

West of Scotland Cancer Network

**Haemato-oncology
Managed Clinical Network**



Audit Report

Lymphoma

Quality Performance Indicators

**Clinical Audit Data:
01 October 2021 to 30 September 2022**

Dr Grant McQuaker
Consultant Haematologist
MCN Clinical Lead

Heather Wotherspoon
MCN & Improvement Manager

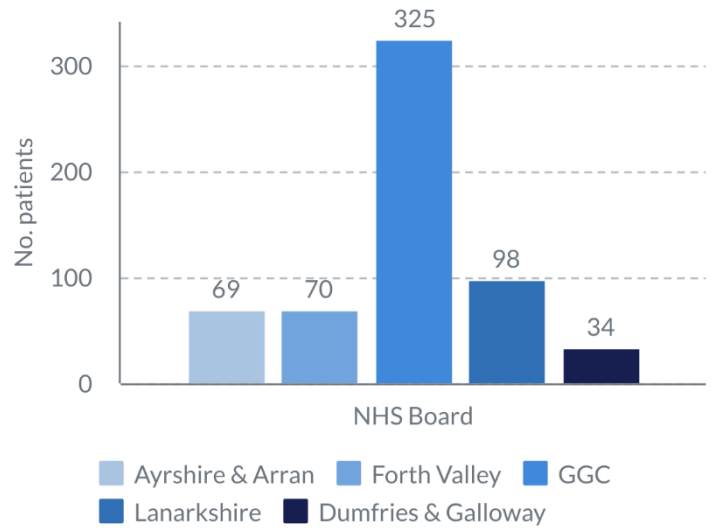
Christine Urquhart
Information Analyst

Lymphoma Quality Performance Indicators: Data Overview

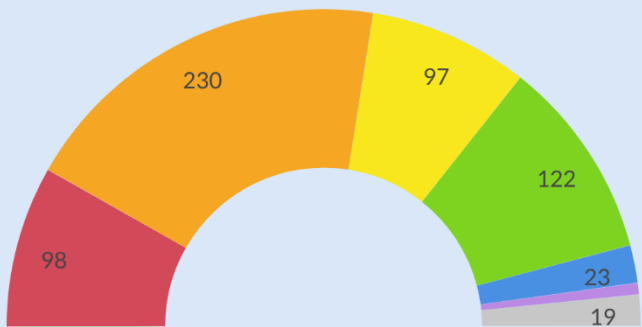
Patients diagnosed Oct 2021 - Sep 2022

Number of patients	596	
Median Age of Patients:		
Hodgkin Lymphoma	50	
Non Hodgkin Lymphoma	69	
Patient gender:		
	Male	Female
Hodgkin Lymphoma	51%	49%
Non Hodgkin Lymphoma	55%	45%

Where are patients diagnosed

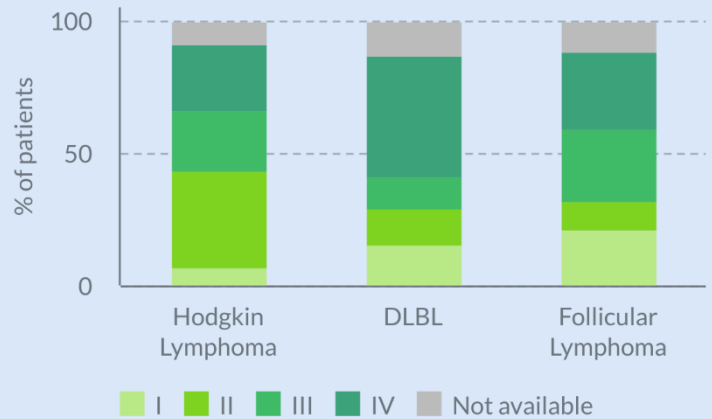


Morphology



- Hodgkin Lymphoma
- DLBCL
- Follicular Lymphoma
- other B cell Lymphoma
- T & NK Cell Lymphoma
- Primary Cutaneous Lymphoma
- unclassifiable / other

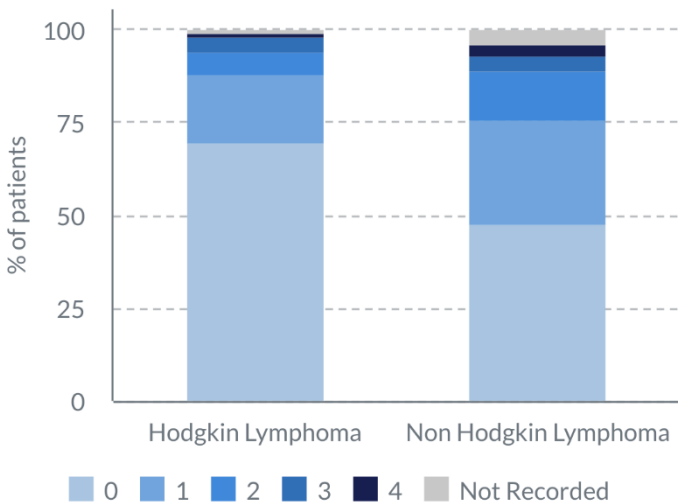
Stage of Disease at Diagnosis



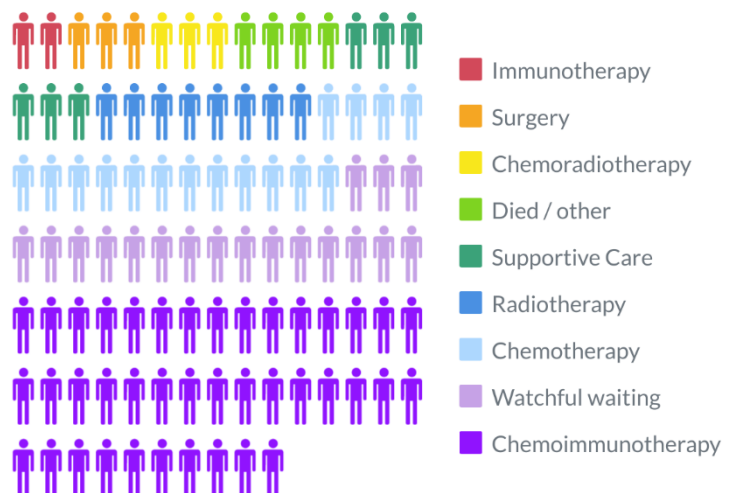
There has been a decline in completeness of staging data since 2020-21.

