

Lymphoma Multidisciplinary Team (MDT) Annual Report 2016

Published: June 2016

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The 2016 Annual Report was agreed by the Oxford University Hospitals NHS Foundation Trust Specialist Lymphoma Cancer MDT in April 2016:

Dr Graham Collins	MDT Chair and Lead Clinician / Haemato-oncologist
Dr Chris Hatton	MDT Vice Chair / Haemato-oncologist
Anya Aspinall (nee Starnes)	Advanced Nurse Practitioner (ANP)
Tracy Mitchell-Floyd	Specialist Nurse Practitioner (SNP)
Elena Berezny	Multi-Disciplinary Team (MDT) Co-ordinator

Lymphoma Network MDT Quorum

Dr Graham Collins	MDT Chair and Lead Clinician / Haemato-oncologist
Dr Chris Hatton	Vice Chair / Haemato-oncologist
Dr Wale Atoyebi	Haemato-oncologist
Dr Anna Schuh	CLL Lead / Haemato-oncologist
Dr Jaimal Kothari	Haemato-oncologist
Dr David Cutter	TYA Adult Lead and Clinical Oncologist
Dr Catherine Hyde	Clinical Oncologist (commenced 01.06.15)
Dr Daniel Royston	Haemato-pathologist
Prof. Francesco Pezzella	Haemato-pathologist
Dr Elizabeth Soilleux	Haemato-pathologist
Dr Niall Moore	Imaging Specialist
Dr Manil Subesinghe	Consultant Radiologist (with interest in PET Scanning)
Dr Nia Taylor	Consultant Radiologist
Anya Aspinall	Advanced Nurse Practitioner
Tracy Mitchell-Floyd	Specialist Nurse Practitioner
Lianne Palmer	Advanced Nurse Practitioner (commenced 01.04.16)
Elena Berezny	Multi-Disciplinary Team Co-ordinator

Lymphoma Annual Report 2016
Index for Specialist Lymphoma MDT Measures for Annual Report

Haemato-Oncology MDT Measures		
Measure Number	Description	Evidence / Documentation
Key Theme: Structure & Function		
13-2H-101	Core Membership	Operational Policy (Page 5) Annual Report (Page 5 & Appendix 1.)
13-2H-102	MDT Quorum	Annual Report (Page 5 & Appendix 1.)
13-2H-103	MDT Review	Operational Policy (Page 6) Agenda for MDT Review from Protocols Meeting 2015 (Page 24 & Appendix 4b.)
13-2H-104	Core Members & Attendance	Annual Report (Page 5 & Appendix 1.)
Key Theme: Co-ordination of Care / Patient Pathways		
13-2H-105	Laboratory Investigational Guidelines	Operational Policy (Page 11 & Appendix 3.)
13-2H-107	Clinical Guidelines for Lymphoid Diseases (applicable only to MDT's specifying lymphoma in their disease types)	Operational Policy (Page 11 & Appendix 4.)
13-2H-109	Clinical Diagnostic Pathway	Operational Policy (Page 11 & Appendix 5.)
13-2H-110	Patient Pathways	Operational Policy (Page 11 & Appendix 5.)
13-2H-111	Treatment Planning	Operational Policy (Page 11 & Appendix 6.)
13-2H-112	Attendance at the Network Group	Annual Report – 'Attendance at Lymphoma Protocol Review meeting 2015' (Page 24 & Appendix 4b.)
Key Theme: Patient Experience		
13-2H-113	Key Worker	Operational Policy (Page 12)
13-2H-114	Patient Information	Operational Policy (Page 14 & Appendix 7.)
13-2H-115	Permanent Record of Consultation	Operational Policy (Page 17 & Appendix 2.)
13-2H-116	Patient Feedback	Annual Report (Page 8 & Appendix 6.)
Key Theme: Clinical Outcomes / Indicators		
13-2H-117	Clinical indicators – Review / Audit	Annual Report (Page 9) & Work Programme. <i>Audits are available on the NSSG Haematology website:</i> <i>(http://nssg-haematology.or.uk/index.php)</i> <i>under the 'Education' heading.</i> <i>They are also available as printouts.</i>
13-2H-118	Discussion of Clinical Trials	Annual Report (Page 10)

(13-2H-101) Core Membership

The core membership of the lymphoma MDT is detailed in the Operational Policy. A breakdown of MDT core membership attendance for 2015 is included in **Appendix 1**.

(13-2H-102) MDT Quorum

A breakdown of attendance at the lymphoma MDT meetings in 2015 is included in

(13-2H-103) MDT Review**Appendix 1.**

A breakdown of attendance.

This measure is covered within the '2015 Operational Policy'.

(13-2H-104) Core Members Attendance

A breakdown of MDT core membership attendance for 2015 is included as **Appendix 1**.

Table 1. below indicates the workload discussed at the weekly MDT meetings.

The Number of Patients Discussed within Lymphoma & CLL MDT in 2015

(Table 1.)

Hospitals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL
Oxford University Hospital NHS Foundation Trust	30	53	35	61	47	35	63	49	40	47	53	45	558
Stoke Mandeville Hospital Buckinghamshire Healthcare	12	9	9	14	11	9	12	10	18	10	7	17	138
Wycombe Hospital Buckinghamshire Healthcare	7	11	10	9	9	8	11	4	4	4	8	8	93
Milton Keynes Hospital NHS Foundation Trust	8	11	15	19	18	24	14	18	16	22	29	14	208
Great Western Hospitals NHS Foundation Trust, Swindon	12	12	12	14	12	16	17	16	19	18	17	20	185
Royal Berkshire NHS Foundation Trust Reading	18	17	16	25	19	27	22	26	14	14	26	28	252
Wexham Park NHS Trust	-	-	-	1	-	-	-	-	-	1	-	-	2
TOTAL	87	113	97	143	116	119	139	123	111	116	140	132	1,436

The MDT meetings are held on a weekly basis throughout the year. 1,436 patient episodes were discussed over the year (January 2015 – December 2015) and in 2015, there were a total of 52 meetings. The total number of patients discussed in 2015 = 1436. This is an increase of 77 patients from 1359 patients discussed in 2014.

Some patients were discussed on more than one occasion. The mean number of patients was 27 over 52 MDT meetings.

All new referred cases have histopathological and radiological review. However, patients referred from Reading are reviewed primarily locally and discussed centrally. Reading Positron Emission Tomography/Computed Tomography (PET/CT) scans are all reviewed centrally, although other radiology is reviewed locally.

