



NCA Melanoma QPI report

Patients diagnosed from 1st July 2022 to 30th June 2023

Extracted from eCASE on 06/12/2023

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 Scotland². Data presented by Board of diagnosis.

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.

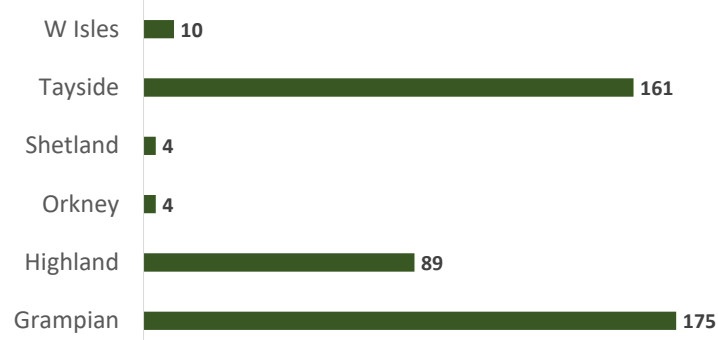
QPIs v4.0 - published January 2022
Measurability v4.1



NCA Melanoma QPI Overview

Patient overview 2022-23

Number of Patients in the NCA **443**



QPI Performance overview

		Melanoma		
		vs Target	2022-23	vs Target
Board of diagnosis	QPI 1(i): Diagnostic Biopsy - Excision biopsy	vs 90%	94.6%	●
Board of diagnosis	QPI 1(ii): Diagnostic Biopsy - Partial biopsy	vs 90%	87.7%	●
Board of diagnosis	QPI 2: Pathology Reporting	vs 90%	97.3%	●
Board of diagnosis	QPI 3(i): Multi-Disciplinary Team Meeting (MDT) - Patients with stage IA cutaneous melanoma	vs 95%	97.8%	●
Board of diagnosis	QPI 3(ii): Multi-Disciplinary Team Meeting (MDT) - Patients with stage IB and above cutaneous melanoma	vs 95%	94.0%	●
Board of diagnosis	QPI 4: Clinical Examination of Draining Lymph Node Basins	vs 95%	93.9%	●
Board of diagnosis	QPI 5: Sentinel Node Biopsy Pathology	vs 90%	100.0%	●
Board of diagnosis	QPI 6: Wide Local Excisions	vs 95%	96.0%	●
Board of diagnosis	QPI 7(i): Time to Wide Local Excision - Diagnostic biopsy reported within 21 days	vs 90%	75.0%	●
Board of diagnosis	QPI 7(ii): Time to Wide Local Excision - Wide local excision undertaken within 63 days of diagnostic biopsy reporting.	vs 90%	66.8%	●
Board of diagnosis	QPI 8: BRAF Status - Patients with stage III or IV cutaneous melanoma should have their BRAF status checked.	vs 90%	97.9%	●
Board of diagnosis	QPI 9: Imaging for Patients with Advanced Melanoma	vs 95%	56.6%	●
Board of diagnosis	QPI 10(i): Systemic Therapy - Patients with unresectable stage III or IV cutaneous melanoma who undergo SACT	vs 60%	40.0%	●
Board of diagnosis	QPI 10(ii): Systemic Therapy - Patients with resected stage III or IV cutaneous melanoma who undergo adjuvant SACT	vs 60%	63.6%	●
Board of diagnosis	QPI 14: Sentinel Lymph Node Biopsy	vs 45%	47.4%	●



QPI 1(i): Diagnostic Biopsy - Excision biopsy

QPI 1(i)

Patients with cutaneous melanoma should have their initial diagnostic biopsy carried out by a skin cancer clinician.

Description Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician. Diagnostic excision biopsy as their initial procedure.

Numerator Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure who had this carried out by a skin cancer clinician.

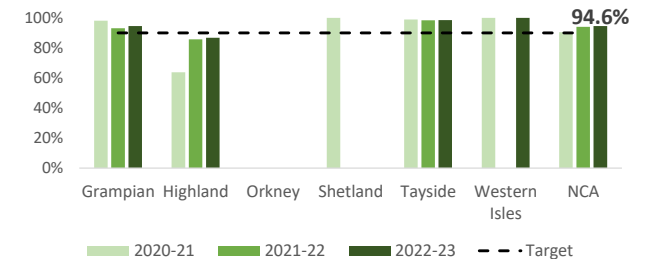
Denominator All patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure.

