

## **SOUTH EAST SCOTLAND CANCER NETWORK (SCAN) PROSPECTIVE CANCER AUDIT**

# **Lymphoma 2020 - 2021 COMPARATIVE AUDIT REPORT**

Dr Angus Broom, NHS Lothian  
Dr Kerri Davidson, NHS Fife  
Dr Jean Leong, NHS Borders

Valerie Findlay  
SCAN Lymphoma Audit Facilitator

Michelle Macdonald, Cancer Audit Facilitator NHS Fife

Report Number: SAH03/23

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### Document history

Version	Circulation	Date	Comments
Version 1	SCAN Lead clinicians - local sign off complete	13/04/2022	Lothian data was signed off by Dr Angus Broom
Version 2	SCAN Lead clinician and regional sign off group	09/06/2022	Actions and comments agreed by lead clinicians in 3 SCAN healthboards
Version 3	SCAN Haematology Group	05/07/2021	No comments received
Final Version	SCAN Group SCAN Governance Framework SCAN Action Plan Board Leads	NA	Has not been circulated due to absence of chair comment.
Web Version	Published to SCAN Website	NA	Has not been published due to absence of chair comment

## **Chair Summary**

We do not currently have an appointed SCAN Chair for Lymphoma.

### Action Points from 2020-21

QPI	Action required	Person Responsible	Progress
1	Ensure that radiology staging requests made on Fife Trak should default to an 'urgent' status rather than routine.	Dr K Davidson	In progress
11	Request a change in the virus screen core set to ensure both Hepatitis B surface and Hepatitis B core are included.	Dr J Leong	In progress
12ii	Request a review of the measurability to ensure all patients having PET2 are included	Dr Lorna Bruce	In progress

There were no action points from 2019-20

Lymphoma QPI 2020-21 summary table			BGH		Fife		Lothian		SCAN	
QPI1 Proportion of patients with lymphoma treated with curative intent who have staging CTCAP or PET/CT report available within 3 weeks of request.		90	N 11 D 12	91.7%	N 39 D 42	92.9%	N 94 D 102	92.2%	N 144 D 156	92.3%
QPI 2 Proportion of patients with DLBCL treated with curative intent given end of treatment CT/PET		90	N 6 D 6	100%	N 15 D 24	62.5%	N 59 D 68	86.8%	N 80 D 98	81.6%
QPI 3 Proportion of patients with CHL treated with curative intent having PET CT prior to first treatment and reported within 3 weeks of request.		95	N 1 D 1	100%	N 4 D 4	100%	N 12 D 12	100%	N 17 D 17	100%
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 D 7	100%	N 26 D 28	92.9%	N 71 D 76	93.4%	N 104 D 111	93.7%
	Within 3 weeks of treatment	90	N 1 D 1	100%	N 1 D 2	50.0%	N 7 D 9	77.8%	N 9 D 12	75.0%
QPI 5 Proportion of patients reviewed by MDT within 8 weeks of diagnosis.		90	N 24 D 26	92.3%	N 63 D 70	90.0%	N 161 D 166	97.0%	N 248 D 262	94.7%
QPI 11 Patients with lymphoma undergoing SACT who have hepatitis B,C and HIV status checked prior to treatment		95	N 17 D 18	94.4%	N 49 D 49	100%	N 117 D 121	96.7%	N 183 D 188	97.3%
QPI 12 Proportion of patients with advanced HL treated with ABVD who have treatment evaluated with a PET CT	After 2 cycles	80	N 0 D 1	0.0%	N 0 D 4	0.0%	N 5 D 7	71.4%	N 5 D 12	41.7%
	Reported within 3 days	80	N 0 D 0	NA	N 0 D 0	NA	N 4 D 5	80.0%	N 4 D 5	80.0%
QPI 14 Proportion of patients with lymphoma who are consented for a clinical trial/research study		15	N 1 D 33	3.0%	N 0 D 71	0.0%	N 1 D 184	0.5%	N 2 D 288	0.7%

## Introduction and Methods

### Cohort

This report covers patients newly diagnosed with Lymphoma in Borders, Fife, and Lothian Health Board areas between 1<sup>st</sup> October 2020 and 30<sup>th</sup> September 2021. 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 Scotland<sup>1</sup>.

Accompanying datasets and measurability criteria for QPIs are published on the PHS website<sup>2</sup>. 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 November 2020. This is the 8th publication of QPI results for Lymphoma within SCAN and the 1st to include updated QPIs with new data collection fields.

### 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

### The following updated QPIs are reported for the first time in 2020-21

QPI 2, QPI 4ii, QPI 5 and QPI 12

<sup>1</sup> QPI documents are available at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

<sup>2</sup> Datasets and measurability documents are available at [www.isdscotland.org](http://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 PHS. 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/Royal Victoria Hospital	Dr K Davidson	Michelle Macdonald
SCAN & NHS Lothian	St John's Hospital Western General Hospital	Lothian data was reviewed by Dr Angus Broom	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 01/10/2020 to 30/09/2021

	Borders	Fife	Lothian	SCAN
HL	2	7	20	29
DLBCL	8	29	81	118
FL	5	11	20	36
Other Lymphomas	11	30	54	95
Total	26	77	175	278

**Estimate of case ascertainment:** calculated using the average of the most recent available five years of Cancer Registry data (2013-2017) from ACaDMe Comparative datamart.

	Borders	Fife	Lothian	SCAN
HL - Cases from Audit	2	7	20	29
HL- Cancer Registry 5 yr average	3	9	32	44
% Case Ascertainment	66.7%	77.8%	62.5%	65.9%

	Borders	Fife	Lothian	SCAN
NHL - Cases from Audit	24	70	155	249
NHL- Cancer Registry 5 yr average	30	62	152	244
% Case Ascertainment	80.0%	112.9%	102.0%	102.0%

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 2020 was carried out to identify differences in data capture. The table below lists the differences identified:

<b>Not recorded by audit</b>
Difference between incidence date and diagnosis date.
<16 years
Recurrence (not a new primary)
LPD – not lymphoma
Unconfirmed diagnosis – no pathology
PM diagnosis

### **Quality Assurance**

All hospitals in the region participate in a Quality Assurance (QA) programme provided by Public Health Scotland (PHS). 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 09/06/2022
- Final report circulated to SCAN Haematology Group and Clinical Governance Groups on 09/06/2022

### **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%

Proportion of patients with lymphoma treated with curative intent who have staging CTCAP or PET/CT report available within 3 weeks of radiology request.

