6 - 56 Day Treatment Time for Radical Radiotherapy (Cervical)**
**2021/22 to 2023/24**




**Comments:**

The target was met by all Boards.

## QPI 7: Chemoradiation (cervix)

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

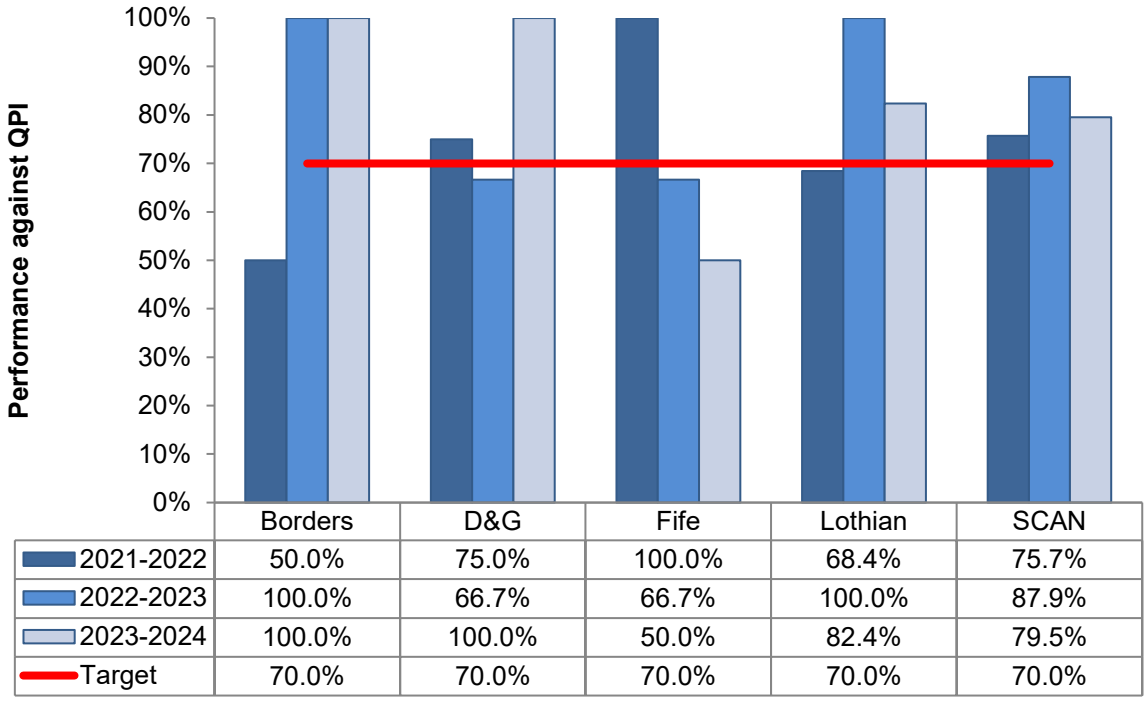
Numerator: Number of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.

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

| **Target = 70%** | SCAN |
|---|---|
| 2023/24 Cohort | 86 |
| Ineligible for this QPI | 42 |
| | |
| Numerator | 35 |
| Not Recorded for Numerator | 0 |
| Denominator | 44 |
| | |
| Not Recorded for Exclusions | 0 |
| Not Recorded for Denominator | 0 |
| % Recorded | 79.5% |

Individual Boards not shown to avoid potential disclosure.

**QPI 7 - Chemoradiation (Cervical) 2021/22 to 2023/24**



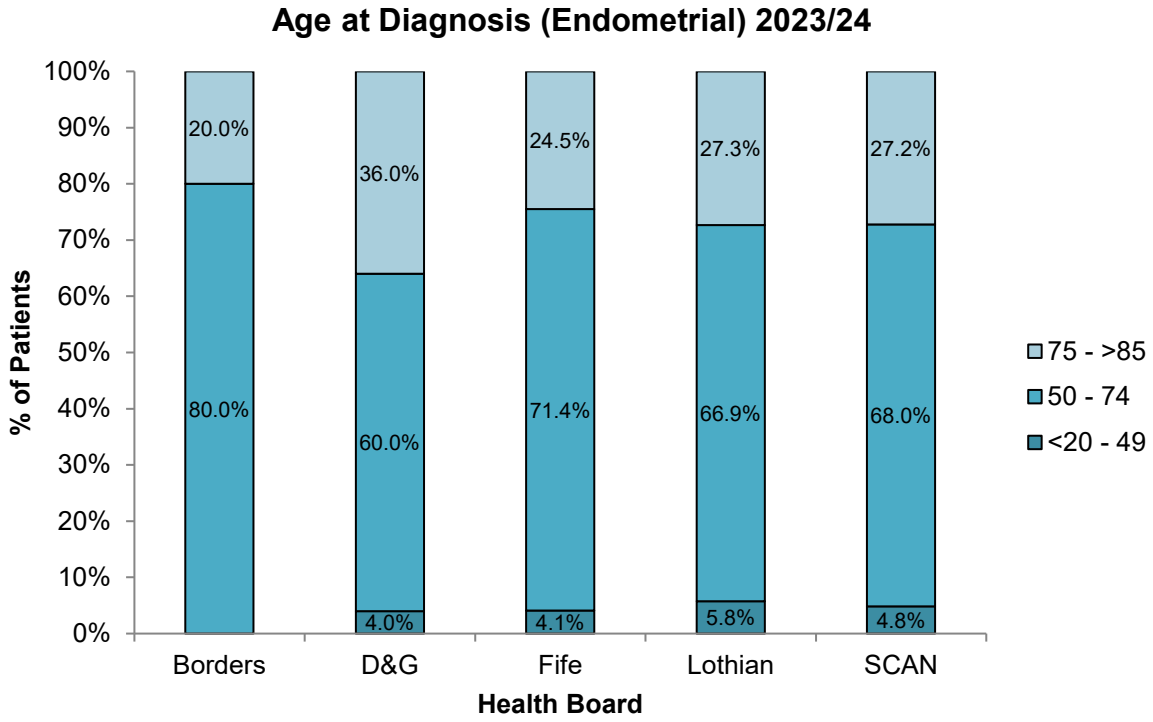

### Comments

**Action:** The target was met in SCAN. All patients have been reviewed and had valid reasons for not receiving concurrent chemotherapy. No action has been identified.

## 2. Endometrial Cancers

| Age | SCAN | Percentage |
|---|---|---|
| <20 - 49 | 11 | 4.8% |
| 50 - 74 | 155 | 68.0% |
| 75 - >85 | 62 | 27.2% |
| Total | **228** | **100%** |

Individual Boards not shown to avoid potential disclosure.



## QPI 1: Radiological Staging (Endometrial)

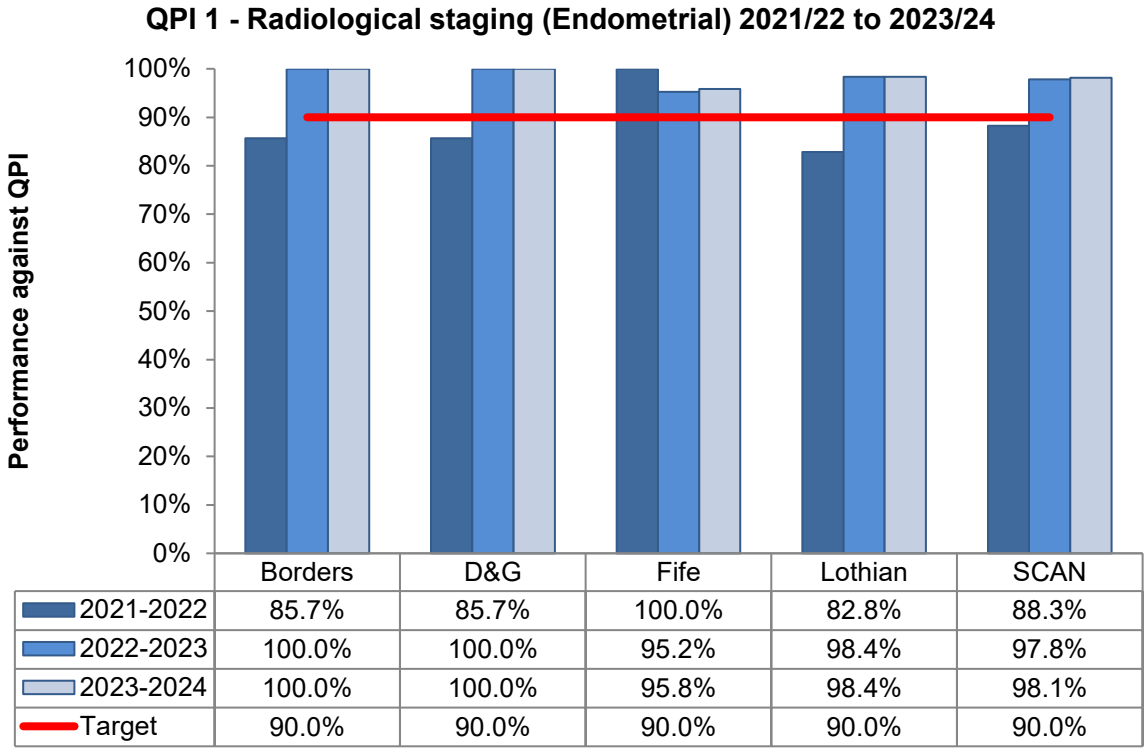
Proportion of patients with endometrial cancer who have an MRI and/or CT scan of the abdomen and pelvis performed prior to definitive treatment. Target = 90%

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

Denominator: All patients with endometrial cancer.

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

| **Target = 90%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2023/24 Cohort | 15 | 25 | 49 | 139 | 228 |
| Ineligible for this QPI | 6 | 12 | 25 | 77 | 120 |
| | | | | | |
| Numerator | 9 | 13 | 23 | 61 | 106 |
| Not Recorded for Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 9 | 13 | 24 | 62 | 108 |
| | | | | | |
| Not Recorded for Exclusions | 0 | 0 | 0 | 2 | 2 |
| Not Recorded for Denominator | 0 | 0 | 0 | 0 | 0 |
| % Recorded | 100.0% | 100.0% | 95.8% | 98.4% | 98.1% |



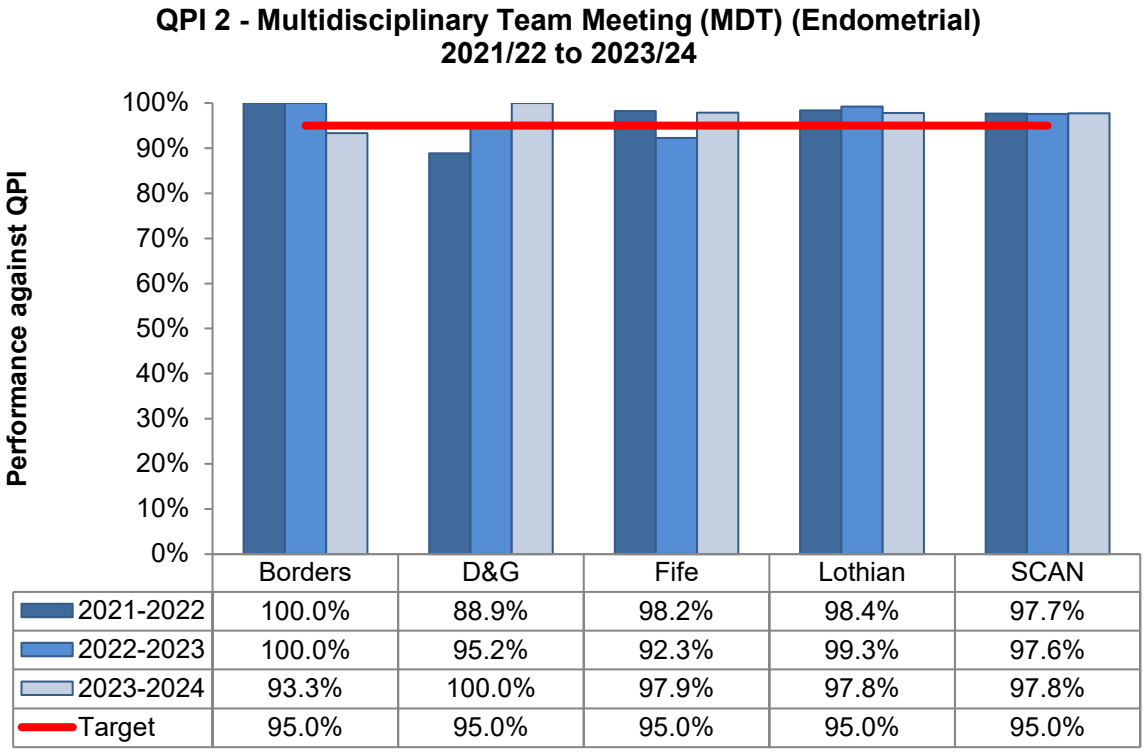

**Comments:**

The target was met by all Boards.

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

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

| **Target = 95%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2023/24 Cohort | 15 | 25 | 49 | 139 | 228 |
| Ineligible for this QPI | 0 | 1 | 1 | 3 | 5 |
| | | | | | |
| Numerator | 14 | 24 | 47 | 133 | 218 |
| Not Recorded for Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 15 | 24 | 48 | 136 | 223 |
| | | | | | |
| Not Recorded for Exclusions | 0 | 0 | 0 | 0 | 0 |
| Not Recorded for Denominator | 0 | 0 | 0 | 0 | 0 |
| % Recorded | 93.3% | 100.0% | 97.9% | 97.8% | 97.8% |




### Comments

**Action:** The target was met in SCAN. NHS Borders already agreed with the team that all patients including those who do not require MDT discussion are registered at MDT.

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

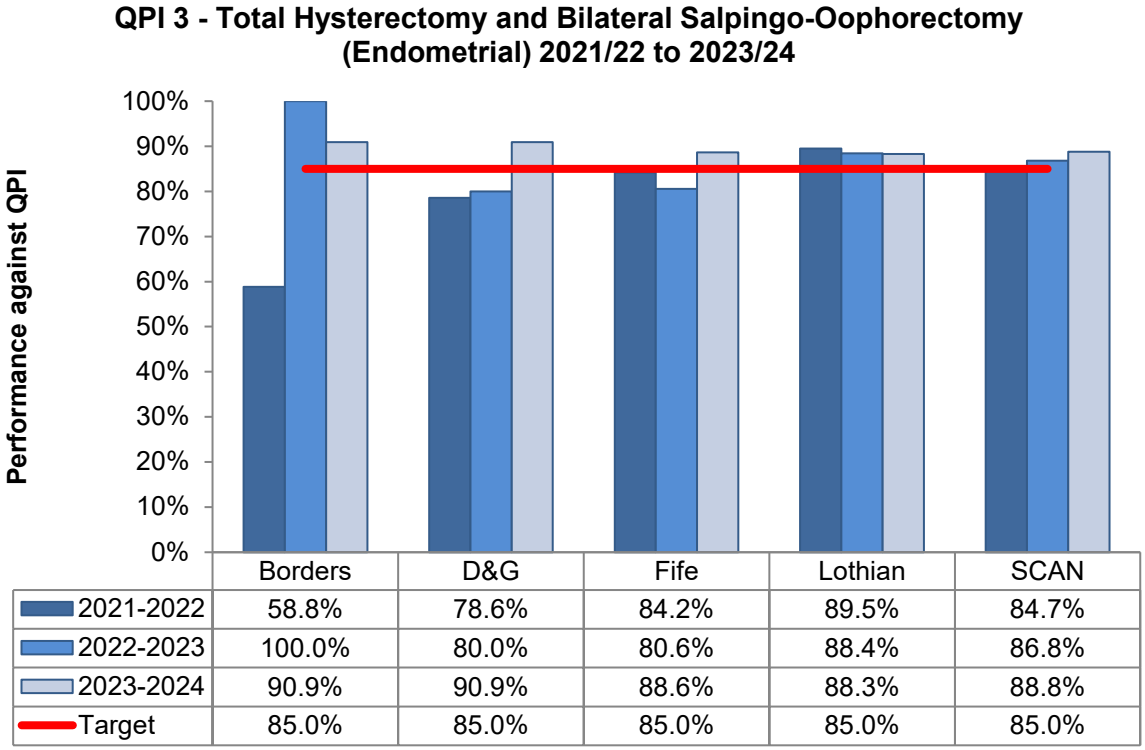
Proportion of patients with endometrial cancer who undergo TH/BSO. Target = 85%

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

Denominator: All patients with endometrial cancer.

