

SOUTH EAST SCOTLAND CANCER NETWORK (SCAN) PROSPECTIVE CANCER AUDIT

Lymphoma 2019 - 2020 COMPARATIVE AUDIT REPORT

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Document history

Version	Circulation	Date	Comments
Version 1	SCAN Haematology Lead clinicians for Regional Sign Off Meeting on 3 rd November	01/10/2021	(Lothian data signed off by Dr Fiona Scott.)
Version 2	SCAN Lead clinician and sign off group	03/11/2021	Sign off complete no actions identified.
Version 3	SCAN Haematology Group	30/11/2021	Chair's comment added
Final Version	SCAN Group SCAN Governance Framework SCAN Action Plan Board Leads	25/02/2022	No comments received
Web Version	Published to SCAN Website		

Chair Summary

The SCAN Haematology group continued to work to provide the highest quality of care for all patients diagnosed with lymphoma in 2019-20, 9 months of which proved to be a very difficult year for cancer services due to the start of the Covid19 pandemic still ongoing at the time of writing.

Dr Fiona Scott, outgoing SCAN Haematology Chair, retired in 2020. The post has been vacant since and because of extreme workforce pressures over the intervening period it has not been possible to find a replacement Chair. I have "stood in" in the interim, carefully guided by Kerri Davidson as Deputy Chair. These events have delayed the publication of this report.

This is the seventh lymphoma QPI report for the SCAN Network and is a paired down report due to changes from the second QPI formal review which require new dataset items to be collected. The new and revised QPIs will be reported in 2022 (year 8 of QPI reporting).

The main challenge for the SCAN Haematology group remains access to and timing of radiological investigations and finalised imaging reports (4 out of 8 QPIs in this report).

Additionally, national difficulties with robust provision of the necessary isotope required to support PET evaluation resulted in unpredictable and avoidable delays in PET assessment.

Delays in access to finalised radiology reports is an ongoing issue but this did not delay delivery of chemotherapy (QPI 12).

I acknowledge the dedication of the Haematology workforce over the last 18 months who have worked above and beyond in the most trying circumstances with large workforce gaps to continue to provide the best possible care for their patients.

I am extremely grateful to Lorna Bruce, Valerie Findlay and Michelle MacDonald in the SCAN Audit Team for all their diligence in collating the data, generating this report and keeping the Tumour Group apprised of performance.

It is to be hoped as we turn the corner from the Pandemic the pressures on the service will gradually ease and the promised resources for Recovery will be realised.

James Mander
SCAN Lead Clinician
February 2022

Action Points from 2019-20

No Actions identified

There were no action points from the 2018-19 report.

Lymphoma QPI Attainment Summary 2019-20		Target%	BGH			Fife			Lothian			SCAN		
QPI 1 Proportion of patients treated with curative intent who have CT chest/ abdomen/ pelvis or PET/CT and reported ≤3 weeks of request.		90	N 22 D 24	91.7%	N 39 D 43	90.7%	N 106 D 125	84.8%	N 167 D 192	87.0%				
QPI 2 Proportion of patients with DLBCL treated with curative intent given end of treatment CT/PET		95	N 13 D 13	100%	N 16 D 18	88.9%	N 42 D 48	87.5%	N 71 D 79	89.9%				
QPI 3 Proportion Classical Hodgkin Lymphoma patients treated with curative intent that undergo PET CT scan ≤ 3 weeks of request		95	N 1 D 1	100%	N 4 D 4	100%	N 19 D 19	100%	N 24 D 24	100%				
QPI 4 Proportion Burkitt Lymphoma and DLBCL patients treated with curative intent who have MYC testing as part of the diagnostic process		90	N 14 D 14	100%	N 16 D 21	76.2%	N 50 D 55	90.9%	N 80 D 90	88.9%				
QPI 5 Proportion of patients reviewed by MDT ≤ 8 weeks of diagnosis.		90	N 36 D 37	97.3%	N 51 D 60	85.0%	N 163 D 183	89.1%	N 250 D 280	89.3%				
QPI 11 Proportion of lymphoma patients undergoing SACT who have hepatitis B,C and HIV status checked prior to treatment		95	N 25 D 25	100%	N 47 D 48	97.9%	N 113 D 116	97.4%	N 185 D 189	97.9%				
QPI 12 Proportion of patients with advanced Hodgkin Lymphoma treated with ABVD who have treatment evaluated with a PET CT	After 2 cycles	80	N 0 D 0	NA	N 1 D 2	50.0%	N 14 D 14	100%	N 15 D 16	93.8%				
	Reported within 3 days	80	N 0 D 0	NA	N 0 D 1	0.0%	N 9 D 14	64.3%	N 9 D 15	60.0%				
QPI 14 Clinical trials Generic QPI N= Patients consented to a trial /research and held on SCRN database. D= 5yr Cancer Registry average		15	N 0 D 34	0.0%	N 0 D 73	0.0%	N 4 D 187	2.1%	N 4 D 293	1.4%				

Following a Formal Review of the Lymphoma QPIs in September 2020 we are unable to report on all updated QPIs in this report. At the discretion of the Lead Clinician the following QPIs are reported according to Measurability V3.4. QPIs requiring a new data collection field will be reported in subsequent years.

QPI 2

QPI 5

QPI 12i and 12ii

Introduction and Methods

Cohort

This report covers patients newly diagnosed with Lymphoma in Borders, Fife, and Lothian Health Board areas between 1st October 2019 and 30th September 2020. 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, Information Services Division (ISD), 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 2 formal reviews the latest in September 2020. This is the 7th publication of QPI results for Lymphoma within SCAN and the 1st with the newly revised QPIs.

