West of Scotland Cancer Network

Haemato-oncology
Managed Clinical Network

Audit Report

Lymphoma
Quality Performance Indicators

Clinical Audit Data:
01 October 2024 to 30 September 2025

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Lymphoma Quality Performance Indicators: Data Overview

Patients diagnosed Oct 2024 - Sep 2025

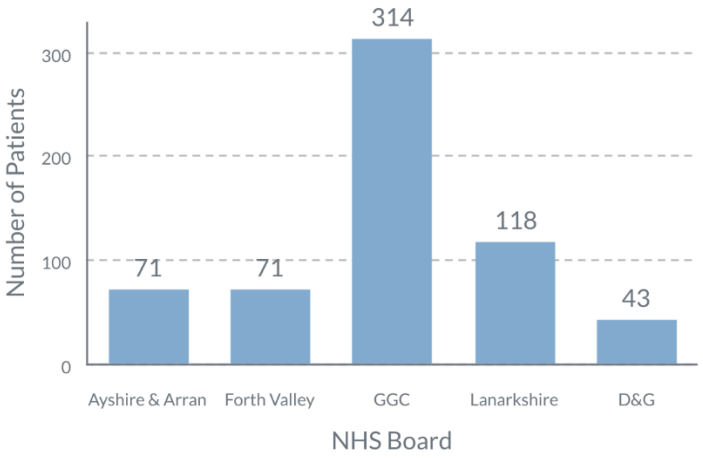
Number of patients	617

Median Age of Patients:	
Hodgkin Lymphoma	53
Non Hodgkin Lymphoma	70

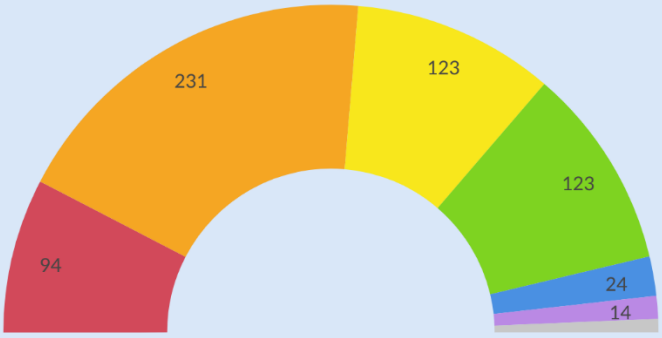
Patient gender:

	Male	Female
Hodgkin Lymphoma	53%	47%
Non Hodgkin Lymphoma	59%	41%

Where are patients diagnosed

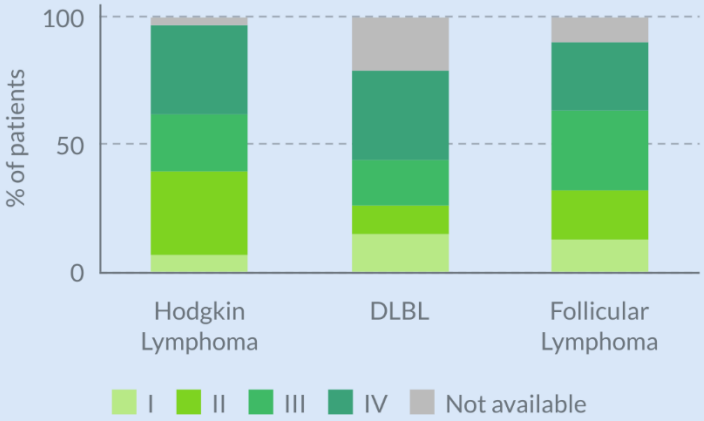


Morphology



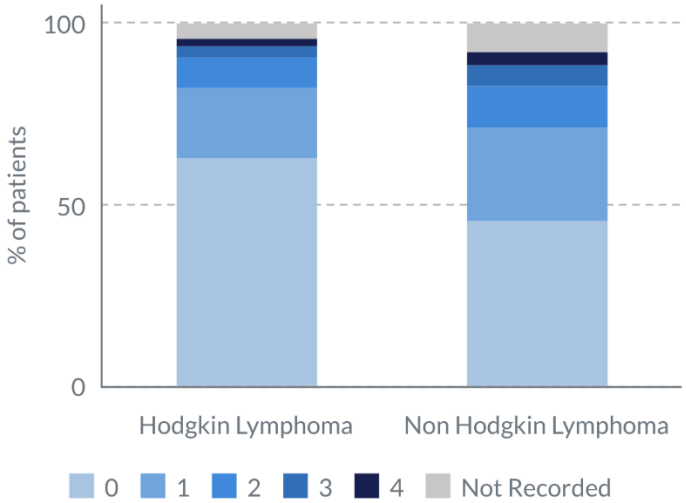
Hodgkin Lymphoma
DLBCL
Follicular Lymphoma
other B cell Lymphoma
T & NK Cell Lymphoma
Primary Cutaneous Lymphoma
unclassifiable / other

Stage of Disease at Diagnosis

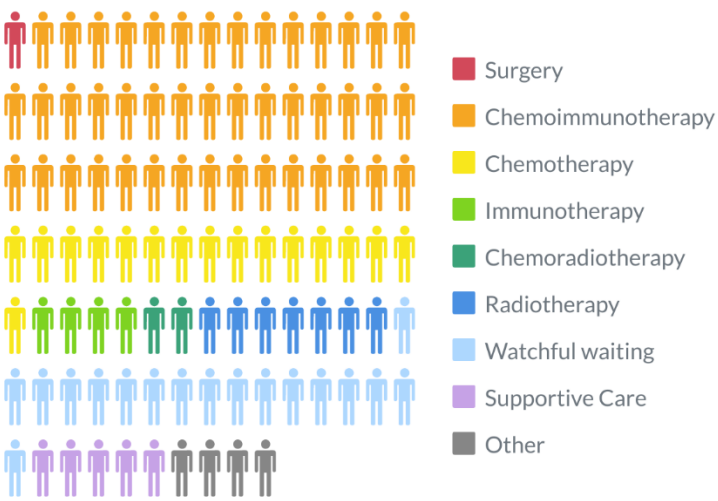


NHS Lanarkshire continuing to have low levels of recording of staging data. In NHS Lanarkshire 69% of follicular lymphoma patients and 61% of DLBCL patients did not having stage recorded. NHS Lanarkshire have made improvements to recording and data anticipated to be more complete year.

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 2024 and 30th September 2025.

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 impacted on performance against QPIs 1, 3 and 12. This will continue to be escalated regionally via the Regional Cancer Oversight Group (RCOG).

There was excellent performance against the measure looking at cytogenetic testing in patients undergoing chemotherapy with curative intent (QPI 4(i) and (ii)).

Where QPI targets were not met, NHS Boards have provided detailed commentary. NHS Boards are encouraged to continue with this proactive approach of reviewing data and addressing issues as necessary, in order to work towards increasing performance against targets, and demonstration of overall improvement in quality of the care and service provided to patients. Note that QPI measures that have been met by all NHS Boards are included in the summary results table but not within the body of the report.

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

Actions required:

- **NHS Lanarkshire clinicians to book end of treatment imaging at the last chemotherapy appointment.**
- **MCN to escalate equity issues within the WoS PET-CT service to RCOG.**

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 facilitate further scrutiny at a regional level and to allow co-ordinated regional action where appropriate.**

