

UHSussex (RSCH & PRH) INTRA Hospital Pathway for Patients with Suspected Lymphoma

***Lymphadenopathy here refers to pathological i.e.: >1cm diameter, persistent, pathological features/associated symptoms**

B symptoms= >10% unintentional weight loss in 6/12, drenching persistent night sweats, fevers >38degrees (non-infective)

FINDING	REFERRAL / ACTIONS	Suggested Baseline Investigations	MDT	Biopsy result to be conveyed by..
Skin lesions ?lymphoma	Dermatology	FBC, renal, liver, C.Ca, LDH, ESR, CRP, Clotting screen, Virology 'haem screen'	Derm	Derm
Isolated CNS lesion	Neurosurgeons Acute oncology	FBC, renal, liver, LDH, ESR, CRP, Clotting screen, Virology 'haem screen' Staging CT NCAP scan	Neuro-oncology	Biopsy requestor Refer to Ian Chau at RMH (IF primary CNS lymphoma)
Isolated bone lesions (nil on CT NCAP in terms of LNs)	Arrange targeted biopsy CUP	FBC, renal, liver, C.Ca, SPE, SFLC, LDH, ESR, CRP, Clotting screen, Virology 'haem screen' Consider tumour markers	CUP	Biopsy requestor
Isolated neck lymphadenopathy	US plus/minus biopsy OR to ENT	FBC, renal, liver, C.Ca, LDH, ESR, CRP, Clotting screen, Virology 'haem screen'	H&N	Biopsy requestor
Isolated axillary lymphadenopathy	US plus/minus biopsy OR to Breast Team	FBC, renal, liver, C.Ca, LDH, ESR, CRP, Clotting screen, Virology 'haem screen'	Breast	Biopsy requestor
Isolated Mediastinal Lymphadenopathy	Respiratory	FBC, renal, liver, C.Ca, LDH, ESR, CRP, Clotting screen, Serum ACE, Virology 'haem screen'	Resp	Resp
Isolated inguinal lymphadenopathy	US plus/minus biopsy OR to Cancer Unknown Primary Team	FBC, renal, liver, C.Ca, LDH, ESR, CRP, Clotting screen, Virology 'haem screen' Consider directed tumour markers	CUP	CUP

UHSussex (RSCH & PRH) INTRA Hospital Pathway for Patients with Suspected Lymphoma

Isolated liver lesions on imaging	GI Team	FBC, renal, liver, C.Ca, LDH, ESR, CRP, Clotting screen, Virology 'haem screen', AFP	Upper GI	GI
Isolated spleen lesions on imaging	Cancer unknown primary team	FBC, renal, liver, LDH, ESR, CRP, Clotting screen, Virology 'haem screen'	CUP	CUP
Imaging with pathological LNs (nil clinically palpable eg. Para-aortic/paravertebral)	Arrange biopsy directly of accessible node Liaise with CUP	FBC, renal, liver, LDH, ESR, CRP, Clotting screen, Virology 'haem screen' Consider directed tumour markers	CUP	Biopsy requestor
Isolated splenomegaly (clinically relevant NB: check patients expected spleen size on spleen calc app)	Exclude chronic liver disease/portal HTN Haematology	FBC, blood film, renal, liver, C.Ca, SPE, SFLC, EPO, JAK2, LDH, Clotting screen Virology 'haem screen'	Haem	Haem
Hepatosplenomegaly with normal FBC	Liver team – if portal HTN Infectious Diseases team Consider CUP advise	FBC, renal, liver, LDH, ESR, CRP, Clotting screen, Virology 'haem screen'	CUP	Biopsy requestor
Hepatosplenomegaly with abnormal FBC	Haematology (if ruled out portal HTN as cause)	FBC, Blood Film, renal, liver, LDH, ESR, CRP, Clotting screen, Virology 'haem screen'	Haem	Haem
Unwell inpatient with potential lymphoma (RSCH/PRH)	Acute oncology referral	FBC, renal, liver, C/Ca, LDH, ESR, CRP, Clotting screen, Virology 'haem screen' Staging CT NCAP scan Urgent biopsy: US/CT / Surgical	Lymphoma (consider steroids post adequate biopsy- Consultant decision) / CUP	Host Team

Key Contacts:-

Acute Oncology (AO) Extn 63802, RSCH - Bleep 8257, PRH – bleep 8705 uhsussex.aot.rsch.prh@nhs.com	Cancer of Unknown Primary (CUP) Extn 63802
Haem/Lymphoma MDT Coordinator uhsussex.haematologycancermdmcoordinator@nhs.net	CUP MDT coordinator uhsussex.cupmdmcancercoordinator@nhs.net

UHSussex (RSCH & PRH) INTRA Hospital Pathway for Patients with Suspected Lymphoma

Any histology with likely or confirmed Lymphoma histologically is automatically added to the Lymphoma MDT (Mon am)