

## **SOUTH EAST SCOTLAND CANCER NETWORK PROSPECTIVE CANCER AUDIT**

# **OESOPHAGO-GASTRIC CANCER 2023**

## **COMPARATIVE AUDIT REPORT**

Patients diagnosed 1st January 2023 – 31st December 2023

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**Report number: SA UGI 02/24W**

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## DOCUMENT HISTORY

Version	Circulation	Date	Comments
Version 1	SCAN Upper GI Group meeting	06/09/2024	Comments and actions added at sign-off meeting. Format changes.
Version 2	Lead Clinician for commentary	11/09/2024	Lead clinician's commentary added.
Version 3	Final draft report circulated to SCAN Upper GI Group	11/10/2024	No comments received.
Version 4	Final report and action plans circulated to SCAN Upper GI Group and Clinical Governance Groups	23/10/2024	For assessment of disclosive information prior to publishing on the SCAN website
Version 4w	Final report published to the SCAN website	20/01/2025	Disclosure Check completed.

## **OESOPHAGO-GASTRIC CANCER 2023 COMPARATIVE AUDIT REPORT**

### **COMMENT BY CHAIR OF THE SCAN UPPER GI GROUP**

The introduction of oesophago-gastric cancer QPIs has led to improvement in the level and quality of audit data with the aim of driving good practice and equity of care. Once again, the SCAN audit team have worked hard to provide complete and accurate data for the 2023 report. In the future, we hope that improvements to the IT systems will make the task easier whilst ensuring accuracy.

In many QPIs there has been good performance and ongoing improvements. The surgical, oncological and pathological outcomes remain high-quality. This is a tribute to the hard work of all members of the multidisciplinary teams throughout the SCAN region, even when faced with challenges of patient load, staff turnover and sickness. However, it is important to recognise areas in which we can continue to improve. Some of these areas surround the issue of timely documentation, especially with regards to MDT treatment intent and nutritional screening. In some situations, the failure of such a QPI is simply representative of the artificiality of QPIs. For example, failure of treatment intent documentation is often the result of there being several valid and appropriate treatment options available, and the final decision being deferred until informed, joint-decision making can be performed with the patient and family. It can be argued that this is reflective of excellent care. Nevertheless, we should strive to achieve all the established QPIs, even if this is only for data completion purposes. Our documentation of nutritional screening, however, remains an issue, and provision of sufficient dietetic resource remains a local priority. Over the last 12 months, there has been significant project work on ways to improve timely MUST scoring in patient records.

Curative treatment rates have improved in 2023 compared with the previous year. To improve further, in secondary care, we can continue to ensure that endoscopy access for USOC cases is as open and prompt as possible. Optimising patients' oncological therapy is vital through consideration of biomarkers and the appropriate administration of peri-operative therapies to suitable patients. However, further work in screening and primary care at a national level with an emphasis on earlier diagnosis and recognition of red-flag symptoms is required.

Prof. Richard Skipworth  
SCAN OG Lead  
October 2024

**Actions 2023**

<b>QPI</b>	<b>Action</b>	<b>Lead</b>	<b>Board approved action plans due</b>
4ii	To improve documentation of Treatment Intent at MDT. The most likely intent to be documented.	RS/ Clinical Leads at MDM	20/11/2024
5	Both QPIs have improved from the year before. However, there is still room for improvement. Aim to encourage dietetic review for patients with a high MUST, especially the fewer gastric patients.	RS / Dieticians	20/11/2024

**Previous Actions 2022**

<b>QPI</b>	<b>Action</b>	<b>Lead</b>	<b>Outcome</b>
5	To improve documentation of MUST score and in gastric cancer patients to review and improve accessibility to a dietician.	RS	Completed

OG QPI Attainment Summary – 2023, Year 11		Target %	Borders		D&G		Fife		Lothian		SCAN	
QPI 1: Endoscopy - Histological diagnosis made within 6 weeks of initial endoscopy and biopsy	Oesophageal	95	N 24 D 25	96.0%	N 28 D 29	96.6%	N 56 D 60	93.3%	N 133 D 146	91.1%	N 241 D 260	92.7%
	Gastric	95	N 9 D 9	100%	N 1 D 2	50.0%	N 20 D 22	90.9%	N 28 D 33	84.8%	N 58 D 66	87.9%
QPI 3: MDT before definitive treatment	Oesophageal	95	N 23 D 25	92.0%	N 29 D 29	100%	N 58 D 60	96.7%	N 144 D 147	98.0%	N 254 D 261	97.3%
	Gastric	95	N 9 D 9	100%	N 3 D 3	100%	N 23 D 24	95.8%	N 35 D 37	94.6%	N 70 D 73	95.9%
QPI 4i: TNM Staging recorded at MDT prior to treatment	Oesophageal	90	N 20 D 22	90.9%	N 29 D 29	100%	N 58 D 58	100%	N 135 D 140	96.4%	N 242 D 249	97.2%
	Gastric	90	N 9 D 10	90.0%	N 3 D 3	100%	N 22 D 24	91.7%	N 32 D 32	100%	N 66 D 69	95.7%
QPI 4ii: TNM Treatment Intent recorded at MDT prior to treatment	Oesophageal	95	N 22 D 22	100%	N 29 D 29	100%	N 58 D 58	100%	N 118 D 140	84.3%	N 227 D 249	91.2%
	Gastric	95	N 9 D 10	90%	N 3 D 3	100%	N 23 D 24	95.8%	N 27 D 32	84.4%	N 62 D 69	89.9%
QPI 5i: Nutritional Assessment: Undergo screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	Oesophageal	95	N 23 D 26	88.5%	N 26 D 29	89.7%	N 61 D 61	100%	N 100 D 149	67.1%	N 210 D 265	79.2%
	Gastric	95	N 10 D 10	100%	N 2 D 3	66.7%	N 25 D 26	96.2%	N 21 D 38	55.3%	N 58 D 77	75.3%
QPI 5ii: Nutritional Assessment: are at high risk of malnutrition (MUST score >2) referred to dietician	Oesophageal	90	N 16 D 16	100%	N 10 D 10	100%	N 17 D 18	94.4%	N 80 D 85	94.1%	N 123 D 129	95.3%
	Gastric	90	N 8 D 9	88.9%	N 2 D 2	100%	N 4 D 6	66.7%	N 20 D 23	87.0%	N 34 D 40	85.0%
QPI 6: Appropriate Selection: Neo-Adjuvant chemotherapy followed by surgical resection	Oesophageal	80	N 4 D 4	100%	N 7 D 7	100%	N 7 D 7	100%	N 21 D 25	84%	N 39 D 43	90.7%
	Gastric	80	N 2 D 2	100%	N 0 D 0	-	N 3 D 3	100%	N 3 D 3	100%	N 8 D 8	100%
QPI 7i: 30 Day Mortality Following Surgery (presented by Board of Surgery)	Oesophageal	<5	Board of Surgery						N 0 D 44	0.0%	N 0 D 44	0.0%
	Gastric	<5	Board of Surgery						N 0 D 13	0.0%	N 0 D 13	0.0%

OG QPI Attainment Summary – 2023, Year 11		Target %	Borders	D&G	Fife	Lothian	SCAN					
QPI 7ii: 90 Day Mortality Following Surgery (presented by Board of Surgery)	Oesophageal	<7.5	Board of Surgery			N 0 D 43	0.0%	N 0 D 43	0.0%			
	Gastric	<7.5	Board of Surgery			N 0 D 12	0.0%	N 0 D 12	0.0%			
QPI 8: Lymph Node Yield – Curative resection where >15 lymph nodes are resected and examined (Presented by Board of Surgery)	Oesophageal	90	Board of Surgery			N 44 D 44	100%	N 44 D 44	100%			
	Gastric	80	Board of Surgery			N 13 D 13	100%	N 13 D 13	100%			
QPI 9: Hospital of Stay: Discharge within 14 days of surgical procedure (presented by Board of Surgery)	Oesophageal	60	Board Of Surgery			N 30 D 44	68.2%	N 30 D 44	68.2%			
	Gastric	60	Board of Surgery			N 12 D 13	92.3%	N 12 D 13	92.3%			
QPI 10i: Oesophageal clear circumferential resection margins (presented by board of surgery)	Oesophageal	75	Board of Surgery			N 32 D 44	72.7%	N 32 D 44	72.7%			
QPI 10ii: Longitudinal margins clear (Presented by Board of Surgery)	Oesophageal	90	Board of Surgery			N 44 D 44	100%	N 44 D 44	100%			
	Gastric	95	Board of Surgery			N 13 D 13	100%	N 13 D 13	100%			
QPI 11: Curative Treatment Rates	Oesophageal	35	N 6 D 26	23.1%	N 11 D 29	37.9%	N 13 D 61	21.3%	N 43 D 149	28.9%	N 73 D 265	27.5%
	Gastric	35	N 3 D 10	30.0%	N 0 D 3	0.0%	N 4 D 26	15.4%	N 9 D 38	23.7%	N 16 D 77	20.8%
QPI 13 HER2 Status in Advanced Oesophageal/Gastric Adenocarcinoma		90	N 2 D 2	100%	N 2 D 2	100%	N 7 D 8	87.5%	N 15 D 15	100%	N 26 D 27	96.3%
QPI 15i PD-L1 Status in Oesophageal or Gastric Adenocarcinoma		90	N 2 D 2	100%	N 2 D 2	100%	N 7 D 8	87.5%	N 15 D 15	100%	N 26 D 27	96.3%
QPI 15ii PD-L1 Status in Oesophageal Squamous Cell Carcinoma		90	N 0 D 0	-	N 0 D 0	-	N 1 D 1	100%	N 3 D 3	100%	N 4 D 4	100%

## INTRODUCTION AND METHODS

### Cohort

This report covers patients diagnosed with an Oesophageal or Gastric cancer from 01/01/2023 to 31/12/2023. The results contained within this report are presented by NHS board of diagnosis, where the QPI relates to surgical outcomes the results are presented by hospital of surgery.

### Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Public Health Scotland, 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.

Accompanying datasets and measurability criteria for QPIs are published on the PHS website<sup>1</sup>. NHS boards are required to report against QPIs as part of a mandatory, publicly reported, programme at a national level.

The QPI dataset for Upper GI was implemented from 01/01/2013. A first formal 3 year review of the Upper GI Cancer QPIs was undertaken and published on the HIS website in April 2017. The revised QPIs were used to report year 4, 2016 data with the existing data fields and using the new measurability. Where new data fields were required, collection and reporting started in year 5, 2017.

The second 3 year formal review for the Upper GI cancer QPIs commenced in autumn 2019. Due to Covid-19 there was a delay in publication of the review. The revised QPIs are used to report Year 10, 2022 data.

The third 3 year formal review process for the OG cancer QPIs commenced in autumn 2022 and finalised April 2023. The revised QPIs will be used to report Year 11, 2023 data.

The following QPIs have been updated:

QPI	Change	Year for reporting
4i	New data item: TNM recorded at MDT (TNM) (Yes/No)	2021
5ii	QPI amended to patients being "assessed by" dietetics rather than "referred to" dietetics. New data items added: Dietetic assessment (ASSESSDIET), Date of dietetic assessment (DATEDIET).	2021
9	QPI to now be measured using audit data rather than SMR01 data. New data item: Date of discharge (DDISCHARGE)	2021
13	HER2 testing measurability to include all patients with adenocarcinoma of gastric and gastro-oesophageal cancers.	2020
15	i) PD-L1 testing measurability to include all patients with adenocarcinoma. ii) PD-L1 testing measurability to include Oesophageal patients with squamous cell carcinoma.	2023

QPI 12, 30-day Oncology and the Clinical Trials QPI were archived in 2021. QPI 2 was archived in the 2016 Formal Review.

<sup>1</sup> Datasets and measurability documents are available at [www.isdscotland.org](http://www.isdscotland.org)



**The standard QPI format is shown below:**

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

**Audit Processes**

Data was analysed by the audit facilitators in each NHS board according to the measurability document provided by PHS. SCAN data was collated by Kirsty Martin, SCAN Cancer Information Analyst for Oesophago-Gastric cancer.

Patients were mainly identified through registration at weekly multidisciplinary meetings, and through checks made against pathology listings and GRO death listings. Data capture was dependent on audit of the patient record and review of various hospitals electronic records systems.

Surgical and Oncology data is obtained from the clinical records (electronic systems)

SCAN data was recorded in eCase for Lothian, Borders, Dumfries & Galloway and Fife.

**Lead Clinicians and Audit Personnel**

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Mr Jonathon Fletcher	Suzanne Tunmore
NHS Dumfries & Galloway	Dumfries & Galloway Royal Infirmary	Mr Jeyakumar Apollos	Jenny Bruce / Teresa Quintela
NHS Fife	Queen Margaret Hospital Victoria Hospital	Mr Andreas Luhmann	Maureen Lamb
SCAN & NHS Lothian	St John's Hospital Royal Infirmary Edinburgh Western General Hospital	Mr Richard Skipworth	Kirsty Martin
	Edinburgh Cancer Centre	Dr Alan Christie / Dr Lucy Wall	

## **Data Quality Assurance**

All hospitals in mainland Scotland participate in a Quality Assurance (QA) programme provided by Public Health Scotland (PHS). QA of the Oesophago-Gastric data was carried out in February 2020 and this showed an average of 98.1% data accuracy for SCAN and the average accuracy for Scotland was 97.5%.

## **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 Upper GI SCAN Group Meeting on 6<sup>th</sup> September 2024.
- The final draft of the regional report was circulated to members of the SCAN Upper GI Group and Clinical Governance Framework on 10<sup>th</sup> October 2024.