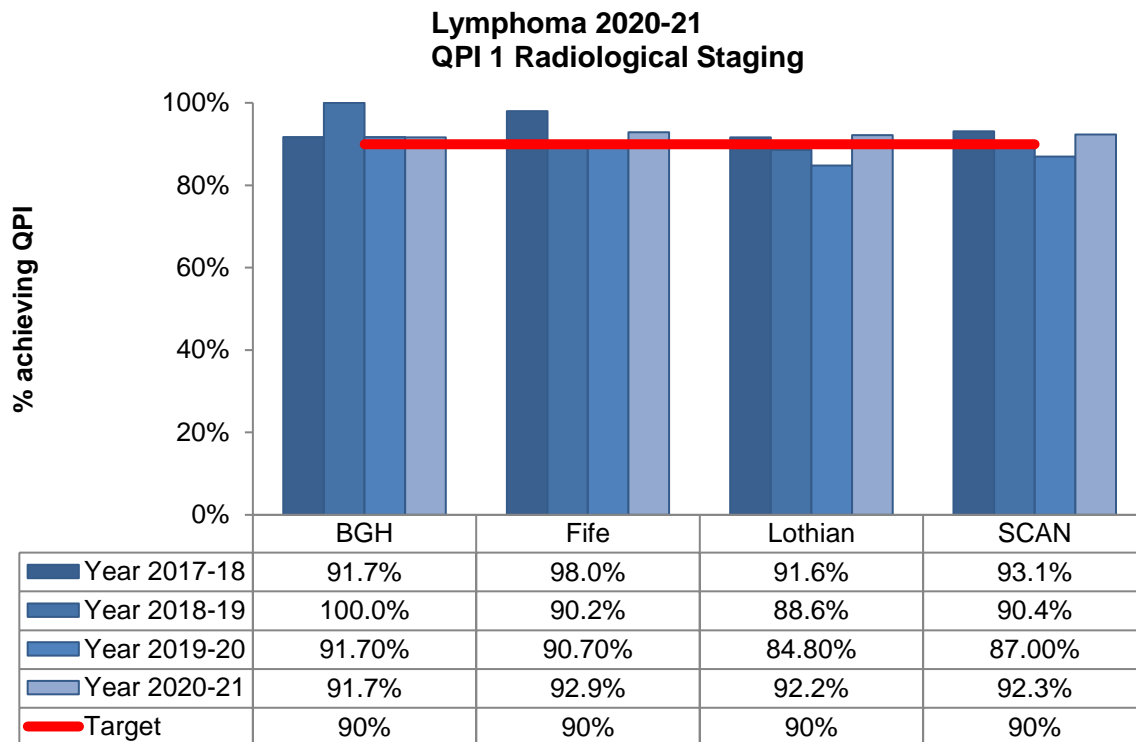
**Numerator:** Number of patients with lymphoma undergoing treatment with curative intent who undergo CT of chest, abdomen and pelvis or PET CT scanning prior to treatment where the report is available within 3 weeks of radiology request.

**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
2020-21 cohort	26	77	175	278
Ineligible for this QPI	14	35	73	122
Numerator	11	39	94	144
Not recorded for the numerator	0	0	0	0
Denominator	12	42	102	156
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	91.7%	92.9%	92.2%	92.3%

**Comment:** The target was met by all healthboards.

**Action :** Although the target was met for this cohort it was noted that radiology requests made on the Fife Trak system will automatically default to a 'routine' status rather than urgent. Fife consultant to request an alteration by Fife ehealth Trak team.



## 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 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
2020-21 cohort	26	77	175	278
Ineligible for this QPI	20	53	107	180
Numerator	6	15	59	80
Not recorded for numerator	0	0	0	0
Denominator	6	24	68	98
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	100.0%	62.5%	86.8%	81.6%

### Comments:

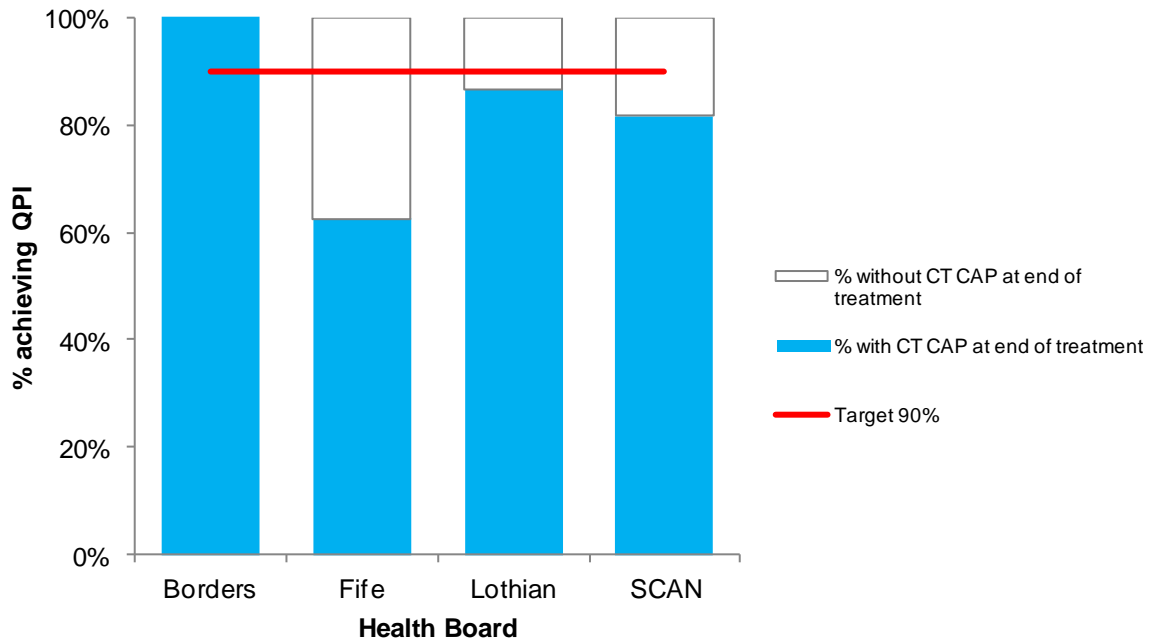
**Borders** met the target.

