

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

**Lymphoma 2021 - 2022
COMPARATIVE AUDIT REPORT**

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Report Number: SA H04/23W

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Document history

| Version | Circulation | Date | Comments |
|---------------|-------------------------------------------------------------------------|------------|------------------------------------------|
| Version 1 | SCAN Haematology Lead clinicians | 15/05/23 | Local sign off for all healthboards |
| Version 2 | SCAN Lead clinician and sign off group | 12/06/23 | Regional sign off. Action points agreed. |
| Version 3 | SCAN Haematology Group | 13/06/23 | No further comments |
| Final Version | SCAN Group SCAN Governance Framework SCAN Action Plan Board Leads | 06/07/2023 | No further comments |
| Web Version | Published to SCAN Website | 30/10/2023 | Ready for upload to SCAN website |

Chair Summary

This report has been uploaded in the absence of a SCAN TSG lead clinician for 2021-22.

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

Action Points from 2020-2021

| 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 Kerri Davidson | Complete |
| 11 | Contact virology lab to ensure they are aware that virus screening includes both Hep B surface and Hep B core antigens for all lymphoma patients undergoing SACT. | Dr Jean Leong | In progress |
| 12ii | Request a review of the measurability to ensure all patients having PET2 are included | Lorna Bruce | Complete |

| Lymphoma QPI 2021-22 summary table | | | BGH | | | Fife | | | Lothian | | | SCAN | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----|--------------|-------|--------------|-------|----------------|-------|----------------|-------|--|------|--|--|
| QPI1 Reported within 3 weeks of request | | 90 | N 7 D 8 | 87.5% | N 43 D 43 | 100% | N 84 D 93 | 90.3% | N 134 D 144 | 93.1% | | | | |
| QPI 2 Proportion of patients with DLBCL treated with curative intent given end of treatment CT/PET | | 90 | N 2 D 3 | 66.7% | N 15 D 19 | 78.9% | N 45 D 52 | 86.5% | N 62 D 74 | 83.8% | | | | |
| 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 D 1 | 100% | N 13 D 13 | 100% | N 17 D 19 | 89.5% | N 31 D 33 | 93.9% | | | | |
| 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 D 6 | 83.3% | N 22 D 22 | 100% | N 58 D 64 | 90.6% | N 85 D 92 | 92.4% | | | | |
| | Within 3 weeks of treatment | 90 | N NA D NA | NA | N 4 D 4 | 100% | N 7 D 8 | 87.5% | N 11 D 12 | 91.7% | | | | |
| QPI 5 Proportion of patients reviewed by MDT within 8 weeks of diagnosis. | | 90 | N 29 D 31 | 93.5% | N 78 D 82 | 95.1% | N 163 D 175 | 93.1% | N 270 D 288 | 93.8% | | | | |
| QPI 11 Patients with lymphoma undergoing SACT who have hepatitis B,C and HIV status checked prior to treatment | | 95 | N 10 D 15 | 66.7% | N 55 D 56 | 98.2% | N 108 D 116 | 93.1% | N 173 D 187 | 92.5% | | | | |
| 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 D 2 | 50.0% | N 5 D 5 | 100% | N 10 D 15 | 66.7% | N 16 D 22 | 72.7% | | | | |
| | Reported within 3 days | 80 | N 1 D 1 | 100% | N 5 D 5 | 100% | N 8 D 10 | 80.0% | N 14 D 16 | 87.5% | | | | |

Introduction and Methods

Cohort

This report covers patients newly diagnosed with Lymphoma in Borders, Fife, and Lothian Health Board areas between 1st October 2021 and 30th September 2022. 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 PHS 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 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

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 Cancer Information Analyst for Haematology, Fife data was collected by Sarah Allan, 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 Jean Leong | Valerie Findlay |
| NHS Fife | Queen Margaret Hospital/Royal Victoria Hospital | Dr Kerri Davidson | Sarah Allan |
| SCAN & NHS Lothian | St John's Hospital Western General Hospital | Dr Angus Broom* | Valerie Findlay |

* Results published in the absence of SCAN TSG Lead Clinician for 2021-22

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 01/10/2021 to 30/09/2022

| | Borders | Fife | Lothian | SCAN |
|-----------------|---------|------|---------|------|
| HL | 2 | 14 | 22 | 38 |
| DLBCL | 7 | 25 | 73 | 105 |
| FL | 9 | 17 | 34 | 60 |
| Other Lymphomas | 15 | 29 | 58 | 102 |
| Total | 33 | 85 | 187 | 305 |

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 | 2 | 10 | 22 | 34 |
| HL- Cancer Registry 5 yr average | 7 | 10 | 29 | 46 |
| % Case Ascertainment | 28.6% | 100% | 75.9% | 73.9% |

| | Borders | Fife | Lothian | SCAN |
|-----------------------------------|---------|--------|---------|--------|
| NHL - Cases from Audit | 31 | 75 | 165 | 271 |
| NHL- Cancer Registry 5 yr average | 28 | 65 | 154 | 247 |
| % Case Ascertainment | 110.7% | 115.4% | 107.1% | 109.7% |

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 2021 was carried out to identify differences in data capture. The table below list some of the differences identified.

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 |
| 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 12/06/2023
- Final report circulated to SCAN Haematology Group and Clinical Governance Groups on 06/07/2023

