



NCA Colorectal QPI report

Patients diagnosed from 1st April 2022 to 31st March 2023

Extracted from eCASE on 11/10/2023

Background

Definitions for the QPIs reported in this section are published by Health Improvement Scotland, while further information on datasets and measurability used are available from Public Health Scotland. Data are largely presented by Board of diagnosis. However, surgical focussed QPIs (QPIs 5, 7(i), 7(ii), 8, 9(i), 9(ii) 10(i) and 10(ii)) are reported by hospital of surgery.

Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the QPI focuses on the prevalent population rather than the incident population. The measurability for this QPI is still under development to ensure consistency across the country and in the meantime all deaths within 30 days of SACT will continue to be reviewed at NHS Board level.

Governance and Risk

QPI performance is overseen by the North Cancer Alliance and its constituent groups, with an assessment of clinical risk and action planning undertaken collaboratively and reporting at board and regional level. Actions will be overseen by the Pathway Boards and reported concurrently into the NCA governance groups and the Clinical Governance committees at each North of Scotland health board.

[Further information is available here.](#)

The data contained within this report was extracted from eCASE. Cancer audit is a dynamic process with patient data continually being revised and updated as more information becomes available. This means that apparently comparable reports for the same time period and cancer site may produce different figures if extracted at different times.

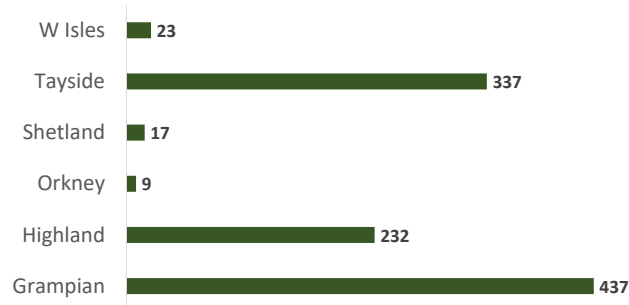
QPIs v4.0 - published July 2021
Measurability v4.5



NCA Colorectal QPI Overview

Patient overview 2022-23

Number of Patients in the NCA **1055**



QPI Performance overview

		Colorectal		
		vs Target	2022-23	vs Target
Board of diagnosis	QPI 1(i): Radiological Diagnosis and Staging - Colon	vs 95%	98.4%	●
Board of diagnosis	QPI 1(ii): Radiological Diagnosis and Staging - Rectum	vs 95%	98.7%	●
Board of diagnosis	QPI 2: Pre-operative Diagnosis and Staging	vs 95%	84.1%	●
By Board of surgery	QPI 5: Lymph Node Yield	vs 90%	96.4%	●
By Board of surgery	QPI 7(i): Surgical Margins	vs 95%	94.4%	●
By Board of surgery	QPI 7(ii): Surgical Margins	vs 85%	98.5%	●
By Board of surgery	QPI 8: Re-operation Rates	vs <10%	4.9%	●
By Board of surgery	QPI 9(i): Anastomotic Dehiscence - Colon	vs <5%	4.2%	●
By Board of surgery	QPI 9(ii): Anastomotic Dehiscence - Rectum inc. TIME	vs <10%	6.8%	●
By Board of surgery	QPI 10(i): 30 Day Mortality (Elective Surgical Resection)	vs <3%	0.4%	●
By Board of surgery	QPI 10(i): 90 Day Mortality (Elective Surgical Resection)	vs <4%	0.6%	●
By Board of surgery	QPI 10(ii): 30 Day Mortality (Emergency Surgical Resection)	vs <15%	2.1%	●
By Board of surgery	QPI 10(ii): 90 Day Mortality (Emergency Surgical Resection)	vs <20%	7.4%	●
Board of diagnosis	QPI 11: Adjuvant Chemotherapy	vs 70%	80.8%	●
Board of diagnosis	QPI 12(i): 30 Day Mortality Following Radical Radiotherapy - Neoadjuvant chemoradiotherapy	vs <1%	0.0%	●
Board of diagnosis	QPI 12(i): 90 Day Mortality Following Radical Radiotherapy - Neoadjuvant chemoradiotherapy	vs <1%	0.0%	●
Board of diagnosis	QPI 12(ii): 30 Day Mortality Following Radical Radiotherapy - Radiotherapy	vs <1%	0.0%	●
Board of diagnosis	QPI 12(ii): 90 Day Mortality Following Radical Radiotherapy - Radiotherapy	vs <1%	0.0%	●
Board of diagnosis	QPI 15(i): Colorectal Liver Metastases - Synchronous	vs 95%	96.1%	●
Board of diagnosis	QPI 15(ii): Colorectal Liver Metastases - Metachronous	vs 95%	90.5%	●
Board of diagnosis	QPI 16(i): Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status - Assessed	vs 95%	88.9%	●
Board of diagnosis	QPI 16(ii): Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status - Referred to Genetics	vs 90%	90.0%	●



QPI 1(i): Radiological Diagnosis and Staging - Colon

QPI 1(i)

Patients with colorectal cancer should be evaluated with appropriate imaging to detect extent of disease and guide treatment decision making.

Description Proportion of patients with colorectal cancer who undergo CT chest, abdomen and pelvis (colorectal cancer) plus MRI pelvis (rectal cancer only) before definitive treatment.

