Sarcoma - Clinical Audit Report

01 April 2024 – 31 March 2025

Contents

Introduction

This report presents an assessment of the performance of sarcoma services using clinical audit data relating to patients diagnosed with sarcoma across Scotland from 01 April 2024 to 31 March 2025.

These results are measured against version 4 of the Sarcoma Quality Performance Indicators (QPIs), which were updated in February 2022[1].

In December 2025, the NSCC initiated a review of the National Network QPI reporting process. This review aimed to standardise and simplify the report content, focusing on identifying areas of concern or where QPIs are unable to be met.

This work aligns with the wider National Cancer Quality Improvement Board (NCQIB) review of the National QPI processes, and will continue to evolve and standardise over the coming years.

Methodology

Detail on the audit and analysis methodology and data quality is available in the meta data within Appendix 1.

Results

A summary of the Sarcoma QPIs 2024/25 clinical audit data is presented in the table below, with more detailed analysis presented for each QPI thereafter.

Where a QPI has not been met either nationally or regionally, a table has been included which outlines any relevant commentary from Boards/Regions and any actions the Boards/Regions have identified for themselves.

Information is also included where actions have been identified for the national network and any additional comments regarding the results.

Next steps

The national networks will build any actions identified below into their workplans, as well as consider how best to present QPIs in future, particularly where small patient numbers can be challenging to both present and interpret.

NSCC and the national networks will continue to work closely with the NCQIB to agree standardised reporting outputs and pathways for escalation where required.

Performance Summary

QPI	QPI target	Year	NCA	SCAN	WoSCAN	Scotland
QPI 1 - Histological Diagnosis Proportion of patients with extremity sarcoma who have a histological diagnosis before undergoing a planned surgical resection.	90%	2024/25	100.0%	95.5%	100.0%	98.3%
		2023/24	58%	94%	96%	87%
		2022/23	91%	95%	92%	93%
QPI 2 - Multi-Disciplinary Team (MDT) Meeting Proportion of patients with extremity sarcoma who are discussed at a MDT meeting before definitive treatment.	95%	2024/25	90.0%	100.0%	97.1%	97.1%
		2023/24	87%	100%	94%	94%
		2022/23	100%	100%	93%	96%
QPI 3(i) - Clinical Staging Proportion of patients whose extremity soft tissue sarcoma is staged by CT scan of the chest, abdomen and pelvis prior to definitive treatment.	95%	2024/25	100.0%	76.5%	100.0%	93.2%
		2023/24	58%	92%	93%	85%
		2022/23	89%	73%	83%	82%
QPI 3(ii) - Clinical Staging Proportion of patients whose extremity soft tissue sarcoma is clinically staged using the TNM staging system.	95%	2024/25	50.0%	94.1%	87.5%	83.1%
		2023/24	100%	100%	80%	88%
		2022/23	89%	67%	97%	88%
QPI 4 - Surgical Margins Proportion of patients with extremity sarcoma, who undergo surgical resection where R0* resection is achieved.	85%	2024/25	100.0%	81.8%	96.7%	91.9%
		2023/24	85%	88%	92%	89%
		2022/23	82%	85%	92%	88%
QPI 5(i) - Molecular Staging of GIST Proportion of patients with GISTs who have mutational analysis within 2 months of diagnosis.	90%	2024/25	85.7%	100.0%	80.0%	87.0%
		2023/24	67%	86%	56%	68%
		2022/23	-	-	-	76%

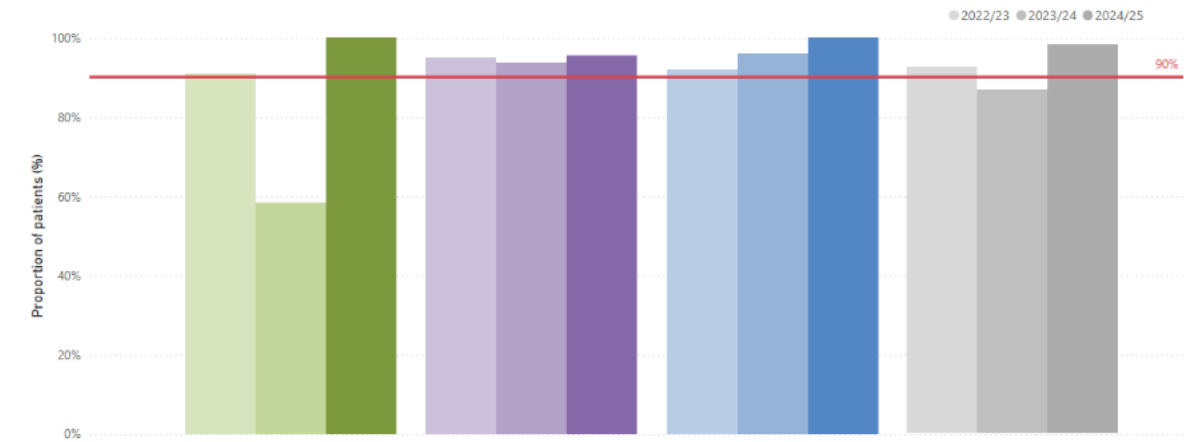
QPI	QPI target	Year	NCA	SCAN	WoSCAN	Scotland
QPI 5(ii) - Molecular Staging of GIST Proportion of patients with GISTs who have mutational analysis within 2 months of diagnosis.	80%	2024/25	-	-	-	80.0%
		2023/24	-	-	-	93%
		2022/23	-	-	-	88%
QPI 7: Primary Flap Reconstruction Proportion of patients with extremity sarcoma who undergo successful primary flap reconstruction following surgical resection.	85%	2024/25	-	-	-	100.0%
		2023/24	-	-	-	100%
		2022/23	-	-	-	97%
QPI 8: Post Operative Radiotherapy Proportion of patients with an extremity sarcoma who receive post operative radiotherapy within 3 months of surgery.	90%	2024/25	-	-	-	78.6%
		2023/24	-	-	-	86%
		2022/23	-	-	-	64%
QPI 9(i): Multi-Agent Chemotherapy for Osteosarcoma or Ewings Sarcoma Proportion of patients with high grade Osteosarcoma or Ewing's sarcoma who receive multi-agent neoadjuvant chemotherapy.	90%	2024/25	-	-	-	100.0%
		2023/24	-	-	-	67%
		2022/23	-	-	-	83%
QPI 9(ii): Multi-Agent Chemotherapy for Osteosarcoma or Ewings Sarcoma Proportion of patients with high grade Osteosarcoma or Ewing's sarcoma who receive multi-agent neoadjuvant chemotherapy.	90%	2024/25	-	-	-	100.0%
		2023/24	-	-	-	50%
		2022/23	-	-	-	0%
QPI 10(i): Post-Operative Oncological Treatment for GIST Proportion of patients with high risk GIST who commence post operative imatinib.	90%	2024/25	87.5%	80.0%	55.6%	72.7%
		2023/24	-	-	-	58%
		2022/23	-	57%	83%	69%
QPI 10(ii): Post-Operative Oncological Treatment for GIST Proportion of patients with high risk GIST who commence post operative imatinib within 2 months of surgery.	90%	2024/25	-	-	-	31.3%
		2023/24	-	-	-	29%
		2022/23	-	-	-	56%
QPI 11(i)a - 30 Day Mortality - Surgery Proportion of patients with sarcoma who die within 30 days of surgical resection for sarcoma.	< 10%	2024/25	0.0%	0.0%	0.6%	0.5%
		2023/24	0%	0%	1%	1%
		2022/23	0%	0%	0%	0%

