National Cancer Audit Collaborating Centre (NATCAN)

State of the Nation Report 2025 Webinar Part 1

Key Findings & Recommendations

13th October 2025
10.00 - 11.45

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National Cancer Audit Collaborating Centre (NATCAN)

Welcome

Professor Ajay Aggarwal, NATCAN Clinical Director

13th October 2025

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National Prostate Cancer Audit (NPCA)

State of the Nation Report 2025

Key Findings & Recommendations

Arjun Nathan, Clinical Fellow on behalf of the NPCA team

13th October 2025

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National Prostate Cancer Audit

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Prostate Cancer Diagnosis

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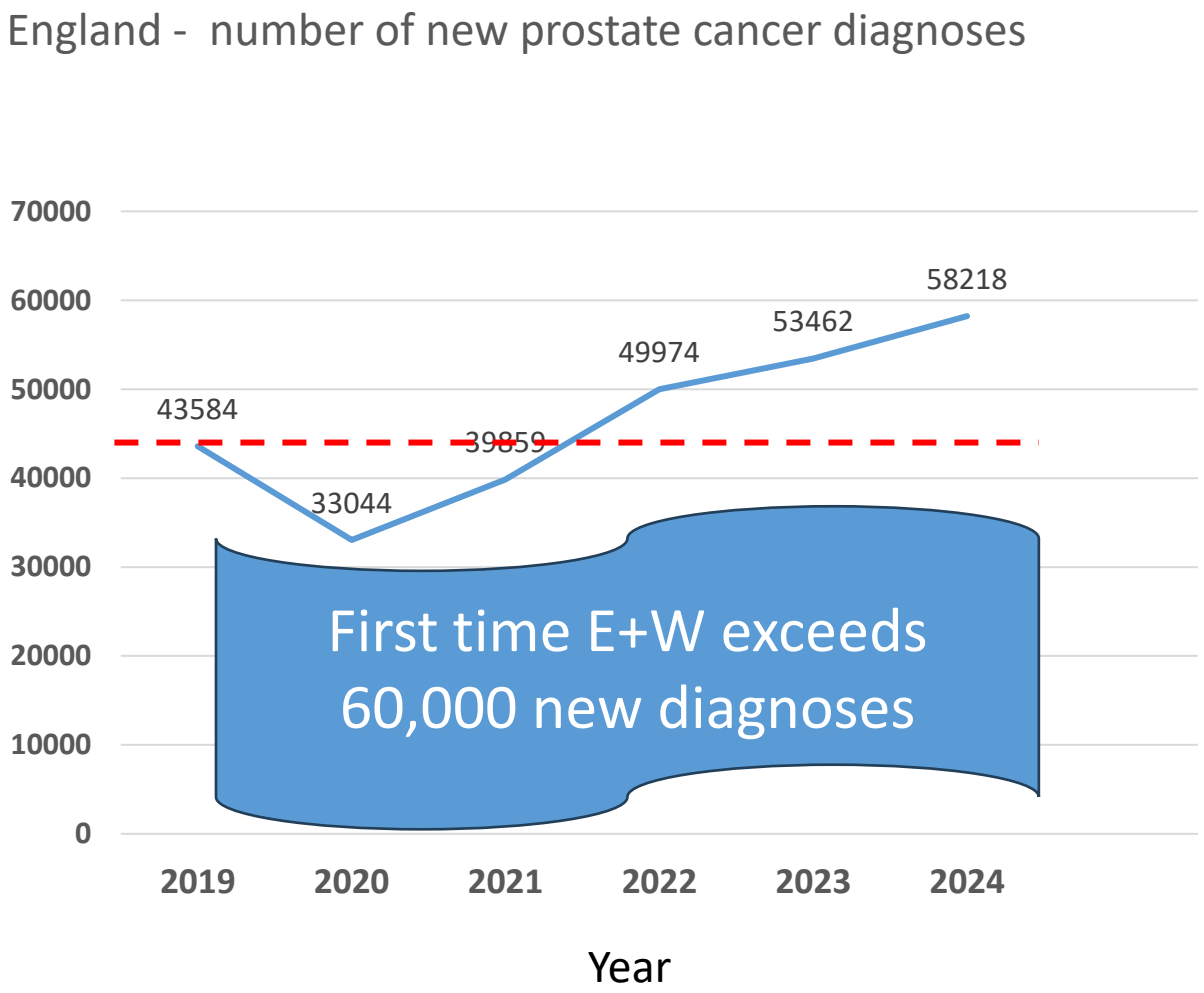
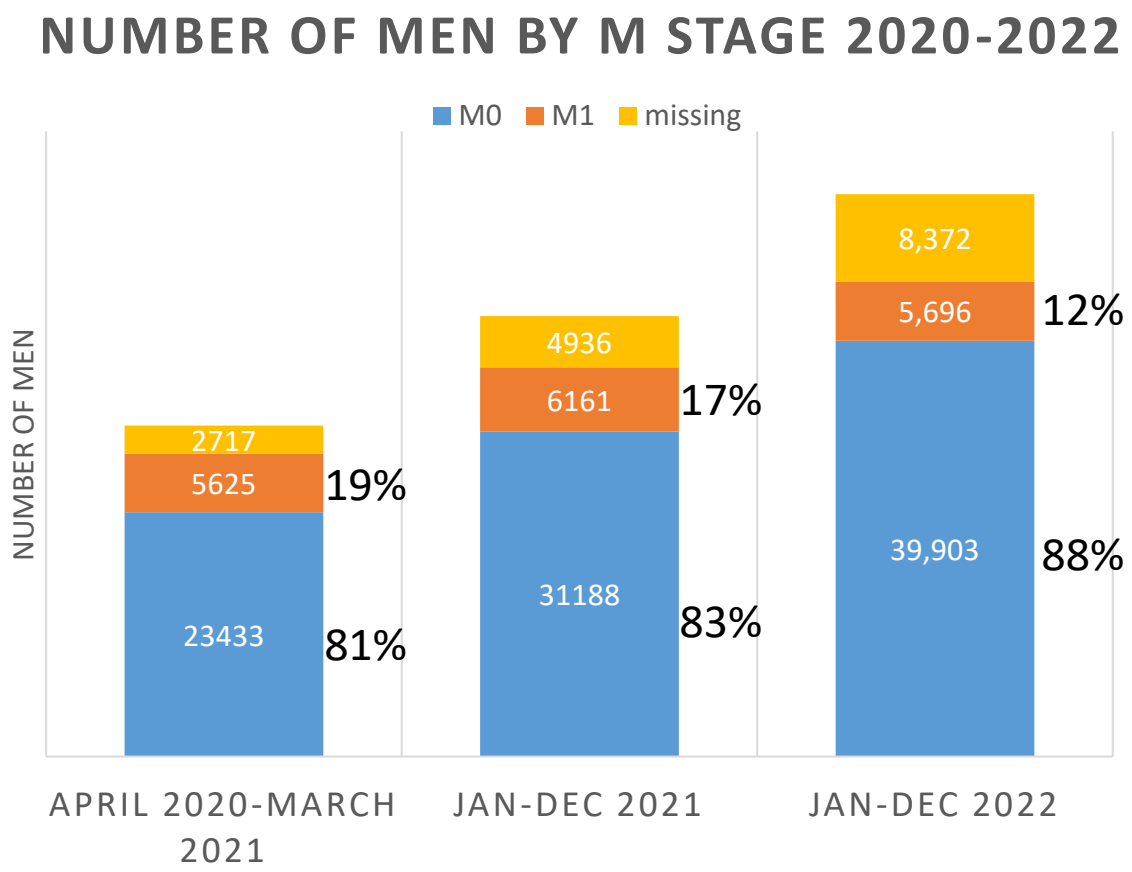
Continued increase in prostate cancer diagnoses

- England 2024: **9%** increase compared to 2023 (58,218 versus 53,462)
- Wales 2023: 6% decrease compared to 2022 (2,402 versus 2,551)



Metastatic at Presentation

- Proportion of men diagnosed with metastatic prostate cancer at presentation (PI1) decreased from 17% in 2021 to 12% in 2022 in England
  - Partly due to an increase in the total number of men diagnosed with prostate cancer