## ESTIMATE OF CASE ASCERTAINMENT

### Estimated Case Ascertainment

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

**Number of cases recorded in audit:** patients diagnosed 01/01/2023 – 31/12/2023.

	<b>Borders</b>	<b>D&amp;G</b>	<b>Fife</b>	<b>Lothian</b>	<b>SCAN</b>
Oesophageal Cancer	27	29	61	149	266
Gastric Cancer	10	3	26	38	77
<b>Total OG Cancers</b>	<b>37</b>	<b>32</b>	<b>87</b>	<b>187</b>	<b>343</b>

**Estimate of case ascertainment:** calculated using the average of the most recent available five years of Cancer Registry Data

<b>Case Ascertainment</b>	<b>Borders</b>	<b>D&amp;G</b>	<b>Fife</b>	<b>Lothian</b>	<b>SCAN</b>
Number of cases from audit	37	32	87	187	343
Cases from Cancer Registry	33	50	91	196	370
<b>Case Ascertainment %</b>	<b>112.1</b>	<b>64.0</b>	<b>95.6</b>	<b>95.4</b>	<b>92.7</b>

Source: Scottish Cancer Registry, PHS. Data extracted from ACaDMe 01/08/2024.

Note: 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.

### Comment.

Slight decrease in case ascertainment within SCAN for 2023. All processes have been followed.

## DIAGNOSIS AND STAGING

### QPI 1 – Endoscopy

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer who undergo endoscopy and who have a histological diagnosis made within 6 weeks of initial endoscopy and biopsy

Denominator = All patients with oesophageal or gastric cancer who undergo endoscopy

Exclusions = No exclusions

#### Oesophageal cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	29	61	149	266
Ineligible for this QPI	2	0	1	3	6
Numerator	24	28	56	133	241
Not recorded for numerator	0	0	0	0	0
Denominator	25	29	60	146	260
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>96.0</b>	<b>96.6</b>	<b>93.3</b>	<b>91.1</b>	<b>92.7</b>

#### Comments where QPI was not met.

**Fife:** The QPI target was not met showing a shortfall of 4 cases. 3 patients had an initial Endoscopy pathology reported as high-grade dysplasia, histological diagnosis made at second Endoscopy; 1 patient had 2 Endoscopies which both came back as high-grade dysplasia, and the diagnosis was made at Endoscopic ultrasound.

**Lothian:** The QPI target was not met showing a shortfall of 13 cases. 13 patients were clinically diagnosed without pathology and with cancer in-situ or high-grade dysplasia of which 5 received stent, 3 underwent Endoscopic Mucosal Resection, 3 received best supportive care, 1 received chemo/radiotherapy treatment and 1 underwent palliative radiotherapy.

#### Gastric cancer

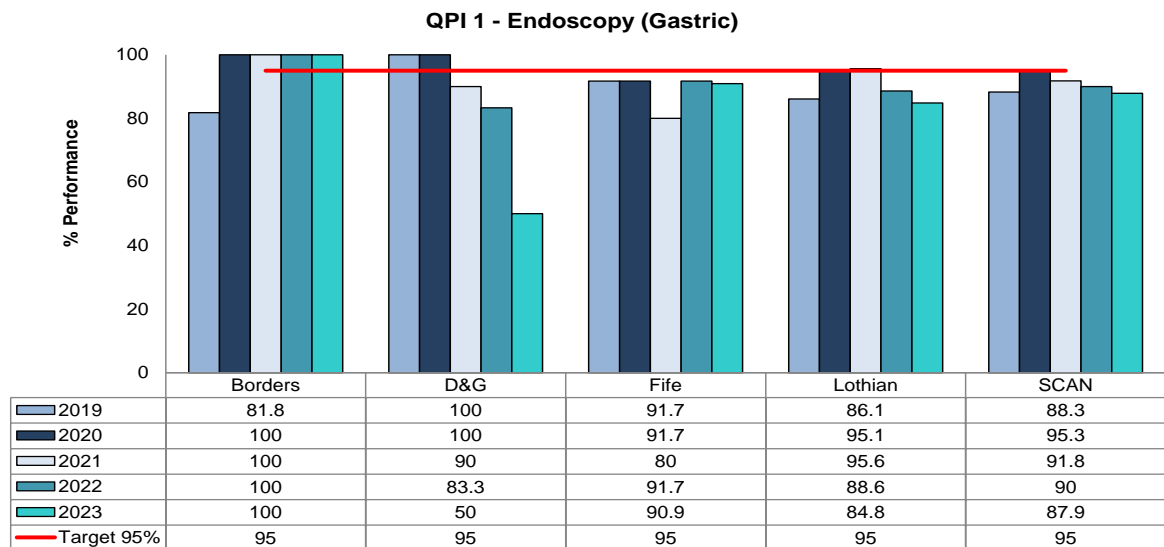
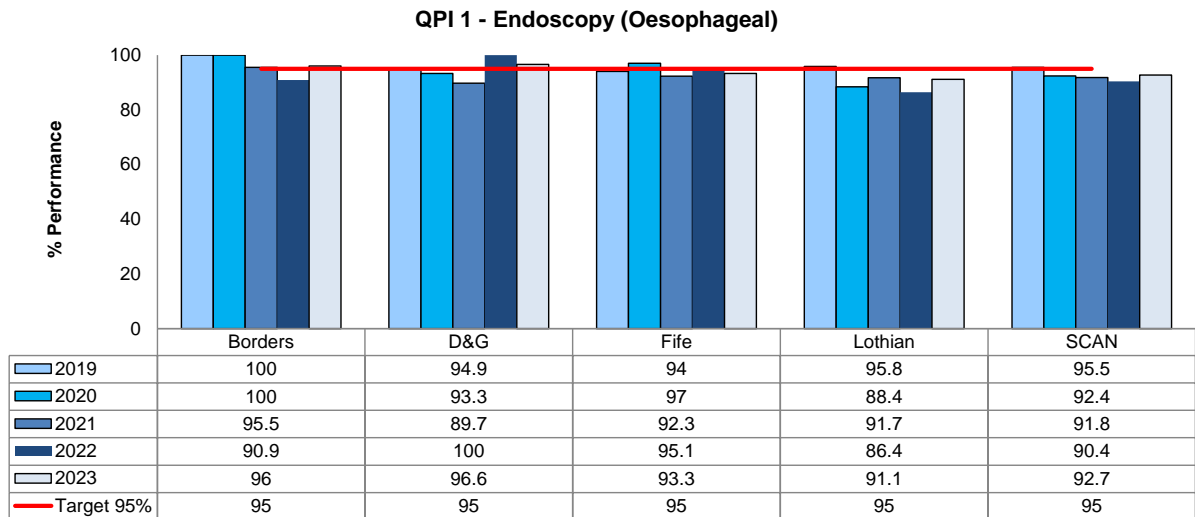
Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	10	3	26	38	77
Ineligible for this QPI	1	1	4	5	11
Numerator	9	1	20	28	58
Not recorded for numerator	0	0	2	0	2
Denominator	9	2	22	33	66
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>100.0</b>	<b>50.0</b>	<b>90.9</b>	<b>84.8</b>	<b>87.9</b>

#### Comments where QPI was not met.

**D&G:** The QPI target was not met showing a shortfall of 1 case. 1 Patient underwent an endoscopy based on an abnormal CT result, the pathology was negative for cancer and the patient was subsequently diagnosed at the second endoscopy.

**Fife:** The QPI Target was not met showing a shortfall of 2 cases. 2 patients were clinically diagnosed. 1 patient had an Endoscopy which identified a tumour; however, no biopsies were taken, the patient was to receive a repeat Endoscopy, however died before this took place. 1 patient had an Endoscopy, but no biopsies were taken. Patient had dementia and following discussion it was felt not appropriate for further investigation.

**Lothian:** The QPI target was not met showing a shortfall of 5 cases. 5 patients were clinically diagnosed without pathology of which 2 received a stent, 1 received best supportive care, 1 received EMR and 1 underwent surgery.



**Comment:**

No Issues identified. Most patients without histological confirmation were diagnosed clinically.

### QPI 3 – Multi-Disciplinary Team (MDT) Meeting

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer discussed at the MDT meeting (MDM) before definitive treatment

Denominator = All patients with oesophageal or gastric cancer

Exclusions = Patients who died before first treatment

#### Oesophageal cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	29	61	149	266
Ineligible for this QPI	2	0	1	2	5
Numerator	23	29	58	144	254
Not recorded for numerator	0	0	0	0	0
Denominator	25	29	60	147	261
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>92.0</b>	<b>100.0</b>	<b>96.7</b>	<b>98.0</b>	<b>97.3</b>

#### Comments where QPI was not met.

**Borders:** The QPI target was not met showing a shortfall of 2 cases. 2 patients underwent stent insertion due to total dysphagia prior to discussion at MDT.

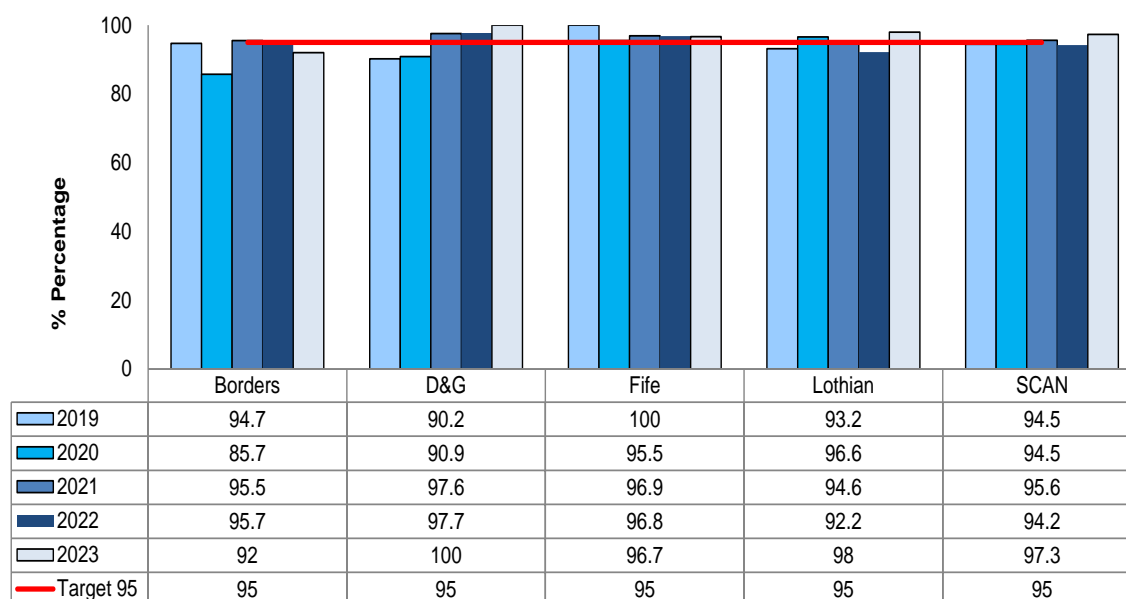
#### Gastric cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	10	3	26	38	77
Ineligible for this QPI	1	0	2	1	4
Numerator	9	3	23	35	70
Not recorded for numerator	0	0	0	0	0
Denominator	9	3	24	37	73
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>	<b>95.8</b>	<b>94.6</b>	<b>95.9</b>

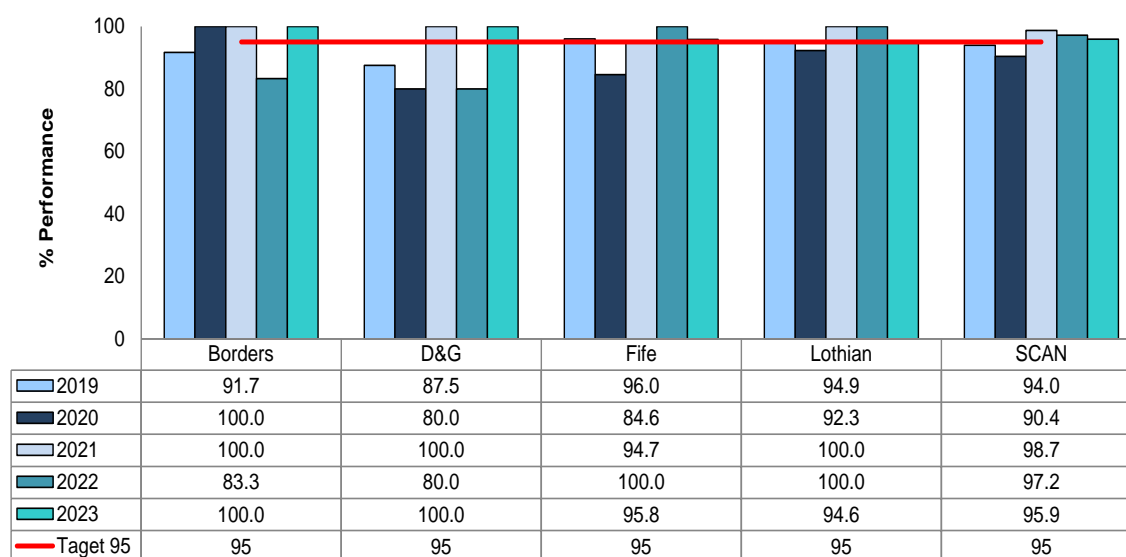
#### Comments where QPI was not met.

**Lothian:** The QPI target was not met showing a shortfall of 2 cases. 1 patient underwent EMR which diagnosed and treated the cancer, discussed at MDT five weeks post procedure. 1 patient due to frailty was for best supportive care on the Ward and not discussed at MDT.

### QPI 3 - Multi-Disciplinary Team (Oesophageal)



### QPI 3 - Multi-Disciplinary Team (Gastric)



**Comment:**

Patients treated quickly and appropriately.

No issues identified.