Action Required: All NHS Boards to ensure that disease stage is appropriately recorded for all patients.

Performance Status of Patients



First Treatment



Executive Summary

This report contains an assessment of the performance of West of Scotland (WoS) lymphoma services using clinical audit data relating to patients diagnosed with lymphoma between 1st October 2021 and 30th September 2022.

Cancer audit has underpinned much of the regional development and service improvement work of the MCN and the regular reporting of activity and performance have been fundamental in assuring the quality of care delivered across the region. With the development of QPIs, this has now become a national programme to drive continuous improvement and ensure equity of care for patients across Scotland.

The results illustrate that some of the QPI targets set have been challenging for NHS Boards to achieve and there remains room for further service improvement particularly around timely radiological imaging and reporting. Pressures on radiology departments across the WoS have been exacerbated by the COVID-19 pandemic and have impacted on performance against QPIs 1, 2, 3 and 12(ii). This will be escalated regionally via the RCOG. It should also be noted that performance is affected by the small numbers of patients on which some measures are based.

There was excellent performance against the new measure looking at cytogenetic testing in patients undergoing chemotherapy with curative intent (QPI 4(i) and (ii)). While it is encouraging that case ascertainment is of a high standard, there is a need to ensure that data is collected consistently across the network to enable robust assessment of performance against QPIs.

Where QPI targets were not met NHS Boards have provided detailed commentary; the South Glasgow sector of NHSGGC were not able to submit commentary to contribute to this report due to the lack of a Clinical Lead in the sector at the time of reporting. NHS Boards are encouraged to continue with this proactive approach of reviewing data and addressing issues as necessary, in order to work towards increasingly advanced performance against targets, and demonstration of overall improvement in quality of the care and service provided to patients.

There are a number of actions required as a consequence of this assessment of performance against the agreed criteria.

Actions required:

- MCN to work with audit staff and clinicians across WoSCAN Boards to support consistent data collection across the region.
- All NHS Boards to ensure that disease stage is appropriately recorded for all patients.
- All NHS Boards to escalate performance against QPIs 1 & 2 within their Board and take steps to enable more timely radiological imaging and reporting.
- NHS Ayrshire & Arran to feed back on the review of radiology request dates.
- MCN to review how the end of chemotherapy treatment date is recorded and highlight any issues raised to the Lymphoma QPI Formal Review currently underway.
- NHSGGC to escalate performance against QPIs 3 & 12(ii) within the Board, highlighting the impact of reporting delays on active treatment scheduling to reporting radiologists, and take steps to reduce reporting turnaround times.
- MCN to raise measurability concerns regarding QPI 12(i) at the Formal Review of Lymphoma QPIs currently underway.

A summary of actions has been included within the Action Plan Report accompanying this report and templates have been provided to Boards.

Completed Action Plans should be returned to WoSCAN in a timely manner to allow the plans to be reviewed at the Regional Cancer Oversight Group.

West of Scotland Cancer Network

Final Lymphoma QPI MCN Audit Report 2021-22 v1.0 - 7 June 2023

Summary of Performance

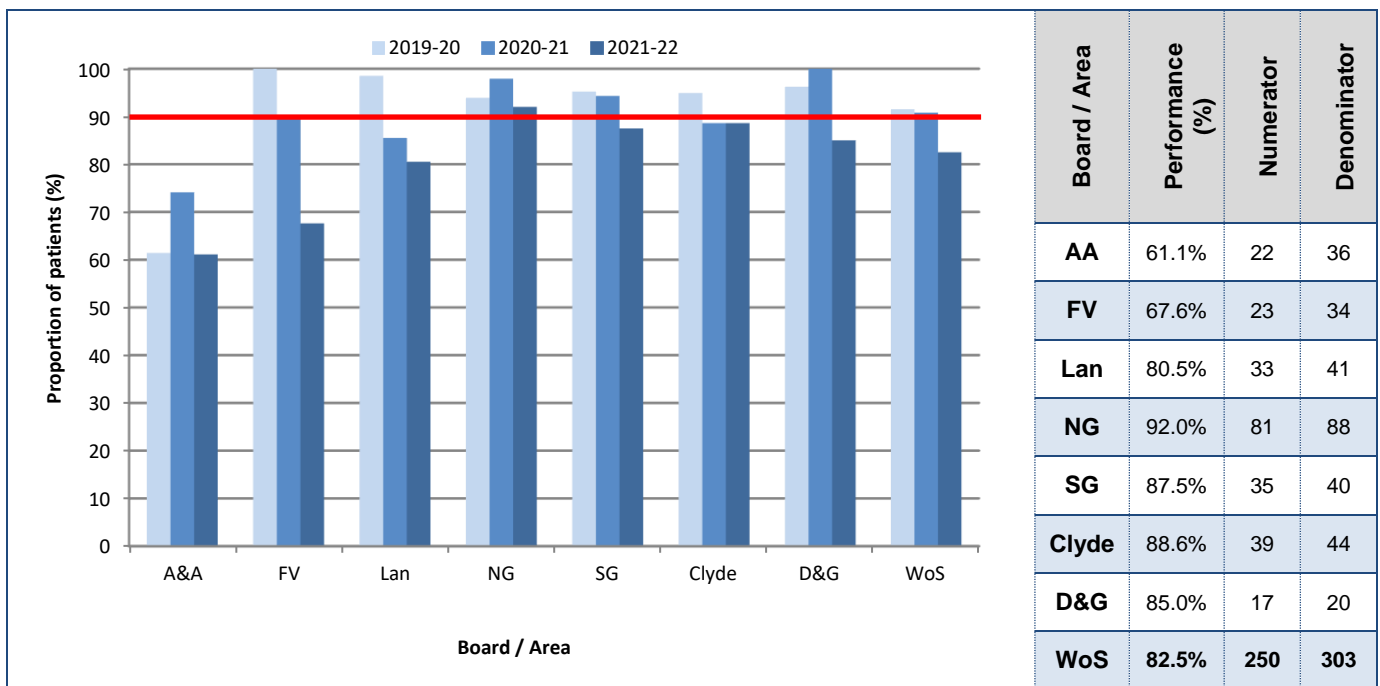
Key	
	Above Target Result
	Below Target Result
-	Results based on less than 5 patients

