

Quality Performance Indicators Audit Report



Tumour Area:	Lymphoma
Patients Diagnosed:	October 2019 to September 2020
Published Date:	Wednesday 20 th October 2021

1. Patient Numbers and Case Ascertainment in the North of Scotland

A total of 267 cases of lymphoma were recorded through audit as diagnosed in the North of Scotland between 1st October 2019 and 30th September 2020, this was lower than 2017-2018 and 2018-2019 (288 and 282 patients, respectively). Overall case ascertainment for the North of Scotland was lower than previous years at 87.5% (compared to 92.5% in 2018-2019), however, case ascertainment figures are provided for guidance and are not an exact measurement of audit completeness as it is not possible to compare the same cohort of patients.

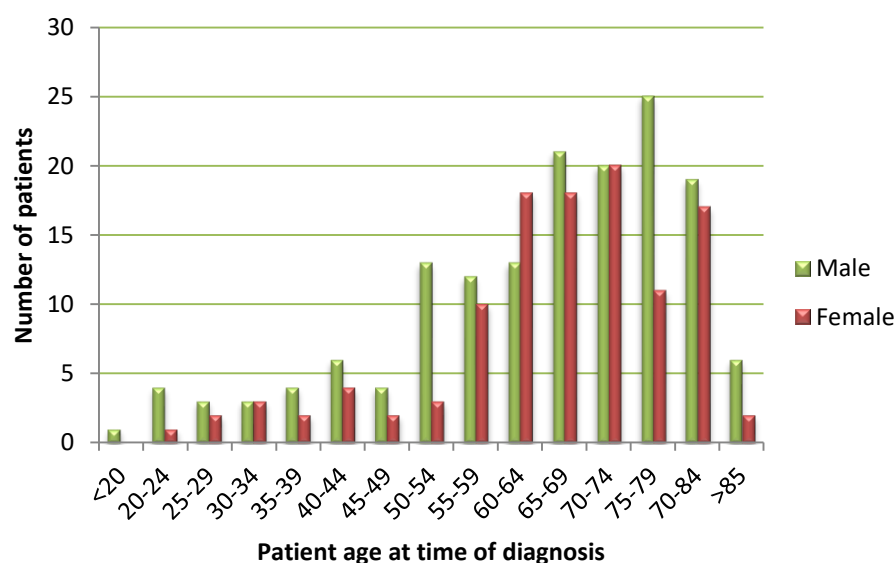
Case ascertainment and proportion of NoS total for patients diagnosed with lymphoma in 2019-2020

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
Audit cases 2019-2020	131	61	2	1	71	1	267
% of NoS total	49.1%	22.8%	0.7%	0.4%	26.6%	0.4%	100%
Mean ISD Cases 2015-19	133.6	66	4	4.2	94.8	2.4	305
% Case ascertainment 2019-2020	98.1%	92.4%	50.0%	23.8%	74.9%	41.7%	87.5%

The number of instances of data not being recorded were very low, as such, the audit data was considered to be sufficiently complete to allow QPI calculations.

2. Age and Gender Distribution

The figure below shows the age distribution of patients diagnosed with lymphoma in the North of Scotland during 2019-2020 for males and females. The number of diagnoses peaked in the 75-79 age group for males and in the 70-74 age group for females.



3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland¹, while further information on datasets and measurability used are available from Information Services Division². Data are presented by Board of diagnosis with the exception of QPI 14, clinical trials and research study access, which is reported by NHS Board of residence.

The following QPIs were amended during the formal review process and will not be reported until next year – QPIs 2, 4(ii), 5, 12(i) and 12(ii).

