

SOUTH EAST SCOTLAND CANCER NETWORK (SCAN) PROSPECTIVE CANCER AUDIT

Lymphoma 2022 - 2023 COMPARATIVE AUDIT REPORT

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Document history

Version	Circulation	Date	Comments
Version 1	SCAN Haematology Lead clinicians	15/05/2024	Fife are unable to provide data.
Version 2	SCAN Lead clinician and sign off group	05/06/2024	SCAN Lead to provide commentary.
Version 3	SCAN Haematology Group	27/08/2024	Circulated to SCAN Group
Final Version	SCAN Group SCAN Governance Framework SCAN Action Plan Board Leads	19/09/2024	Comments by 3 rd October
Web Version	Published to SCAN Website	Feb 2025	

Audit Comment: Due to a vacant post in NHS Fife, data from NHS Fife is not available for this report. Please note that the SCAN totals and percentage performance for the QPIs do not include Fife data. It is anticipated that Fife data for patients diagnosed in 2022-23 will be available for inclusion in the SCAN Comparative report next year.

Lorna Bruce
August 2024

Chair Summary

The SCAN Haematology group continued to work to improve the quality of care of patients with Haematological malignancies during 2023.

Significant staffing issues, particularly within Fife, meant this team was unable to provide data. Previous years data was reviewed with this in consideration, and Fife data largely reflected other centres. The team continue to participate in the weekly regional Haematology MDT. It is hoped Fife will be able to provide data for 2023-2024.

Six of nine individual QPIs were achieved within SCAN which shows an improvement from previous years.

A challenge from preceding years was access to, and timing of, radiological investigations and finalised imaging reports. This data shows an improvement, with 94% of all staging scans reported within 3 weeks of request (target >90%). The percentage of PET-CT scans reported within 3 weeks of request falling just below target 95% at 94.4%; it is important to note this is impacted by the small patient numbers.

Whilst the proportion of patients reviewed by MDT within 8 weeks of diagnosis QPI was met, a minority of lymphoma patients within SCAN continue to not be reviewed within this timeframe. This is largely due to the variable, and at times, challenging clinical presentations and complex diagnostic pathways required to enable an accurate diagnosis.

Viral screening prior to SACT is an important safety consideration. This QPI was not met (92.9%, target 95%) due to a small number of cases having an incomplete screen. These cases were reviewed and whilst they had testing performed, in most instances, it had been requested out with haematology and therefore a limited screen had been performed leading to an incomplete Hepatitis B profile being available.

The proportion of patients with advanced HL treated with ABVD who have treatment evaluated with a PET CT after 2 cycles did not meet target of 80%. This in part reflects the small patient numbers. Reviewing the three cases that were not compliant, all had an appropriate clinical reason. This reflects the difficulty in just reviewing the statistics and the importance of considering the clinical context.

Following on from previous reports, whilst not a QPI for this period, significant work has gone into improving access to clinical trials, including to innovative therapies, across the region. Within Lothian the research team has expanded and is now able to offer early phase studies to the region through excellent collaboration.

Finally, it is important to highlight the continual increase in clinical workload and complexity and affordability of new therapeutic approaches including cellular therapies. Whilst these advances are exciting for patients and clinicians they bring with them significant service pressures. A priority for 2024 is the review of clinical guidelines to reflect advances in patient management and changes to diagnostic pathways and vitally liaising with supporting disciplines upon whom these changes will have a not insignificant impact.

Victoria Campbell
SCAN Haematology Lead Clinician
August 2024

Action Points from 2022-23

QPI	Action required	Person Responsible	Progress
QPIs 1,2,3, 4 & 12	PHS to publish QPI support documents (V5.0) following the 3 rd Formal Review in 2023	PHS	Published January 2025

Action Points from 2021-22

QPI	Action required	Person Responsible	Progress
2	Ensure that the imaging date requested is in line with the QPI target.	Dr Angus Broom Dr Kerri Davidson	Complete
4	Seek change of measurability at the Lymphoma Formal Review to remove PMBCL as not considered a comparable disease to DLBCL	SCAN Audit team	Complete
11	Ensure that all clinical staff are aware of viral screen requirements for QPI 11	Dr Angus Broom	Complete
12	Ensure that the imaging date requested is in line with the QPI target	Dr Angus Broom	Complete

Lymphoma QPI 2022-23 Attainment Summary Table			BGH			Fife			Lothian			SCAN		
QPI1 Staging scan reported within 3 weeks of request		90	N	7	70.0%	N		N	87	96.7%	N	94	94.0%	
			D	10		D		D	90		D	100		
QPI 2 Proportion of patients with DLBCL treated with curative intent given end of treatment CT/PET		90	N	5	100%	N		N	44	91.7%	N	49	92.5%	
			D	5		D		D	48		D	53		
QPI 3 Reported within 3 weeks of request		95	N	1	100%	N		N	16	94.1%	N	17	94.4%	
			D	1		D		D	17		D	18		
QPI 4 Proportion of patients with Burkitt Lymphoma and DLBCL treated with curative intent who have MYC testing as part of the diagnostic process	Before treatment	90	N	7	87.5%	N		N	54	91.5%	N	61	91.0%	
	Within 3 weeks of treatment	90	N	2	100%	N		N	3	100%	N	5	100%	
			D	8		D		D	59		D	67		
			D	2		D		D	3		D	5		
QPI 5 Proportion of patients reviewed by MDT within 8 weeks of diagnosis.		90	N	23	95.8%	N		N	164	94.8%	N	187	94.9%	
			D	24		D		D	173		D	197		
QPI 11 Patients with lymphoma undergoing SACT who have hepatitis B,C and HIV status checked prior to treatment		95	N	11	78.6%	N		N	107	94.7%	N	118	92.9%	
			D	14		D		D	113		D	127		
QPI 12 Proportion of patients with advanced HL treated with ABVD who have treatment evaluated with a PET CT	After 2 cycles	80	N	NA	NA	N		N	11	73.3%	N	11	73.3%	
	Reported within 3 days	80	N	NA	NA	N		N	11	100%	N	11	100%	
			D	NA		D		D	15		D	15		
			D	NA		D		D	11		D	11		

Fife were unable to provide data for this report.

Introduction and Methods

Cohort

This report covers patients newly diagnosed with Lymphoma in Borders and Lothian Health Board areas between 1st October 2022 and 30th September 2023. Fife are unable to provide data for 2022-23. Management and audit of patients with Lymphoma in Dumfries & Galloway is via the West of Scotland Cancer Network.