### QPI 4i – Staging (TNM)

Staging Target = 90%

Numerator = Number of patients with oesophageal or gastric cancer who have TNM stage recorded at the MDT meeting (MDM) prior to treatment

Denominator = All patients with an oesophageal or gastric cancer diagnosis.

Exclusions = No exclusions

#### Oesophageal cancer

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	29	61	149	266
Ineligible for this QPI	5	0	3	9	17
Numerator	20	29	58	135	242
Not recorded for numerator	0	0	0	0	0
Denominator	22	29	58	140	249
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	3	0	3
<b>% Performance</b>	<b>90.9</b>	<b>100.0</b>	<b>100.0</b>	<b>96.4</b>	<b>97.2</b>

The QPI was met.

#### Gastric cancer

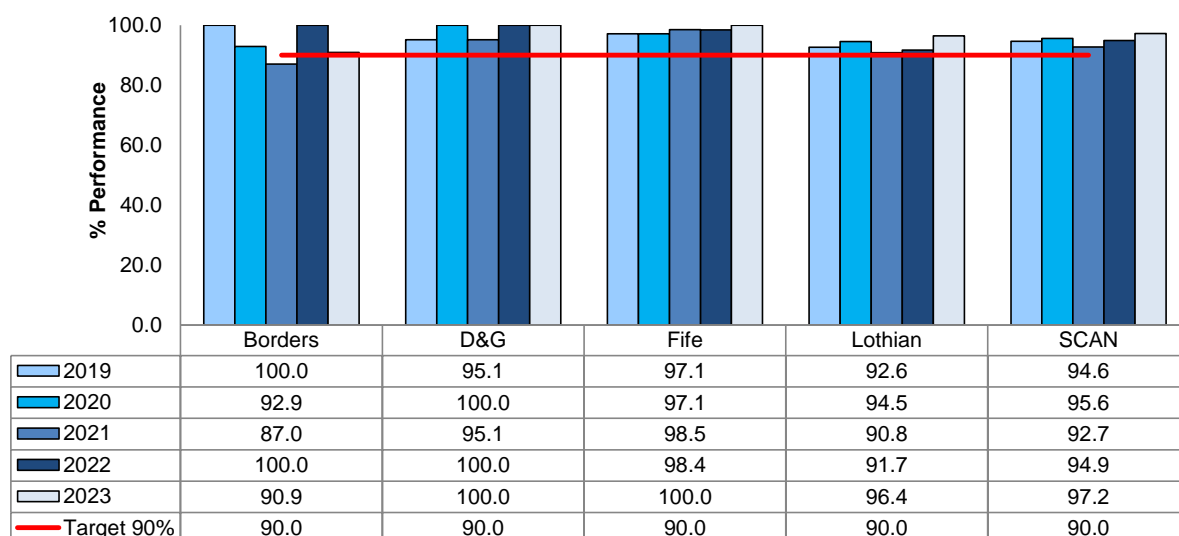
Target 90%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	10	3	26	38	77
Ineligible for this QPI	0	0	0	6	6
Numerator	9	3	22	32	66
Not recorded for numerator	0	0	0	0	0
Denominator	10	3	24	32	69
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	2	0	2
<b>% Performance</b>	<b>90.0</b>	<b>100.0</b>	<b>91.7</b>	<b>100.0</b>	<b>95.7</b>

The QPI was met.

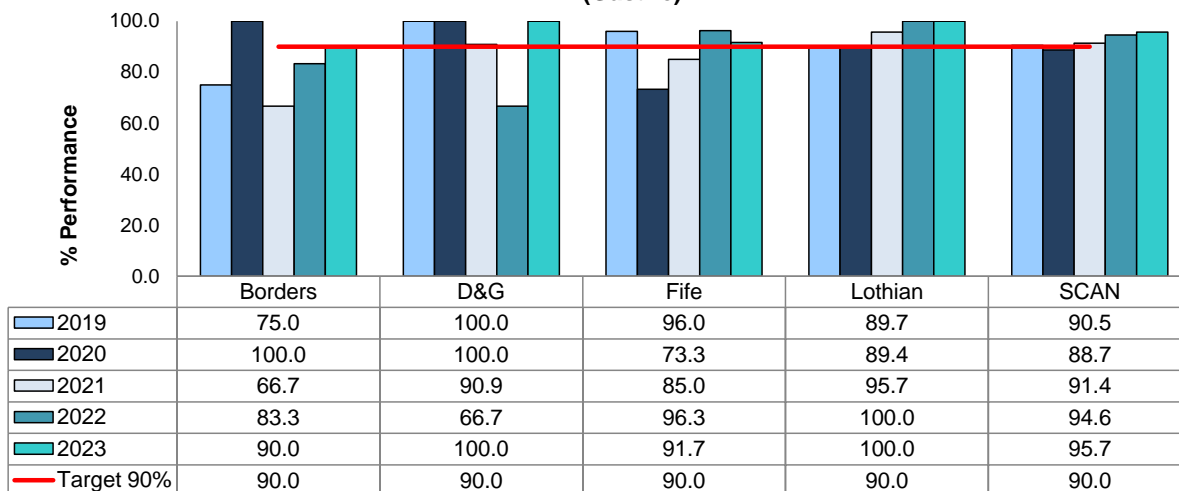


Following the second 3 year formal review, the QPI is now measured with a new data item - TNM recorded at MDT (Yes/No) for year 9 (2021).

**QPI 4 - TNM Stage recorded at MDT prior to treatment (Oesophageal)**



**QPI 4 - TNM Stage recorded at MDT prior to treatment (Gastric)**



**Comment:**  
No issues identified.

## QPI 4ii – Treatment Intent

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer who have treatment intent recorded at the MDT meeting prior to treatment.

Denominator = All patients with an oesophageal or gastric cancer diagnosis (no exclusions)

### Oesophageal Cancer

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	29	61	149	266
Ineligible for this QPI	5	0	3	9	17
Numerator	22	29	58	118	227
Not recorded for numerator	0	0	0	0	0
Denominator	22	29	58	140	249
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>84.3</b>	<b>91.2</b>

#### Comments where QPI was not met.

**Lothian:** The QPI target was not met showing a shortfall of 22 cases. All 22 patients were discussed but with no intent recorded at MDT. 10 patients were to be seen at clinic post MDT, (5 of those received radical chemotherapy and surgery, 4 received a stent, and 1 was for best supportive care). Of the remaining 12 patients with no intent recorded at MDT, 5 received a stent, 3 received radical chemotherapy and surgery, 2 patients underwent radiotherapy and 2 received EMR.

### Gastric Cancer

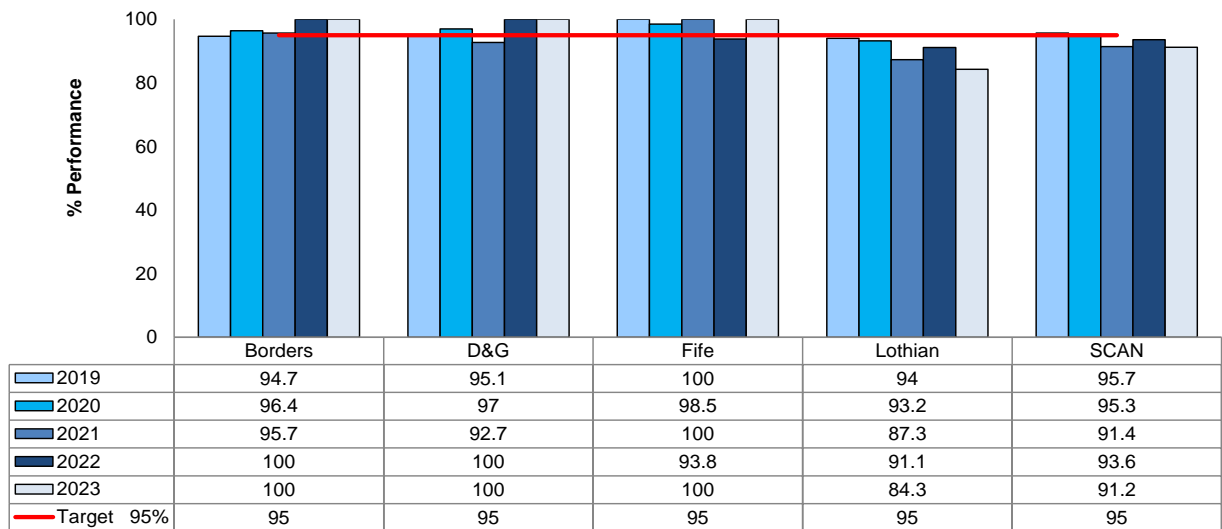
Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	10	3	26	38	77
Ineligible for this QPI	0	0	2	6	8
Numerator	9	3	23	27	62
Not recorded for numerator	0	0	0	0	0
Denominator	10	3	24	32	69
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>90.0</b>	<b>100.0</b>	<b>95.8</b>	<b>84.4</b>	<b>89.9</b>

#### Comments where QPI was not met.

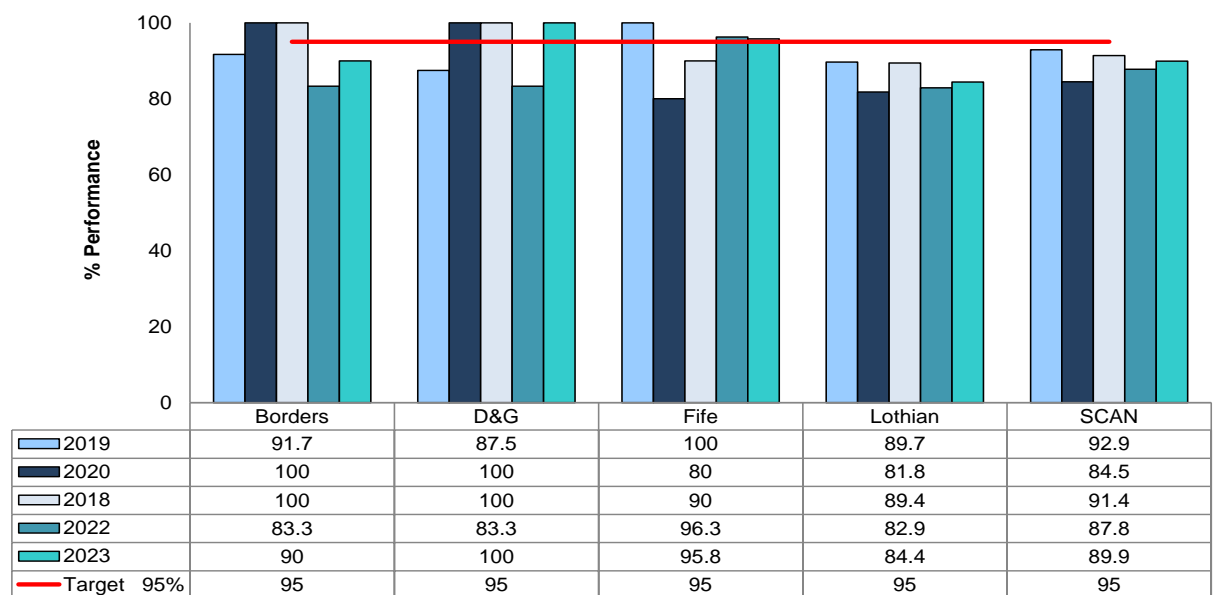
**Borders:** The QPI target was not met showing a shortfall of 1 case. 1 patient died before MDT discussion and was discussed for registration purposes.

**Lothian:** The QPI target was not met showing a shortfall of 5 cases. All 5 patients were discussed at MDT. 3 patients were to be seen at clinic post MDT, 1 patient received a stent, 1 patient was for EMD and 1 patient did not wish any treatment. The remaining 2 patients: 1 underwent radical chemotherapy and surgery and 1 received best supportive care.

**QPI 4 - Treatment Intent recorded at MDT  
(Oesophageal)**



**QPI 4 - Treatment Intent recorded at MDT  
(Gastric)**



**Comment**

2023 – Lothian patients a bit more ambiguity with treatment intent recorded at MDT. If the patient is borderline fitness, the MDT conclusion is to speak to the patient in clinic to present the available options and perform an in-depth clinical review, rather than decide in the absence of patient and family. Therefore, the failure to meet QPI does not obviously represent a lack of care, but rather informed, joint decision-making.

**Action: Clinicians to document at MDT the most likely, or most radical, intent.**

**QPI 5i – Nutritional Assessment: Malnutrition Universal Screening Tool (MUST)  
Target = 95%**

Numerator = Number of patients with oesophageal or gastric cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.

Denominator = All patients with an oesophageal or gastric cancer diagnosis

Exclusions = No exclusions

**Oesophageal cancer**

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	29	61	149	266
Ineligible for this QPI	1	0	0	0	1
Numerator	23	26	61	100	210
Not recorded for numerator	0	0	0	1	1
Denominator	26	29	61	149	265
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>88.5</b>	<b>89.7</b>	<b>100.0</b>	<b>67.1</b>	<b>79.2</b>

**Comments where QPI was not met.**

**Borders:** The QPI target was not met showing a shortfall of 3 cases. 1 patient was for best supportive care. 1 patient was diagnosed and treated by EMR. 1 patient underwent Stent insertion and MUST score was completed less than 5 days post treatment.

**D&G:** The QPI target was not met showing a shortfall of 3 cases. All received palliative care and had no MUST score recorded.

**Lothian:** The QPI target was not met showing a shortfall of 49 cases. 17 received a MUST score within 5 days of treatment, 3 within 2 weeks of treatment, 12 patients between 2 and 10 weeks of treatment and 3 patients more than 10 weeks post treatment. 13 patients had no MUST score recorded.