Performance Indicator Results

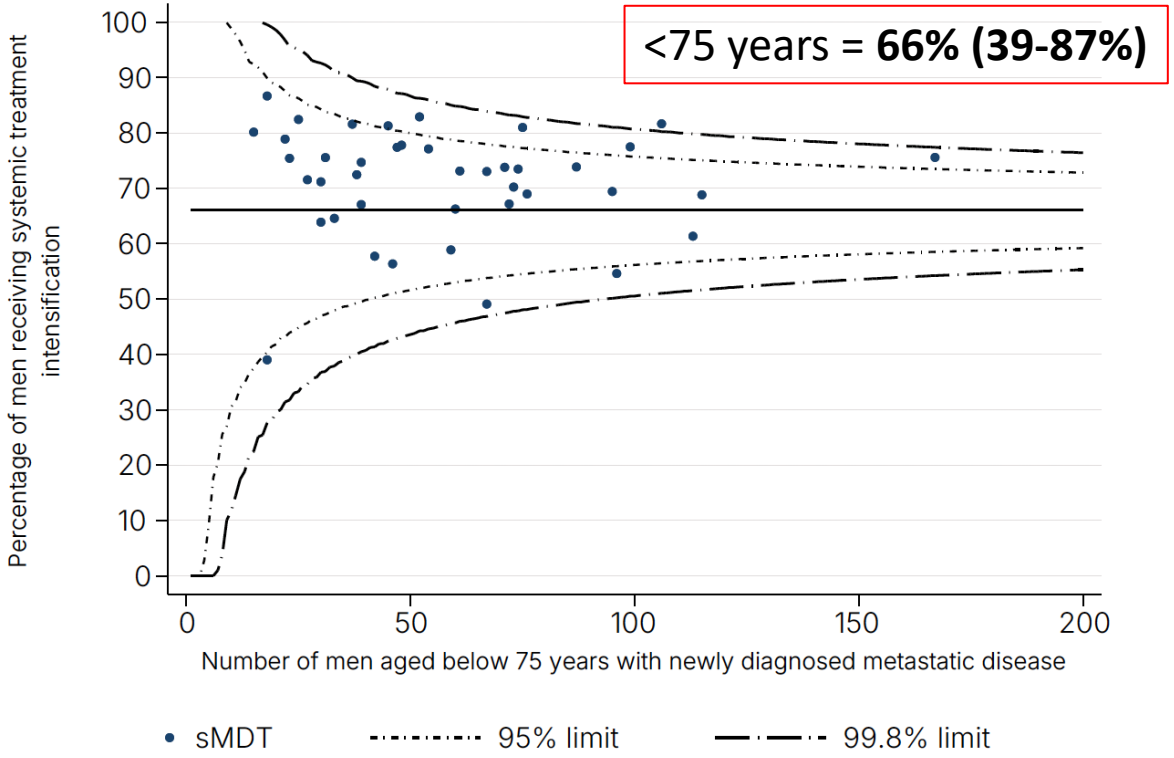
		England			Wales		
		No. of patients	**No. of events**	**% (range; provider n)**	**No. of patients**	**No. of events**	**% (range; provider n)**
Diagnosed England: 01.01.22-31.12.22 Diagnosed Wales: 01.04.23-31.12.23	**PI1:** Proportion of men diagnosed with metastatic disease	45,59[illegible]	[illegible]	**12** (5-19%; n=47)	[illegible]	[illegible]	**20** (17-22%; n=4)
	PI2: Proportion of men with low-risk (CPG 1) localised cancer undergoing radical prostate cancer treatment	5,453	383	**7** (1-40%; n=47)	256	18	**7** (2-10%; n=4)
	PI3: Proportion of men with high-risk/locally advanced disease undergoing radical prostate cancer treatment	17,966	12,333	**69** (46-87%; n=48)	539	365	**68** (51-95%; n=4)
	PI4a: Proportion of men under 75 years old with metastatic disease receiving systemic treatment intensification therapy	2,728	1,803	**66** (**39-87%**; n=42)	Data not available		
	PI4b: Proportion of men 75 years and older with metastatic disease receiving systemic treatment intensification therapy	2,951	867	**29** (**10-57%**; n=43)	Data not available		