Video-Teleconferencing with referring units occurs as follows:

Trust	Occurrence
Great Western Hospitals NHS Foundation Trust, Swindon	Weekly
Royal Berkshire NHS Foundation Trust, Reading	Weekly
Buckinghamshire Healthcare – High Wycombe & Stoke Mandeville Hospital	Weekly
Milton Keynes Hospital NHS Foundation Trust, Milton Keynes	Weekly
Wexham Park Hospital, Berkshire	Do not video conference

Since the last Peer Review Report, Dr Collins has attended the Wexham Park Hospital Haematology MDT on a bi-weekly basis to discuss lymphoma cases and transplant referrals.

The following measures are covered within the '**Lymphoma Service Operational Policy 2015**':

(13-2H-105) Laboratory Investigational Guidelines

(13-2H-107) Clinical Guidelines for Lymphoid Diseases (Applicable only to MDT's specifying lymphoma in their disease type)

(13-2H-109) Clinical Diagnostic Pathway

(13-2H-110) Patient Pathways

(13-2H-111) Treatment Planning

(13-2H-113) Key Worker

(13-2H-114) Patient Information

(13-2H-115) Permanent Record of Consultation

8(13-2H-112) **Attendance at the Network Group**

The Thames Valley Tumour Specific Site Group meetings were disbanded with the reorganisation of cancer networks. These were replaced by provider-based operational delivery groups (PODG's) however, administrative support has been variable at best. In addition, no applications for chairing were forthcoming, partly due to poor remuneration of the post. It has therefore not been possible to hold these meetings.

However, network issues are discussed at the annual protocols days as part of the MDT Review (see Appendix 4b.).

(13-2H-116) **Patient Feedback**

There has not been a 'National Cancer Patient Experience Survey' since the last one, undertaken in 2014. Results for the 2015 survey are due out in July 2016.

The Advanced Nurse Practitioner (ANP) service continues to action the points raised by the last survey and have made changes and improvements to the service based on these. Examples include:

Being Accessible to Patients – Advanced Nurse Practitioners (ANP's)

We now produce a quarterly Haematology Nurses newsletter which has information about the role of the ANP, what services we can offer patients and how to contact us. It also has information on support services available and about Holistic Needs Assessment. The newsletters are issued to patients in out-patient clinic.

We also have a noticeboard in the Out-patient waiting area advertising our services. This has photos of us on and our contact details. There are also noticeboards advertising our services on the Haematology ward, in Day Treatment Unit and around the hospital. We also plan to put up a noticeboard at the Horton hospital.

During the last year, the Haematology ANP team have appointed an administration support assistant. Her presence in the office has meant that in our absence, patient telephone calls are screened and prioritised and if necessary, passed on to another member of the team to deal with. This has resulted in patient's queries and problems being dealt with more promptly.

Lymphoma Support Group

Numbers for this have increased significantly due to better advertising. We meet bi-monthly at the Maggie's Centre and have a programme of speakers to discuss relevant topics. There is also a North Oxfordshire lymphoma support group that meets regularly in Banbury that we have links with and advertise to patients.

Leukaemia Support Group

CLL Patients attend the Oxford Leukaemia Support Group which is held at the Maggie's Centre once every three months. The support group is advertised by the ANP, on the Haematology Nurses newsletter and on the notice boards that are placed around the hospital.

Lymphoma Awareness Week

During 'Lymphoma Awareness Week' in September 2015, Tracy and a team of patient volunteers manned a stand the Churchill and Horton hospitals to help raise awareness of lymphoma and to advertise our ANP service.

We work closely with the Acute Oncology ANP at the Horton hospital who informs us of any new or existing patients admitted there. She also passes on our contact details to any patients there who have not been made aware of our services.

Holistic Needs Assessment (HNA)

To make this workable, we will focus on patients with Diffuse Large B-Cell lymphoma (DLBCL). We have identified an appropriate point in the pathway to perform the assessment (Cycle 2 and Cycle 5 of R-CHOP). Written information about HNA will be given to patients earlier on in the pathway to invite them to take part.

For CLL patients, the initial focus of HNA's will be for patients that are currently on treatment. HNA's will be offered to patients at Cycle 2, Cycle 5 and 3 months post treatment.

End of Treatment Summary

This will be a document for patients and general practitioners (GP's) with information regarding diagnosis, treatment received, late effects, and GP management of late effects. It will also include care plans formulated from HNA. For patients at the end of treatment, we provide written information packs with information on what to expect from follow-up and recovery post treatment, late effects and support services.

Patient Experience Questionnaire

The Haematology ANP team have produced a questionnaire for follow up patients coming through our services (see Appendix 6.). This is a specific audit of our services and support to Haematology patients. The questionnaire has been approved by the Trust Patient Experience Team and now that final approval has been received, we are currently issuing approximately 200 postal questionnaires throughout a 4 week period to all Lymphoma and CLL patients and 200 questionnaires to Myeloid and Myeloma clinics, also. The results from this audit will be available at the end of August 2016.

We undertook a small survey of patients attending the lymphoma support group asking them for suggestions on how we could improve our service. One of the common themes from this was that patients wanted to be reminded of the support services available to them (Maggie's Centre, benefits advice etc.) at regular points along the pathway, not just at diagnosis time when they first meet the ANP. This information is also included in the End of Treatment Pack. We have also advertised this information in the 'Haematology Newsletter', on our notice boards and we provide this information during patient assessment at regular points along the pathway.

(13-2H-117) Clinical Indicators Review / Audit

- The lymphoma MDT actively contributes to audit and research.

- The lymphoma MDT audits the existing service provision and prioritises areas for development. Audits prioritised during 2015 included outcome for patients receiving Pixantrone (this was a national audit and included Oxford patients) and audit of patients referred for high dose therapy for relapsed / refractory diffuse large B-cell lymphoma.
- One of our audits was published in a peer reviewed journal and presented at a national meeting. Our other audit is due to be presented at the lymphoma educational session in July 2016.
- The lymphoma MDT ensures data collection to review patient outcomes.
- The audit data is reviewed annually at the NSSG lymphoma protocol meeting.
- The lymphoma MDT is committed to collecting national data for Systemic Anti-Cancer Therapy (SACT) to enable national outcome measurements. Happy with above3.