The results contained within this report have been presented by NHS board of diagnosis.

Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Public Health Scotland (PHS) and Healthcare Improvement Scotland. QPIs will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

The overarching aim of the cancer quality work programme is to ensure that activity at NHS board level is focused on areas most important in terms of improving survival and patient experience whilst reducing variance and ensuring safe, effective and person-centred cancer care.

Following a period of development, public engagement and finalisation, each set of QPIs is published by Healthcare Improvement Scotland¹.

Accompanying datasets and measurability criteria for QPIs are published on the ISD website². NHS boards are required to report against QPIs as part of a mandatory, publicly reported, programme at a national level.

The QPI dataset for Lymphoma was implemented from 01/10/2013. The dataset has undergone 3 formal reviews the latest in June 2023. This is the 10th publication of QPI results for Lymphoma within SCAN. Due to changes made at the 3rd Formal Review the following revised QPIs will be reported in 2023-24. QPIs in this report are according to V4.0 measurability

The following QPIs have been updated:

QPI	Change	Year for reporting
1	Includes all lymphoma patients having CT. PET is no longer recorded	2023-24
2	Timeframe for end of treatment scan has been increase from 91 days to 100days for patients treated with radiotherapy	2023-24
3	Positron Emission Tomography (PET CT) Staging	2023-24
4	PMBCL, Plasmablastic lymphoma and PCNS DLBCL are excluded	2023-24
11	HTLV-1 testing of patients with Peripheral T-Cell Lymphoma added to 'Areas for Future Consideration' within QPI document	2022-23
12	Updated into 2 specifications for the different chemotherapy regimens with different timings - TBC	2023-24

The following QPI has been archived:

QPI 14 – Clinical Trial and Research Study Access

¹ QPI documents are available at www.healthcareimprovementscotland.org

² Datasets and measurability documents are available at www.isdscotland.org

The standard QPI format is shown below:

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

Audit Process

Data was analysed by the audit facilitators in each NHS board according to the measurability document provided by ISD. Lothian and Borders data was collated by Valerie Findlay, SCAN Audit Facilitator for Haematology, Fife data was collected by Alison Robertson, Audit Facilitator for Fife.

Data capture is focused round the process for the weekly multidisciplinary meetings ensuring that data covering patient referral, investigation and diagnosis is being picked up through the routine process.

Oncology data is obtained either from the clinical records (electronic systems and case notes) or by downloads from Aria and from the Department of Clinical Oncology database within the Edinburgh Cancer Centre (ECC).

Each of the 3 health boards provides chemotherapy data but radiotherapy is provided centrally in Edinburgh Cancer Centre. Patients living closer to either Carlisle or Dundee may opt to have oncology treatment out with the SCAN region. Collecting complete audit data for these patients remains a challenge.

The process remains dependent on audit staff for capture and entry of data, and for data quality checking

The data collected for individual healthboards in SCAN is recorded on Ecase.

Lead Clinicians and Audit Personnel

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Dr Haiffa Saadi	Valerie Findlay
NHS Fife	Queen Margaret Hospital/Royal Victoria Hospital	Dr Kerri Davidson	Currently vacant
SCAN & NHS Lothian	St Johns Hospital Western General Hospital	Dr Victoria Campbell	Valerie Findlay

Data Quality

Estimate of Case Ascertainment

An estimate of case ascertainment (the percentage of the population with Lymphoma recorded in the audit) is made by comparison with the Scottish Cancer Registry five year average data from 2017 to 2021. High levels of case ascertainment provide confidence in the completeness of the audit recording and contribute to the reliability of results presented. Levels greater than 100% may be attributable to an increase in incidence. Allowance should be made when reviewing results where numbers are small and variation may be due to chance.

Number of cases recorded in audit: patients diagnosed 01/10/2022 to 30/09/2023

Note : Fife have been unable to provide data for the 2022-23 cohort.

	Borders	Fife	Lothian	SCAN
HL	1	NR	26	27
DLBCL	13	NR	77	90
FL	7	NR	28	35
Other Lymphomas	5	NR	53	58
Total	26	NR	184	210

Estimate of case ascertainment: calculated using the average of the most recent available five years of Cancer Registry data (2017- 2021) from ACaDMe Comparative datamart.

	Borders	Fife	Lothian	SCAN
HL - Cases from Audit	1	NR	26	27
HL- Cancer Registry 5 yr average	2	10	26	28
% Case Ascertainment	50%	NR	100%	96.4%

	Borders	Fife	Lothian	SCAN
NHL - Cases from Audit	25	NR	158	183
NHL- Cancer Registry 5 yr average	28	64	158	186
% Case Ascertainment	89.3%	NR	100%	98.4

DLBCL – Diffuse Large B Cell Lymphoma; FL – Follicular Lymphoma; HL – Hodgkin Lymphoma; NHL – Non Hodgkin Lymphoma; NR- Not Recorded

Discrepancies between audit data collection and PHS data collection can be explained by differences in data capture. The table below lists some of the differences identified in a previous comparison between the two sources.

The reasons identified for differences in data recording are listed in the table below.

Not recorded by audit	Not recorded by ISD
<16 years	Differences in morphology coding
16 years but treated at RHSC	Not known to cancer registry
Returned abroad immediately following diagnosis	Diagnosed outside Lothian
Frail/elderly went straight to hospice	
Recurrence (not a new primary)	
LPD – not lymphoma	
Differences in morphology coding	
PM diagnosis	

Quality Assurance

All hospitals in the region participate in a Quality Assurance (QA) programme provided by the National Services Scotland Information Services Division (ISD). QA of Lothian and Borders Lymphoma data was carried out in 2015 and compared well with accuracy in the other Scottish Health Boards.

Clinical Sign-Off

This report compares data from reports prepared for individual hospitals and signed off as accurate following review by the lead clinicians from each service. The collated SCAN results are reviewed jointly by the lead clinicians, to assess variances and provide comments on results:

- Individual health board results were reviewed and signed-off locally.
- Collated results were presented and discussed at the Haematology SCAN Leads Meeting on 05/06/2024
- Final report circulated to SCAN Haematology Group and Clinical Governance Groups on 19/09/2024

Actions for Improvement

After final sign off, the process is for the report to be sent to the Clinical Governance groups with action plans for completion at Health Board level.

