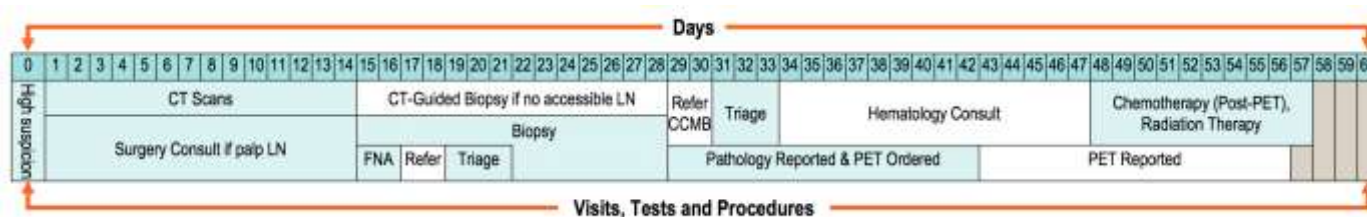


Appendix

Title	Greater Manchester Cancer Lymphoma Patient Pathway
Author & Owner	Greater Manchester Cancer

Version Control		
Version/ Draft	Date	Revision summary
1.0	10.10.2016	Initial draft for review
2.0	23.05.2018	Draft for approval
3.0	11.06.2018	Approved

Pathway Details/Supporting Information



The lymphoma pathway aims to provide a guide on the sequence of investigations required to allow for a timely diagnosis and treatment within 60 days. As this pathway is very complex we recommend **initiating urgently diagnostic investigations** as soon as lymphoma is suspected. This can be done by any specialist and does not require a haematology referral. The time frames for the necessary tests are short and swift proceedings are indicated to avoid delays in treatment. To speed up the diagnostic process **GPs are encouraged to refer patients with suspected lymphoma to the correct specialists** according to the location of their lymphadenopathy; **neck lumps are to be referred to ENT**, patients with **axillary lymph nodes are to be referred to either breast or general surgeons** as available and those with **groin lymphadenopathy to general surgeons**. A referral to haematology or lymphoma team can be done at an early stage but to avoid unnecessary delays in the diagnostic pathway an early surgical referral is necessary if location of lymphadenopathy is obvious.

This pathway also incorporates the supportive and palliative care pathways. Key discussion points, contacts with the Key-Worker, holistic assessment points and key information points are identified by symbols along the pathway. The Patient Information Pathway supports the steps in the lymphoma pathway such as referral, diagnostic procedures and tests, diagnosis, treatments, side effects and support services. Additional national resources or information to meet patient/carer needs may be offered at any stage along the pathway.

a) First Appointment

- All 2WW referrals are to be seen within 7 days and the latest within 14 days of referral
- Emergency cases such as airway compromise, SVCO or cord compression are to be seen immediately
- Teenage and young adults are seen within 48hrs of referral

b) Diagnosis

The diagnosis of lymphoma requires a clinical suspicion and can arise from an initial contact from primary, secondary or tertiary care. The referral pathway can therefore begin from a wide variety of presentations. Lymphoma needs a histological diagnosis for confirmation from an area of disease. There is an importance for education and audit at all levels within this pathway to ensure investigations are done in a timely manner.

Type of biopsy

An excision biopsy as the first diagnostic procedure is to be organised ASAP for patients with suspected lymphoma at first presentation. In some cases imaging and MDT review are required to identify best site for biopsy/excision.

As a rule of thumb the preference for site of biopsy is palpable > mediastinal > CT guided.

In patients with suspected lymphoma for whom the risk of a surgical procedure outweighs the potential benefits of an excision biopsy, consider obtaining a needle core biopsy where possible. Take the maximum number of cores of the largest possible calibre; recommended minimum size of the core biopsy needle is 18 gauge but preferably larger.

For patients with suspected lymphoma in whom a diagnosis is not possible after a needle core biopsy, offer an excision biopsy (if surgically feasible) in preference to a second needle core biopsy procedure.

Pathology departments should ensure that tissue is conserved when handling needle core biopsies, so that further analysis can be carried out if needed.

- Assessment carried out includes full examination of patient
- Baseline bloods incl FBC, Biochemical profile, LDH, CRP, immunoglobulins/PP, urate
- Staging as appropriate: CT neck/thorax/abdomen/pelvis (and other areas if indicated), Bone Marrow, PET-CT, MRI
- Virology screening for HepB, HepC and HIV are mandatory. Additional virology tests as appropriate
- Letter to GP re consultation

c) Specialist MDT Discussion

- Patient treatment plan/management plan discussed at relevant Specialist Haematology MDT (listed below) in line with Manchester Cancer guidelines:
Central Sector (Manchester Foundation Trust)
North East Sector (Royal Oldham)
North West Sector (Salford Royal, Bolton, Wrightington, Wigan & Leigh)
South Sector (The Christie, East Cheshire, Stepping Hill, Tameside)
- Refer to Level 2a/b according to chemotherapy required and level 3 if transplant eligible
- Refer to Radiation Oncology at The Christie if radiotherapy is required
- Participation in a clinical trial to be considered where available
- If 16-18 years old refer patient to the Teenage and Young Adult Unit (TYA) at The Christie. If 19-24 years offer the option of referral and a visit to The Christie and follow the Teenage and Young Adult with cancer pathway

c) Consultation for Diagnosis

- Patient attends clinic or is seen on ward/Day unit to discuss diagnosis and treatment plan
- Clinical trial options discussed with patient
- Holistic assessment undertaken at diagnosis, disease progression or change in circumstances
- Breaking Bad News – CNS and family/carer to be present where possible
- Contraception and fertility issues to be discussed and referral to Reproductive Medicine Unit made as appropriate
- Discussion around tissue typing of patient and siblings (if appropriate)
- GP to be informed of cancer diagnosis within 24 hours of discussion with patient
- Patient to be offered summary of the consultation at which the treatment options were discussed.
- Patients should have access to information in different formats as appropriate i.e. written / video / different languages / for those with visual/hearing impairment etc
- Patients should be offered to receive copies of letters sent to their GP

d) First Definitive Treatment

- Chemotherapy and/or Radiotherapy as indicated
- Supportive care (blood products, hydration and tumour lysis prophylaxis as indicated)

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- Palliative Care
- Clinical Trial if available/appropriate

Designated level 2a facilities - Manchester Royal Infirmary, Trafford, Tameside, Pennine, Salford, Bolton, Macclesfield, The Christie and Wrightington, Wigan & Leigh

Designated level 2b facilities - Manchester Royal Infirmary, Pennine, Salford and The Christie

Designated level 3 facilities - Manchester Royal Infirmary and The Christie

e) Survivorship

Provide end-of-treatment summaries for people with lymphoma (and their GPs). Discuss these with the patient, highlighting personal and general risk factors, including late effects related to their treatment.

Provide information to people with lymphoma when they complete treatment about how to recognise possible relapse and late effects of treatment. Provide advice on who to contact / how to self refer back to the Haem-Onc unit through their key worker at any time point.

References

<https://www.nice.org.uk/guidance/ng52>

Manitoba (Canada) Lymphoma pathway **IN60_LYMS: 29-06-2015**