(13-2H-118) Discussion of Clinical Trials

Lymphoma & CLL Clinical Trials

Trial Name	Status	PI	Indication	Number Recruited
ENRICH	In set up	Dr Graham Collins	Phase 3, Mantle Cell Lymphoma	0
CHEMO –T	Open	Dr Graham Collins	Phase 2, first line PTCL	5
CONTRALTO	Open	Dr Graham Collins	Phase 3, relapsed follicular lymphoma	5
GS-US-313-0125	Open	Dr Graham Collins	Phase 3, Previously Treated Indolent Non-Hodgkin Lymphomas	9
INCA	Open	Dr Graham Collins	Phase 2B, first line DLBCL, unfit	2
MAPLE	Open	Dr Graham Collins	Molecular analysis of DLBCL	16
TORCH	Open	Dr Graham Collins	Phase 2, relapsed DLBCL	7
TREATT	Open	Dr Graham Collins	Severe thrombocytopenia	7
BREVITY	Closed	Dr Graham Collins	Phase 3, first line Hodgkin (unfit)	6
ECHELON-1	Closed		Phase 3, first line Hodgkin lymphoma	13
GALLIUM	Closed	Dr Graham Collins	Phase 3, Previously untreated patients with advanced indolent Non-Hodgkin's lymphoma.	24
MABCUTE	Closed	Dr Graham Collins	Phase 3b	10
ORCHARRD	Closed	Dr Graham Collins	Phase 3, Relapsed or Refractory DLBCL	4
NSHLG	Closed	Dr Graham Collins	National Study of Hodgkin's Lymphoma Genetics	52
PCYC-1121-CA	Closed	Dr Graham Collins	Phase 2, Relapsed/Refractory Marginal Zone Lymphoma	4
PHOENIX	Closed	Dr Graham Collins	Phase 3, Newly Diagnosed Non-Germinal Center B-Cell Subtype of Diffuse Large B-Cell Lymphoma	5

RATHL	Closed	Dr Graham Collins	Phase 3, Newly Diagnosed, Advanced Hodgkin Lymphoma	23
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REMoDL-B	Closed	Dr Graham Collins	Diffuse Large B-cell Lymphoma	27
Time and Motion Study of Rituximab	Closed	Dr Graham Collins	Indolent non-Hodgkin lymphoma (iNHL) patients	14
ACE-LY-04	Closed	Dr Graham Collins	Mantle Cell Lymphoma	1
YM155	Closed	Dr Chris Hatton	Phase 2, Refractory Diffuse Large B-Cell Lymphoma	3
RAPID	Closed	Dr Chris Hatton	Phase 3, IA/IIA Hodgkin's lymphoma	11
R-CODOX	Closed	Dr Chris Hatton	Phase 2, Diffuse Large B-Cell Lymphoma	2
SCHRIFT	Closed	Dr Chris Hatton	Phase 2 trial of relapsed indolent NHL	1
SPRINT	Closed	Dr Chris Hatton	Phase 3 Trial of Relapsed Mantle Cell lymphoma	1
IPI-145-CD20+follicular lymphoma	Open	Dr Jam Kothari	Phase 1b/2, Previously Untreated CD20+ Follicular Lymphoma	0
MCL Biobank Observational Study	In set up	Dr Jam Kothari		0
ACE-WM	Closed	Dr Jam Kothari	WM	3
FLAIR	Open	Prof Anna Schuh	Phase 3, previously untreated CLL.	9
ACE-CLL-001	Closed	Prof Anna Schuh	CLL Richters	18
IPI-145-12	Open	Prof Anna Schuh	Phase 3, Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma	0
ABT-199	Closed	Prof Anna Schuh	CLL P53 del	5
CALIBRE	On hold	Prof Anna Schuh	CLL	2
RIALTO	Open	Prof Anna Schuh	CLL	14
ARCTIC	Closed	Prof Anna Schuh	Phase 2b, CLL	26
CHOP-OR	Closed	Prof Anna Schuh	Newly Diagnosed Richter's Syndrome	10
CLL 210	Closed	Prof Anna Schuh	High risk CLL	8
Complement	Closed	Prof Anna Schuh	Phase 3, untreated patients with Chronic Lymphocytic Leukemia	7
CONTINUUM	Closed	Prof Anna Schuh	B-CELL CHRONIC LYMPHOCYTIC LEUKEMIA FOLLOWING SECOND-LINE THERAPY	12
COSMIC	Closed	Prof Anna Schuh	CLL	1
GILEAD0115	Closed	Prof Anna Schuh	Phase 3, previously Treated Chronic Lymphocytic Leukemia	10
GS-US-312-0119	Closed	Prof Anna Schuh	Phase 3, Previously Treated Chronic Lymphocytic Leukemia	6
GS-US-312-0123	Closed	Prof Anna Schuh	Phase 3, Previously Untreated Chronic Lymphocytic Leukemia	2
OMB114242	Closed	Prof Anna Schuh	Phase 3, bulky fludarabine refractory CLL	6
IPI-145-07	Closed	Prof Anna Schuh	Phase 3, Relapsed or Refractory Chronic Lymphocytic Leukemia	4
PCYC1115	Closed	Prof Anna Schuh	Phase 3, Patients 65 Years or Older with Treatment-naive Chronic Lymphocytic Leukemia	5
PCYC1116	Closed	Prof Anna Schuh	Follow on study for PCYC1115	2
PCYC1112	Closed	Prof Anna Schuh	Phase 3, Relapsed or Refractory Chronic Lymphocytic Leukemia	7

2015 has been a successful year for recruitment into Lymphoma and CLL Clinical Trials. The following trials recruited teenage and young adult (TYA) patients:

- Echelon 1
- NSHLG
- REMoDL-B

➤ RAPID

Dr Graham Collins is a member of the National Lymphoma Clinical Study Group and is Chair of the Hodgkin subgroup. He is Chief Investigator for a 2 phase II trials in the UK: RomiCar and TORCH. He is also leading the development of a trial in the 2nd line salvage for Hodgkin Lymphoma and in developing the next international first line Hodgkin trial. He is also chair of the T-Cell lymphoma working group and leading development of a front line PTCL trial.

Dr Jaimal Kothari is newly appointed in a substantive consultant role working across lymphoma and myeloma. He is a local PI for a Phase II study in follicular lymphoma and also a relapsed study for patients with Waldenström's Macroglobulinaemia (WM). He is a member of the national WM doctor's forum.

Professor Anna Schuh is newly appointed chair of the national CLL forum. She also leads the haematology section of the Genomics England Project. She is national CI for a number of CLL studies.

Dr Chris Hatton is interested in developing trials for older patients with high grade lymphoma. He is a member of the National Elderly DLBCL working group.

Challenges to Recruitment

Our major challenge in running clinical trials is retention of trials nurses. To address this, we are appointing 2 new posts with the title 'Trial Practitioner'. These posts are anticipated to provide substantial administrative and practical support to the research nurses and medical staff. They are due to commence mid-2016.