Numerator Number of patients with colon cancer who undergo CT chest, abdomen and pelvis before definitive treatment.

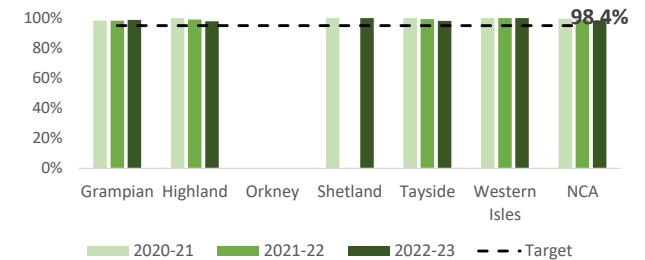
Denominator All patients with colon cancer.

Target

95%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	98.8%	162	164	98.2%	98.3%
	Highland	97.9%	94	96	99.1%	100.0%
	Orkney	-	-	-	-	-
	Shetland	100.0%	6	6	-	100.0%
	Tayside	98.1%	156	159	99.4%	100.0%
	Western Isles	100.0%	11	11	100.0%	100.0%
	NCA	98.4%	432	439	98.9%	99.4%

NCA boards



Comments:

Exclusions 1. Patients who refuse investigation 2. Patients who undergo emergency surgery 3. Patients undergoing supportive care only 4. Patients who undergo palliative treatment (chemotherapy, radiotherapy or surgery) 5. Patients who died before first treatment



QPI 1(ii): Radiological Diagnosis and Staging - Rectum

QPI 1(ii)

Patients with colorectal cancer should be evaluated with appropriate imaging to detect extent of disease and guide treatment decision making.

Description Proportion of patients with colorectal cancer who undergo CT chest, abdomen and pelvis (colorectal cancer) plus MRI pelvis (rectal cancer only) before definitive treatment.

Numerator All patients with rectal cancer undergoing definitive treatment (chemoradiotherapy or surgical resection) who undergo CT chest, abdomen and pelvis and MRI pelvis before definitive treatment.

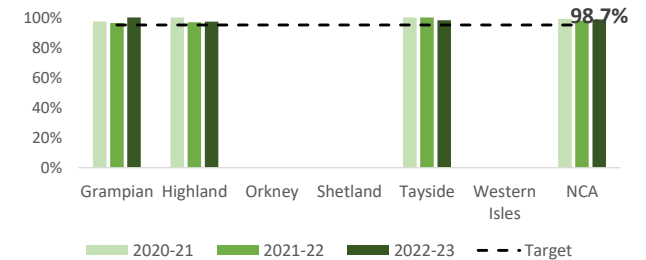
Denominator All patients with rectal cancer undergoing definitive treatment (chemoradiotherapy or surgical resection).

Target

95%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	100.0%	53	53	96.2%	97.3%
	Highland	97.2%	35	36	96.9%	100.0%
	Orkney	-	-	-	-	-
	Shetland	-	-	-	-	-
	Tayside	98.1%	53	54	100.0%	100.0%
	Western Isles	-	-	-	-	-
	NCA	98.7%	148	150	97.8%	99.0%

NCA boards



Comments:

Exclusions

1. Patients who refuse investigation 2. Patients who undergo emergency surgery 3. Patients with a contraindication to MRI 4. Patients who undergo Transanal Endoscopic Microsurgery (TEM) 5. Patients who undergo Transanal Resection of Tumour (TART) 6. Patients who undergo palliative treatment (chemotherapy, radiotherapy or surgery) 7. Patients who died before treatment.



QPI 2: Pre-operative Diagnosis and Staging

QPI 2

Patients with colorectal cancer undergoing elective surgical resection should have the whole colon visualised pre-operatively.

Description Proportion of patients with colorectal cancer who undergo elective surgical resection who have the whole colon visualised by colonoscopy or CT colonography pre-operatively, unless the non-visualised segment of colon is to be removed.

Numerator Number of patients who undergo elective surgical resection for colorectal cancer who have the whole colon visualised by colonoscopy or CT colonography before surgery, unless the non-visualised segment of the colon has been removed.

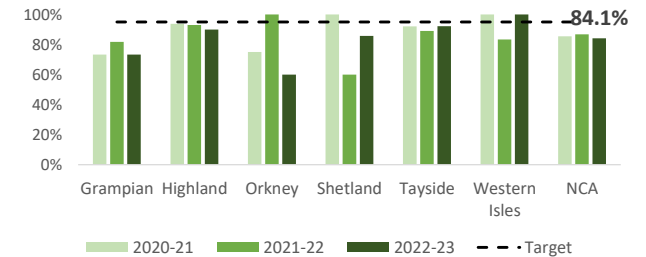
Denominator All patients who undergo elective surgical resection for colorectal cancer.

Target

95%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	73.4%	146	199	81.8%	73.3%
	Highland	89.9%	107	119	93.0%	93.8%
	Orkney	60.0%	-	5	100.0%	75.0%
	Shetland	85.7%	6	7	60.0%	100.0%
	Tayside	92.1%	164	178	89.0%	92.0%
	Western Isles	100.0%	7	7	83.3%	100.0%
	NCA	84.1%	433	515	86.8%	85.5%

NCA boards



Comments: This QPI has been reviewed; where this QPI was not met was due to changing clinical practice. Updates in clinical pathways mean that in some cases the best care means a longer time between a patients staging colonoscopy and their operative treatment.