Target

90%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	94.5%	138	146	93.2%	98.1%
	Highland	86.8%	59	68	85.7%	63.8%
	Orkney	-	-	-	-	0.0%
	Shetland	-	-	-	-	100.0%
	Tayside	98.6%	136	138	98.4%	98.9%
	Western Isles	100.0%	9	9	-	100.0%
	NCA	94.6%	349	369	94.1%	90.4%

NCA boards



Comments: The NCA narrowly miss this QPI, significant steady improvement has been made over the last few reporting years this continued upward trend can be seen within NHS Highland.

Exclusions No exclusions



QPI 1(ii): Diagnostic Biopsy - Partial biopsy

QPI 1(ii)

Surgical pathology reports for patients with cutaneous melanoma should contain full pathology information to inform treatment decision making.

Description Proportion of patients with cutaneous melanoma who undergo diagnostic partial biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).

Numerator Number of patients with cutaneous melanoma undergoing diagnostic partial biopsy as their initial procedure who had this carried out by a skin cancer clinician.

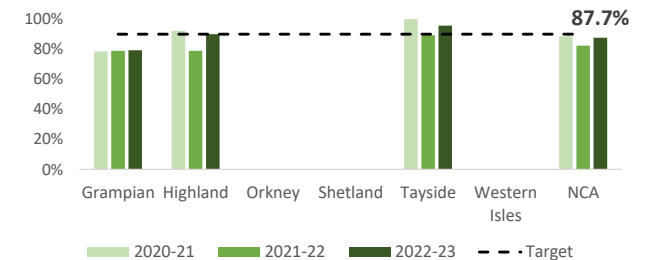
Denominator All patients with cutaneous melanoma undergoing diagnostic partial biopsy as their initial procedure.

Target

90%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	79.3%	23	29	78.9%	78.6%
	Highland	90.0%	18	20	78.9%	92.3%
	Orkney	-	0	0	-	-
	Shetland	-	0	0	-	-
	Tayside	95.7%	22	23	89.3%	100.0%
	Western Isles	-	-	-	-	-
	NCA	87.7%	64	73	82.4%	88.6%

NCA boards



Comments: The NCA narrowly missed meeting this QPI. Skin Cancer awareness sessions to be undertaken across the NCA to support appropriate referrals to skin cancer clinicians, particularly within Primary Care. This QPI will continue to be monitored within future years reporting.

Exclusions No exclusions



QPI 2: Pathology Reporting

QPI 2

Surgical pathology reports for patients with cutaneous melanoma should contain full pathology information to inform treatment decision making.

Description Proportion of patients with cutaneous melanoma who undergo diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).

Numerator Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).

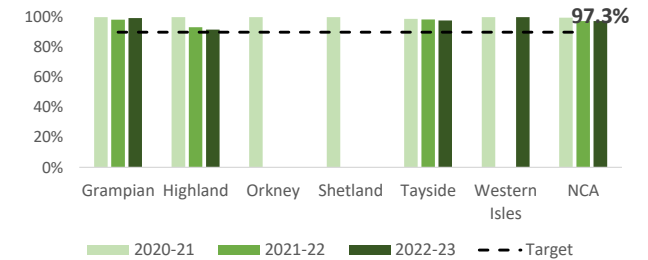
Denominator All patients with cutaneous melanoma undergoing diagnostic excision biopsy.