We also continue to have a number of gaps in our trial portfolio

- Mantle Cell Lymphoma (first line and relapsed). However Oxford has been selected for the ENRICH study and the trial is in set up
- Follicular Lymphoma (first line). A first line Duvelisib study however, has just opened
- Post-transplant lymphoproliferative disease
- Primary CNS Lymphoma (although TIER has just opened for relapsed PCNSL)
- Diffuse Large B-Cell Lymphoma (first line, fit)
- Classical Hodgkin Lymphoma (first line)

Horton General Hospital

One of our challenges mentioned in a previous peer review report was how we can support patients at the Horton General Hospital. Since that review we have met with staff at the Brodey Centre to find ways to support them through education and to make our presence more widely known to staff and patients. We have developed links with the Acute Oncology ANP at the Horton to improve communication regarding patients and to have mutual support. We have included the staff at the Brodey Centre in the Oxford teaching programme for haematology nurses. However challenges remain with our current resources. Currently there is no scope for the clinical nurse specialists or lymphoma consultants to have sessions at the Horton although level 1 intervention is available (see operational policy). This is under review.

Dr Wale Atoyebi (consultant haematologist at Horton General Hospital) attends the lymphoma MDT.

Targets & Workload

Performance Matrix 2015

January 2015					
Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	9	9	0	100%
31 Day Treatment	Haematological	8	8	0	100%
31 Day Sub by Tumour	Haematological	20	20	0	100%
62 Day treated	Haematological	4.5	2.5	2	55.6%
February 2015					
Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	15	15	0	100%
31 Day Treatment	Haematological	9	9	0	100%
31 Day Sub by Tumour	Haematological	16	10	0	100%
62 Day treated	Haematological	6	4	2	66.7
March 2015					
Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	18	18	0	100%
31 Day Treatment	Haematological	9	9	0	100%
31 Day Sub by Tumour	Haematological	11	11	0	100%
62 Day treated	Haematological	6	6	0	100%
April 2015					
Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	15	15	0	100%
31 Day Treatment	Haematological	7	7	0	100%
31 Day Sub by Tumour	Haematological	18	18	0	100%
62 Day treated	Haematological	5	4	1	80.0%
May 2015					
Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	11	11	0	100%
31 Day Treatment	Haematological	11	11	0	100%
31 Day Sub by Tumour	Haematological	17	17	0	100%

62 Day treated	Haematological	9.5	7.5	2	78.9%
June 2015					
Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	18	17	1	94.4%
31 Day Treatment	Haematological	6	6	0	100%
31 Day Sub by Tumour	Haematological	16	16	0	100%
62 Day treated	Haematological	5	3	2	60.0%

July 2015

Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	8	7	1	87.5%
31 Day Treatment	Haematological	11	11	0	100%
31 Day Sub by Tumour	Haematological	11	11	0	100%
62 Day treated	Haematological	6	4	2	66.7%

August 2015

Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	7	7	0	100%
31 Day Treatment	Haematological	11	11	0	100%
31 Day Sub by Tumour	Haematological	10	10	0	100%
62 Day treated	Haematological	9.5	7	2.5	73.7%

September 2015

Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	16	16	0	100%
31 Day Treatment	Haematological	8	8	0	100%
31 Day Sub by Tumour	Haematological	11	10	1	90.9%
62 Day treated	Haematological	4	3	1	75.0%

October 2015

Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	16	16	0	100%
31 Day Treatment	Haematological	12	12	0	100%
31 Day Sub by Tumour	Haematological	21	21	0	100%
62 Day treated	Haematological	8	7	1	87.5%

November 2015

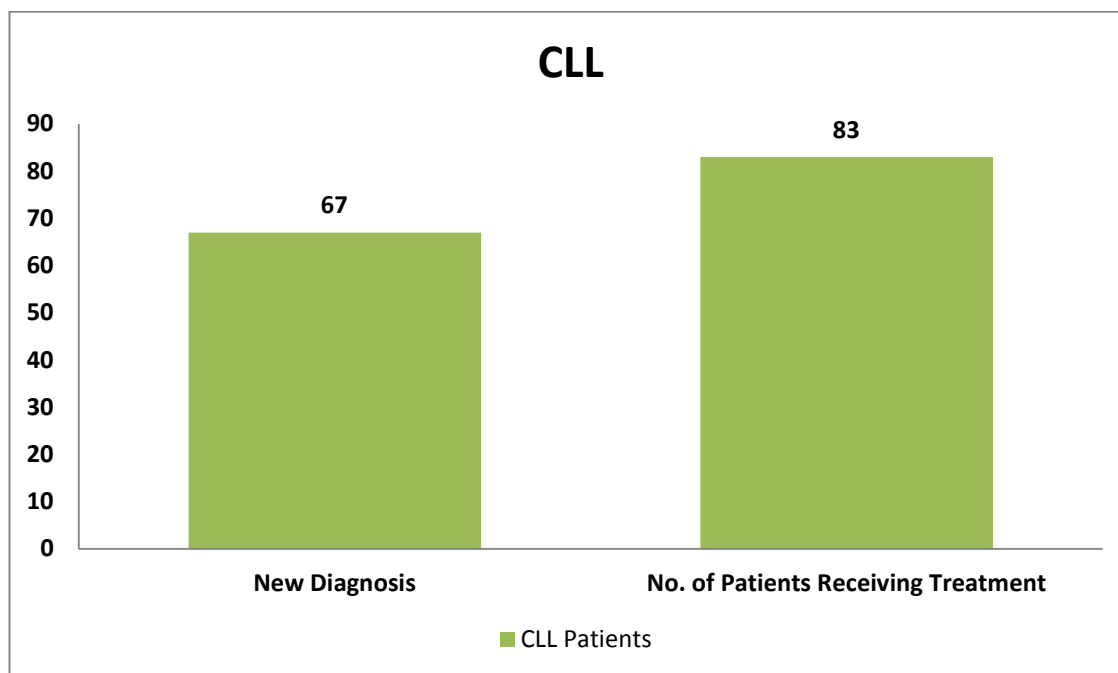
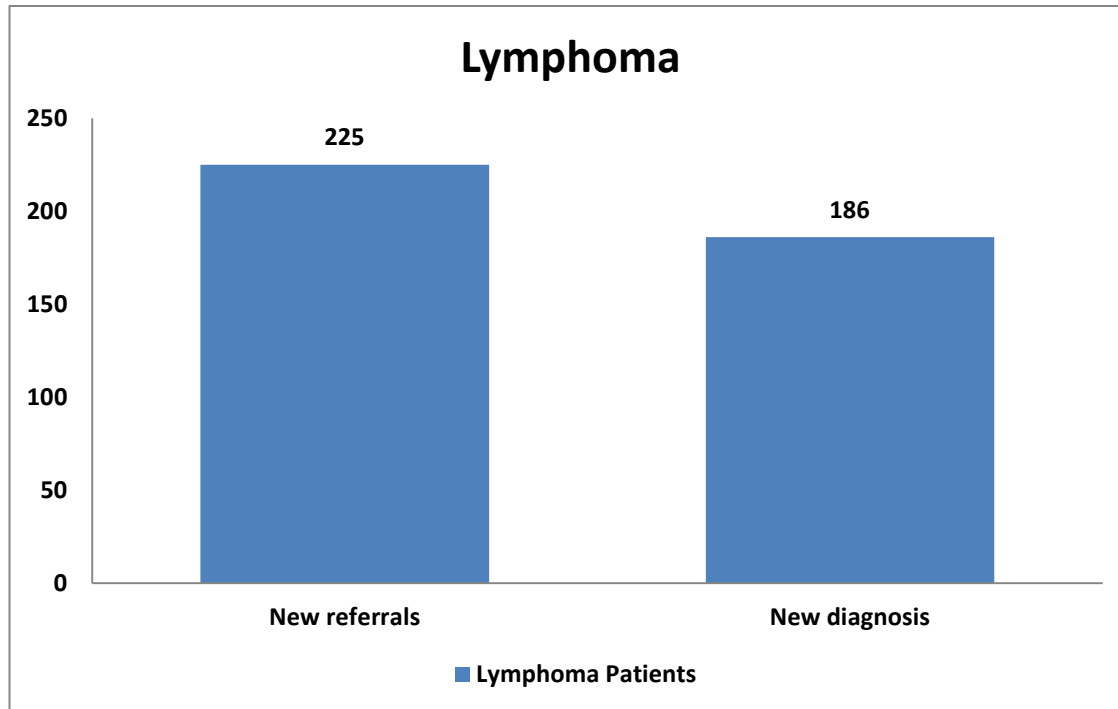
Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	19	19	0	100%
31 Day Treatment	Haematological	15	15	0	100%
31 Day Sub by Tumour	Haematological	14	14	0	100%
62 Day treated	Haematological	9	9	0	100%