Exclusions 1. Patients who undergo palliative surgery 2. Patients who have incomplete bowel imaging due to obstructing tumour.



QPI 5: Lymph Node Yield

QPI 5

For patients undergoing resection for colorectal cancer the number of lymph nodes examined should be maximised.

Description Proportion of patients with colorectal cancer who undergo surgical resection where ≥ 12 lymph nodes are pathologically examined.

Numerator Number of patients with colorectal cancer who undergo curative surgical resection where ≥ 12 lymph nodes are pathologically examined.

Denominator All patients with colorectal cancer who undergo curative surgical resection (with or without neoadjuvant short-course radiotherapy).

Target

90%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	96.3%	158	164	98.9%	99.1%
	Highland	94.5%	121	128	92.7%	94.1%
	Orkney	-	0	0	-	100.0%
	Shetland	100.0%	7	7	100.0%	100.0%
	Tayside	97.6%	200	205	97.0%	96.8%
	Western Isles	-	0	0	-	-
	NCA	96.4%	486	504	96.3%	96.8%

NCA boards



Comments:

- Exclusions**
1. Patients with rectal cancer who undergo long course neoadjuvant chemoradiotherapy or radiotherapy.
 2. Patients who under transanal endoscopic microsurgery (TEM) or transanal resection of tumour (TART).



QPI 7(i): Surgical Margins

QPI 7(i)

Rectal cancers undergoing surgical resection should be adequately excised.

Description Proportion of patients with rectal cancer who undergo surgical resection in which the circumferential margin is clear of tumour. Please note: The specifications of this QPI are separated to ensure clear measurement of both patients who receive: (i) Primary surgery, or immediate / early surgery following neoadjuvant short course radiotherapy; and (ii) Surgery following neo-adjuvant chemotherapy, long course chemoradiotherapy, long course radiotherapy or short course radiotherapy with delay to surgery.

Numerator Number of patients with rectal cancer who undergo elective primary surgical resection or immediate/early surgical resection following neo-adjuvant short course radiotherapy in which the circumferential margin is clear of tumour.

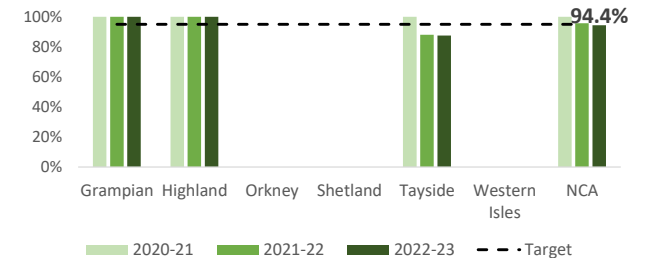
Denominator All patients with rectal cancer who undergo elective primary surgical resection or immediate/early surgical resection following neo-adjuvant short course radiotherapy.

Target

95%

		2022-23		2021-22	2020-21	
		Numerator	Denominator			
2022-23	Grampian	100.0%	25	25	100.0%	100.0%
	Highland	100.0%	15	15	100.0%	100.0%
	Orkney	-	0	0	-	-
	Shetland	-	0	0	-	-
	Tayside	87.5%	28	32	88.0%	100.0%
	Western Isles	-	0	0	-	-
	NCA	94.4%	68	72	95.7%	100.0%

NCA boards



Comments: The NCA narrowly missed this QPI. Where this QPI was not met patients were subsequently reviewed and discussed at MDT with the presence of surgical, oncology, pathology and radiology teams.

Exclusions Patients who undergo transanal endoscopic microsurgery (TEM) or transanal resection of tumour (TART).



QPI 7(ii): Surgical Margins

QPI 7(ii)

Rectal cancers undergoing surgical resection should be adequately excised.

Description Proportion of patients with rectal cancer who undergo surgical resection in which the circumferential margin is clear of tumour. Please note: The specifications of this QPI are separated to ensure clear measurement of both patients who receive: (i) Primary surgery, or immediate / early surgery following neoadjuvant short course radiotherapy; and (ii) Surgery following neo-adjuvant chemotherapy, long course chemoradiotherapy, long course radiotherapy or short course radiotherapy with delay to surgery.

Numerator Number of patients with rectal cancer who undergo elective surgical resection following neoadjuvant chemotherapy, long course radiotherapy, long course chemoradiotherapy or short course radiotherapy with long course intent in which the circumferential margin is clear of tumour.

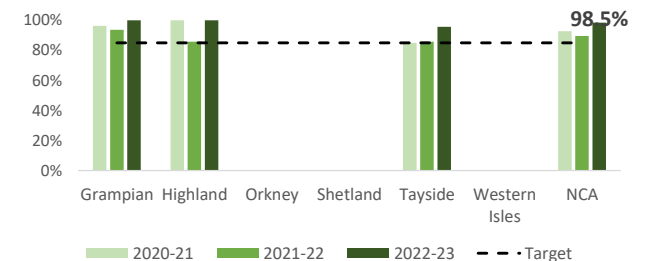
Denominator All patients with rectal cancer who undergo elective surgical resection following neoadjuvant chemotherapy, long course radiotherapy, long course chemoradiotherapy or short course radiotherapy with long course intent (delay to surgery).