The following QPIs have been updated:

QPI	Change	Year for reporting
2	New data item added to allow measurement from last day of the final cycle of chemotherapy (SACTFINALDATE1)	2020-21
4i	The target has been changed from 60% to 90%	2019-20
4ii	New data item added to record BCL2/6 testing (BCLDATE)	2020-21
5	New data item added to measure from date of pathology report (DPATHREP)	2020-21
11	Hepatitis B testing must include both surface and core antigen tests.	2019-20
12	New data item added to reflect changes in HL management (BEACOPDac)	2020-21

The following QPIs have been archived:

QPI 1 parts i and ii, QPI 3 parts i and ii, QPI 6, QPI 7, QPI 8, QPI 9, QPI 10 and QPI 13

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 Michelle Macdonald, 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 J Leong	Valerie Findlay
NHS Fife	Queen Margaret Hospital/Victoria Hospital	Dr K Davidson	Michelle MacDonald
SCAN & NHS Lothian	St Johns Hospital Western General Hospital	Dr FM Scott	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 2015 to 2019. 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 01/10/2019 to 30/09/2020

	Borders	Fife	Lothian	SCAN
Hodgkin Lymphoma	2	6	25	33
Diffuse Large B Cell Lymphoma	14	23	71	108
Follicular Lymphoma	7	12	28	47
Other Lymphomas	16	28	73	117
Total	39	69	197	305

Estimate of case ascertainment: calculated using the average of the most recent available five years of Cancer Registry data (2015-2019) from ACaDMe Comparative datamart.

	Borders	Fife	Lothian	SCAN
HL - Cases from Audit	2	6	25	33
HL- Cancer Registry 5 yr average	3	9.8	32.8	45.8
% Case Ascertainment	66.7%	61.2%	76.2%	72.1%

	Borders	Fife	Lothian	SCAN
NHL - Cases from Audit	37	63	172	272
NHL- Cancer Registry 5 yr average	30.4	63.2	154	247
% Case Ascertainment	121.7%	99.7%	111.7%	110.1%

DLBCL – Diffuse Large B Cell Lymphoma; FL – Follicular Lymphoma; HL – Hodgkin Lymphoma; NHL – Non Hodgkin Lymphoma

A comparison of Lothian audit data collection with PHS data collection for 2019 was carried out to identify differences in data capture. The table below lists some of the differences identified.

Not recorded by audit	Not recorded by ISD
<16 years	Differences in morphology coding
Difference in dates of cohort	Not known to cancer registry
Returned abroad immediately following diagnosis	Diagnosed outside Lothian
Frail/elderly went straight to hospice	Skin lymphoma not reviewed at Haem MDM
Recurrence or progressive disease (not a new primary)	
LPD – not lymphoma	
Differences in morphology coding	
Unconfirmed 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 03/11/2021
- Final report circulated to SCAN Haematology Group and Clinical Governance Groups on 25/02/2022

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%

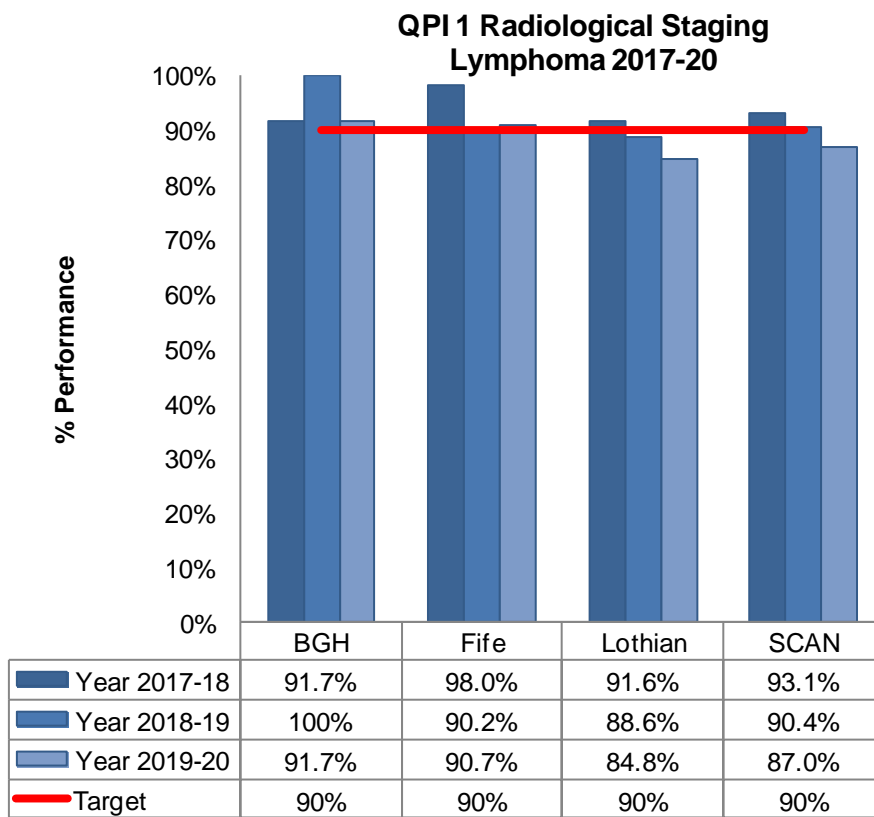
Numerator = Number of patients with lymphoma undergoing treatment with curative intent who undergo CT of chest, abdomen and pelvis or PET CT scanning prior to treatment where the report is available within 3 weeks of radiology request.

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
2019-20 cohort	39	69	197	305
Ineligible for this QPI	15	25	72	113
Numerator	22	39	106	167
Not recorded for the numerator	0	1	0	1
Denominator	24	43	125	192
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	91.7%	90.7%	84.8%	87.0%

Comments where QPI was not met:

Lothian: Lothian missed the target with a shortfall of 5.2% (19 cases). 18 of the cases incurred a delay between CT/PET request and CT/PET scan being performed. The longest gap was 147 days due to other clinical needs the apparent delay is not a reflection of the Haematology service.



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
2019-20 cohort	39	69	197	305
Ineligible for this QPI	26	51	149	226
Numerator	13	16	42	71
Not recorded for numerator	0	0	0	0
Denominator	13	18	48	79
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	100%	88.9%	87.5%	89.9%

Reported according to measurability v3.4 (following the 2nd Formal Review v4.0 requires new data collection fields which will be reported in 2020-21). For information only.