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

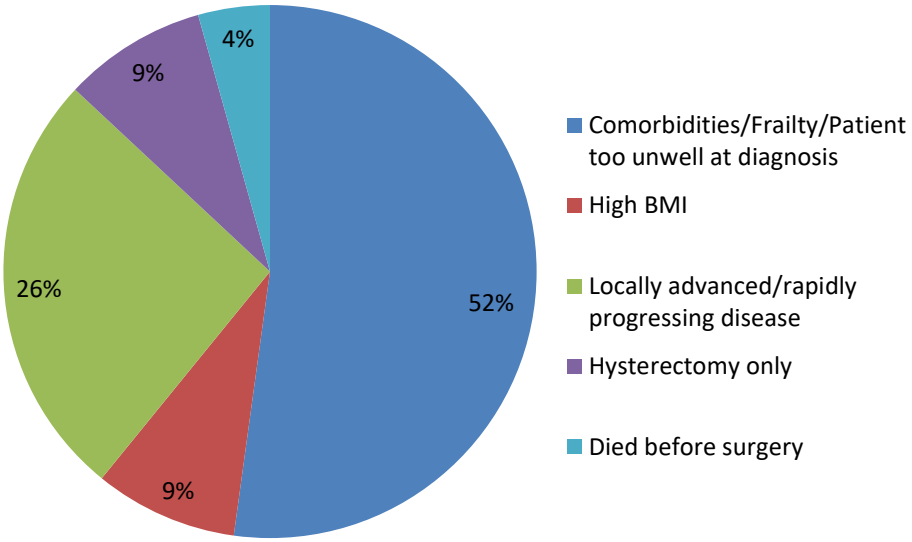
| Target = 85% | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2023/24 Cohort | 15 | 25 | 49 | 139 | 228 |
| Ineligible for this QPI | 3 | 3 | 5 | 11 | 22 |
| | | | | | |
| Numerator | 11 | 20 | 39 | 113 | 183 |
| Not Recorded for Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 12 | 22 | 44 | 128 | 206 |
| | | | | | |
| Not Recorded for Exclusions | 0 | 1 | 1 | 9 | 11 |
| Not Recorded for Denominator | 0 | 0 | 0 | 0 | 0 |
| % Recorded | 91.7% | 90.9% | 88.6% | 88.3% | 88.8% |



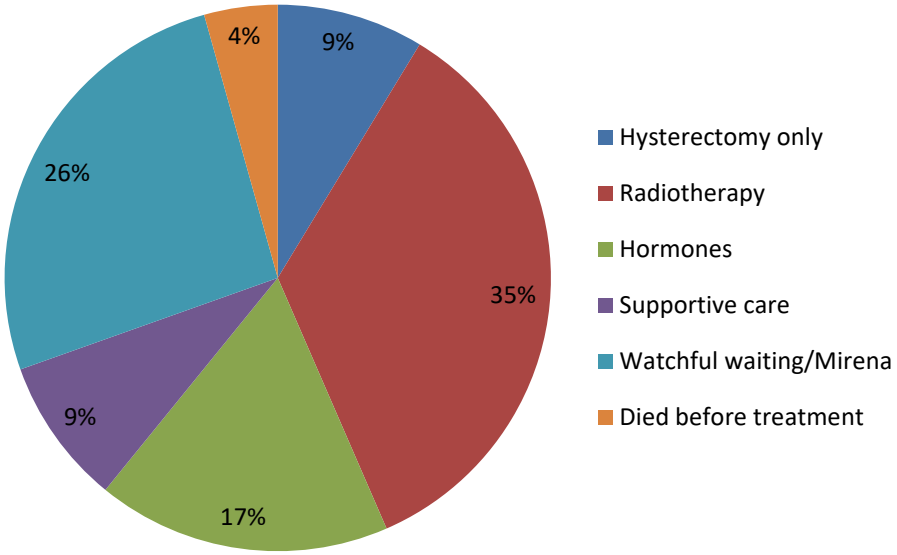

### Comments

The target was met by all Boards.

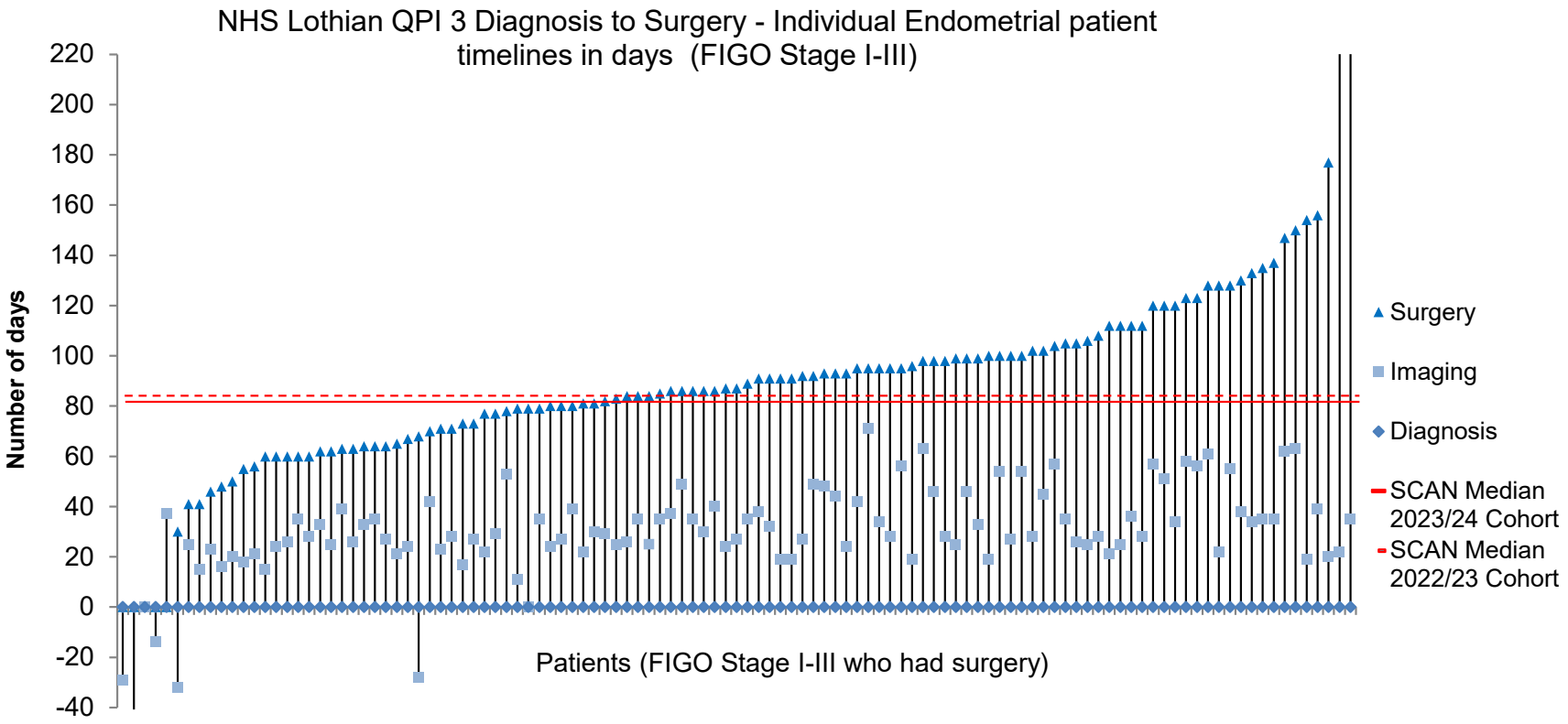
**QPI 3 - Reasons why patients did not have surgery SCAN - Stage I-III (Endometrial)**




**QPI 3 - Other treatment for patients who did not have surgery - SCAN Stage I-III (Endometrial)**



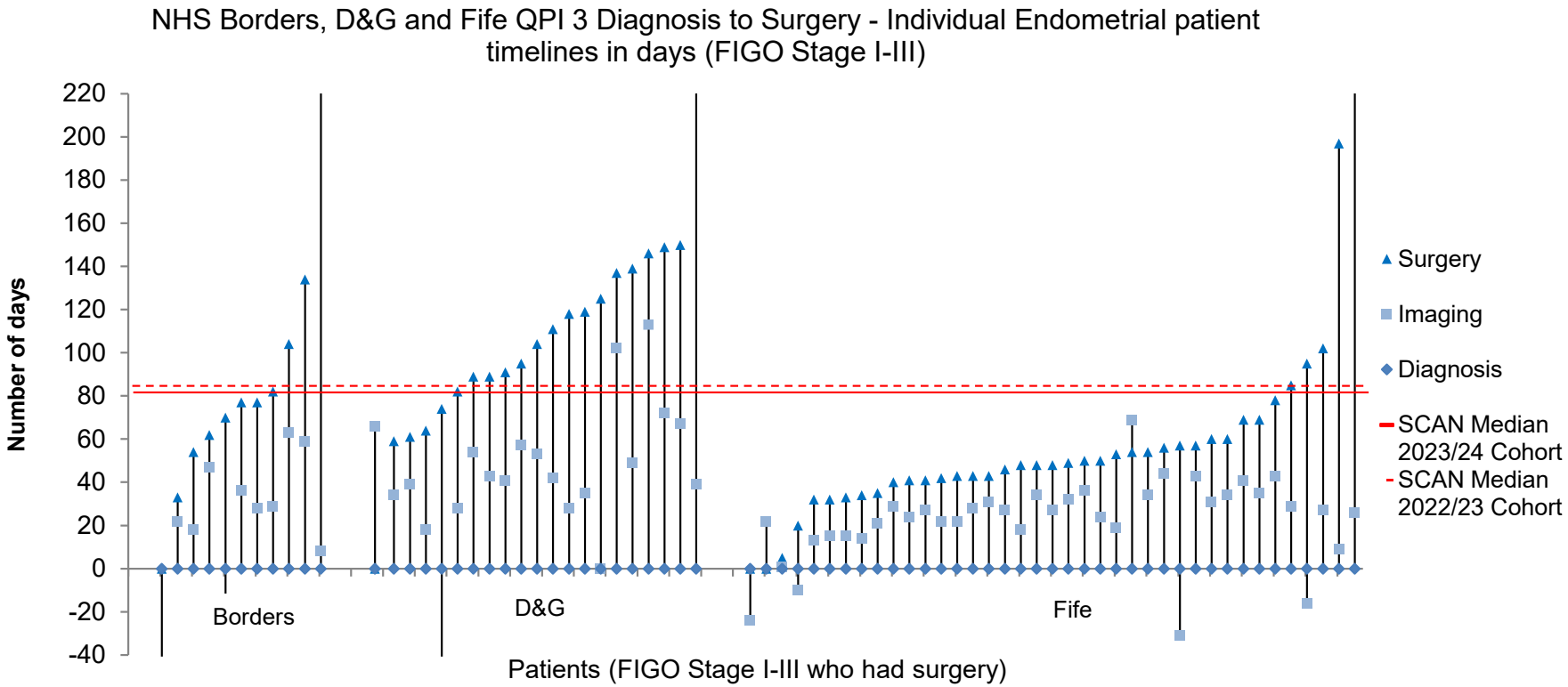
## QPI 3: Days from Diagnosis to Surgery




Source: SCAN Audit

*Surgeried delayed due to patients treated with Mirena coil prior to surgery in view of comorbidities/high BMI.

The Lothian median time from diagnosis to surgery for patients with FIGO stage I-III disease was 87 days (range 0 - 563), the mean was 92 days. SCAN median time from diagnosis to surgery for patients with FIGO stage I-III disease was 82 days (range 0 - 563), the mean was 87 days.




Source: SCAN Audit

*Surgeries delayed due to comorbidities / high BMI / additional investigations needed.

The median time from diagnosis to surgery for patients with FIGO stage I-III disease was 77 days for NHS Borders patients (range 0-479, mean 107), 108 for NHS Dumfries and Galloway (range 0-221, mean 108) and 48 days for NHS Fife (range 0-221, mean 56).
SCAN median time from diagnosis to surgery for patients with FIGO stage I-III disease was 82 days (range 0 - 563), the mean was 87 days.

## QPI 4: Minimal Access Surgery (Endometrial)

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

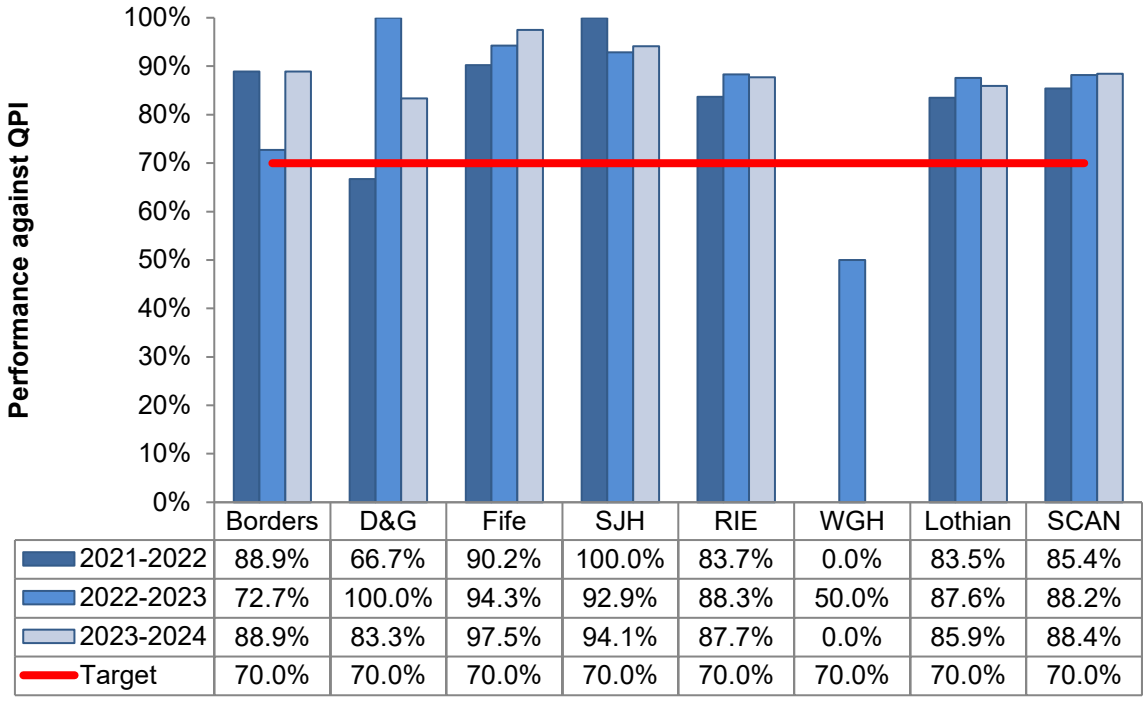
Numerator: Number of patients with endometrial cancer undergoing definitive surgery who have minimal access surgery.

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

| **Hospital of Surgery Target = 70%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| Numerator | 8 | 5 | 39 | 116 | 168 |
| Not Recorded for Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 9 | 6 | 40 | 135 | 190 |
| | | | | | |
| Not Recorded for Exclusions | 0 | 0 | 0 | 0 | 0 |
| Not Recorded for Denominator | 0 | 0 | 0 | 0 | 0 |
| % Recorded | 88.9% | 83.3% | 97.5% | 85.9% | 88.4% |

For Lothian hospitals only the aggregate figure shown.