QPI	Performance by Board									
	Target	Year	WoS	A&A	FV	Lan	NG	SG	Clyde	D&G
QPI 1: Radiological Diagnosis and Staging. Proportion 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.	90%	2021-22	83% (250/303)	61% (22/36)	68% (23/34)	80% (33/41)	92% (81/88)	88% (35/40)	89% (39/44)	85% (17/20)
		2020-21	91%	74%	90%	85%	98%	94%	89%	100%
		2019-20	93%	70%	100%	98%	94%	95%	95%	96%
QPI 2: Treatment Response Proportion of patients with DLBCL who are undergoing chemotherapy treatment with curative intent who undergo CT of chest, abdomen and pelvis or PET CT scan at end of chemotherapy treatment.	90%	2021-22	78% (124/160)	79% (11/14)	64% (14/22)	73% (22/30)	79% (31/39)	84% (21/25)	81% (17/21)	89% (8/9)
		2020-21	78%	61%	92%	75%	78%	86%	77%	82%
		2019-20								
QPI 3: Positron Emission Tomography (PET CT) Staging Proportion of patients with CHL 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.	95%	2021-22	76% (52/68)	67% (4/6)	80% (4/5)	57% (4/7)	92% (24/26)	56% (5/9)	78% (7/9)	67% (4/6)
		2020-21	89%	60%	75%	86%	100%	100%	-	-
		2019-20	95%	67%	-	93%	100%	100%	100%	-
QPI 4(i): Cytogenetic testing Proportion of patients with Burkitt Lymphoma or DLBCL undergoing chemotherapy with curative intent who have MYC testing.	90%	2021-22	96% (172/179)	94% (15/16)	96% (24/25)	93% (28/30)	98% (42/43)	93% (26/28)	100% (25/25)	100% (12/12)
		2020-21	97%	100%	94%	100%	94%	100%	97%	92%
		2019-20	98%	95%	100%	97%	97%	100%	100%	100%
QPI 4(ii): Cytogenetic testing Proportion of patients with DLBCL MYC rearrangement identified on FISH analysis undergoing chemotherapy treatment with curative intent who have BCL2/BCL6 testing within 3 weeks of commencing treatment.	90%	2021-22	100% (10/10)	-	-	-	-	-	100% (5/5)	-
		2020-21	92%	-	-	83%	100%	-	100%	-
		2019-20								

QPI	Target	Year	WoS	A&A	FV	Lan	NG	SG	Clyde	D&G
QPI 5: Lymphoma MDT Proportion of patients with lymphoma who are discussed at MDT meeting within 8 weeks of the pathology report being issued.	90%	2021-22	87% (497/569)	82% (53/65)	90% (63/70)	80% (74/92)	84% (123/146)	95% (81/85)	91% (73/80)	97% (30/31)
		2020-21	91%	88%	97%	91%	87%	94%	88%	100%
		2019-20								
QPI 11: Hepatitis and HIV Status Proportion of patients with lymphoma undergoing SACT who have hepatitis B [core antibody (anti-HBcAB) and surface antigen (HB-sAG)], hepatitis C and HIV status checked prior to treatment.	95%	2021-22	86% (318/369)	95% (36/38)	85% (40/47)	100% (63/63)	82% (78/95)	85% (46/54)	65% (31/48)	100% (24/24)
		2020-21	88%	100%	95%	100%	86%	72%	67%	100%
		2019-20								
QPI 12(i): Treatment Response in Hodgkin Lymphoma Proportion of patients with advanced HL who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment that have their treatment evaluated with PET CT scan after two cycles of chemotherapy.	80%	2021-22	62% (21/34)	-	-	40% (2/5)	67% (6/9)	83% (5/6)	80% (4/5)	-
		2020-21	71%	67%	78%	83%	75%	57%	-	-
		2019-20								
QPI 12(ii): Treatment Response in Hodgkin Lymphoma Proportion of patients with advanced HL who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment that have their treatment evaluated with PET CT scan after two cycles of chemotherapy and where the report is available within 3 working days.	80%	2021-22	57% (12/21)	-	-	-	67% (4/6)	40% (2/5)	-	-
		2020-21	60%	-	43%	80%	67%	-	-	-
		2019-20								

QPI 1: Radiological Staging

Title:	Patients with lymphoma should be evaluated with appropriate imaging to detect the extent of disease, with timely reports available to guide treatment decision making
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.
Exclusions:	None
Target:	90%



Review of patients not meeting this QPI indicates that patients did have appropriate imaging but this was reported more than 3 weeks after the radiology request, largely due to reporting capacity within radiology services. There has been a considerable decline in performance against this indicator compared with previous years of reporting across NHS Boards. Pressures on radiology departments across the WoS, and more widely, have been exacerbated by the COVID-19 pandemic and radiology services have found it challenging to undertake and report staging CT imaging in a timely manner. These pressures, which have impacted on performance against QPI 1, 2, 3 and 12, will be escalated regionally via the RCOG. In addition NHS Ayrshire & Arran are reviewing the accuracy of radiology request dates recorded.