Target

85%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	100.0%	32	32	93.8%	96.3%
	Highland	100.0%	12	12	85.7%	100.0%
	Orkney	-	0	0	-	-
	Shetland	-	0	0	-	-
	Tayside	95.7%	22	23	85.7%	85.0%
	Western Isles	-	0	0	-	-
	NCA	98.5%	66	67	89.6%	92.7%

NCA boards



Comments:

Exclusions Patients who undergo transanal endoscopic microsurgery (TEM) or transanal resection of tumour (TART).



QPI 8: Re-operation Rates

QPI 8

For patients undergoing surgery for colorectal cancer re-operation should be minimised.

Description Proportion of patients who undergo surgical resection for colorectal cancer who return to theatre to deal with complications related to the index procedure (within 30 days of surgery).

Numerator Number of patients with colorectal cancer who undergo surgical resection who return to theatre following initial surgical procedure (within 30 days of surgery) to deal with complications related to the index procedure.

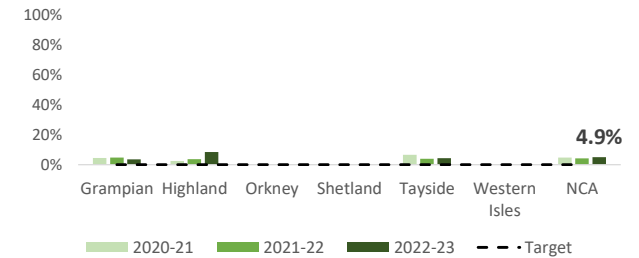
Denominator All patients with colorectal cancer who undergo surgical resection.

Target

<10%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	3.6%	8	224	4.8%	4.5%
	Highland	8.4%	12	143	3.8%	2.5%
	Orkney	-	0	0	0.0%	0.0%
	Shetland	0.0%	0	7	0.0%	0.0%
	Tayside	4.3%	10	233	4.0%	6.6%
	Western Isles	-	0	0	0.0%	-
	NCA	4.9%	30	607	4.2%	4.8%

NCA boards



Comments:

Exclusions No exclusions



QPI 9(i): Anastomotic Dehiscence - Colon

QPI 9(i)

For patients who undergo surgical resection for colorectal cancer anastomotic dehiscence should be minimised.

Description Proportion of patients who undergo surgical resection for colorectal cancer with anastomotic leak as a post-operative complication. Please note: The specifications of this QPI are separated to ensure clear measurement of patients who undergo: (i) Colonic anastomosis; and (ii) Rectal anastomosis (including: anterior resection with total mesorectal excision (TME)).

Numerator Number of patients with colorectal cancer who undergo a surgical procedure involving anastomosis of the colon having anastomotic leak requiring intervention (Medical, endoscopic, radiological or surgical).

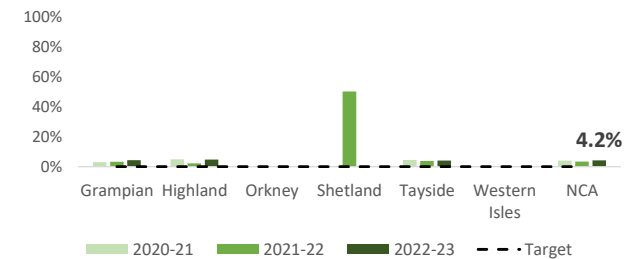
Denominator All patients with colorectal cancer who undergo a surgical procedure involving anastomosis of the colon.

Target

<5%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	4.3%	-	69	3.3%	3.0%
	Highland	4.8%	-	84	2.2%	4.9%
	Orkney	-	0	0	0.0%	0.0%
	Shetland	0.0%	0	6	50.0%	0.0%
	Tayside	4.0%	5	124	3.8%	4.4%
	Western Isles	-	0	0	-	-
	NCA	4.2%	12	283	3.4%	4.1%

NCA boards



Comments:

Exclusions No exclusions



QPI 9(ii): Anastomotic Dehiscence - Rectum inc. TIME

QPI 9(ii)

For patients who undergo surgical resection for colorectal cancer anastomotic dehiscence should be minimised.

Description Proportion of patients who undergo surgical resection for colorectal cancer with anastomotic leak as a post-operative complication. Please note: The specifications of this QPI are separated to ensure clear measurement of patients who undergo: (i) Colonic anastomosis; and (ii) Rectal anastomosis (including: anterior resection with total mesorectal excision (TME)).

Numerator Number of patients with colorectal cancer who undergo a surgical procedure involving anastomosis of the rectum (including anterior resection with TME) having anastomotic leak requiring intervention (Medical, endoscopic, radiological or surgical).