**Gastric cancer**

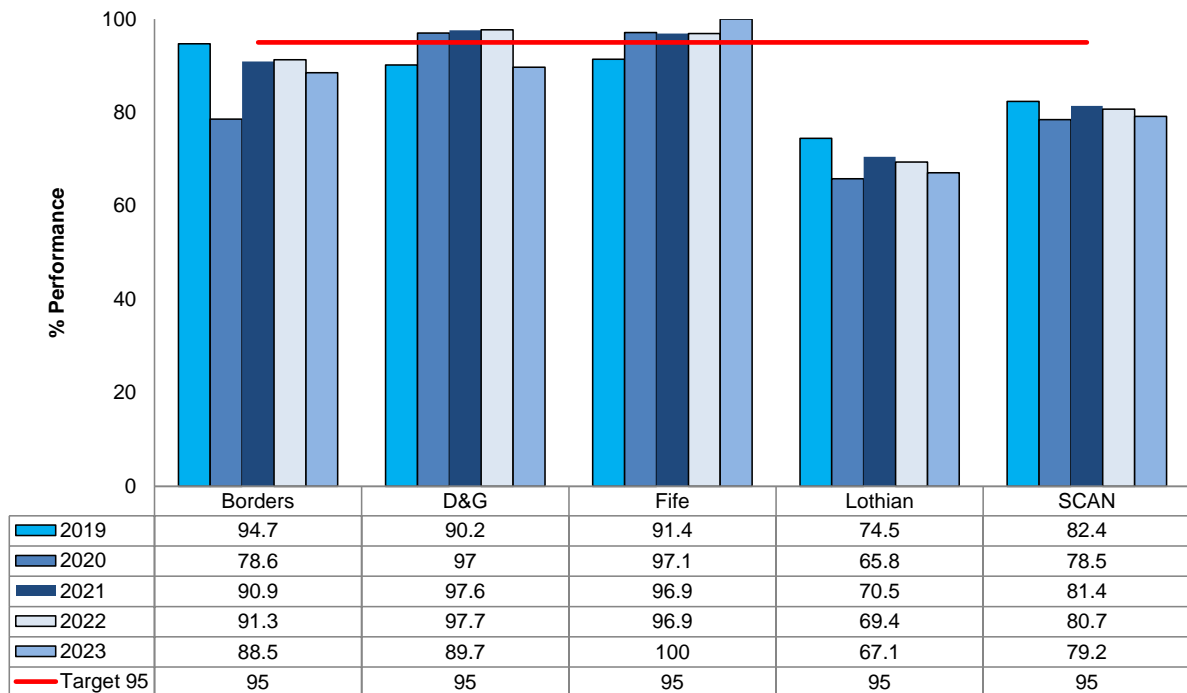
Target 95%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	10	3	26	38	77
Ineligible for this QPI	0	0	0	0	0
Numerator	10	2	25	21	58
Not recorded for numerator	0	0	0	0	0
Denominator	10	3	26	38	77
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>100.0</b>	<b>66.7</b>	<b>96.2</b>	<b>55.3</b>	<b>75.3</b>

**Comments where QPI was not met.**

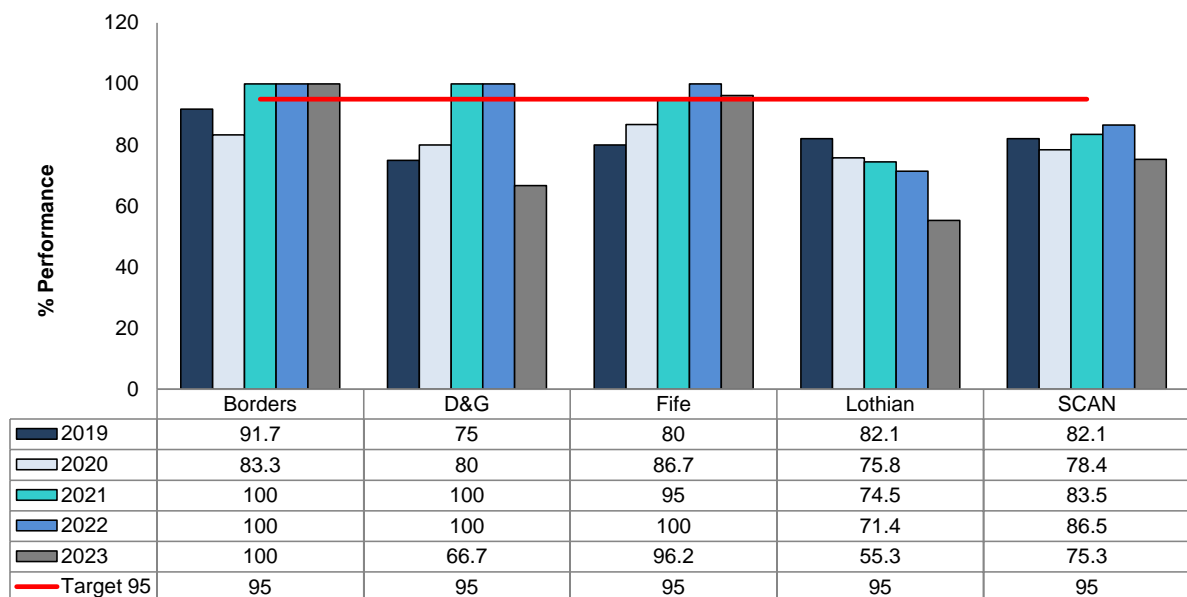
**D&G:** The QPI target was not met showing a shortfall of 1 case. This patient was for palliative care had no must score recorded and died shortly after.

**Lothian:** The QPI target was not met showing a shortfall of 17 cases. 5 patients received a MUST score within 5 days of treatment, 3 within 2 weeks of treatment, 4 patients between 2 and 10 weeks of treatment and 5 patients had no MUST score recorded.

### QPI 5i Nutritional Assessment: MUST (Oesophageal)



### QPI 5i Nutritional Assessment: MUST (Gastric)



#### Comment

SCAN Lead to check the availability of the information. QPI shows static results over the years.

The local dietician team have worked hard with clinic nurses to ensure MUST is documented early. Also, emphasis has been placed on MUST being recorded on the referral form.

## QPI 5ii – Nutritional Assessment: Assessed by a dietician for patients with a high risk of malnutrition (MUST score ≥ 2)

Target = 90%

Numerator: Patients with high risk of malnutrition (MUST Score ≥ 2) who are assessed by a dietician.

Denominator: All patients with MUST Score ≥ 2

No exclusions

### Oesophageal cancer

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	29	26	149	231
Ineligible for this QPI	11	19	8	64	102
Numerator	16	10	17	80	123
Not recorded for numerator	0	0	1	0	1
Denominator	16	10	18	85	129
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	2	15	17
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>	<b>94.4</b>	<b>94.1</b>	<b>95.3</b>

The QPI was met.

### Gastric cancer

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	10	3	26	38	77
Ineligible for this QPI	1	1	20	15	37
Numerator	8	2	4	20	34
Not recorded for numerator	0	0	0	0	0
Denominator	9	2	6	23	40
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	1
<b>% Performance</b>	<b>88.9</b>	<b>100.0</b>	<b>66.7</b>	<b>87.0</b>	<b>85.0</b>

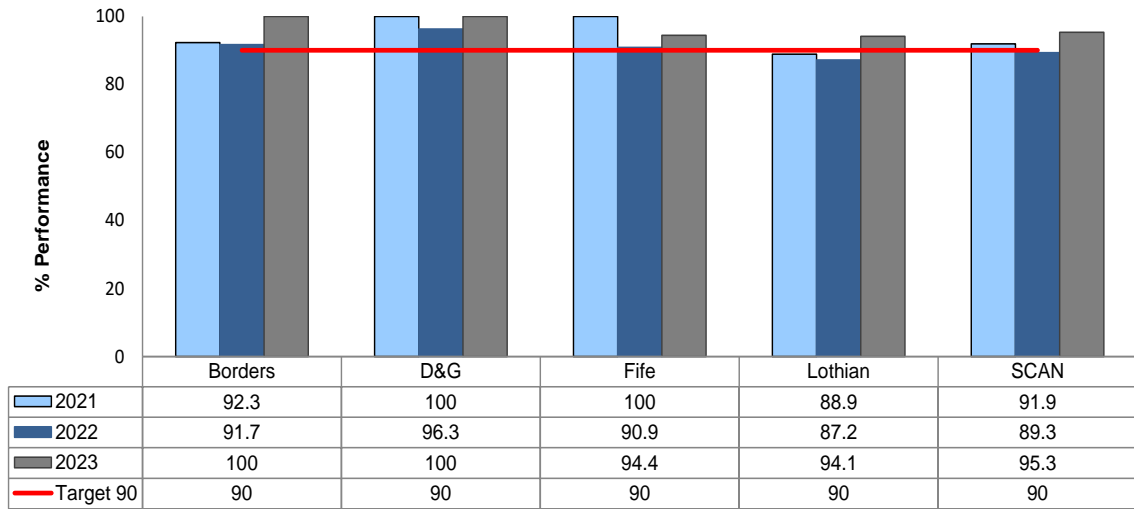
Comments where QPI was not met.

**Borders:** The QPI target was not met showing a shortfall of 1 case. 1 patient declined dietetic assessment.

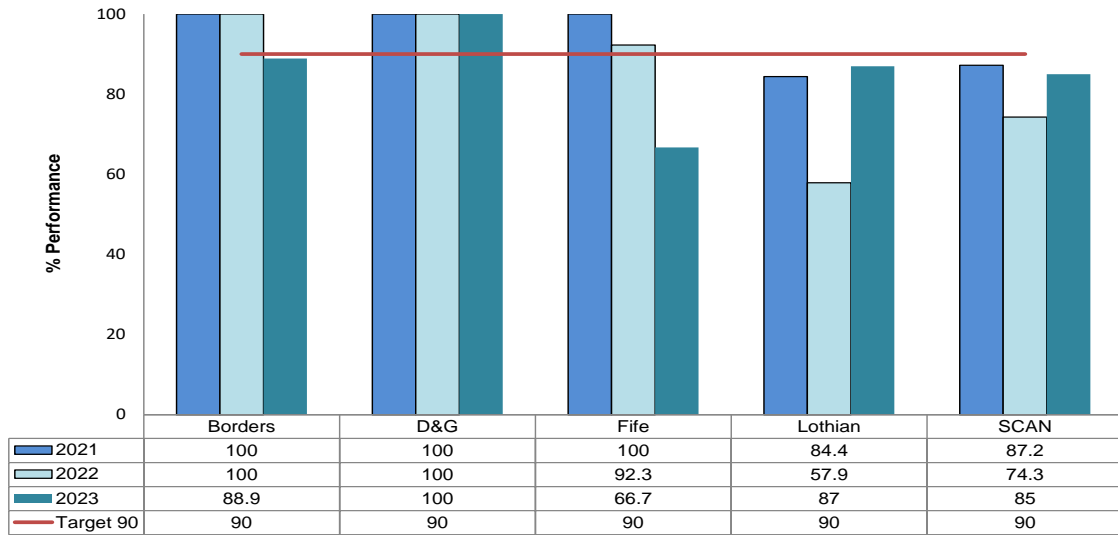
**Fife:** The QPI target was not met showing a shortfall of 2 cases. 1 patient declined dietetic input and 1 patient was not seen by a dietician.

**Lothian:** The QPI target was not met showing a shortfall of 3 cases. 3 had a MUST score of 2 and were not seen by a dietician.

**QPI 5 (ii) - MUST score  $\geq 2$  and Assessed by a Dietician  
(Oesophageal)**



**QPI 5 (ii) - MUST score  $\geq 2$  and Assessed by a Dietician  
(Gastric)**



**Comment:**

Both QPIs have improved from the year before. However, there is still room for improvement. Aim to encourage dietetic review for patients with a high MUST, especially the fewer gastric patients.

## SURGICAL OUTCOMES

### QPI 6 – Appropriate Selection of Surgical Patients

Target = 80%

Numerator = Number of patients with oesophageal or gastric cancer who receive neo-adjuvant chemotherapy or chemoradiotherapy who then undergo surgical resection

Denominator = All patients with oesophageal or gastric cancer who receive neo-adjuvant chemotherapy or chemoradiotherapy.

Exclusions = No exclusions

#### Oesophageal cancer

Target 80%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	29	61	149	266
Ineligible for this QPI	23	22	54	124	223
Numerator	4	7	7	21	39
Not recorded for numerator	0	0	0	0	0
Denominator	4	7	7	25	43
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>84.0</b>	<b>90.7</b>

The QPI was met.

#### Gastric cancer

Target 80%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	10	3	26	38	77
Ineligible for this QPI	8	3	23	35	69
Numerator	2	0	3	3	8
Not recorded for numerator	0	0	0	0	0
Denominator	2	0	3	3	8
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>100.0</b>	<b>n/a</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

The QPI was met.