Summary of Performance

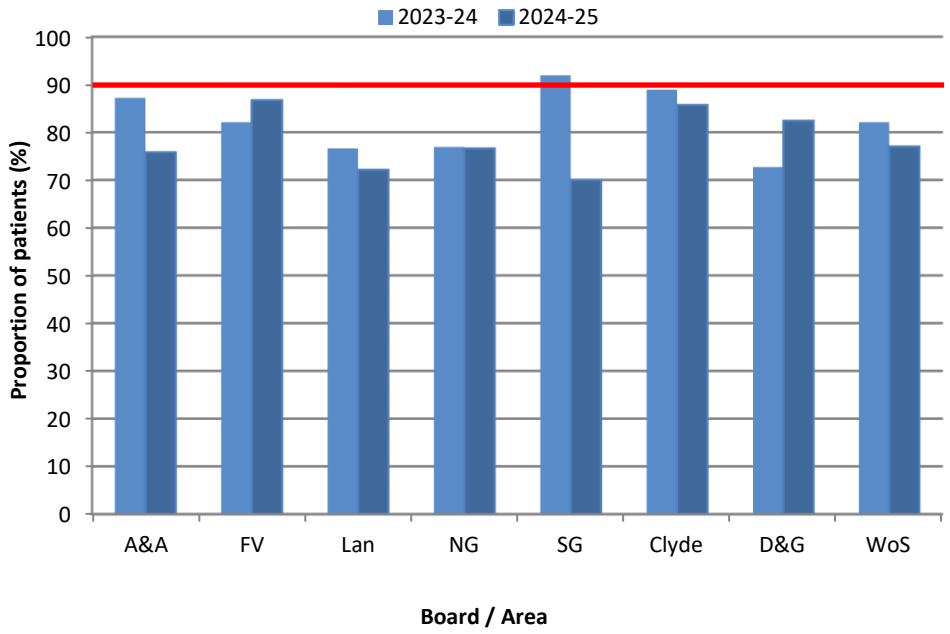
Key	
	Above Target Result
	Below Target Result
-	< 5 patients in denominator
	No comparable measure for previous years

Lymphoma		Performance by Board								
QPI	**Target**	**Year**	**A&A**	**FV**	**Lan**	**NG**	**SG**	**Clyde**	**D&G**	**WoS**
QPI 1: Radiological Staging. Proportion of patients with lymphoma undergoing treatment with curative intent who undergo CT of chest, abdomen and pelvis prior to treatment where the report is available within 3 weeks of radiology request.	90%	2024-25	76% (25/33)	87% (26/30)	72% (49/68)	77% (49/64)	70% (28/40)	86% (30/35)	82% (14/17)	77% (221/287)
		2023-24	87%	82%	77%	77%	92%	89%	73%	82%
		2022-23								
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 of the chest, abdomen and pelvis or PET CT scan.	90%	2024-25	90% (18/20)	94% (15/16)	69% (25/36)	92% (35/38)	82% (14/17)	80% (16/20)	57% (4/7)	82% (127/154)
		2023-24	94%	67%	58%	70%	92%	86%	88%	78%
		2022-23								
QPI 3: Positron Emission Tomography (PET CT) Staging Proportion of patients 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%	2024-25	61% (14/23)	40% (4/10)	39% (16/41)	81% (48/59)	64% (14/22)	64% (14/22)	42% (5/12)	61% (115/189)
		2023-24	52%	75%	60%	91%	61%	70%	67%	73%
		2022-23								
QPI 4(i): Cytogenetic testing Proportion of patients with Burkitt Lymphoma or DLBCL undergoing chemotherapy with curative intent who have MYC testing.	90%	2024-25	100% (22/22)	100% (19/19)	98% (39/40)	98% (39/40)	95% (19/20)	100% (19/19)	100% (12/12)	98% (169/172)
		2023-24	100%	89%	100%	100%	100%	97%	100%	98%
		2022-23	95%	95%	100%	97%	100%	96%	100%	98%