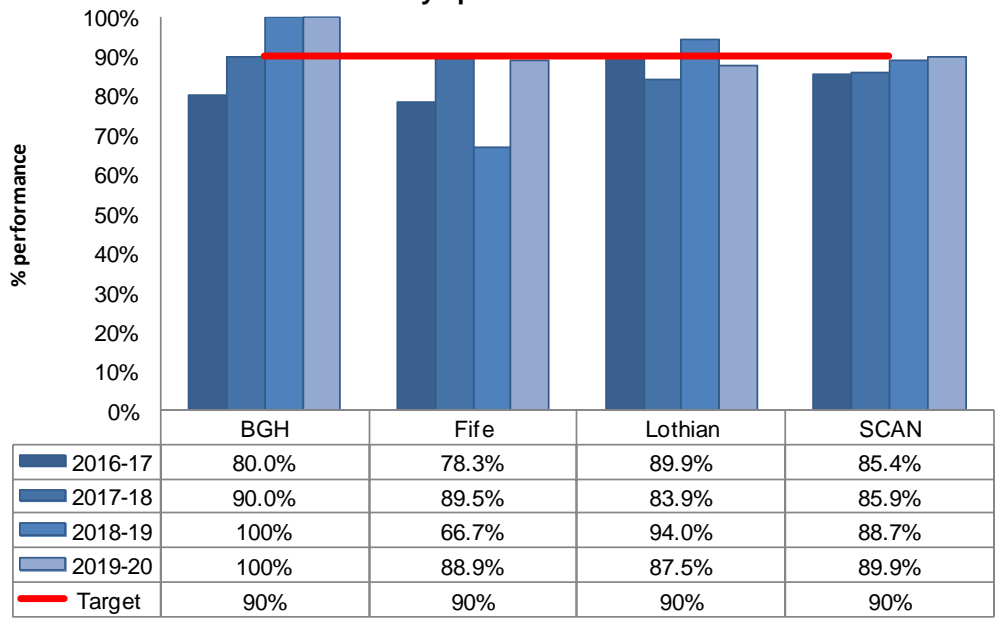
Comments where QPI was not met:

Fife: The target was not met with a shortfall of 1.1% (2 cases). Both cases exceeded the 91 day target, but were fully discussed and treated appropriately within clinical limits.

Lothian: The target was not met with a shortfall of 2.5% (6 cases). 5 cases were less than 100 days, 1 was 131 days. Patients all received adjuvant radiotherapy and post treatment imaging after a minimum of 91 days from completion of radiotherapy. Therefore all patients were treated appropriately.

Action: No action was identified. All patients received appropriate post treatment imaging.

**QPI 2 Treatment Response
Lymphoma 2016-20**



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

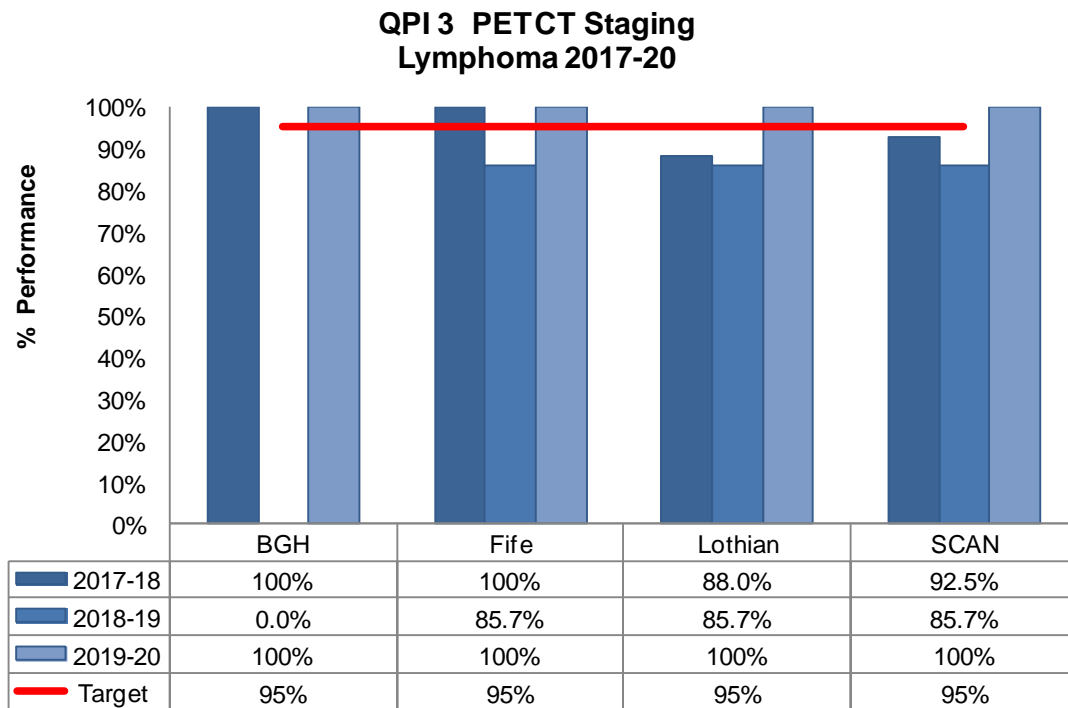
Numerator = Number of patients with CHL undergoing treatment with curative intent who undergo PET CT prior to first treatment where the report is available within 3 weeks.

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

Target 95%	Borders	Fife	Lothian	SCAN
2019-20 cohort	39	69	197	305
Ineligible for this QPI	38	65	178	280
Numerator	1	4	19	24
Not recorded for numerator	0	0	0	0
Denominator	1	4	19	24
Not recorded for exclusions	0	0	0	1
Not recorded for denominator	0	0	0	0
% Performance	100%	100%	100%	100.0%

Comments

The target was met by all health boards.



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 and DLBCL undergoing treatment with curative intent who have MYC results reported prior to treatment..