**Fife** did not meet the target with a shortfall of 27.5% (9 patients). The post imaging date was changed at patient request for 1 patient. 4 patients were treated with adjuvant radiotherapy and had post treatment CT of chest abdomen and pelvis(CTCAP) at 94 days to 98 days after completing radiotherapy. 1 patient had atypical disease location and had MRI as end of treatment imaging. 3 patients had completed their treatment at time of submission but have not yet completed the time period required to get their post treatment imaging.

**Lothian** did not meet the target with a short fall of 6.2% (9 patients). In Lothian 6 of the 8 cases not meeting target were treated with adjuvant radiotherapy and received an end of treatment CT within a week of the target (91 days), all were treated within a working day target of 91 days. 2 patients received an end of treatment CTCAP at 45 days and 56 days, both were imaged within 42 working days from the end of chemotherapy. 1 patient had an end of treatment CT 1 day before finishing chemotherapy.

Clinically 91 days post radiotherapy is regarded as the minimum period before imaging would be indicated therefore all the above cases received appropriate standard of care.

### Lymphoma 2020-2021 QPI 2 Treatment Response in DLBCL



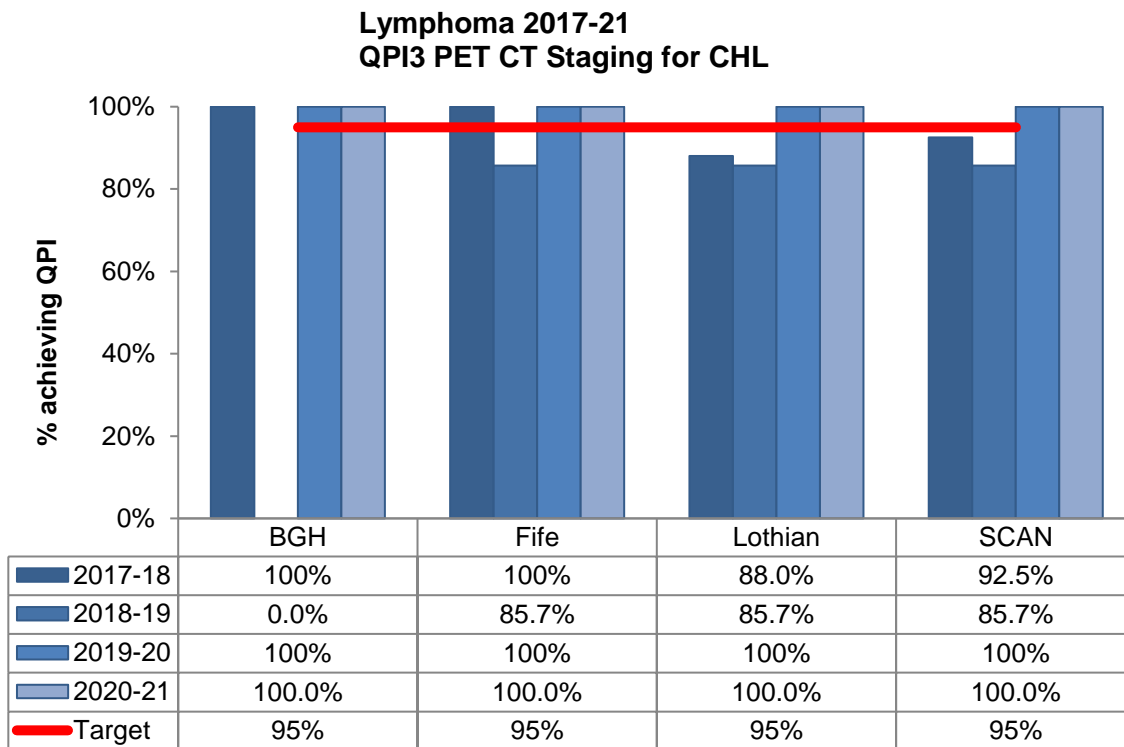
**QPI 3 Positron Emission Tomography (PET CT) Staging** Target 95%

**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
2020-21 cohort	26	77	175	277
Ineligible for this QPI	25	73	163	261
Numerator	1	4	12	17
Not recorded for numerator	0	0	0	0
Denominator	1	4	12	17
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	100.0%	100.0%	100.0%	100.0%