**QPI 4 - Minimal Access Surgery (Endometrial) 2021/22 to 2023/24**




**Comments:**

The target was met by all Boards.

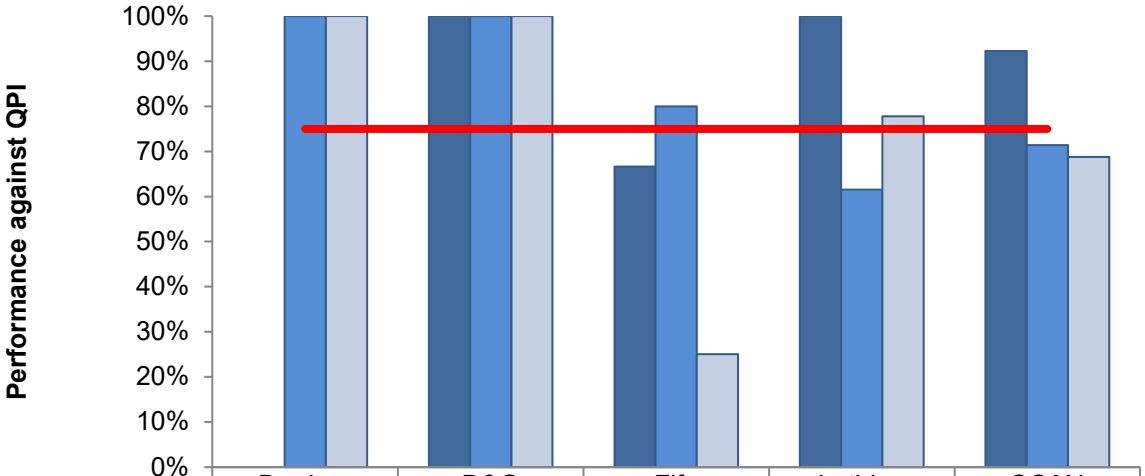
## QPI 6: Systemic Anti Cancer Therapy (SACT) / Hormone therapy (Endometrial)

Proportion of patients with stage IV endometrial cancer receiving SACT or hormone therapy.
Target = 75%
Numerator: Number of patients with stage IV endometrial cancer receiving SACT or hormone therapy.
Denominator: All patients with stage IV endometrial cancer.
Exclusions: Patients who decline SACT or hormone therapy.

| **Target = 75%** | SCAN |
|---|---|
| 2023/24 Cohort | 228 |
| Ineligible for this QPI | 212 |
| | |
| Numerator | 11 |
| Not Recorded for Numerator | 0 |
| Denominator | 16 |
| | |
| Not Recorded for Exclusions | 0 |
| Not Recorded for Denominator | 12 |
| % Recorded | 68.8% |

Individual Boards not shown to avoid potential disclosure.

**QPI 6 - Systemic Anti Cancer Therapy (SACT) / Hormone Therapy (Endometrial) 2021/22 to 2023/24**




| | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2021-2022 | 0 | 100.0% | 66.7% | 100.0% | 92.3% |
| 2022-2023 | 100.0% | 100.0% | 80.0% | 61.5% | 71.4% |
| 2023-2024 | 100.0% | 100.0% | 25.0% | 77.8% | 68.8% |
| Target | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% |

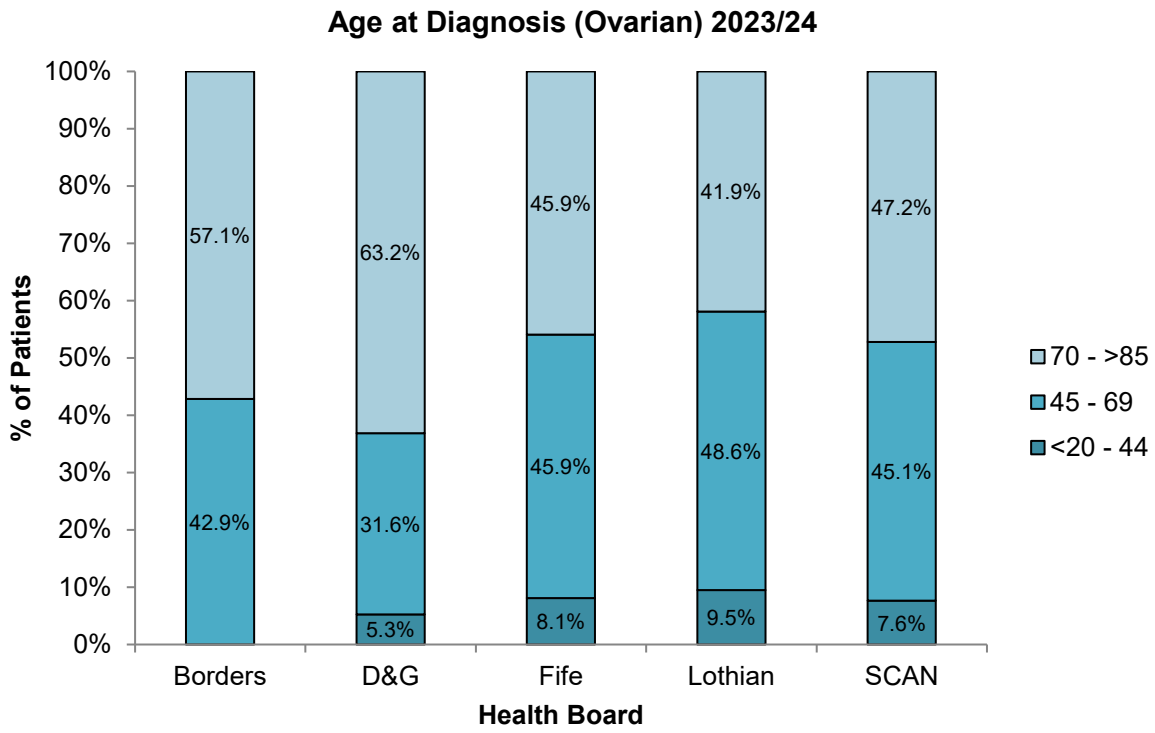
Zero values are due to no eligible patients for the QPI in cohort.

**Action:** Small numbers can generate disproportionate percentage changes as evidenced in NHS Fife (25.0%) where 3 patients out of 4 did not receive SACT or hormone therapy. All patients have been reviewed. Patients were all treated appropriately and no action was identified.

## 3. Epithelial Ovarian Cancers

| Age at Diagnosis (Ovarian) | SCAN | Percentage |
|---|---|---|
| <20 - 44 | 11 | 7.6% |
| 45 - 69 | 65 | 45.1% |
| 70 - >85 | 68 | 47.2% |
| Total | **144** | **100%** |

Individual Boards not shown to avoid potential disclosure.

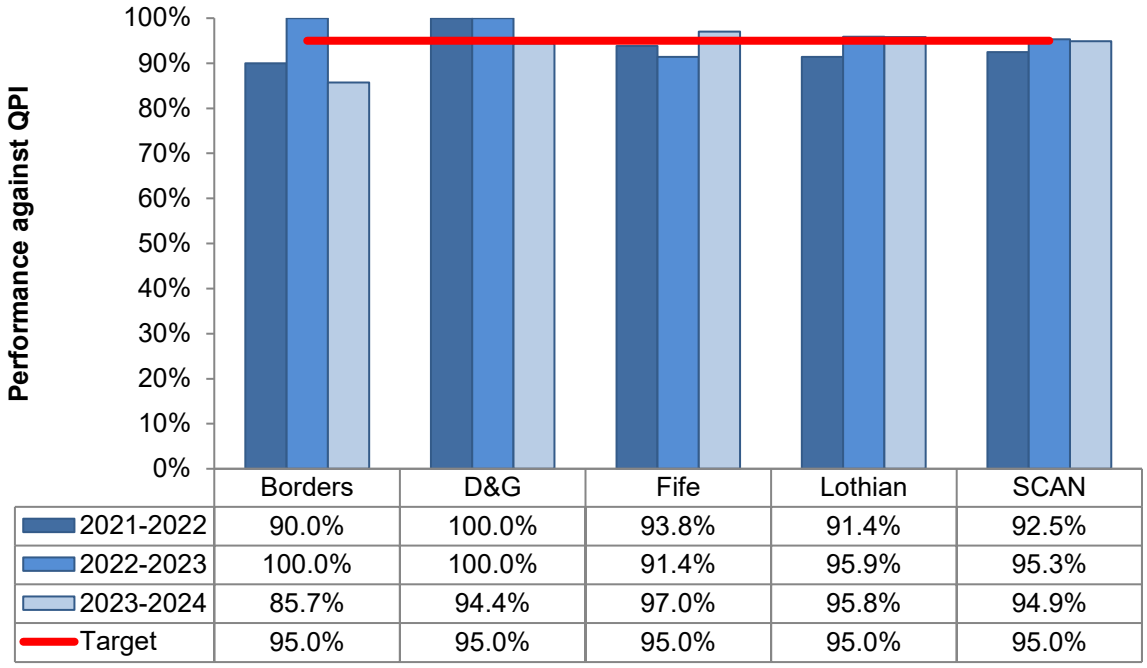


## QPI 3: Treatment planned and reviewed at a regional multi-disciplinary team meeting (Ovarian)

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

| **Target 95%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2023/24 Cohort | 14 | 19 | 37 | 74 | 144 |
| Ineligible for this QPI | 0 | 1 | 4 | 2 | 7 |
| | | | | | |
| Numerator | 12 | 17 | 32 | 69 | 130 |
| Not Recorded for Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 14 | 18 | 33 | 72 | 137 |
| | | | | | |
| Not Recorded for Exclusions | 0 | 18 | 11 | 40 | 69 |
| Not Recorded for Denominator | 0 | 0 | 0 | 0 | 0 |
| % Recorded | 85.7% | 94.4% | 97.0% | 95.8% | 94.9% |

**QPI 3 - Treatment planned and reviewed at a regional multi-disciplinary team meeting (Ovarian) 2021/22 to 2023/24**




**Comments**
Following the third cycle formal review QPI3 was revised to incorporate all patients including those suitable for protocolised treatment who are registered at MDT but do not require discussion. Discussion prior to definitive treatment decisions being made provides reassurance that patients are being managed appropriately. A streamlined pathway approach will be suitable for some patients whereby a standard protocol can be used to guide management and treatment decisions. These patients will therefore not require discussion, however this will be documented and agreed by the MDT.

The reasons for not meeting this QPI were down to incidental findings / emergency surgery / not fit for treatment / died shortly after surgery.

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

**Action:** To ensure that all patients including those who do not require MDT discussion are registered at MDT. NHS Borders already agreed this with their team.

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

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

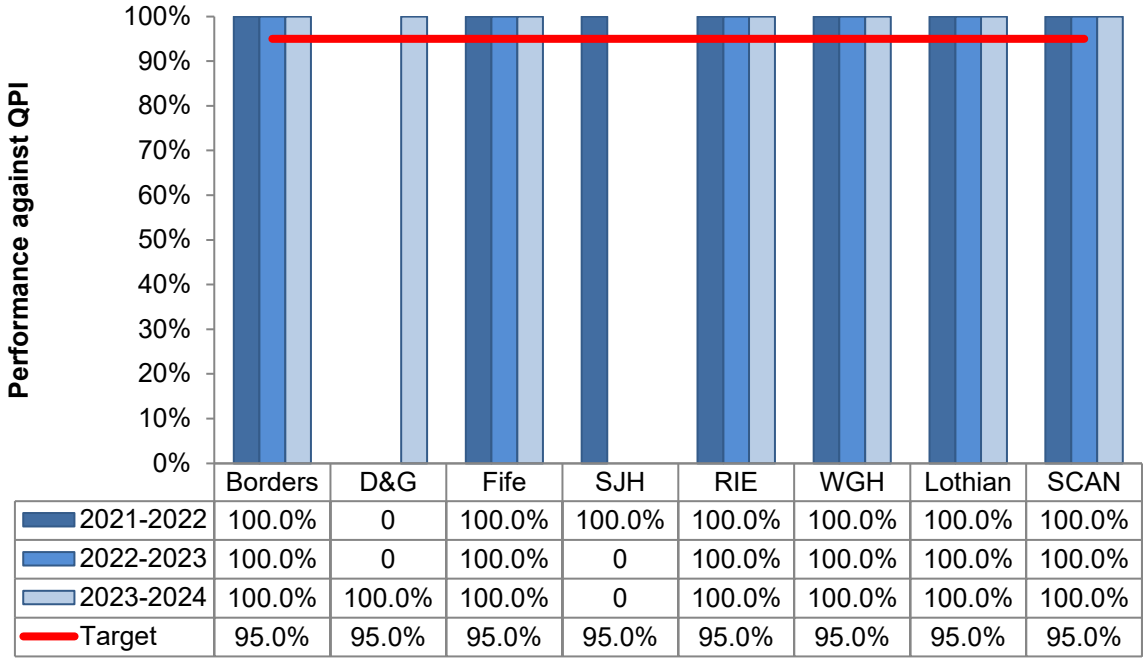
Numerator: Number of patients with epithelial ovarian cancer undergoing definitive cytoreductive surgery who have a complete pathology report that contains all data items as defined by the Royal College of Pathologists.

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

| **By Hospital of Surgery Target 95%** | SCAN |
|---|---|
| Numerator | 73 |
| Not Recorded for Numerator | 0 |
| Denominator | 73 |
| | |
| Not Recorded for Exclusions | 0 |
| Not Recorded for Denominator | 0 |
| % Recorded | 100% |

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

**QPI 6 - Histopathology reports are complete and support clinical decision-making (Ovarian) 2021/22 to 2023/24**




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

**Comments:** The target was met by all Boards.

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

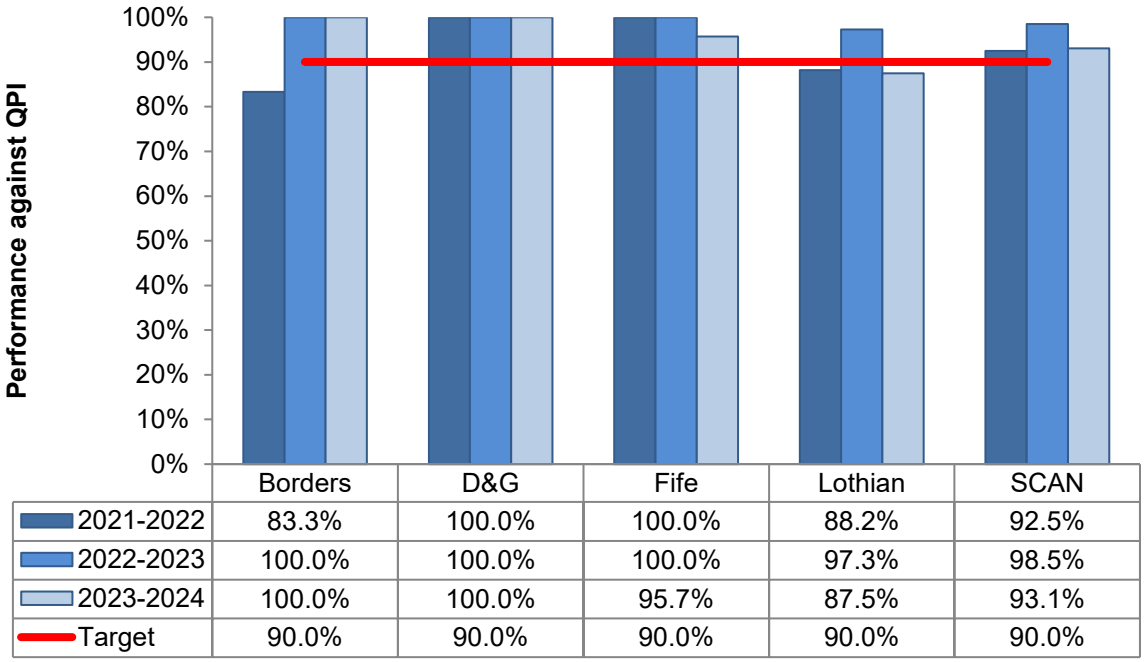
Proportion of patients with epithelial ovarian cancer having a histological diagnosis obtained by percutaneous image-guided biopsy or laparoscopy prior to starting chemotherapy. Target: 90%