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%

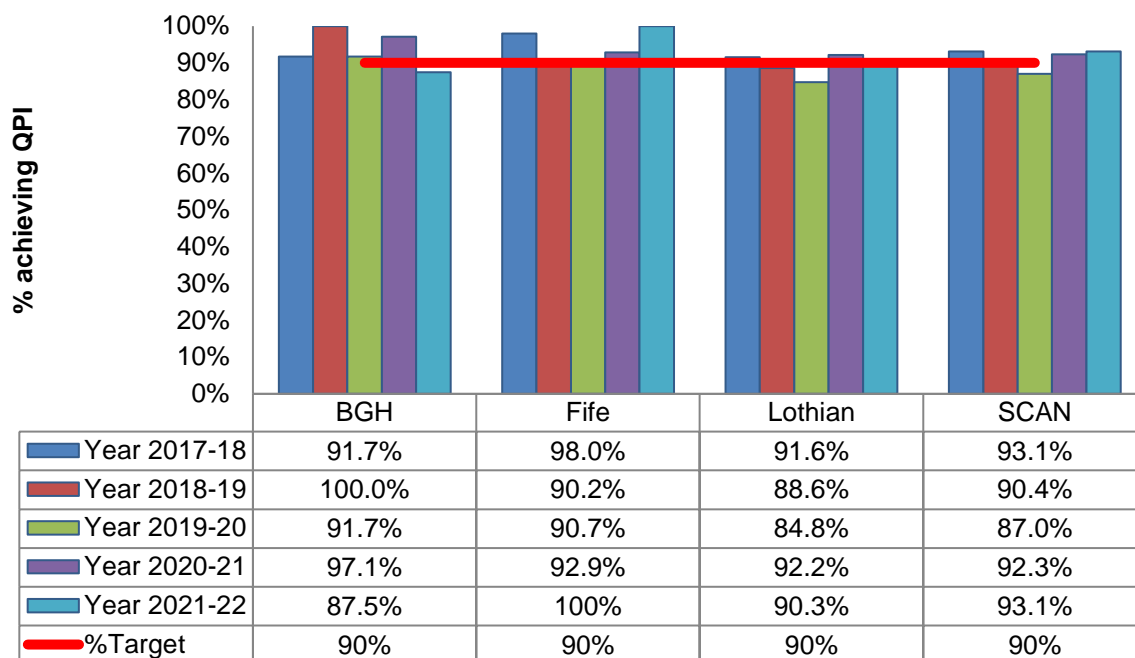
Numerator = Number of patients with lymphoma undergoing treatment with curative intent who undergo CT of chest, abdomen and pelvis or PET CT scanning prior to treatment where the report is available within 3 weeks of radiology request.

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 |
|--------------------------------|--------------|-------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 25 | 42 | 94 | 161 |
| Numerator | 7 | 43 | 84 | 134 |
| Not recorded for the numerator | 0 | 0 | 0 | 0 |
| Denominator | 8 | 43 | 93 | 144 |
| Not recorded for exclusions | 0 | 0 | 0 | 0 |
| Not recorded for denominator | 0 | 0 | 0 | 0 |
| % Performance | 87.5% | 100% | 90.3% | 93.1% |

Comment Fife and Lothian both met the target. Borders did not meet the target, showing a shortfall of 2.5% (where CT request date to final report was 23 days. The CT was requested by a consultant in another discipline before a diagnosis was confirmed and subsequent referral to Haematology).

QPI 1 Radiological Staging Lymphoma 2017-2022



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. (\leq 42 days post chemotherapy, \leq 91days post radiotherapy)

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 |
|------------------------------|--------------|--------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 30 | 66 | 135 | 231 |
| Numerator | 2 | 15 | 45 | 62 |
| Not recorded for numerator | 0 | 0 | 0 | 0 |
| Denominator | 3 | 19 | 52 | 74 |
| Not recorded for exclusions | 0 | 0 | 0 | 0 |
| Not recorded for denominator | 0 | 0 | 0 | 0 |
| % Performance | 66.7% | 78.9% | 86.5% | 83.8% |

Comments The target was not met by any of the health boards.

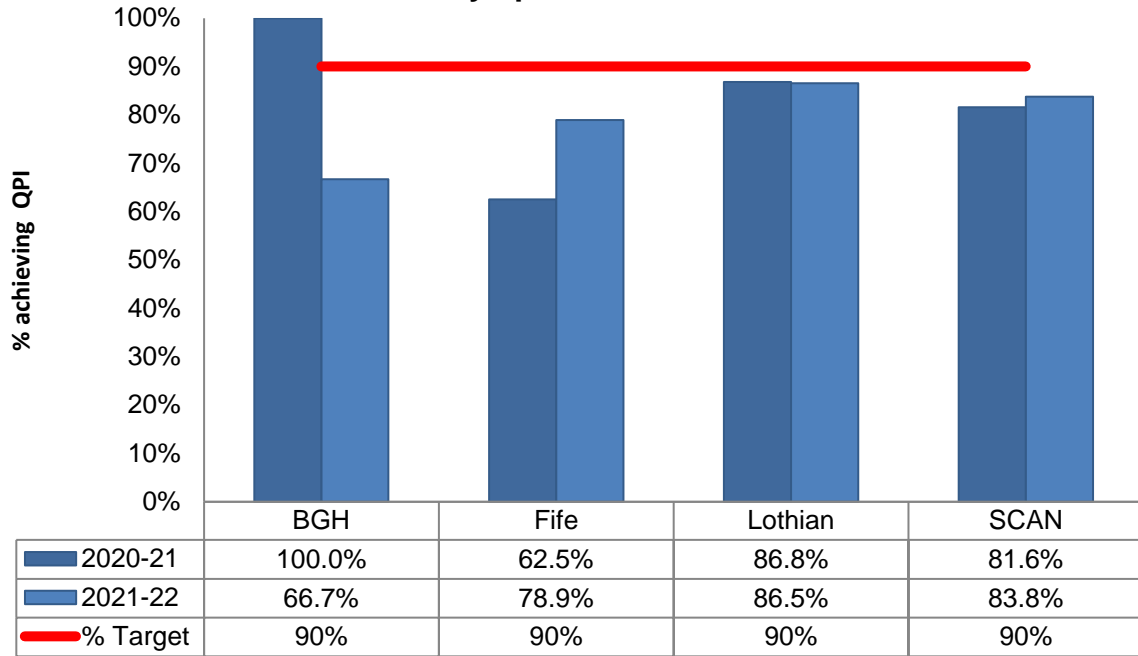
Borders showed a shortfall of 23.3% (1patient) Post treatment imaging was delayed as patient became unwell following cycle 5 of chemotherapy.

Fife showed a shortfall of 11.1% (4 patients) 2 were within 5 days of the 42day SACT target and 2 were within 14 days of radiotherapy end date. None of the delays were considered clinically significant or had clinical consequences.

Lothian showed a shortfall of 3.5% (7 patients) For 4 patients the radiology dates requested for post treatment imaging caused a breach of the target. For 3 patients receiving radiotherapy, post treatment imaging was done between 92-94 days post treatment which is considered to be clinically acceptable.

Action Lothian and Fife to ensure that the target date is considered when requesting post treatment imaging.