December 2015

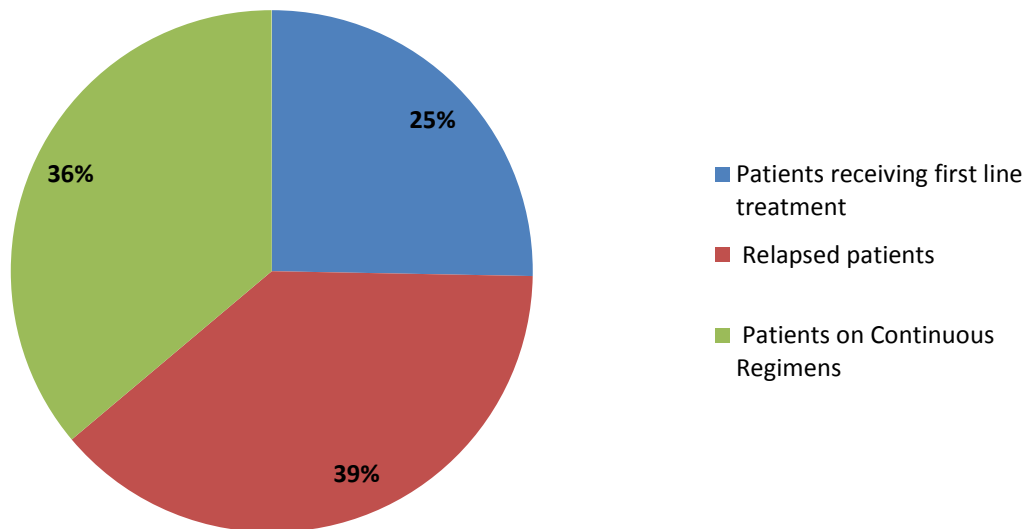
Measure	Tumour Site	Total	Within	Breaches	%
2 Week Wait Referrals	Haematological	23	23	0	100%
31 Day Treatment	Haematological	14	14	0	100%
31 Day Sub by Tumour	Haematological	18	18	0	100%
62 Day treated	Haematological	12	11	1	91.7%

Workload

There were **225 new referrals** and **186 new diagnoses** to the lymphoma service in 2015.