Denominator : All patients with Burkitt lymphoma and DLBCL undergoing treatment with curative intent (no exclusions)

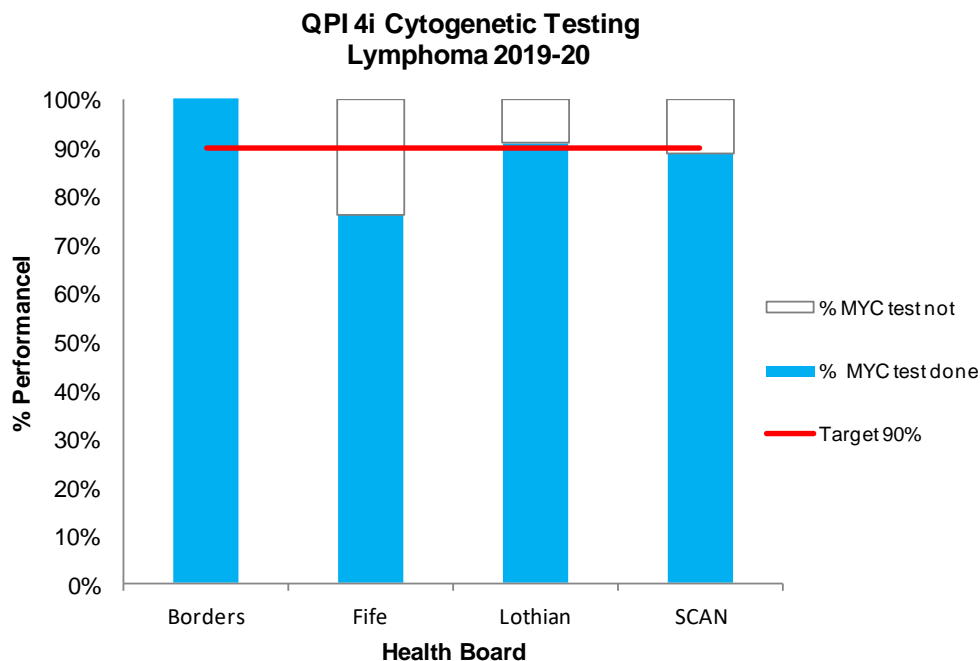
Target 90%	Borders	Fife	Lothian	SCAN
2019-20 cohort	39	69	197	305
Ineligible for this QPI	25	48	142	215
Numerator	14	16	50	80
Not recorded for numerator	0	0	0	0
Denominator	14	21	55	90
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	100%	76.2%	90.9%	88.9%

Following the 2nd Formal Review part i has been updated and is not comparable to previous years due to the change in target-(previously 60%) Part ii has been revised requiring new data collection fields and will be reported in 2020-21.For information only.

Comments where QPI was not met:

Fife: The target was not met showing a shortfall of 13.8% (5 cases). 3 did not have MYC test requested because the patients were unfit for chemotherapy. 1 had tissue sent to lab for processing but results were not reported and 1 had insufficient tissue for MYC test to be performed.

Action: The protocol has now changed in Fife so that all patients newly diagnosed with DLBCL are routinely MYC tested, no further action is required



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 or with primary cutaneous lymphoma.

Target 90%	Borders	Fife	Lothian	SCAN
2019-20 cohort	39	69	197	305
Ineligible for this QPI	2	9	14	22
Numerator	36	51	163	250
Not recorded for numerator	0	0	0	0
Denominator	37	60	183	280
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	97.3%	85.0%	89.1%	89.3%

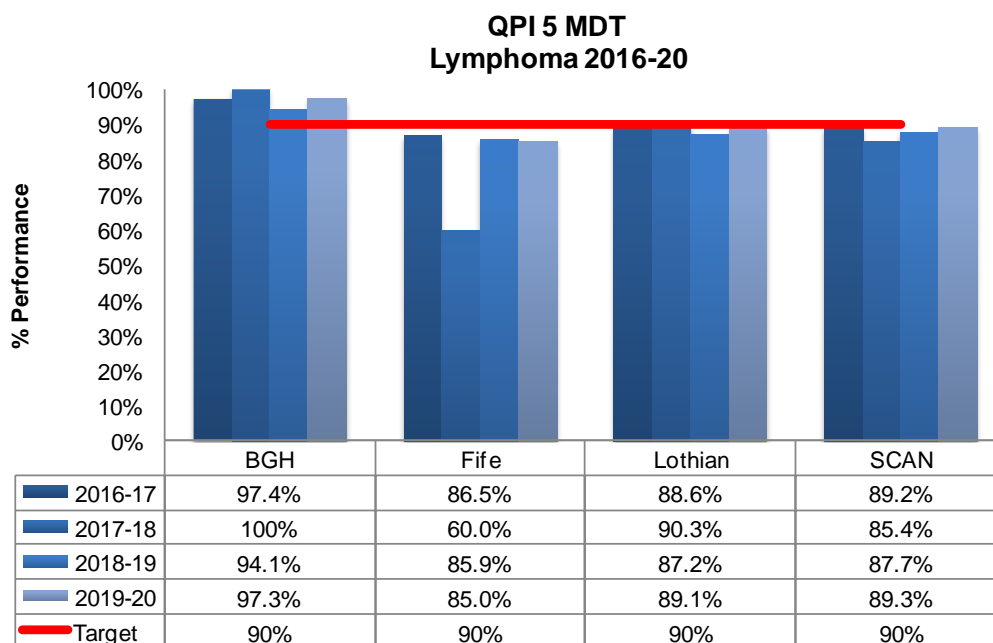
Reported according to measurability v3.4 (following the 2nd Formal Review v4.0 requires a new data collection field which will be reported in 2020-21) For information only.

Comments where QPI was not met:

Fife: The target was not met showing a shortfall of 5% (9 cases). All were initially diagnosed by other specialities before referral to Haematology.

Lothian: The target was not met with a shortfall of 0.9% (20 cases). Reasons include review by alternative MDM, difficult diagnosis, delayed over festive period, managed by the alternative team, referred from other specialities. 11 of those not meeting target were reviewed in less than 56 working days.

Action No action identified. All patients were discussed at an MDT meeting. Performance may improve with new measurability implemented from October 2020.



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.