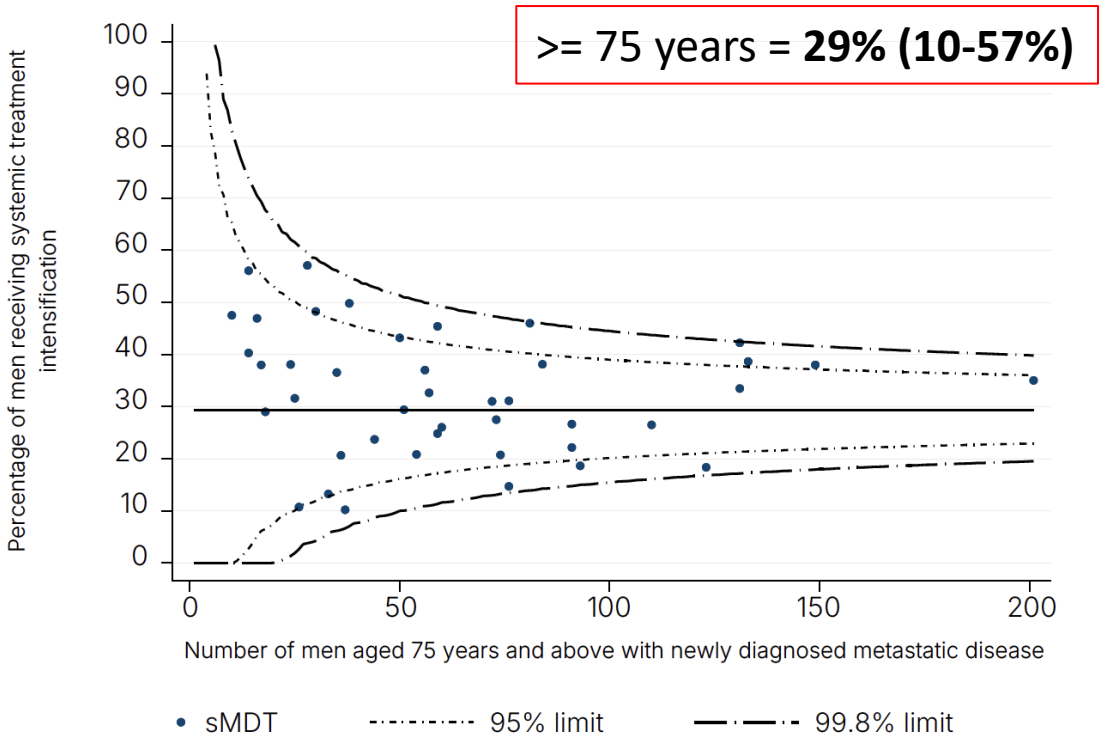
Increase in total number of diagnoses

Stable year-on-year

New Performance Indicator

Performance Indicator 4a and 4b
SACT in addition to ADT for men with M1 disease

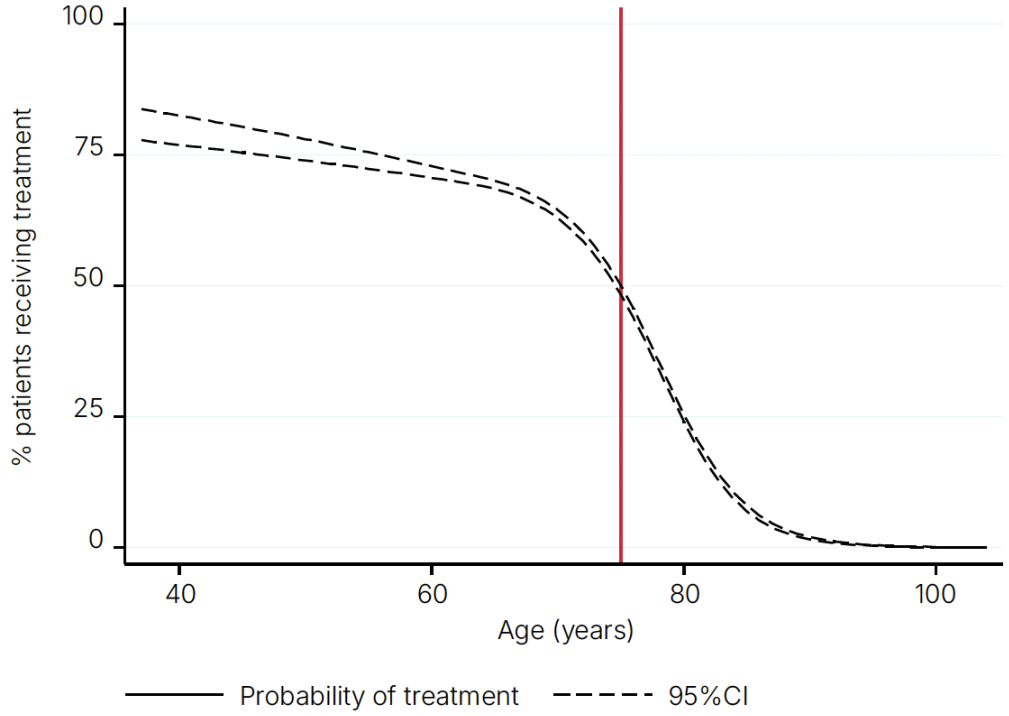




*Adjusted funnel plot for the proportion of men aged **below 75 years** with newly-diagnosed mHSPC who received treatment intensification therapy between 01.01.22-31.12.22 in England.*

*Adjusted funnel plot for the proportion of men **aged 75 years and over** with newly-diagnosed mHSPC who received treatment intensification therapy between 01.01.22-31.12.22 in England.*

Performance Indicator 4a and b
SACT in addition to ADT for men with M1 disease



Dodkins et al, Eur J Cancer 2025 - Men diagnosed with mHSPC in England between 2018 and 2022

Findings

- Many men across the country not receiving proven and recommended treatment strategies.
- Older men are less likely to receive treatment intensification (SACT in addition to ADT)
- Black men are less likely than White men to receive treatment intensification [aRR: 0.76 (0.67-0.86)]
- The most socioeconomically deprived men less likely than the least deprived men to receive treatment intensification [aRR: 0.76 (0.71-0.81)]

Recommendations

- Treatment decisions should be based on overall health and not age
- Significant variation across the country – need to understand why this is and address it
- Consider Audit and Feedback to improve performance

Performance Indicator Results

		England			Wales		
		No. of patients	**No. of events**	**% (range; provider n)**	**No. of patients**	**No. of events**	**% (range; provider n)**
Radical surgery: 01.04.23-31.03.24	**PI5:** Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery	8,868	1,060	**12** (5-25%; n=49)	171	30	**14** (0-22%; n=5)
Radical treatment received: 01.09.21-31.08.22	**PI6:** Proportion of patients experiencing at least one GU complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy	6,357	395	**6** (0-21%; n=49)	171	18	**11** (0-15%; n=4)
	PI7: Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (GI complication) up to 2 years following radical prostate radiotherapy	13,329	1,092	**8** (0-19%; n=48)	629	38	**6** (3-9%; n=3)
	PI8: Proportion of patients experiencing at least one GU complication requiring a procedural/surgical intervention within 2 years of radical prostate radiotherapy	13,364	752	**6** (2-15%; n=48)	629	38	**6** (4-8%, n=3)

Stable year-on-year

Stable year-on-year

New Performance Indicator

Quality Improvement Intervention

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Men with hormone-sensitive metastatic prostate cancer are being treated with treatment intensification therapy where appropriate

Steps:

1. **Outlier process: identify and feedback to potential negative outliers**
   - Identify issues: data submissions or clinical care - COMPLETED

2. **Educational webinars**
   - The use of systemic anti-cancer treatment in metastatic prostate cancer (23rd October 2025)
   - Optimal data collection and processing strategies (2026)

3. **Results added to data dashboard, updated quarterly**
   - Repeated assessment of indicator over time

Looking Ahead 2026-2027

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Keen to develop new indicators to increase interest in the NPCA and make it more relevant to modern practice

- Percentage of men with GU toxicity after RT (EBRT, brachy etc)
- Percentage of men receiving salvage radiotherapy after surgery
- Percentage of men who present with metastatic-related events

Thank You

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National Prostate Cancer Audit

NPCA Project Team

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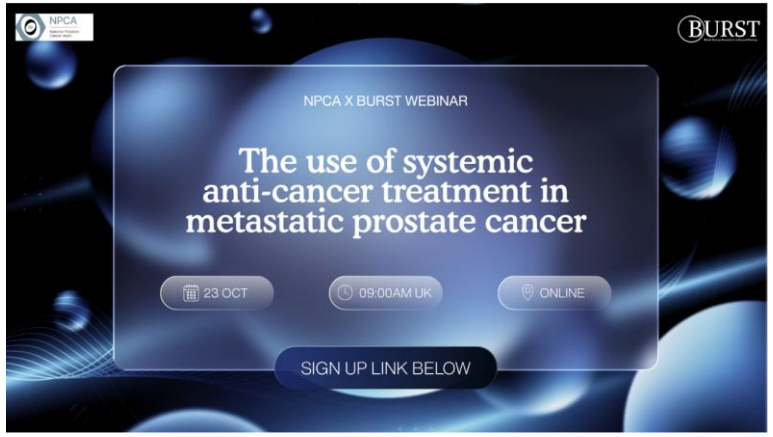

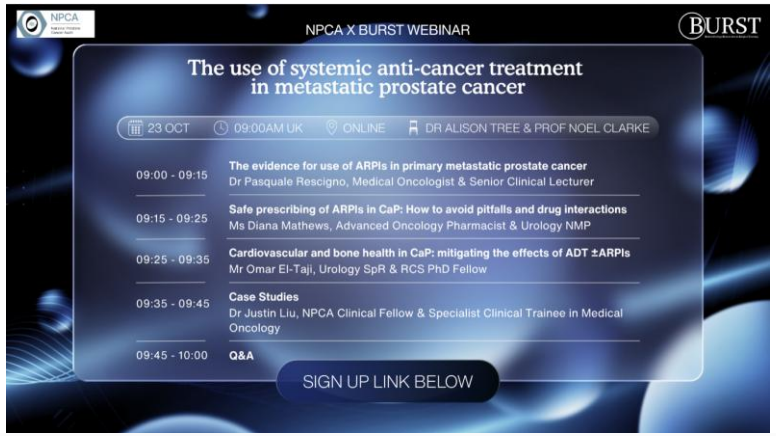

🔗 Registration is now open https://npcaxburst.eventbrite.com/

🔍Find out more about the NPCA at https://www.natcan.org.uk/audits/prostate/

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National Bowel Cancer Audit (NBOCA)

State of the Nation Report 2025

Key Findings & Recommendations

Adil Rashid, Clinical Fellow, on behalf of the NBOCA team

13th October 2025

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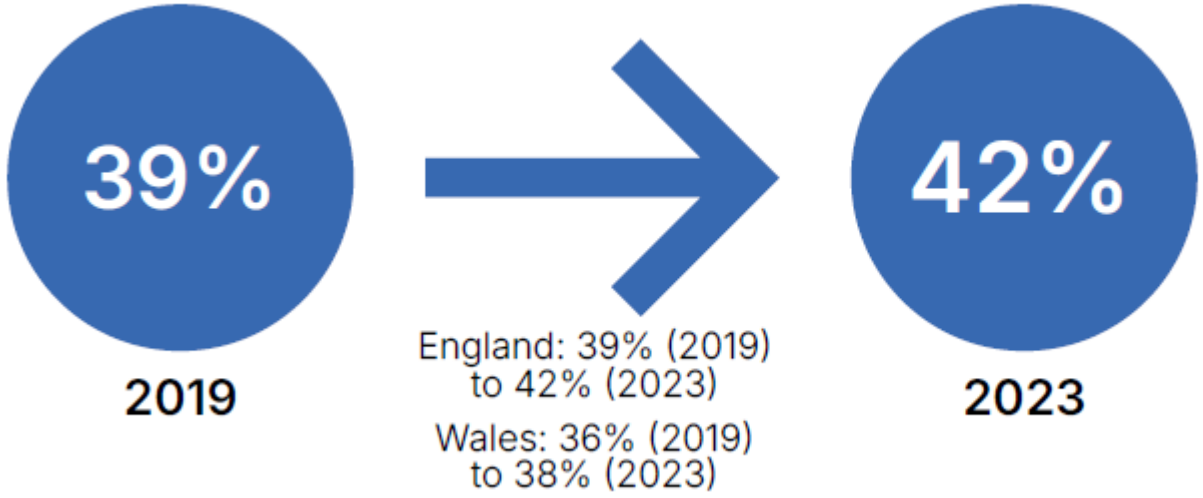
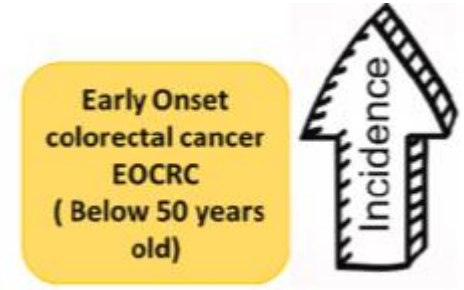
37,730 people