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

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

| **Target 90%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2023/24 Cohort | 14 | 19 | 37 | 74 | 144 |
| Ineligible for this QPI | 7 | 9 | 14 | 42 | 72 |
| | | | | | |
| Numerator | 7 | 10 | 22 | 28 | 67 |
| Not Recorded for Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 7 | 10 | 23 | 32 | 72 |
| | | | | | |
| Not Recorded for Exclusions | 0 | 0 | 0 | 0 | 0 |
| Not Recorded for Denominator | 0 | 0 | 0 | 0 | 0 |
| % Recorded | 100.0% | 100.0% | 95.7% | 87.5% | 93.1% |

**QPI 7 - Histological diagnosis prior to starting chemotherapy (Ovarian) 2021/22 to 2023/24**




**Comments:**

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

## QPI 9: First-line Chemotherapy (Ovarian)

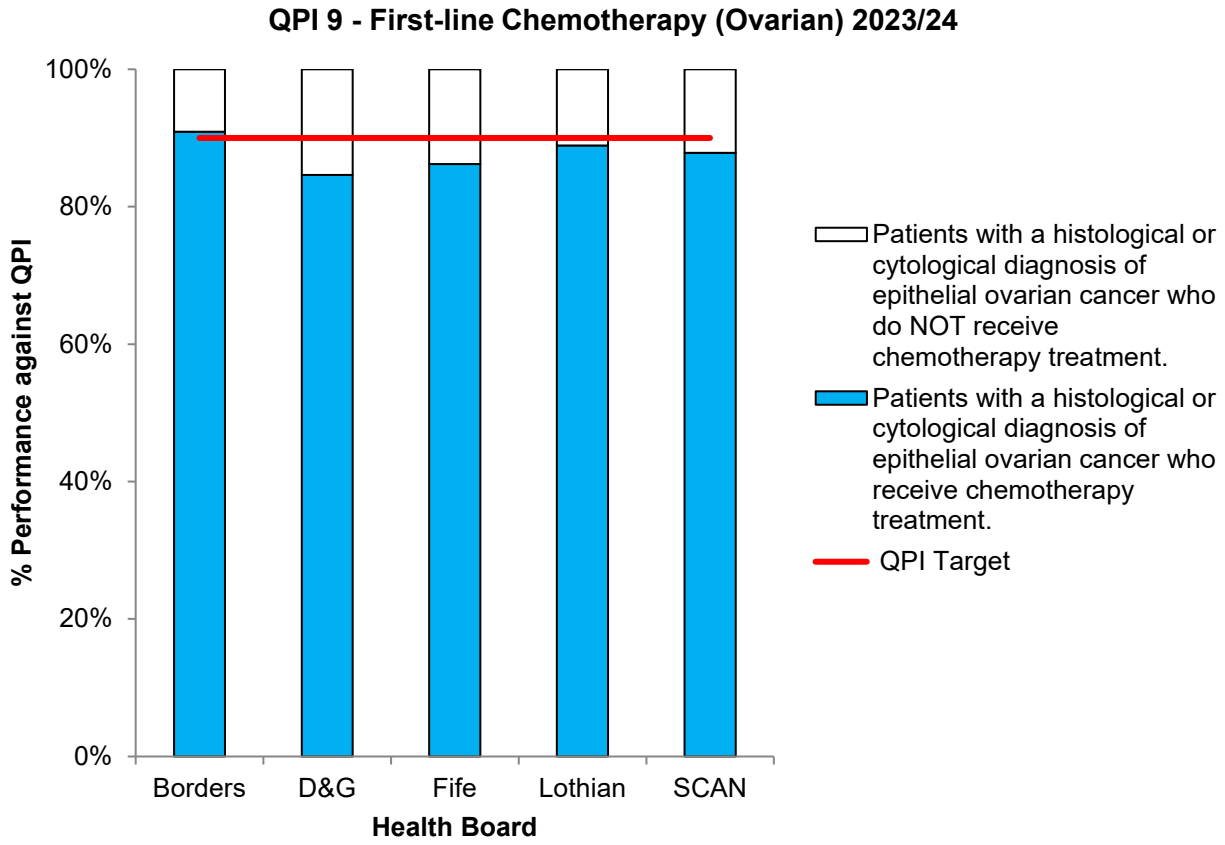
Proportion of patients with a histological or cytological diagnosis of epithelial ovarian cancer who receive chemotherapy treatment. Target: 90%

Numerator: Number of patients with a histological or cytological diagnosis of epithelial ovarian cancer who receive chemotherapy treatment.

Denominator: All patients with a histological or cytological diagnosis of epithelial ovarian cancer.

Exclusions: Stage 1-4 Low grade serous ovarian carcinomas. Stage 1A-1C3 G1/G2 Endometrioid ovarian carcinomas. Stage 1A-1C1 clear cell ovarian carcinomas. Mucinous Stage 1A Grade 1/2. Mucinous Stage 1B-1C3 Grade 1/2. Patients who decline chemotherapy treatment.

| **Target 90%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2023/24 Cohort | 14 | 19 | 37 | 74 | 144 |
| Ineligible for this QPI | 3 | 6 | 8 | 20 | 37 |
| | | | | | |
| Numerator | 10 | 11 | 25 | 48 | 94 |
| Not Recorded for Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 11 | 13 | 29 | 54 | 107 |
| | | | | | |
| Not Recorded for Exclusions | 0 | 0 | 0 | 0 | 0 |
| Not Recorded for Denominator | 0 | 0 | 0 | 0 | 0 |
| % Recorded | 90.9% | 84.6% | 86.2% | 88.9% | 87.9% |




**Comments:**

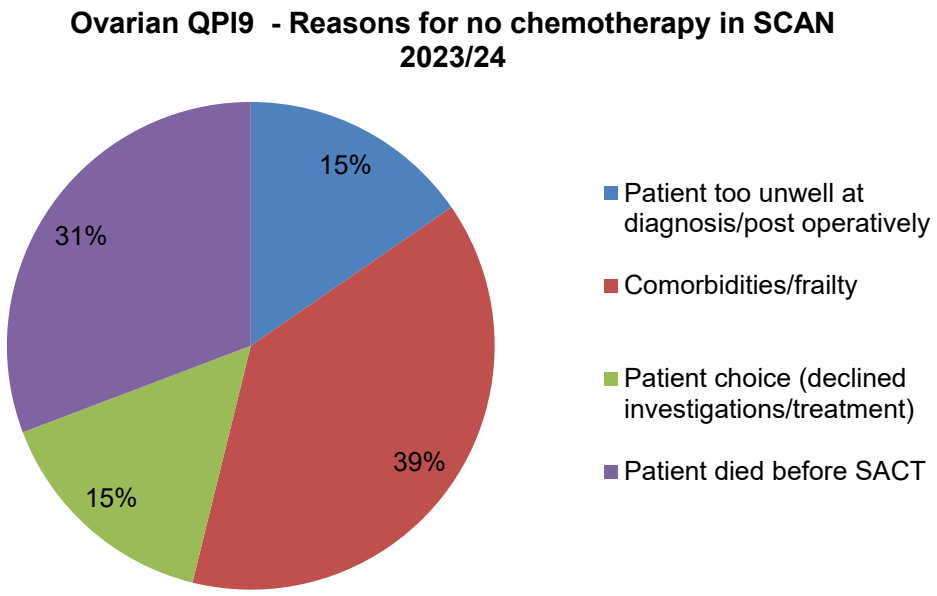
Following the third cycle formal review the QPI9 was updated to remove reference to 'platinum based compound' and replace with 'chemotherapy treatment' and amended to include patients with a histological or cytological diagnosis of epithelial ovarian cancer who receive chemotherapy treatment.

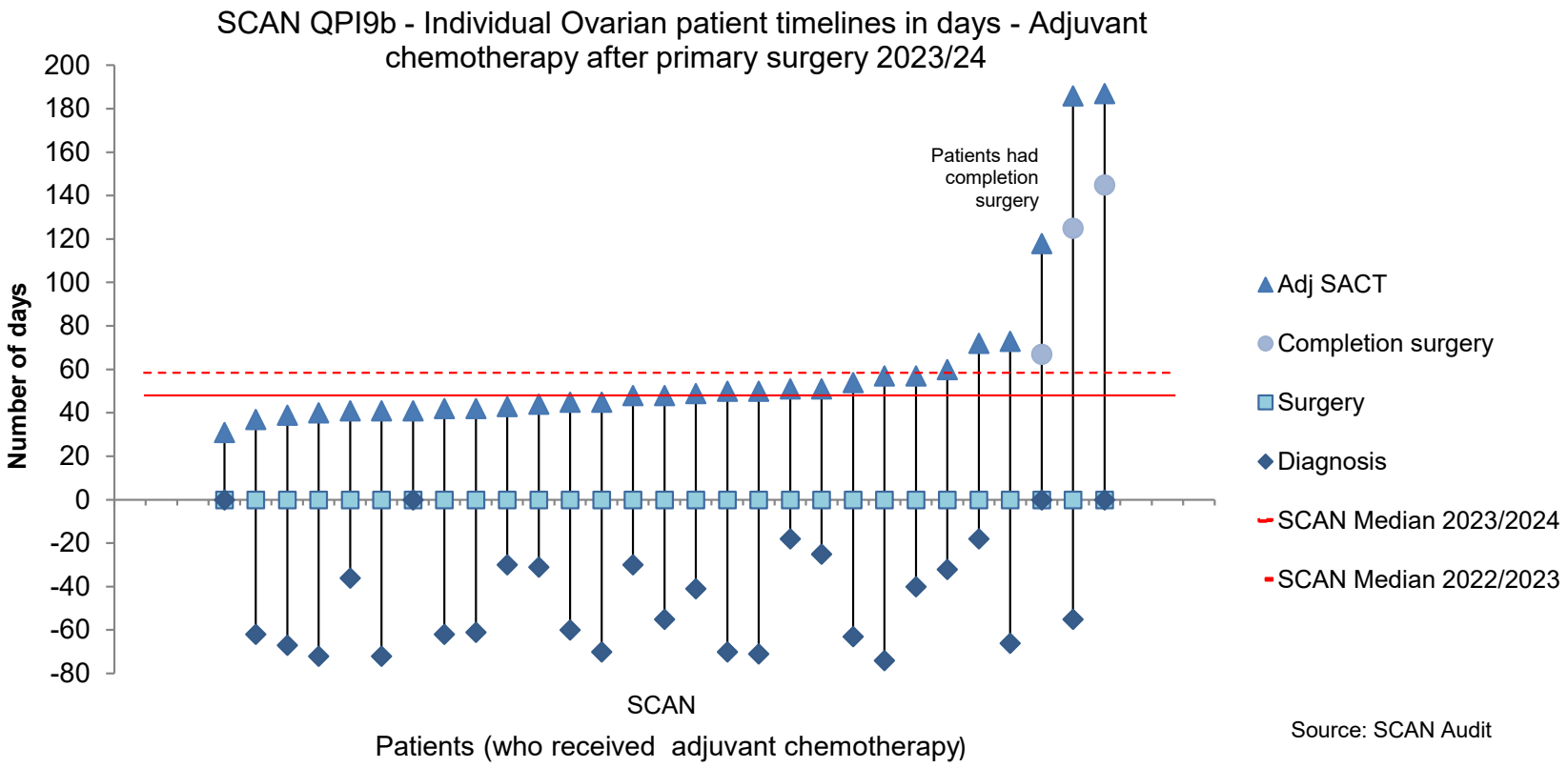
The reasons for not meeting this QPI were down to comorbidities / frailty / patients' choice / died before treatment. Patients were all treated appropriately, and no action was identified. All outliers are tabulated below.

**Action:** All patients have been reviewed and were treated appropriately. No action has been identified.

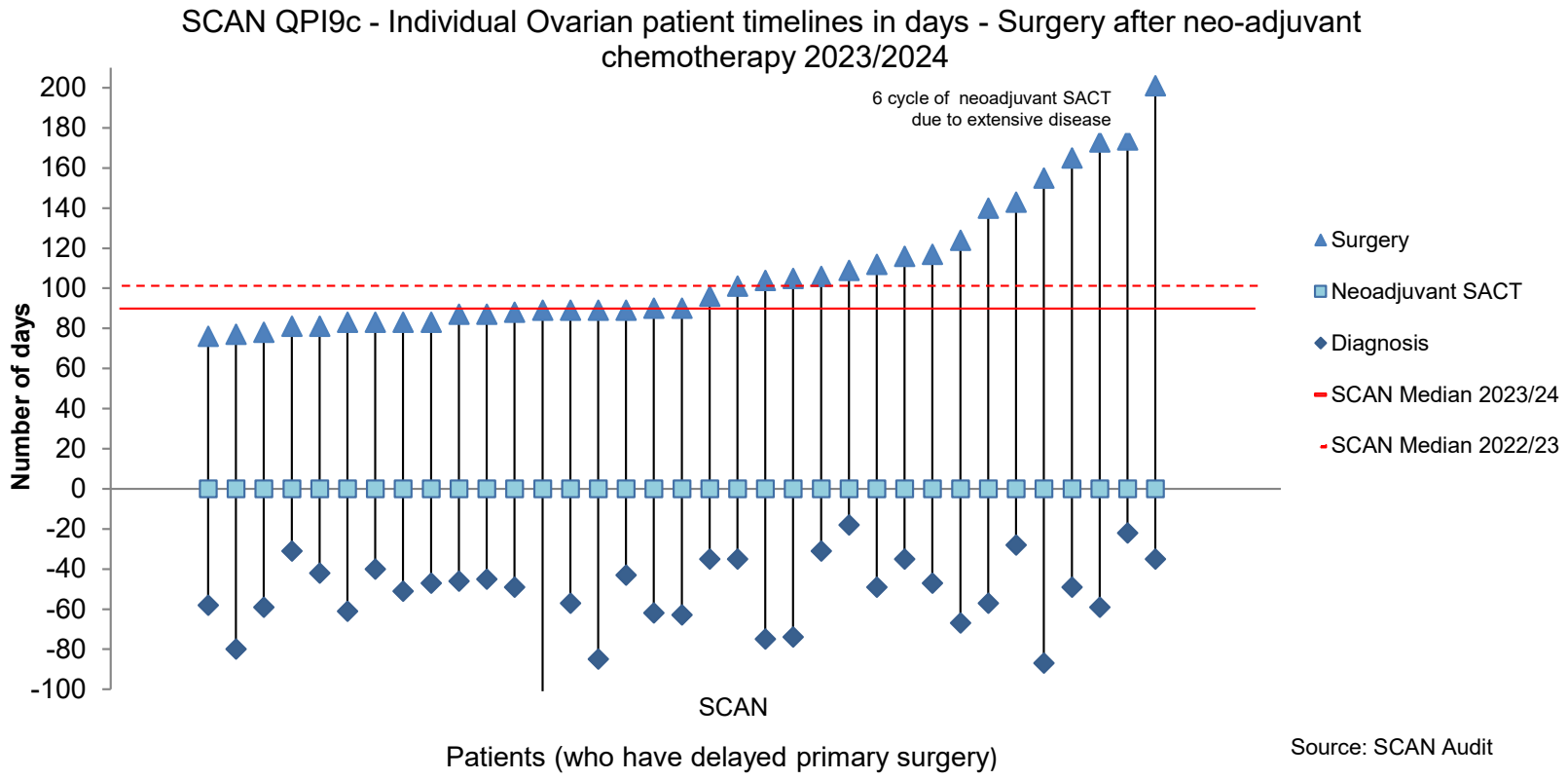
| Reasons for no chemotherapy given | SCAN |
|---|---|
| Patient too unwell at diagnosis/post operatively | 2 |
| Comorbidities/frailty | 5 |
| Patient choice (declined investigations/treatment) | 2 |
| Patient died before treatment | 4 |
| **Total** | **13** |

Individual Boards not shown to avoid potential disclosure.