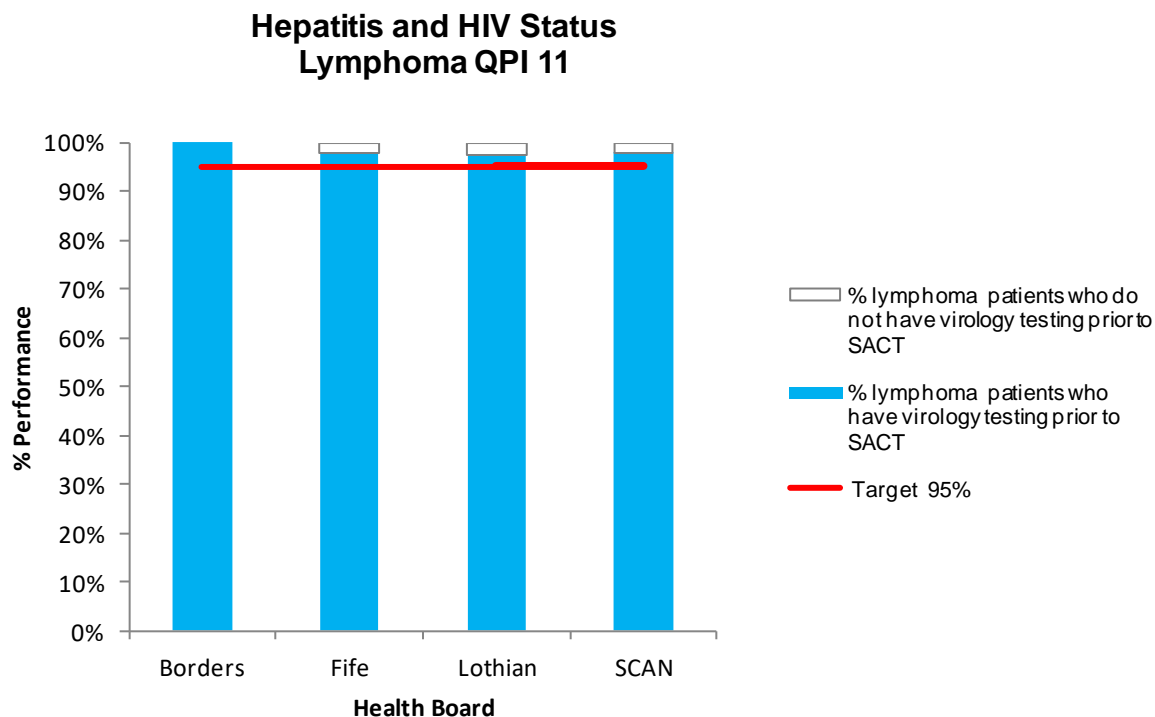
Denominator = All patients with lymphoma undergoing SACT treatment (no exclusions).

Target 95%	Borders	Fife	Lothian	SCAN
2019-20 cohort	39	69	197	305
Ineligible for this QPI	14	21	81	116
Numerator	25	47	113	185
Not recorded for numerator	0	0	0	0
Denominator	25	48	116	189
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	100%	97.9%	97.4%	97.9%

Amended following 2nd Formal Review and is not comparable to previous years. Measurement of Hepatitis B must now include both Hep B surface and core antigens.

Comments:

The target was met by all health boards.



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 chemotherapy treatment (no exclusions).

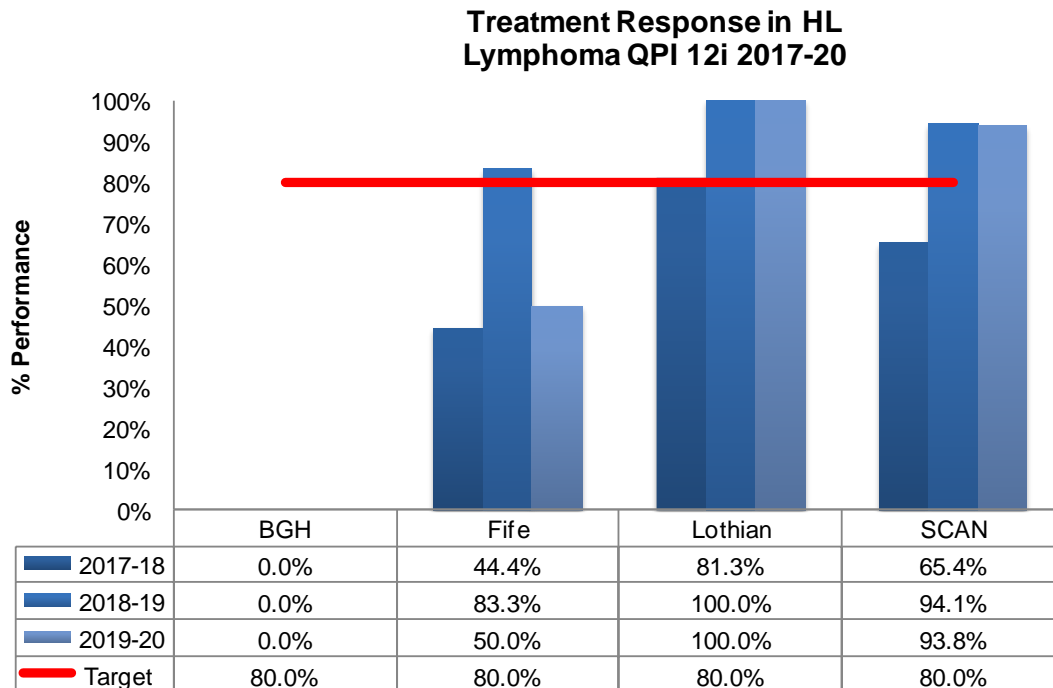
Target 80%	Borders	Fife	Lothian	SCAN
2019-20 cohort	39	69	197	305
Ineligible for this QPI	39	67	184	290
Numerator	0	1	14	15
Not recorded for numerator	0	0	0	0
Denominator	0	2	14	16
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	NA	50.0%	100%	93.8%

Comments: Reported according to measurability v3.4 (following the 2nd Formal Review v4.0 requires a new data collection field which will be reported in 2020-21). For information only

Borders: There were no eligible patients in this cohort.