**Comments:** The target was met by all healthboards



**QPI 4i Cytogenetic Testing** Target 90%

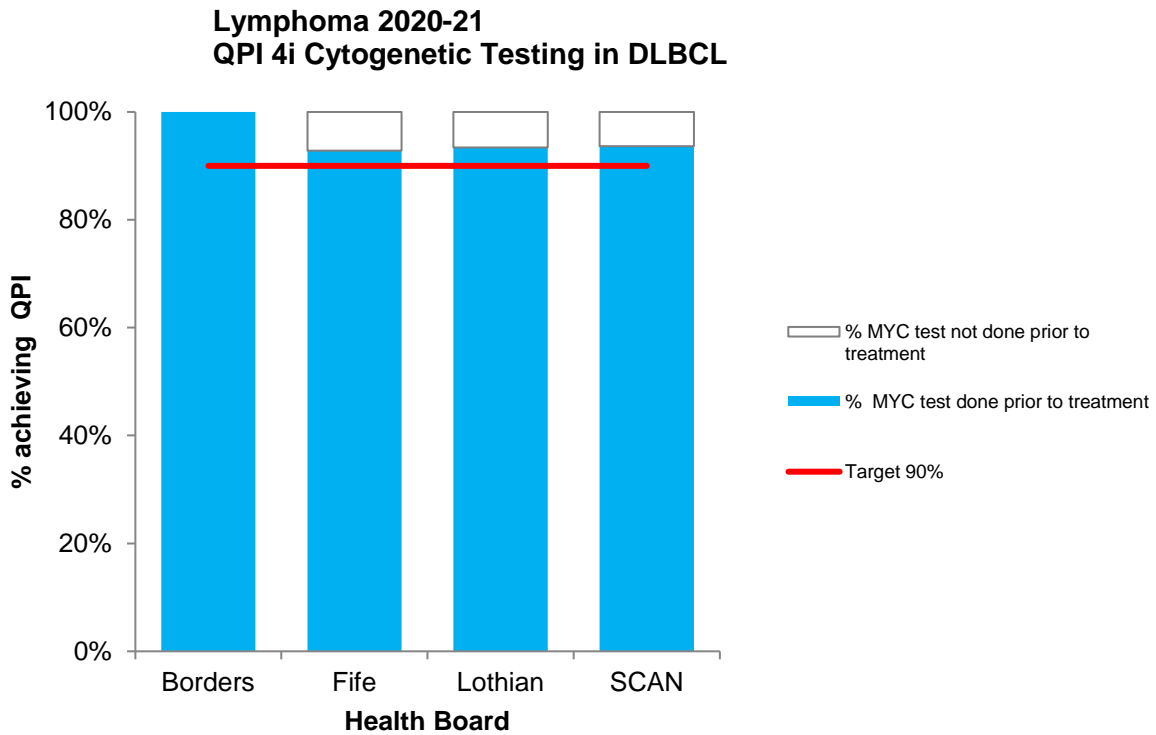
Proportion of patients with Burkitt Lymphoma and DLBCL undergoing treatment with curative intent who have MYC testing as part of diagnostic process and prior to treatment.

**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 (no exclusions)

Target 90%	Borders	Fife	Lothian	SCAN
2020-21 cohort	26	77	175	278
Ineligible for this QPI	19	49	99	167
Numerator	7	26	71	104
Not recorded for numerator	0	0	0	0
Denominator	7	28	76	111
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	100.0%	92.9%	93.4%	93.7%

**Comments:** Note change to QPI measurement as specified on page 6. The target was met by all health boards. This is an excellent result for Fife who previously failed to meet the target.



**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.

Target 90%	Borders	Fife	Lothian	SCAN
2020-21 cohort	26	77	175	278
Ineligible for this QPI	25	75	166	266
Numerator	1	1	7	9
Not recorded for numerator	0	0	0	0
Denominator	1	2	9	12
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	100.0%	50.0%	77.8%	75.0%

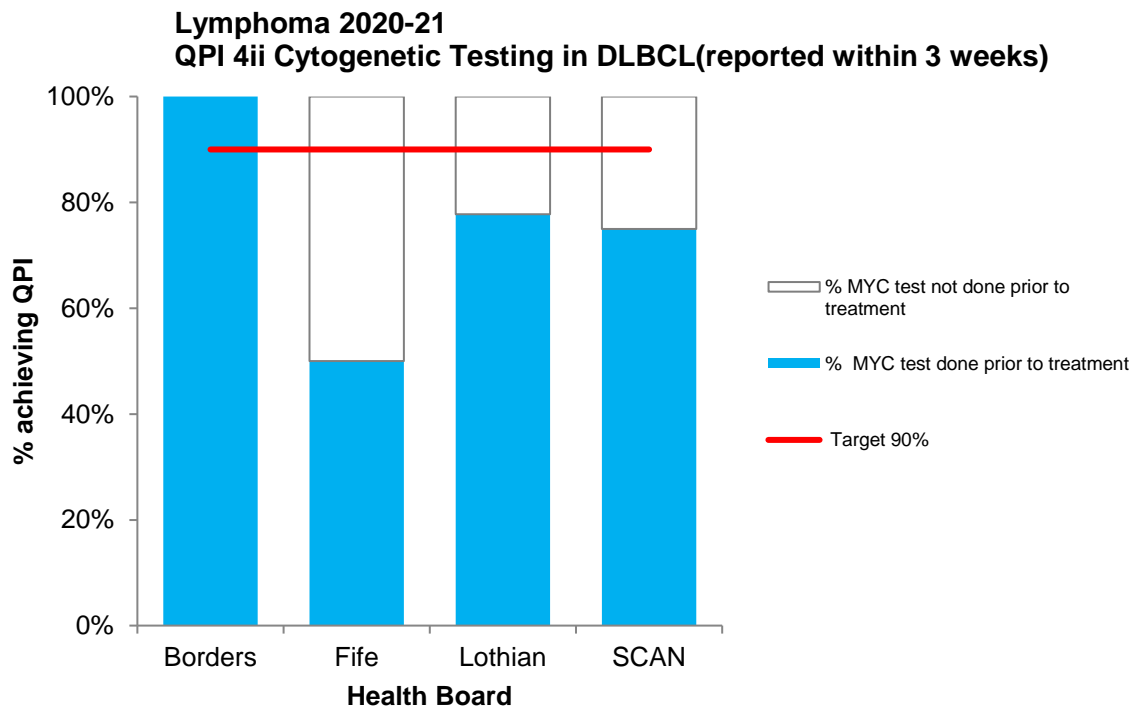
**Comments:** Note change to QPI measurement as specified on page 6.

**Borders** met the target.

**Fife** did not meet the target with a shortfall of 40% (1 case), where the MYC test result was delayed. This did not alter management and the patient received appropriate treatment.