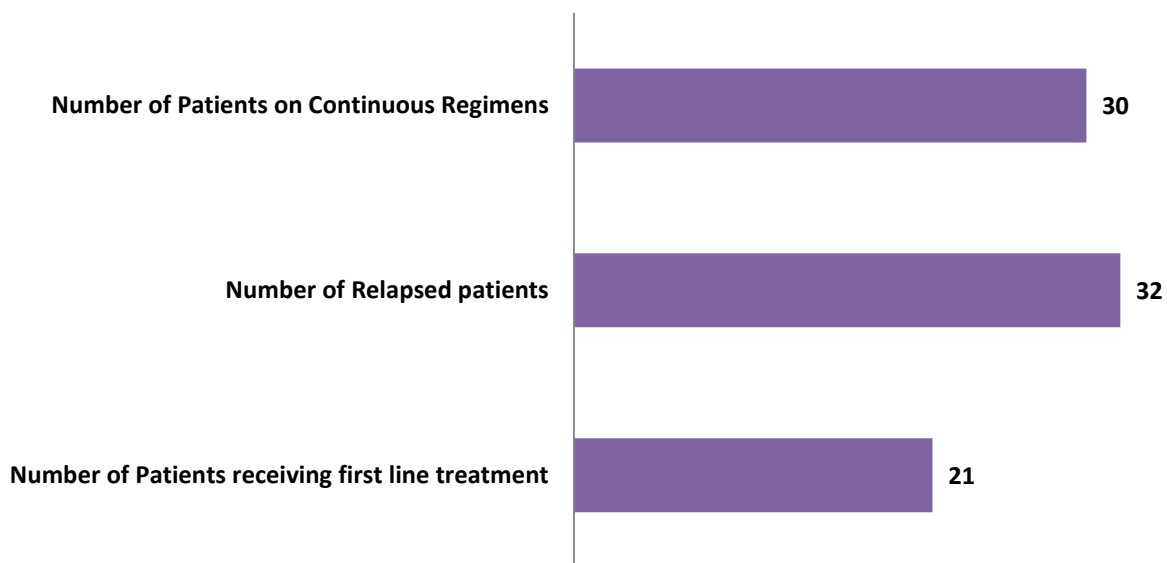


CLL Patients Receiving Treatment in 2015



CLL

■ CLL Patients

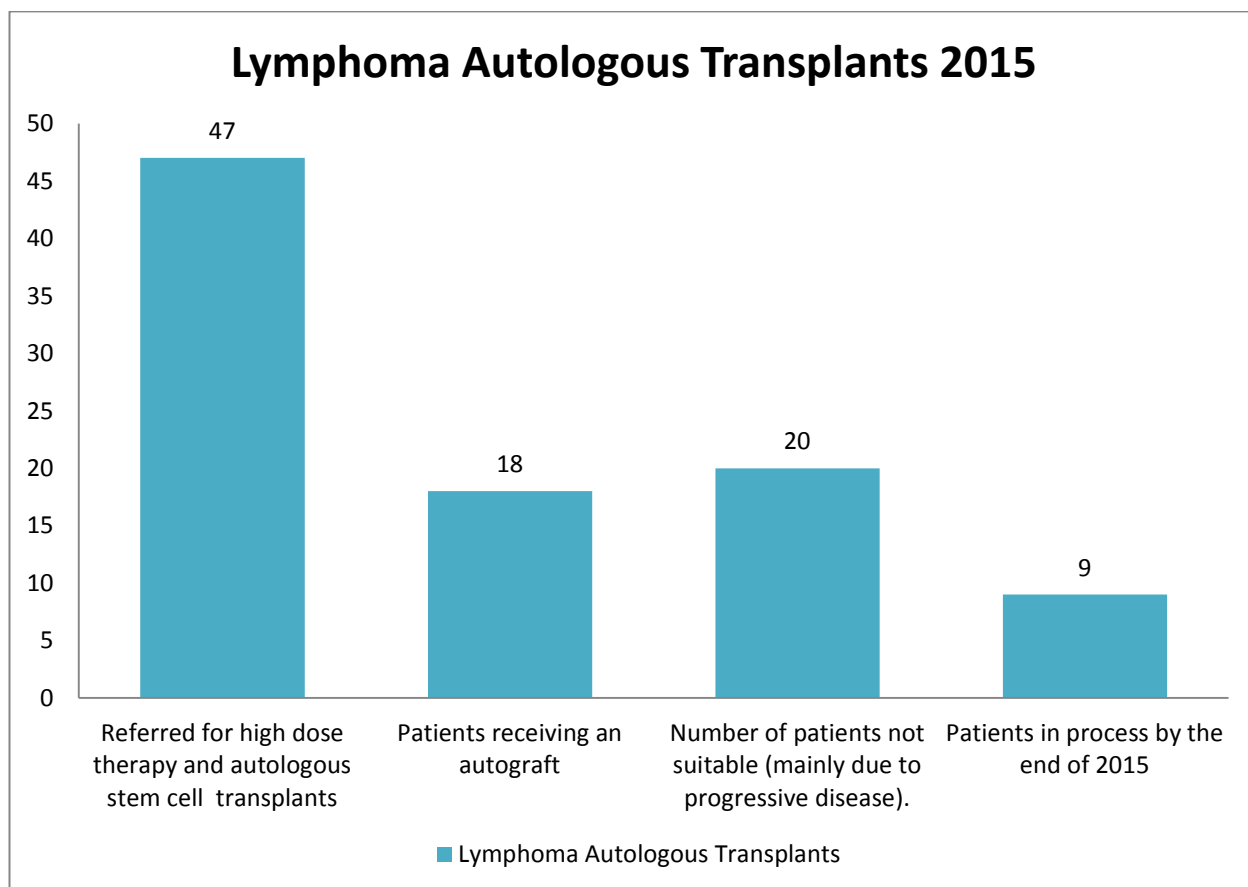


Autologous Transplants Data for 2015

47 lymphoma patients were referred for high dose therapy and autologous stem cell transplantation. Of the total referrals (47), 26 were DGH and 21 were OUH.

18 patients received an auto graft. Of the completed autos (18), 10 were DGH and 8 were OUH.

20 patients were not suitable (mainly due to progressive disease) and 9 were in process by the end of 2015.



Advanced Communication Skills Training

The MDT is committed to having members of the team attend the 'Advanced Communication Skills' course (see **Appendix 5.**). All members are encouraged attend.

Publication Record

Please see **Appendix 6.** for publication record in 2014 – 2015,

Summary

This report relates to the operational period 1 January 2015 – 31 December 2015.

This period has seen a number of issues, challenges and successes as outlined below:

Key Achievements

- Expanding a clinical trials programme including both late and early phase trials
- Updating of 50% of lymphoma protocols in line with Cancer Network requirements at annual protocol away meeting
- Video conferencing with DGH referring Units (SMH, WGH, MKGH, ensuring fully functioning MDT)
- Excellent attendance at weekly MDT meetings
- Capture of COSD data for all patients, including stage A CLL
- Excellent trial recruitment
- A successful relocation from the Cellular Pathology Seminar Room at the John Radcliffe Hospital to the Jane Ashley Seminar Room at the Churchill Hospital
- A CLL ANP commenced 27 April 2015
- Lymphoma & CLL Service Co-ordinator commenced in October 2015
- Set up and approval of telephone clinics for CLL patients
- Regular monthly quality meetings with high attendance
- Medical representation at Wexham park hospital MDT meeting
- Appointment of a locum consultant haematologist to assist with lymphoid service
- Introduction in November 2015 of Patient Knows Best (PKB); a patient portal enabling CLL patients to manage their care, whilst enabling clinicians to share information
- Appointment of Nurse Practitioner Administrator to support malignant-haem Clinical Nurse Specialists (CNS)
- Improving the pathway for patients referred to haematology with enlarged lymph nodes

- Increasing nurse practitioner visibility and accessibility through development of patient information boards and a quarterly Haematology Nurses Newsletter
- Developed an in-house Patient Experience Questionnaire to incorporate patient and carer views into our service development.

Key Challenges

- Increasing the Clinical Trial Portfolio within the limitations of service resource
- Streamlining MDT to encompass all new cases of lymphoma and CLL
- Provide adequate ANP and medical cover at the Horton hospital
- Capturing relapsed disease data is a challenge, but the new Lymphoma database has now been set up to address this
- Provision of end of treatment summaries for patients and GP's
- Lack of access to psychological support for Lymphoma and CLL patients
- Increase Malignant-Haem Nurse Practitioner cover at Oxford University Hospitals (OUH) to meet increasing demands of new patients (including Lymphoma), to support service development and Health Needs Assessments (HNA's)
- Smooth transition from haematologist to clinical oncologist when consolidation radiotherapy required
- Providing adequate consultant cover for Day Treatment Unit (DTU) with Lymphoma and CLL progressing through their treatment pathways.

Appendix 1.