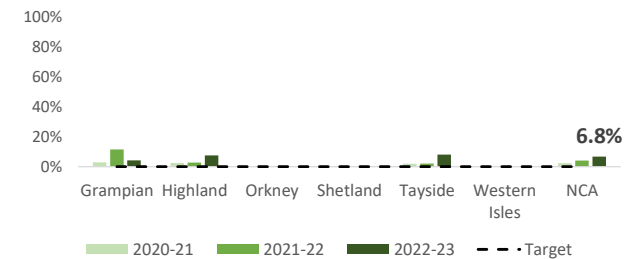
Denominator All patients with colorectal cancer who undergo a surgical procedure involving anastomosis of the rectum (including anterior resection with TME).

Target

<10%

		2022-23		2021-22	2020-21	
		Numerator	Denominator			
2022-23	Grampian	4.3%	-	47	11.4%	2.9%
	Highland	7.5%	-	40	2.8%	2.5%
	Orkney	-	0	0	-	-
	Shetland	-	0	-	0.0%	0.0%
	Tayside	8.1%	6	74	2.0%	2.0%
	Western Isles	-	0	0	-	-
	NCA	6.8%	11	162	4.1%	2.4%

NCA boards



Comments:

Exclusions No exclusions



QPI 10(i): 30 Day Mortality (Elective Surgical Resection)

QPI 10(i) Mortality after surgical resection for colorectal cancer.

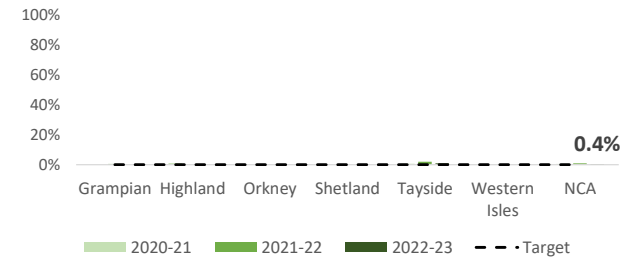
Description Proportion of patients with colorectal cancer who die within 30 days of elective surgical resection.

Numerator Number of patients with colorectal cancer who undergo elective surgical resection who die within 30 days of surgery.

Denominator All patients with colorectal cancer who undergo elective surgical resection.

Target	<3%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	0.0%	0	176	0.5%	0.0%
	Highland	0.0%	0	123	0.0%	1.0%
	Orkney	-	0	0	0.0%	0.0%
	Shetland	0.0%	0	6	0.0%	0.0%
	Tayside	1.0%	-	206	2.0%	0.6%
	Western Isles	-	0	0	-	-
	NCA	0.4%	-	511	0.9%	0.5%

NCA boards



Comments:

Exclusions No exclusions



QPI 10(i): 90 Day Mortality (Elective Surgical Resection)

QPI 10(i) Mortality after surgical resection for colorectal cancer.

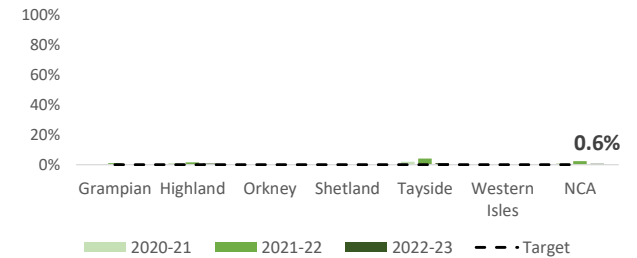
Description Proportion of patients with colorectal cancer who die within 90 days of elective surgical resection.

Numerator Number of patients with colorectal cancer who undergo elective surgical resection who die within 90 days of surgery.

Denominator All patients with colorectal cancer who undergo elective surgical resection.

Target	<4%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	0.0%	0	165	1.1%	0.0%
	Highland	0.8%	-	121	1.6%	1.0%
	Orkney	-	0	0	0.0%	0.0%
	Shetland	0.0%	0	6	0.0%	0.0%
	Tayside	1.0%	-	204	4.1%	1.9%
	Western Isles	-	0	0	-	-
	NCA	0.6%	-	496	2.3%	1.0%

NCA boards



Comments:

Exclusions No exclusions



QPI 10(ii): 30 Day Mortality (Emergency Surgical Resection)

QPI 10(ii) Mortality after surgical resection for colorectal cancer.

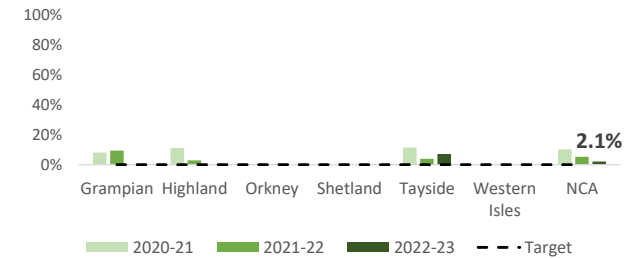
Description Proportion of patients with colorectal cancer who die within 30 days of emergency surgical resection.

Numerator Number of patients with colorectal cancer who undergo emergency surgical resection who die within 30 days of surgery.

Denominator All patients with colorectal cancer who undergo emergency surgical resection.