QPI	QPI target	Year	NCA	SCAN	WoSCAN	Scotland
QPI 11(i)b - 30 Day Mortality - Radical Radiotherapy Proportion of patients with sarcoma who die within 30 days of radical radiotherapy with curative intent.	< 10%	2024/25	-	-	-	0.0%
		2023/24	-	-	-	0%
		2022/23	-	-	-	0%
QPI 11(i)d - 30 Day Mortality - Neo-Adjuvant Radiotherapy Proportion of patients with sarcoma who die within 30 days of neo-adjuvant radiotherapy with curative intent.	< 10%	2024/25	-	-	-	0.0%
		2023/24	0%	0%	0%	0%
		2022/23	-	-	-	0%
QPI 11(i)f - 30 Day Mortality - Adjuvant Radiotherapy Proportion of patients with sarcoma who die within 30 days of adjuvant radiotherapy with curative intent.	< 10%	2024/25	0.0%	0.0%	0.0%	0.0%
		2023/24	-	-	-	0%
		2022/23	0%	0%	0%	0%
QPI 11(ii)a - 30 Day Mortality - Palliative Radiotherapy Proportion of patients with sarcoma who die within 30 days of palliative radiotherapy.	< 15%	2024/25	-	-	-	0.0%
		2023/24	-	-	-	5%
		2022/23	-	-	-	33%

QPI 1: Histological Diagnosis

QPI Title:	Patients with extremity sarcoma should have a histological diagnosis before undergoing a planned surgical resection.
Description:	Proportion of patients with extremity sarcoma who have a histological diagnosis before undergoing a planned surgical resection.
Numerator:	Number of patients with extremity sarcoma who undergo a planned surgical resection who have a histological diagnosis before surgical resection takes place
Denominator:	All patients with extremity sarcoma who undergo a planned surgical resection
Exclusions:	Patients with cutaneous sarcomas
Target:	90%

Figure 1: Proportion of patients with extremity sarcoma that have a histological diagnosis before undergoing a planned surgical resection.



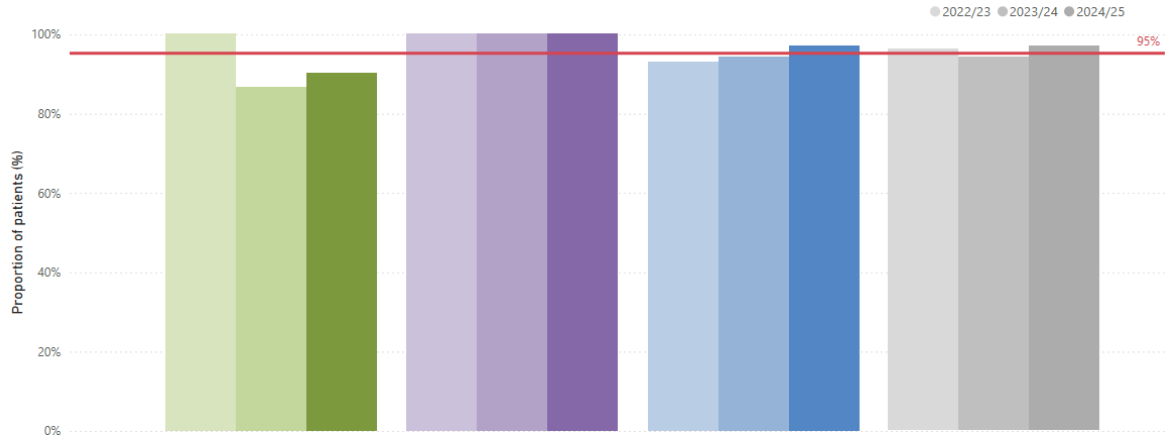
Year 11 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	10	21	28	59
Denominator	10	22	28	60
Performance (%)	100%	95%	100%	98%

The performance target of 90% was met nationally and by all regions.