**Lothian** did not meet the target with a shortfall of 12.2% (2 cases). All cases have been reviewed.

**Action:** Patients reviewed and no further action identified.



### 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 pathology report being issued.

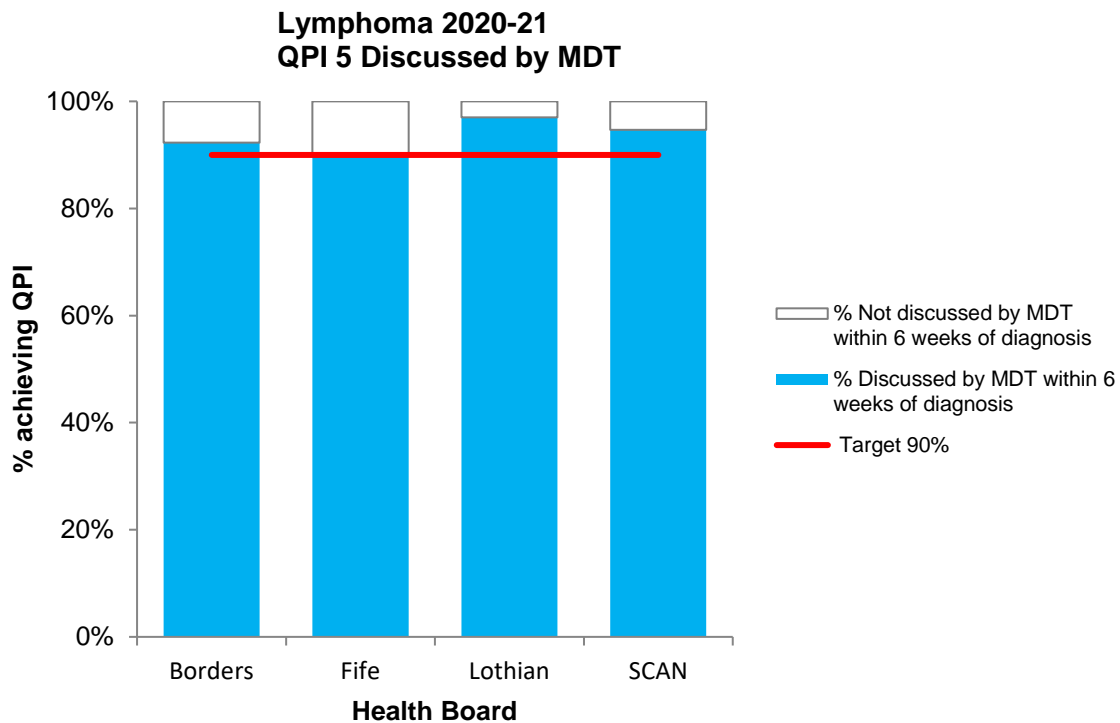
**Denominator:** All patients with Lymphoma

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

Target 90%	Borders	Fife	Lothian	SCAN
2020-21 cohort	26	77	175	278
Ineligible for this QPI	0	6	9	15
Numerator	24	63	161	248
Not recorded for numerator	0	1	0	1
Denominator	26	70	166	262
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	<b>92.3%</b>	<b>90.0%</b>	<b>97.0%</b>	<b>94.7%</b>

**Comments:** Note change to QPI measurement as specified on page 6.

The target was met by all health boards.





**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).

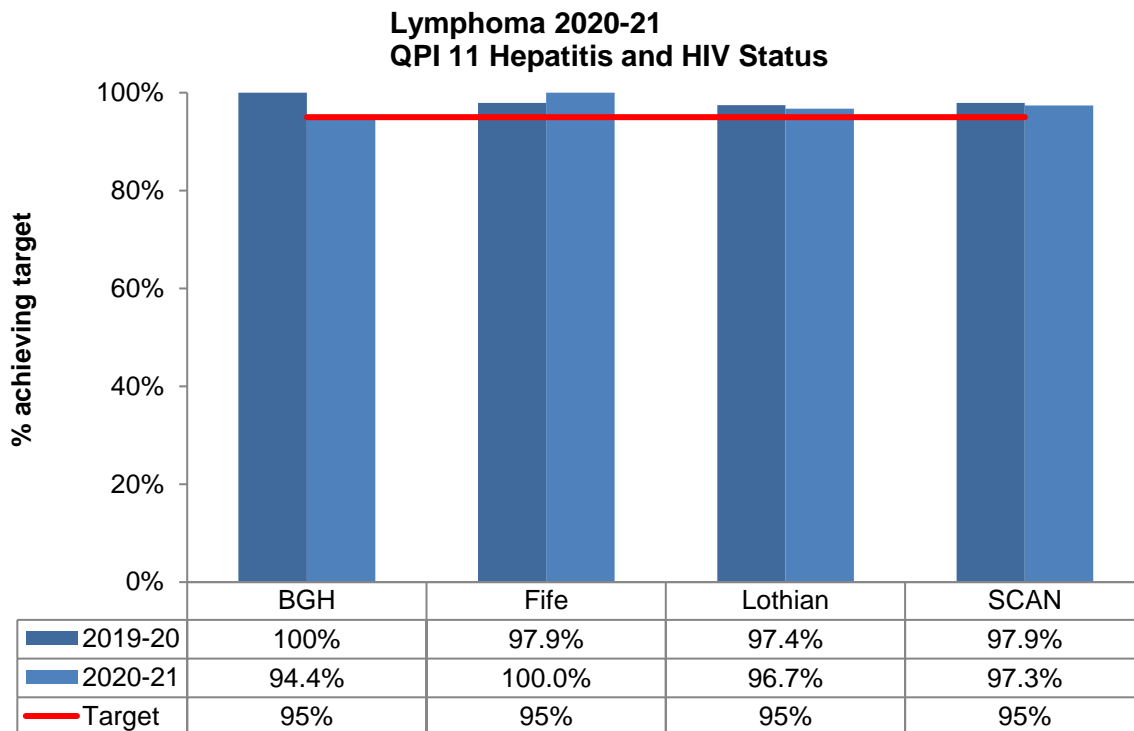
Target 95%	Borders	Fife	Lothian	SCAN
2020-21 cohort	26	77	175	278
Ineligible for this QPI	7	28	54	90
Numerator	17	49	117	183
Not recorded for numerator	0	0	0	0
Denominator	18	49	121	188
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	<b>94.4%</b>	<b>100%</b>	<b>96.7%</b>	<b>97.3%</b>

**Comments:**

**Borders** did not meet the target with a shortfall of 0.6% (1case) where hepatitis B surface status was checked prior to treatment but hepatitis core status was not. Both tests are required to meet the target.

Fife and Lothian met the target.

**Action:** Borders consultant to request change to virus core order set on Trak to include Hep B core virus status as routine.