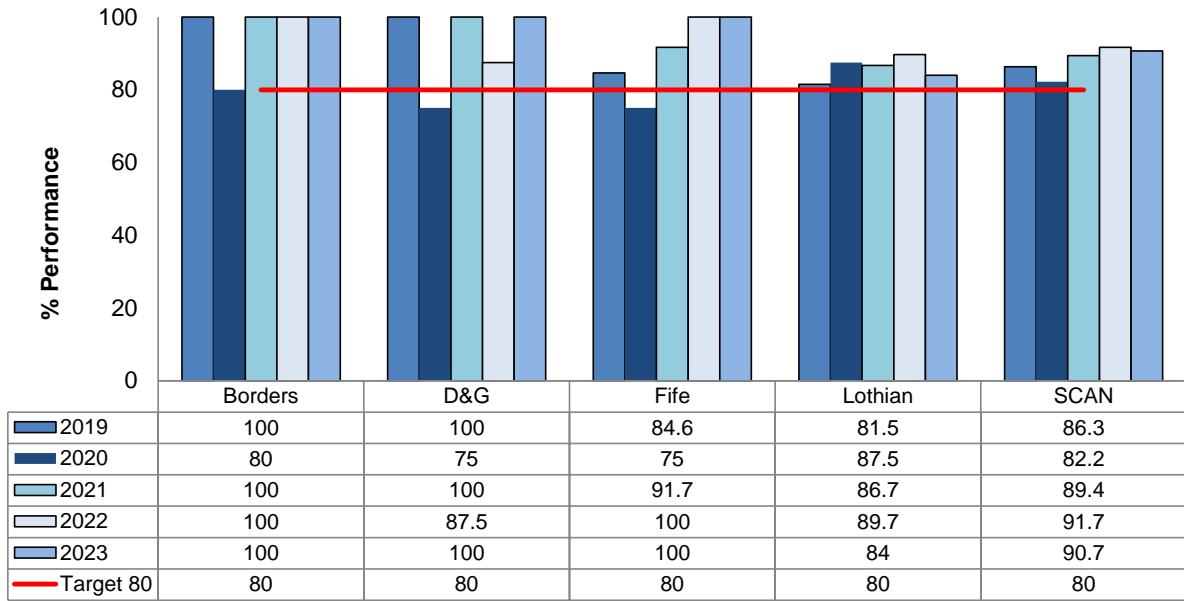
Gastric numbers are always low.

#### Comments:

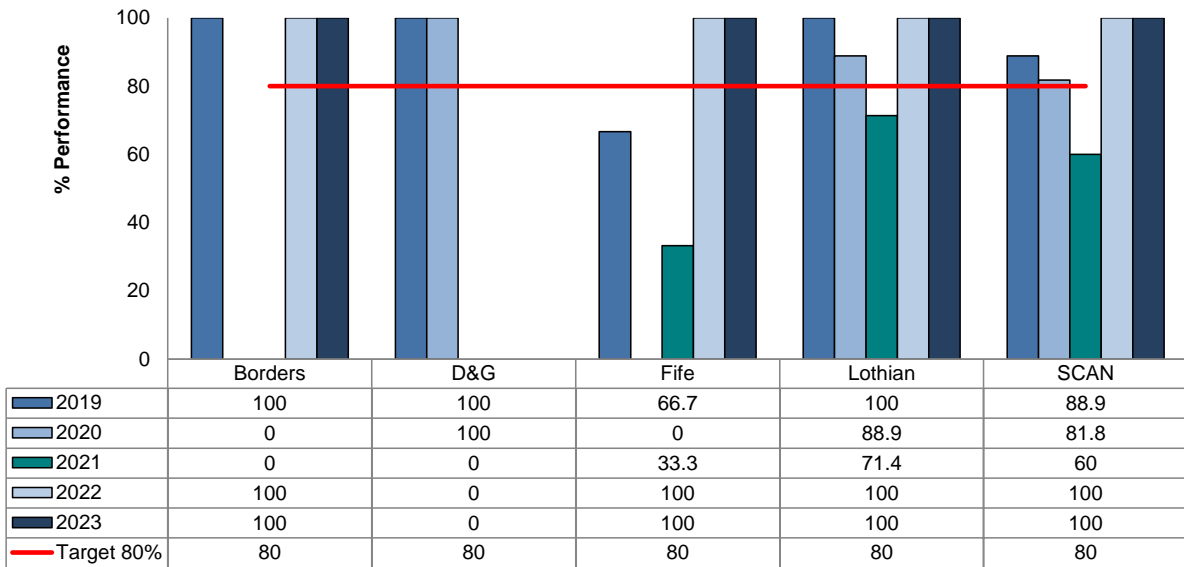
No issues identified. Consider if more gastric cancer patients are appropriate for peri-operative chemotherapy.



**QPI 6 - Appropriate Selection of Surgical Patients  
(Oesophageal)**



**QPI 6 - Appropriate Selection of Surgical Patients  
(Gastric)**



**Comment:**  
No issues identified.

## QPI 7 – 30/90 Day Mortality Following Surgery

30d Target <5%, 90d Target <7.5%

Numerator = Number of patients with oesophageal or gastric cancer who undergo surgical resection who die within 30 and 90 days of treatment

Denominator = All patients with oesophageal or gastric cancer and who undergo surgical resection (no exclusions).

### Oesophageal cancer by Hospital of Surgery

30 Day Mortality Target 5%	RIE	SCAN
2023 Cohort	266	266
Ineligible for this QPI	222	222
Numerator	0	0
Not recorded for numerator	0	0
Denominator	44	44
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>0.0</b>	<b>0.0</b>

90 Day Mortality Target 7.5%	RIE	SCAN
2023 Cohort	266	266
Ineligible for this QPI	222	222
Numerator	0	0
Not recorded for numerator	0	0
Denominator	43	43
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>0.0</b>	<b>0.0</b>

One patient was not yet 90 days post-surgery at time of reporting.

**The QPI was met.**

## Gastric cancer by Hospital of Surgery

### 30 Day Mortality

<b>30 Day Mortality Target 5%</b>	<b>RIE</b>	<b>SCAN</b>
2023 Cohort	77	77
Ineligible for this QPI	64	64
Numerator	0	0
Not recorded for numerator	0	0
Denominator	13	13
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>0.0</b>	<b>0.0</b>

<b>90 Day Mortality Target 7.5%</b>	<b>RIE</b>	<b>SCAN</b>
2023 Cohort	77	77
Ineligible for this QPI	64	64
Numerator	0	0
Not recorded for numerator	0	0
Denominator	12	12
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>0.0</b>	<b>0.0</b>

One patient was not yet 90 days post-surgery at time of reporting.

**The QPI was met.**

**Comment:**

Good results!

No actions identified.

## QPI 8 – Lymph Node Yield

Target = Oesophageal 90%, Gastric = 80%

Numerator = Number of patients with oesophageal or gastric cancer who undergo surgical resection where  $\geq 15$  lymph nodes are resected and pathologically examined

Denominator = All patients with oesophageal or gastric cancer who undergo surgical resection (no exclusions).

### Oesophageal cancer – Hospital of surgery

Target 90%	RIE	SCAN
2023 Cohort	266	266
Ineligible for this QPI	222	222
Numerator	44	44
Not recorded for numerator	0	0
Denominator	44	44
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>

### Gastric cancer – Hospital of surgery

Target 80%	RIE	SCAN
2023 Cohort	77	77
Ineligible for this QPI	64	64
Numerator	13	13
Not recorded for numerator	0	0
Denominator	13	13
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>

**The QPI was met.**

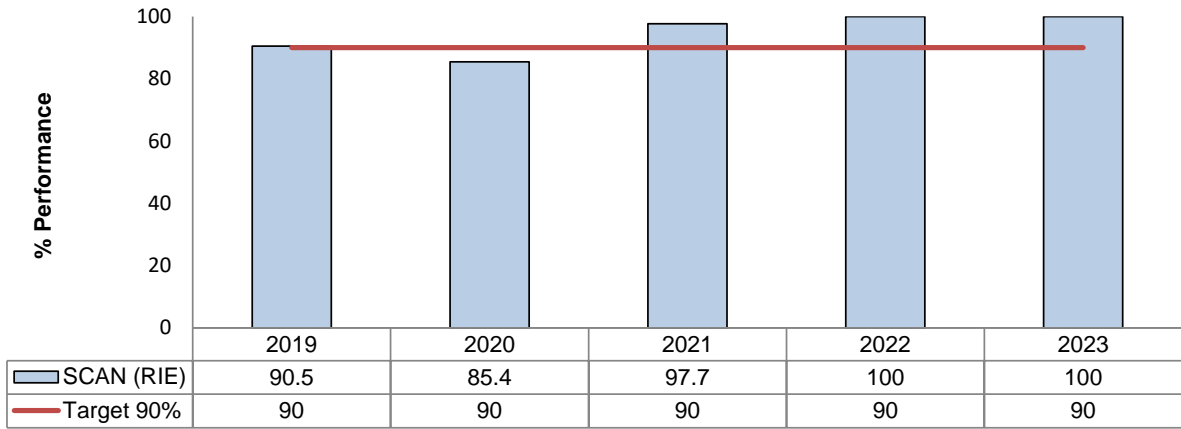
#### Comment:

Good results!

In 2024 an additional pathologist has joined the team. It is hoped that these results are maintained.

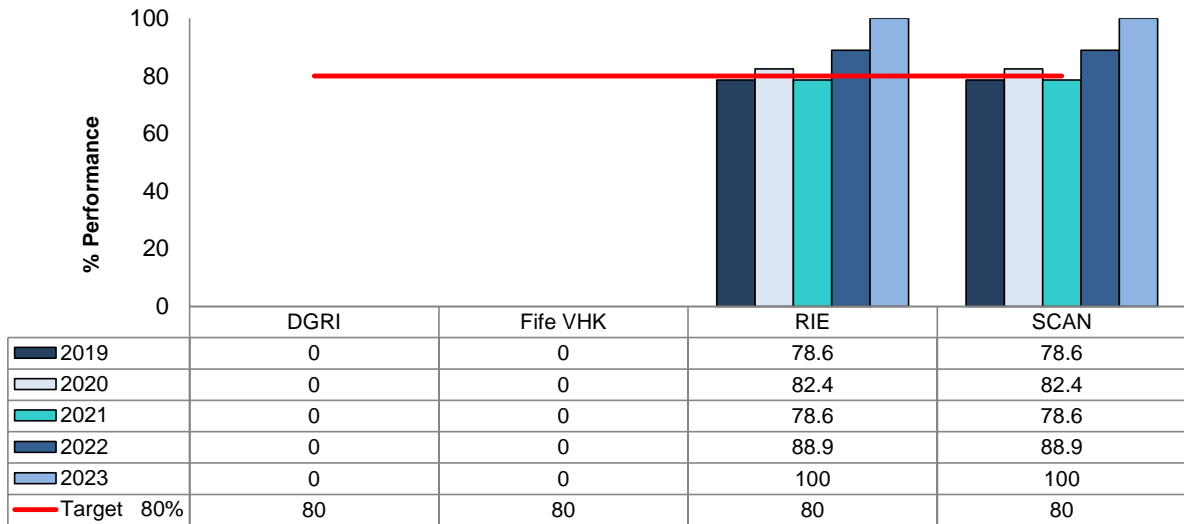
No actions identified.

**QPI 8 Lymph Node Yield  $\geq$ 15 Resected  
(Oesophageal)**



Following formal review, QPI 8 was updated in 2016 to include results for oesophageal cancers with a target of 90%, previously QPI was reported for gastric cancer only and results are shown for gastric for all 8 years below with the unchanged target of 80%.

**QPI 8 - Lymph Node Yield  $\geq$  15 Nodes Resected  
(Gastric)**



## QPI 9 – Length of Hospital Stay Following Surgery

Target = 60%

Numerator = Number of patients undergoing surgical resection for oesophageal or gastric cancer who are discharged within 14 days of surgical procedure

Denominator = All patients undergoing surgical resection for oesophageal or gastric cancer (no exclusions)

### Oesophageal cancer – Hospital of surgery

Target 60%	RIE	SCAN
Numerator	30	30
Not recorded for numerator	0	0
Denominator	44	44
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>68.2</b>	<b>68.2</b>

### Gastric cancer – Hospital of surgery

Target 60%	RIE	SCAN
Numerator	12	12
Not recorded for numerator	0	0
Denominator	13	13
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>92.3</b>	<b>92.3</b>

**The QPI was met.**

#### Comments:

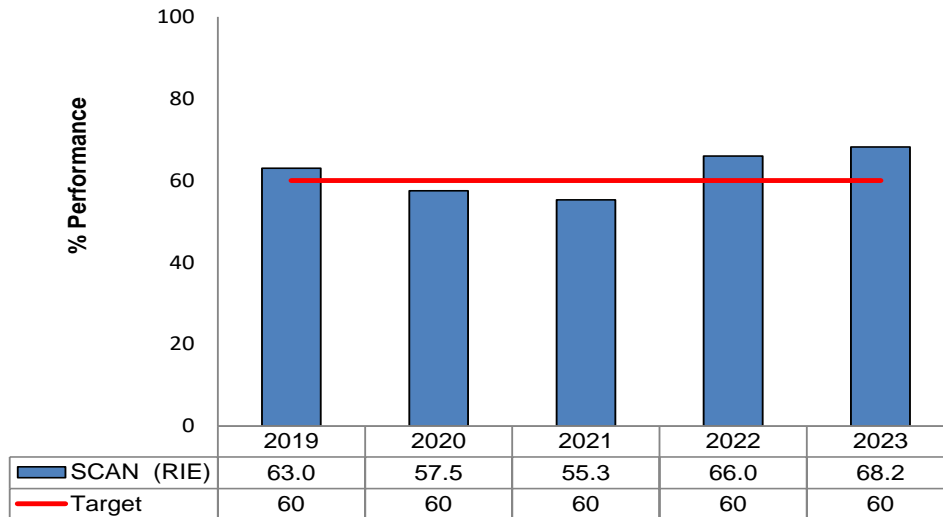
Good results. Surrogate of complication rates.

As a unit, we are now also looking at 'textbook outcome' as another means of assessing surgical results.