The report is placed on the SCAN website with completed action plans once it has been fully signed-off and checked for any disclosive material

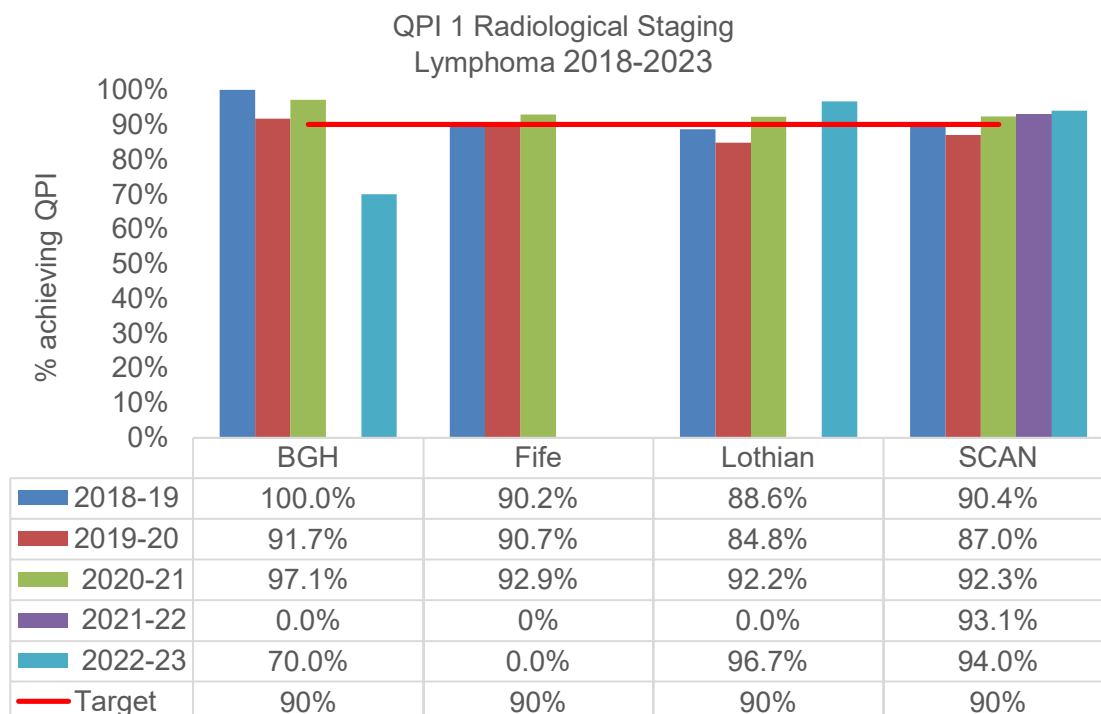
QPI 1 Radiological Staging Target 90%

Numerator = Number of patients with lymphoma undergoing treatment with curative intent who undergo CT of chest, abdomen and pelvis or PET CT scanning prior to treatment where the report is available within 3 weeks of radiology request.

Denominator = All patients with lymphoma undergoing treatment with curative intent who undergo CT of chest abdomen and pelvis or PET CT scanning prior to treatment (no exclusions).

Target 90%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	15		93	108
Numerator	7		87	94
Not recorded for the numerator	0		0	0
Denominator	10		90	100
Not recorded for exclusions	0		0	0
Not recorded for denominator	0		1	1
% Performance	70.0%		96.7%	94.0%

Comment: Lothian met the target. Borders did not meet the target showing a shortfall of 20% (3 cases) Patients missing the target (21days) from request to report ranged from 27 to 34 days. The longest wait (34days) was caused by a delay in reporting which is outside the scope of Haematology. 2 cases had imaging requested by an alternative service, within the NHS. Fife were unable to provide data.



QPI 2 Treatment Response Target 90%

Proportion of patients with DLBCL who are undergoing chemotherapy treatment with curative intent, who have their response to treatment evaluated with Computed Tomography (CT) scan of the chest, abdomen and pelvis or PET CT scan.

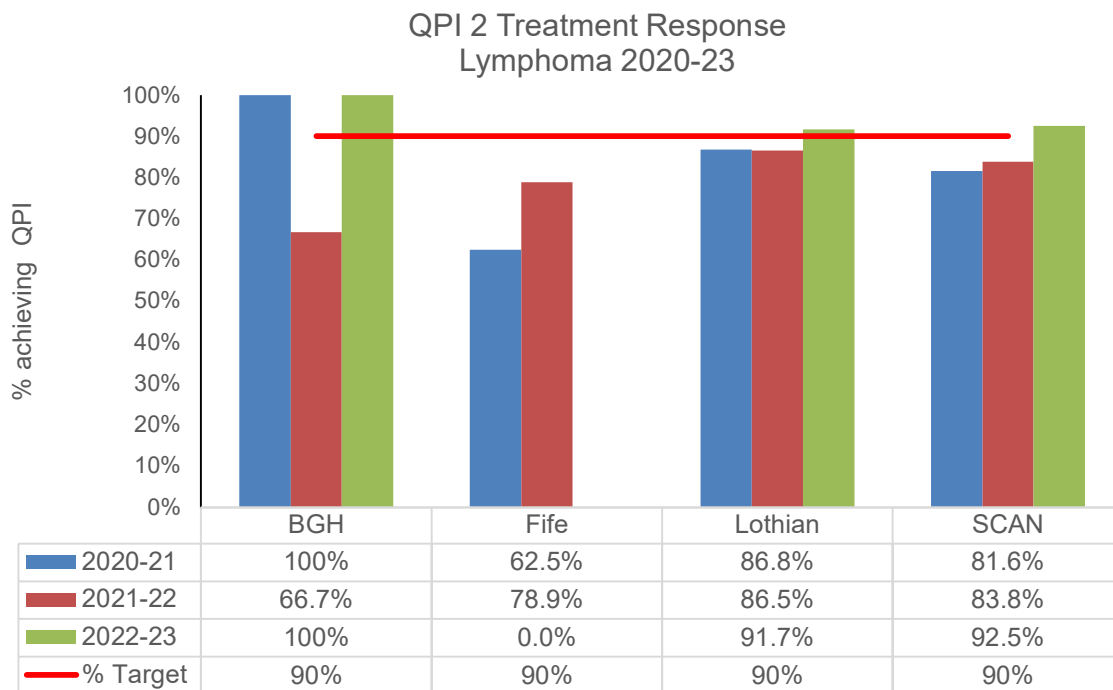
Numerator = Number of patients with DLBCL who are undergoing chemotherapy treatment with curative intent who undergo CT of chest, abdomen and pelvis at end of chemotherapy treatment.

Denominator = All patients with DLBCL who are undergoing chemotherapy treatment with curative intent.