Target

90%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	99.3%	146	147	98.3%	100.0%
	Highland	91.7%	66	72	93.3%	100.0%
	Orkney	-	-	-	-	100.0%
	Shetland	-	-	-	-	100.0%
	Tayside	97.9%	137	140	98.4%	98.9%
	Western Isles	100.0%	9	9	-	100.0%
	NCA	97.3%	365	375	97.4%	99.6%

NCA boards



Comments:

Exclusions No exclusions



QPI 3(i): Multi-Disciplinary Team Meeting (MDT) - Patients with stage IA cutaneous melanoma

QPI 3(i)

Patients with cutaneous melanoma should be discussed by a multidisciplinary team

Description Proportion of patients with cutaneous melanoma who are discussed at a MDT meeting. Please note: The specifications of this QPI are separated to ensure clear measurement of both:

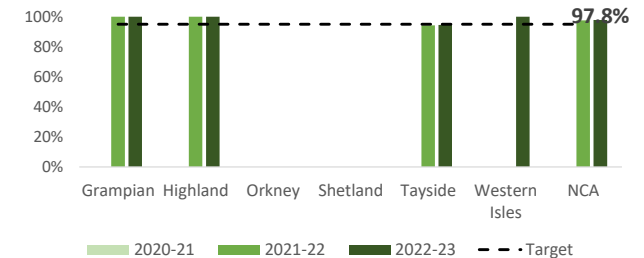
- (i) Patients with stage IA cutaneous melanoma who are discussed at a MDT meeting; and
- (ii) Patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.

Numerator Number of patients with stage IA cutaneous melanoma discussed at the MDT meeting.

Denominator All patients with IA cutaneous melanoma.

Target	95%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	100.0%	74	74	100.0%	-
	Highland	100.0%	32	32	100.0%	-
	Orkney	-	0	0	-	-
	Shetland	-	-	-	-	-
	Tayside	94.5%	69	73	94.2%	-
	Western Isles	100.0%	5	5	-	-
	NCA	97.8%	182	186	97.5%	-

NCA boards



Comments:

Exclusions No exclusions



QPI 3(ii): Multi-Disciplinary Team Meeting (MDT) - Patients with stage IB and above cutaneous mela

QPI 3(ii)

Patients with cutaneous melanoma should be discussed by a multidisciplinary team

Description Proportion of patients with cutaneous melanoma who are discussed at a MDT meeting. Please note: The specifications of this QPI are separated to ensure clear measurement of both:

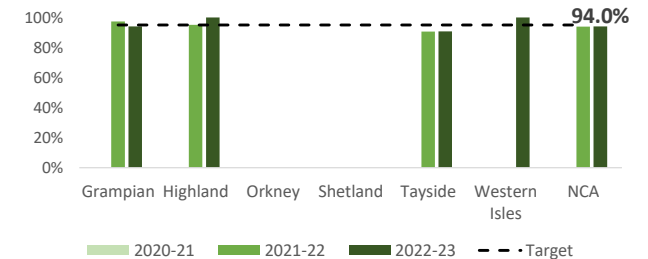
- (i) Patients with stage IA cutaneous melanoma who are discussed at a MDT meeting; and
- (ii) Patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.

Numerator Number of patients with stage IB and above cutaneous melanoma who are discussed at the MDT meeting before definitive treatment (wide local excision, chemotherapy/SACT, supportive care and radiotherapy).

Denominator All patients with stage IB and above cutaneous melanoma.

Target	95%					
	2022-23		Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	94.1%	95	101	97.3%	-
	Highland	100.0%	53	53	95.1%	-
	Orkney	-	-	-	-	-
	Shetland	-	-	-	-	-
	Tayside	90.7%	78	86	90.7%	-
	Western Isles	100.0%	5	5	-	-
	NCA	94.0%	235	250	93.9%	-

NCA boards



Comments: The NCA as a whole narrowly missed this QPI as a small number of patients were not discussed at MDT due to patient fitness for treatment, co-morbidities or that initial excision was adequate and therefore WLE was not required.

Exclusions Patients who died before first treatment.



QPI 4: Clinical Examination of Draining Lymph Node Basins

QPI 4

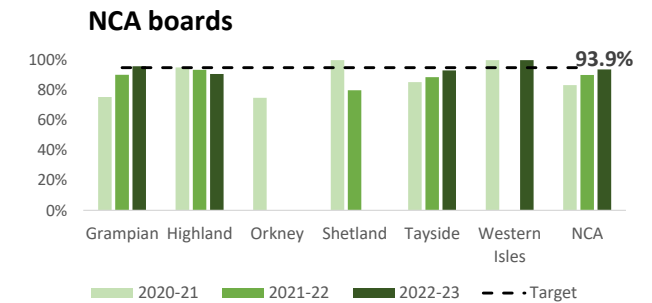
Patients with cutaneous melanom should undergo clinical examination of relevant draining lymph node basins as part of clinical staging.