(13-2H-101, 13-2H-102, 13-2H-103 & 13-2H-104)

Attendance of Core Membership at Lymphoma MDT Meetings**January – December 2015**

Attendee Name	Role	% Attendance
Prof. Francesco Pezzella	Haemato-Pathologist	87%
Dr. Elizabeth Soilleux	Haemato-Pathologist	65%
Dr. Daniel Royston	Histopath Associate Specialist	38%
Dr. David Cutter	Clinical Oncologist	62%
*Dr. Katherine Hyde	Clinical Oncologist	44%
Dr. Wale Atoyebi	Haemato-Oncologist	85%
Prof. Anna Schuh	Haemato-Oncologist	69%
Dr. Sylvia Benjamin	Haemato-Oncologist	5%
Dr. Jaimal Kothari	Haemato-Oncologist	79%
Dr. Chris Hatton	Haemato-Oncologist & Deputy Chair	87%
Dr. Graham Collins	Haemato-Oncologist & Chair	77%
Dr. Niall Moore	Radiologist	88%
Dr. Nia Taylor	Radiologist	88%
Dr. Manil Subsesinghe	Radiologist	85%
**Ruth Hettler	SNP Maternity Cover for AA (Jan to March)	10%
*** Anya Aspinall	Advanced Nurse Practitioner (Nov – Dec)	<u>15%</u>
		25% Total
Tracy Mitchell-Floyd	Specialist Nurse Practitioner	67%
****Lianne Palmer	Advanced Nurse Practitioner	58%
*****Elena Berezny	MDT Co-ordinator	94%

* Commenced 01.06.15

** Maternity leave: 01.04.15 (Worked Jan – Mar)

*** Maternity leave 01 -10.15 (Worked Nov – Dec)

**** Commenced 27.04.15

***** Commenced 01.02.15

Appendix 2.

**Satellite Attendance of Core Membership of District General Hospitals at Lymphoma
MDT meetings**

January – December 2015

ATTENDEE NAME	ROLE	% ATTENDANCE
STOKE MANDEVILLE		
Dr Helen Eagleton	Consultant Haematologist	83%
Marie Pennell	Clinical Nurse Specialist	88%
Liz Vian	MDT Co-ordinator	92%
WYCOMBE		
Dr Robin Aitchison	Consultant Haematologist	77%
Dr Jonathan Pattinson	Consultant Haematologist	56%
Dr Beena Pushkaran	Consultant Haematologist	81%
Asha Mathews	Clinical Nurse Specialist	81%
MILTON KEYNES		
Dr Moez Dungarwalla	Consultant Haematologist	81%
Dr Denise White	Consultant Haematologist	83%
Dr Subir Mitra	Consultant Haematologist	73%
Alison Sandaver	Clinical Nurse Specialist	79%
SWINDON		
Dr Sarah Green	Consultant Haematologist	63%
Dr Norbert Blesing	Consultant Haematologist	40%
Dr Alex Sternberg	Consultant Haematologist	60%
Dr Saiyed Anwar	Consultant Haematologist	50%
Dr Claire Davies	Consultant Haematologist	50%
Dr Hala Ahmed (locum)	Consultant Haematologist	46%
Angela Wilkins	MDT Manager	94%

Appendix 3.

(13-2H-112)

Educational Meeting - Update in Lymphoma**8 June 2015****Oxford Belfry Hotel, Milton Common, Thame, Oxfordshire OX9 2JW**

PROGRAMME	
09:00 – 9:30	Registration and tea/coffee
Session 1. Chairman: Dr Graham Collins (OUH, Oxford)	
09:30 – 09:50	Brentuximab use in the Thames Valley <i>Dr Joe Browning (OUH, Oxford)</i>
09:50 – 10:30	Waldenstrom macroglobulinaemia – where next? <i>Dr Jaimal Kothari (OUH, Oxford)</i>
10:30 – 10:50	Audit of DLBCL in the Elderly <i>Dr Chris Hatton (OUH, Oxford)</i>
10:50 – 11:15	Coffee Break
Session 2. Chairman: Dr Chris Hatton (OUH, Oxford)	
11:15 – 12:00	Relapsed DLBCL – is there any progress? <i>Dr George Follows (Addenbrookes, Cambridge)</i>
12:00 – 12:40	Hodgkin Lymphoma – is there a chemo-free future? <i>Dr Graham Collins(OUH, Oxford)</i>
12:40 – 13:00	Transformed Nodular LP Hodgkin <i>Dr Toby Eyre (OUH, Oxford)</i>
13:00	Lunch

Appendix 4a.**Lymphoma Protocols Review Meeting 2015****Agenda****7 & 8 May 2015****Llangoed Hall Hotel, Llyswen, Brecon, Powys, LD3 0YP****AGENDA****Thursday, 7 May 2015**

8:30	Transport leaves Cancer & Haematology Centre, Churchill Hospital
11:30	Arrive at Llangoed Hall Hotel
11:30 – 12:00	Tea/coffee & biscuits served on arrival in the Morning Room
12:30 – 13:30	Buffet Lunch
13:30 – 15:30	MDT Review (see separate agenda)
15:30 – 16:00	Tea break
16:00 – 16:45	New Agents / updates over last year
	1. Subcutaneous Rituximab (Graham Collins)
	2. Idelalisib in CLL (Anna Schuh)
16:30 – 18:30	Review of Protocols (<i>first session</i>)
19:00 – 20:30	Dinner
21:00 – 21:30	Talk: Updated lymphoma response assessment (Manil Subesinghe)
21:30 – 22:00	Talk: Mantle cell lymphoma – where are we now? (Chris Hatton)

Friday, 13 May 2015

08:45 – 09:45	Review of Protocols (<i>second session</i>)
09:45 – 11:00	Walk (weather permitting)
11:00	Tea / coffee
11:15 – 11:45	Pathway discussion: LPL / WM (Jaimal Kothari)
11:45 – 12:15	Pathway discussion: Double hit lymphoma – diagnosis and Rx (Liz Soilleux & Graham Collins)
12:15 – 13:00	CLL and lymphoma trials (early & late phase) (Toby Eyre, Anna Schuh & Graham Collins)
13:00	Buffet lunch

Appendix 4b.**Lymphoma Protocols Review Meeting****Agenda for MDT Review 2015****7 & 8 May 2015****Llangoed Hall Hotel, Llyswen, Brecon, Powys, LD3 0YP****13.30 – 15.30****AGENDA****Thursday, 7 May 2015**