QPI	Target	Year	A&A	FV	Lan	NG	SG	Clyde	D&G	WoS
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 with results reported within 3 weeks of commencing treatment.	90%	2024-25	-	-	-	100% (5/5)	-	-	-	100% (16/16)
		2023-24	-	-	100%	83%	-	-	-	92%
		2022-23	-	-	100%	-	100%	-	-	96%
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%	2024-25	93% (65/70)	97% (64/66)	81% (91/113)	75% (90/120)	90% (82/91)	86% (76/88)	98% (40/41)	86% (508/589)
		2023-24	89%	95%	72%	78%	89%	88%	100%	85%
		2022-23	90%	93%	85%	81%	94%	93%	95%	89%
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%	2024-25	100% (53/53)	93% (41/44)	100% (84/84)	77% (64/83)	90% (53/59)	87% (40/46)	100% (27/27)	91% (362/396)
		2023-24	100%	90%	100%	66%	85%	89%	100%	88%
		2022-23	95%	83%	100%	79%	94%	81%	100%	89%
QPI 12(i): Treatment Response in Hodgkin Lymphoma Proportion of patients with advanced HL who receive ABVD or AVD chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy (within 9-13 days inclusive after day 15 of cycle 2).	80%	2024-25	40% (2/5)	-	80% (4/5)	-	-	-	-	68% (13/19)
		2023-24								
		2022-23								
QPI 12(ii): Treatment Response in Hodgkin Lymphoma Proportion of patients with advanced HL who receive eBEACOPP or eBEACOPDac chemotherapy treatment that undergo PET CT scan after two cycles of chemotherapy (within day 17-21 inclusive of cycle 2).	80%	2024-25	-	-	67% (4/6)	-	60% (3/5)	-	-	68% (17/25)
		2023-24								
		2022-23								
QPI 12(iii): Treatment Response in Hodgkin Lymphoma Proportion of patients with advanced HL who receive ABVD, AVD, eBEACOPP or eBEACOPDac chemotherapy treatment that undergo PET CT scan after two cycles of chemotherapy and where the report is available within 3 working days.	80%	2024-25	89% (8/9)	-	60% (6/10)	63% (5/8)	50% (3/6)	-	-	64% (25/39)
		2023-24								
		2022-23								

QPI 1: Radiological Staging

Title:	Patients with lymphoma who have been evaluated with appropriate imaging to detect the extent of disease should have 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 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 prior to treatment
Exclusions:	None
Target:	90%



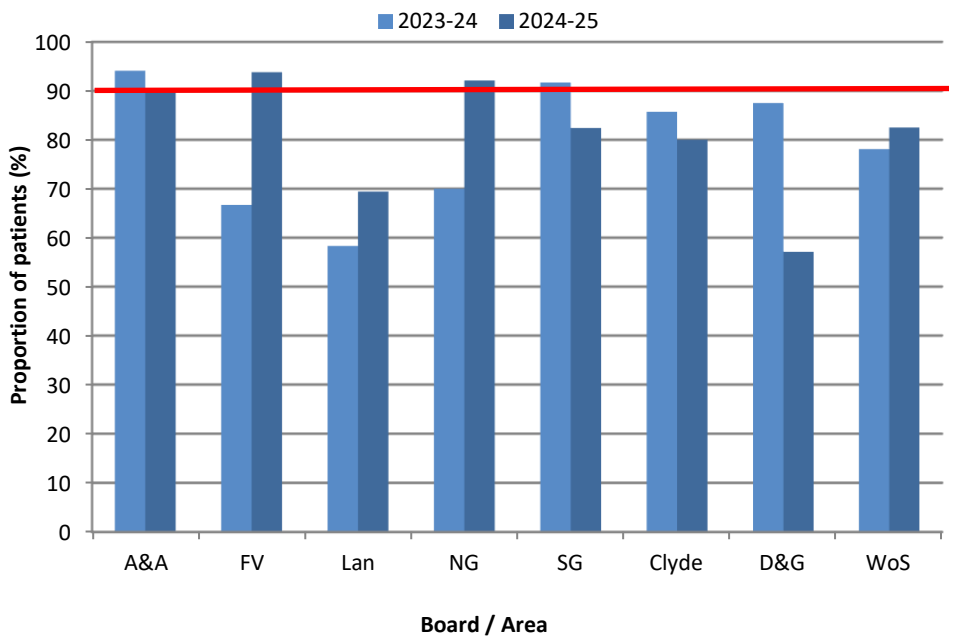
Board / Area	Performance (%)	Numerator	Denominator
AA	75.8%	25	33
FV	86.7%	26	30
Lan	72.1%	49	68
NG	76.6%	49	64
SG	70.0%	28	40
Clyde	85.7%	30	35
D&G	82.4%	14	17
WoS	**77.0%**	**221**	**287**

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 capacity issues within radiology services. Resource issues within radiology services across WoSCAN have made it increasingly challenging for NHS Boards to undertake and report CT imaging in a timely manner. These pressures, which have impacted on performance against QPI 1 and 3, have previously been escalated regionally via the Regional Cancer Oversight Group (RCOG).