QPI 2 Treatment Response Lymphoma 2020-2022



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

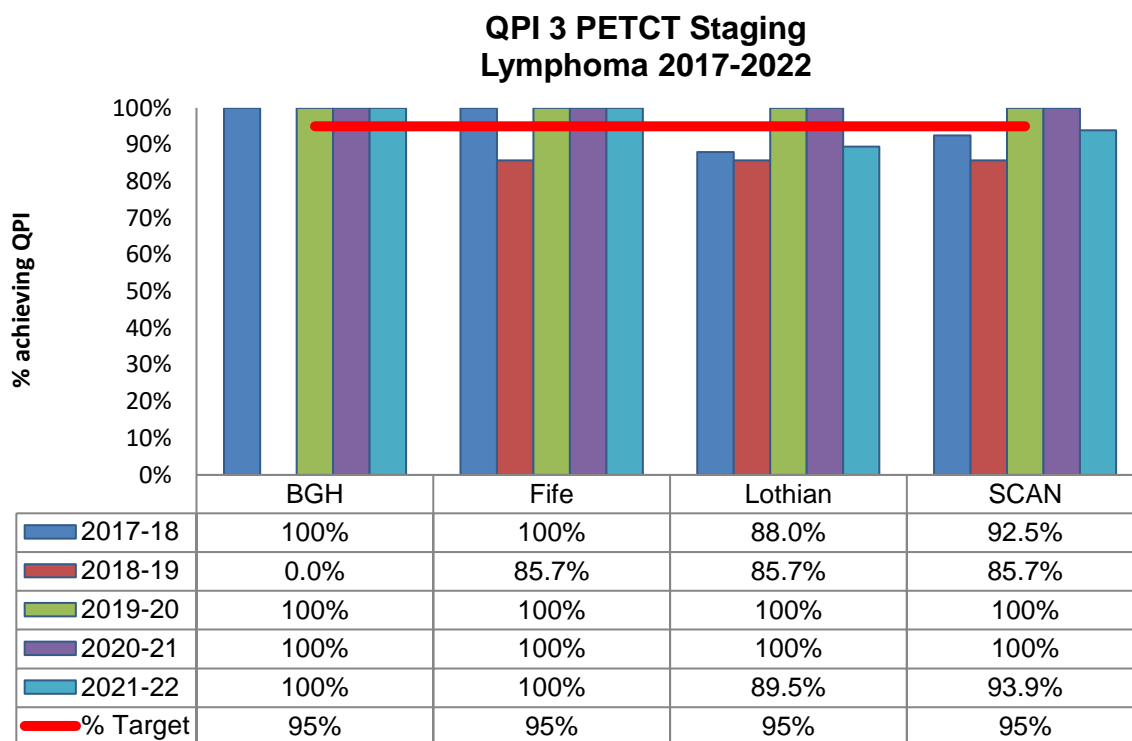
Numerator = Number of patients with CHL undergoing treatment with curative intent who undergo PET CT prior to first treatment where the report is available within 3 weeks.

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

| Target 95% | Borders | Fife | Lothian | SCAN |
|------------------------------|-------------|-------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 32 | 72 | 168 | 272 |
| Numerator ii | 1 | 13 | 17 | 31 |
| Not recorded for numerator | 0 | 0 | 0 | 0 |
| Denominator | 1 | 13 | 19 | 33 |
| Not recorded for exclusions | 0 | 0 | 0 | 0 |
| Not recorded for denominator | 0 | 0 | 0 | 0 |
| % Performance | 100% | 100% | 89.5% | 93.9% |

Comments Borders and Fife met the target.

Lothian did not meet the target with a shortfall of 5.5% (2 patients) 1 patient had CTPET delayed for clinical reasons. 1 patient had CTPET delayed until CTCAP was completed. Initial CTCAP was missed due to the late arrival of the appointment letter. This is Radiology protocol and not considered necessary by Haematology as PET was essential regardless of CTPET report.



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

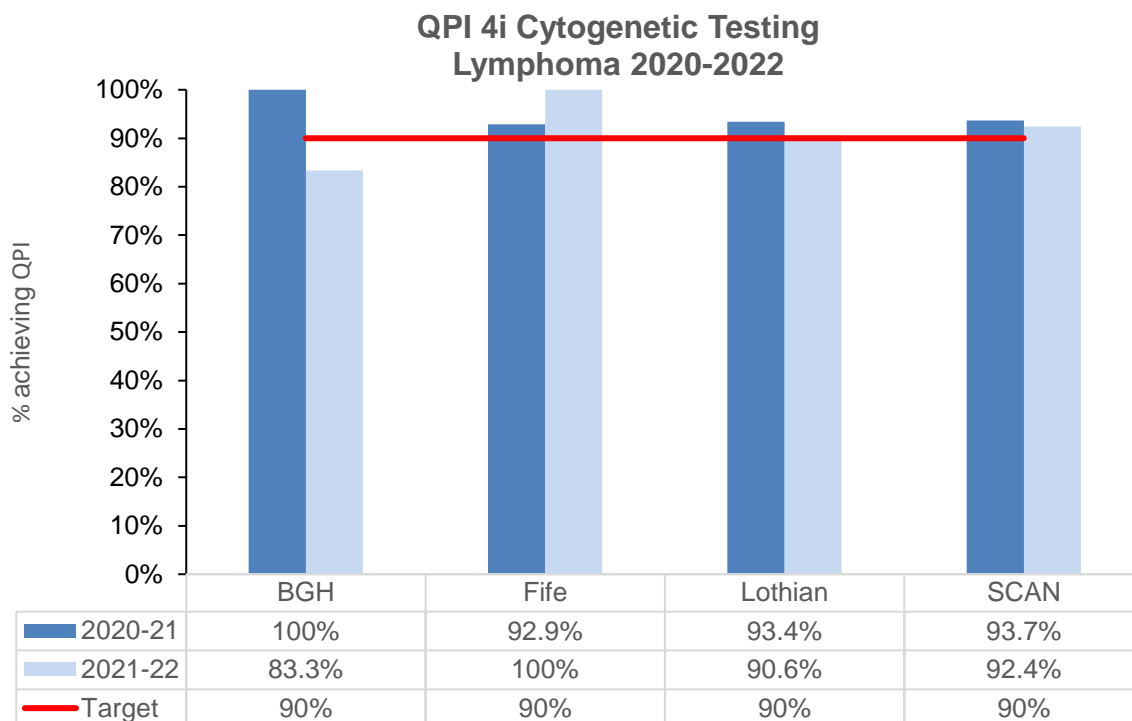
Denominator = All patients with Burkitt lymphoma and DLBCL undergoing treatment with curative intent (no exclusions)

| Target 90% | Borders | Fife | Lothian | SCAN |
|------------------------------|--------------|-------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 27 | 63 | 123 | 213 |
| Numerator | 5 | 22 | 58 | 85 |
| Not recorded for numerator | 0 | 0 | 0 | 0 |
| Denominator | 6 | 22 | 64 | 92 |
| Not recorded for exclusions | 0 | 0 | 0 | 0 |
| Not recorded for denominator | 0 | 0 | 0 | 0 |
| % Performance | 83.3% | 100% | 90.6% | 92.4% |

Comments

Lothian and Fife met the target
 Borders did not meet the target with a shortfall of 6.7%(1case) who had PMBCL, MYC test not considered necessary.