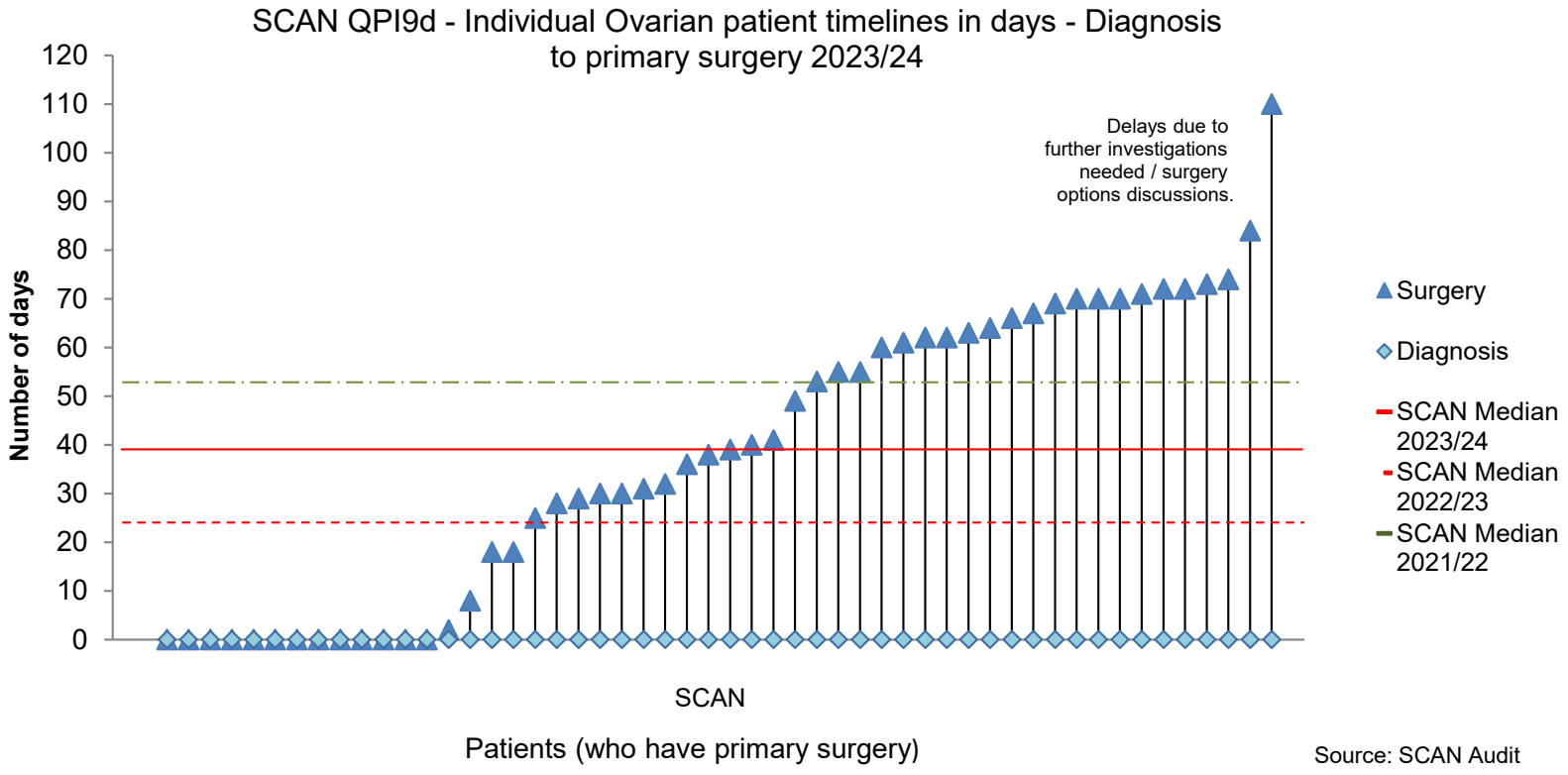





The median time from surgery to adjuvant chemotherapy was 51 days for NHS Borders patients (range 42-57, mean 50), 55 for NHS Dumfries and Galloway (range 37-73, mean 55), 43 days for NHS Fife (range 31-57, mean 66) and 48 days for NHS Lothian patients (range 39-187, mean 66). SCAN median time from surgery to adjuvant chemotherapy was 48 days (range 31-187), the mean was 60 days.

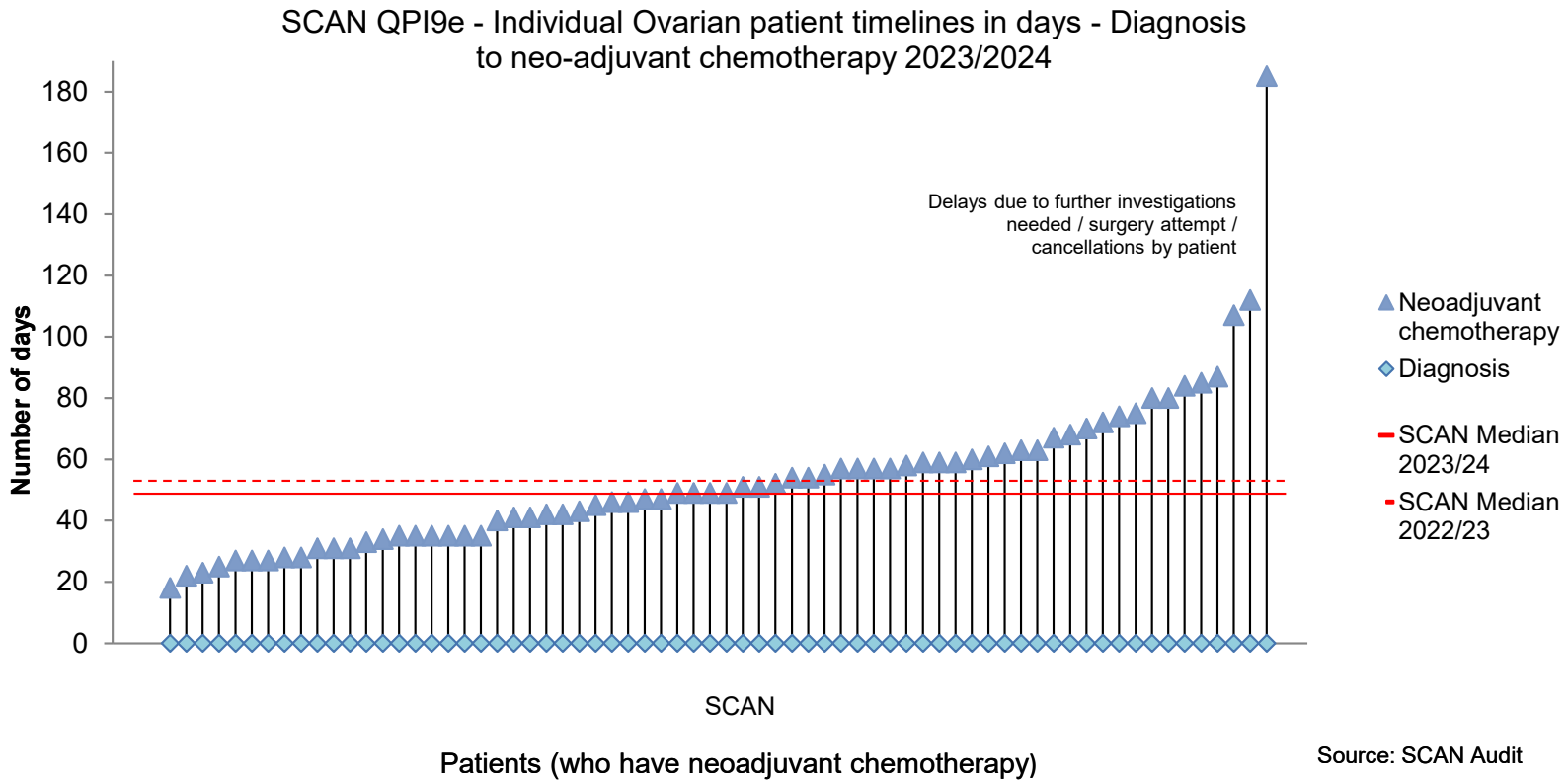



The median time from neo-adjuvant chemotherapy to surgery was 109 days for NHS Borders patients (range 89-201, mean 134), 114 for NHS Dumfries and Galloway (range 77-174, mean 120), 101 days for NHS Fife (range 81-140, mean 105) and 88 days for NHS Lothian patients (range 76-173, mean 96).
SCAN median time from neo-adjuvant chemotherapy to surgery was 90 days (range 76-201), the mean was 108 days.



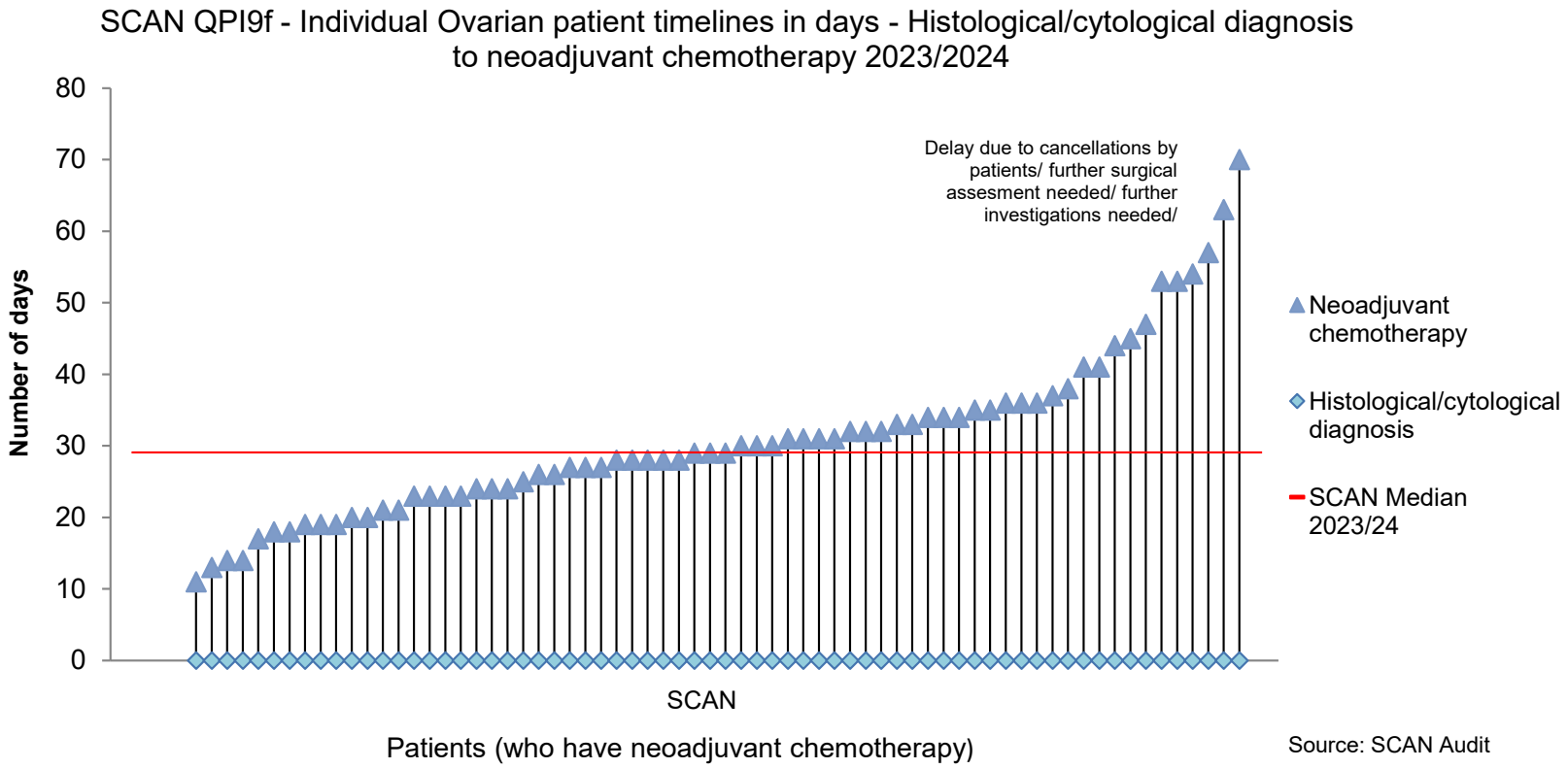

Source: SCAN Audit

The median time from diagnosis to primary surgery was 62 days for NHS Borders patients (range 18-74, mean 52), 51 for NHS Dumfries and Galloway (range 0-110, mean 46), 28 days for NHS Fife (range 0-49, mean 20) and 47 days for NHS Lothian patients (range 0-84, mean 40). SCAN median time from diagnosis to primary surgery was 39 days (range 0-110), the mean was 38 days.

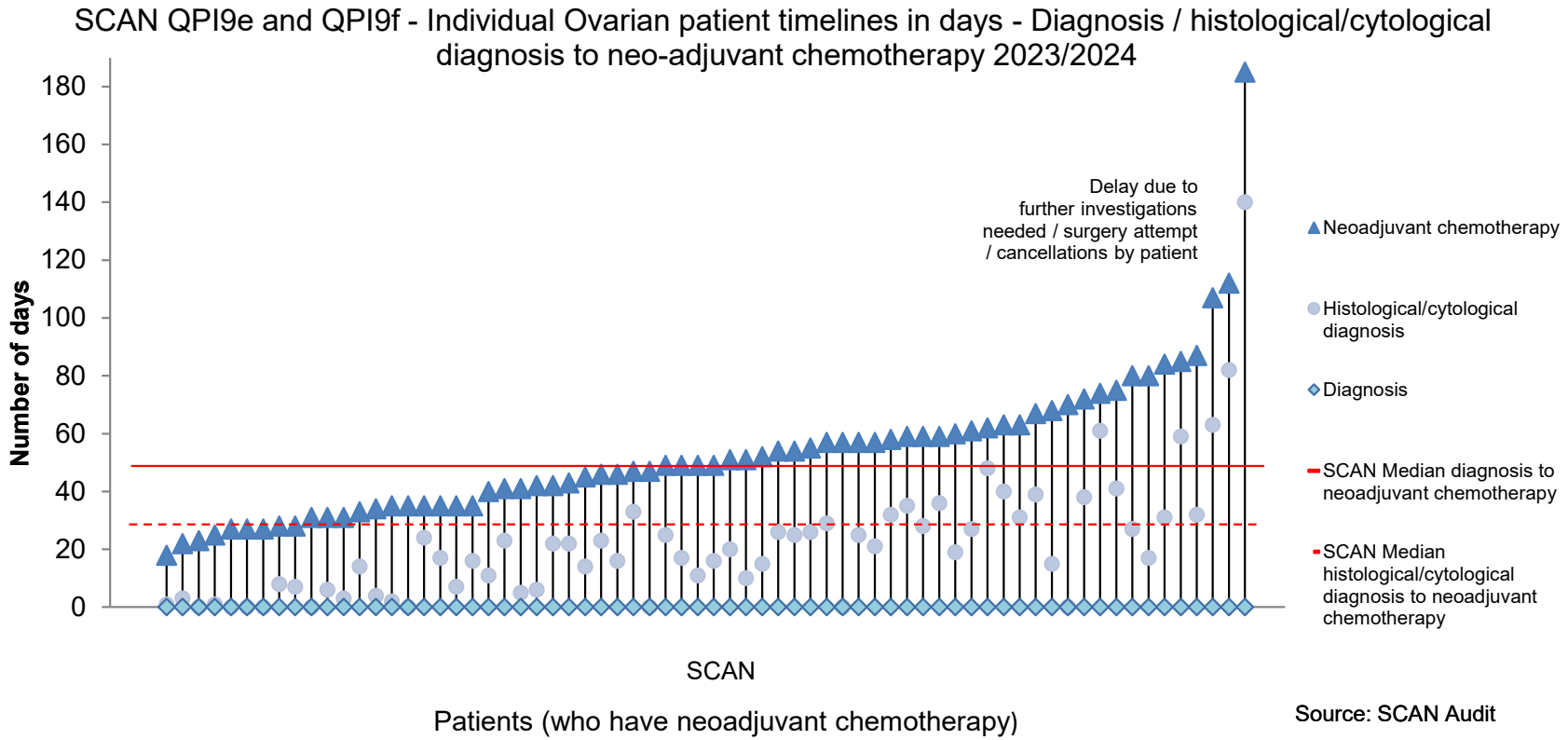



The median time from diagnosis to neo-adjuvant chemotherapy was 55 days for NHS Borders patients (range 18-185, mean 75), 42 for NHS Dumfries and Galloway (range 22-87, mean 50), 54 days for NHS Fife (range 23-112, mean 53) and 47 days for NHS Lothian patients (range 28-85, mean 49). SCAN median time from diagnosis to neo-adjuvant chemotherapy was 49 days (range 18-185), the mean was 53 days.