were diagnosed with **bowel cancer** in England and Wales between 1 January 2023 and 31 December 2023.
England: 35,243 people Wales: 2,487 people

Proportion of people who presented with stage 1 or stage 2 cancer





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Proportion of people recorded as being seen by a clinical nurse specialist (CNS)

71%

% of people with CNS data available

England: 39%
Wales 99%

93%

% of people with CNS data available who were seen by a CNS Target >95%

England:93% Wales: 93%

✓ **Data Quality Recommendation**: Providers to improve data completeness of key items in national cancer registration datasets (clinicians working with MDT coordinators and coders)

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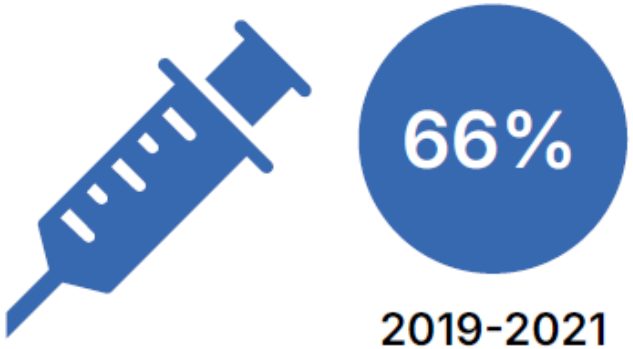
Proportion of all people with histologically confirmed Stage 4 disease in England with a record of genetic tumour profiling (KRAS, NRAS, BRAF)



2019-2021

Data on genomic tests is only available for people diagnosed in England between 1 January 2019 - 31 December 2021.

75 out of 119 NHS trusts excluded due to incomplete data submission.

Key Recommendation:

Ensure robust sustainable pathways are in place to provide timely genomic assessment where clinically appropriate.

Younger people were more likely to have a record of KRAS, NRAS or BRAF testing with 75.5% of people aged under 75 years compared to 47.9% in people aged 75 years or older.

Peri-operative care

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3.1% 2019
to
2.5% 2023

% of people who died within 90 days of surgery (year of surgery): Target ≤6%

8.0% 2019
to
6.8% 2023

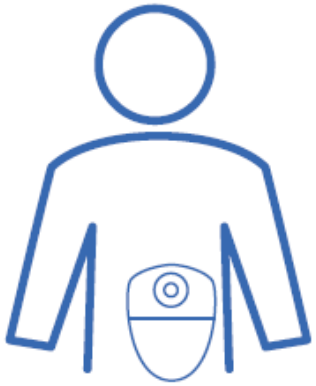
% of people with an unplanned 30-day return to theatre after surgery (year of surgery): Target <10%

11% 2019
to
11.9% 2023

% of people with an unplanned 30-day readmission after surgery (year of surgery): Target: <15%

78%
2023

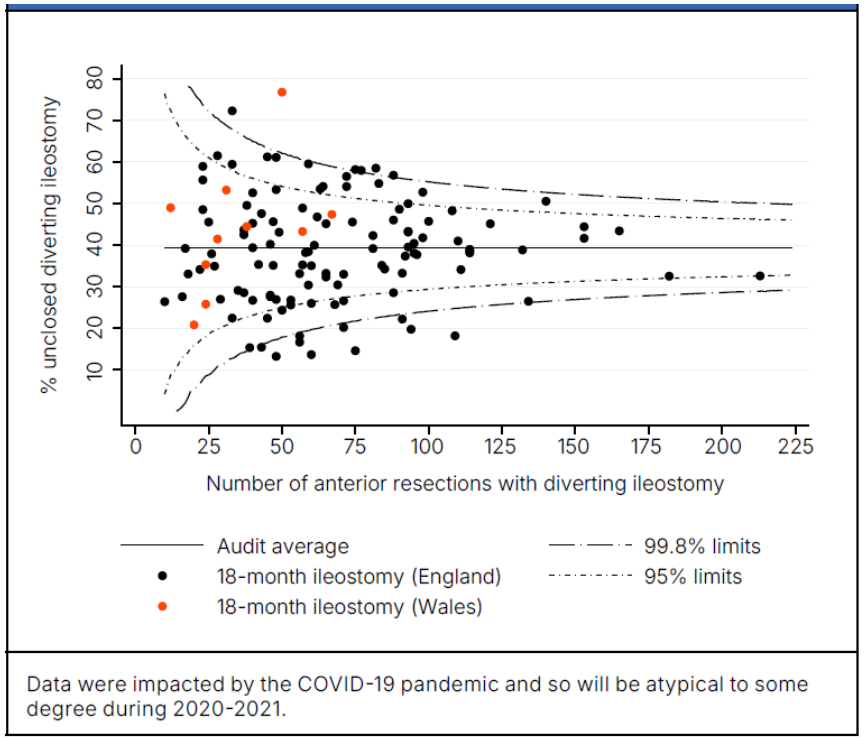
% of trusts/multidisciplinary teams (MDTs) that performed ≥ 20 major rectal cancer operations per year (year of surgery)*



38%

April 2018
to
March 2023

% of people with an unclosed diverting ileostomy 18-months after anterior resection



Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-2021.

Between provider variation: 13% to 77%

Key Recommendation:

Increase the proportion of people who have their ileostomy closed within 18-months of anterior resection for rectal cancer.

- Support providers to identify system-level (e.g. access to theatre) and patient-level drivers of variation.
- Support providers to participate in local and national QI initiatives to enable more timely reversal of ileostomy. For example, the CloseItQuick Collaborative.

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Oncological Management

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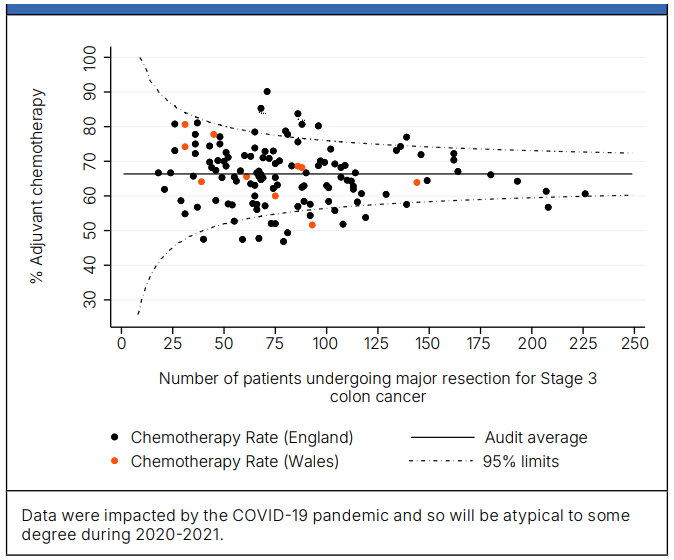
% of people who received adjuvant chemotherapy for stage 3 colon cancer (year of surgery)*: Target >55%

66%

April 2021 to October 2023

Range: 47%-90%



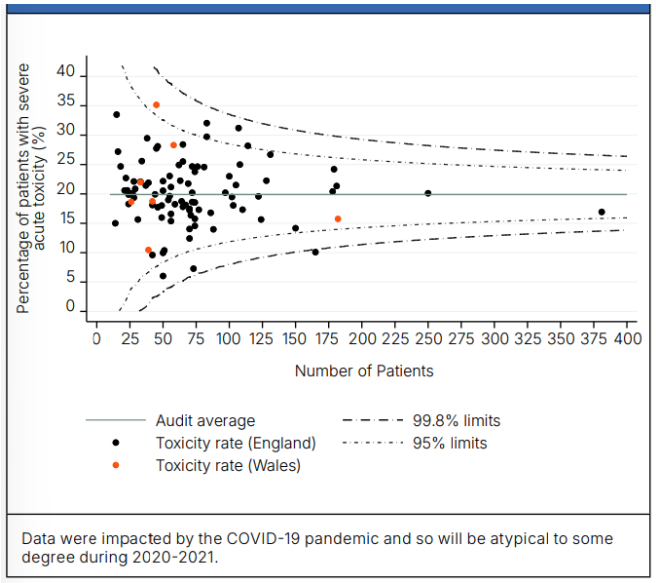
Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-2021.