13:30 - 13:45	Operational Policy Review
13:45 - 13:55	Work Plan Location
13:55 - 14:10	Patient Feedback:
	<ul style="list-style-type: none"> ➤ Review of National Patient Experience Survey ➤ Review of OUH Action Plan ➤ Plan for Patient Focus Groups
14:10 - 14:20	Merging with Myeloma
14:20 - 14:35	Streamlining MDT
	<ul style="list-style-type: none"> ➤ 'Review' cases and 'Approval' cases ➤ Pathology Lists D ➤ PET / CT Grouping D
14:35 - 14:40	Moving to the Churchill
14:45 15:00	Diagnostic Pathway and 'One-stop' Clinic
	Feedback from: <ul style="list-style-type: none"> ➤ Clinical Nurse Specialists ➤ Radiologists ➤ Clinical Oncology – to include review of indications for RT ➤ Pathologists ➤ Reading ➤ Swindon ➤ Wexham ➤ Bucks / Milton Keynes
15:00 – 15:15	SIHMDS: update by Anna Schuh (including turnaround times)
15:15 – 15:30	Indications for PET (including discussion re. post-allo)

Appendix 5.**Core Members who have attended the Advanced Communication Skills Course**

Name of Core Member	Completed Course (Yes/No)
Dr Chris Hatton	No
Dr Graham Collins	Yes
Dr Wale Atoyebi	No (*booked for 2018)
Dr Anna Schuh	No (*booked for 2018)
Dr Jaimal Kothari	Yes
Dr Sylvia Benjamin	Yes
Dr David Cutter	Yes
Prof. Francesco Pezzella	No. (no clinical contact with patients)
Dr Daniel Royston	No. (no clinical contact with patients)
Dr Elizabeth Soilleux	No. (no clinical contact with patients)
Dr Niall Moore	Yes
Dr Nia Taylor	No (limited patient contact)
Anya Aspinall	Yes
Tracy Mitchell-Floyd	Yes
Lianne Palmer	Yes
Elena Berezny	No. (no clinical contact with patients)

* Unfortunately, 2017 courses already oversubscribed at time of Annual Report submission.

Appendix 6.**PATIENT QUESTIONNAIRE**

We would be grateful if you would complete this questionnaire about your experience at the Haematology Outpatient Department.

Hearing your views will help us to improve the service we provide.

This questionnaire is anonymous so you will not be identified.

To answer each question please mark a cross ☒ clearly inside one box using a black or blue pen.

If you make a mistake just fill in the box ■ and put a cross ☒ in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Please return your questionnaire in the FREEPOST envelope provided (no stamp required).

If you do not have your FREEPOST envelope, please return the questionnaire to:

Manuela Sultanova & Susie Grant
CNS Office
Level 2 Admin Floor
Oxford Cancer and Haematology Centre
Churchill Hospital
Old Road
Headington
Oxford
OX3 7LE

This questionnaire is voluntary, any current or future care you receive will not be affected by your participation and your answers will be treated in confidence.

Questions or help?

If you have any queries about the questionnaire or need assistance filling it out, please call the Helpline 01865 235284.

OUTPATIENT DEPARTMENT***At your last visit:***

Q1. How long after the **stated appointment time** did the appointment start?

- Seen on time, or early
- Waited up to 5 minutes
- Waited 6 - 15 minutes
- Waited 16 - 30 minutes
- Waited 31 - 60 minutes
- Waited more than 1 hour but no more than 2 hours

- Waited more than 2 hours
- Not sure / Can't remember

Q2. Were you told **how long** you would have to wait?

- Yes, but the wait was **shorter**
- Yes, and I had to wait about as long as I was told
- Yes, but the wait was **longer**
- No, I was not told
- Not sure / Can't remember

Q3. Did you have enough time to discuss your health or medical problem with the doctor?

- Yes, definitely
- Yes, to some extent
- No
- Not sure / Can't remember

Q4. If you had important questions to ask the doctor, did you get answers that you could understand?

- Yes, definitely
- Yes, to some extent
- No
- I did not need to ask
- I did not have an opportunity to ask
- Not sure/ I can't remember

Q5. Did you need to **arrange transport** to attend the hospital appointment? For example, hospital transport, family members taking time off work.

- Yes
- No
- Sometimes

THE ADVANCED NURSE PRACTITIONER

Also known as the Clinical Nurse Specialist/ Specialist Nurse Practitioner. This is a specialist cancer nurse who makes sure you get the right care and gives you help and advice on coping with cancer.

Q6. Were you given the name of a Nurse Practitioner who would be in charge of your care?

- Yes
- No
- Not sure / Can't remember

Q7. How easy is it for you to contact your Nurse Practitioner?

- Easy
- Sometimes easy, sometimes difficult
- Difficult

I have not tried to contact her/him

Q8. What is your preferred way of contacting and being contacted by your Nurse Practitioner?

- Telephone call
- Email
- Something else

YOUR HOSPITAL CARE OVERALL

Q9. Did hospital staff give you information about support or self-help groups for people with cancer? For example: Maggie's centre, Local Lymphoma, Myeloma, MDS and Leukaemia Support Groups?

- Yes
- No, but I would have liked information
- It was not necessary
- Not sure / Can't remember

Q10. When you were diagnosed, how much information were you given about your condition?

- Not enough
- The right amount
- Too much
- Not sure / can't remember

Q11. Please could you tell us what was the most useful information you were given?

Q12. Please could you tell us any information you would have liked but did not receive?

Q13. When you were about to start treatment, how much information were you given about your treatment?

- Not enough
- The right amount
- Too much
- Not sure / can't remember

Q14. Please could you tell us what was the most useful information you were given?

Q15. Please could you tell us any information you would have liked but did not receive?

Q16. A care plan is a document that sets out your needs and goals for caring for your cancer. It is an agreement or plan between you and your health professional to help meet those goals. Have you been offered a written assessment and care plan? (Also known as a Holistic Needs Assessment) (*Tick all that apply*)

- Yes, from my GP
- Yes, from my Advanced Nurse Practitioner
- No
- Not sure / Can't remember

Q17. Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?

- Yes, always
- Yes, most of the time
- Yes, some of the time
- No, never
- Not sure / Can't remember

Q18. Did you receive **copies of letters** sent between hospital doctors and your family doctor (GP)?

- Yes, as far as I know I received copies of **all** letters
- I received copies of **some but not all** letters
- No, I **did not receive copies** of any letters
- I do not know if any letters were sent
- I have chosen not to receive a copy of my letters

Q19. Overall, how would you rate your care?

- Excellent
- Very good
- Good
- Fair
- Poor

OTHER COMMENTS

If there is anything else you would like to tell us about your experience, please do so here.

Was there anything particularly good about your care?

Was there anything that could be improved?

Any other comments?



Thank you for your contribution.

Please return your questionnaire in the **FREEPOST** envelope provided (no stamp required).

If you do not have your **FREEPOST** envelope, please return the questionnaire to:

Manuela Sultanova & Susie Grant
CNS Office
Level 2 Admin Floor
Oxford Cancer and Haematology Centre
Churchill Hospital
Old Road
Headington
Oxford
OX3 7LE

Appendix 7.**PUBLICATIONS RECORD 2014 – 2015**

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