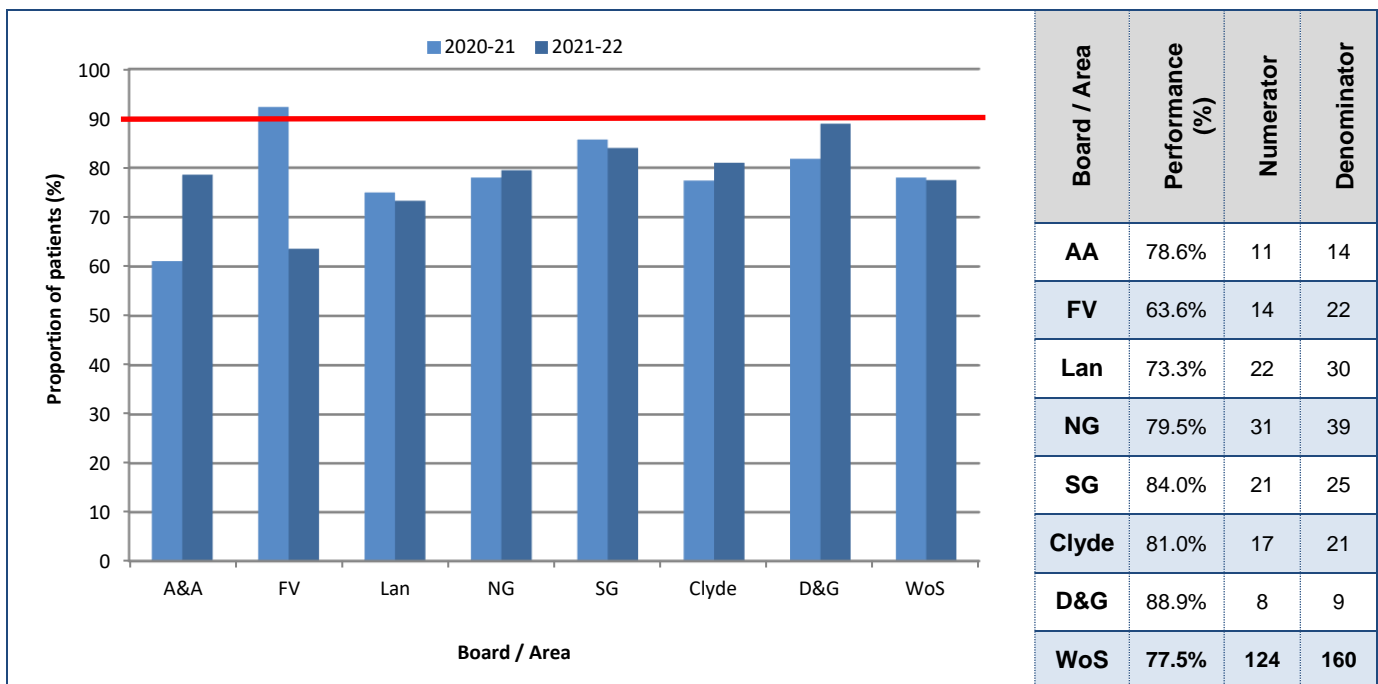
Performance against this measure will be kept under close review going forward. It is hoped that if pressures on radiology services ease, some improvement in performance may be seen in subsequent years.

Action Required:

- All NHS Boards to escalate performance against QPI 1 within their Board and take steps to enable more timely radiological imaging and reporting.
- NHS Ayrshire & Arran to feed back on the review of radiology request dates.

QPI 2: Treatment response

QPI Title:	Patients with DLBCL who are treated with curative intent should have their response to treatment evaluated with appropriate imaging.
Numerator:	Number of patients with DLBCL who are undergoing chemotherapy treatment with curative intent who undergo CT of chest, abdomen and pelvis or PET CT scan at end of chemotherapy treatment.
Denominator:	All patients with DLBCL who are undergoing chemotherapy treatment with curative intent.
Exclusions:	Patients that died during treatment.
Target:	90%



Changes to the way this QPI is measured were implemented for 2020-21. The QPI now requires patients to have imaging within the period 0 to 42 days following chemotherapy or 0 to 91 days following radiotherapy which is more challenging than the previous definition requiring imaging to be prior to 91 days after treatment.

Across all NHS Boards, the majority of patients not meeting this QPI had their treatment response evaluated with appropriate imaging, however the imaging was not undertaken within the timescales required by the revised QPI definition. In addition, a small number of patients had delayed imaging or did not have CT imaging due to clinically appropriate reasons. Further, the MCN is currently looking at how the end of chemotherapy treatment date is recorded across WoSCAN in view of clinical feedback to ensure consistency in recording across the region.

Pressures on radiology departments across the WoS, and more widely, have been exacerbated by the COVID-19 pandemic and radiology services have found it particularly challenging to prioritise the end of treatment imaging. It is perhaps unsurprising that this amended and more stringent QPI definition has not been met at this time. Performance against this measure will be kept under close review going forward and it is hoped that some improvement in performance may be seen in subsequent years if pressures on radiology services ease.