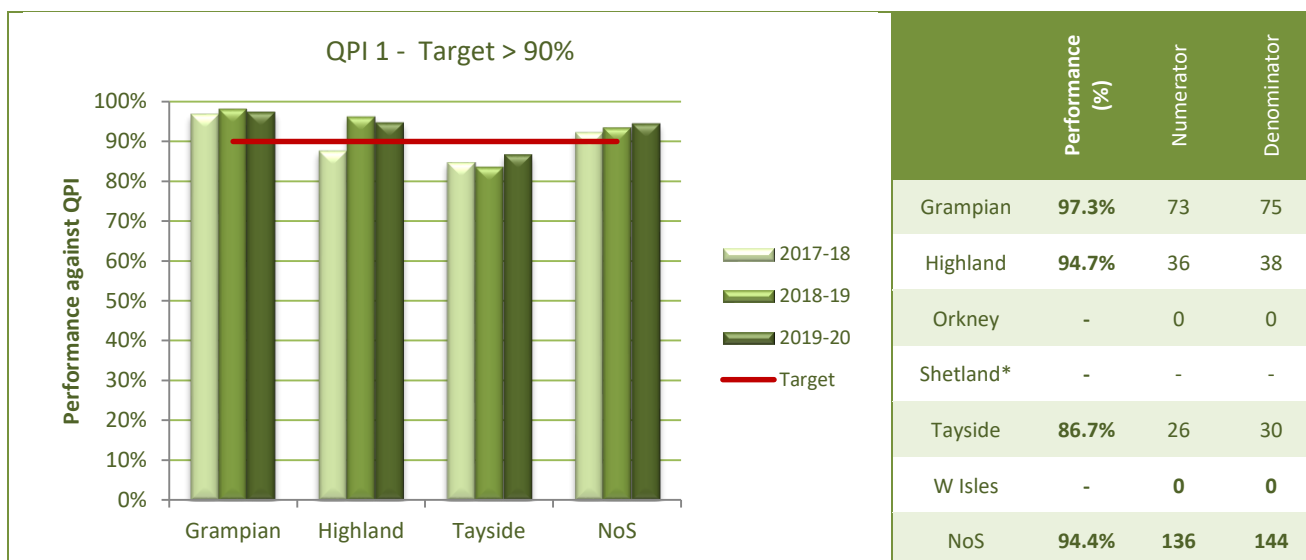
**Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.*

4. Governance and Risk

QPI performance is overseen by the North Cancer Alliance and its constituent groups, with an assessment of clinical risk and action planning undertaken collaboratively and reporting at board and regional level. Actions will be overseen by the Pathway Boards and reported concurrently into the NCA governance groups and the Clinical Governance committees at each North of Scotland health board.

Further information is available on the NCA website [here](#).

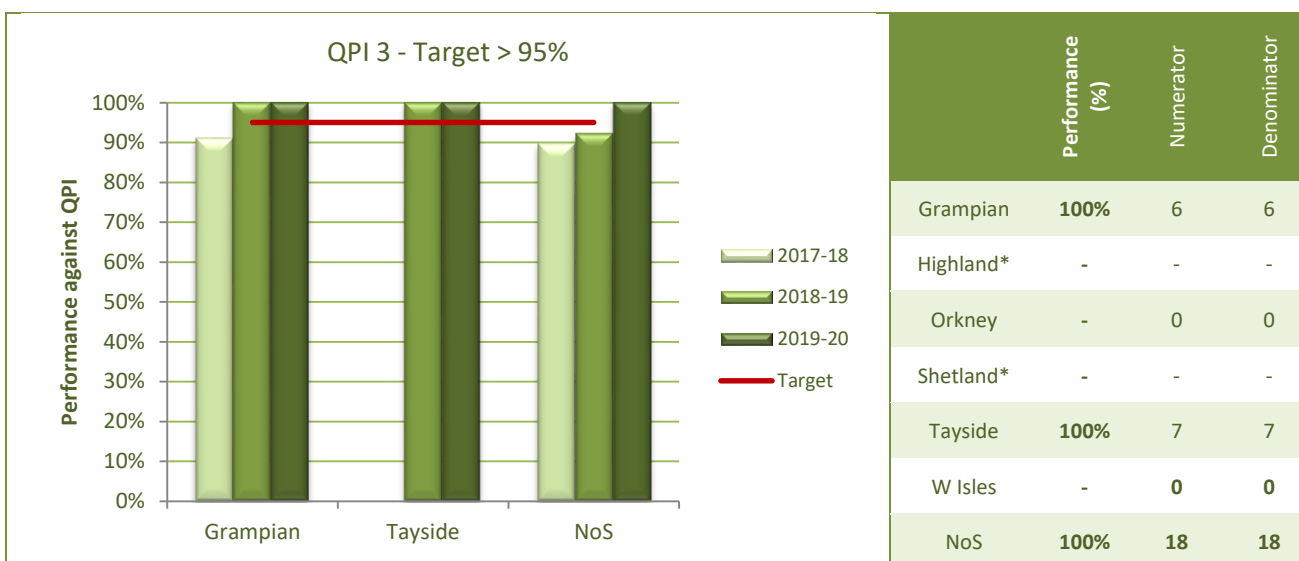
QPI 1	Radiological Staging
Proportion of patients with lymphoma undergoing treatment with curative intent who undergo Computed Tomography (CT) of the chest, abdomen and pelvis or PET CT scanning prior to treatment, where the report is available within 3 weeks of radiology request.	