Description Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.

Numerator Number of patients with cutaneous melanoma who undergo clinical examination of relevant draining lymph node basins as part of clinical staging.

Denominator All patients with cutaneous melanoma.

Target	95%				
	2022-23	Numerator	Denominator	2021-22	2020-21
2022-23					
Grampian	96.0%	168	175	90.3%	75.4%
Highland	90.8%	79	87	93.6%	95.2%
Orkney	-	-	-	-	75.0%
Shetland	-	-	-	80.0%	100.0%
Tayside	93.2%	150	161	88.7%	85.4%
Western Isles	100.0%	10	10	-	100.0%
NCA	93.9%	414	441	90.1%	83.4%



Comments: Overall the NCA narrowly missed meeting this QPI, however improvement should be acknowledged that data recording of lymph node examination has improved across the North Cancer Alliance as a whole in the last three years of reporting.

Exclusions No exclusions



QPI 5: Sentinel Node Biopsy Pathology

QPI 5

Sentinel node biopsy (SNB) reports for patients with cutaneous melanoma should contain full pathology information to inform treatment decision making.

Description Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).

Numerator Number of patients with cutaneous melanoma undergoing SNB, where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).

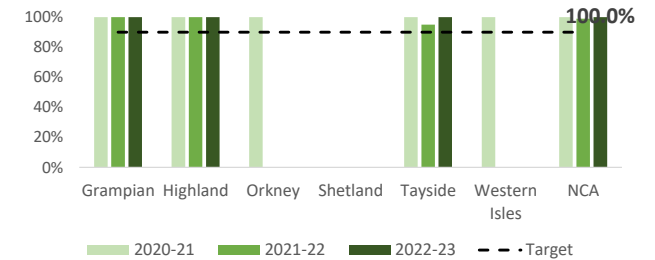
Denominator All patients with cutaneous melanoma undergoing SNB.

Target

90%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	100.0%	49	49	100.0%	100.0%
	Highland	100.0%	25	25	100.0%	100.0%
	Orkney	-	-	-	-	100.0%
	Shetland	-	-	-	-	-
	Tayside	100.0%	33	33	95.0%	100.0%
	Western Isles	-	-	-	-	100.0%
	NCA	100.0%	111	111	98.9%	100.0%

NCA boards



Comments:

Exclusions No exclusions



QPI 6: Wide Local Excisions

QPI 6

Patients with cutaneous melanoma should undergo a wide local excision of the initial excision biopsy site to reduce the risk of local recurrence.

Description Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.

Numerator Number of patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who undergo a wide local excision.

Denominator All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy.

Target

95%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	96.9%	157	162	97.6%	96.7%
	Highland	95.1%	78	82	97.2%	93.3%
	Orkney	-	-	-	-	75.0%
	Shetland	-	-	-	80.0%	100.0%
	Tayside	95.1%	135	142	93.0%	92.7%
	Western Isles	100.0%	9	9	-	100.0%
	NCA	96.0%	385	401	95.4%	94.4%

NCA boards



Comments:

Exclusions

Patients who require no wide local excision as agreed by MDT



QPI 7(i): Time to Wide Local Excision - Diagnostic biopsy reported within 21 days

QPI 7(i)

Patients with cutaneous melanoma should have their wide local excision in a timely manner

Description Proportion of patients with cutaneous melanoma where reporting of diagnostic biopsy and wide local excision is within 84 days.

This QPI measures two distinct elements of the pathway:

- (i) Diagnostic biopsy reported within 21 days; and
- (ii) Wide local excision undertaken within 63 days of diagnostic biopsy reporting.