QPI 2: Multidisciplinary Team Meeting

QPI Title:	Patients with extremity sarcoma should be discussed by a multidisciplinary team (MDT) prior to definitive treatment.
Description:	Proportion of patients with extremity sarcoma who are discussed at a MDT meeting before definitive treatment.
Numerator:	Number of patients with extremity sarcoma discussed at the MDT before definitive treatment
Denominator:	All patients with extremity sarcoma
Exclusions:	Patients who died before first treatment Patients with cutaneous sarcomas
Target:	95%

Figure 2: Proportion of patients with extremity sarcoma that were discussed by a multidisciplinary team (MDT) prior to definitive treatment.



Year 11 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	9	24	33	66
Denominator	10	24	34	68
Performance (%)	90%	100%	97%	97%

The performance target of 95% was met nationally with 97%. Regionally NCA were below the target achieving 90%.

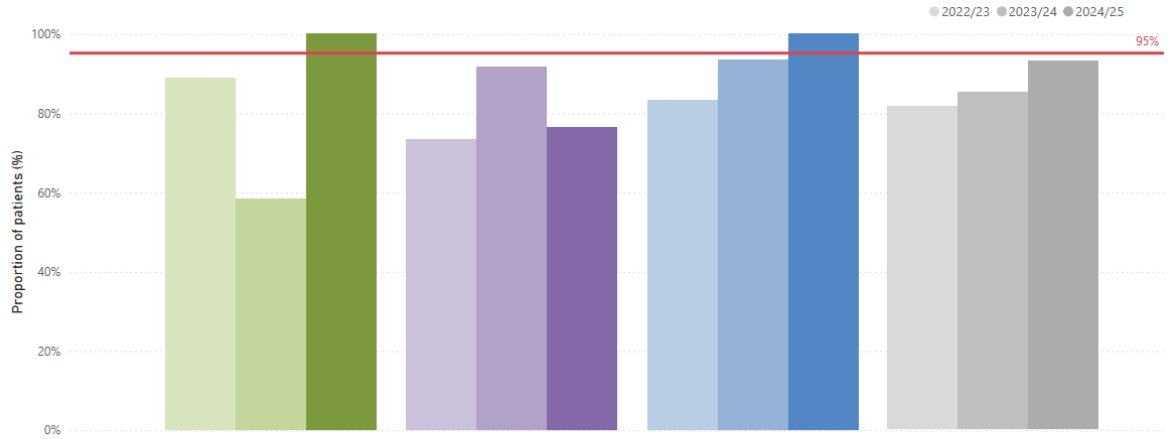
Region	Description	Network Action	Action Identified by Board	Comments
NCA	Highland -no explanation provided	No action identified	No action identified	no concerns identified, continue to monitor

QPI 3: Clinical Staging

QPI Title:	Patients with extremity soft tissue sarcoma should be staged by CT scan and the Tumour Node Metastases (TNM) staging system should be used.
Description:	Proportion of patients whose extremity soft tissue sarcoma is staged by CT scan of the chest, abdomen and pelvis prior to definitive treatment, and are clinically staged using the TNM staging system. Please note: The specifications of this QPI are separated to ensure clear measurement of both patients who: (i) Undergo staging CT scan of the chest, abdomen and pelvis where results are available prior to definitive treatment; and (ii) Are clinically staged using the TNM staging system.
Numerator:	The specifications of this QPI are separated to ensure clear measurement of both: (i) Number of patients with extremity soft tissue sarcoma who undergo staging CT scan of the chest, abdomen and pelvis where results are available prior to definitive treatment. (ii) Number of patients with extremity soft tissue sarcoma who are clinically staged using the TNM staging system.
Denominator:	All patients with extremity soft tissue sarcoma
Exclusions:	• Patients with rhabdomyosarcomas • Patients with cutaneous sarcomas • Patients with angiosarcoma
Target:	95%

(i) Number of patients with extremity soft tissue sarcoma who undergo staging CT scan of the chest, abdomen and pelvis where results are available prior to definitive treatment

Figure 3: Proportion of patients with extremity soft tissue sarcoma who undergo staging CT scan of the chest, abdomen and pelvis where the results are available prior to definitive treatment



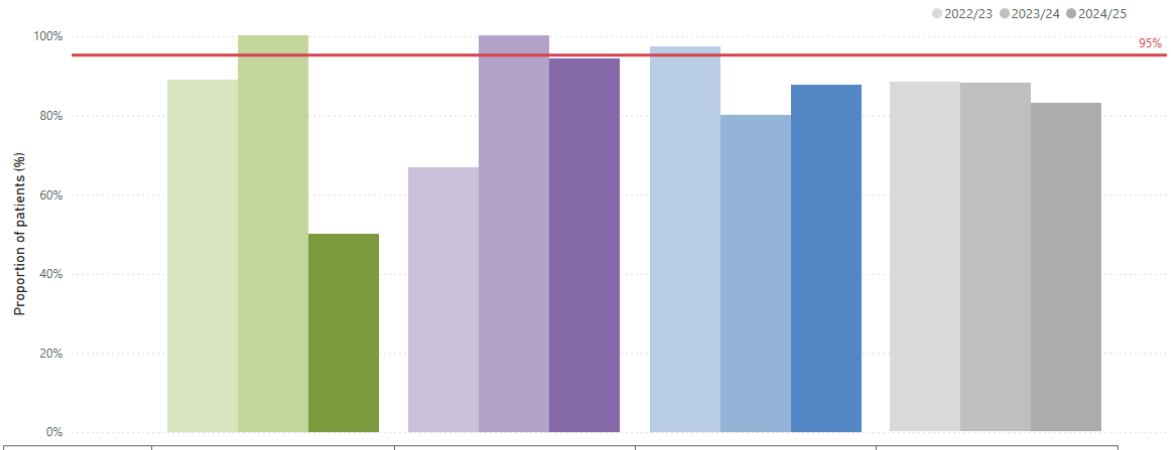
Year 11 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	10	13	32	55
Denominator	10	17	32	59
Performance (%)	100%	76%	100%	93%

The performance target of 95% was not met nationally with 93%. Regionally SCAN were below the target achieving 76.5%.