Exclusions= Patients who died during treatment, primary DLBCL CNS, unfit for curative treatment

Target 90%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	21		136	157
Numerator	5		44	49
Not recorded for numerator	0		0	0
Denominator	5		48	53
Not recorded for exclusions	0		0	0
Not recorded for denominator	0		0	0
% Performance	100%		91.7%	92.5%

Comments: Lothian and Borders both met the target. Fife were unable to data.



QPI 3 Positron Emission Tomography (PET CT) Staging Target 95%

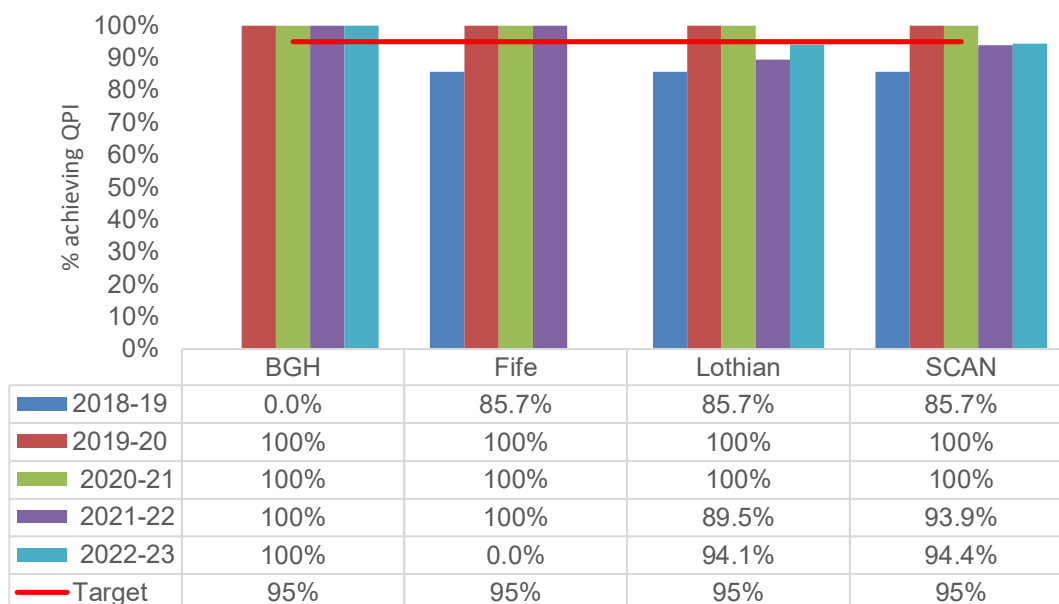
Numerator = Number of patients with Lymphoma undergoing treatment with curative intent who undergo PET CT prior to first treatment where the report is available within 3 weeks (21days).

Denominator = All patients with lymphoma undergoing treatment with curative intent who undergo PET CT prior to treatment.

Target 95%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	25		167	192
Numerator ii	1		16	17
Not recorded for numerator	0		0	0
Denominator	1		17	18
Not recorded for exclusions	0		0	0
Not recorded for denominator	0		0	0
% Performance	100%		94.1%	94.4%

Comments: Borders met the target. Lothian did not meet the target with a shortfall of 0.9%(1 patient). The patient required treatment for diabetes before the planned PET scan date. The PET was delayed causing a wait of 23 days from request to report date (target 21 days). Fife were unable provide data.

QPI 3 PETCT Staging
Lymphoma 2018-23



QPI 4i Cytogenetic Testing Target = 90%

Proportion of patients with Burkitt Lymphoma and DLBCL undergoing treatment with curative intent who have MYC testing as part of diagnostic process and prior to treatment.

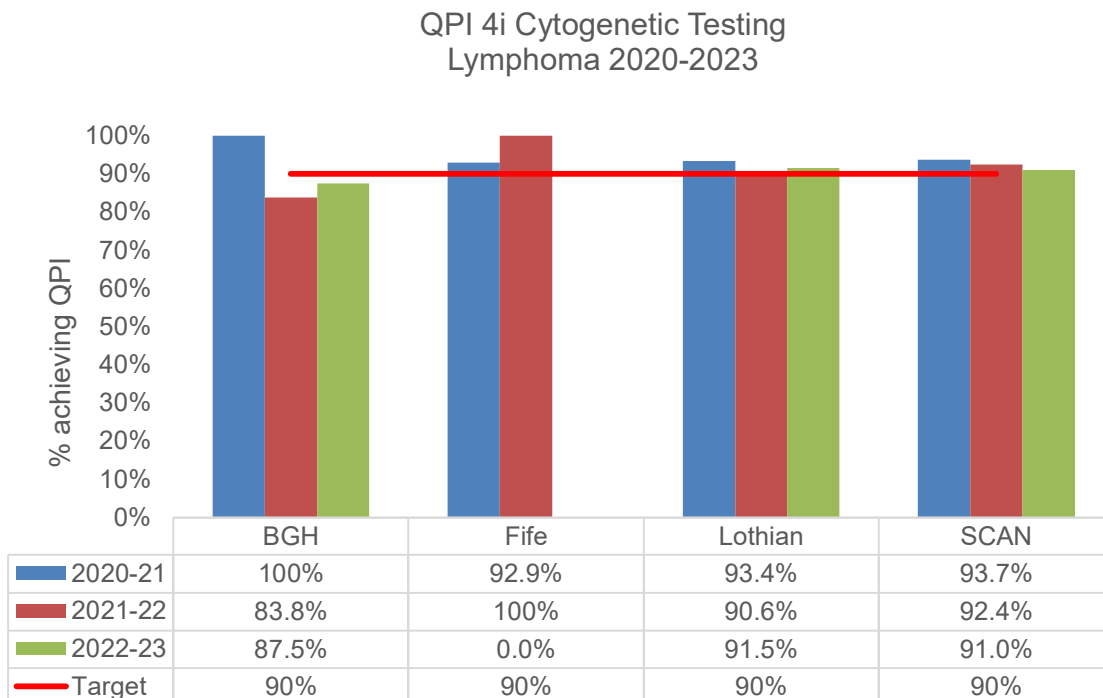
Numerator = Number of patients with Burkitt lymphoma or DLBCL undergoing chemotherapy treatment with curative intent who have MYC testing

Denominator = All patients with Burkitt lymphoma and DLBCL undergoing treatment with curative intent

Exclusions : No exclusions

Target 90%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	18		125	143
Numerator	7		54	61
Not recorded for numerator	0		0	0
Denominator	8		59	67
Not recorded for exclusions	0		0	0
Not recorded for denominator	0		0	0
% Performance	87.5%		91.5%	91.0%

Comments: Lothian met the target. Borders did not meet the target with a shortfall of 2.5% (1 patient). The lab did not receive a request for a MYC test . Fife were unable to provide data.