Numerator Number of patients with cutaneous melanoma undergoing diagnostic biopsy where this is reported within 21 days

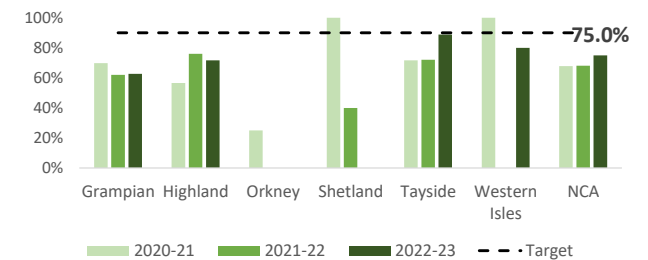
Denominator All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy.

Target

90%

		2022-23		2021-22	2020-21	
		Numerator	Denominator			
2022-23	Grampian	62.6%	109	174	62.0%	69.8%
	Highland	71.6%	63	88	76.0%	56.5%
	Orkney	-	-	-	-	25.0%
	Shetland	-	-	-	40.0%	100.0%
	Tayside	88.8%	143	161	72.0%	71.6%
	Western Isles	80.0%	8	10	-	100.0%
	NCA	75.0%	330	440	68.0%	67.9%

NCA boards



Comments: Pathology reporting within 21 days remains a challenge within the North of Scotland however, overall steady improvement has been made within this QPI for the NCA as a whole. The NCA continue to experience capacity challenges within pathology services and reporting is further impacted by documentation of melanoma within pathology request form.

Exclusions No exclusions



QPI 7(ii): Time to Wide Local Excision - Wide local excision undertaken within 63 days of diagnostic |

QPI 7(ii)

Patients with cutaneous melanoma should have their wide local excision in a timely manner

Description Proportion of patients with cutaneous melanoma where reporting of diagnostic biopsy and wide local excision is within 84 days.

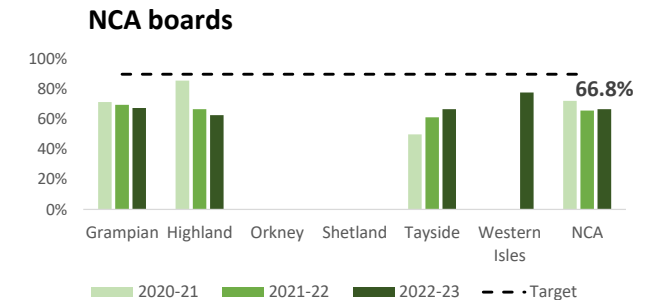
This QPI measures two distinct elements of the pathway:

- (i) Diagnostic biopsy reported within 21 days; and
- (ii) Wide local excision undertaken within 63 days of diagnostic biopsy reporting.

Numerator Number of patients with cutaneous melanoma undergoing diagnostic biopsy where wide local excision is undertaken within 63 days of diagnostic biopsy reporting.

Denominator All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who proceed to wide local excision.

Target	90%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	67.5%	106	157	69.7%	71.4%
	Highland	62.8%	49	78	66.7%	85.7%
	Orkney	-	-	-	-	-
	Shetland	-	-	-	-	-
	Tayside	66.7%	90	135	61.4%	50.0%
	Western Isles	77.8%	7	9	-	-
	NCA	66.8%	257	385	65.9%	72.2%



Comments: There are multi-factorial reasons as to the NCA not meeting this QPI, theatre capacity remains a challenge across the NCA Health Boards along with staffing constraints. This QPI has been significantly affected by theatre access in particular for SLNB patient population who require a general anaesthetic and therefore require access to appropriate theatre space. It should be noted that there is an increase in patients presenting with Melanoma with an increase on average of 20% throughout the region.

Exclusions No exclusions



QPI 8: BRAF Status - Patients with stage III or IV cutaneous melanoma should have their BRAF status:

QPI 8

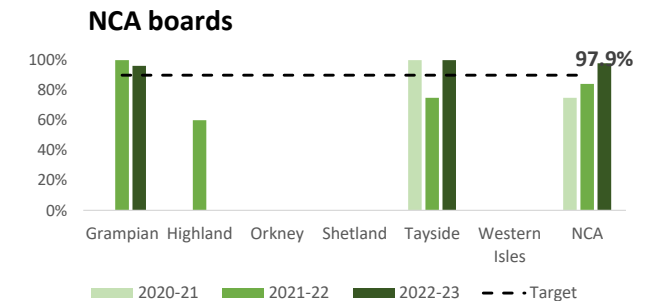
Patients with stage III or IV cutaneous melanoma should have their BRAF status checked.