% of people who experienced severe acute toxicity after adjuvant chemotherapy (year of surgery)*: Target <33%

20%

April 2021 to October 2023

Range: 6%-35%



Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-2021.

https://www.natcan.org.uk/audits/bowel/

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% of people who received adjuvant chemotherapy for stage 3 colon cancer (year of surgery)*: Target >55%

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Key Recommendation:

- In units with chemotherapy utilisation following resection of stage 3 colon cancer below 55%, conduct individual patient analysis to review the rationale for not offering treatment against evidence-based guidelines.
- If the resulting findings identify under-utilisation, develop appropriate local action plans to increase rates of chemotherapy whilst maintaining low levels of severe toxicity. Action plans may include integration of geriatric expertise and or rehabilitation into shared chemotherapy decision making.

Neoadjuvant Radiotherapy for Rectal Cancer Stage 1-3

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34% 2019
to
33% 2023

% of people with rectal cancer who received neo-adjuvant radiotherapy treatment (year of diagnosis): Target 10%-60%

There is considerable variation between trusts/MDTs in use of neo-adjuvant radiotherapy: 6% to 87%

Key Recommendation:

Understand variation in the utilisation of neo-adjuvant radiotherapy for people with rectal cancer to optimise their outcomes.

- Cancer alliances and health boards to develop standardised evidence-based neo-adjuvant treatment protocols based on high-quality radiological staging.

2-Year Survival after Bowel Cancer Resection for all patients

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% of people alive 2-years after major colorectal cancer surgery (year of surgery): Target >70%

82.3%

April 2020 to March 2021

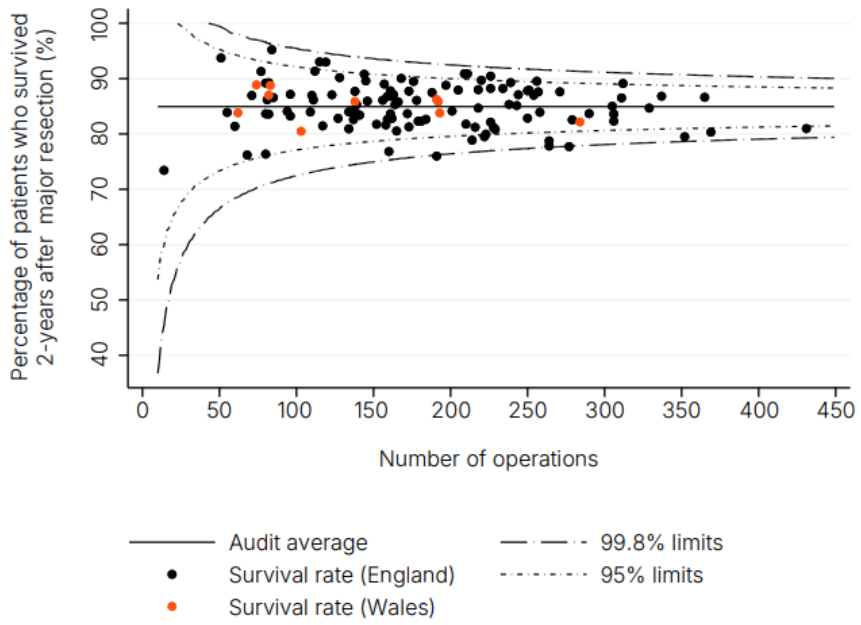
to

84.9%

April 2021 to March 2022

Range: 73%-95%

Figure 17. Adjusted 2-year survival rate for people who underwent a major resection between 1 April 2021 and 31 March 2022, by English NHS trusts/Welsh multidisciplinary teams (MDTs) with more than ten resections. Audit average = 84.9% (N = 23,054).



Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-2021.

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National Bowel Cancer Audit

NBOCA project team:

- Nicola Fearnhead – Clinical Lead, Surgery
- Augusto Nembrini – CEU Coordinator
- Karen Darley – Senior Project Manager
- Sarah Cook – Methodologist
- Michael Braun – Clinical Lead, Oncology
- Angela Kuryba – Quantitative Analyst
- Kate Walker – Senior Methodologist
- Leo Watton – Clinical Fellow
- Adil Rashid – Clinical Fellow

- Jan van der Meulen – Senior Epidemiologist
- Orouba Almilaji – Research Fellow

National Kidney Cancer Audit (NKCA)

State of the Nation Report 2025

Key Findings & Recommendations

Marina Parry, Senior Project Manager, on behalf of the NKCA team

13th October 2025

NKCA SotN 2025

- The National Kidney Cancer Audit published its **2nd State of the Nation Annual Report** on Thursday 11th September 2025

  - Reporting on **eight performance indicators** for:
    - 2020-2022 or 2018-2022 in England and 2022-2023 in Wales

  - Focus on the five on which we based our **recommendations**.
    - Percentage of people with a small kidney cancer (≤4cm) who have a biopsy
    - Percentage of people with a T3+ and/or 10cm+ and/or N1 and M0 renal cell carcinoma (RCC) whose radical nephrectomy is within 31 days of decision to treat
    - Percentage of people with T1b-3NXM0 RCC (T2-3NXM0 RCC for Wales) who have surgery
    - Percentage of people with T1aN0M0 RCC who undergo nephron sparing treatment
    - Percentage of people presenting with M1 RCC who have initial SACT within 12 months of diagnosis