QPI 2	Treatment Response
Proportion of patients with DLBCL who are undergoing chemotherapy treatment with curative intent, who have their response to treatment evaluated with CT scan of the chest, abdomen and pelvis or PET CT scan.	

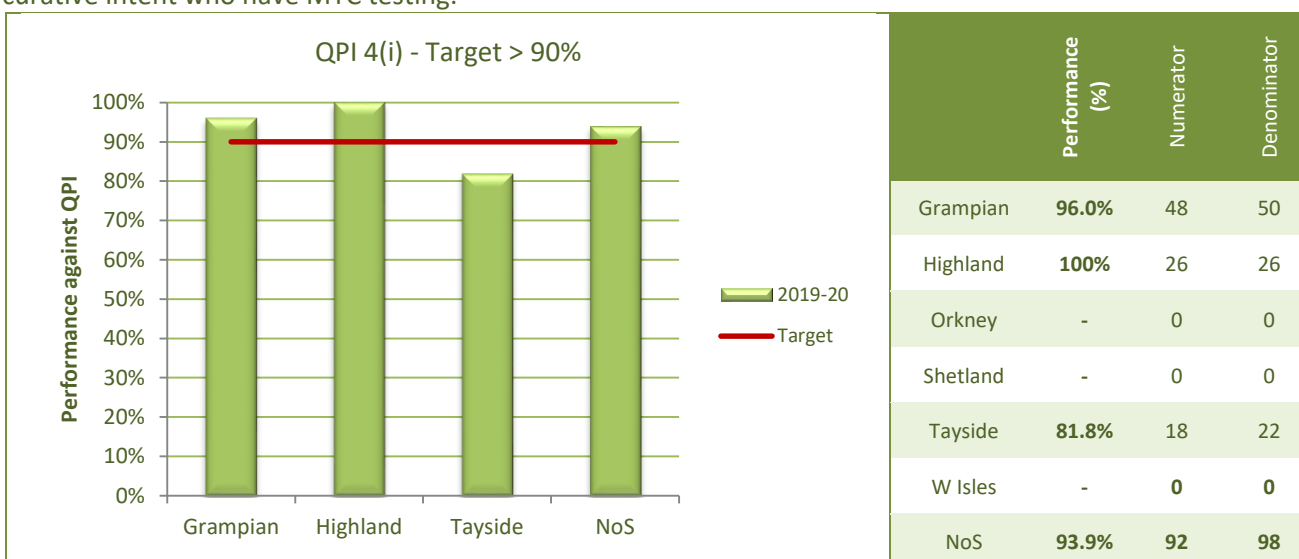
This QPI will be reported next year.

QPI 3	PET CT Staging
Proportion of patients with Classical Hodgkin Lymphoma undergoing treatment with curative intent who undergo PET CT scan prior to first treatment, where the report is available within 3 weeks of radiology request.	