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

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

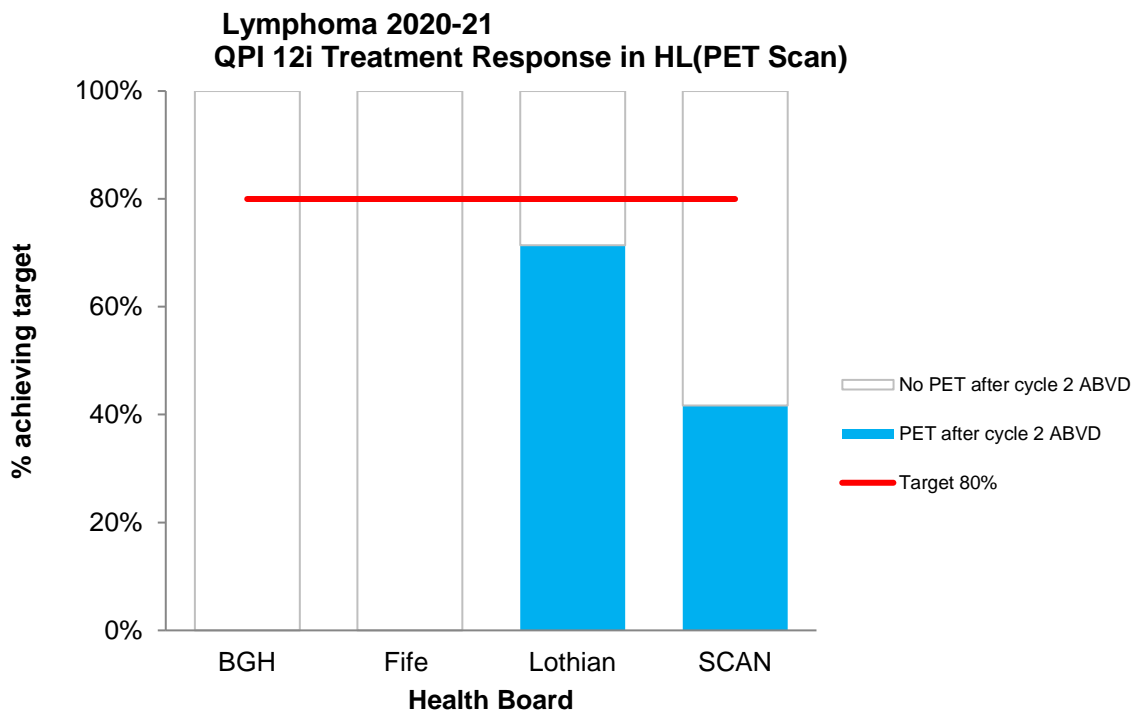
**Denominator:** All patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment (excludes patients who die during treatment).

Target 80%	Borders	Fife	Lothian	SCAN
2020-21 cohort	26	77	175	278
Ineligible for this QPI	25	73	168	266
Numerator	0	0	5	5
Not recorded for numerator	0	0	0	0
Denominator	1	4	7	12
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	<b>0.0%</b>	<b>0.0%</b>	<b>71.4%</b>	<b>41.7%</b>

**Comments:** Note change to QPI measurement as specified on page 6. **Borders** did not meet the target. This case has been reviewed and decisions made were appropriate based of fitness for treatment.

The very small numbers involved in this QPI are misleading and do not give a true reflection of the service.

Action – all outliers have been reviewed and no further action was identified



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

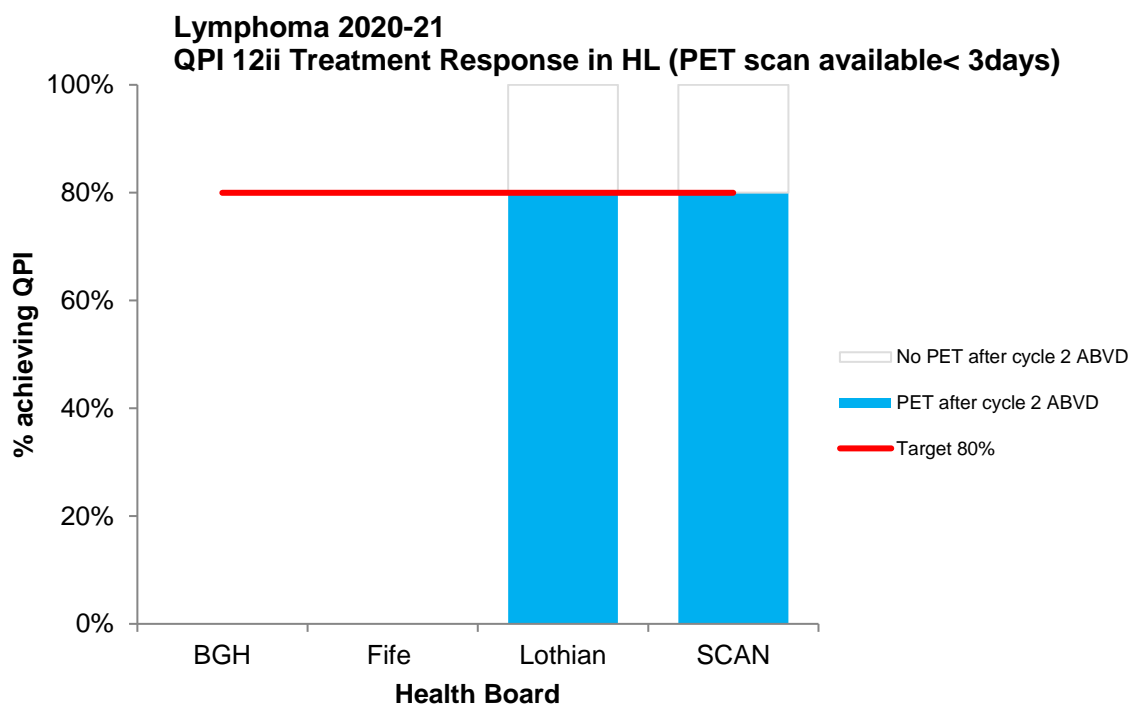
**Numerator:** Number of patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy where the report is available within 3 days.