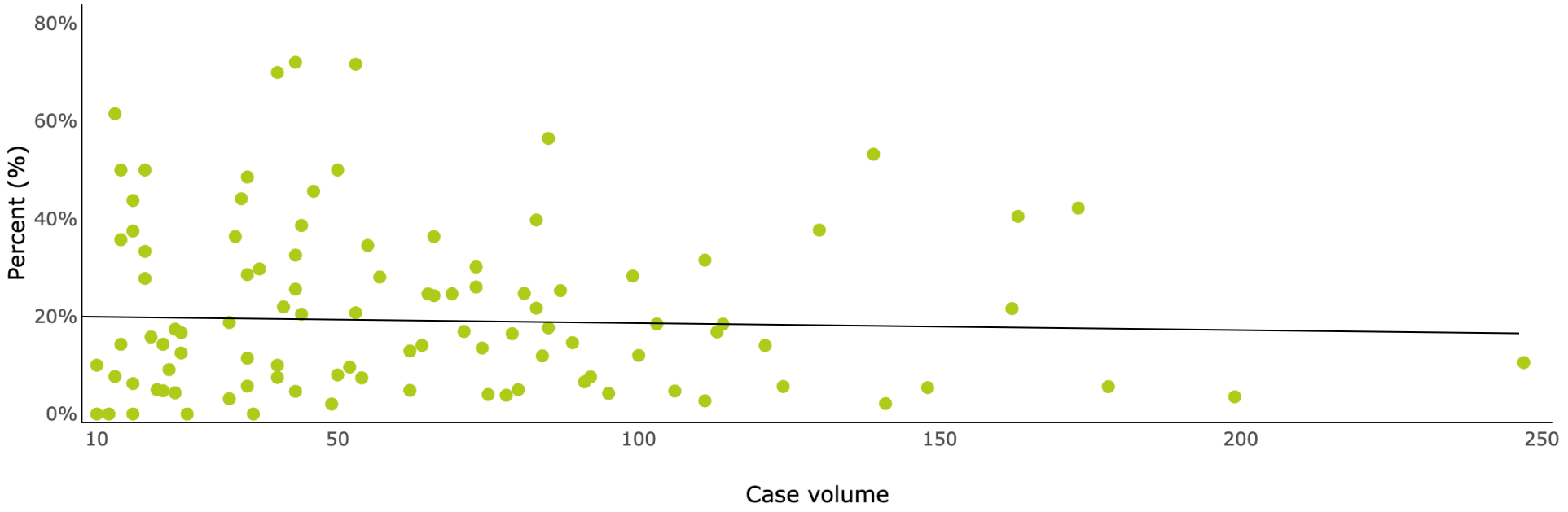
Results

	ENGLAND NATIONAL PERCENTAGE %	IQR % [RANGE %; TRUST N]	TOTAL NO. PATIENTS	NO. OF EVENTS	TIME PERIOD	WALES NATIONAL PERCENTAGE % 2022-23 (NO. OF EVENTS/TOTAL)
PI1: Percentage of people with kidney cancer with the data completeness measure recorded for MDT meeting	**82%**	**73-91%** [22-99%; n=123]	28,485	23,443	2020-22	**99%** (979/984)
PI2: Percentage of people with kidney cancer consented for a clinical trial	**1%**	**0-2%** [0-13%; n=122]	22,426	317	2020-22	
PI3: Percentage of people with a small renal mass who have a biopsy	**20%**	**7-31%** [0-78%; n=107]	6,704	1,358	2020-22	
PI4: Percentage of people with a T3+ and/or 10cm+ and/or N1 and M0 RCC who had a radical nephrectomy within 31 days of decision to treat	**68%**	**57-79%** [29-100%; n=102]	4,093	2,779	2020-22	
PI5: Percentage of people with T1b-3NxM0 RCC (T2 – 3NxM0 for Wales) who have surgery 1 month prior and 12 months following diagnosis	**78%**	**70-83%** [34-94%; n=116]	8,963	6,948	2020-22	**82%** (188/229)
PI6: Percentage of people with T1aN0M0 RCC who undergo nephron sparing treatment 1 month prior and 12 months following diagnosis	**69%**	**58-77%** [15-95%; n=91]	3,873	2,688	2020-22	
PI7: Percentage of people with metastatic RCC receiving initial SACT within 12 months of diagnosis	**49%**	**40-56%** [17-76%; n=120]	7,738	3,793	2018-22	**54%** (85/156)
PI8: Percentage of people with kidney cancer who die within 30 days of SACT treatment	**3%**	**1-5%** (0-17%; n=77)	5,695	172	2018-22	**2%** (2/125)

Renal Biopsy (2020 – 2022)

PI3: Percentage of people with a **small kidney cancer (≤4cm) who have a biopsy**

20%
Range:
0-78%
107 trusts



- To increase the number of people with a small kidney cancer who receive a renal biopsy to confirm the histological diagnosis, by improving availability of timely diagnostics and supporting shared decision making.

Timely Treatment for High Risk RCC (2020 – 2022)

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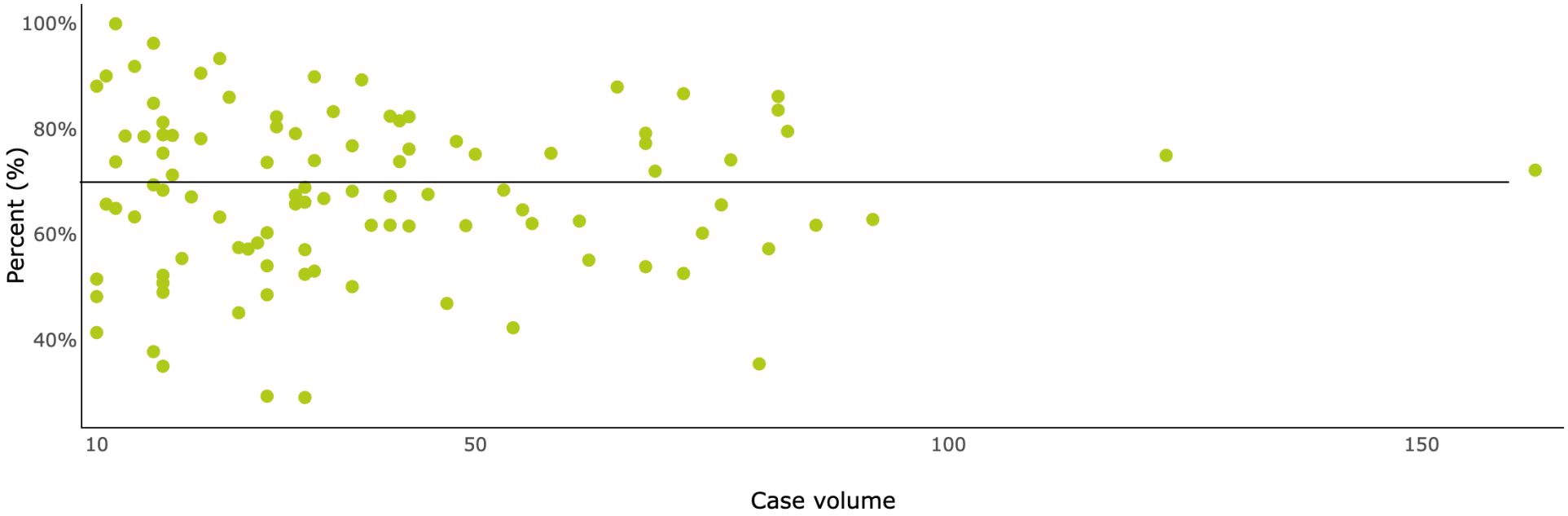
PI4: Percentage of people with a T3+ and/or 10cm+ and/or N1 and M0 RCC whose **radical nephrectomy is within 31 days of decision to treat**

68%
Range:
29-100%
102 trusts



- To review pathways for higher risk renal cell carcinoma (RCC) to understand system-level delays and ensure providers prioritise these people over lower-risk cases, treating them within 31 days from decision to treat in England and 21 days in Wales.

Surgical Treatment for Localised RCC (2020 – 2022)

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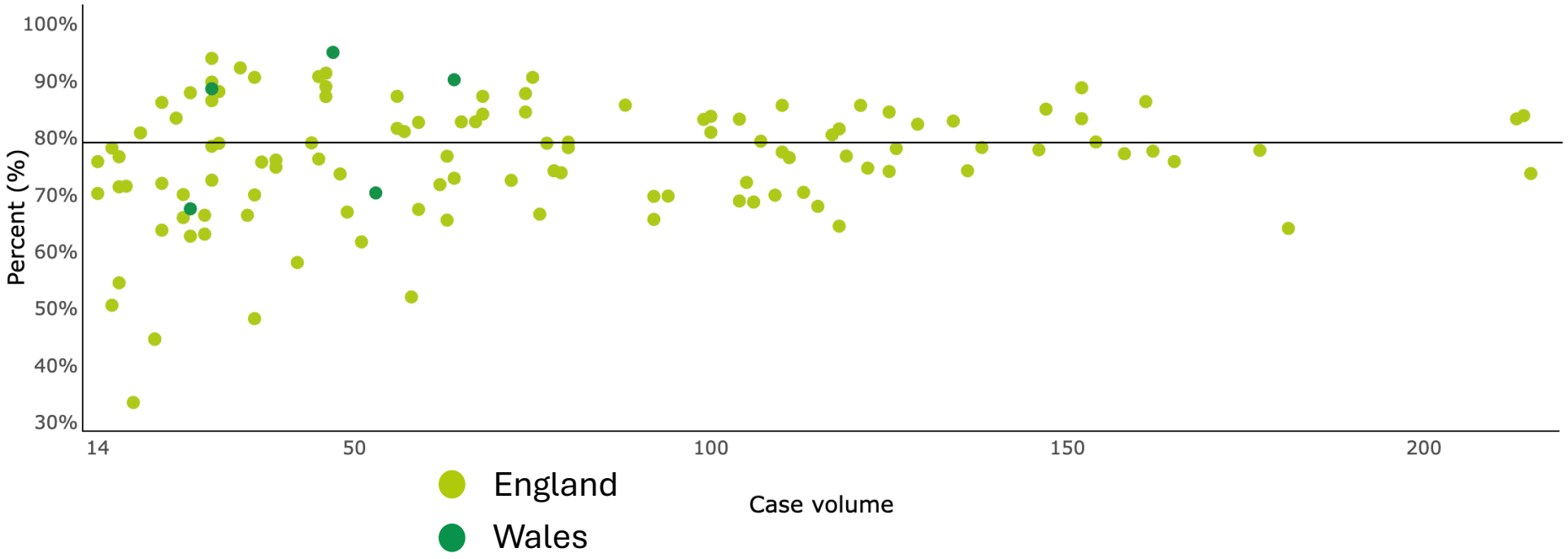
PI5: Percentage of people with T1b-3NxM0 RCC (T2 – 3NxM0 for Wales) **who have surgery** 1 month prior and 12 months following diagnosis