Clinical haematology services are highlighting requests as cancer pathway tracked and clinically urgent. Haematology has no additional influence on when scans are carried out and reported; this is principally limited by radiology resource and pressures. Board lead haematologists continue to highlight this concern to their boards through local processes, to strive for improvement in the face of these whole-system challenges.

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 Patients with Primary DLBCL of the Central Nervous System (CNS)
Target:	90%



Board / Area	Performance (%)	Numerator	Denominator
AA	90.0%	18	20
FV	93.8%	15	16
Lan	69.4%	25	36
NG	92.1%	35	38
SG	82.4%	14	17
Clyde	80.0%	16	20
D&G	57.1%	4	7
WoS	**82.5%**	**127**	**154**

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 (within 6 weeks of the end of SACT or 100 days from the end of radiotherapy). A small number of patients did not have CT imaging due to clinically appropriate reasons.

Within NHS Forth Valley, changes in communications with radiology services around the timelines required for imaging to be reported has resulted in a considerable improvement in performance, although numbers of patients reported within the QPIs are small. In addition, the WoSCAN PET-CT service has recently implemented an improvement plan which should reduce waiting times for PET-CT imaging and reporting.

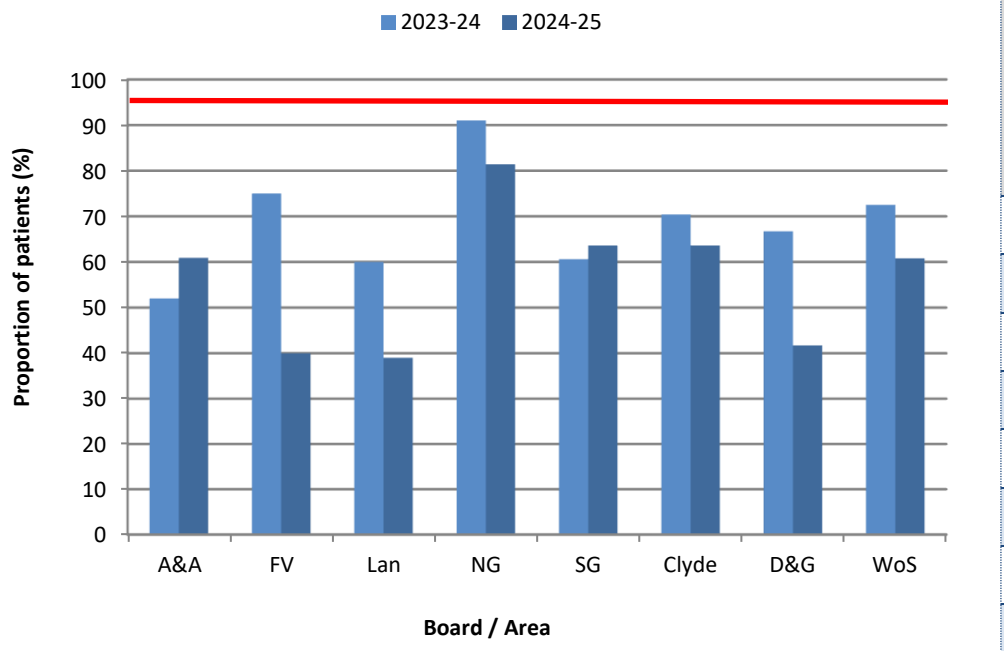
Within NHS Lanarkshire clinicians will be encouraged to book end of treatment imaging at the last chemotherapy appointment, with CNS staff encouraged to flag the requirements for imaging with medical staff.