QPI 4ii Cytogenetic Testing Target 90%

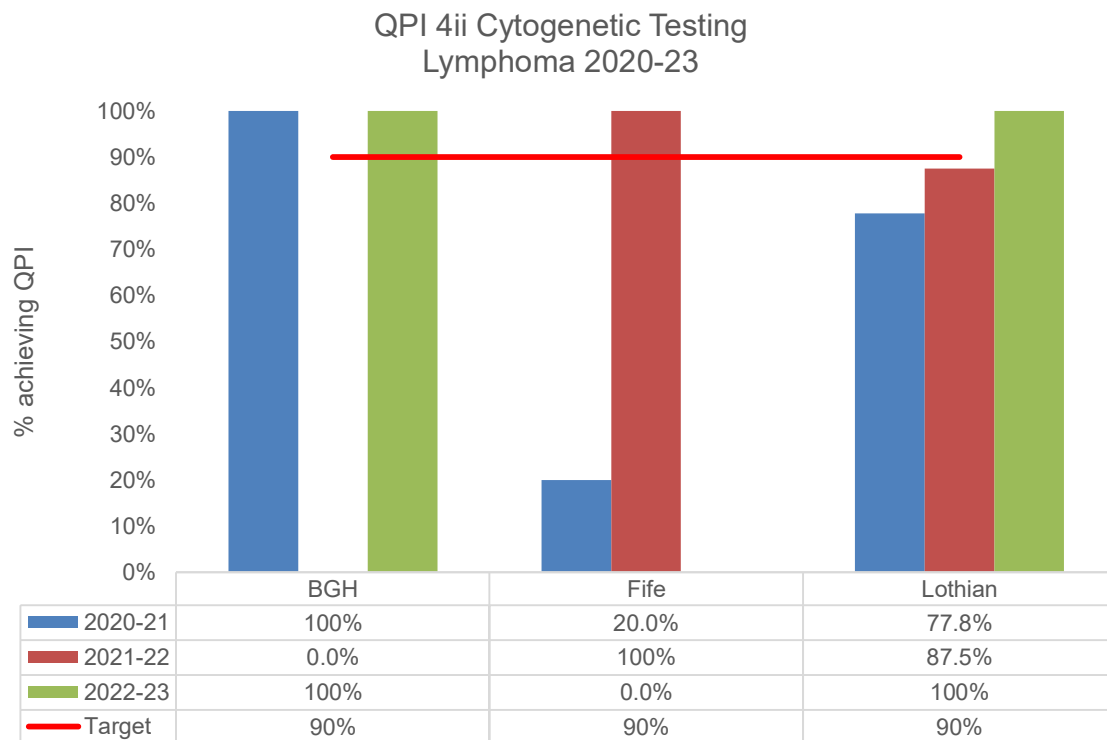
Numerator: Number of patients with DLBCL MYC rearrangement identified on FISH analysis undergoing chemotherapy treatment with curative intent who have BCL2/BCL6 results reported within 3 weeks of commencing treatment.

Denominator: All patients with Burkitt Lymphoma and DLBCL undergoing chemotherapy treatment with curative intent.

Exclusions: No exclusions

Target 90%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	24		181	205
Numerator	2		3	5
Not recorded for numerator	0		0	0
Denominator	2		3	5
Not recorded for exclusions	0		0	0
Not recorded for denominator	0		0	0
% Performance	100%		100%	100%

Comments: Borders and Lothian met the target. Fife were unable to provide data.



QPI 5 Lymphoma MDT Target 90%

Proportion of patients with lymphoma who are discussed at MDT meeting within 8 weeks of diagnosis.

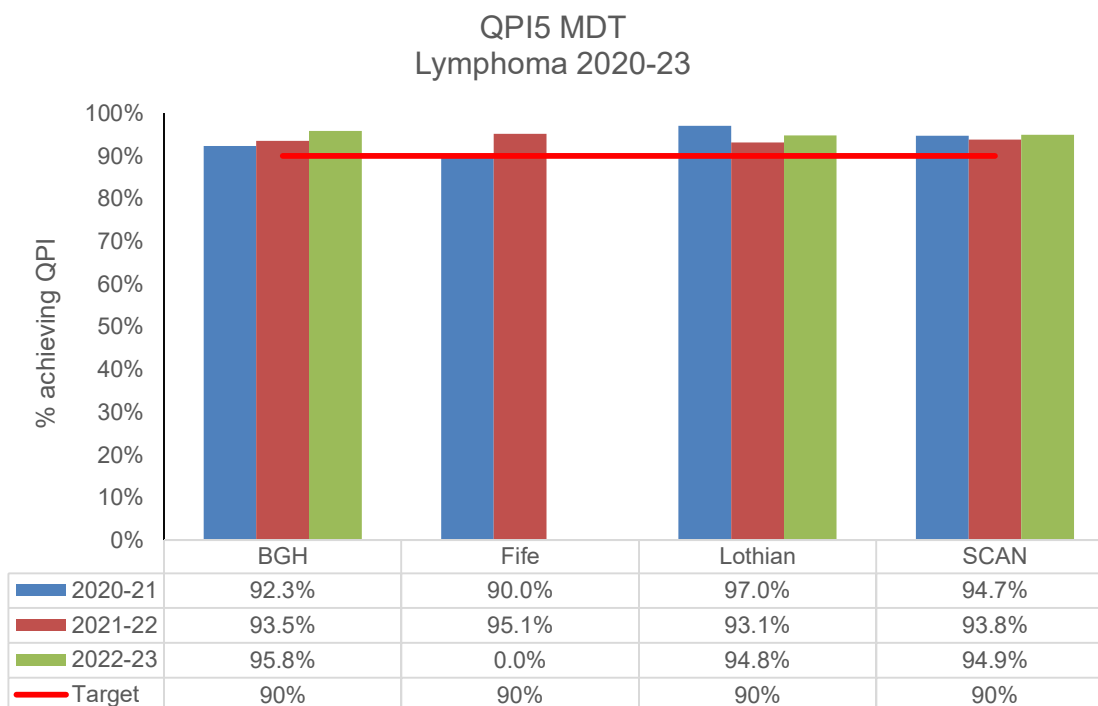
Numerator - Number of patients with lymphoma discussed at the MDT within 8 weeks of diagnosis

Denominator - All patients with Lymphoma

Exclusions: Patients who died before first treatment and patients with primary cutaneous lymphoma.

