

# The Management of Lymphoma

## Oncological Treatment Guidelines for the Management of Lymphoma & Pathway of Care

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## 1.0 General Haematology Overview

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This document has been written to provide guidance on the treatment of lymphoma in Kent & Medway.

These guidelines describe the process for ensuring that all lymphoma cases diagnosed within the Kent & Medway region are managed by the designated Haematological Cancer MDTs, achieving a coordinated seamless patient pathway in accordance with the best possible evidence based practice and to facilitate advancement in the specialty in the field of haematological cancer management.

Radiotherapy schedules are as defined in the *Kent Oncology Centre Quality System Clinical Protocols*. For further details on indications for radiotherapy see appendix A.

- See chemotherapy prescribing proformas for details on chemotherapy / anti-cancer regimens.
- All patients should be considered for entry into a clinical trial (see appendix C).

- All patients should be discussed within a multidisciplinary team meeting before commencing treatment. Prognostication using the tools below is mandatory prior to discussion in the MDMs.
- All 16-24 year olds must be notified to the TYA MDT. All young people aged 16-18 must be referred to the TYA Principle Treatment Centre (PTC) which for Kent & Medway is based at the Royal Marsden Hospital. Referral to a TYA PTC does not necessarily mean that treatment will be undertaken at that centre; shared care management protocols may allow some treatments to be delivered locally. Young people aged 19-24 have the option of being referred to the Royal Marsden Hospital for treatment but may choose to be treated locally however they should have their treatment discussed with the TYA PTC.

#### Notes:

- The Kent & Medway – Cancer, Haematology Tumour Site Specific Group (TSSG) is responsible for agreeing all of the guidance
- The TSSG should consult with primary care members of the Kent & Medway Clinical Commissioning Groups (CCGs) regards the development of the pathway
- The purpose of the document is to provide a framework for the management of patients with suspected/confirmed haematological cancer
- The overall management details are largely reflected in the updated flow charts
- Information on MDT “functioning” is confined to the MDT Operational Policies based on the TSSG agreed “High Level Operational Policy” which is located on the Kent & Medway Cancer Collaborative website: <http://www.kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/haematology-tssg/>

## 2.0 Scope

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This Standard Operating Procedure (SOP) applies to all cases and suspected cases of Haematological Cancer within Kent & Medway and haematological cancer specification of delivery of care requires all Trusts within Kent & Medway to adopt an agreed policy for the delivery of care. The policy relates to the expected pathway of care / treatment regimes for patients diagnosed with haematological cancer.

The policy covers the following:

- Access
- Initial Assessment
- Investigations
- Colorectal cancer multidisciplinary meeting (MDM)
- Surgical and non-surgical treatment
- Recurrent disease
- Follow up

## 3.0 Process and Terminology

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### 3.1 Tumours

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- B-Cell lymphoproliferative disorders including myeloma
- Chronic myeloproliferative disorders
- Acute lymphoblastic leukaemia
- Acute myeloid leukaemia
- Myelodysplastic syndromes
- Chronic myeloid leukaemia

### 3.2 Referral guidelines and process

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- The incidental finding of haematological malignancy on specimens sent for routine examination is common. In these circumstances the haemato-oncologist will often be the clinician advising the GP that the patient requires an urgent appointment. Delays should NOT be built into the system by insisting on the use of a rapid access proforma.
- In the unlikely event that a GP receives a blood count/film reported as acute leukaemia (Or any of the conditions outlined above) and not directly contacted by a haematologist – the patient should be referred to a specialist immediately.
- Patients with spinal cord compression or renal failure suspected of being caused by myeloma require immediate referral to a haematologist.
- Patients with unexplained splenomegaly should be referred urgently to a haematologist.
- Patients referred to head & neck lump clinics who are found to have a haematological malignancy should be fast tracked to a haematologist. (The Head & Neck Pathway of Care reflects this)
- Patients with a “lump” referred to a surgeon and subsequently diagnosed with a haematological malignancy should be fast tracked to a haematologist.

### 3.3 GP alert (NICE: Referral guidelines for suspected cancer – June 2017)

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Adults presenting with UNEXPLAINED lymphadenopathy or splenomegaly.

Lymphadenopathy which persists for more than 6 weeks or where lymph nodes are larger than 2cm or are increasing in size.

Associated symptoms include: • Fever • Night sweats • Shortness of breath • Pruritus • Weight loss • Alcohol-induced lymph node pain.

Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at the time of referral)

### 4.0 Imaging

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Imaging guidelines for haematological cancer can be located on the Kent & Medway Cancer Collaborative website: <http://www.kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/>

### 5.0 Pathology

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All Kent & Medway reporting pathologists follow The Royal College of Pathologists Histopathology Reporting on Cancers guidelines – a copy of which is available through the Kent & Medway Cancer Collaborative website:-

<http://www.kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/pathology-group/>

### 6.0 Specialist Palliative Care and Support

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All patients with a Haematological Cancer will have access to specialist palliative care and support at every stage of the patient journey.

Open and frank discussions with patients should take place with patients at all stages of their journey so that patients are not confused about their prognosis or have unrealistic expectations of any of the forms of treatment offered to them.