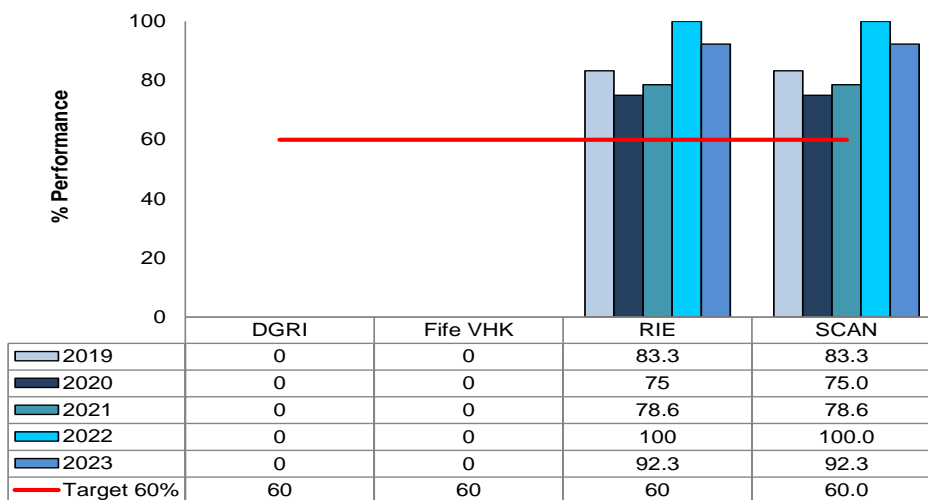
No actions identified.

Following the second 3-year formal review QPI 9 (2021), Year 9 was amended from using SMR01 data to use QPI audit data.

### QPI 9 Length of Hospital Stay (Oesophageal)



### QPI 9 - Length of Hospital of Stay (Gastric)



## QPI 10i – Circumferential Resection Margins

Target = 75%

Numerator = Number of patients undergoing surgical resection for Oesophageal cancer where the circumferential surgical margins are clear of tumour

Denominator = All patients with oesophageal cancer who undergo surgical resection (no exclusions)

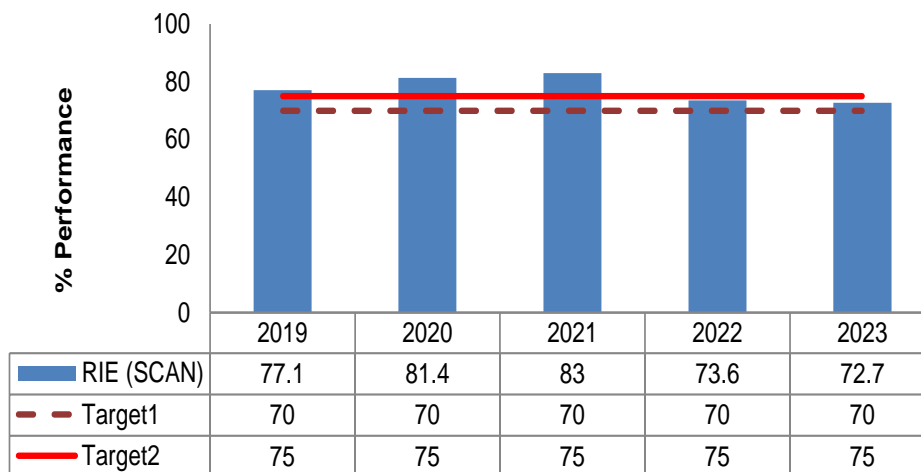
### Oesophageal cancer – Hospital of surgery

Target 75%	RIE	SCAN
2023 Cohort	266	266
Ineligible for this QPI	222	222
Numerator	32	32
Not recorded for numerator	0	0
Denominator	44	44
Not recorded for exclusions	0	0
Not recorded for denominator	0	0
<b>% Performance</b>	<b>72.7</b>	<b>72.7</b>

**The QPI was not met.** All resections have been reviewed.

Following the third 3-year formal review QPI 10i (2023), Year 11 the Target for this QPI was increased from 70% to 75%.

### QPI 10(i) Circumferential Resection Margin (Oesophageal)



Target 1 was for patients diagnosed prior to 2023.

Target 2 is the new target for patients diagnosed in 2023 onwards.

Both are shown on this graph for reference.

#### Comment:

No action identified.



## QPI 10ii – Longitudinal Resection Margin

Target = 95%

Numerator = Number of patients with oesophageal or gastric cancer who undergo surgical resection in which longitudinal surgical margin is clear of tumour

Denominator = All patients with oesophageal and gastric cancer who undergo surgical resection (no exclusions)

### Oesophageal Longitudinal margin (Hospital of Surgery)

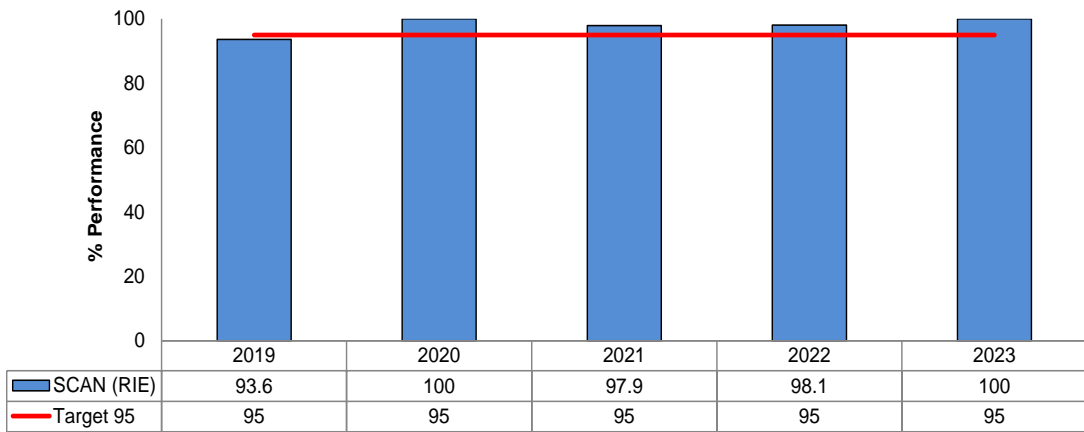
Target 95%	RIE	SCAN
2023 Cohort	266	266
Ineligible for this QPI	222	222
Numerator	44	44
Not recorded for numerator	0	0
Denominator	44	44
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>

### Gastric Longitudinal margin (Hospital of Surgery)

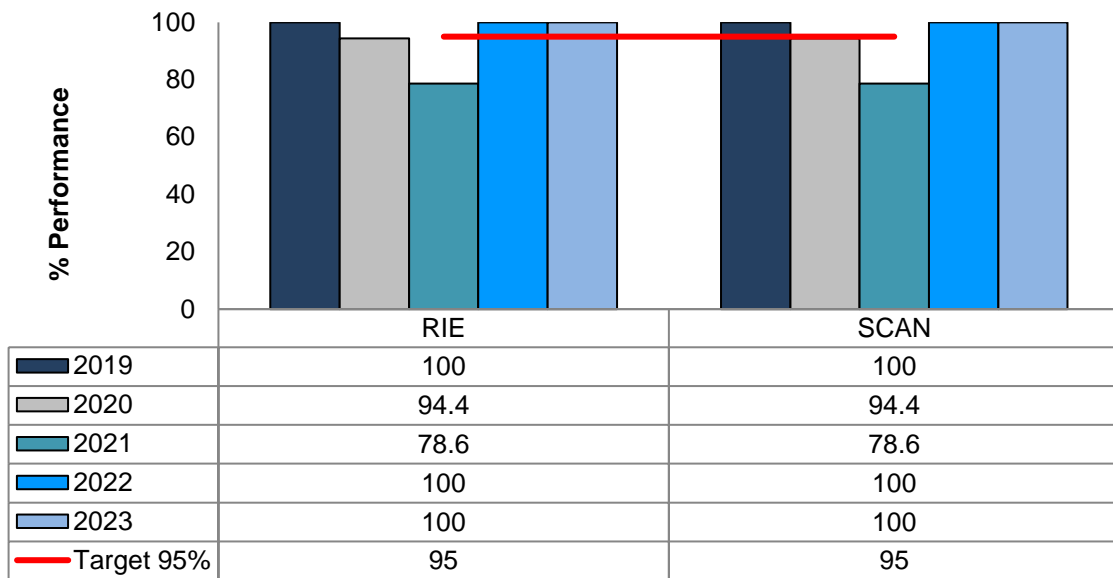
Target 95%	RIE	SCAN
2023 Cohort	77	77
Ineligible for this QPI	64	64
Numerator	13	13
Not recorded for numerator	0	0
Denominator	13	13
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>

**The QPI was met.**

**QPI 10(ii) Oesophageal Longitudinal Resection Margins**



**QPI 10ii - Gastric Longitudinal Resection Margin**



**Comment:**  
No action identified.

## QPI 11 – Curative Treatment Rates

Target = 35%

Numerator = Number of patients with oesophageal or gastric cancer who undergo curative treatment.

Denominator = All patients with oesophageal or gastric cancer (no exclusions)

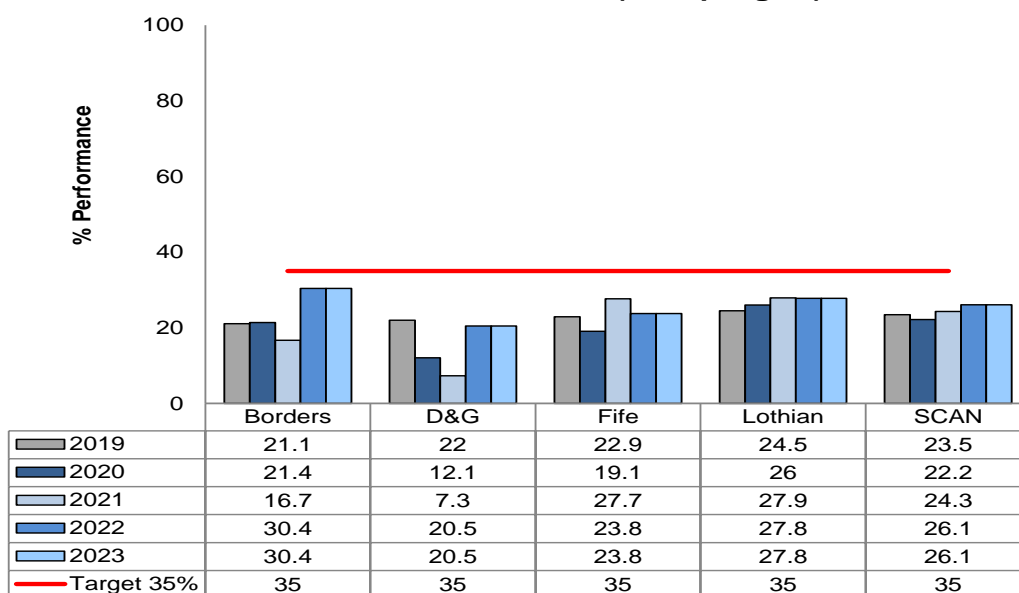
### Oesophageal cancer – Health board of diagnosis

Target 35%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	29	61	149	266
Ineligible for this QPI	1	0	0	0	1
Numerator	6	11	13	43	73
Not recorded for numerator	0	0	0	0	0
Denominator	26	29	61	149	265
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>23.1</b>	<b>37.9</b>	<b>21.3</b>	<b>28.9</b>	<b>27.5</b>

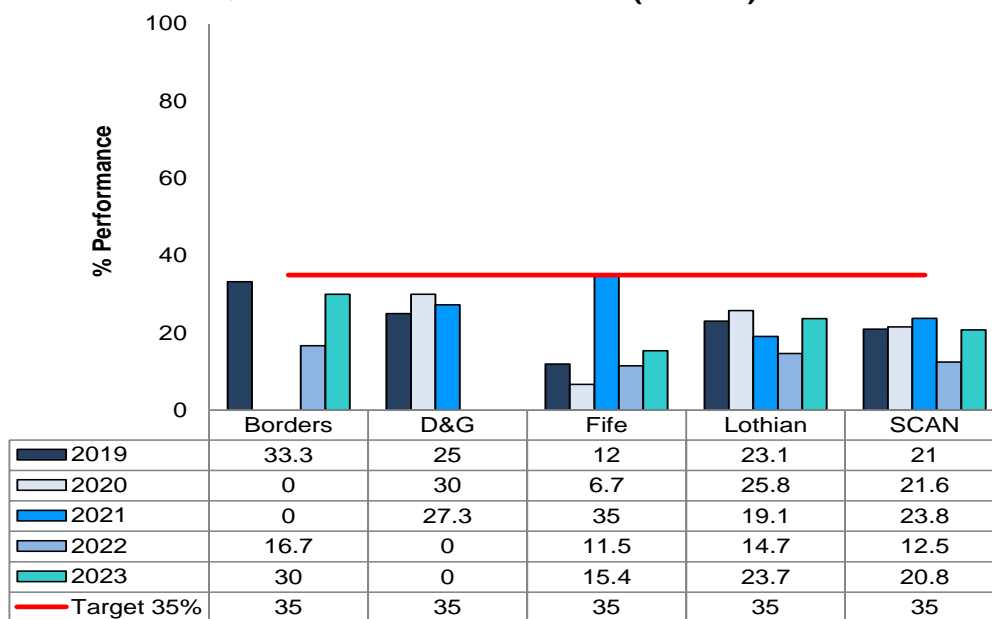
### Gastric cancer – Health board of diagnosis

Target 35%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	10	3	26	38	77
Ineligible for this QPI	0	0	0	0	0
Numerator	3	0	4	9	16
Not recorded for numerator	0	0	0	0	0
Denominator	10	3	26	38	77
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>30.0</b>	<b>0.0</b>	<b>15.4</b>	<b>23.7</b>	<b>20.8</b>

### QPI 11 - Curative Treatments (Oesophageal)



### QPI 11 - Curative Treatments (Gastric)



#### Comment

Both QPIs have improved from the previous year. It is important to aim for this QPI as it is important to have national ambition. However, this QPI is likely to reflect issues regarding early diagnosis and detection, rather than secondary care. There are occasional breaches due to endoscopy access but, on the whole, USOC cases have been preserved. At a national level, it will be important to focus on recognition of early red-flag symptoms in the community.

No action identified.