78%
Range:
34-94%
116 trusts

82%
Range:
68-95%
5 trusts



- To identify and address reasons why people with kidney cancer, stage T1b-3NX RCC are not considered for surgical treatment and increase the proportion of eligible people assessed and treated

Nephron-Sparing Treatment (2020 – 2022)

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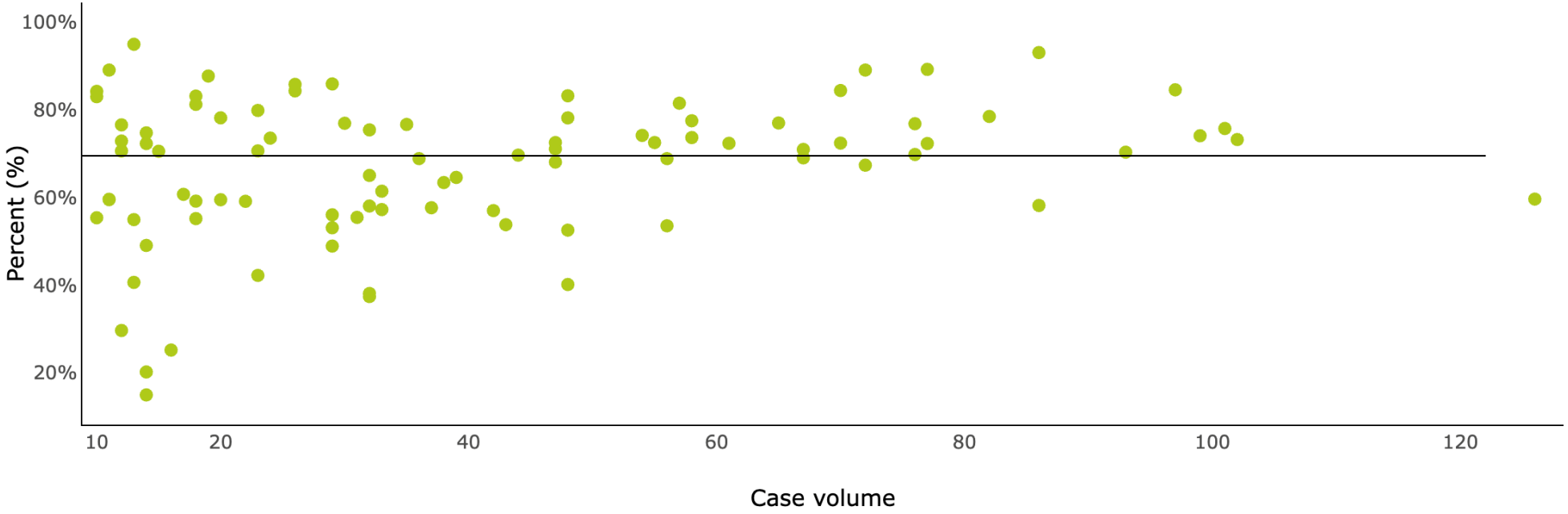
PI6: Percentage of people with T1aN0M0 RCC who undergo **nephron-sparing treatment** 1 month prior and 12 months following diagnosis

69%
Range:
15-95%
91 trusts



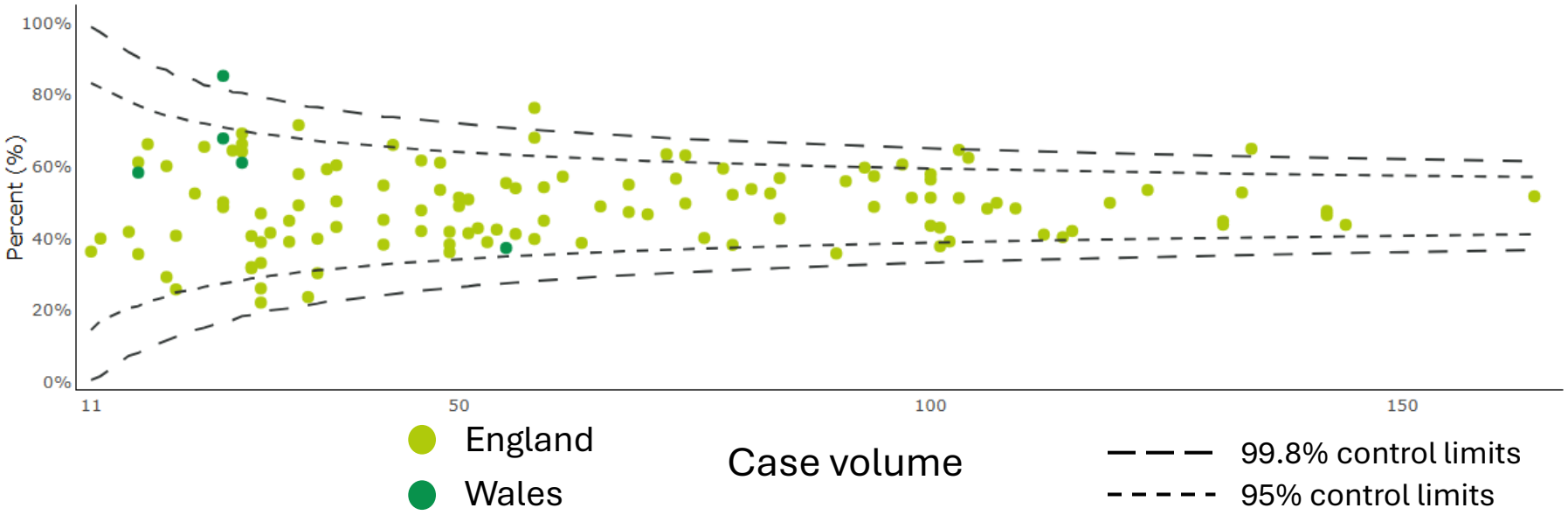
- To ensure that people with kidney cancer, stage T1aN0M0 RCC are discussed in specialist multidisciplinary team meetings to support consistent and appropriate consideration for nephron sparing treatment.