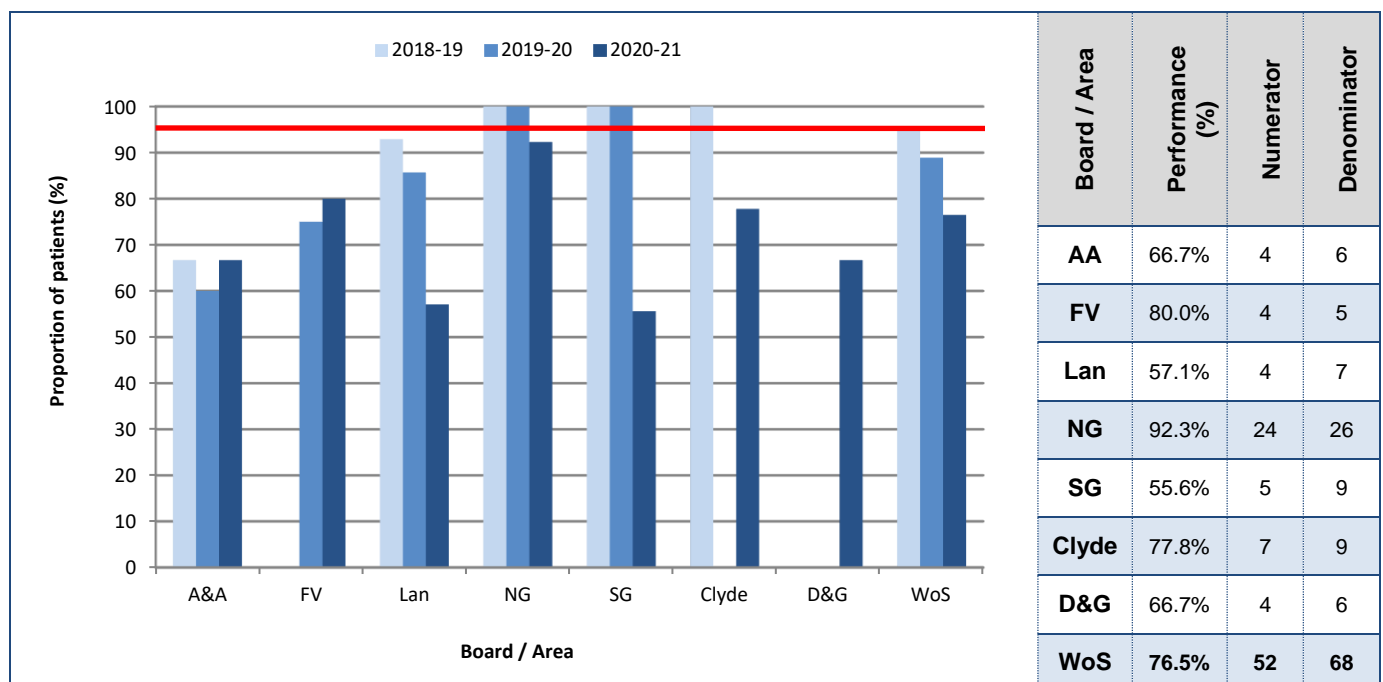
Local measures were implemented within NHS Boards following reporting in 2022 to ensure prioritisation of end of treatment imaging, but any impacts of these changes will not be evident until results for 2022-23 are reported.

Action Required:

- All NHS Boards to escalate performance of QPI 2 within their Board and take steps to enable more timely radiological imaging and reporting.
- MCN to review how the end of chemotherapy treatment date is recorded and highlight any issues raised to the Lymphoma QPI Formal Review currently underway.

QPI 3: Positron Emission Tomography (PET CT) Staging

QPI Title:	Patients with CHL should be evaluated with PET CT scanning to detect the extent of disease, with timely reports available to guide treatment decision making.
Numerator:	Patients with CHL undergoing treatment with curative intent who undergo PET CT prior to first treatment where the report is available within 3 weeks of radiology request.
Denominator:	All patients with CHL undergoing treatment with curative intent who undergo PET CT prior to first treatment.
Exclusions:	None
Target:	95%



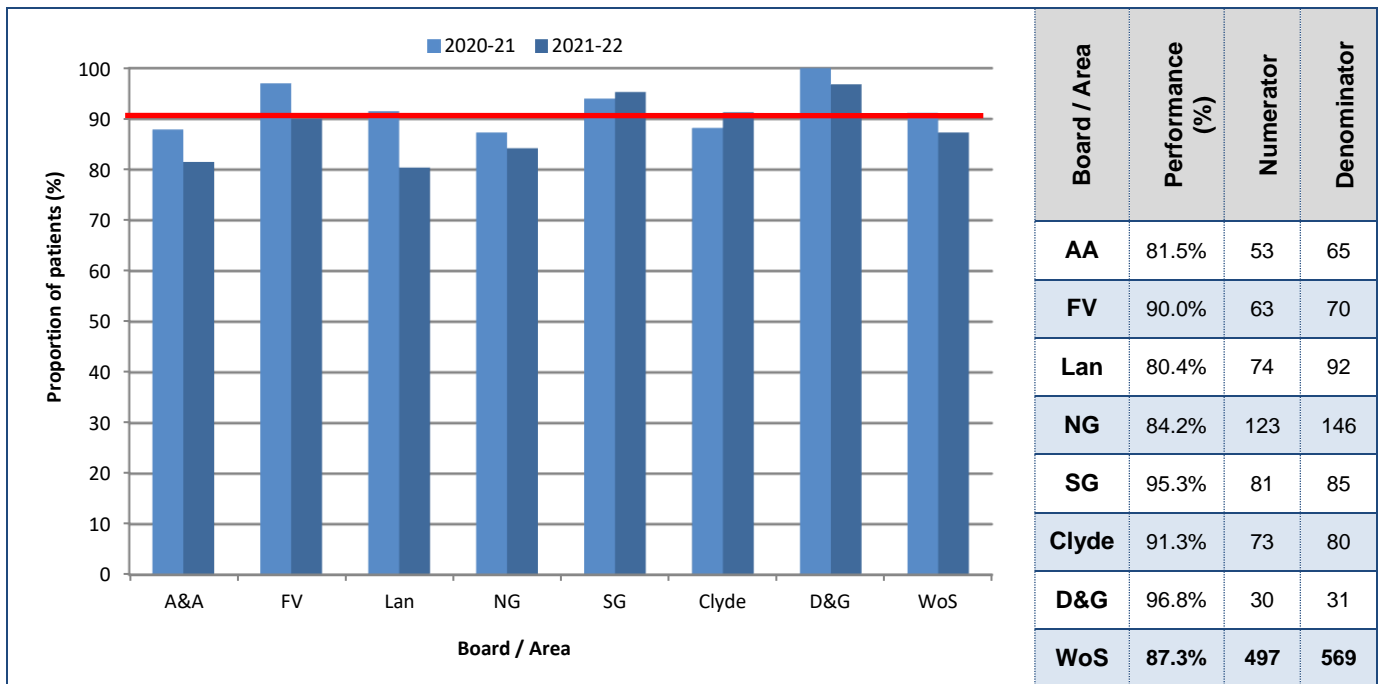
All patients with CHL undergoing treatment with curative intent had PET-CT imaging. Of the 16 patients who did not meet the QPI, 12 were reported within 30 days; one further patient, from NHS Forth Valley, did not meet the QPI as the radiology request date was not recorded. Due to small numbers, any comparison of performance between NHS Boards should be made with caution. It should be noted that all PET-CT scans within the region are undertaken within the West of Scotland PET-CT Centre. The decline in performance against this indicator in 2021-22 is likely to be related to ongoing radiology pressures.