**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
2020-21 cohort	26	77	175	278
Ineligible for this QPI	26	77	170	273
Numerator	0	0	4	4
Not recorded for numerator	0	0	0	0
Denominator	0	0	5	5
Not recorded for exclusions	0	0	0	0
Not recorded for denominator	0	0	0	0
<b>% Performance</b>	<b>NA</b>	<b>NA</b>	<b>80.0%</b>	<b>80.0%</b>

**Comments:** Note change to QPI measurement as specified on page 6. There were no eligible patients in Borders or Fife. Lothian met the target.

**Action:** Patients in QPI 12i who had scans outwith the measurability timeframe are not included in part ii. Measurability may need to be revised. Audit team to feedback to QPI program.



## **QPI 14 Clinical Trial 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 (2016 – 2020)

<b>Target 15%</b>	<b>Borders</b>	<b>Fife</b>	<b>Lothian</b>	<b>SCAN</b>
Numerator	1	0	1	2
Denominator	33	71	184	288
<b>% Performance</b>	<b>3.0%</b>	<b>0%</b>	<b>0.5%</b>	<b>0.7%</b>

Trial data from 2020 SCRNs download

<b>Clinical Trial/research studies</b>	<b>Borders</b>	<b>Fife</b>	<b>Lothian</b>	<b>SCAN</b>
Cancer Of Unknown Primary Bio Study	0	0	1	1
CCP-Cancer UK	1	0	0	1

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

These data were taken during the Covid19 pandemic

## Age Distribution

	<b>Borders</b>	<b>Fife</b>	<b>Lothian</b>	<b>SCAN</b>
16-19 years	0	0	0	0
20-24	0	1	1	2
25-29	0	5	4	9
30-34	1	1	1	3
35-39	0	2	4	6
40-44	0	3	6	9
45-49	1	3	8	12
50-54	4	2	6	12
55-59	0	7	16	23
60-64	1	7	20	28
65-69	1	14	17	32
70-74	2	11	30	43
75-79	8	11	18	37
80-84	4	5	27	36
>85	4	5	17	26
<b>Total</b>	<b>26</b>	<b>77</b>	<b>175</b>	<b>278</b>

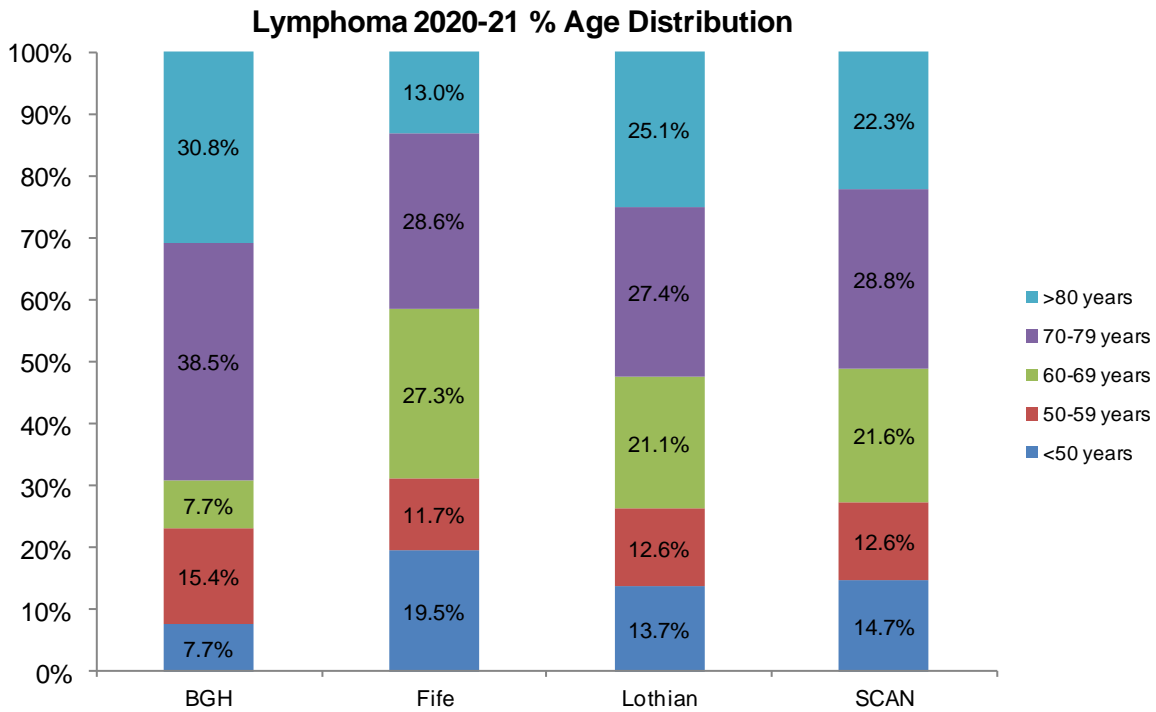
## % Age Distribution

	<b>Borders</b>	<b>Fife</b>	<b>Lothian</b>	<b>SCAN</b>
16-19 years	0.0%	0.0%	0.0%	0.0%
20-24	0.0%	1.3%	0.6%	0.7%
25-29	0.0%	6.5%	2.3%	3.2%
30-34	3.8%	1.3%	0.6%	1.1%
35-39	0.0%	2.6%	2.3%	2.2%
40-44	0.0%	3.9%	3.4%	3.2%
45-49	3.8%	3.9%	4.6%	4.3%
50-54	15.4%	2.6%	3.4%	4.3%
55-59	0.0%	9.1%	9.1%	8.3%
60-64	3.8%	9.1%	11.4%	10.1%
65-69	3.8%	18.2%	9.7%	11.5%
70-74	7.7%	14.3%	17.1%	15.5%
75-79	30.8%	14.3%	10.3%	13.3%
80-84	15.4%	6.5%	15.4%	12.9%
>85	15.4%	6.5%	9.7%	9.4%