QPI 4	Cytogenetic Testing
Proportion of patients with Burkitt Lymphoma or DLBCL undergoing chemotherapy treatment with curative intent who have MYC testing (and BCL2 / BCL6 testing where appropriate) as part of the diagnostic process.	

Specification (i) Patients with Burkitt Lymphoma or DLBCL undergoing chemotherapy treatment with curative intent who have MYC testing.



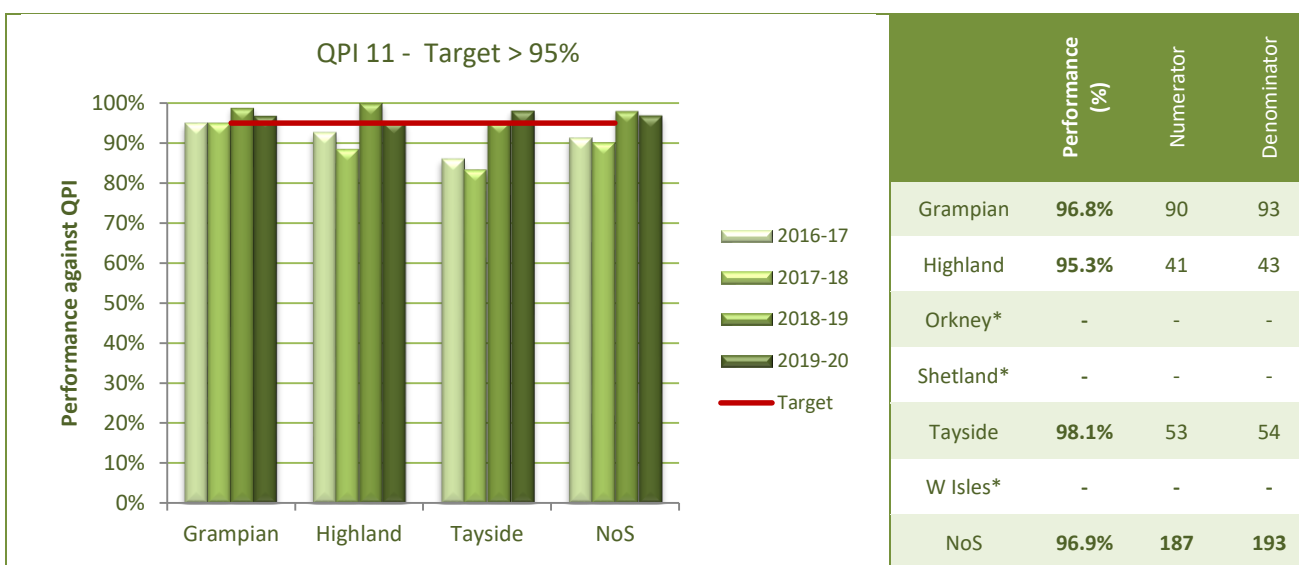
Specification (ii) Proportion of patients with DLBCL MYC rearrangement identified on FISH analysis undergoing chemotherapy treatment with curative intent who have BCL2/BCL6 testing with results reported within 3 weeks of commencing treatment.

This QPI will be reported next year.

QPI 5	Lymphoma MDT
Proportion of patients with lymphoma who are discussed at MDT meeting within 8 weeks of the pathology report being issued.	

This QPI will be reported next year.

QPI 11	Hepatitis and HIV Status
Proportion of patients with lymphoma undergoing SACT who have hepatitis B [core antibody (anti-HBcAB) and surface antigen (HBsAG)], hepatitis C and HIV status checked prior to treatment.	