Action Required:

- NHSGGC to escalate performance against QPI 3 within the Board, highlighting the impact of reporting delays on active treatment scheduling to reporting radiologists, and take steps to reduce reporting turnaround times.

QPI 5: Lymphoma MDT

QPI Title:	Patients with lymphoma should be discussed by a MDT following diagnosis.
Numerator:	Number of patients with lymphoma discussed at the MDT within 8 weeks of the pathology report being issued.
Denominator:	All patients with lymphoma.
Exclusions:	Patients who died before first treatment. Patients with primary cutaneous lymphoma.
Target:	90%



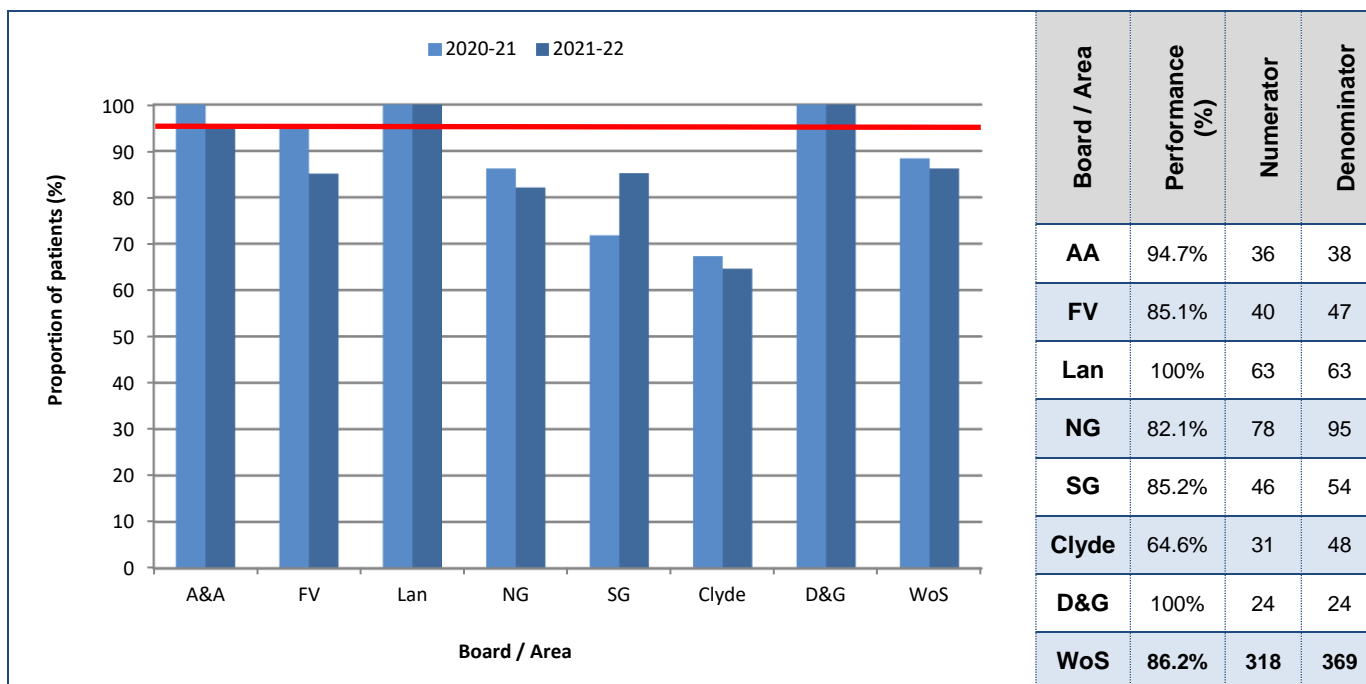
Additional information is provided below which shows the proportion of patients being discussed at MDT, irrespective of timing, and also comparing performance against this QPI for patients receiving active treatment to those on best supportive care and watchful waiting. Although the vast majority of patients were discussed at MDT (98.6%), this was not always within the 8 week timeframe. Performance against this measure was lower in 2021-22 than in 2020-21; this decline was most notable for patients undergoing active treatment, where performance fell from 95.6% in 2020-21 to 91.0% in 2021-22. Just under half of the patients not meeting the QPI were receiving supportive care or watchful waiting and therefore the timeframe for MDT discussion was clinically appropriate.

Board / Area	% Patients discussed at MDT (no time constraint)			% Patient undergoing active first treatment discussed within 8 weeks of pathology reporting			% Patient undergoing watchful waiting or best supportive care as first treatment discussed within 8 weeks of pathology reporting		
	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator	Performance (%)	Numerator	Denominator
AA	100%	65	65	90.9%	40	44	61.9%	13	21
FV	100%	70	70	94.4%	51	54	75.0%	12	16
Lan	94.6%	87	92	82.2%	60	73	73.7%	14	19
NG	98.6%	144	146	87.5%	98	112	73.5%	25	34
SG	100%	85	85	98.4%	60	61	87.5%	21	24
Clyde	100%	80	80	95.2%	60	63	81.3%	13	16
D&G	96.8%	30	31	96.0%	24	25	100%	6	6
WoS	98.6%	561	569	91.0%	393	432	76.5%	104	136

Patients not being discussed at the MDT within 8 weeks of the pathology report being issued were reviewed. Eight patients were not discussed at MDT, 3 of whom died shortly after the commencement of treatment. Other patients were discussed at MDT more than 8 weeks from pathology reporting; for some of these patients there were delays due to patients being referred to other teams. Within NHS Lanarkshire a new haematology co-ordinator has recently been appointed and trackers will be encouraged to flag new diagnoses to the MDT in a timely manner. In NHS Ayrshire & Arran clinicians will be reminded to promptly list all new patients for MDT discussion. Measures implemented in North Glasgow and Clyde following the publication of last year's report are expected to improve results in next year's reporting cycle. Boards should be encouraged to ensure that patients dying shortly after commencing treatment are still discussed.