Region	Description	Action Identified by Board	Network Action	Comments
SCAN	Two limb sarcoma patients had CT chest–only staging; deemed appropriate by board review. All patients discussed at MDT.	As per current QPI requirements, radiology in SCAN now tend to protocol all requests as CT chest, abdomen and pelvis. No further action is required	No action identified	Appropriate/no concerns identified

(ii) Number of patients with extremity soft tissue sarcoma who are clinically staged using the TNM staging system.

Figure 4: Proportion of patients with extremity soft tissue sarcoma who are clinically staged using the TNM staging system



Year 11 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	5	16	28	49
Denominator	10	17	32	59
Performance (%)	50%	94%	88%	83%

The performance target of 95% was not met nationally with 83%. Regionally NCA, SCAN and WoSCAN were below the performance target achieving 50%, 94% and 88% respectively.

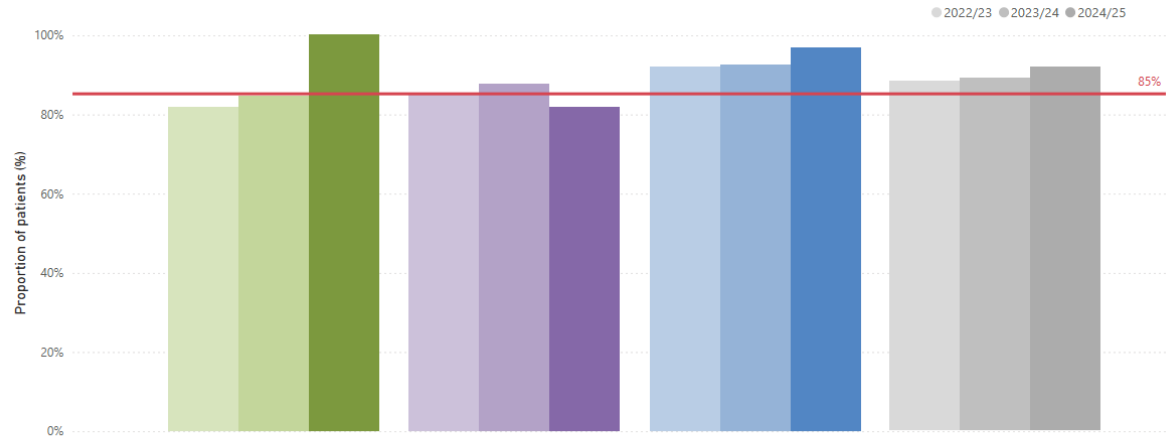
Region	Description	Action Identified by Board	Network Action	Comments
SCAN	TNM recorded after surgery due to individual circumstances (staging completed post-op)	No action required	No action identified	Appropriate/ no concerns identified
WoSCAN	TNM not documented in four WoSCAN cases; in three, CT staging not yet performed at pre-op MDT.	Due to the small sample size this QPI is often not met. Continue to make every attempt to record TNM staging at MDT.	Reinforce expectations for TNM capture at National MDT and	

Region	Description	Action Identified by Board	Network Action	Comments
NCA	Grampian MDT recording errors attributed to resource and communication issues (e.g., staging recorded as N/A). Tayside -TNM not recorded in 66% of patients.	All MDT members to ensure TNM is discussed, agreed and recorded in outcome forms; improve comms between pathology and MDT. Ask MDT at time of meeting if staging can be recorded, where appropriate	ensure form supports this.	

QPI 4: Surgical Margins

QPI Title:	Patients with extremity sarcoma undergoing surgical resection should have their tumour adequately excised
Description:	Proportion of patients with extremity sarcoma, who undergo surgical resection where R0* resection is achieved.
Numerator:	Number of patients with extremity sarcoma who undergo surgical resection where R0* resection is achieved
Denominator:	All patients with extremity sarcoma who undergo surgical resection
Exclusions:	Patients with cutaneous sarcomas
Target:	85%

Figure 5: Proportion of patients with extremity sarcoma undergoing surgical resection who have their tumour adequately excised



Year 11 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	10	18	29	57
Denominator	10	22	30	62
Performance (%)	100%	82%	97%	92%

The performance target of 85% was met nationally with 92%. Regionally SCAN were below the target achieving 82%.

Region	Description	Action Identified by Board	Network Action	Comments
SCAN	Cases with positive/close margins due to anatomy, tumour biology, patient preference or morbidity	No action identified	Discus at Sarcoma Steering Group. Consider pre-operative documentation of planned marginal excision on theatre op note to support audit interpretation.	Clinically appropriate, opportunities for improved data capture?

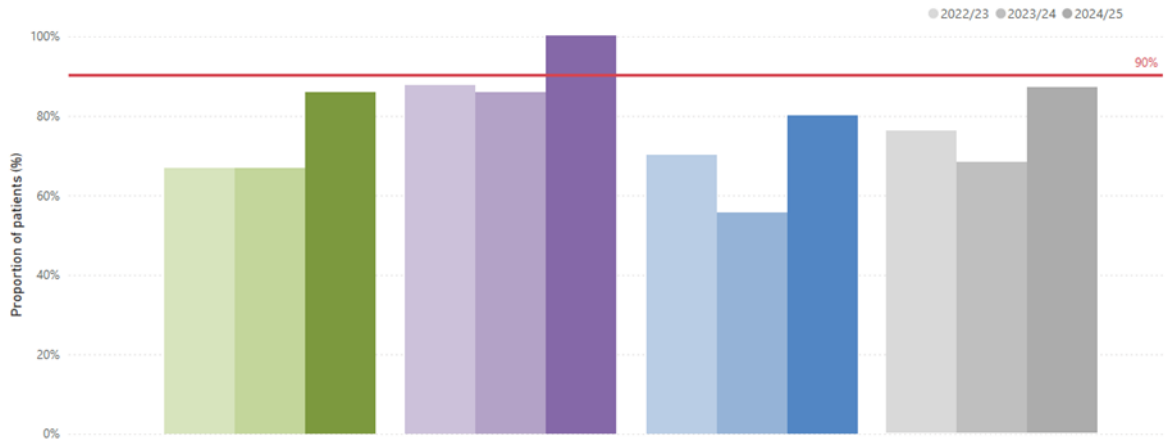
QPI 5: Molecular Staging of Gastrointestinal Stromal Tumour

Please note: The specifications of this QPI are separated to ensure clear measurement of the following: (i) Patients with non-metastatic, completely resected small bowel GISTs or intermediate or high risk GISTs (regardless of location); and (ii) Patients with unresectable or metastatic GISTs.