Action: Consider removing PMBCL from the measurability as clinically a different lymphoma and would not routinely have a MYC test.



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(21days) yet of commencing treatment.

Denominator = All patients with Burkitt Lymphoma and DLBCL who have a positive MYC test result, undergoing chemotherapy treatment with curative intent.

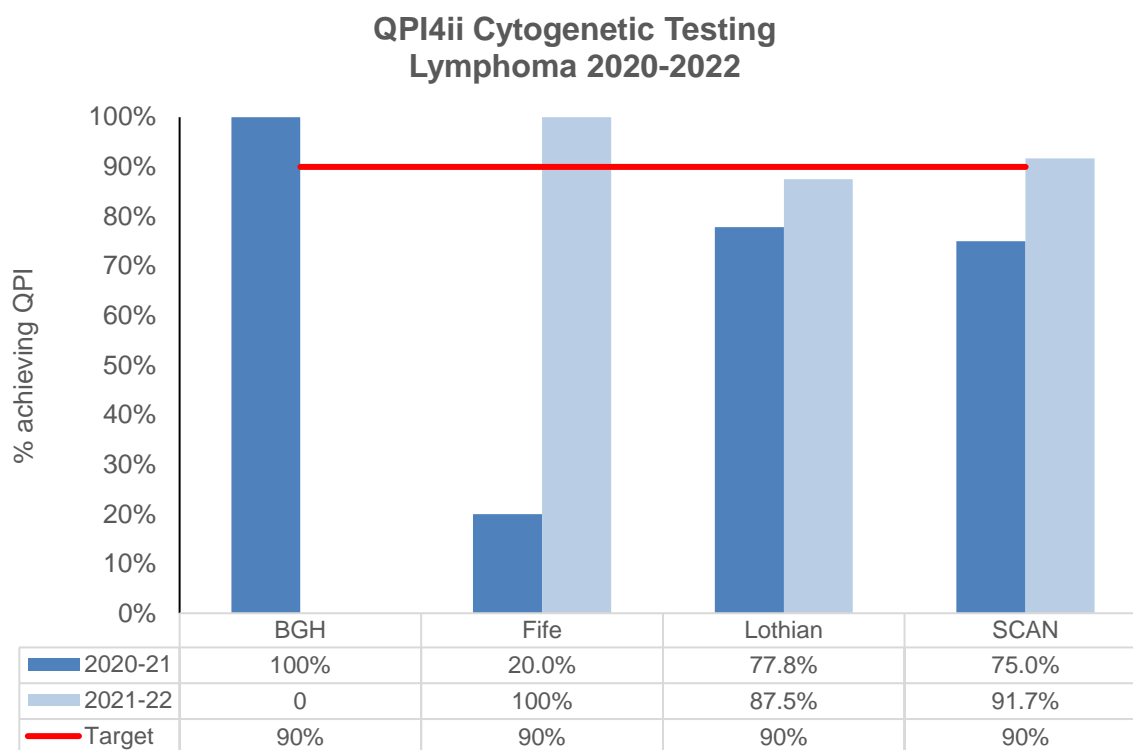
| Target 90% | Borders | Fife | Lothian | SCAN |
|------------------------------|-----------|-------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 33 | 81 | 179 | 294 |
| Numerator | NA | 4 | 7 | 11 |
| Not recorded for numerator | NA | 0 | 0 | 0 |
| Denominator | NA | 4 | 8 | 12 |
| Not recorded for exclusions | NA | 0 | 0 | 0 |
| Not recorded for denominator | NA | 0 | 0 | 0 |
| % Performance | NA | 100% | 87.5% | 91.7% |

Comments

Borders did not have any eligible patients in this cohort.

Fife met the target

Lothian showed a shortfall of 2.5% (1 patient). The initial MYC and BCL2/BCL6 test failed and had to be repeated, as the patient was very unwell treatment started immediately. The test was reported within 23days.



NB: zero value for BGH 2021-22 indicates there were no eligible patients in the cohort.

QPI 5 Lymphoma MDT Target 90%

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

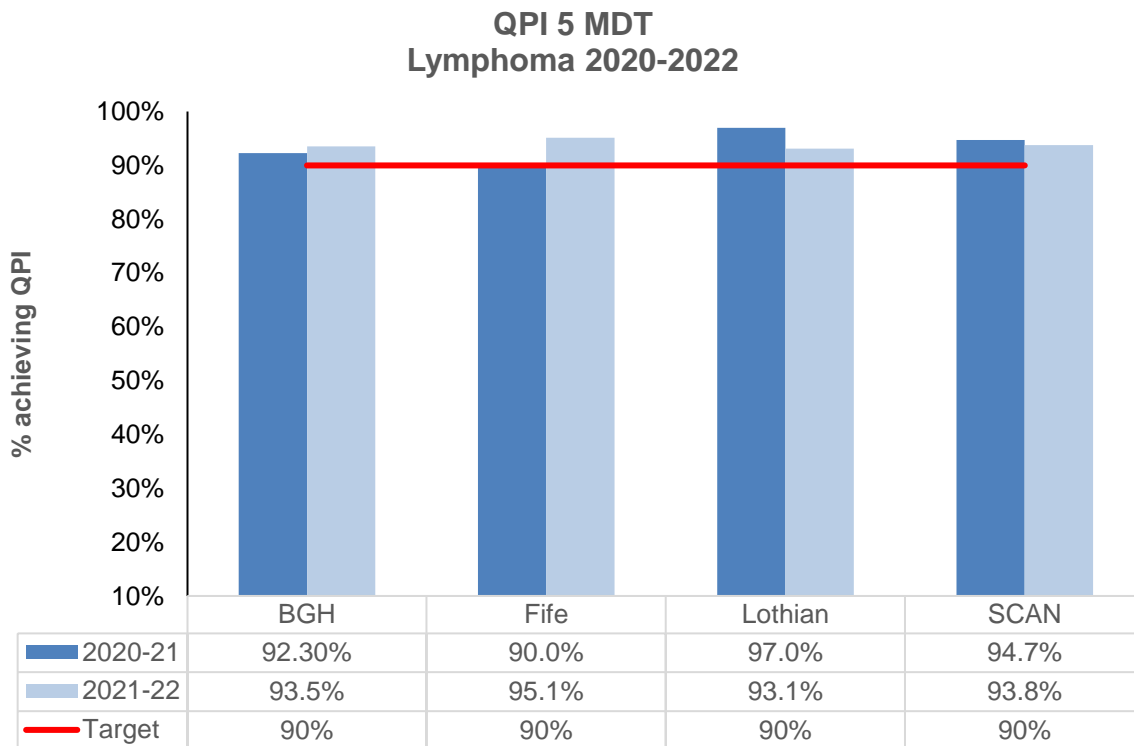
Numerator = Number of patients with lymphoma discussed at the MDT within 8 weeks of diagnosis