QPI 11: Hepatitis and HIV Status

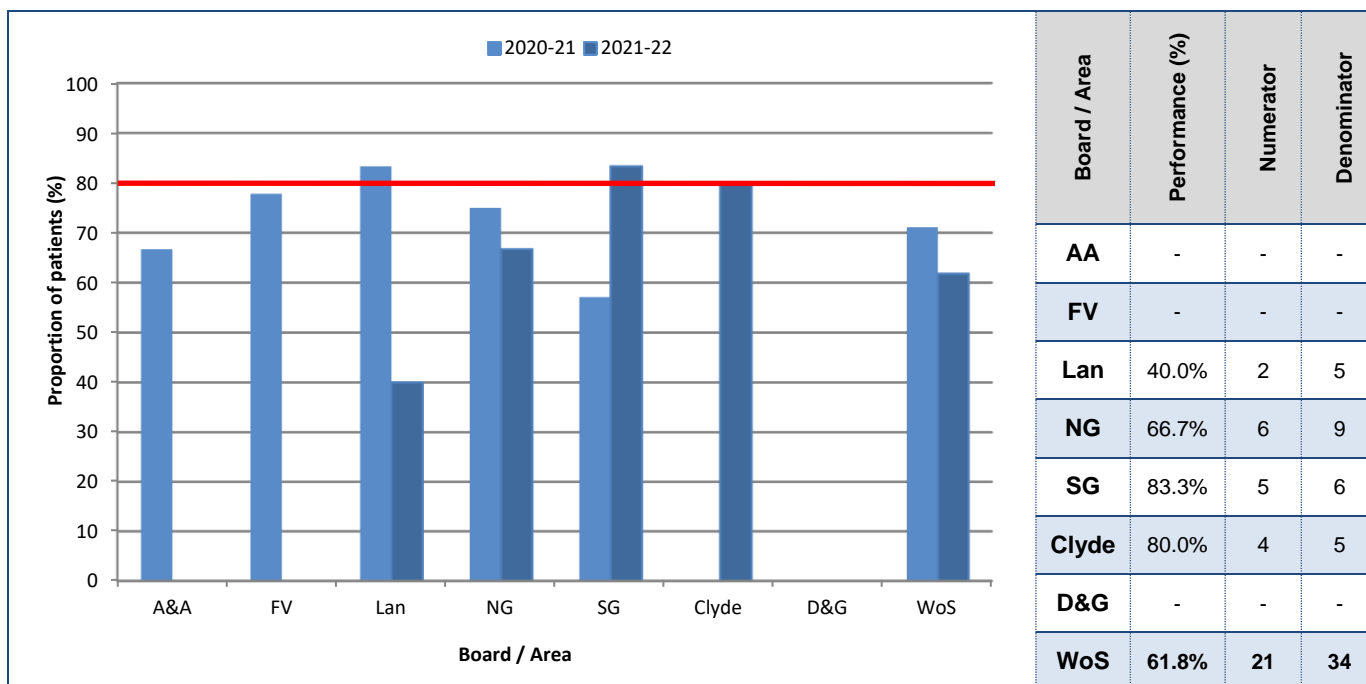
QPI Title:	Virological testing for HIV, hepatitis B and C should be undertaken for patients undergoing SACT.
Numerator:	Number of patients with lymphoma undergoing SACT who have hepatitis B [core antibody (anti-HBcAB) and surface antigen (HB-sAG)], C and HIV status checked prior to treatment.
Denominator:	All patients with lymphoma undergoing SACT.
Exclusions:	No exclusions.
Target:	95%



This QPI specifies that testing for both hepatitis B core antibody (anti-HBcAB) and surface antigen (HB-sAG) is required. Within NHSGGC and NHS Forth Valley the majority of patients not meeting this QPI had surface antigen testing for hepatitis B but not core antibody testing. Within NHS Forth Valley, these were inpatients from other services; the board will highlight to the haematology team the need for hepatitis B core antibody testing for all inpatient referrals. The requirement for hepatitis B core antibody testing was highlighted to clinical staff within NHSGGC via the MDT following reporting of the QPIs in 2022 and NHSGGC now use a haematological malignancy diagnosis order set for all new lymphoma diagnoses; which includes both surface antigen and core antibody testing for hepatitis B. These actions are anticipated to result in improved performance against this measure in future years.

QPI 12: Treatment Response in Hodgkin Lymphoma

QPI Title:	Patients with advanced Hodgkin Lymphoma who receive treatment with ABVD, BEACOPP or BEACOPDac chemotherapy should have early assessment of response by appropriate imaging.
Specification (i)	
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.
Denominator:	All patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, BEACOPP or BEACOPDac chemotherapy treatment.
Exclusions:	Patients who die during treatment.
Target:	80%



To meet this QPI patients are required to have an interim PET CT scan within the week prior to commencing their 3rd cycle of chemotherapy. Comparison of performance between NHS Boards is difficult due to the relatively small numbers of patients included within this QPI measure. Review of patients not meeting this QPI indicates that all patients had an interim PET CT scan, but commenced their 3rd cycle of chemotherapy more than 7 days after imaging for a variety of reasons including delays in reporting of PET CT resulting in delayed chemotherapy. Nine of the 13 patients not meeting this QPI had their 3rd cycle of chemotherapy within 14 days of PET-CT being performed.

Performance against this QPI has been impacted by delays in reporting of PET CT scans. However, WoSCAN has concerns that the revised definition of this QPI is now unintentionally measuring timely PET CT reporting (as chemotherapy is delayed until the PET result is available). This makes results for the QPI difficult to interpret and WoSCAN will suggest that the QPI definition is reviewed at the upcoming Formal Review.