## **QPI 12 – 30 Day Mortality Following Oncological Treatment for Oesophageal or Gastric Cancer**

Target 5%

The regional cancer networks no longer report 30 Day mortality following SACT. This has recently been undertaken by Public Health Scotland (PHS) which published its first annual report on July 2023, using data collected on Chemo-Care: the national chemotherapy electronic prescribing and administration system. The second report presents the number and percentage of patients treated in 2023 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 2023 - 30-day mortality after systemic anti-cancer therapy \(SACT\) - Publications - Public Health Scotland](#)

## QPI 13 – HER2 Status for Decision Making in Advanced Gastric and Gastro-oesophageal Junction Cancer

Target = 90%

Numerator = Number of patients with metastatic gastric or gastro-oesophageal junction adenocarcinoma having palliative chemotherapy with HER2 status reported prior to treatment.

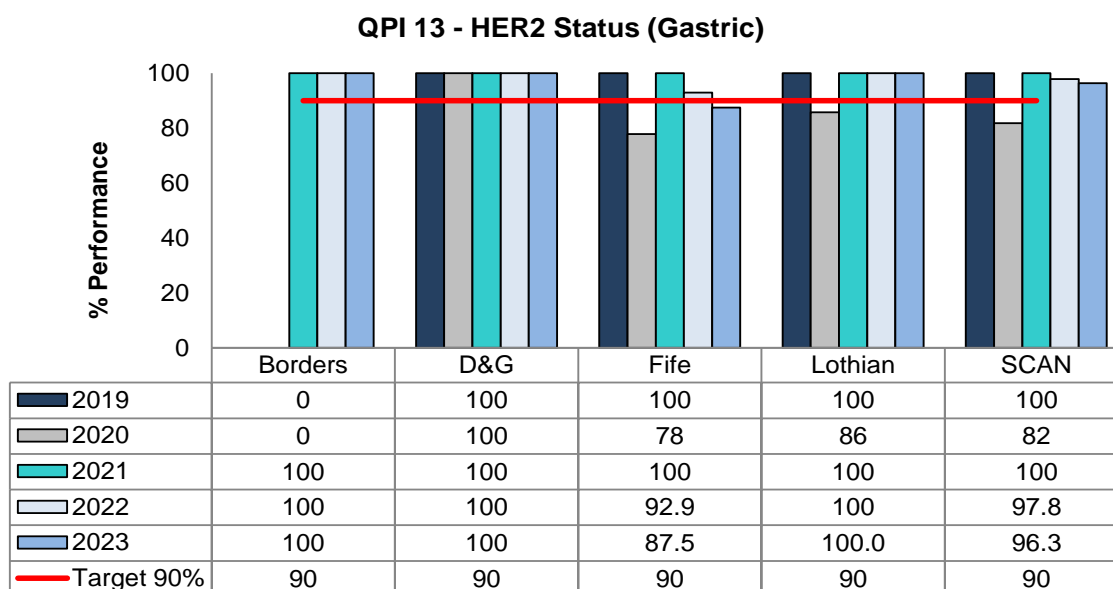
Denominator = All patients with metastatic oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment (no exclusions).

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	37	29	8	149	223
Ineligible for this QPI	35	27	0	134	196
Numerator	2	2	7	15	26
Not recorded for numerator	0	0	0	0	0
Denominator	2	2	8	15	27
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>	<b>87.5</b>	<b>100.0</b>	<b>96.3</b>

### Comments where QPI was not met.

**Fife:** The QPI target was not met showing a shortfall of 1 case. The Oncologist did not think there was time to wait for molecular pathology due to the extent of the liver disease, therefore the patient was started on palliative chemotherapy prior to the results being available.

**Lothian:** The QPI target was not met showing a shortfall of 2 cases. 1 patient was started on chemotherapy due to the clinical urgency to commence treatment, the HER2 status was reported 3 weeks after the start of treatment. 1 patient the HER2 status was reported the same day as the start of Chemotherapy.



### Comment:

In some patients where the QPI has not been met, the chemotherapy treatment was expedited faster than HER2 and PD-L1 status. Where differing dates are available, audit staff are asked to be mindful to record the first reporting date of pathology reports.

No actions identified.

## QPI 15i – PD-L1 Status should be Available to Inform Treatment Decision Making in Patients with Oesophageal or Gastric Cancer

Target = 90%

Numerator = Number of patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment for whom PD-L1 status is reported prior to commencing treatment.

Denominator = All patients with oesophageal or gastric adenocarcinoma undergoing first line palliative chemotherapy as their initial treatment (no exclusions).

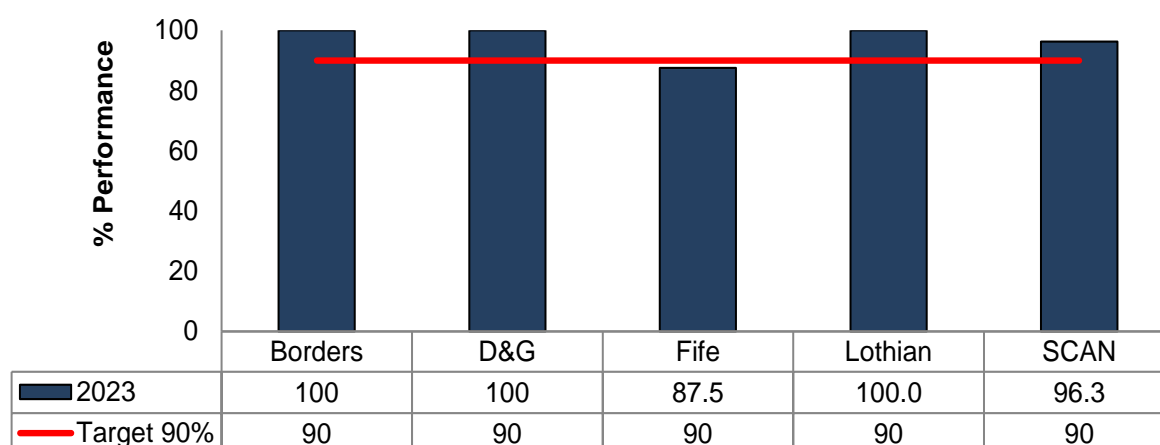
Target 90%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	37	32	5	187	261
Ineligible for this QPI	35	30	0	173	238
Numerator	2	2	7	15	26
Not recorded for numerator	0	0	0	0	0
Denominator	2	2	8	15	27
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>100.0</b>	<b>100.0</b>	<b>87.5</b>	<b>100.0</b>	<b>96.3</b>

### Comments where QPI was not met.

**Fife:** The QPI target was not met showing a shortfall of 1 case. The Oncologist did not think there was time to wait for molecular pathology due to the extent of the liver disease, therefore the patient was started on palliative chemotherapy prior to the results being available.

**Lothian:** The QPI target was not met showing a shortfall of 2 cases. 1 patient was started on chemotherapy due to the clinical urgency to commence treatment, the PD-L1 status was reported 3 weeks after the start of treatment. 1 patient the PD-L1 status was reported the same day as the start of Chemotherapy.

**QPI 15(i) - PD-L1 Status for Decision Making (Adenocarcinoma)**



### Comment:

Patients who receive a stent are not included here, and these patients would meet the numerator. To take to the next formal review.

No issues identified.

## QPI 15ii – PD-L1 Status should be Available to Inform Treatment Decision Making in Patients with Oesophageal Cancer

Target = 90%

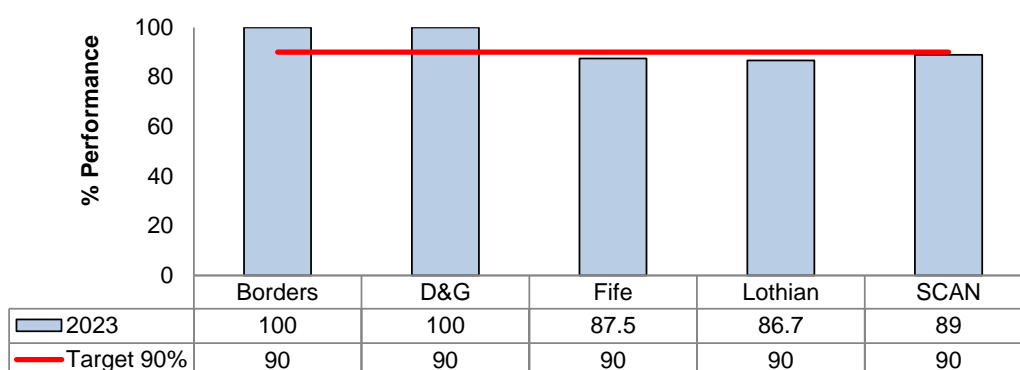
Numerator = Number of patients with oesophageal squamous cell carcinoma undergoing first line palliative chemotherapy as their initial treatment for whom the PD-L1 status is reported prior to commencing treatment.

Denominator = All patients with oesophageal squamous cell carcinoma undergoing first line palliative chemotherapy as their initial treatment.

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2023 Cohort	27	32	1	149	209
Ineligible for this QPI	27	32	0	146	205
Numerator	0	0	1	3	4
Not recorded for numerator	0	0	0	0	0
Denominator	0	0	1	3	4
Not recorded for exclusions	0	0	0	0	0
Not recorded for denominator	0	0	0	0	0
<b>% Performance</b>	<b>n/a</b>	<b>n/a</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

The QPI was met.

QPI 15(ii) - PD-L1 Status Status for Decision Making (Squamous Cell Carcinoma)



### Comment:

The QPI does not reflect the total number of patients receiving palliative chemotherapy.

No actions identified.



## Key Categories

Number of Cases by Site of Origin of Tumour

Case Ascertainment	Borders	D&G	Fife	Lothian	SCAN
Number of cases from audit	37	32	87	187	343
Cases from Cancer Registry (2018-2022)	33	50	91	196	370
<b>Case Ascertainment</b>	112.1	64.0	95.6	95.4	92.7

## Breakdown of Site of Origin of Tumour

Tumour Site	Borders		D&G		Fife		Lothian		SCAN	
	n	%	n	%	n	%	n	%	n	%
C15.0	0.0	0.0	0	0.0	0	0.0	1	0.5	1.0	0.3
C15.1	0.0	0.0	0	0.0	0	0.0	0	0.0	0.0	0.0
C15.2	0.0	0.0	0	0.0	0	0.0	0	0.0	0.0	0.0
C15.3	2.0	5.4	0	0.0	4	4.6	5	2.7	11.0	3.2
C15.4	8.0	21.6	5	15.6	9	10.3	26	13.9	48.0	14.0
C15.5	12.0	32.4	18	56.3	48	55.2	86	46.0	164.0	47.8
C15.8	0.0	0.0	1	3.1	0	0.0	10	5.3	11.0	3.2
C15.9	0.0	0.0	2	6.3	0	0.0	1	0.5	3.0	0.9
C16.0	5.0	13.5	3	9.4	0	0.0	20	10.7	28.0	8.2
C16.1	0.0	0.0	0	0.0	3	3.4	6	3.2	9.0	2.6
C16.2	4.0	10.8	0	0.0	5	5.7	6	3.2	15.0	4.4
C16.3	3.0	8.1	3	9.4	14	16.1	17	9.1	37.0	10.8
C16.4	0.0	0.0	0	0.0	2	2.3	5	2.7	7.0	2.0
C16.5	3.0	8.1	0	0.0	1	1.1	3	1.6	7.0	2.0
C16.6	0.0	0.0	0	0.0	0	0.0	1	0.5	1.0	0.3
C16.8	0.0	0.0	0	0.0	0	0.0	0	0.0	0.0	0.0
C16.9	0.0	0.0	0	0.0	1	1.1	0	0.0	1.0	0.3
<b>Total</b>	37.0	100%	32.0	100%	87.0	100%	187.0	100%	343.0	100%

## ICD Key

ICD-O(3) Code	Description
C15.0	Cervical oesophagus
C15.1	Thoracic oesophagus
C15.2	Abdominal part of oesophagus
C15.3	Upper third of oesophagus
C15.4	Middle third of oesophagus
C15.5	Lower third of oesophagus
C15.8	Overlapping lesion of oesophagus
C15.9	Oesophagus, NOS.
C16.0	Cardia, NOS
C16.1	Fundus of stomach
C16.2	Body of stomach
C16.3	Gastric antrum
C16.4	Pylorus
C16.5	Lesser curvature of stomach, unspecified
C16.6	Greater curvature of stomach, unspecified
C16.8	Overlapping lesion of the stomach
C16.9	Stomach, (NOS)

## Age and Gender Distribution

### Oesophageal

Age at Diagnosis	Borders				D&G				Fife				Lothian				SCAN			
	M		F		M		F		M		F		M		F		M		F	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<45	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	5.1	0	0.0	5	2.8	0	0.0
45-49	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0	1	0.6	0	0.0
50-54	0	0.0	0	0.0	0	0.0	0	0.0	1	2.8	0	0.0	3	3.0	1	2.0	4	2.3	1	1.1
55-59	2	10.5	0	0.0	0	0.0	0	0.0	3	8.3	1	4.0	5	5.1	2	4.0	10	5.7	3	3.3
60-64	1	5.3	0	0.0	4	18.2	2	28.6	4	11.1	3	12.0	13	13.1	8	16.0	22	12.5	13	14.4
65-69	3	15.8	1	12.5	2	9.1	2	28.6	7	19.4	4	16.0	12	12.1	6	12.0	24	13.6	13	14.4
70-74	2	10.5	2	25.0	5	22.7	0	0.0	5	13.9	5	20.0	13	13.1	13	26.0	25	14.2	20	22.2
75-79	5	26.3	1	12.5	6	27.3	2	28.6	10	27.8	6	24.0	31	31.3	6	12.0	52	29.5	15	16.7
80-84	4	21.1	2	25.0	2	9.1	0	0.0	2	5.6	3	12.0	9	9.1	4	8.0	17	9.7	9	10.0
85+	2	10.5	2	25.0	3	13.6	1	14.3	4	11.1	3	12.0	7	7.1	10	20.0	16	9.1	16	17.8
<b>Total</b>	<b>19</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>22</b>	<b>100%</b>	<b>7</b>	<b>100%</b>	<b>36</b>	<b>100%</b>	<b>25</b>	<b>100%</b>	<b>99</b>	<b>100%</b>	<b>50</b>	<b>100%</b>	<b>176</b>	<b>100%</b>	<b>90</b>	<b>100%</b>