(i) Patients with non-metastatic, completely resected small bowel GISTs or intermediate or high risk GISTs (regardless of location)

QPI Title:	Patients with gastrointestinal stromal tumours (GISTs) should have mutational analysis within 2 months of diagnosis.
Description:	Proportion of patients with GISTs who have mutational analysis within 2 months of diagnosis. Please note: The specifications of this QPI are separated to ensure clear measurement of the following: (i) Patients with non-metastatic, completely resected small bowel GISTs or intermediate or high risk GISTs (regardless of location
Numerator:	Number of patients with non-metastatic, completely resected small bowel GISTs or intermediate or high risk GISTs (regardless of location) who have mutational analysis within 2 months of diagnosis.
Denominator:	All patients with non-metastatic, completely resected small bowel GISTs or intermediate or high risk GISTs (regardless of location)
Exclusions:	No exclusions
Target:	90%

Figure 6: Proportion of patients with non-metastatic, completely resected small bowel GISTS or intermediate or high risk GISTS (regardless of location) who have mutational analysis within 3 months of diagnosis



Year 11 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	6	6	8	20
Denominator	7	6	10	23
Performance (%)	86%	100%	80%	87%

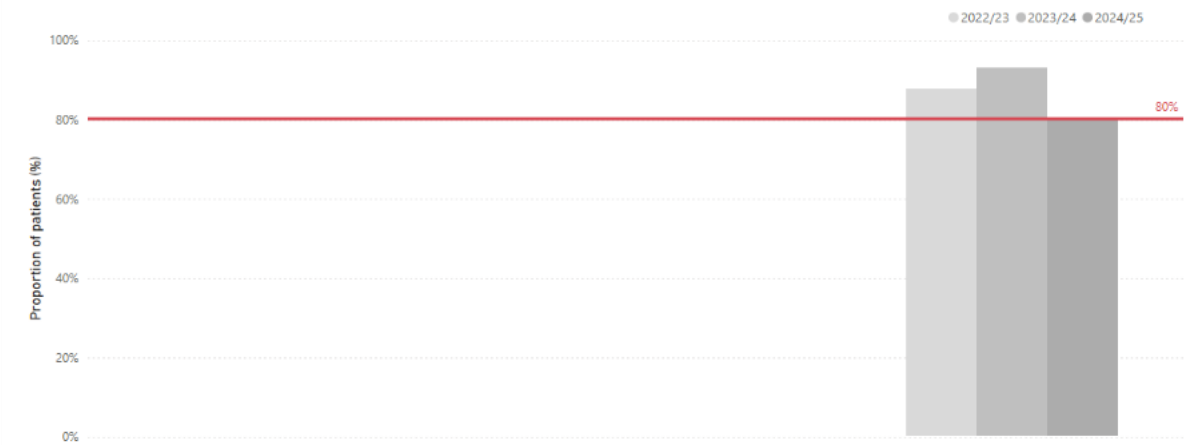
The performance target of 90% was not met nationally with 87%. Regionally NCA and WoSCAN were below the target achieving 86% and 80% respectively.

Region	Description	Action Identified by Board	Network Action	Comment
WoSCAN	Testing not requested in one low-risk GIST (clinically appropriate); in another case target exceeded by 15 days	Clinically appropriate for low-risk GIST not to undergo testing. Regional pathologists will be reminded of RCPATH guidelines in relation to molecular testing of GISTs.	Recirculate RCPath guidance for GIST molecular testing to all.	Small numbers, monitor for trends.
NCA	Grampian experiencing delays receiving mutational analysis results from Ninewells lab.	Oncologist liaising with pathology; when pressed, results returned more quickly		

(ii) Patients with unresectable or metastatic GIST

QPI Title	Patients with gastrointestinal stromal tumours (GISTs) should have mutational analysis within 2 months of diagnosis.
Description:	Proportion of patients with GISTs who have mutational analysis within 2 months of diagnosis. Please note: The specifications of this QPI are separated to ensure clear measurement of the following: (ii) Patients with unresectable or metastatic GISTs.
Numerator:	Number of patients with unresectable or metastatic GISTs who have mutational analysis within 2 months of diagnosis.
Denominator:	All patients with unresectable or metastatic GISTs.
Exclusions:	No exclusions
Target:	80%

Figure 7: Proportion of patients with unresectable or metastatic GISTs who have mutational analysis within 3 months of diagnosis



Year 11 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	-	-	-	8
Denominator	-	-	-	10
Performance (%)	-	-	-	80%

The performance target of 80% was met nationally with 80%. Low numbers mean it is not possible to present regional results.