**Comments:**
**NHS Fife:** All eleven Fife outliers above SCAN median of 53 days were reviewed. Areas of delay highlighted were referral from other specialties to Gynae to initiate MDT referral, Radiology and Gynae capacity issues for biopsies, diagnostic laparoscopy and post MDT appointments, chemotherapy capacity in delivering treatment and patient co-morbidities delaying neoadjuvant chemotherapy.
No further action was identified.




The median time from histological/cytological diagnosis to neoadjuvant chemotherapy was 33 days for NHS Borders patients (range 17-45, mean 32), 33 for NHS Dumfries and Galloway (range 11-54, mean 31), 27 days for NHS Fife (range 13-70, mean 28) and 30 days for NHS Lothian patients (range 19-63, mean 32). SCAN median time from histological/cytological diagnosis to neoadjuvant chemotherapy was 29 days (range 11-70), the mean was 31 days.




The median time from diagnosis to neo-adjuvant chemotherapy was 55 days for NHS Borders patients (range 18-185, mean 75), 42 for NHS Dumfries and Galloway (range 22-87, mean 50), 54 days for NHS Fife (range 23-112, mean 53) and 47 days for NHS Lothian patients (range 28-85, mean 49). SCAN median time from diagnosis to neo-adjuvant chemotherapy was 49 days (range 18-185), the mean was 53 days.

The median time from histological/cytological diagnosis to neoadjuvant chemotherapy was 33 days for NHS Borders patients (range 17-45, mean 32), 33 for NHS Dumfries and Galloway (range 11-54, mean 31), 27 days for NHS Fife (range 13-70, mean 28) and 30 days for NHS Lothian patients (range 19-63, mean 32). SCAN median time from histological/cytological diagnosis to neoadjuvant chemotherapy was 29 days (range 11-70), the mean was 31 days.

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

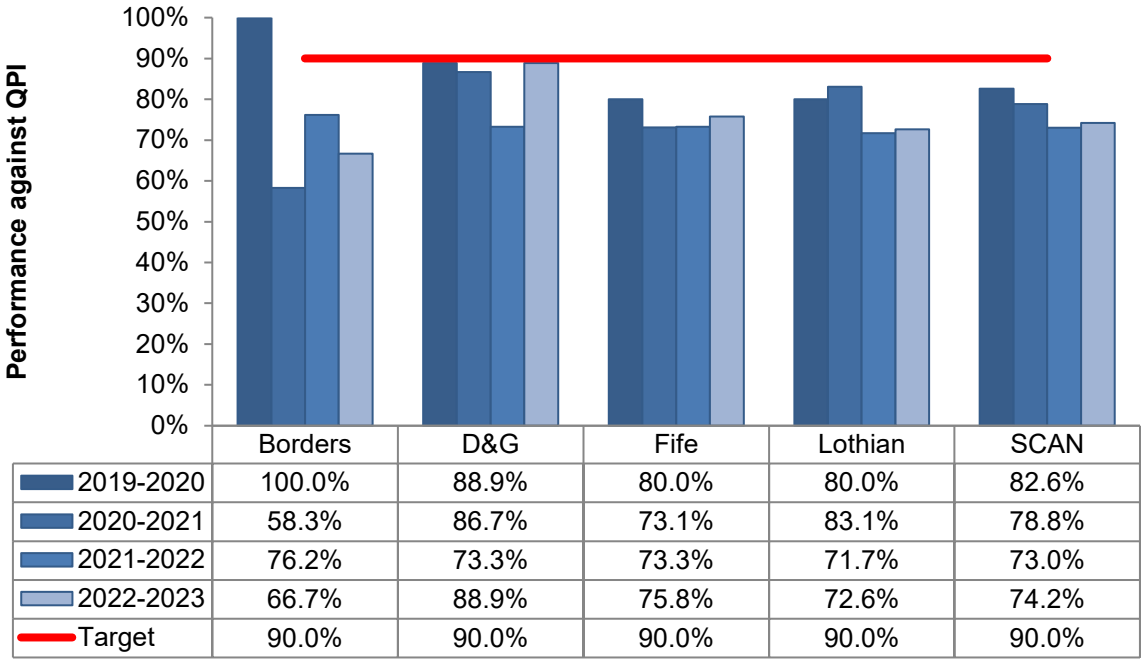
Proportion of patients with non-mucinous epithelial ovarian cancer who undergo genetic testing. Target: 90%

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

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

Exclusions: Patients with low grade serous disease.

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




**Comments:**

Historic data included in the report. QPI11 is not reported this year due to dataset and measurability changes following the third cycle of formal reviews.

QPI has been updated and separated into 3 separate specifications:

(i) Patients with a histological or cytological diagnosis of non-mucinous epithelial ovarian cancer who undergo germline testing;
(ii) Patients with a histological diagnosis of high grade epithelial ovarian carcinoma who undergo HRD testing; and
(iii) Patients with a histological diagnosis of endometrioid or clear cell ovarian carcinoma who undergo mismatch repair immunohistochemistry.

The change will be fully implemented and reported in Year 12 (1st October 2024 – 30th September 2025) of QPI reporting.

## QPI 12: 30 day mortality following surgery for ovarian cancer

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

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

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

| **Hospital of Surgery** | BGH | DGRI | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| Numerator | | | 0 | 1 | 2 |
| Not Recorded for Numerator | | | 0 | 0 | 0 |
| Denominator | | | 9 | 71 | 87 |
| | | | | | |
| Not Recorded for Exclusions | | | 0 | 0 | 0 |
| Not Recorded for Denominator | | | 0 | 0 | 0 |
| % Recorded | | | 0.0% | 1.4% | 2.3% |

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

**Comments**

**Action:** All patients have been reviewed. No further action was identified.

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

The 30 day mortality publication for patients treated in 2023 who died within 30 days of starting their last cycle of SACT has been prepared and is currently out for review within the networks prior to publication in July 2025.

## QPI 15 (i): Surgical management in ovarian cancer – Stage 1-3A (Ovarian)

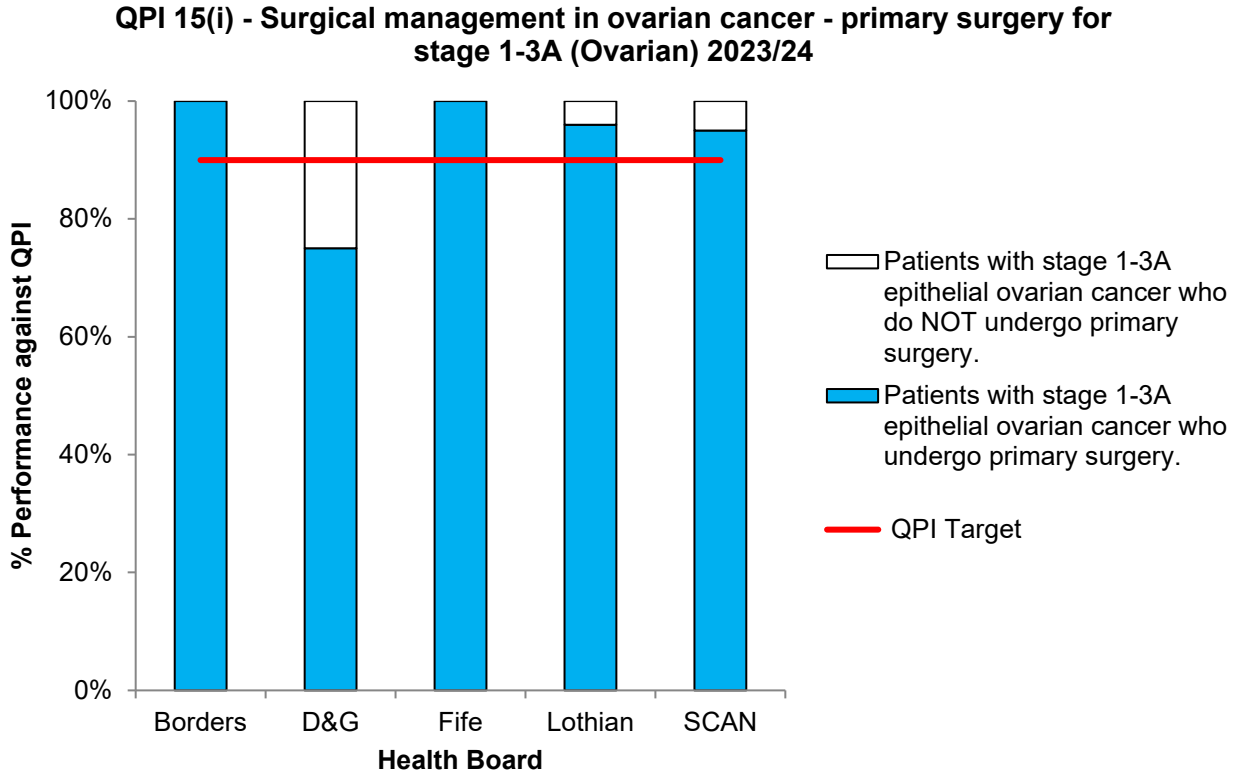
Proportion of patients with stage 1-3A epithelial ovarian cancer who undergo primary surgery. Target: 90%

Numerator: Number of patients with stage 1-3A epithelial ovarian cancer who undergo primary surgery.

Denominator: All patients with stage 1–3A epithelial ovarian cancer (no exclusions).

| **By Board of Diagnosis Target: 90%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2023/24 Cohort | | | 37 | 74 | 144 |
| Ineligible for this QPI | | | 28 | 49 | 104 |
| | | | | | |
| Numerator | | | 9 | 24 | 38 |
| Not Recorded for Numerator | | | 0 | 0 | 0 |
| Denominator | | | 9 | 25 | 40 |
| | | | | | |
| Not Recorded for Exclusions | | | 0 | 0 | 0 |
| Not Recorded for Denominator | | | 0 | 5 | 8 |
| % Recorded | | | 100.0% | 96.0% | 95.0% |

Figures suppressed where denominator is < 5.




**Comments:** New QPI introduced following the third cycle formal review.

**Action:** The target was met in SCAN.

## QPI 15 (ii): Surgical management in ovarian cancer – Stage 1-3A (Ovarian)

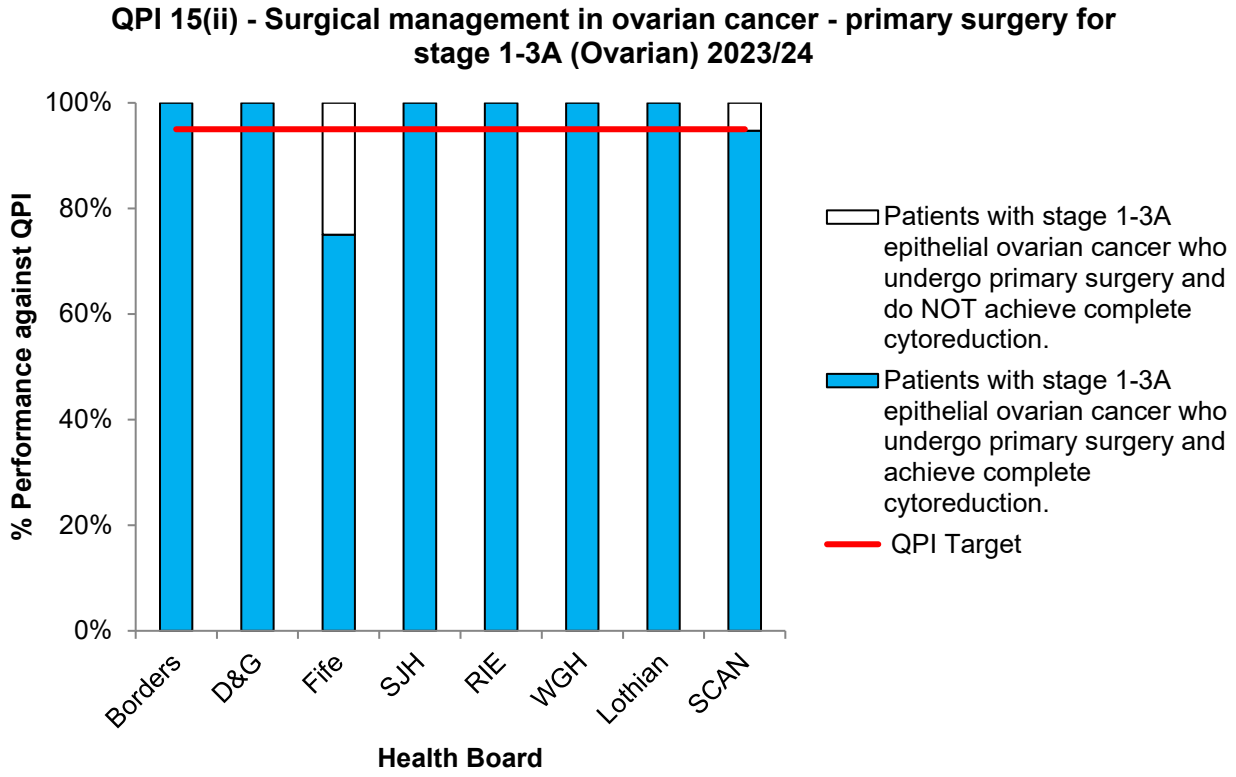
Proportion of patients with stage 1-3A epithelial ovarian cancer who undergo primary surgery and achieve complete cytoreduction.
Target: 95%

Numerator: Number of patients with stage 1-3A epithelial ovarian cancer who undergo primary surgery and achieve complete cytoreduction.

Denominator: All patients with stage 1–3A epithelial ovarian cancer who undergo primary surgery (no exclusions).

| **By Hospital of Surgery Target 95%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| Numerator | | | 6 | 26 | 36 |
| Not Recorded for Numerator | | | 2 | 0 | 2 |
| Denominator | | | 8 | 26 | 38 |
| | | | | | |
| Not Recorded for Exclusions | | | 0 | 0 | 0 |
| Not Recorded for Denominator | | | 0 | 0 | 0 |
| % Recorded | | | 75.0% | 100% | 94.7% |

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




**Comments:**

The reason for not meeting this QPI was down to not recorded measurement of macroscopic residual disease.
**Action:** To ensure that macroscopic residual disease is clearly documented for audit purposes.