Denominator = All patients with Lymphoma

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

| Target 90% | Borders | Fife | Lothian | SCAN |
|------------------------------|--------------|--------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 2 | 3 | 12 | 17 |
| Numerator | 29 | 78 | 163 | 270 |
| Not recorded for numerator | 0 | 0 | 0 | 0 |
| Denominator | 31 | 82 | 175 | 288 |
| Not recorded for exclusions | 0 | 0 | 0 | 0 |
| Not recorded for denominator | 0 | 0 | 0 | 0 |
| % Performance | 93.5% | 95.1% | 93.1% | 93.8% |

Comments: All healthboards met the target.



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 |
|------------------------------|--------------|--------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 18 | 29 | 71 | 117 |
| Numerator | 10 | 55 | 108 | 173 |
| Not recorded for numerator | 0 | 0 | 0 | 0 |
| Denominator | 15 | 56 | 116 | 187 |
| Not recorded for exclusions | 0 | 0 | 0 | 0 |
| Not recorded for denominator | 0 | 0 | 0 | 0 |
| % Performance | 66.7% | 98.2% | 93.1% | 92.5% |

Comment

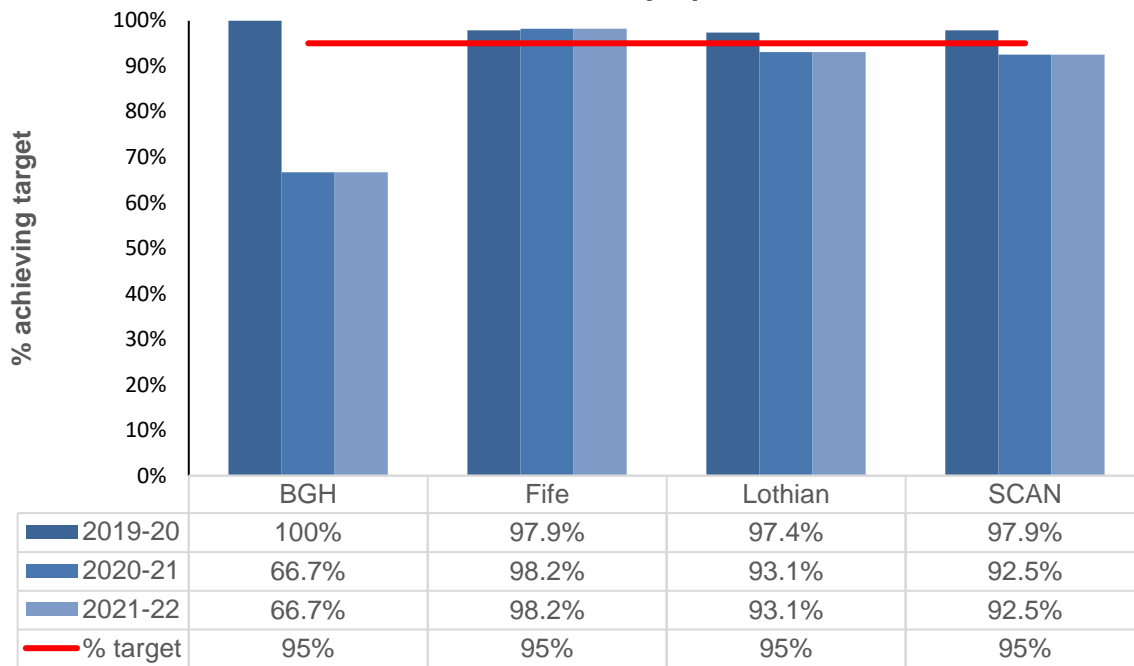
Fife met the target

Borders did not meet the target with a shortfall of 28.3%(5 patients) All 5 patients had incomplete HepB screening. This was an action point for 2020-21 which has not yet been fully resolved.

Lothian did not meet the target with a shortfall of 1.9% (8 patients) 1 patient was an inpatient when treatment started, the virus screen was overlooked by ward staff which led to a late request. 1 patient had bloods taken by GP in previous 48hrs of hospital visit, this did not include virus screen. 1 patient did not require Rituximab as part of their treatment therefore a virus screen was not considered necessary. 5 patients had incomplete viral screen omitting Hep B surface antigen although this had been requested.

Action: Ensure that all clinical staff are aware that screening includes both Hep B surface and Hep B core antigens to meet QPI 11 target.