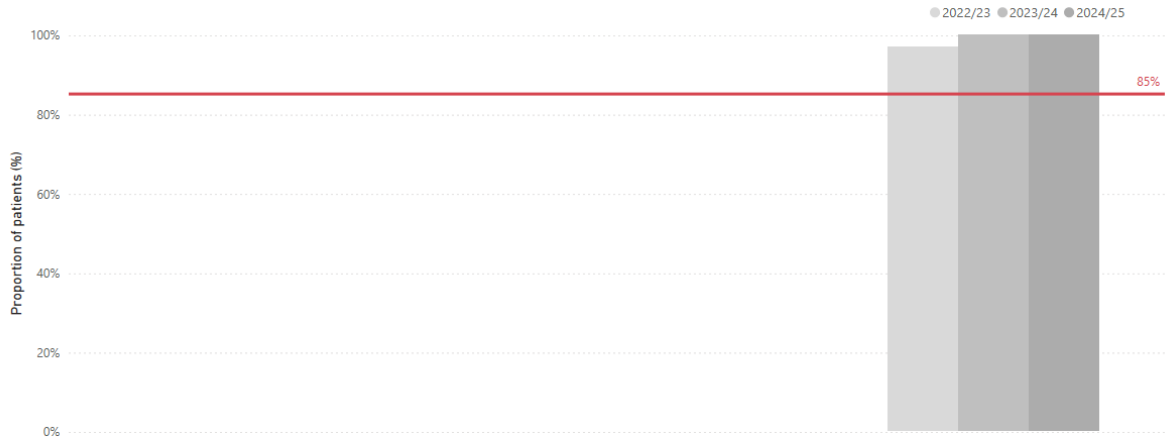
Area	Description	Action Identified by Board	Network Action	Comment
Scotland	Testing not requested at appropriate stage, causing late initiation of analyses	Small numbers make compliance difficult. As above RCPATH guidelines will be re-circulated.	As per 5 (i)	Small numbers, monitor for trends.

QPI 7: Primary Flap Reconstruction

QPI Title:	Patients with extremity sarcoma should have successful primary flap reconstruction following surgical resection
Description:	Proportion of patients with extremity sarcoma who undergo successful† primary flap reconstruction following surgical resection.
Numerator:	Number of patients with extremity sarcoma who undergo successful* primary flap reconstruction.
Denominator:	All patients with extremity sarcoma who undergo primary flap reconstruction
Exclusions:	Patients with cutaneous sarcomas
Target:	85%

*Successful has been defined as patients who do not need to return to theatre for unplanned surgical debridement of a sufficient volume of the flap reconstruction such that secondary reconstruction is required

Figure 8: The proportion of patients with extremity sarcoma who undergo successful primary flap reconstruction.



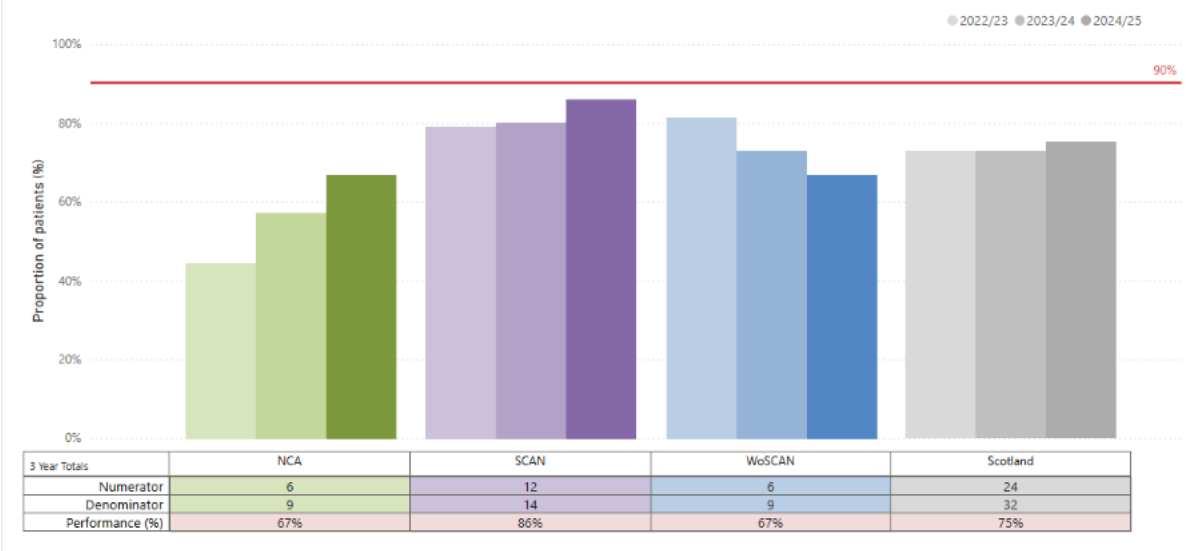
Year 11 Data	NCA	SCAN	WoSCAN	Scotland
Numerator	-	-	-	29
Denominator	-	-	-	29
Performance (%)	-	-	-	100%

The performance target of 85% was met nationally and by all regions.

QPI 8: Post-Operative Radiotherapy

QPI Title:	Patients with extremity sarcoma should receive radiotherapy within 3 months of surgery
Description:	Proportion of patients with an extremity sarcoma who receive post operative radiotherapy within 3 months of surgery.
Numerator:	Number of patients with extremity sarcoma who commenced post-operative radiotherapy within 3 months of surgery.
Denominator:	All patients with extremity sarcoma who undergo post-operative radiotherapy
Exclusions:	Patients with cutaneous sarcomas Patients with osteosarcomas Patients with Ewing's sarcoma Patients with chondrosarcomas
Target:	90%

Figure 9: Proportion of patients with extremity sarcoma who commenced post-operative radiotherapy within 3 months of surgery. This is a three year cumulative total, rather than single year data. This was a workaround to avoid small numbers and full redaction that was used in the past.



3 Year Totals	NCA	SCAN	WoSCAN	Scotland
Numerator	6	12	6	24
Denominator	9	14	9	32
Performance (%)	67%	86%	67%	75%

The performance target of 90% was not met nationally or by any region.