Description Proportion of patients with stage III or IV cutaneous melanoma who have their BRAF status checked.

Numerator Number of patients with stage III or IV cutaneous melanoma who have their BRAF status checked.

Denominator All patients with stage III or IV cutaneous melanoma.

Target		90%			
	2022-23	Numerator	Denominator	2021-22	2020-21
Grampian	96.2%	25	26	100.0%	-
Highland	-	-	-	60.0%	0.0%
Orkney	-	0	0	-	-
Shetland	-	0	0	-	-
Tayside	100.0%	20	20	75.0%	100.0%
Western Isles	-	0	0	-	-
NCA	97.9%	47	48	84.2%	75.0%



Comments:

Exclusions No exclusions



QPI 9: Imaging for Patients with Advanced Melanoma

QPI 9

Patients with stage IIC and above cutaneous melanoma should be evaluated with appropriate imaging to guide treatment decision making.

Description Proportion of patients with pathologically confirmed stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of pathology report being issued.

Numerator Number of patients with pathologically confirmed stage IIC and above cutaneous melanoma who undergo CT or PET CT within 35 days of pathology report being issued.

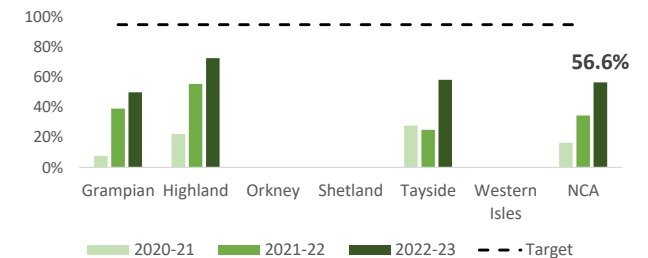
Denominator All patients with pathologically confirmed stage IIC and above cutaneous melanoma.

Target

95%

		2022-23	Numerator	Denominator	2021-22	2020-21
2022-23	Grampian	50.0%	20	40	39.1%	7.7%
	Highland	72.7%	8	11	55.6%	22.2%
	Orkney	-	0	0	-	0.0%
	Shetland	-	0	0	-	-
	Tayside	58.3%	14	24	25.0%	27.8%
	Western Isles	-	-	-	-	-
	NCA	56.6%	43	76	34.5%	16.4%

NCA boards



Comments: The NCA failed to meet the target of 95%, however it should be noted that significant continued improvement has been made throughout all NCA Health Boards over the last three reporting years. Discussions are underway locally to explore streamlining of reporting. A proportion of patients were deemed not fit for CT or PET CT due to frailty and/or existing comorbidities.

Exclusions No exclusions



QPI 10(i): Systemic Therapy - Patients with unresectable stage III or IV cutaneous melanoma who ur

QPI 10(i)

Patients with stage III or IV cutaneous melanoma should receive Systemic Anti-Cancer Therapy (SACT).

Description Proportion of patients with stage III or IV cutaneous melanoma undergoing SACT.

The specifications of this QPI are separated to ensure clear measurement of both:

(i) Patients with unresectable stage III or IV cutaneous melanoma who undergo SACT; and

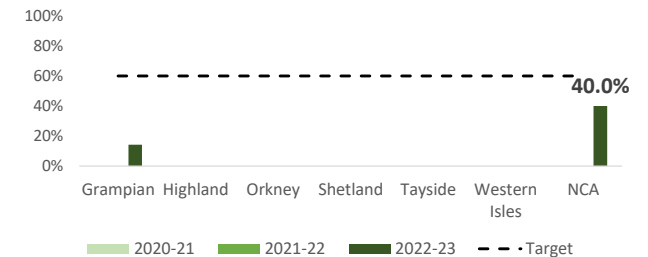
(ii) Patients with resected stage III or IV cutaneous melanoma who undergo adjuvant SACT.

Numerator Number of patients with unresectable stage III and IV cutaneous melanoma who undergo SACT.