Target 90%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	2		11	13
Numerator	23		164	187
Not recorded for numerator	0		0	0
Denominator	24		173	197
Not recorded for exclusions	0		0	0
Not recorded for denominator	0		0	0
% Performance	95.8%		94.8%	94.9%

Comments: Borders and Lothian met the target. Fife were unable to provide data.



QPI 11 Hepatitis and HIV Status Target 95%

Proportion of patients with lymphoma undergoing SACT based treatment who have hepatitis B, hepatitis C and HIV status checked prior to treatment

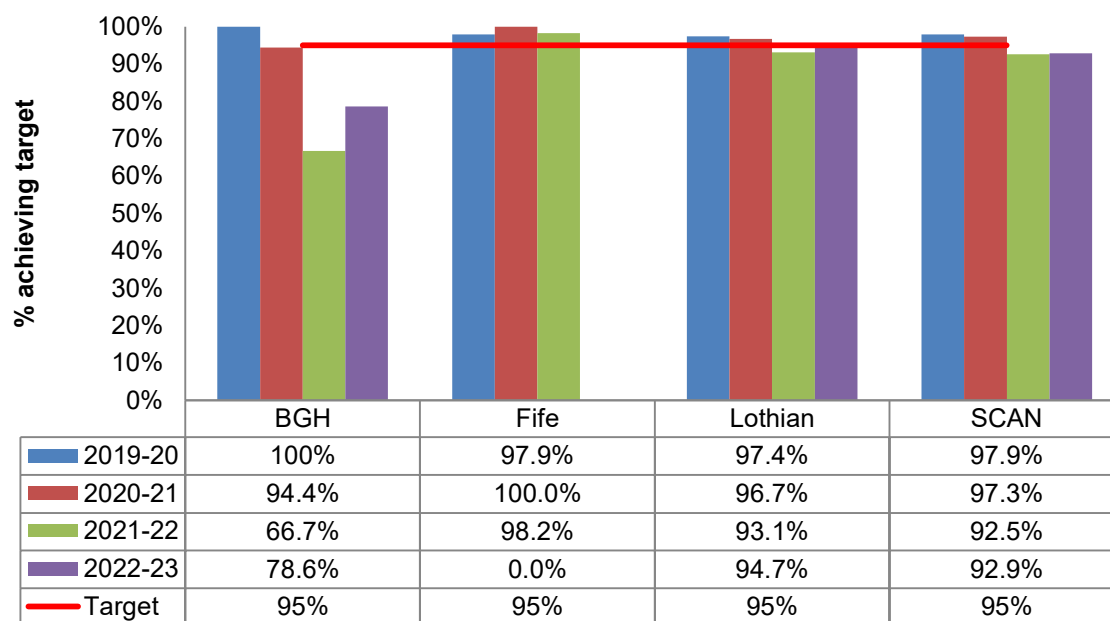
Numerator = Number of patients with lymphoma undergoing SACT who have hepatitis B, C and HIV status checked prior to treatment.

Denominator = All patients with lymphoma undergoing SACT treatment (no exclusions).

Target 95%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	12		71	83
Numerator	11		107	118
Not recorded for numerator	0		0	0
Denominator	14		113	127
Not recorded for exclusions	0		0	0
Not recorded for denominator	0		0	0
% Performance	78.6%		94.7%	92.9%

Comment: Lothian did not make the target with a shortfall of 0.3%(6 cases) In all cases in the tests had been ordered by an alternative service where the same order set was not available, leading to an incomplete Hep B profile. Both HepB surface and HepB core antigens are required to meet the QPI. Borders did not make the target with a shortfall of 16.4% (3 cases) In all cases HepB core was not assessed due to the tests being ordered from outwith the service. Fife were unable to provide data.

QPI 11 Hepatitis and HIV Status
2019-23 Lymphoma



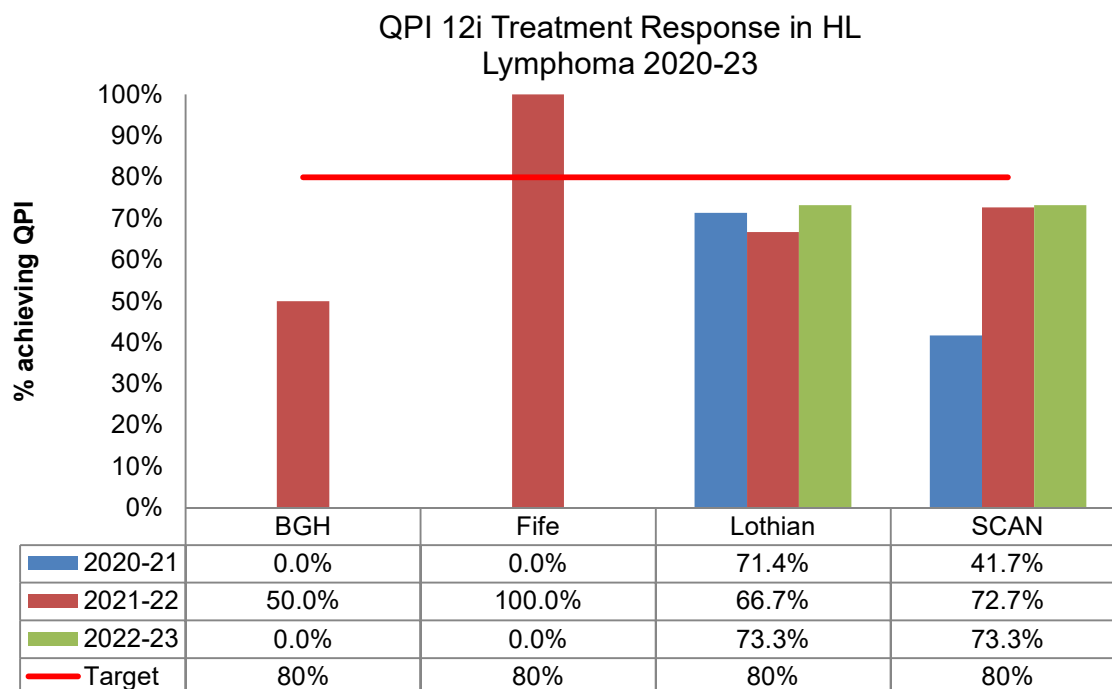
QPI 12i) Treatment Response in Hodgkin Lymphoma Target 80%

Numerator: Number of patients with advanced HL (stage2B and above) who receive ABVD chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy.

