



Lung Cancer Quality Performance Indicators

Patients diagnosed from January 2019 to December 2021

An Official Statistics release for Scotland

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About this release

This release by Public Health Scotland (PHS) presents performance against the National Lung Cancer Quality Performance Indicators (QPIs) in the Cancer QPIs dashboard held within the Scottish Cancer Registry and Intelligence Service (SCRIS).

Main points

- There were 4,940 people diagnosed with Lung Cancer in Scotland in 2021. This is an increase on the 4,555 diagnosed in 2020 but a decrease from 5,136 in 2019.
- The reductions in 2020 numbers are likely to be due to lockdown and social distancing measures implemented due to the COVID-19 pandemic with lung cancer diagnoses in 2021 not quite returning to pre-pandemic levels.
- At Scotland level for 2021, the target was met for 18 of the 25 indicators.
- QPI 7 Lymph Node Assessment and QPI 13(i), (ii) 30 and 90 day mortality - surgery are not shown above as the data is at hospital level. The targets were met nationally throughout.
- Some of the QPI targets have proved challenging to achieve over the three years (QPIs relating to Pre-treatment diagnosis and Brain imaging).

National QPI Performance Summary



QPI	Target	2019	2020	2021
QPI 1: Multidisciplinary Team (MDT) Meeting	95%	92.3	98.3	98.1
QPI 2(i): Pathological Diagnosis	80%		78.1	78.1
QPI 2(i): Pathological Diagnosis. Years 1:7	80%	68.2		
QPI 2(ii): Pathological Diagnosis NSCLC	90%	92.6	92.8	93.3
QPI 2(iii): Pathological Diagnosis molecular profiling	75%	87.3		
QPI 2(iii): Pathological Diagnosis stage III - IV non-squamous NSCLC	80%			94.3
QPI 2(iv): Pathological Diagnosis stage III - IV NSCLC	80%		91.0	94.2
QPI 4: PET CT in patients being treated with curative intent	95%			22.7
QPI 4: PET CT in patients being treated with curative intent. Years 1:7	95%	97.6		
QPI 5: Invasive investigation of intrathoracic nodal staging	80%			68.7
QPI 6(i): Surgical resection in non small cell lung cancer	20%	25.7	25.7	23.5
QPI 6(ii): Surgical resection in non small cell lung cancer, stage I - II NSCLC	60%	77.7	76.3	72.1
QPI 8: Radiotherapy in inoperable lung cancer	35%		47.5	44.7
QPI 8: Radiotherapy in inoperable lung cancer. Years 1:7	35%	37.9		
QPI 9: Chemoradiotherapy in locally advanced non small cell lung cancer	50%	56.9	52.5	53.0
QPI 10: Chemoradiotherapy in limited stage small cell lung cancer	70%			75.0
QPI 10: Chemoradiotherapy in limited stage small cell lung cancer. Years 1:8	70%	64.9	70.0	
QPI 11(i): Systemic anti cancer therapy in NSCLC	35%	40.8		41.0
QPI 11(ii): Systemic anti cancer therapy in NSCLC oncogenic driver mutation	80%			85.2
QPI 11(ii): Systemic anti cancer therapy in NSCLC stage IIIB or IV	60%	78.4		
QPI 11(iii): Systemic anti cancer therapy in NSCLC oncogene mutation negative	40%			43.4
QPI 12(i): Chemotherapy in small cell lung cancer	70%	79.2	73.9	78.2
QPI 12(ii): Chemotherapy in small cell lung cancer. Palliative	50%	73.9	68.5	75.5
QPI 13(ii): 30 day mortality - Biological Therapy NSCLC	<10%	6.6		
QPI 13(i): 30 day mortality - Biological Therapy SCLC	<15%	0.0		
QPI 13(i): 30 day mortality - Chemoradiotherapy	<5%		3.2	2.0
QPI 13(i): 30 day mortality - Radical Radiotherapy	<5%	1.3	0.9	1.5
QPI 13(ii): 90 day mortality - Chemoradiotherapy	<5%		7.1	6.8
QPI 13(ii): 90 day mortality - Radical Radiotherapy	<5%	6.0	3.3	3.2
QPI 14: Stereotactic Ablative Radiotherapy (SABR) in inoperable stage I lung cancer	35%	37.4	41.1	37.7
QPI 15(i): Pre-treatment diagnosis - Surgery	75%	59.0	62.5	70.6
QPI 15(ii): Pre-treatment diagnosis - Radical Radiotherapy	75%	66.1	51.6	55.9
QPI 15(iii): Pre-treatment diagnosis - Chemoradiotherapy	75%	99.1		
QPI 16: Brain Imaging	95%		79.6	87.7
QPI 16: Brain Imaging. Years 5:7	95%	66.8		

- QPI 4 PET CT is recognised to have been very ambitious and was not expected to be fulfilled in the first years but represents our ambition to do better and get under 10 days.
- QPI 5 staging is expected to improve with new funding having been obtained to develop and deliver a simulator based national EBUS and bronchoscopy training program.
- Particular areas of strong service performance were seen in relation to Surgical resection rate, Systemic anti cancer therapy in NSCLC and Chemotherapy in SCLC.

Background

National cancer QPIs have been developed to support continuous quality improvement in cancer care (**CEL 06 2012**). NHS Boards are required to report these indicators against a clinically agreed indicator specific target as part of the mandatory national cancer quality programme. They have been developed jointly by **North Cancer Alliance**, **South East Scotland Cancer Network**, **West of Scotland Cancer Network**, **Healthcare Improvement Scotland** and PHS.

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Further information

- The Cancer QPIs dashboard is restricted and may be accessed with permission via <https://useraccess.nhsnss.scot.nhs.uk>
- Network Reports on Lung QPIs: **NCA**, **SCAN** and **WoSCAN**
- QPI Definitions and updates on **Lung Cancer indicators**
- PHS QPI **Publications**

The next release of this publication will be February 2026.

Other formats of this publication are available on request by calling 0131 314 5300 or emailing phs.otherformats@phs.scot.

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