Fife: The target was not met with a shortfall of 30%. A CTCAP was performed after 2 cycles instead of a PET CT. The scan was discussed at the regional MDM to inform further management.

Lothian: The target was met



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

Numerator Number of patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD 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 chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy (no exclusions).

Target 80%	Borders	Fife	Lothian	SCAN
2019-20 cohort	39	69	197	305
Ineligible for this QPI	39	68	183	290
Numerator	0	0	9	9
Not recorded for numerator	0	0	0	0
Denominator	0	1	14	15
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
% Performance	NA	0.0%	64.3%	60.0%

Comments: Reported according to measurability v3.4 (following the 2nd Formal Review v4.0 requires a new data collection field which will be reported in 2020-21) For information only.

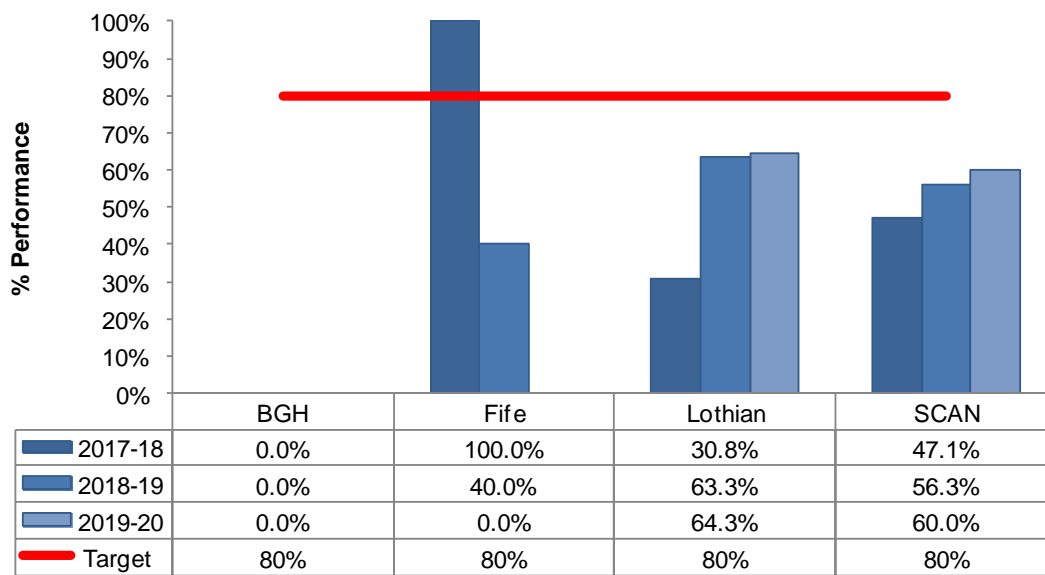
Borders: There were no eligible patients in this cohort

Fife: The target was not met with a shortfall of 80% where the report was available 6 days after the PETCT was performed.

Lothian: The target was not met showing a shortfall of 15.7% . Undergoing a mid treatment PET is the key measurement of this QPI and all patients achieved this, a day or two beyond the target is not considered clinically significant.

Action no action identified - ongoing pressure on radiology service nationally noted.

Treatment Response in HL Lymphoma QPI 12ii 2017-20



QPI 14 Clinical Trials and Research Study Access Target 15%

Proportion of patients with lymphoma who are consented for a clinical trial/research study..

Numerator Number of patients diagnosed with lymphoma consented for a clinical trial/research study.

Denominator All patients diagnosed with Lymphoma, average 5 year incidence from Cancer Registry (2015_19)

Target 15%	Borders	Fife	Lothian	SCAN
Numerator	0	0	4	4
Denominator	34	73	187	293
% Performance	0.0%	0.0%	2.1%	1.4%

Trial data from 2020 SCRNs download

Clinical Trial/research studies 2020	Borders	Fife	Lothian	SCAN
Cardiac Care	0	0	2	2
Cell Free DNA	0	0	1	1
Cancer of UKP	0	0	1	1

There are currently no first line treatment trials for the main lymphoma subgroups.

Age Distribution

	Borders	Fife	Lothian	SCAN
16-19 years	0	0	0	0
20-24	0	0	5	5
25-29	0	0	6	6
30-34	0	1	7	8
35-39	2	3	3	8
40-44	1	3	8	12
45-49	1	0	9	10
50-54	5	5	12	22
55-59	1	1	17	19
60-64	3	14	19	36
65-69	4	8	30	42
70-74	6	16	21	43
75-79	5	9	28	42
80-84	7	7	18	32
>85	4	2	14	20
Total	39	69	197	305