Target	<15%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	0.0%	0	47	9.4%	8.0%
	Highland	0.0%	0	19	2.9%	11.1%
	Orkney	-	0	0	-	-
	Shetland	-	0	-	0.0%	-
	Tayside	7.1%	-	28	4.0%	11.5%
	Western Isles	-	0	0	0.0%	-
	NCA	2.1%	-	95	5.2%	10.1%

NCA boards



Comments:

Exclusions No exclusions



QPI 10(ii): 90 Day Mortality (Emergency Surgical Resection)

QPI 10(ii) Mortality after surgical resection for colorectal cancer.

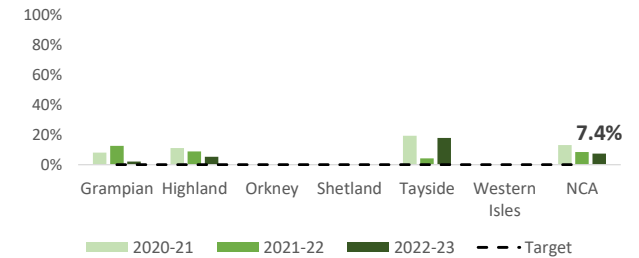
Description Proportion of patients with colorectal cancer who die within 90 days of emergency surgical resection.

Numerator Number of patients with colorectal cancer who undergo emergency surgical resection who die within 90 days of surgery.

Denominator All patients with colorectal cancer who undergo emergency surgical resection.

Target	<20%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	2.1%	-	47	12.5%	8.0%
	Highland	5.3%	-	19	8.8%	11.1%
	Orkney	-	0	0	-	-
	Shetland	-	0	1	0.0%	-
	Tayside	17.9%	5	28	4.2%	19.2%
	Western Isles	-	0	0	0.0%	-
	NCA	7.4%	7	95	8.4%	13.0%

NCA boards



Comments:

Exclusions No exclusions



QPI 11: Adjuvant Chemotherapy

QPI 11

Patients with Stage III colorectal cancer should be considered for adjuvant chemotherapy.

Description Proportion of patients between 50 and 74 years of age at diagnosis with Dukes C colorectal cancer who receive adjuvant chemotherapy.

Numerator Number of patients who are ≤74 years of age at diagnosis with Stage III colorectal cancer who undergo surgical resection who receive adjuvant chemotherapy.

Denominator All patients ≤74 years of age at diagnosis with Stage III colorectal cancer who undergo surgical resection.

Target

70%

		2022-23		2021-22	2020-21	
		Numerator	Denominator			
2022-23	Grampian	69.0%	20	29	62.2%	-
	Highland	81.3%	26	32	76.7%	-
	Orkney	-	0	0	100.0%	-
	Shetland	-	-	-	0.0%	-
	Tayside	89.1%	49	55	87.5%	-
	Western Isles	-	-	-	100.0%	-
	NCA	80.8%	97	120	75.0%	-

NCA boards



Comments:

Exclusions Patients who decline chemotherapy and patients who undergo new-adjuvant treatment.



QPI 12(i): 30 Day Mortality Following Radical Radiotherapy - Neoadjuvant chemoradiotherapy

QPI 12(i)

Mortality after chemotherapy or radiotherapy with curative intent for colorectal cancer

Description Proportion of patients with colorectal cancer who die within 30 days of neoadjuvant chemoradiotherapy treatment with curative intent

Numerator Number of patients with colorectal cancer who undergo neoadjuvant chemoradiotherapy with curative intent who die within 30 days of treatment.

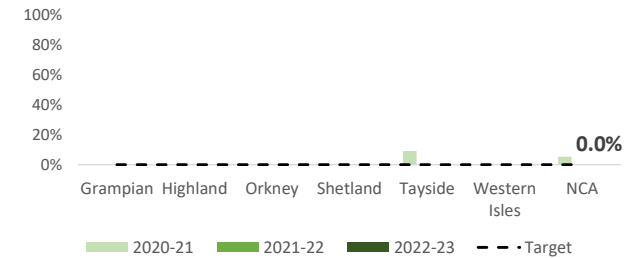
Denominator All patients with colorectal cancer who undergo neoadjuvant chemoradiotherapy with curative intent.

Target

<1%

		2022-23		2021-22	2020-21
		Numerator	Denominator		
2022-23	Grampian	-	-	0.0%	0.0%
	Highland	-	-	0.0%	0.0%
	Orkney	0	0	-	-
	Shetland	0	0	-	-
	Tayside	0.0%	18	0.0%	9.1%
	Western Isles	-	0	-	-
	NCA	0.0%	24	0.0%	5.3%

NCA boards



Comments:

Exclusions No exclusions



QPI 12(i): 90 Day Mortality Following Radical Radiotherapy - Neoadjuvant chemoradiotherapy

QPI 12(i)

Mortality after chemotherapy or radiotherapy with curative intent for colorectal cancer

Description Proportion of patients with colorectal cancer who die within 90 days of neoadjuvant chemoradiotherapy treatment with curative intent

Numerator Number of patients with colorectal cancer who undergo neoadjuvant chemoradiotherapy with curative intent who die within 90 days of treatment.