### Oesophageal

Age at Diagnosis	Borders		D&G		Fife		Lothian	
	M	F	M	F	M	F	M	F
Min	56	65	62	60	51	56	32	53
Max	88	89	89	88	86	88	89	97
Mean	74	78	74	71	71	73	70	74
Median	75	79	75	69	73	74	73	74

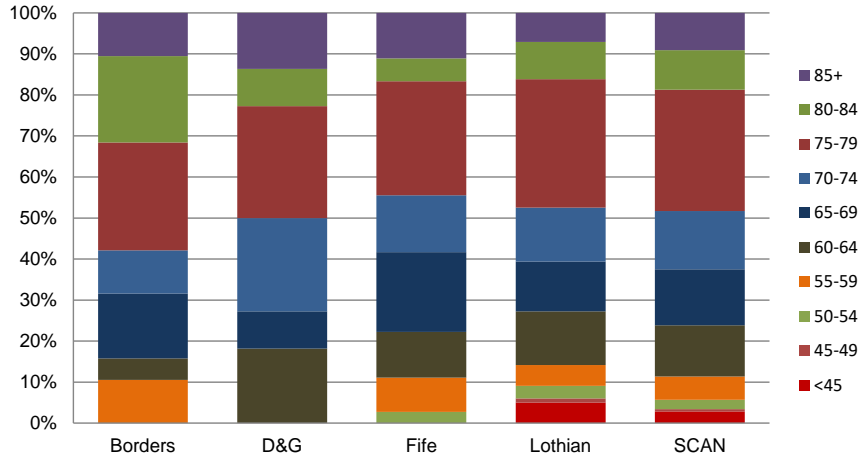
Gastric

Age at Diagnosis	Borders				D&G				Fife				Lothian				SCAN			
	M		F		M		F		M		F		M		F		M		F	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<45	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	10.0	1	4.2	1	7.1	1	2.1	2	6.9
45-49	0	0.0	0	0.0	0	0.0	0	0.0	1	6.3	0	0.0	1	4.2	1	7.1	2	4.2	1	3.4
50-54	0	0.0	0	0.0	0	0.0	0	0.0	1	6.3	0	0.0	0	0.0	1	7.1	1	2.1	1	3.4
55-59	0	0.0	1	25.0	1	50.0	0	0.0	1	6.3	0	0.0	1	4.2	1	7.1	3	6.3	2	6.9
60-64	0	0.0	0	0.0	0	0.0	0	0.0	1	6.3	2	20.0	1	4.2	0	0.0	2	4.2	2	6.9
65-69	0	0.0	0	0.0	0	0.0	0	0.0	3	18.8	1	10.0	2	8.3	1	7.1	5	10.4	2	6.9
70-74	4	66.7	1	25.0	0	0.0	0	0.0	3	18.8	0	0.0	3	12.5	1	7.1	10	20.8	2	6.9
75-79	1	16.7	1	25.0	0	0.0	0	0.0	2	12.5	0	0.0	7	29.2	2	14.3	10	20.8	3	10.3
80-84	0	0.0	0	0.0	1	50.0	1	100.0	2	12.5	4	40.0	2	8.3	3	21.4	5	10.4	8	27.6
85+	1	16.7	1	25.0	0	0.0	0	0.0	2	12.5	2	20.0	6	25.0	3	21.4	9	18.8	6	20.7
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>2</b>	<b>100%</b>	<b>1</b>	<b>100%</b>	<b>16</b>	<b>100%</b>	<b>10</b>	<b>100%</b>	<b>24</b>	<b>100%</b>	<b>14</b>	<b>100%</b>	<b>48</b>	<b>100%</b>	<b>29</b>	<b>100%</b>

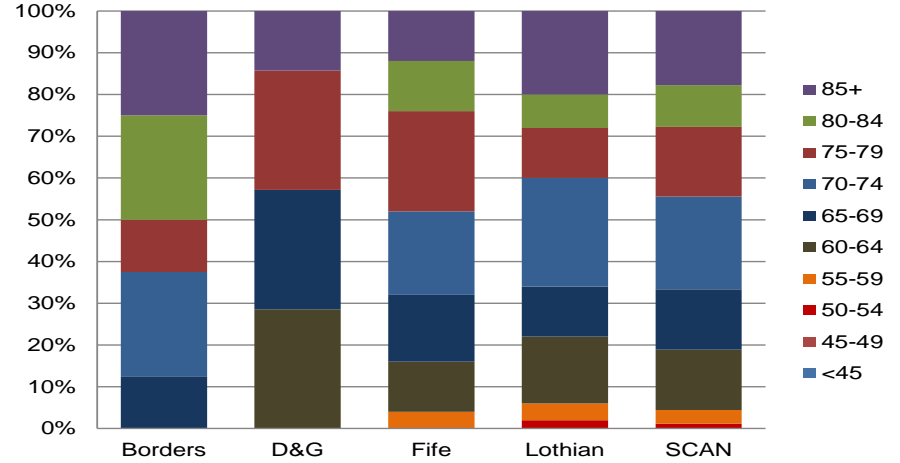
Gastric

Age at Diagnosis	Borders		D&G		Fife		Lothian	
	M	F	M	F	M	F	M	F
Min	71	56	57	80	45	42	38	44
Max	85	86	82	80	91	92	92	86
Mean	75	74	70	80	71	74	74	71
Median	74	76	70	80	72	81	76	74

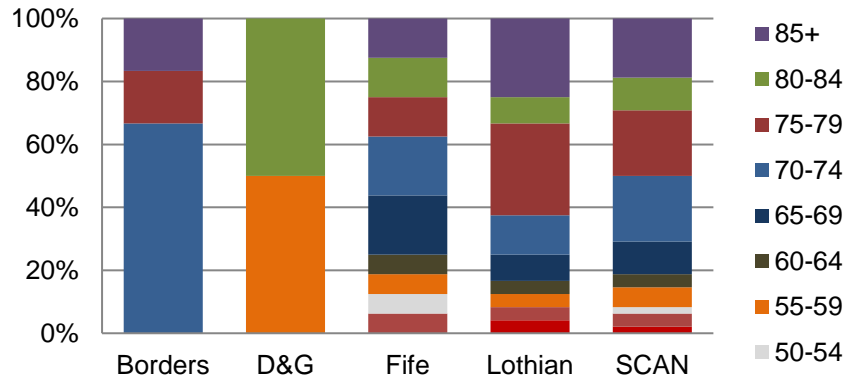
**2023 Oesophageal Cancer Age by Board (Males)**



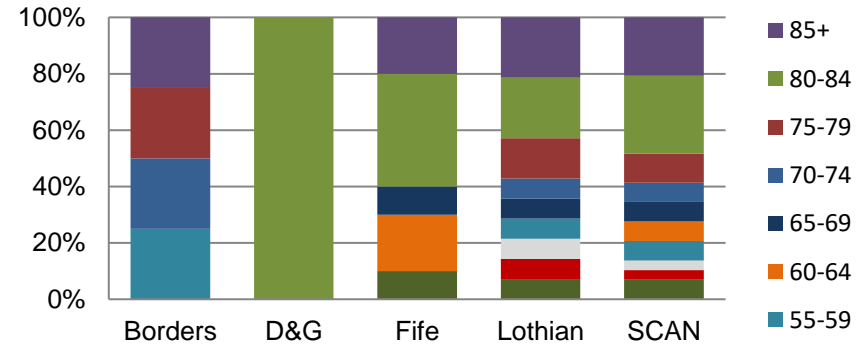
**2023 Oesophageal Cancer Age by Board (Females)**



**2023 Gastric Cancer Age by Board (Males)**



**2023 Gastric Cancer Age by Board (Females)**



OG QPI Attainment Summary – 2022, Year 10		Target %	Borders		D&G		Fife		Lothian		SCAN	
QPI 1: Endoscopy - Histological diagnosis made within 6 weeks of initial endoscopy and biopsy	Oesophageal	95	N 20 D 22	90.9%	N 44 D 44	100%	N 58 D 61	95.1%	N 152 D 176	86.4%	N 274 D 303	90.4%
	Gastric	95	N 5 D 5	100%	N 5 D 6	83.3%	N 22 D 24	91.7%	N 31 D 35	88.6%	N 63 D 70	90.0%
QPI 3: MDT before definitive treatment	Oesophageal	95	N 22 D 23	95.7%	N 43 D 44	97.7%	N 60 D 62	96.8%	N 165 D 179	92.2%	N 290 D 308	94.2%
	Gastric	95	N 5 D 6	83.3%	N 4 D 5	80%	N 26 D 26	100%	N 35 D 35	100%	N 70 D 72	97.2%
QPI 4i: TNM Staging recorded at MDT prior to treatment	Oesophageal	90	N 23 D 23	100%	N 44 D 44	100%	N 63 D 64	98.4%	N 165 D 180	91.7%	N 295 D 311	94.9%
	Gastric	90	N 5 D 6	83.3%	N 4 D 6	66.7%	N 26 D 27	96.3%	N 35 D 35	100%	N 70 D 74	94.6%
QPI 4ii: TNM Treatment Intent recorded at MDT prior to treatment	Oesophageal	95	N 23 D 23	100%	N 44 D 44	100%	N 60 D 64	93.8%	N 164 D 180	91.1%	N 291 D 311	93.6%
	Gastric	95	N 5 D 6	83.3%	N 5 D 6	83.3%	N 26 D 27	96.3%	N 29 D 35	82.9%	N 65 D 74	87.8%
QPI 5i: Nutritional Assessment: Undergo screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	Oesophageal	95	N 21 D 23	91.3%	N 43 D 44	97.7%	N 62 D 64	96.9%	N 125 D 180	69.4%	N 251 D 311	80.7%
	Gastric	95	N 6 D 6	100%	N 6 D 6	100%	N 27 D 27	100%	N 25 D 35	71.4%	N 64 D 74	86.5%
QPI 5ii: Nutritional Assessment: are at high risk of malnutrition (MUST score >2) referred to dietician	Oesophageal	90	N 11 D 12	91.7%	N 26 D 27	96.3%	N 20 D 22	90.9%	N 102 D 117	87.2%	N 159 D 178	89.3%
	Gastric	90	N 2 D 2	100%	N 1 D 1	100%	N 12 D 13	92.3%	N 11 D 19	57.9%	N 26 D 35	74.3%
QPI 6: Appropriate Selection: Neo-Adjuvant chemotherapy followed by surgical resection	Oesophageal	80	N 4 D 4	100%	N 7 D 8	87.5%	N 7 D 7	100%	N 26 D 29	89.7%	N 44 D 48	91.7%
	Gastric	80	N 1 D 1	100%	N 0 D 0	-	N 2 D 2	100%	N 2 D 2	100%	N 5 D 5	100%
QPI 7i: 30 Day Mortality Following Surgery (presented by Board of Surgery)	Oesophageal	<5	Board of Surgery						N 1 D 53	1.9%	N 1 D 53	1.9%
	Gastric	<5	Board of Surgery						N 0 D 9	0.0%	N 0 D 9	0.0%

QPI 7ii: 90 Day Mortality Following Surgery (presented by Board of Surgery)	Oesophageal	<7.5	Board of Surgery			N 1 2.0%	D 51	N 1 2.0%	D 51			
	Gastric	<7.5	Board of Surgery			N 0 0.0%	D 9	N 0 0.0%	D 9			
QPI 8: Lymph Node Yield – Curative resection where >15 lymph nodes are resected and examined (Presented by Board of Surgery)	Oesophageal	90	Board of Surgery			N 50 94.3%	D 53	N 50 94.3%	D 53			
	Gastric	80	Board of Surgery			N 8 88.9%	D 9	N 8 88.9%	D 9			
QPI 9: Hospital of Stay: Discharge within 14 days of surgical procedure (presented by Board of Surgery)	Oesophageal	60	Board Of Surgery			N 35 66.0%	D 53	N 35 66.0%	D 53			
	Gastric	60	Board of Surgery			N 9 100%	D 9	N 9 100%	D 9			
QPI 10i: Oesophageal clear circumferential resection margins (presented by board of surgery)	Oesophageal	70	Board of Surgery			N 39 73.6%	D 53	N 39 73.6%	D 53			
QPI 10ii: Longitudinal margins clear (Presented by Board of Surgery)	Oesophageal	90	Board of Surgery			N 52 98.1%	D 53	N 52 98.1%	D 53			
	Gastric	95	Board of Surgery			N 9 100%	D 9	N 9 100%	D 9			
QPI 11: Curative Treatment Rates	Oesophageal	35	N 7 30.4%	D 23	N 9 20.5%	D 44	N 15 23.8%	D 63	N 50 27.8%	D 180	N 81 26.1%	D 310
	Gastric	35	N 1 16.7%	D 6	N 0 0.0%	D 6	N 3 11.5%	D 26	N 5 14.7%	D 34	N 9 12.5%	D 72
QPI 13 HER2 Status in Advanced Oesophageal/Gastric Adenocarcinoma		90%	N 2 100%	D 2	N 6 100%	D 6	N 13 92.6%	D 14	N 23 100%	D 23	N 44 97.8%	D 45