Action Required:

- MCN to raise measurability concerns regarding QPI 12(i) at the Formal Review of Lymphoma QPIs currently underway.

QPI Title: Patients with advanced Hodgkin Lymphoma who receive treatment with ABVD, BEACOPP or BEACOPDac chemotherapy should have early assessment of response by appropriate imaging.

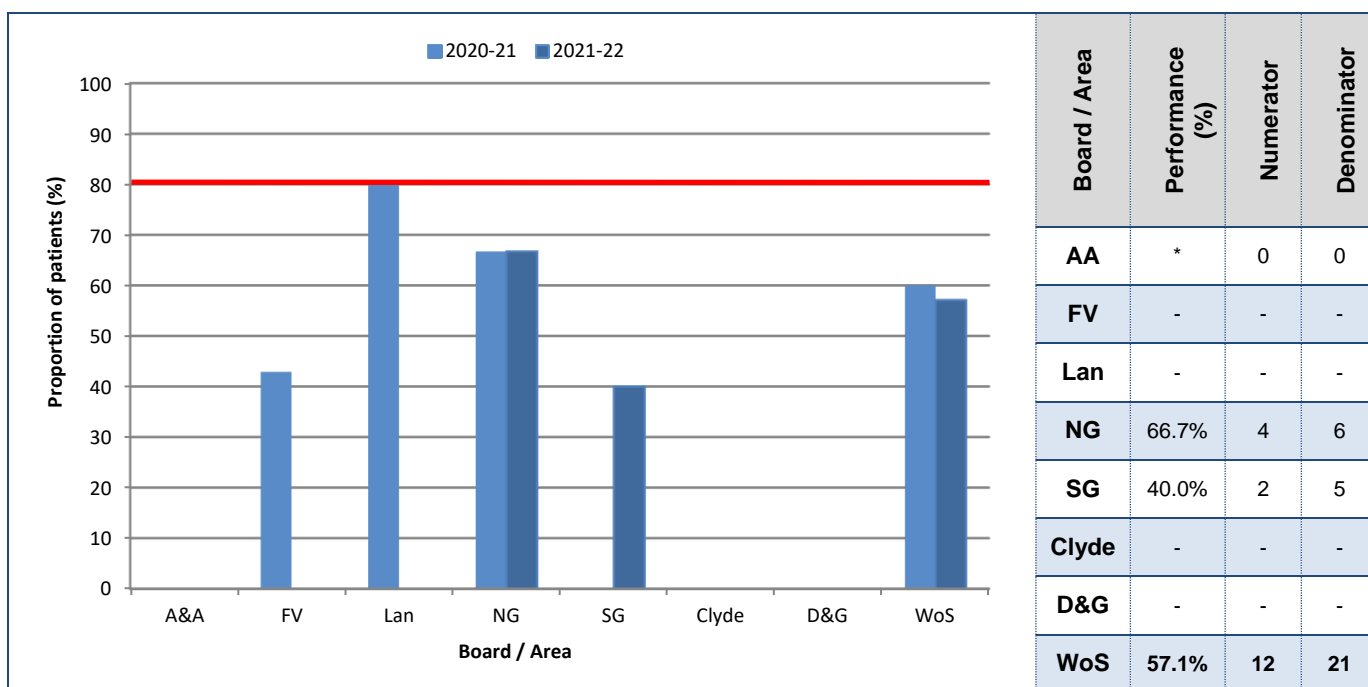
Specification (ii)

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 working 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.

Exclusions: No exclusions.

Target: 80%



Board / Area	Performance (%)	Numerator	Denominator
AA	*	0	0
FV	-	-	-
Lan	-	-	-
NG	66.7%	4	6
SG	40.0%	2	5
Clyde	-	-	-
D&G	-	-	-
WoS	57.1%	12	21

Of the 9 patients that did not meet the QPI, 6 had their PET CT reported within 10 days of their scan and all patients had it recorded within 19 days. Please note that all PET-CT imaging within WoSCAN is undertaken within the West of Scotland PET-CT Centre. As with QPIs 1, 2 and 3, these results likely reflect ongoing radiology pressures.

Action Required:

- NHSGGC to escalate performance against QPI 12(ii) within the Board, highlighting the impact of reporting delays on active treatment scheduling to reporting radiologists, and take steps to reduce reporting turnaround times.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Lymphoma Quality Performance Indicators																														
Time Period	Patients diagnosed between 01 October 2021 to 30 September 2022																														
QPI Version	Lymphoma QPIs v4.0																														
Data extraction date	2200 hrs on 19 April 2023																														
Data Quality	<table border="1"> <thead> <tr> <th>Health Board of diagnosis</th> <th>2021-22 Audit Data</th> <th>Cases from Cancer registry (2017-2021)</th> <th>Case Ascertainment</th> </tr> </thead> <tbody> <tr> <td>Ayrshire & Arran</td> <td>69</td> <td>76</td> <td>90.8%</td> </tr> <tr> <td>Forth Valley</td> <td>70</td> <td>67</td> <td>104.5%</td> </tr> <tr> <td>GGC</td> <td>325</td> <td>287</td> <td>113.2%</td> </tr> <tr> <td>Lanarkshire</td> <td>98</td> <td>111</td> <td>88.3%</td> </tr> <tr> <td>Dumfries & Galloway</td> <td>34</td> <td>38</td> <td>89.5%</td> </tr> <tr> <td>WoS Total</td> <td>596</td> <td>579</td> <td>102.9%</td> </tr> </tbody> </table>			Health Board of diagnosis	2021-22 Audit Data	Cases from Cancer registry (2017-2021)	Case Ascertainment	Ayrshire & Arran	69	76	90.8%	Forth Valley	70	67	104.5%	GGC	325	287	113.2%	Lanarkshire	98	111	88.3%	Dumfries & Galloway	34	38	89.5%	WoS Total	596	579	102.9%
Health Board of diagnosis	2021-22 Audit Data	Cases from Cancer registry (2017-2021)	Case Ascertainment																												
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