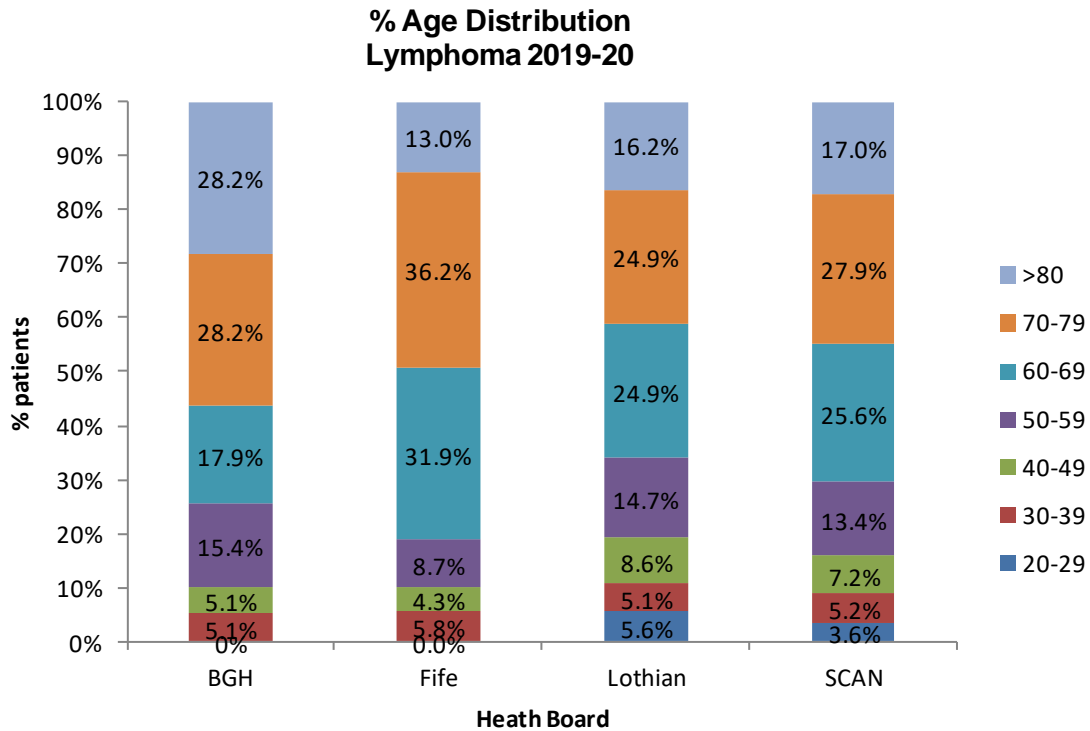
% Age Distribution

	Borders	Fife	Lothian	SCAN
16-19 years	0.0%	0.0%	0.0%	0.0%
20-24	0.0%	0.0%	2.5%	1.6%
25-29	0.0%	0.0%	3.0%	2.0%
30-34	0.0%	1.4%	3.5%	2.6%
35-39	5.1%	4.3%	1.5%	2.6%
40-44	2.6%	4.3%	4.0%	3.9%
45-49	2.6%	0.0%	4.5%	3.3%
50-54	12.8%	7.2%	6.1%	7.2%
55-59	2.6%	1.4%	8.6%	6.2%
60-64	7.7%	20.3%	9.6%	11.8%
65-69	10.3%	11.6%	15.2%	13.8%
70-74	15.4%	23.2%	11.1%	14.1%
75-79	12.8%	13.0%	14.1%	13.8%
80-84	17.9%	10.1%	9.1%	10.5%
>85	10.3%	2.9%	7.1%	6.6%

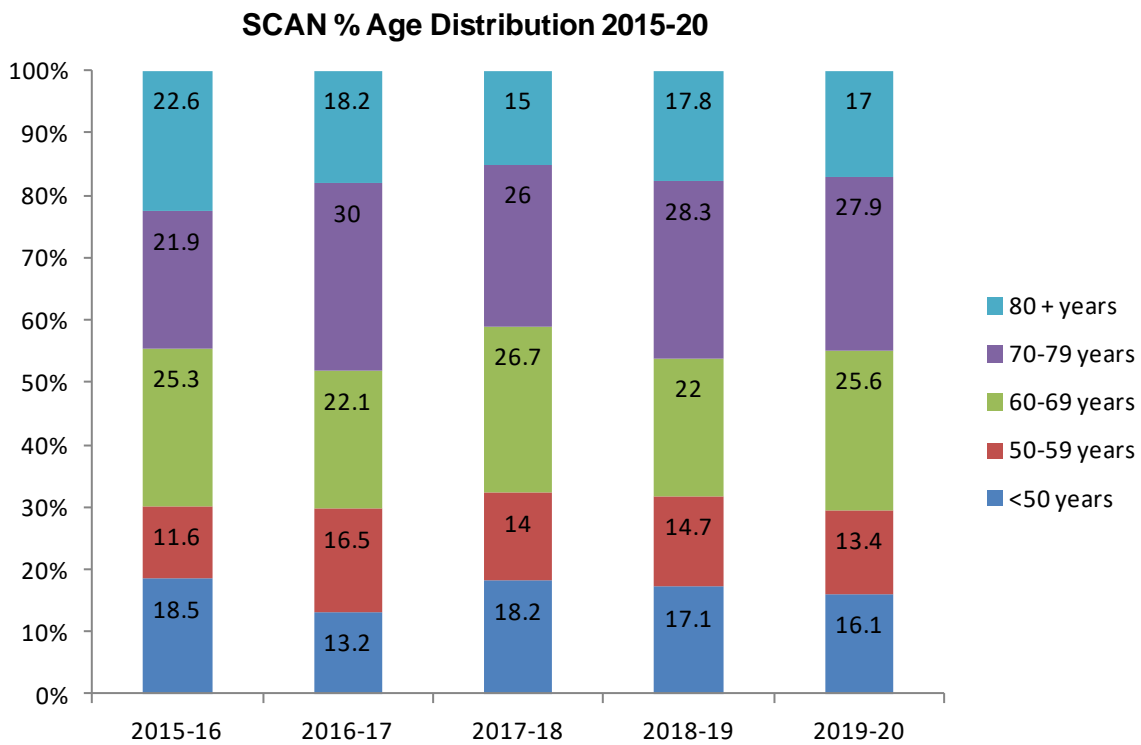
SCAN % Age Distribution 2015-20

	2015-16	2016-17	2017-18	2018-19	2019-20
<50 years	18.5	13.2	18.2	17.1	16.1
50-59 years	11.6	16.5	14.0	14.7	13.4
60-69 years	25.3	22.1	26.7	22.0	25.6
70-79 years	21.9	30.0	26.0	28.3	27.9
80 + years	22.6	18.2	15.0	17.8	17.0