Action Required:

- **NHS Lanarkshire clinicians to book end of treatment imaging at the last chemotherapy appointment.**

QPI 3: Positron Emission Tomography (PET CT) Staging

QPI Title:	Patients with lymphoma who have been evaluated with PET CT scanning to detect the extent of disease should have timely reports available to guide treatment decision making
Numerator:	Number of patients with lymphoma 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 lymphoma undergoing treatment with curative intent who undergo PET CT prior to first treatment
Exclusions:	None
Target:	95%



Board / Area	Performance (%)	Numerator	Denominator
AA	60.9%	14	23
FV	40.0%	4	10
Lan	39.0%	16	41
NG	81.4%	48	59
SG	63.6%	14	22
Clyde	63.6%	14	22
D&G	41.7%	5	12
WoS	**60.8%**	**115**	**189**

All PET-CT scans within the region are undertaken within the West of Scotland PET-CT Centre. The low performance against this indicator in recent years is likely to be related to ongoing radiology pressures, as highlighted for QPI 1. The availability of timely PET-CT imaging is crucial for identifying the most appropriate treatment for patients, and delays may mean that treatment decisions need to be made before imaging results are available.

The WoSCAN PET-CT service has recently implemented an improvement plan which should reduce waiting times for PET-CT imaging and reporting.

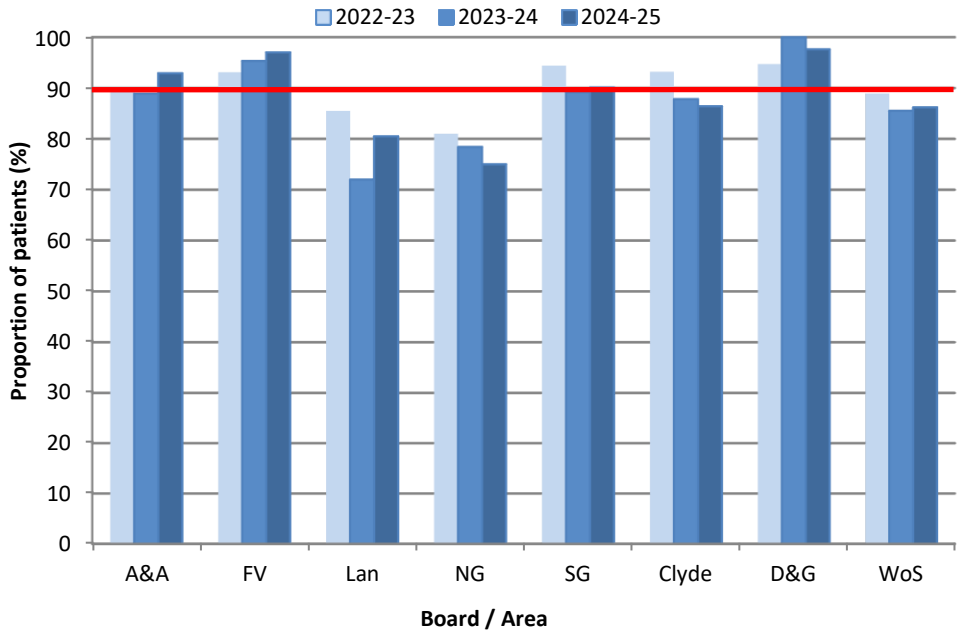
Performance against this measure has been higher in the North Glasgow sector of NHSGGC over a number of years; this is where the PET-CT centre is sited and highlights ongoing evidence of inequity in timely access to PET-CT imaging across WoSCAN.

Action Required:

- **MCN to escalate equity issues within the WoS PET-CT service to RCOG.**

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%



Board / Area	Performance (%)	Numerator	Denominator
AA	92.9%	65	70
FV	97.0%	64	66
Lan	80.5%	91	113
NG	75.0%	90	120
SG	90.1%	82	91
Clyde	86.4%	76	88
D&G	97.6%	40	41
WoS	**86.2%**	**508**	**589**