QPI 11 Hepatitis and HIV status 2019-2022 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 |
|------------------------------|--------------|-------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 31 | 80 | 172 | 283 |
| Numerator | 1 | 5 | 10 | 16 |
| Not recorded for numerator | 0 | 0 | 0 | 0 |
| Denominator | 2 | 5 | 15 | 22 |
| Not recorded for exclusions | 0 | 0 | 0 | 0 |
| Not recorded for denominator | 0 | 0 | 0 | 0 |
| % Performance | 50.0% | 100% | 66.7% | 72.7% |

Comments:

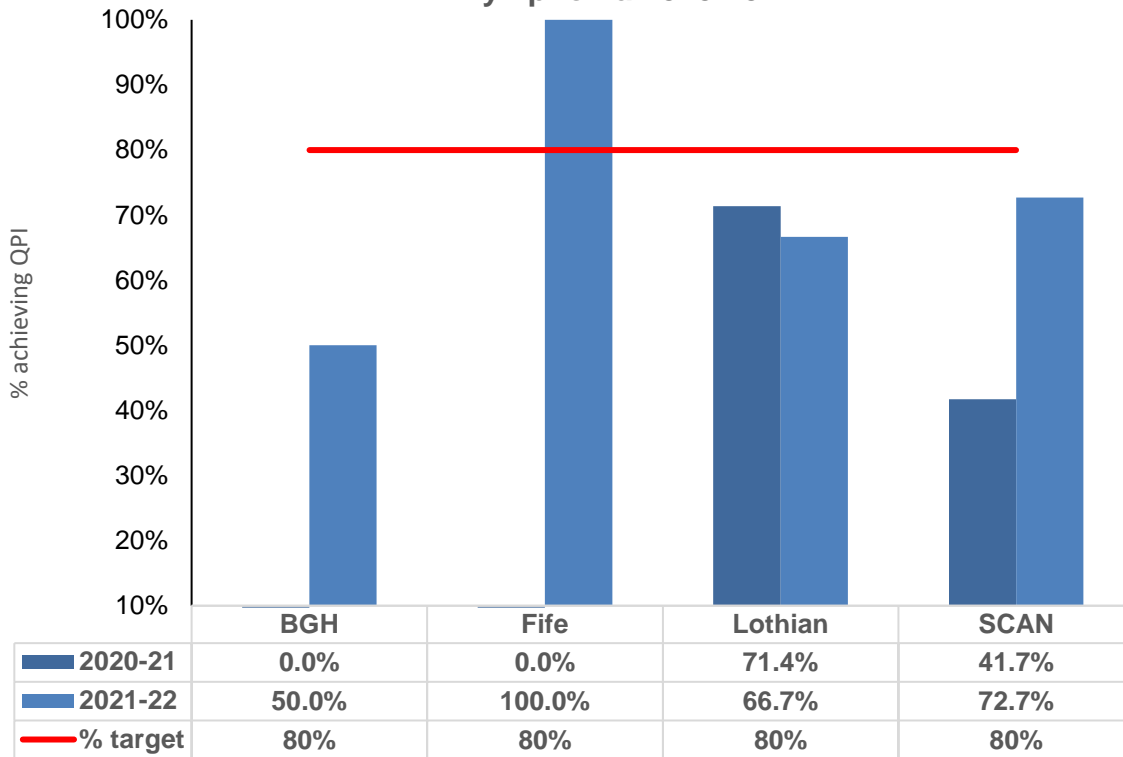
Fife met the target.

Borders did not make the target with a shortfall of 30% (1 patient) who became ill and stopped treatment.

Lothian did not make the target with a shortfall of 13.3% (5 patients). 1 patient's PETCT was early (9 days) to avoid Xmas public holidays when isotopes are unavailable. 1 patient did not have their chemotherapy slots reserved for post PETCT treatment and was late to start cycle 3. 1 patient had covid causing a delay to 3rd cycle of chemo. 2 patients had their PETCT a day early (8 days).

Action Ensure all clinicians are aware of the QPI timeline when making a radiology request for PETCT

QPI 12i Treatment response in HL Lymphoma 2020-2022



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.

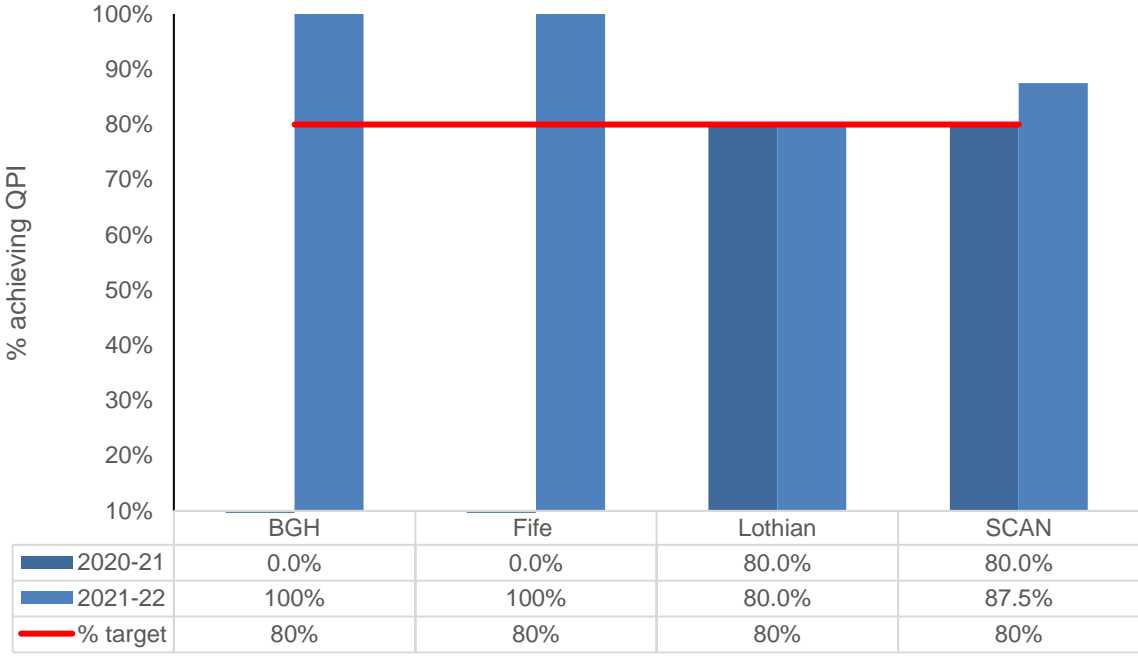
Denominator = All patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy (no exclusions).

| Target 80% | Borders | Fife | Lothian | SCAN |
|------------------------------|-------------|-------------|--------------|--------------|
| 2021-22 cohort | 33 | 85 | 187 | 305 |
| Ineligible for this QPI | 32 | 80 | 177 | 289 |
| Numerator | 1 | 5 | 8 | 14 |
| Not recorded for numerator | 0 | 0 | 0 | 0 |
| Denominator | 1 | 5 | 10 | 16 |
| Not recorded for exclusions | 0 | 0 | 0 | 0 |
| Not recorded for denominator | 0 | 0 | 0 | 0 |
| % Performance | 100% | 100% | 80.0% | 87.5% |