Denominator: All patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment (excludes patients who die during treatment).

Target 80%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	26		169	195
Numerator	0		11	11
Not recorded for numerator	0		0	0
Denominator	0		15	15
Not recorded for exclusions	0		0	0
Not recorded for denominator	0		0	0
% Performance	NA		73.3%	73.3%

Comment: Borders did not have any eligible patients. Lothian did not meet the target with a shortfall of 6.7% (4 cases) 3 patients were delayed due to infection and 1 case went on to 2nd line treatment due to refractory disease. Fife were unable to provide data.



QPI 12ii) Treatment Response in Hodgkin Lymphoma Target 80%

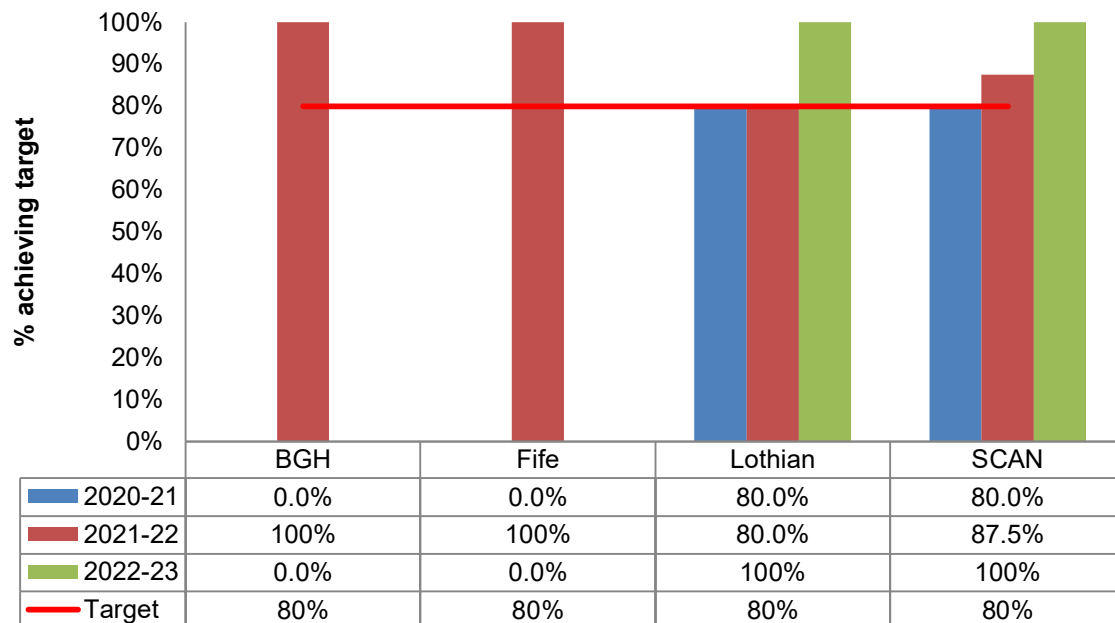
Numerator Number of patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy where the report is available within 3 days.

Denominator All patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy (no exclusions).

Target 80%	Borders	Fife	Lothian	SCAN
2022-23 cohort	26		184	210
Ineligible for this QPI	26		173	199
Numerator	NA		11	11
Not recorded for numerator	NA		0	0
Denominator	NA		11	11
Not recorded for exclusions	NA		0	0
Not recorded for denominator	NA		0	0
% Performance	NA		100%	100%

Comments: Lothian met the target. Borders did not have any eligible patients. Fife were unable to provide data.

QPI 12ii Treatment Response in HL Lymphoma 2022-23



Age Distribution – Fife were unable to provide data

	Borders	Fife	Lothian	SCAN
16-19 years	0		0	0
20-24	0		3	3
25-29	0		2	2
30-34	0		9	9
35-39	0		7	7
40-44	1		5	6
45-49	1		9	10
50-54	1		9	10
55-59	2		21	23
60-64	2		20	22
65-69	6		22	28
70-74	2		25	27
75-79	5		20	25
80-84	5		20	25
>85	1		12	13
Total	26		184	210

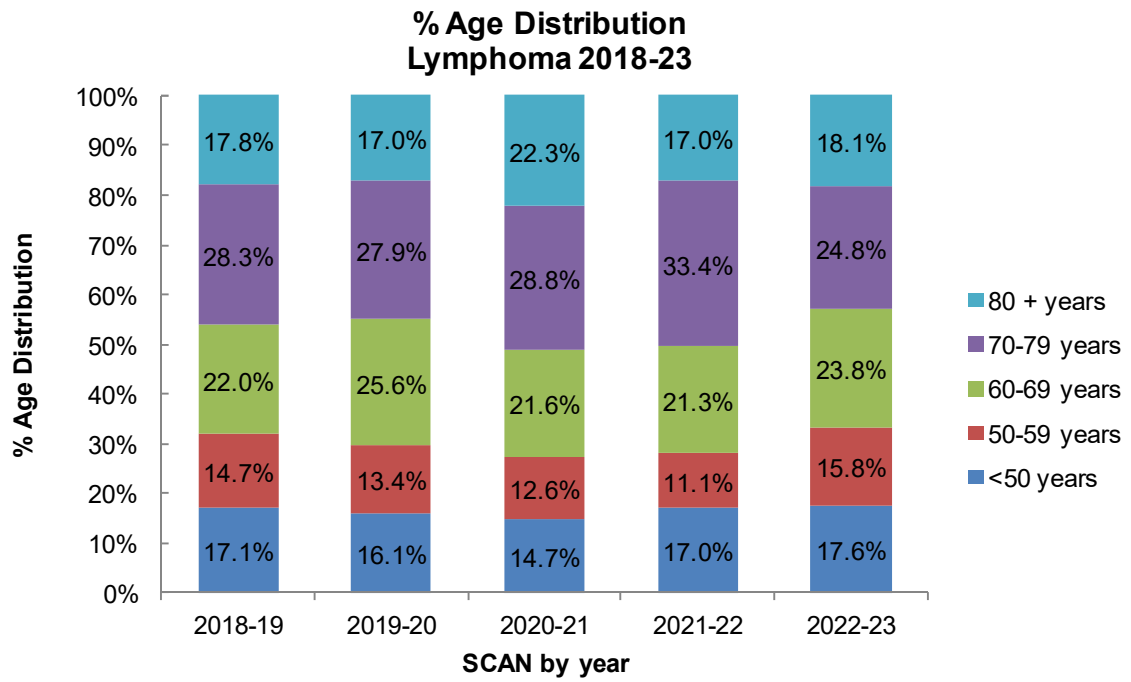
% Age Distribution – Fife were unable to provide data