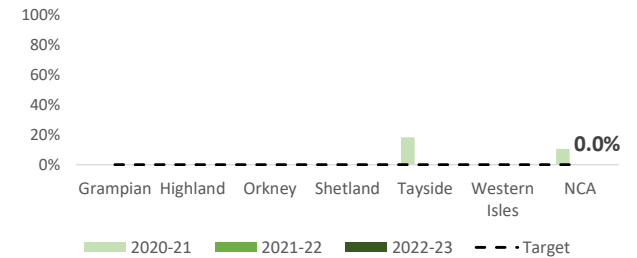
Denominator All patients with colorectal cancer who undergo neoadjuvant chemoradiotherapy with curative intent.

Target

<1%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	-	-	-	0.0%	0.0%
	Highland	-	-	-	0.0%	0.0%
	Orkney	-	0	0	-	-
	Shetland	-	0	0	-	-
	Tayside	0.0%	-	18	0.0%	18.2%
	Western Isles	-	0	0	-	-
	NCA	0.0%	-	23	0.0%	10.5%

NCA boards



Comments:

Exclusions No exclusions



QPI 12(ii): 30 Day Mortality Following Radical Radiotherapy - Radiotherapy

QPI 12(ii)

Mortality after chemotherapy or radiotherapy with curative intent for colorectal cancer

Description Proportion of patients with colorectal cancer who die within 30 days of radiotherapy treatment with curative intent

Numerator Number of patients with colorectal cancer who undergo radiotherapy with curative intent who die within 30 days of treatment.

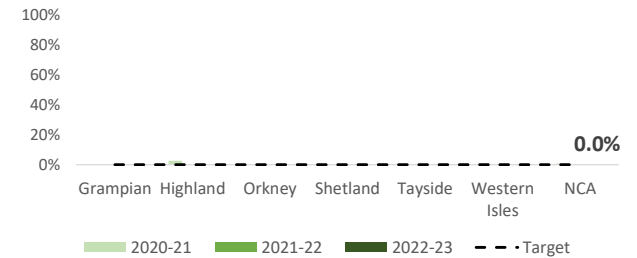
Denominator All patients with colorectal cancer who undergo radiotherapy with curative intent.

Target

<1%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	0.0%	-	31	0.0%	0.0%
	Highland	0.0%	-	30	0.0%	2.6%
	Orkney	-	-	-	0.0%	0.0%
	Shetland	-	-	-	0.0%	-
	Tayside	0.0%	-	14	0.0%	0.0%
	Western Isles	-	-	-	0.0%	-
	NCA	0.0%	-	81	0.0%	0.8%

NCA boards



Comments:

Exclusions No exclusions



QPI 12(ii): 90 Day Mortality Following Radical Radiotherapy - Radiotherapy

QPI 12(ii)

Mortality after chemotherapy or radiotherapy with curative intent for colorectal cancer

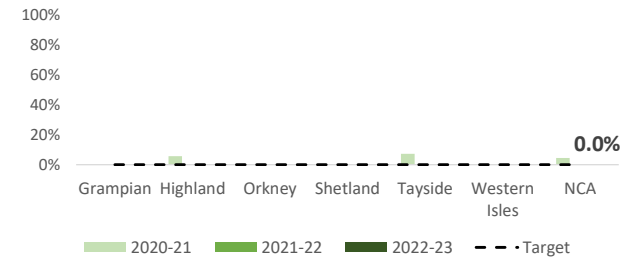
Description Proportion of patients with colorectal cancer who die within 90 days of radiotherapy treatment with curative intent

Numerator Number of patients with colorectal cancer who undergo radiotherapy with curative intent who die within 90 days of treatment.

Denominator All patients with colorectal cancer who undergo radiotherapy with curative intent.

Target	<1%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	0.0%	-	31	0.0%	0.0%
	Highland	0.0%	-	30	0.0%	5.7%
	Orkney	-	-	-	0.0%	0.0%
	Shetland	-	-	-	0.0%	-
	Tayside	0.0%	-	14	0.0%	7.3%
	Western Isles	-	-	-	0.0%	-
	NCA	0.0%	-	80	0.0%	4.5%

NCA boards



Comments:

Exclusions No exclusions



QPI 15(i): Colorectal Liver Metastases - Synchronous

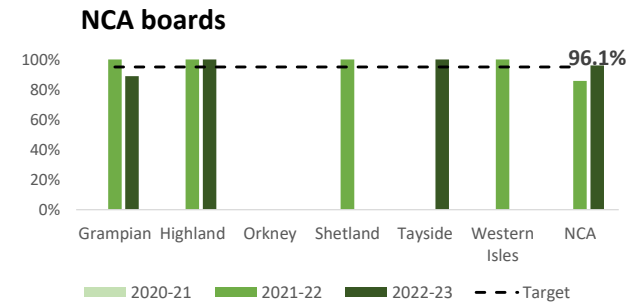
QPI 15(i) Colorectal Liver Metastases

Description Proportion of patients with a new diagnosis of colorectal liver metastases who are referred to a HPB MDT to discuss their management. Patients with a new diagnosis of Synchronous colorectal liver metastases who are referred to HPB MDT.

Numerator Number of patients with a new diagnosis of synchronous colorectal liver metastases who are referred to a HPB MDT.

Denominator All patients with a new diagnosis of synchronous colorectal liver metastases.