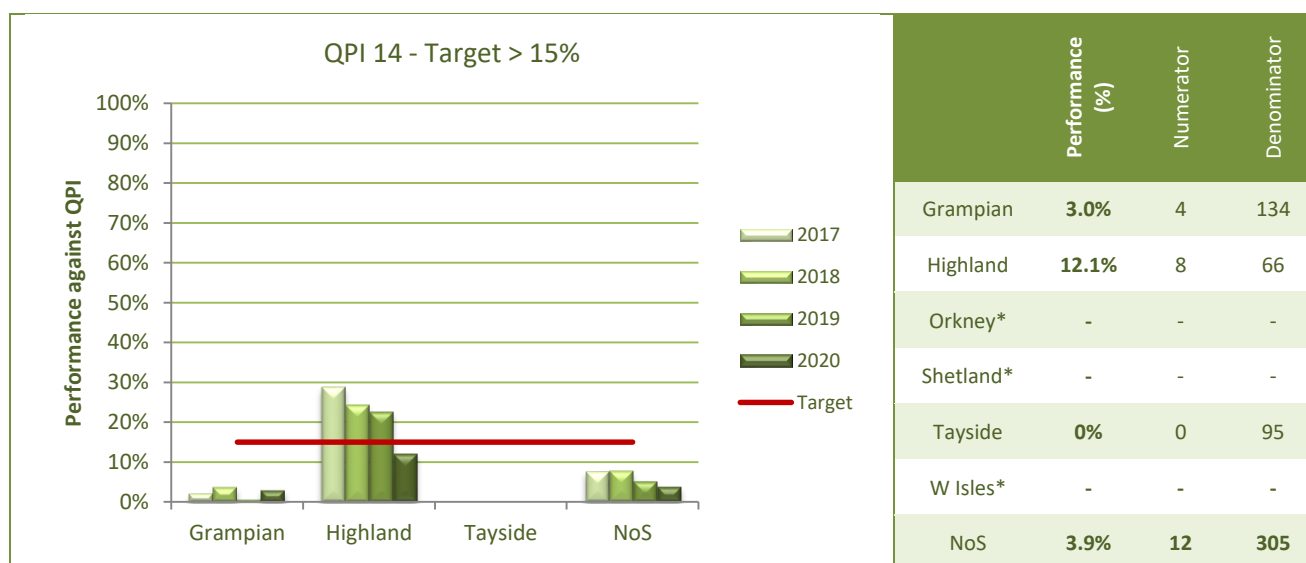
QPI 12	Treatment Response in Hodgkin Lymphoma
Proportion of patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment, that have their treatment evaluated with PET CT scan after 2 cycles of chemotherapy, and where the report is available within 3 working days.	

Specification (i): 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.

Specification (ii): 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 working days.

This QPI will be reported next year.

QPI 14	Clinical Trials and Research Study Access
Proportion of patients diagnosed with lymphoma who are consented for a clinical trial / research study. Data reported for patients enrolled in trials in 2020.	



Note: Due to the COVID-19 pandemic recruitment to clinical trials has decreased since 2019. This is partly due to all clinical trials across the UK being closed to recruitment on 13th March 2020. Trials began to reopen in a phased manner shortly after the closure based on local health board risk assessments. The cancer portfolio has since reopened the majority of trials and has been able to open new trials in all health boards. Impacts of COVID-19 on research staff have also effected the running of trials such as staff deployment to wards and COVID research. Also the impact of a reduced number of patients being diagnosed and coming into the cancer centres has had an impact on recruitment.

6. References

1. Scottish Cancer Taskforce, 2021. Lymphoma Clinical Performance Indicators, Version 4.0. Health Improvement Scotland. Available at <https://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=4b5640c7-805c-4abb-9cf1-1646142336aa&version=-1>
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>

Appendix 1: Clinical trials for lymphoma open in the North of Scotland in 2020.

Trial	Principle Investigator	Patients Consented
ENRICH: Ibrutinib for untreated mantle cell lymphoma	Peter Forsyth (Highland) Dominic Culligan (Grampian)	Y
EuroNet PHL-LP1 Hodgkin's	Hugh Bishop (Grampian)	N
MaPLe: Molecular profiling for lymphoma	Peter Forsyth (Highland)	Y
MCL Biobank Observational Study	Julie Gillies (Highland)	N
PETReA	Dominic Culligan (Grampian)	N