Comments

All healthboards met the target

QPI12ii Treatment Response in HL Lymphoma 2021-2022



Age Distribution

| | Borders | Fife | Lothian | SCAN |
|--------------|----------------|-------------|----------------|-------------|
| 16-19 years | 0 | 0 | 1 | 1 |
| 20-24 | 0 | 2 | 1 | 3 |
| 25-29 | 1 | 2 | 8 | 11 |
| 30-34 | 0 | 1 | 7 | 8 |
| 35-39 | 1 | 1 | 4 | 6 |
| 40-44 | 1 | 2 | 5 | 8 |
| 45-49 | 3 | 2 | 10 | 15 |
| 50-54 | 2 | 1 | 12 | 15 |
| 55-59 | 1 | 8 | 10 | 19 |
| 60-64 | 1 | 9 | 19 | 29 |
| 65-69 | 3 | 9 | 24 | 36 |
| 70-74 | 3 | 15 | 26 | 44 |
| 75-79 | 9 | 19 | 30 | 58 |
| 80-84 | 3 | 10 | 19 | 32 |
| >85 | 5 | 4 | 11 | 20 |
| Total | 33 | 85 | 187 | 305 |

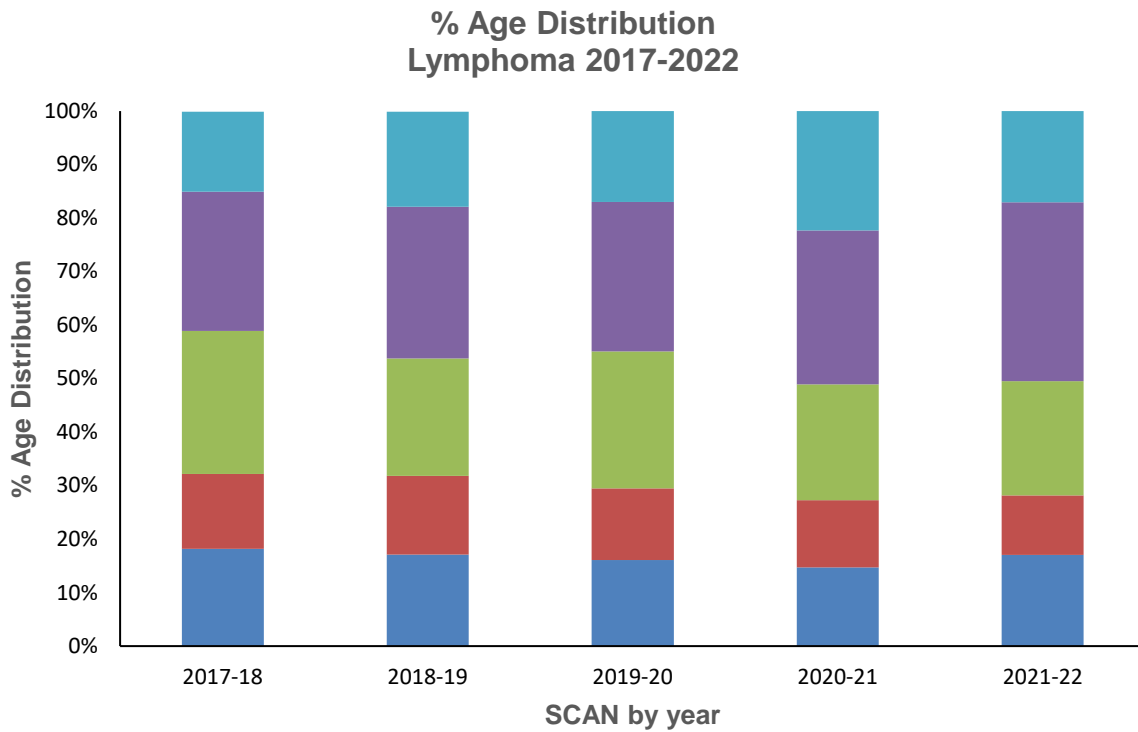
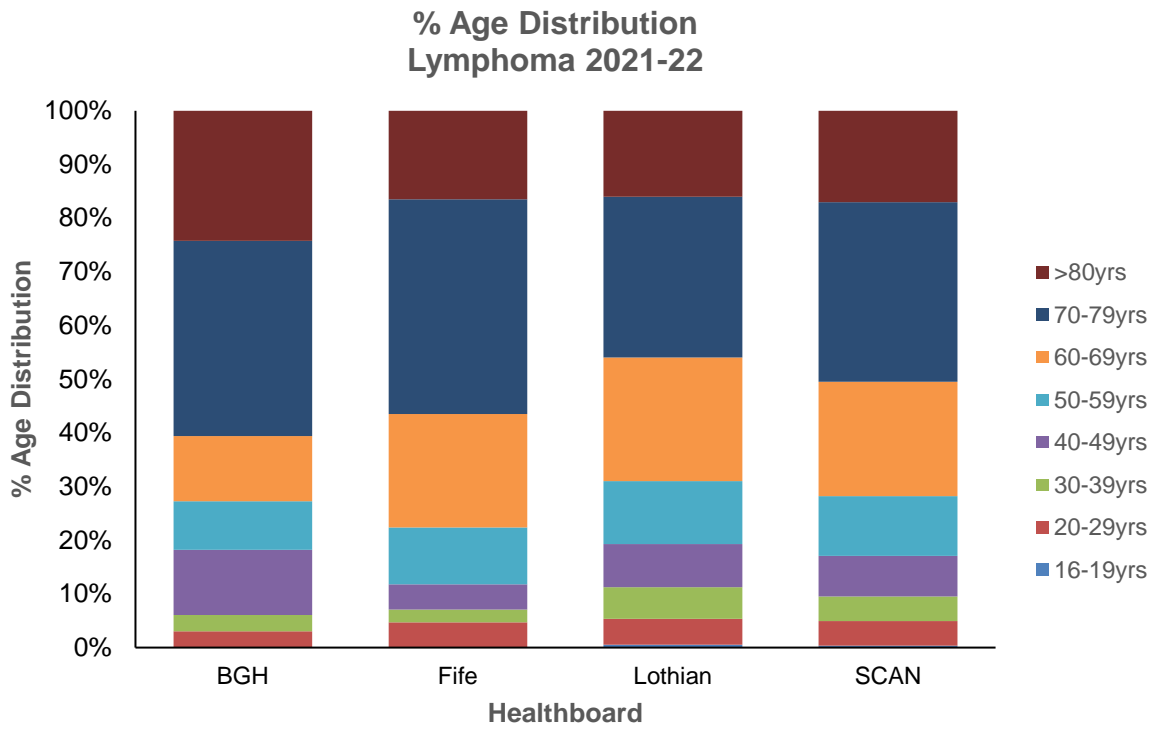
% Age Distribution