Age Distribution Graph 2019-20



SCAN Age Distribution 2015-20



Summary of all Lymphomas 2019-20

Breakdown of all Lymphomas by morphology	Borders	Fife	Lothian	SCAN
Anaplastic Large Cell Lymphoma, (ALCL) ALK Positive	0	0	1	1
Anaplastic Large Cell Lymphoma, ALK Negative	0	0	5	5
Angioimmunoblastic T cell	1	1	2	4
B-cell Lymphoma, Unclassifiable, with Features Indeterminate between Diffuse Large B-cell Lymphoma and Burkitt Lymphoma	0	1	1	2
Classical Hodgkin Lymphoma	1	6	12	19
Diffuse Large B Cell Lymphoma NOS	14	21	50	85
DLBCL Germinal Centre subtype	0	0	4	4
DLBCL, Activated B cell subtype	0	0	1	1
Burkitt's Lymphoma	1	0	1	2
EBV Positive DLBCL of the Elderly	0	0	6	6
Enteropathy- associated T cell lymphoma	0	1	1	2
Extranodal Marginal Zone Lymphoma of MALT	3	2	11	16
Extranodal NK/T Cell Lymphoma, Nasal Type	0	0	0	0
Follicular Lymphoma	0	4	4	8
Follicular Lymphoma Grade 1	0	7	5	12
Follicular Lymphoma Grade 2	4	0	12	16
Follicular Lymphoma Grade 3A	3	1	7	11
Follicular Lymphoma Grade 3B	0	0	0	0
High grade B cell lymphoma with MYC and BCL2 and/or BCL6 rearrangement	0	0	6	6
Hepatosplenic T-cell lymphoma	0	2	0	2
Lymphocyte Rich Classical Hodgkin Disease	0	0	0	0
Lymphomatoid Granulomatosis	0	0	0	0
Lymphoplasmacytic Lymphoma	6	7	16	29
Malignant Lymphoma NHL NOS	0	0	2	2
Malignant Lymphoma, Not Otherwise Specified	1	1	0	2
Mantle Cell	2	4	11	17
Mixed Cellularity Classical Hodgkin Lymphoma	0	0	5	5
Monomorphic epitheliotropic T cell lymphoma	0	0	1	1
Mycosis Fungoides	1	2	3	6
Nodular Lymphocyte Predominant Hodgkin Lymphoma	1	0	6	7
Nodal Marginal Zone	0	2	1	3
Nodular Sclerosis Classical Hodgkin Lymphoma	0	0	2	2
Peripheral T-Cell Lymphoma, Unspecified	0	2	4	6
Plasmablastic lymphoma	0	1	1	2
Post Transplant LPD	0	1	2	3
Primary Diffuse Large B cell Lymphoma of CNS	0	0	3	3
Primary Mediastinal (Thymic) Large B-cell Lymphoma	0	0	2	2
Primary Cutaneous CD4 positive small/med T cell LPD	0	1	1	2
Primary Cutaneous DLBCL, Leg type	0	0	1	1
Primary Cutaneous Follicle centre lymphoma	0	0	1	1
Splenic B-cell Lymphoma/Leukaemia, Unclassifiable	0	2	0	2
Splenic B-Cell Marginal Zone Lymphoma	1	0	5	6
T-cell Histiocyte rich Large B cell Lymphoma	0	0	1	1
Total	39	69	197	305

Lymphoma QPI Attainment Summary 2018-19		Target %	Borders			Fife			Lothian			SCAN		
QPI 1 Proportion of patients treated with curative intent who have CT of chest, abdomen & pelvis or PET/CT	Prior to treatment	95	N 22	100%	N 51	98.1%	N 114	96.6%	N 187	97.4%	D 22	D 52	D 118	D 192
	Within 2 weeks of request	90	N 20	90.9%	N 43	84.3%	N 96	84.2%	N 159	85.0%	D 22	D 51	D 114	D 187
	Reported within 3 weeks of request	90	N 22	100%	N 46	90.2%	N 101	88.6%	N 169	90.4%	D 22	D 51	D 114	D 187
QPI 2 Proportion of patients with DLBCL treated with curative intent given end of treatment CT/PET		90	N 6	100%	N 10	66.7%	N 47	94.0%	N 62	88.7%	D 6	D 15	D 50	D 70
QPI 3 Proportion of patients with Classical Hodgkin Lymphoma treated with curative intent that undergo PET CT scan.	Prior to treatment	95	N NA	NA	N 7	87.5%	N 21	95.5%	N 28	93.3%	D NA	D 8	D 22	D 30
	Within 2 weeks of request	95	N NA	NA	N 4	57.1%	N 12	57.1%	N 16	57.1%	D NA	D 7	D 21	D 28
	Reported within 3 weeks of request	95	N NA	NA	N 6	85.7%	N 18	85.7%	N 24	85.7%	D NA	D 7	D 21	D 28
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	60	N 10	90.9%	N 4	20.0%	N 36	57.1%	N 50	53.2%	D 11	D 20	D 63	D 94
	Within 3 weeks of treatment	85	N 11	100%	N 12	60.0%	N 58	92.1%	N 81	86.2%	D 11	D 20	D 63	D 94
QPI 5 Proportion of patients reviewed by MDT within 8 weeks of diagnosis.		90	N 32	94.1%	N 67	85.9%	N 143	87.2%	N 242	87.7%	D 34	D 78	D 164	D 276
QPI 6 Proportion of patients with FL or DLBCL treated with chemotherapy and anti B cell monoclonal antibody therapy		95	N 13	100%	N 26	100%	N 68	100%	N 107	100%	D 13	D 26	D 68	D 107
QPI 10 Patients with primary cutaneous lymphoma discussed at a specialist MDT meeting		95	N NA		N 1	100%	N 2	100%	N 3	100%	D NA	D 1	D 2	D 3
QPI 11 Patients with lymphoma undergoing SACT who have hepatitis B,C and HIV status checked prior to treatment		95	N 21	100%	N 47	100%	N 116	96.7%	N 184	97.9%	D 21	D 47	D 120	D 188
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 5	83.3%	N 11	100%	N 16	94.1%	D NA	D 6	D 11	D 17
	Reported within 3 days	80	N NA	NA	N 2	40.0%	N 7	63.6%	N 9	56.3%	D NA	D 5	D 11	D 16

Lymphoma QPI Attainment Summary 2018-19		Target %	Borders			Fife			Lothian			SCAN		
QPI 13 Proportion of patients with FL treated with R-chemotherapy who have R maintenance therapy.	90	N	3	100%	N	6	100%	N	6	75.0%	N	15	88.2%	
		D	3		D	6		D	8		D	17		
QPI 14 Proportion of patients with lymphoma who are consented for a clinical trial/research study	15	N	1	2.9%	N	0	0%	N	8	4.3%	N	9	3.0%	
		D	34		D	75		D	187		D	296		