Denominator All patients with unresectable stage III and IV cutaneous melanoma.

Target	60%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	14.3%	1	7	-	-
	Highland	-	-	-	-	-
	Orkney	-	0	0	-	-
	Shetland	-	0	0	-	-
	Tayside	-	-	-	-	-
	Western Isles	-	0	0	-	-
	NCA	40.0%	-	10	-	-

NCA boards



Comments: The NCA miss this QPI target as patients who did not meet this QPI were deemed unfit for systemic therapy. This QPI will continue to be monitored in future years as the role of adjuvant therapies continues to evolve in Melanoma management. It should be noted that this QPI does not pick up the majority of patients who undergo SACT Treatment as this QPI monitors patients diagnosed with a new melanoma and then stage III/IV disease in the same year, therefore excluding a wide patient cohort.

Exclusions Patients who died before first treatment.



QPI 10(ii): Systemic Therapy - Patients with resected stage III or IV cutaneous melanoma who under

QPI 10(ii)

Patients with stage III or IV cutaneous melanoma should receive Systemic Anti-Cancer Therapy (SACT).

Description Proportion of patients with stage III or IV cutaneous melanoma undergoing SACT.

The specifications of this QPI are separated to ensure clear measurement of both:

(i) Patients with unresectable stage III or IV cutaneous melanoma who undergo SACT; and

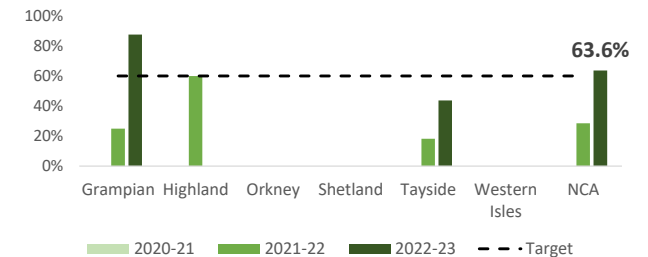
(ii) Patients with resected stage III or IV cutaneous melanoma who undergo adjuvant SACT.

Numerator Number of patients with resected stage III and IV cutaneous melanoma who undergo adjuvant SACT.

Denominator All patients with resected stage III and IV cutaneous melanoma.

Target	60%						
	2022-23	Numerator	Denominator	2021-22	2020-21		
2022-23							
Grampian	87.5%	14	16	25.0%	-		
Highland	-	-	-	60.0%	-		
Orkney	-	0	0	-	-		
Shetland	-	0	0	0.0%	-		
Tayside	43.8%	7	16	18.2%	-		
Western Isles	-	0	0	-	-		
NCA	63.6%	21	33	28.6%	-		

NCA boards



Comments:

Exclusions

Patients who died before SACT treatment.



QPI 14: Sentinel Lymph Node Biopsy

QPI 14

Patients with cutaneous melanoma should undergo a sentinel lymph node biopsy (SLNB) where eligible.

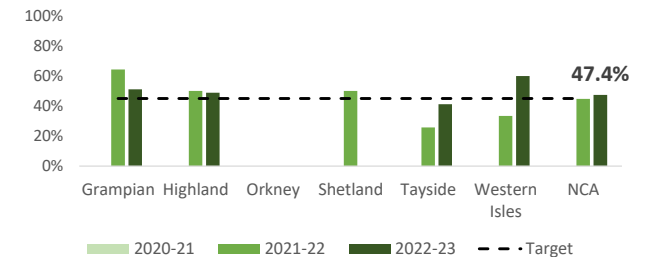
Description Proportion of patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma that undergo SLNB.

Numerator Number of patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma who undergo SLNB.

Denominator All patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma.

Target	45%					
	2022-23	Numerator	Denominator	2021-22	2020-21	
2022-23	Grampian	51.1%	48	94	64.3%	-
	Highland	48.8%	21	43	50.0%	-
	Orkney	-	-	-	-	-
	Shetland	-	0	0	50.0%	-
	Tayside	41.2%	28	68	25.8%	-
	Western Isles	60.0%	-	-	33.3%	-
	NCA	47.4%	101	213	44.8%	-

NCA boards



Comments:

Exclusions

No exclusions