	Borders	Fife	Lothian	SCAN
16-19 years	0.0%		0.0%	0.0%
20-24	0.0%		1.6%	1.4%
25-29	0.0%		1.1%	0.95%
30-34	0.0%		4.9%	4.3%
35-39	0.0%		3.8%	3.3%
40-44	3.8%		2.7%	2.9%
45-49	3.8%		4.9%	4.8%
50-54	3.8%		4.9%	4.8%
55-59	7.7%		11.4%	11.0%
60-64	7.7%		10.9%	10.5%
65-69	23.1%		12.0%	13.3%
70-74	7.7%		13.6%	12.9%
75-79	19.2%		10.9%	11.9%
80-84	19.2%		10.9%	11.9%
>85	3.8%		6.5%	6.2%

SCAN % Age Distribution 2018-23

	2018-19	2019-20	2020-21	2021-22	2022-23
<50 years	17.1%	16.1%	14.7%	17.0%	17.6%
50-59 years	14.7%	13.4%	12.6%	11.1%	15.7%
60-69 years	22.0%	25.6%	21.6%	21.3%	23.8%
70-79 years	28.3%	27.9%	28.8%	33.4%	24.8%
80 + years	17.8%	17.0%	22.3%	17.0%	18.1%

Age Distribution Graph 2018-23



Summary of all Lymphomas 2022-23

Breakdown of all Lymphomas by morphology	Borders	Fife	Lothian	SCAN
Anaplastic Large Cell Lymphoma, (ALCL) ALK Positive	0		0	0
Anaplastic Large Cell Lymphoma, ALK Negative	1		2	3
Angioimmunoblastic T cell	0		2	2
B-cell Lymphoma, Unclassifiable, with Features Indeterminate between Diffuse Large B-cell Lymphoma and Burkitt Lymphoma	0		0	0
Classical Hodgkin Lymphoma	1		15	16
Diffuse Large B Cell Lymphoma NOS	4		72	76
Diffuse Large B-cell Lymphoma, GCB cell subtype	4		0	4
Burkitt's Lymphoma	0		1	1
Burkitt like lymphoma with 11q aberation	0		1	1
EBV Positive DLBCL NOS	2		0	2
Enteropathy- associated T cell lymphoma	0		1	1
Extranodal Marginal Zone Lymphoma of MALT	1		11	12
Extranodal NK/T Cell Lymphoma, Nasal Type	0			0
Follicular Lymphoma	1		2	3
Follicular Lymphoma Grade 1	4		9	13
Follicular Lymphoma Grade 2	2		12	14
Follicular Lymphoma Grade 3A	0		5	5
Follicular Lymphoma Grade 3B	0		0	0
High grade B cell lymphoma with MYC and BCL2 and/or BCL6	2		0	2
Hepatosplenic T Cell Lymphoma	0		1	1
Lymphocyte Rich Classical Hodgkin Disease	0		0	0
Lymphomatoid Granulomatosis	0		0	0
Lymphoplasmacytic Lymphoma	2		13	15
Malignant Lymphoma NHL NOS	0		3	3
Malignant Lymphoma, Not Otherwise Specified	1		0	1
Mantle Cell	0		4	4
Mixed Cellularity Classical Hodgkin Lymphoma	0		3	3
Monomorphic epitheliotrophic T cell lymphma	0		0	0
Mycosis Fungoides	0		0	0
Nodular Lymphocyte Predominant Hodgkin Lymphoma	0		2	2
Nodal Marginal Zone	0		4	4
Nodular Sclerosis Classical Hodgkin Lymphoma	0		6	6
Peripheral T-Cell Lymphoma, Unspecified	0		2	2
Plasmablastic lymphoma	0		2	2
Post Transplant LPD	0		1	1
Primary Diffuse Large B cell Lymphoma of CNS	1		5	6
Primary Mediastinal (Thymic) Large B-cell Lymphoma	0		3	3
Primary Cutaneous CD4 positive small/med T cell LPD	0		0	0
Primary Cutaneous DLBCL, Leg type	0		0	0
Splenic B-cell Lymphoma/Leukaemia, Unclassifiable	0		0	0
Splenic B-Cell Marginal Zone Lymphoma	0		2	2
T-cell Histiocyte rich Large B cell Lymphoma	0		0	0
Total	26		184	210

Target met	Target not met	No data available
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Lymphoma QPI 2021-22 summary table			BGH			Fife			Lothian			SCAN		
QPI1 Reported within 3 weeks of request		90	N	7	87.5%	N	43	100%	N	84	90.3%	N	134	93.1%
			D	8		D	43		D	93		D	144	
QPI 2 Proportion of patients with DLBCL treated with curative intent given end of treatment CT/PET		90	N	2	66.7%	N	15	78.9%	N	45	86.5%	N	62	83.8%
			D	3		D	19		D	52		D	74	
QPI 3 Proportion of patients with CHL treated with curative intent who have PET CT prior to first treatment reported within 3 weeks of request		95	N	1	100%	N	13	100%	N	17	89.5%	N	31	93.9%
			D	1		D	13		D	19		D	33	
QPI 4 Proportion of patients with Burkitt Lymphoma and DLBCL treated with curative intent who have MYC testing as part of the diagnostic process	Before treatment	90	N	5	83.3%	N	22	100%	N	58	90.6%	N	85	92.4%
	Within 3 weeks of treatment	90	N	NA	NA	N	4	100%	N	7	87.5%	N	11	91.7%
			D	NA		D	4		D	8		D	12	
QPI 5 Proportion of patients reviewed by MDT within 8 weeks of diagnosis.		90	N	29	93.5%	N	78	95.1%	N	163	93.1%	N	270	93.8%
			D	31		D	82		D	175		D	288	
QPI 11 Patients with lymphoma undergoing SACT who have hepatitis B,C and HIV status checked prior to treatment		95	N	10	66.7%	N	55	98.2%	N	108	93.1%	N	173	92.5%
			D	15		D	56		D	116		D	187	
QPI 12 Proportion of patients with advanced HL treated with ABVD who have treatment evaluated with a PET CT	After 2 cycles	80	N	1	50.0%	N	5	100%	N	10	66.7%	N	16	72.7%
	Reported within 3 days	80	N	1	100%	N	5	100%	N	8	80.0%	N	14	87.5%
			D	2		D	5		D	15		D	22	
			D	1		D	5		D	10		D	16	