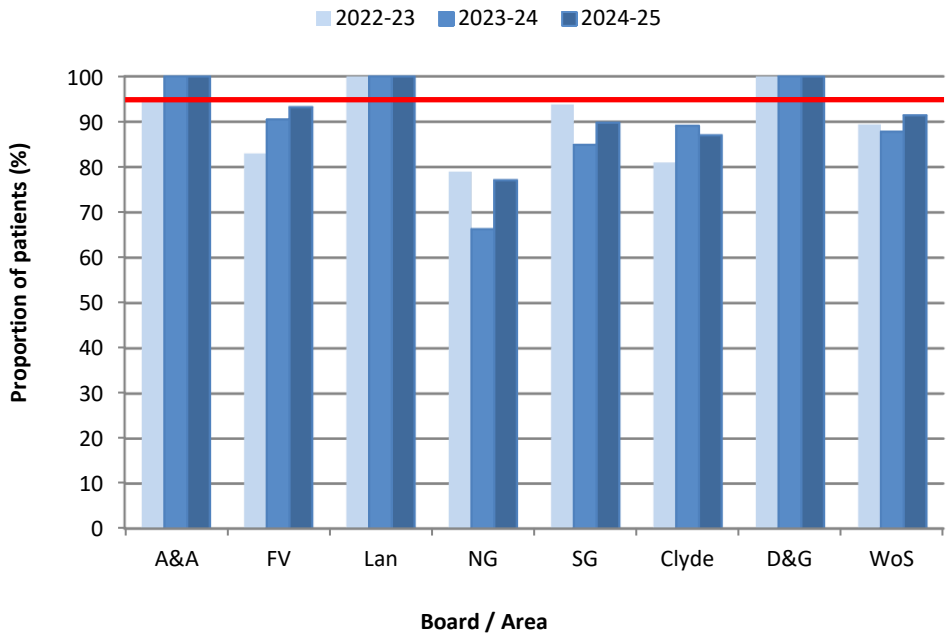
Additional information is provided below which shows the proportion of patients being discussed at MDT, irrespective of timing, and also comparing performance for patients receiving active treatment with those on best supportive care and watchful waiting. Although the vast majority of patients were discussed at MDT (98.9%), this was not always within the 8 week timeframe. Performance against this measure was higher for patients on active treatment, at 89%.

Review of patients not meeting the QPI found that some were referred from other specialities or were awaiting further imaging or testing prior to MDT discussion. In addition, some NHS Boards highlighted that patients were discussed earlier at more ad-hoc meetings, prior to registration and discussion at the formal MDT.

	% 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		
Board / Area	**Performance (%)**	**Numerator**	**Denominator**	**Performance (%)**	**Numerator**	**Denominator**	**Performance (%)**	**Numerator**	**Denominator**
AA	**100%**	70	70	**98.3%**	57	58	**66.7%**	8	12
FV	**100%**	66	66	**96.2%**	51	53	**100%**	13	13
Lan	**97.3%**	110	113	**81.6%**	80	98	**73.3%**	11	15
NG	**99.2%**	119	120	**83.3%**	80	96	**41.7%**	10	24
SG	**97.8%**	89	91	**92.3%**	60	65	**84.6%**	22	26
Clyde	**100%**	88	88	**88.9%**	48	54	**82.4%**	28	34
D&G	**97.6%**	40	41	**100%**	28	28	**92.3%**	12	13
WoS	**98.8%**	**582**	**589**	**89.4%**	**404**	**452**	**75.9%**	**104**	**137**

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%



Board / Area	Performance (%)	Numerator	Denominator
AA	100%	53	53
FV	93.2%	41	44
Lan	100%	84	84
NG	77.1%	64	83
SG	89.8%	53	59
Clyde	87.0%	40	46
D&G	100%	27	27
WoS	**91.4%**	**362**	**396**

Where patients have had previous viral hepatitis, SACT can cause reactivation of hepatitis, leading to clinically significant liver disease and risk of liver failure. Testing for viral hepatitis prior to SACT reduces this risk by enabling preventative treatment and monitoring in this group of patients. 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.

Good practice is observed in NHS Ayrshire & Arran, NHS Lanarkshire and NHS Dumfries & Galloway, with performance against this measure at 100%; this is because pharmacists will not dispense SACT medication until the testing has been undertaken. NHS Forth Valley and NHSGGC have now implemented this shared learning and embedded similar processes. This was after the 2024-25 reporting period; as such, performance against this measure is expected to improve further in the next audit period.