Relatives and carers will need to be appropriately supported and given appropriate information. However, in accord with the recommendations set out in various revised Improving Outcomes Guidance, relatives and carers should not be given information different to that given to the patient.

Frail and terminally ill patients with a Haematological Cancer should always be discussed with the specialist palliative care team.

Patients with end stage disease may choose to end their days at home and therefore the options should always be discussed openly with them and their relatives/carers.

Effective communication with primary care is essential.

All patients should have unlimited access to a Haematology Cancer nurse specialist who is a member of the specialist Haematology Cancer team

## 7.0 Follow Up

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To be reviewed by Haematology TSSG during the period 2013/14.

## 8.0 Data

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Collection of data at each stage of the pathway is the responsibility of the team looking after the patient at that time. The minimum dataset agreed by the TSSG will be a combination of those data items that meet national requirements, and additional items as agreed by the TSSG.

National data requirements will include:

- Cancer Waiting Times monitoring, including Going Further on Cancer Waits. The data items required will be as defined in ISB0147 at the time of referral and/or treatment. Cancer Waiting Times data will be submitted according to the timetable set out in the National Contract for Acute Services.
- The Cancer Outcomes and Services Dataset. The data items will be as defined in ISB1521, and any subsequent versions, at the time of diagnosis and/or treatment. The requirement will include those fields listed in the “Core” section of the dataset, and any additional tumour site specific sections, as applicable.  
Details of the COSD are available from:  
[http://www.ncin.org.uk/collecting\\_and\\_using\\_data/data\\_collection/cosd.aspx](http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd.aspx)  
Cancer Registration and Cancer Outcomes and Services (COSD) data will be submitted according to the timetable set out by Thames Cancer Registry.
- Where applicable, teams will also collect additional data items as defined in any corresponding National Clinical Audit Support Programme (NCASP) audit dataset.

Data for NCASP audits will be submitted, where applicable, according to timetables as agreed by the TSSG, and within the overall submission deadlines for each audit.

Submission of data to meet these national requirements will be the responsibility of each individual Trust.

Note that these standards are subject to variation from time to time, and where these requirements change, the data items required to be collected by the team will also change in line with national requirements.

Local data requirements will include any additional data items as agreed by the TSSG. These must be selected to avoid overlap with any existing data items, and where possible must use standard coding as defined in the NHS Data Dictionary.

Where possible and applicable, InfoFlex will be used for the collection and storage of data.

Additional areas of the COSD, relating to pathology, radiotherapy, SACT, diagnostic imaging and basic procedure details will feed into the dataset from other nationally mandated sources. It is the responsibility of each team to ensure that the whole of the relevant dataset is collected, and it is acknowledged that this may come from a variety of sources.

## 9.0 Personnel and Contact Information

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A comprehensive, up to date list of MDM contact details can be found on the Kent & Medway Cancer Collaborative website via the following link: <http://www.kmcc.nhs.uk/tumour-sites/terms-of-reference/>

## 10.0 Management of Lymphoma

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We follow the Pan London Cancer Alliance guidelines for Lymphoma

Please refer to: [Pan-London Haemato-Oncology Clinical Guidelines – RM Partners](#) or [Pan-London Blood Cancer guidelines \(kingshealthpartners.org\)](#)

### 10.1 Pan London Haem-Onc Guidelines

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- Part 1: [Pan-London Hodgkin Lymphoma January 2020](#)
- Part 2: [Pan-London Diffuse Large B Cell Lymphoma January](#)
- Part 3: [Pan-London Follicular Lymphoma September 2018](#)
- Part 4: [Pan-London Chronic Lymphocytic Leukaemia and B-prolymphocytic Leukaemia January 2020](#)
- Part 5: [Pan-London Less Common Lymphoid Malignancies January 2020](#)

## 11.0 Appendices:

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### 11.1 Clinical Trials

Suitability for entry into Kent & Medway - Cancer agreed clinical trials should be a standard component of the MDM discussion on each patient with a Haematological Cancer.

Refer to the local research team who will provide on request an orientation handbook, list of current trials and associated trial protocols and summaries.

#### Contact numbers

**MTW – Clinical Trials Office**

01622 227083

**Darent Valley Hospital – Clinical Trials Office**

01322 428100 ext 4810/6722

**Medway Maritime Hospital – Clinical Trials Office**

01634 976724/01643 01634976513

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## 12.0 Glossary

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Acronyms in common usage throughout Kent & Medway Cancer Collaborative documentation:

CNB	Cancer Network Board
CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
TSSG	Tumour Site Specific Group (DOG/NSSG/TWG)
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
HoP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
KMCA	Kent & Medway Cancer Alliance
KMCC	Kent & Medway Cancer Collaborative
LSESN	London & South East Sarcoma Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NOG	Non Surgical Oncology Group ( <i>Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, Network and geographical locations on new drugs</i> )
PoC	Pathway of Care ( <i>Network agreed disease site specific clinical guidelines</i> )
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
RAT	Research and Trial Group ( <i>Permanent sub-group of the TSSGs with a specific responsibility for taking forward the clinical trials agenda</i> )
RMH	Royal Marsden Hospital
RNOH	Royal National Orthopaedic Hospital
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent
CCG	Clinical Commissioning Groups

## 13.0 Document Administration

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