| | Borders | Fife | Lothian | SCAN |
|-------------|----------------|-------------|----------------|-------------|
| 16-19 years | 0.0% | 0.0% | 0.5% | 0.3% |
| 20-24 | 0.0% | 2.4% | 0.5% | 1.0% |
| 25-29 | 3.0% | 2.4% | 4.3% | 3.6% |
| 30-34 | 0.0% | 1.2% | 3.7% | 2.6% |
| 35-39 | 3.0% | 1.2% | 2.1% | 2.0% |
| 40-44 | 3.0% | 2.4% | 2.7% | 2.6% |
| 45-49 | 9.1% | 2.4% | 5.3% | 4.9% |
| 50-54 | 6.1% | 1.2% | 6.4% | 4.9% |
| 55-59 | 3.0% | 9.4% | 5.3% | 6.2% |
| 60-64 | 3.0% | 10.6% | 10.2% | 9.5% |
| 65-69 | 9.1% | 10.6% | 12.8% | 11.8% |
| 70-74 | 9.1% | 17.6% | 13.9% | 14.4% |
| 75-79 | 27.3% | 22.4% | 16.0% | 19.0% |
| 80-84 | 9.1% | 11.8% | 10.2% | 10.5% |
| >85 | 15.2% | 4.7% | 5.9% | 6.6% |

SCAN % Age Distribution 2017-22

| | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|-------------|----------------|----------------|----------------|----------------|----------------|
| <50 years | 18.2% | 17.1% | 16.1% | 14.7% | 17.0% |
| 50-59 years | 14.0% | 14.7% | 13.4% | 12.6% | 11.1% |
| 60-69 years | 26.7% | 22.0% | 25.6% | 21.6% | 21.3% |
| 70-79 years | 26.0% | 28.3% | 27.9% | 28.8% | 33.4% |
| 80 + years | 15.0% | 17.8% | 17.0% | 22.3% | 17.0% |

% Age Distribution by Healthboard



Summary of all Lymphomas 2021-22

| 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 | 0 | 0 |
| Angioimmunoblastic T cell | 0 | 1 | 3 | 4 |
| B-cell Lymphoma, Unclassifiable, with Features Indeterminate between Diffuse Large B-cell Lymphoma and Burkitt Lymphoma | 0 | 1 | 0 | 1 |
| Classical Hodgkin Lymphoma | 0 | 13 | 12 | 25 |
| Diffuse Large B Cell Lymphoma NOS | 4 | 14 | 36 | 54 |
| DLBCL with GC B cell subtype | 1 | 6 | 17 | 24 |
| DLBCL Activated B-cell subtype | 0 | 2 | 0 | 2 |
| DLBCL Associated with chronic inflammation | 0 | 1 | 0 | 1 |
| Burkitt's Lymphoma | 2 | 1 | 4 | 7 |
| Burkitt like Lymphoma with 11q aberation | 0 | 0 | 1 | 1 |
| EBV Positive DLBCL of the Elderly | 0 | 2 | 4 | 6 |
| Enteropathy- associated T cell lymphoma | 0 | 1 | 0 | 1 |
| Extranodal Marginal Zone Lymphoma of MALT | 0 | 6 | 12 | 18 |
| Extranodal NK/T Cell Lymphoma, Nasal Type | 0 | 1 | 1 | 2 |
| Follicular Lymphoma | 0 | 1 | 2 | 3 |
| Follicular Lymphoma Grade 1 | 0 | 8 | 9 | 17 |
| Follicular Lymphoma Grade 2 | 7 | 3 | 17 | 27 |
| Follicular Lymphoma Grade 3A | 2 | 2 | 6 | 10 |
| Follicular Lymphoma Grade 3B | 0 | 3 | 0 | 3 |
| Follicular T-cell lymphoma | 0 | 1 | 0 | 1 |
| High Grade B cell Lymphoma , NOS | 0 | 1 | 1 | 2 |
| High-grade B-cell lymphoma with MYC and BCL2 and/or BCL6 rearrangements | 1 | 0 | 9 | 10 |
| Lymphoplasmacytic Lymphoma | 6 | 7 | 8 | 21 |
| Malignant Lymphoma NHL NOS | 1 | 0 | 4 | 5 |
| Mantle Cell | 4 | 3 | 3 | 10 |
| Mixed Cellularity Classical Hodgkin Lymphoma | 1 | 1 | 5 | 7 |
| Mycosis Fungoides | 0 | 0 | 0 | 0 |
| Nodular Lymphocyte Predominant Hodgkin Lymphoma | 1 | 0 | 4 | 5 |
| Nodal Marginal Zone | 0 | 3 | 3 | 6 |
| Nodular Sclerosis Classical Hodgkin Lymphoma | 1 | 0 | 5 | 6 |
| Peripheral T-Cell Lymphoma, Unspecified | 0 | 0 | 4 | 4 |
| Plasmablastic lymphoma | 0 | 0 | 1 | 1 |
| Post Transplant LPD | 0 | 0 | 1 | 1 |
| Primary Diffuse Large B cell Lymphoma of CNS | 0 | 0 | 3 | 3 |
| Primary Mediastinal (Thymic) Large B-cell Lymphoma | 1 | 0 | 2 | 3 |
| Primary Cutaneous CD4 positive small/med T cell LPD | 0 | 0 | 1 | 1 |
| Primary Cutaneous DLBCL, Leg type | 0 | 0 | 2 | 2 |
| Sezary Syndrome | 0 | 0 | 1 | 1 |
| Splenic B-Cell Marginal Zone Lymphoma | 1 | 3 | 4 | 8 |
| T-cell Histiocyte rich Large B cell Lymphoma | 0 | 0 | 1 | 1 |
| Total | 33 | 85 | 187 | 305 |

| 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% | | | | |