QPI 12: Treatment Response in Hodgkin Lymphoma

QPI Title:	Patients with advanced Hodgkin Lymphoma who receive treatment with ABVD, AVD, eBEACOPP or eBEACOPDac 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 or AVD chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy (9-13 days inclusive after day 15 of cycle 2)
Denominator:	All patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD or AVD chemotherapy treatment
Exclusions:	Patients who die during treatment
Target:	80%

Board / Area	Performance (%)	Numerator	Denominator
AA	**40.0%**	2	5
FV	**-**	-	-
Lan	**80.0%**	4	5
NG	**-**	-	-
SG	**-**	-	-
Clyde	**-**	-	-
D&G	**-**	-	-
WoS	**68.4%**	**13**	**19**

Specification (ii)

Numerator: Number of patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive eBEACOPP or eBEACOPDac chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy (within day 17-21 inclusive of cycle 2)

Denominator: All patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive eBEACOPP or eBEACOPDac chemotherapy treatment

Exclusions: Patients who die during treatment

Target: 80%

Board / Area	Performance (%)	Numerator	Denominator
AA	**-**	-	-
FV	**-**	-	-
Lan	**66.7%**	4	6
NG	**-**	-	-
SG	**60.0%**	3	5
Clyde	**-**	-	-
D&G	**-**	-	-
WoS	**68.0%**	**17**	**25**

Specification (iii)

Numerator: Number of patients with advanced Hodgkin Lymphoma (stage 2B and above) who receive ABVD, AVD, eBEACOPP or eBEACOPDac 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, AVD, eBEACOPP or eBEACOPDac chemotherapy treatment that undergo PET CT scan after 2 cycles of chemotherapy

Exclusions: None

Target: 80%

Board / Area	Performance (%)	Numerator	Denominator
AA	**88.9%**	8	9
FV	**-**	-	-
Lan	**60.0%**	6	10
NG	**62.5%**	5	8
SG	**50.0%**	3	6
Clyde	**-**	-	-
D&G	**-**	-	-
WoS	**64.1%**	**25**	**39**

The definition of this QPI has been amended at the recent Formal Review and as such there is no historic performance with which the 2024-25 figures can be compared. Numbers of patients included within these measures are low but represent an important group of young patients with potentially curable cancer. These data suggest that pressures on the WoSCAN PET-CT service are impacting on performance against these measures as well as QPI 3.

The WoSCAN PET-CT service has recently implemented an improvement plan which should reduce waiting times for PET-CT imaging and reporting.

Appendix 1: Meta Data

<table>
<tr><td>Report Title</td><td>Cancer Audit Report: Lymphoma Quality Performance Indicators</td></tr>
<tr><td>Time Period</td><td>Patients diagnosed between 01 October 2024 to 30 September 2025</td></tr>
<tr><td>QPI Version</td><td>v5 measurability</td></tr>
<tr><td>Data extraction date</td><td>16 April 2026. Cancer audit is a dynamic process with patient data continually being revised and updated as more information becomes available. This means that apparently comparable reports for the same time period and cancer site may produce different figures if extracted at different times.</td></tr>
<tr><td>Data Quality</td><td>
<table>
<tr><th>Health Board of diagnosis</th><th>2024-25 Audit Data</th><th>Cases from Cancer registry (2020-2024)</th><th>Case Ascertainment</th></tr>
<tr><td>Ayrshire & Arran</td><td>71</td><td>82</td><td>86.6%</td></tr>
<tr><td>Forth Valley</td><td>71</td><td>67</td><td>106.0%</td></tr>
<tr><td>GGC</td><td>314</td><td>292</td><td>107.5%</td></tr>
<tr><td>Lanarkshire</td><td>118</td><td>110</td><td>107.3%</td></tr>
<tr><td>Dumfries & Galloway</td><td>43</td><td>40</td><td>107.5%</td></tr>
<tr><td>WoS Total</td><td>617</td><td>591</td><td>104.4%</td></tr>
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