Region	Description	Action Identified by Board	Network Action	Comment
WoSCAN	Patient 28 days over target; 6 weeks from surgery to post-op MDT, 6 weeks to oncology OPA; plus 3-week patient-requested delay.	Specific improvement actions are not identified	Consider deeper dive into performance and any identified areas of concern or for improvement	Small numbers presented with a 3 year aggregated results. Board commentary only provided for 2024, therefore incomplete description
SCAN	Treatment delays reviewed and judged clinically appropriate.	No further action required.		
NCA	No commentary provided by NHS Highland for 2024	No action identified		

QPI 9: Multi-Agent Chemotherapy for Osteosarcoma or Ewing's sarcoma

(i) Multi-Agent Chemotherapy for Osteosarcoma

Patients with high grade osteosarcoma should receive multi-agent neoadjuvant chemotherapy when clinically indicated.

QPI Title:	Patients with high grade osteosarcoma or Ewing's sarcoma should receive multi-agent neoadjuvant chemotherapy when clinically indicated.
Description:	Proportion of patients with high grade osteosarcoma or Ewing's sarcoma who receive multi-agent neoadjuvant chemotherapy. Please note: This QPI measures two distinct elements to ensure clear measurement of each sarcoma type: (i) Patients under the age of 40 with high grade osteosarcoma who receive multi-agent neoadjuvant chemotherapy. (ii) Patients under the age of 50 with Ewing's sarcoma who receive multi-agent neoadjuvant chemotherapy.
Numerator:	Number of patients with high grade osteosarcoma who are under the age of 40 who undergo multiagent neoadjuvant chemotherapy
Denominator:	All patients with high grade osteosarcoma who are under the age of 40
Exclusions:	Patients undergoing emergency primary surgery or radiotherapy
Target:	90%

Very small patient numbers are included within this QPI measurement across Scotland (<5) and individual regional or national results cannot be presented.

The performance target of 90% was achieved nationally with 100%.

Board	Description	Action Identified by Board	Network Action	Comment
All	Small numbers prevent publication of performance	N/A	Consider different options for presenting QPIs with very small numbers in future reports	It is very difficult to present or measure small patient numbers, especially where there are less than 5 in the whole of Scotland.

(ii) Multi-Agent Chemotherapy for Ewings Sarcoma

Patients with high grade Ewing's sarcoma should receive multi-agent neoadjuvant chemotherapy when clinically indicated.

QPI Title:	Patients with high grade osteosarcoma or Ewing's sarcoma should receive multi-agent neoadjuvant chemotherapy when clinically indicated.
Description:	Proportion of patients with high grade osteosarcoma or Ewing's sarcoma who receive multi-agent neoadjuvant chemotherapy. Please note: This QPI measures two distinct elements to ensure clear measurement of each sarcoma type: (i) Patients under the age of 40 with high grade osteosarcoma who receive multi-agent neoadjuvant chemotherapy. (ii) Patients under the age of 50 with Ewing's sarcoma who receive multi-agent neoadjuvant chemotherapy.
Numerator:	Number of patients with Ewing's sarcoma who are under the age of 50 who undergo multi-agent neoadjuvant chemotherapy
Denominator:	All patients with Ewing's sarcoma who are under the age of 50
Exclusions:	Patients undergoing emergency primary surgery or radiotherapy
Target:	90%

Very small patient numbers are included within this QPI measurement across Scotland (<5) and individual regional or national results cannot be presented.

The performance target of 90% was achieved nationally with 100%.

QPI 10: Post-Operative Oncological Treatment for GIST

Please note: The specifications of this QPI are separated to ensure clear measurement of the following: (i) Patients who undergo surgery that receive post-operative Imatinib. (ii) Patients who undergo surgery that receive post-operative Imatinib and commence this within 2 months of surgery

(i) Patients who undergo surgery that receive post-operative Imatinib

QPI Title:	Patients with high risk‡ Gastrointestinal Stromal Tumour (GIST) should commence post-operative imatinib within 2 months of surgery
Description:	Proportion of patients with high risk§ GIST who commence post operative imatinib within 2 months of surgery. Please note: The specifications of this QPI are separated to ensure clear measurement of the following: (i) Patients who undergo surgery that receive post-operative Imatinib. (ii) Patients who undergo surgery that receive post-operative Imatinib and commence this within 2 months of surgery.
Numerator:	Number of patients with high risk§ GIST who undergo surgery that receive post-operative imatinib.
Denominator:	All patients with high risk§ GIST who undergo surgery
Exclusions:	Patients who are enrolled in a clinical trial
Target:	90%

‡ High risk GIST is defined as: patients with large GIST tumours that have a high chance of recurring

The performance target of 90% was not met nationally with 73%. Regionally NCA, SCAN and WoSCAN were below the performance target achieving 87.5%, 80% and 55.6% respectively. The total numbers of patients treated was small (22) and therefore results should be treated with caution.

Historically results for this QPI have not been published or visually represented. The presentation for this QPI will be reviewed for subsequent reports.

Board	Description	Action Identified by Board	Network Action	Comment
SCAN	One patient diagnosed with GIST did not have any KIT mutations and as a result there is no role of adjuvant imatinib and the patient was for active surveillance.	No action required	Consider revising QPI criteria at next formal review	No concerns identified, continue to monitor and review impact of any future QPI update
WoSCAN	4 patients did not receive Imatinib, in all 4 cases genetic testing showed wild-type GIST for which Imatinib is ineffective.	Improvement actions are not identified. Suggest these patients be excluded from this QPI at next review.		
NCA	Tayside –GISTS are diagnosed and treated, if appropriate, within Tayside's OG Department	Liaise with OG Department re high risk patients who are commenced post operatively with Imatinib.		