## QPI 15 (iii): Surgical management in ovarian cancer – Stage 3B and above (Ovarian)

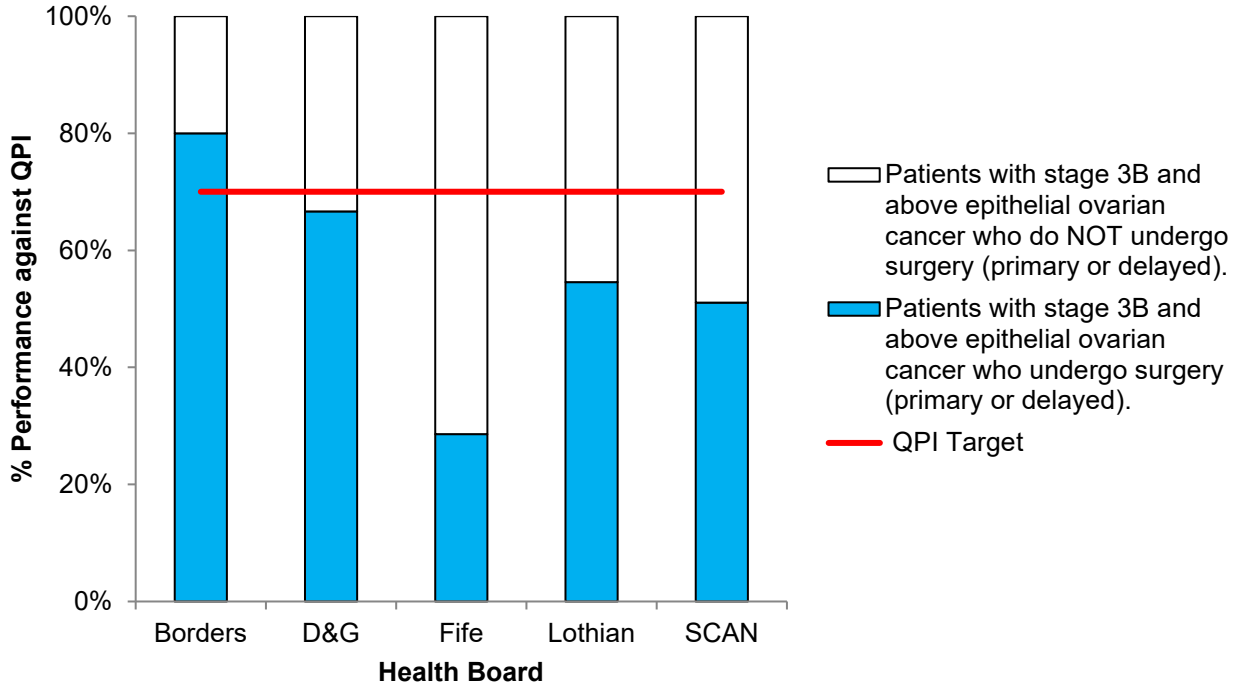
Proportion of patients with stage 3B and above epithelial ovarian cancer who undergo surgery (primary or delayed). Target: 70%

Numerator: Number of patients with stage 3B and above epithelial ovarian cancer who undergo surgery (primary or delayed).

Denominator: All patients with stage 3B and above epithelial ovarian cancer (no exclusions).

| **By Board of Diagnosis Target: 70%** | Borders | D&G | Fife | Lothian | SCAN |
|---|---|---|---|---|---|
| 2023/24 Cohort | 14 | 19 | 37 | 74 | 144 |
| Ineligible for this QPI | 4 | 7 | 9 | 30 | 50 |
| | | | | | |
| Numerator | 8 | 8 | 8 | 24 | 48 |
| Not Recorded for Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 10 | 12 | 28 | 44 | 94 |
| | | | | | |
| Not Recorded for Exclusions | 0 | 0 | 0 | 0 | 0 |
| Not Recorded for Denominator | 1 | 2 | 0 | 5 | 8 |
| % Recorded | 80.0% | 66.7% | 28.6% | 54.5% | 51.1% |

**QPI 15(iii) - Surgical management in ovarian cancer - primary or delayed surgery for stage 3B and above (Ovarian) 2023/24**




**Comments:**
The reasons for not meeting this QPI were down to comorbidities / frailty / extent of disease, disease progression or no response to treatment / patients' choice / died before treatment.

**Action:** All patients have been reviewed. In NHS Fife there was noticeable increase in stage IV disease diagnoses with more patients being treated with neoadjuvant chemotherapy but no surgery. The majority of these patients were discussed at the Complex Pelvic Surgery MDT following 6 cycles of neoadjuvant chemotherapy and decisions made for no surgery due to inoperable disease.
This is the first year of reporting QPI15 and this will be monitored and reviewed next year to assess any ongoing patterns or changes.

## QPI 15 (iv): Surgical management in ovarian cancer – Stage 3B and above (Ovarian)

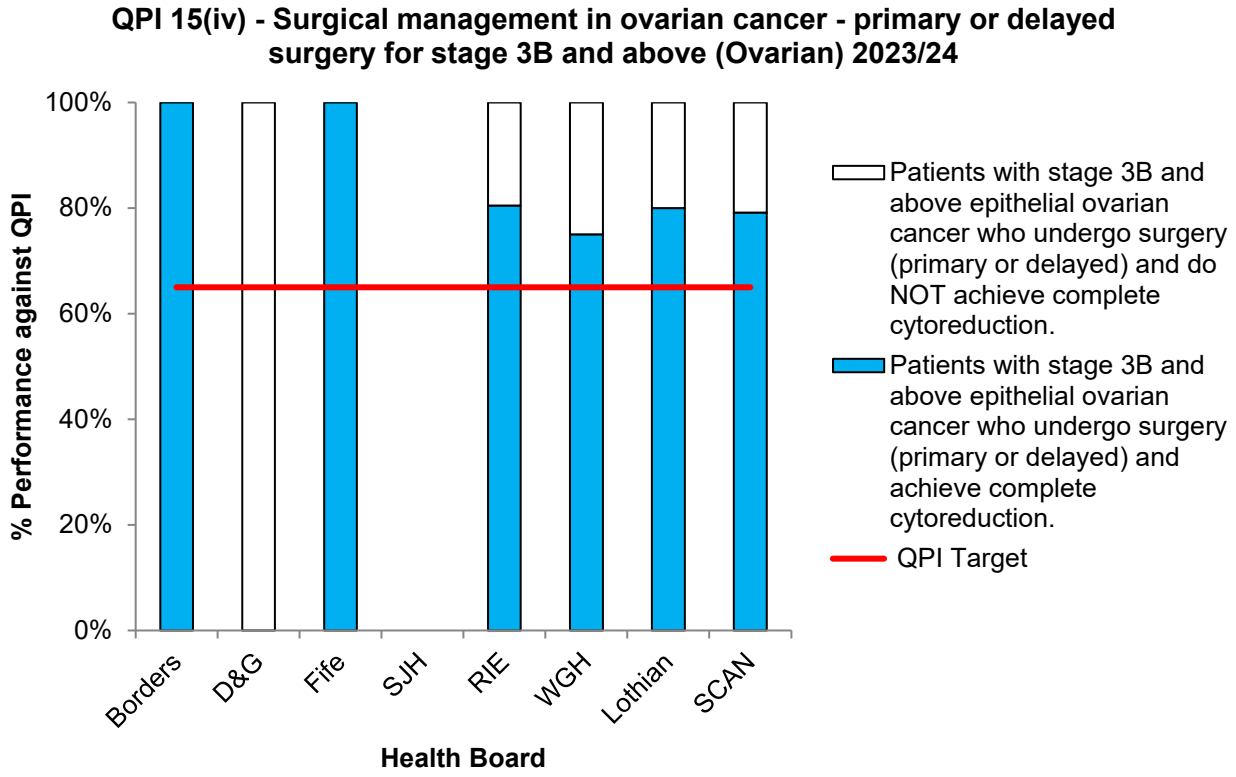
Proportion of patients with stage 3B and above epithelial ovarian cancer who undergo surgery (primary or delayed) and achieve complete cytoreduction.
Target: 65%

Numerator: Number of patients with stage 3B and above epithelial ovarian cancer who undergo surgery (primary or delayed) and achieve complete cytoreduction.

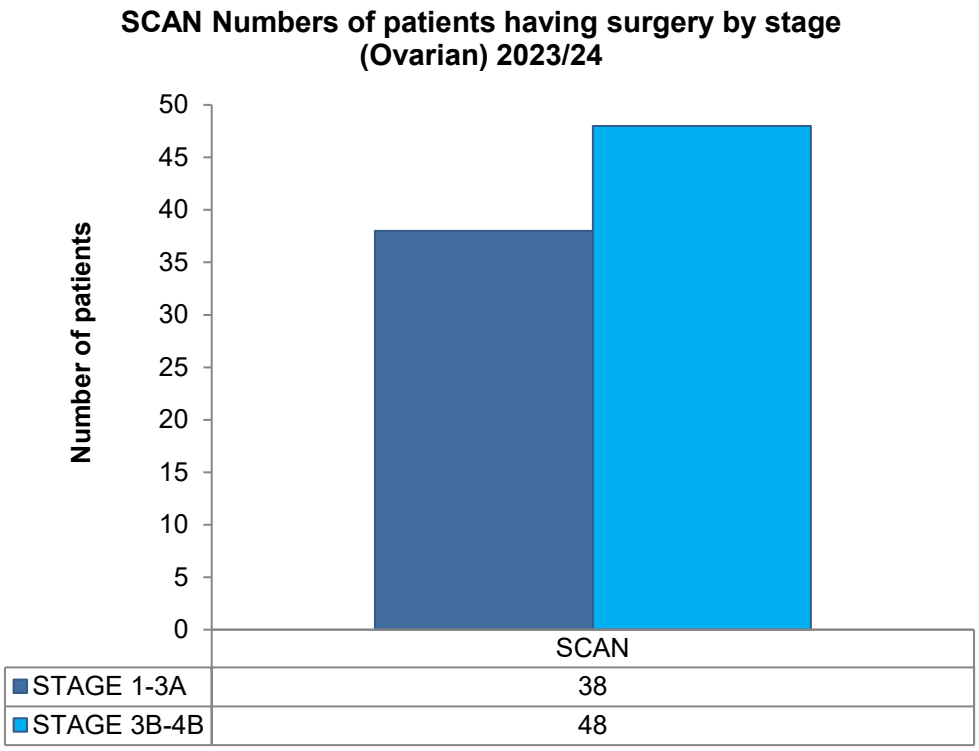
Denominator: All patients with stage 3B and above epithelial ovarian cancer who undergo surgery (primary or delayed) (no exclusions).

| **By Hospital of Surgery Target 65%** | SCAN |
|---|---|
| Numerator | 38 |
| Not Recorded for Numerator | 1 |
| Denominator | 48 |
| | |
| Not Recorded for Exclusions | 0 |
| Not Recorded for Denominator | 0 |
| % Recorded | 79.2% |

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




**Comments:** The target was met in SCAN.


SCAN Numbers of patients having surgery by stage (Ovarian) 2023/24
Number of patients
50
45
40
35
30
25
20
15
10
5
0
SCAN
STAGE 1-3A
38
STAGE 3B-4B
48

## Appendix 1

### Cervical Cancer Key Categories

N=All patients diagnosed with cervical cancer. Due to small numbers in individual boards only the SCAN figures are shown.

**Table 1: Initial Treatment Types (cervix)**

| Initial Treatment Types (cervix) | SCAN |
|---|---|
| Surgery | 36 |
| Radiotherapy | 13 |
| Chemotherapy | 2 |
| Biological therapy | 0 |
| Endoscopic | 0 |
| Chemoradiotherapy | 30 |
| Supportive care | 1 |
| Watchful waiting | 0 |
| Other therapy | 0 |
| Patient died before treatment | 1 |
| Patient declined all therapy | 3 |
| Not recorded | 0 |
| **Total** | **86** |

**Table 2: Surgery Performed (cervix)**

| Surgery Performed (cervix) | SCAN |
|---|---|
| Hysterectomy | 15 |
| Radical Hysterectomy | 11 |
| Trachelectomy | 0 |
| Radical Trachelectomy | 0 |
| LEEP/ LLETZ only | 10 |
| Cone biopsies only | 0 |
| Patient died before treatment | 1 |
| Patient declined treatment | 0 |
| Not applicable | 49 |
| Not recorded | 0 |
| **Total** | **86** |

**Table 3: Margin Status (cervix)**

| Margin Status (cervix) | SCAN |
|---|---|
| Clear | 30 |
| Involved | 3 |
| Not Assessable | 0 |
| Not applicable | 53 |
| Not recorded | 0 |
| **Total** | **86** |

**Table 4: Cervix Morphology**

| **Cervix Morphology** (*For non-surgical patients pre-op morphologies are included.*) | **SCAN** |
|---|---|
| 8070/3 Squamous cell carcinoma | 63 |
| 8098/3 Adenoid basal carcinoma | 0 |
| 8140/3 Adenocarcinoma, usual type | 12 |
| 8482/3 Gastric type including adenoma malignum/ minimal deviation adenocarcinoma | 2 |
| 8310/3 Clear Cell adenocarcinoma | 2 |
| 8441/3 Serous adenocarcinoma | 0 |
| 9110/3 Mesonephric adenocarcinoma | 1 |
| 8574/3 Adenocarcinoma admixed with neuroendocrine carcinoma | 0 |
| 8560/3 Adenosquamous carcinoma | 1 |
| 8041/3 Small cell neuroendocrine carcinoma (grade 3) | 1 |
| 8013/3 Large cell neuroendocrine carcinoma (grade 3) | 0 |
| 8384/3 Adenocarcinoma endocervical type | 3 |
| 8010/3 Carcinoma NOS | 0 |
| 111/1 Not assessable | 1 |
| **Total** | **86** |

**Table 5: Cervix Final FIGO**

| **Cervix Final FIGO (2018)** | **SCAN** |
|---|---|
| IA | 0 |
| IA1 | 20 |
| IA2 | 6 |
| IB | 2 |
| IB1 | 5 |
| IB2 | 2 |
| IB3 | 1 |
| IIA | 1 |
| IIA1 | 0 |
| IIA2 | 0 |
| IIB | 13 |
| IIIA | 0 |
| IIIB | 0 |
| IIIC | 2 |
| IIIC1 | 16 |
| IIIC2 | 5 |
| IVA | 3 |
| IVB | 4 |
| Not applicable | 1 |
| Not recorded | 5 |
| **Total** | **86** |

**Table 6: Radiotherapy (cervix)**

| **Radiotherapy (cervix)** | **SCAN** |
|---|---|
| Adjuvant | 2 |
| Radical | 9 |
| Palliative | 5 |
| Neoadjuvant | 0 |
| Chemoradiotherapy | 35 |
| Patient died before radiotherapy treatment | 1 |
| Patient declined radiotherapy treatment | 3 |
| Not applicable | 31 |
| Not recorded | 0 |
| **Total** | **86** |

**Table 7: Brachytherapy (cervix)**

| Brachytherapy (cervix) | SCAN |
|---|---|
| Yes | 40 |
| No | 43 |
| Patient declined treatment | 3 |
| Not recorded | 0 |
| **Total** | **86** |

**Table 8: Chemotherapy (cervix)**

| Chemotherapy (cervix) | SCAN |
|---|---|
| Neoadjuvant | 1 |
| Adjuvant | 0 |
| Palliative | 2 |
| Chemoradiotherapy | 35 |
| Biological therapy | 0 |
| Patient died before SACT treatment | 1 |
| Patient declined SACT treatment | 3 |
| Not applicable | 44 |
| Not recorded | 0 |
| **Total** | **86** |

## Endometrial Cancer Key Categories

N=All patients diagnosed with endometrial cancer. Due to small numbers in individual boards only the SCAN figures are shown.