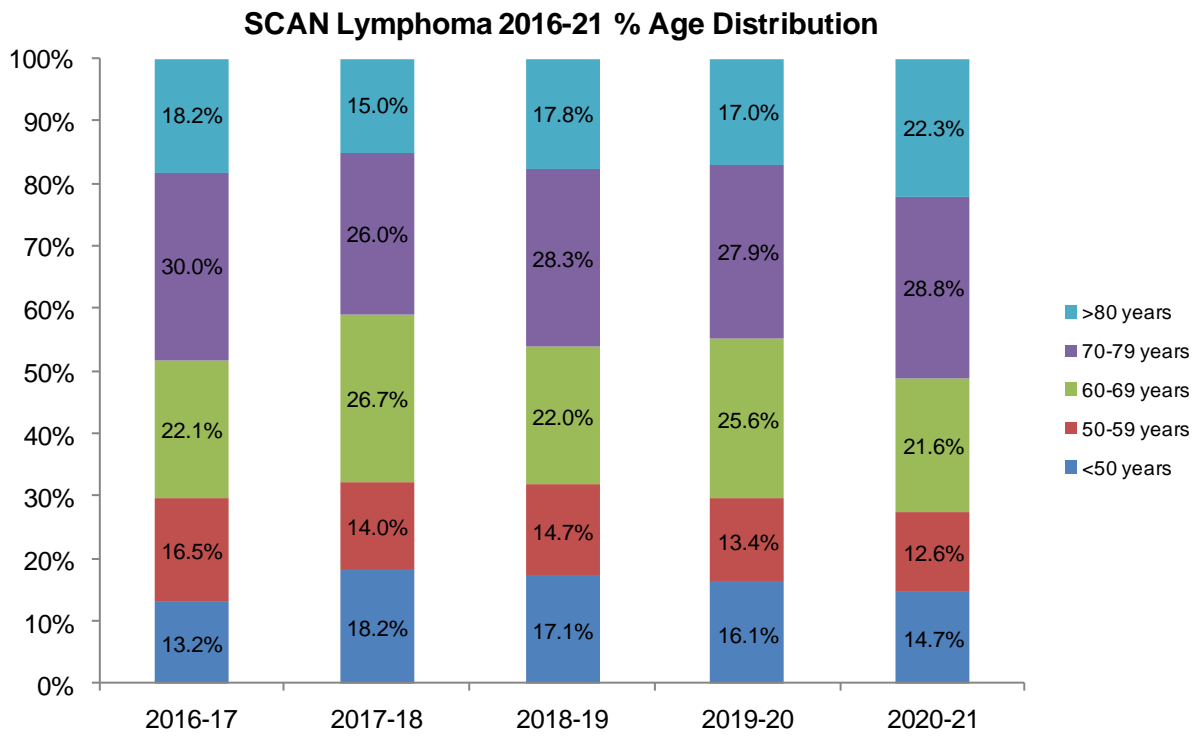
## SCAN % Age Distribution 2016-21

	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
<50 years	13.2%	18.2%	17.1%	16.1%	14.8%
50-59 years	16.5%	14.0%	14.7%	13.4%	12.6%
60-69 years	22.1%	26.7%	22.0%	25.6%	21.7%
70-79 years	30.0%	26.0%	28.3%	27.9%	28.9%
80 + years	18.2%	15.0%	17.8%	17.0%	22.3%

## % Age Distribution Graph 2020-21



## % Age Distribution for SCAN 2016-21



## Summary of all Lymphomas 2020-21

Breakdown of all Lymphomas by morphology	Borders	Fife	Lothian	SCAN
Anaplastic Large Cell Lymphoma, (ALCL) ALK Positive	0	1	0	1
Anaplastic Large Cell Lymphoma, ALK Negative	0	1	1	2
Angioimmunoblastic T cell	0	0	1	1
B-cell Lymphoma, Unclassifiable, with Features Indeterminate between Diffuse Large B-cell Lymphoma and Burkitt Lymphoma	0	3	0	3
Classical Hodgkin Lymphoma	0	6	7	14
Diffuse Large B Cell Lymphoma NOS	2	21	39	62
DLBCL GC B type	2	0	24	26
DLBCL Activated B type	1	3	1	5
Burkitt's Lymphoma	1	2	4	7
EBV Positive DLBCL of the Elderly	0	0	2	2
Extranodal Marginal Zone Lymphoma of MALT	2	2	9	13
Extranodal NK/T Cell Lymphoma, Nasal Type	0	1	1	2
Follicular Lymphoma	1	4	0	5
Follicular Lymphoma Grade 1	2	5	2	9
Follicular Lymphoma Grade 2	2	2	10	14
Follicular Lymphoma Grade 3A	0	0	7	7
Follicular Lymphoma Grade 3B	0	0	1	1
High Grade B cell lymphoma, NOS	1	1	7	9
High-grade B-cell lymphoma with MYC and BCL2 and/or BCL6 rearrangements	2	1	6	9
Lymphocyte Rich Classical Hodgkin Disease	0	0	1	1
Lymphoplasmacytic Lymphoma	2	10	14	26
Malignant Lymphoma NHL NOS	0	1	0	1
Malignant Lymphoma, Not Otherwise Specified	0	0	5	5
Mantle Cell	4	0	6	10
Mixed Cellularity Classical Hodgkin Lymphoma	0	0	6	6
Mycosis Fungoides	0	1	0	1
Nodular Lymphocyte Predominant Hodgkin Lymphoma	1	1	4	6
Nodal Marginal Zone	0	5	5	10
Nodular Sclerosis Classical Hodgkin Lymphoma	1	0	2	2
Peripheral T-Cell Lymphoma, Unspecified	1	0	3	3
Plasmablastic lymphoma	0	2	0	2
Primary Mediastinal (Thymic) Large B-cell Lymphoma	0	1	2	3
Primary Cutaneous DLBCL, Leg type	0	0	1	1
Primary Cutaneous Anaplastic Large cell lymphoma (C-ALCL)	0	1	0	1
Primary DLBCL CNS	0	2	1	3
Splenic B-Cell Marginal Zone Lymphoma	1	0	1	2
T-cell Histiocyte rich Large B cell Lymphoma	0	0	2	2
<b>Total</b>	<b>26</b>	<b>77</b>	<b>175</b>	<b>278</b>

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%				

Target met    Target not met    No data available