(ii) Patients who receive post-operative Imatinib within 2 months of surgery

QPI Title:	Patients with high-risk Gastrointestinal Stromal Tumour (GIST) should commence post-operative imatinib within 2 months of surgery.
Description:	Proportion of patients with high risk GIST who commence post operative imatinib within 2 months of surgery. Please note: The specifications of this QPI are separated to ensure clear measurement of the following: (i) Patients who undergo surgery that receive post-operative Imatinib. (ii) Patients who undergo surgery that receive post-operative Imatinib and commence this within 2 months of surgery.
Numerator:	Number of patients with high risk§ GIST who receive post-operative imatinib and commence this within 2 months of surgery
Denominator:	All patients with high risk§ GIST who undergo surgery that receive post-operative imatinib
Exclusions:	Patients who are enrolled in a clinical trial
Target:	90%

The tolerance within this target accounts for the fact that due to comorbidities and fitness not all patients will be suitable for imatinib within the proposed timeframe. It also accounts for those patients with PDGFRA D842V mutation GIST where imatinib is not recommended

The performance target of 90% was not met nationally with 31.3%. Regionally NCA, SCAN and WoSCAN were below the performance target achieving 0%, 50% and 60% respectively. The total numbers of patients treated was small (16) and therefore results should be treated with caution.

Historically results for this QPI have not been published or visually represented. The presentation for this QPI will be reviewed for subsequent reports.

Region	Description	Action Identified by Board	Network Action	Comment
NCA	Grampian - Delays were compounded by slow turnaround of mutational tests from Ninewells and by the need for patients to pass through multiple MDTs (local upper GI then national sarcoma), which lengthened decision making timelines. Tayside - GISTS are diagnosed and treated, if appropriate, within Tayside's OG Department Highland did not provide commentary	On referral, oncologist automatically emails pathology to fast-track mutational result. Liaise with OG Department re high risk patients who are commenced post operatively with Imatinib.	Further review of QPI results from previous years and seek feedback from Highland and Tayside too. Consider if need for further escalation	This appears to be a recurring theme, need to understand full NCA picture before consideration of escalation
SCAN	One patient – delays in reporting and referral letters - lack of awareness of the required time frame for oncology / QPI data. One patient - deferred due to patient personal circumstances	Moving forward, an awareness of the required time frame for oncology / QPI data will help avoid this in the future		No further action/concerns
WoSCAN	One patient exceeded the target by 58 days because of delayed wound healing; another patient exceeded the target by 23 days because of delay for a staging PET, not routinely performed in the adjuvant setting	In view of the clinical circumstances in these cases, improvement actions are not identified.		Appropriate/no concerns

QPI 11: 30 Day Mortality following treatment for Sarcoma

Please note:

The specifications of this QPI have been separated to ensure clear measurement of both: (i) Patients who die within 30 days of surgical resection or oncological treatment with curative intent; and (ii) Patients who die within 30 days of palliative radiotherapy treatment.

30 Day Mortality for Systemic Anti-Cancer Therapy (SACT) will be measured separately from the QPI process. National SACT data from CEPAS (Chemotherapy Electronic Prescribing and Administration System) will be utilised to support reporting and monitoring of this measure rather than clinical audit. This methodology will allow the whole population of sarcoma patients undergoing SACT to be captured rather than those newly diagnosed within the audit.

(i) Patients who die within 30 days of surgical resection or oncological treatment with curative intent

QPI Title:	30 day mortality following treatment for sarcoma
Description:	Proportion of patients who die within 30 days of surgical resection or oncological treatment for sarcoma. Please note: The specifications of this QPI have been separated to ensure clear measurement of both: (i) Patients who die within 30 days of surgical resection or oncological treatment with curative intent; and (ii) Patients who die within 30 days of palliative radiotherapy treatment.
Numerator:	Number of patients with sarcoma who undergo surgical resection or oncological treatment with curative intent who die within 30 days of treatment.
Denominator:	All patients with sarcoma who undergo surgical resection or oncological treatment with curative intent
Exclusions:	No exclusions
Target:	<10% Please Note: This indicator will be reported by treatment modality i.e. surgery, neoadjuvant radiotherapy etc. as opposed to a single figure.

The performance target was met nationally and by all regions for all parts a) Surgical Resection b) Radical Radiotherapy d) Neo-Adjuvant Radiotherapy and f) Adjuvant Radiotherapy.

Historically results for this QPI have not been published or visually represented. The presentation for this QPI will be reviewed for subsequent reports

(ii) a) Palliative Radiotherapy

Proportion of patients with sarcoma who die within 30 days of palliative radiotherapy.

QPI Title:	30 day mortality following treatment for sarcoma
Description:	Proportion of patients who die within 30 days of surgical resection or oncological treatment for sarcoma. Please note: The specifications of this QPI have been separated to ensure clear measurement of both: (i) Patients who die within 30 days of surgical resection or oncological treatment with curative intent; and (ii) Patients who die within 30 days of palliative radiotherapy treatment.
Numerator:	Number of patients with sarcoma who undergo palliative radiotherapy treatment who die within 30 days of treatment
Denominator:	All patients with sarcoma who undergo palliative radiotherapy treatment
Exclusions:	No exclusions
Target:	<15%

The performance target was met nationally and by all regions.

Historically results for this QPI have not been published or visually represented. The presentation for this QPI will be reviewed for subsequent reports.

References

1. Healthcare Improvement Scotland. Sarcoma Quality Performance Indicators, v4.0; March 2014 (updated September 2022) Available at: https://www.healthcareimprovementscotland.scot/publications/sarcoma-clinical-quality-performance-indicators-september-2022/

Methodology

Report Title	Cancer Audit Report: Sarcoma Quality Performance Indicators
Time Period	Patients diagnosed between 01 April 2024 and 31 March 2025
Data Source	Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.
Data Extraction Date	The data contained within this report was extracted from eCASE on 06/10/2025
Methodology	Analysis was performed centrally by NSS Information Management Service. The timescales agreed considered the patient pathway to ensure that a complete treatment record was available for the majority of patients. Initial results were provided to Health Boards to check for inaccuracies, inconsistencies or obvious gaps and a subsequent download taken upon which final analysis was carried out. The final data analysis was disseminated for NHS Board & Region verification in line with the regional audit governance process to ensure that the data was an accurate representation of service in each area.

Document Control Sheet

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