Target		95%					
		2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	88.9%	16	18	100.0%	-	
	Highland	100.0%	13	13	100.0%	-	
	Orkney	-	0	0	-	-	
	Shetland	-	0	0	100.0%	-	
	Tayside	100.0%	20	20	0.0%	-	
	Western Isles	-	0	0	100.0%	-	
	NCA	96.1%	49	51	85.7%	-	



Comments:

Exclusions 1. Patients in whom the primary colorectal cancer is unresectable 2. Patients with extrahepatic disease 3. Patients who are clinically unfit for surgery 4. patients who decline consideration of surgery.



QPI 15(ii): Colorectal Liver Metastases - Metachronous

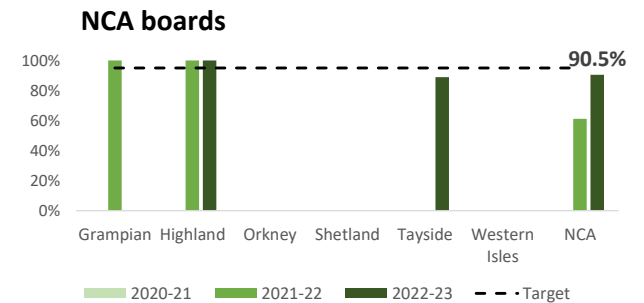
QPI 15(ii) Colorectal Liver Metastases

Description Proportion of patients with a new diagnosis of colorectal liver metastases who are referred to a HPB MDT to discuss their management. Patients who are registered at a Colorectal Cancer MDT with a new diagnosis of metachronous colorectal liver metastases who are referred to a HPB MDT.

Numerator Number of patients registered at a Colorectal Cancer MDT with a new diagnosis of metachronous colorectal liver metastases who are referred to a HPB MDT

Denominator All patients registered at a Colorectal Cancer MDT with a new diagnosis of metachronous colorectal liver metastases

Target	95%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23						
Grampian	-	-	-	100.0%	-	
Highland	100.0%	8	8	100.0%	-	
Orkney	-	0	0	-	-	
Shetland	-	-	-	-	-	
Tayside	88.9%	8	9	0.0%	-	
Western Isles	-	0	0	-	-	
NCA	90.5%	19	21	61.1%	-	



Comments: Overall the NCA boards narrowly missed this QPI target. In somecases it was patient choice due to impact on quality of life and therefore progressed with alternative treatment.

Exclusions 1. Patients in whom the primary colorectal cancer is unresectable 2. Patients with extrahepatic disease 3. Patients who are clinically unfit for surgery 4. patients who decline consideration of surgery.



QPI 16(i): Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status - Assessed

QPI 16(i)

Assessment of Mismatch Repair (MMR)/Microsatellite instability (MSI) Status

Description Proportion of patients with colorectal cancer who have MMR/MSI status assessed, and where results are suggestive of Lynch Syndrome are referred to genetics. Patients with colorectal cancer who have MMR/MSI status assessed.

Numerator Number of patients with colorectal cancer who have MMR/MSI status assessed

Denominator All patients with colorectal cancer

Target

95%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	94.3%	332	352	93.9%	-
	Highland	80.8%	160	198	84.7%	-
	Orkney	87.5%	7	8	45.5%	-
	Shetland	100.0%	14	14	92.9%	-
	Tayside	88.1%	273	310	82.2%	-
	Western Isles	77.8%	14	18	54.8%	-
	NCA	88.9%	800	900	86.1%	-

NCA boards



Comments: This target was missed due to multi-factoral reasons inclusive of patient fitness and comorbidities therefore alternative pathways were followed such as non-operative or best supportive care pathways or patient declined assessment.

Exclusions No exclusions



QPI 16(ii): Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status - Referred to Genetics

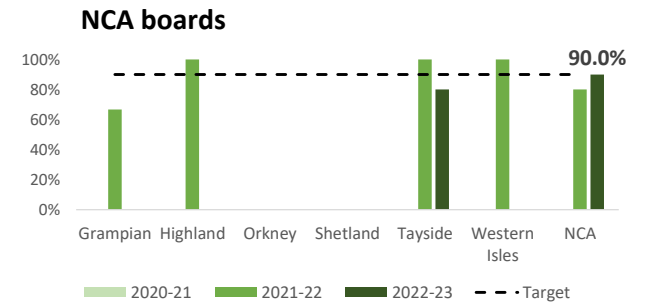
QPI 16(ii) Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status

Description Proportion of patients with colorectal cancer who have MMR/MSI status assessed, and where results are suggestive of Lynch Syndrome are referred to genetics. Patients with results suggestive of Lynch Syndrome who are referred to genetics.

Numerator Number of patients with colorectal cancer who have MMR/MSI status assessed and where results are suggestive of Lynch Syndrome are referred to genetics.

Denominator All patients with colorectal cancer who have MMR/MSI status assessed where results are suggestive of Lynch Syndrome

	Target	2022-23			2021-22	2020-21
		Numerator	Denominator	2022-23		
2022-23	90%					
Grampian		-	-	-	66.7%	-
Highland		-	-	-	100.0%	-
Orkney		-	0	0	-	-
Shetland		-	0	0	-	-
Tayside		80.0%	-	5	100.0%	-
Western Isles		-	0	0	100.0%	-
NCA	90.0%	9	10	80.0%	-	



Comments:

Exclusions No exclusions