**Table 1: Initial Treatment Types (Endometrial)**

| Initial Treatment Types (Endometrial) | SCAN |
|---|---|
| Surgery | 185 |
| Radiotherapy | 15 |
| Chemotherapy | 8 |
| Biological therapy | 0 |
| Endoscopic | 0 |
| Chemoradiotherapy | 0 |
| Supportive care | 5 |
| Watchful waiting | 7 |
| Other therapy (hormones) | 8 |
| Patient died before treatment | 0 |
| Patient declined all therapy | 0 |
| Not recorded | 0 |
| **Total** | **228** |

**Table 2: Surgery Performed (Endometrial)**

| Surgery Performed (Endometrial) | SCAN |
|---|---|
| Total hysterectomy and BSO | 106 |
| Total hysterectomy and BSO and Lymphadenectomy | 81 |
| Subtotal hysterectomy and BSO | 0 |
| Total hysterectomy | 2 |
| Total hysterectomy and Lymphadenectomy | 0 |
| Subtotal hysterectomy | 0 |
| Patient died before treatment | 0 |
| Patient declined treatment | 3 |
| Not applicable | 36 |
| Not recorded | 0 |
| **Total** | **228** |

**Table 3: Surgical approach (Endometrial)**

| Surgical approach (Endometrial) | SCAN |
|---|---|
| Open | 21 |
| Laparoscopic | 54 |
| Laparoscopic converted to open | 0 |
| Vaginal Hysterectomy | 1 |
| Robotic | 112 |
| Robotic converted to open | 1 |
| Not applicable | 39 |
| Not Recorded | 0 |
| **Total** | **228** |

**Table 4: Endometrial Morphology**

| Endometrial Morphology* | SCAN |
|---|---|
| 8010/3 Carcinoma, NOS, epithelial tumour, malignant | 4 |
| 8020/3 Carcinoma, undifferentiated, NOS | 0 |
| 8050/3 Papillary carcinoma, NOS | 0 |
| 8070/3 Squamous cell carcinoma | 0 |
| 8120/3 Transitional cell carcinoma | 0 |
| 8140/3 Adenocarcinoma, NOS | 7 |
| 8262/3 Villous adenocarcinoma | 0 |
| 8310/3 Clear cell adenocarcinoma, clear cell carcinoma | 7 |
| 8323/3 Mixed cell adenocarcinoma | 6 |
| 8380/3 Endometrioid adenocarcinoma, endometrioid carcinoma, endometrioid cystadenocarcinoma | 175 |
| 8382/3 Endometrioid adenocarcinoma, secretory variant | 0 |
| 8383/3 Endometrioid adenocarcinoma, ciliated cell variant | 0 |
| 8441/3 Serous cystadenocarcinoma, serous adenocarcinoma, serous carcinoma | 14 |
| 8480/3 Mucinous adenocarcinoma | 1 |
| 8481/3 Mucin-producing (or secreting) adenocarcinoma, mucin-producing (or secreting) carcinoma | 0 |
| 8570/3 Endometrioid adenocarcinoma with squamous differentiation | 0 |
| 8041/3 Small cell carcinoma | 0 |
| 8560/3 Adenosquamous carcinoma | 0 |
| 8980/3 Carcinosarcoma, NOS | 9 |
| 1111/1 Not assessable | 0 |
| 1010/0 Not applicable | 4 |
| 8888/8 Negative pathology | 0 |
| 9999/9 Not recorded | 1 |
| **Total** | **228** |

**For non-surgical patients pre-op morphologies are included.*

**Table 5: Tumour Grade (Endometrial)**

| Tumour Grade (Endometrial) | SCAN |
|---|---|
| G1 - Low Grade | 111 |
| G2 - Moderate Grade | 34 |
| G3 - High Grade | 76 |
| Not assessable | 0 |
| Not applicable | 4 |
| Not recorded | 3 |
| **Total** | **228** |

**Table 5: Endometrial Final FIGO**

| Endometrial Final FIGO | SCAN |
|---|---|
| IA | 100 |
| IB | 41 |
| II | 14 |
| IIIA | 14 |
| IIIB | 5 |
| IIIC | 1 |
| IIIC1 | 14 |
| IIIC2 | 5 |
| IVA | 1 |
| IVB | 15 |
| Not applicable | 6 |
| Not recorded | 12 |
| **Total** | **228** |

**Table 7: Radiotherapy (Endometrial)**

| Radiotherapy (Endometrial) | SCAN |
|---|---|
| Adjuvant | 47 |
| Radical | 1 |
| Palliative | 16 |
| Neoadjuvant | 0 |
| Chemoradiotherapy | 0 |
| Patient died before radiotherapy | 0 |
| Patient declined radiotherapy | 12 |
| Not applicable | 147 |
| Not recorded* | 5 |
| **Total** | **228** |

**Patients awaiting treatment at the time of reporting.*

**Table 8: Brachytherapy (Endometrial)**

| Brachytherapy (Endometrial) | SCAN |
|---|---|
| Yes | 46 |
| No | 159 |
| Declined treatment | 10 |
| Not recorded* | 13 |
| **Total** | **228** |

**Patients awaiting treatment at the time of reporting.*

**Table 9:**

| Chemotherapy (Endometrial) | SCAN |
|---|---|
| Neoadjuvant | 4 |
| Adjuvant | 42 |
| Palliative | 8 |
| Chemoradiotherapy | 0 |
| Biological therapy | 0 |
| Hormone therapy | 11 |
| Patient died before SACT | 0 |
| Patient declined SACT | 10 |
| Not applicable | 153 |
| Not recorded | 0 |
| **Total** | **228** |

## Ovarian Cancer Key Categories

N=All patients diagnosed with ovarian cancer. Due to small numbers in individual boards only the SCAN figures are shown.

**Table 1: Final FIGO Stage (ovarian)**

| Final FIGO Stage | SCAN |
|---|---|
| 1a | 16 |
| 1b | 1 |
| 1c | 0 |
| 1c1 | 2 |
| 1c2 | 5 |
| 1c3 | 1 |
| 2 | 0 |
| 2a | 5 |
| 2b | 4 |
| 3 | 3 |
| 3a | 0 |
| 3a1 | 2 |
| 3a2 | 2 |
| 3b | 5 |
| 3c | 41 |
| 4 | 7 |
| 4a | 15 |
| 4b | 25 |
| Not applicable | 2 |
| Not Recorded | 8 |
| **Total** | **144** |

**Table 2: Initial Treatment Types**

| Initial Treatment Types | SCAN |
|---|---|
| Surgery | 52 |
| Radiotherapy | 0 |
| Chemotherapy | 72 |
| Chemoradiotherapy | 0 |
| Endoscopic | 0 |
| Hormone therapy | 3 |
| Supportive care | 13 |
| Other therapy | 0 |
| Patient declined all therapy | 2 |
| Patient died before treatment | 2 |
| Not recorded | 0 |
| **Total** | **144** |

**Table 3: Type of staging operation**

| Type of staging operation | SCAN |
|---|---|
| Complete Staging Operation | 38 |
| Incomplete Staging | 10 |
| Incomplete staging - fertility sparing | 4 |
| Delayed Primary Operation - complete | 35 |
| Delayed Primary Operation - incomplete | 0 |
| Patient unfit for surgery | 7 |
| Patient died before surgery | 0 |
| Patient declined surgery | 9 |
| Not applicable | 41 |
| Not recorded | 0 |
| **Total** | **144** |

**Table 4: Second operation to complete**

| Second operation to complete | SCAN |
|---|---|
| Yes - staging complete | 8 |
| Yes - staging incomplete | 2 |
| Not applicable | 134 |
| Not recorded | 0 |
| **Total** | **144** |

**Table 5: Morphology (ovarian)**

| Morphology | SCAN |
|---|---|
| **Serous tumours - malignant** | |
| 8441/3 Serous adenocarcinoma | 102 |
| 8461/3 Surface papillary adenocarcinoma | 2 |
| 9014/3 Adenocarcinofibroma (malignant adenofibroma) | 0 |
| **Mucinous tumours - malignant** | |
| 8480/3 Mucinous adenocarcinoma | 15 |
| 9015/3 Adenocarcinofibroma (malignant adenofibroma) | 0 |
| 8021/3 High Grade Anaplastic Ovarian Carcinoma | 0 |
| **Endometrioid tumours including variants with squamous differentiation - malignant** | |
| 8380/3 Adenocarcinoma, not otherwise specified | 9 |
| 8381/3 Adenocarcinofibroma (malignant adenofibroma) | 0 |
| 8950/3 Malignant Mullerian mixed tumour (Carcinosarcoma), mixed mesodermal | 0 |
| **Clear Cell tumours - malignant** | |
| 8310/3 Adenocarcinoma, not otherwise specified | 5 |
| 8313/3 Adenocarcinofibroma (malignant adenofibroma) | 0 |
| **Transitional Cell tumours - malignant** | |
| 8120/3 Transitional cell carcinoma (non-Brenner type) | 0 |
| 9000/3 Malignant Brenner Tumour | 0 |
| **Squamous cell tumours - malignant** | |
| 8070/3 Squamous cell carcinoma | 0 |
| **Mixed epithelial tumours (specify components)** | |
| 8323/3 Malignant | 0 |
| **Complex mixed and stromal** | |
| 8990/3 Carcinosarcoma, NOS | 2 |
| **Undifferentiated and unclassified tumours - malignant** | |
| 8010/3 Carcinoma, not otherwise specified | 1 |
| 8020/3 Undifferentiated carcinoma | 1 |
| 8140/3 Adenocarcinoma, not otherwise specified | 0 |
| **No pathology** | |
| 1111/1 Not assessable | 0 |
| 8888/8 Negative Pathology | 0 |
| 9999/9 Not recorded | 0 |
| 1010/0 Not applicable | 7 |
| **Total** | **144** |

## Appendix 2

| Cervix Cancer QPI Attainment Summary 2022-23 | Target % | SCAN | | |
|---|---|---|---|---|
| QPI 1: Radiological staging. Patients who have an MRI of the pelvis performed prior to definitive treatment. | 95 | N<br>D | 56<br>57 | 98.2% |
| QPI 4: Radical Hysterectomy. Patients with FIGO stage IA2-IB2 cervical cancer who undergo radical hysterectomy. | 85 | N<br>D | 15<br>17 | 88.2% |
| QPI 5: Surgical Margins patients with cervical cancer who undergo surgery (By Hospital of Surgery). | 95 | N<br>D | 25<br>27 | 92.6% |
| QPI 6: Treatment Time for Radical Radiotherapy. Patients whose treatment time is less than 56 days. | 90 | N<br>D | 31<br>33 | 93.9% |
| QPI 7: Chemoradiation. Patients undergoing radical radiotherapy who receive concurrent chemotherapy. | 70 | N<br>D | 29<br>33 | 87.9% |

Individual Boards not shown to avoid potential disclosure.

**2022-23 Cervix Action Plans**

| QPI | Action required where QPI not met (2022-23) | Person responsible for action | Date for update |
|---|---|---|---|
| 5 | The SCAN Lead will write to the chairs of the MDM recommending that cases of endometrial cancer extending to cervix have more in-depth discussion keeping in mind the possibility of a cervical cancer and recommendation that these patients are considered for a radical hysterectomy. | Dr Nidal Ghaoui | Ongoing as action for QPI4 in 2023/24 |

| Endometrial QPI Attainment Summary 2022-23 | Target % | Borders | | | D&G | | | Fife | | | Lothian | | | SCAN | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| QPI 1 Radiological Staging. Patients who have an MRI ± CT of the abdomen & pelvis performed prior to definitive treatment | 90 | N<br>D | 5<br>5 | 100% | N<br>D | 6<br>6 | 100% | N<br>D | 20<br>21 | 95.2% | N<br>D | 60<br>61 | 98.4% | N<br>D | 91<br>93 | 97.8% |
| QPI 2 MDT. Patients discussed at the MDT before definitive treatment | 95 | N<br>D | 16<br>16 | 100% | N<br>D | 20<br>21 | 95.2% | N<br>D | 36<br>39 | 92.3% | N<br>D | 133<br>134 | 99.3% | N<br>D | 205<br>210 | 97.6% |
| QPI 3 Total Hysterectomy and Bilateral Salpingo-Oophorectomy in patients with FIGO stage I-III disease | 85 | N<br>D | 13<br>13 | 100% | N<br>D | 16<br>20 | 80.0% | N<br>D | 29<br>36 | 80.6% | N<br>D | 107<br>121 | 88.4% | N<br>D | 165<br>190 | 86.8% |
| QPI 4 Minimal Access Surgery (definitive surgery, by hospital of surgery) | 70 | | | | | | | | | | | | | N<br>D | 157<br>178 | 88.2% |
| QPI 6 Chemotherapy / Hormone therapy. Stage IV endometrial cancer patients receiving chemo or hormones | 75 | | | | | | | | | | | | | N<br>D | 15<br>21 | 71.4% |

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

**2022-23 Endometrial Action Plans**

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

| Ovarian Cancer QPI Attainment Summary 2022-23 | | Target % | Borders | | | D&G | | | Fife | | | Lothian | | | SCAN | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| QPI 2: Extent of disease assessed by CT or MRI prior to treatment | | 95 | N<br>D | 13<br>13 | 100% | N<br>D | 11<br>11 | 100% | N<br>D | 34<br>36 | 94.4% | N<br>D | 79<br>81 | 97.5% | N<br>D | 137<br>141 | 97.2% |
| QPI 3: Treatment planned and reviewed at a regional multi-disciplinary team meeting | | 95 | N<br>D | 11<br>11 | 100% | N<br>D | 10<br>10 | 100% | N<br>D | 32<br>35 | 91.4% | N<br>D | 70<br>73 | 95.9% | N<br>D | 123<br>129 | 95.3% |
| QPI 4: Patients with early stage disease have an adequate staging operation (by hospital of surgery) | | 90 | N<br>D | 1<br>2 | 50.0% | N<br>D | 0<br>1 | 0.0% | N<br>D | 6<br>8 | 75.0% | N<br>D | 11<br>15 | 73.3% | N<br>D | 18<br>26 | 69.2% |
| QPI 6: Histopathology reports are complete and support clinical decision making (by hospital of surgery) | | 95 | N<br>D | 3<br>3 | 100% | N/A | | | N<br>D | 12<br>12 | 100% | N<br>D | 52<br>52 | 100% | N<br>D | 67<br>67 | 100% |
| QPI 7: Histological diagnosis prior to starting chemotherapy | | 90 | N<br>D | 6<br>6 | 100% | N<br>D | 5<br>5 | 100% | N<br>D | 20<br>20 | 100% | N<br>D | 36<br>37 | 97.3% | N<br>D | 67<br>68 | 98.5% |
| QPI 9: First-line Chemotherapy | | 90 | N<br>D | 7<br>10 | 70.0% | N<br>D | 6<br>6 | 100% | N<br>D | 26<br>28 | 92.9% | N<br>D | 47<br>57 | 82.5% | N<br>D | 86<br>101 | 85.1% |
| QPI 10:<br>Surgery for advanced disease<br>(By hospital of surgery) | All surgery (primary or delayed) (by board of diagnosis) | 65 | N<br>D | 2<br>2 | 100% | N<br>D | 4<br>6 | 66.7% | N<br>D | 13<br>25 | 52.0% | N<br>D | 30<br>53 | 56.6% | N<br>D | 49<br>86 | 57.0% |
| | Primary surgery where no residual disease is achieved | 60 | N<br>D | 1<br>1 | 100% | N/A | | | N<br>D | 5<br>6 | 83.3% | N<br>D | 11<br>13 | 84.6% | N<br>D | 17<br>20 | 85.0% |
| | Delayed primary surgery (after chemo) where no residual disease is achieved | 60 | N/A | | | N/A | | | N<br>D | 1<br>1 | 100% | N<br>D | 20<br>22 | 90.9% | N<br>D | 21<br>23 | 91.3% |
| QPI 11: Genetic testing in non-mucinous epithelial ovarian cancer | | 90 | N<br>D | 6<br>9 | 66.7% | N<br>D | 8<br>9 | 88.9% | N<br>D | 25<br>33 | 75.8% | N<br>D | 53<br>73 | 72.6% | N<br>D | 92<br>124 | 74.2% |
| QPI 12: 30-day mortality following surgery (by Board of surgery) | | <5 | N<br>D | 0<br>3 | 0.0% | N<br>D | 0<br>1 | 0.0% | N<br>D | 0<br>15 | 0.0% | N<br>D | 0<br>63 | 0.0% | N<br>D | 0<br>82 | 0.0% |

**2022-23 Ovarian Action Plans**

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