SACT for Metastatic RCC (2018 – 2022)

PI7: Percentage of people presenting with M1 RCC who have initial **systemic anti-cancer therapy (SACT) within 12 months of diagnosis**

49%
Range:
22-76%
117 trusts

54%
Range:
37-85%
5 trusts



- To ensure people diagnosed with metastatic RCC are evaluated by a medical/clinical oncologist with expertise in renal cancer management to increase the proportion of people considered for receipt of systemic anti-cancer therapy (SACT) if appropriate

Check your Organisation's Results

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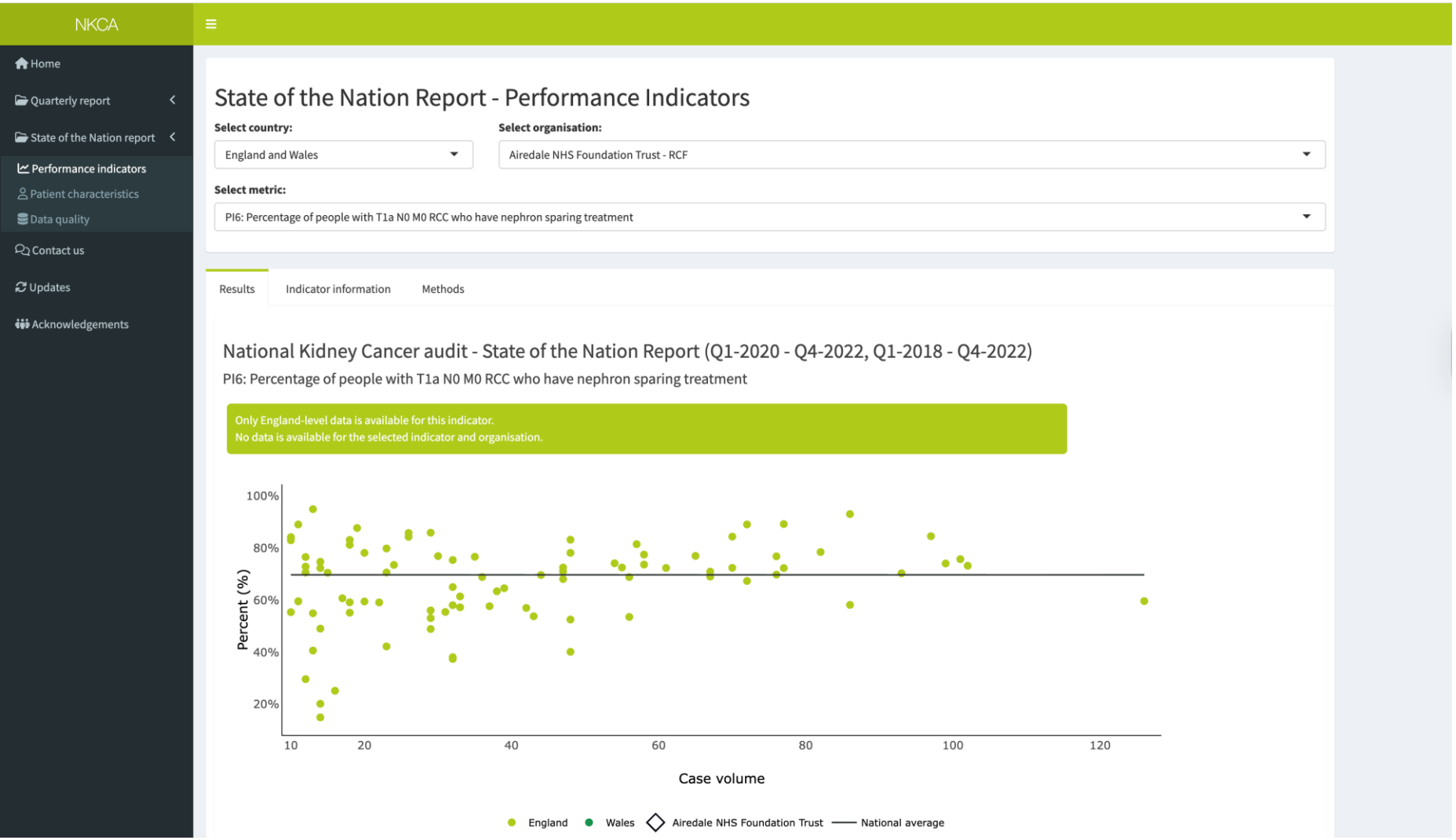


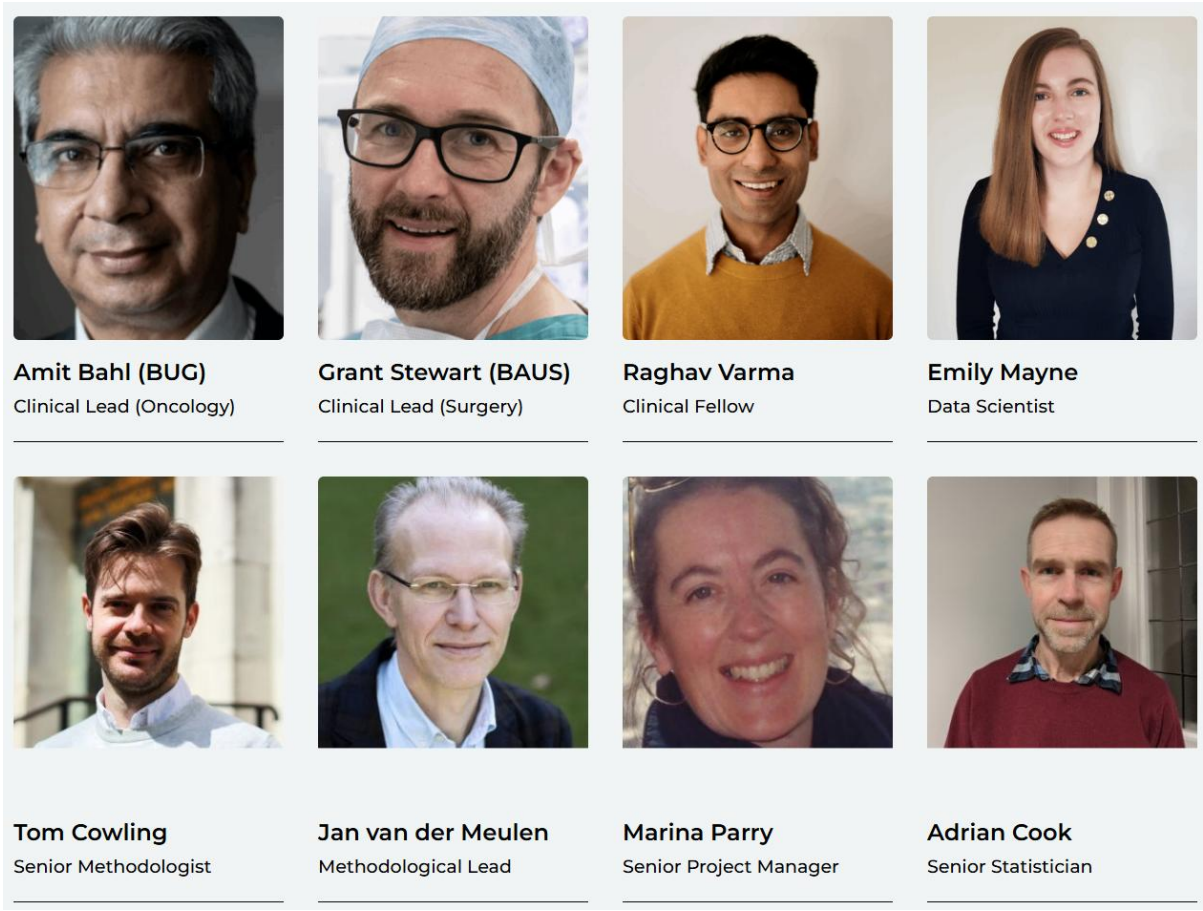
Any questions?

NKCA
National Kidney Cancer Audit

Thank you for your attention!

We greatly appreciate any feedback or queries about the audit

Email us:
Kidneycanceraudit@rcseng.ac.uk
@NKCA_NATCAN



National Ovarian Cancer Audit (NOCA)

State of the Nation Report 2025

Key Findings & Recommendations

Georgia Zachou, Clinical Fellow, on behalf of the NOCA team

13th October 2025

@NOCA_natcan

Summary of NOCA 2025 State of the Nation Report

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National Ovarian Cancer Audit

5,713 diagnoses of ovarian cancer in England in 2022

317 diagnoses of ovarian cancer in Wales in 2023

Performance indicator 1: Emergency admissions

40.1% E

41.3% W

had an emergency admission 28 days prior to their diagnosis (min 29.9% & max 52.0%)

Recommendation 1

Reduce the current rate of emergency admissions:

- Continue engaging with the local populations to improve recognition of ovarian cancer symptoms, particularly among older adults and those living in more deprived areas.
- Review cases of emergency admissions to identify potential missed opportunities and share learning with primary care partners to support earlier diagnosis in the future.

Summary of NOCA 2025 State of the Nation Report

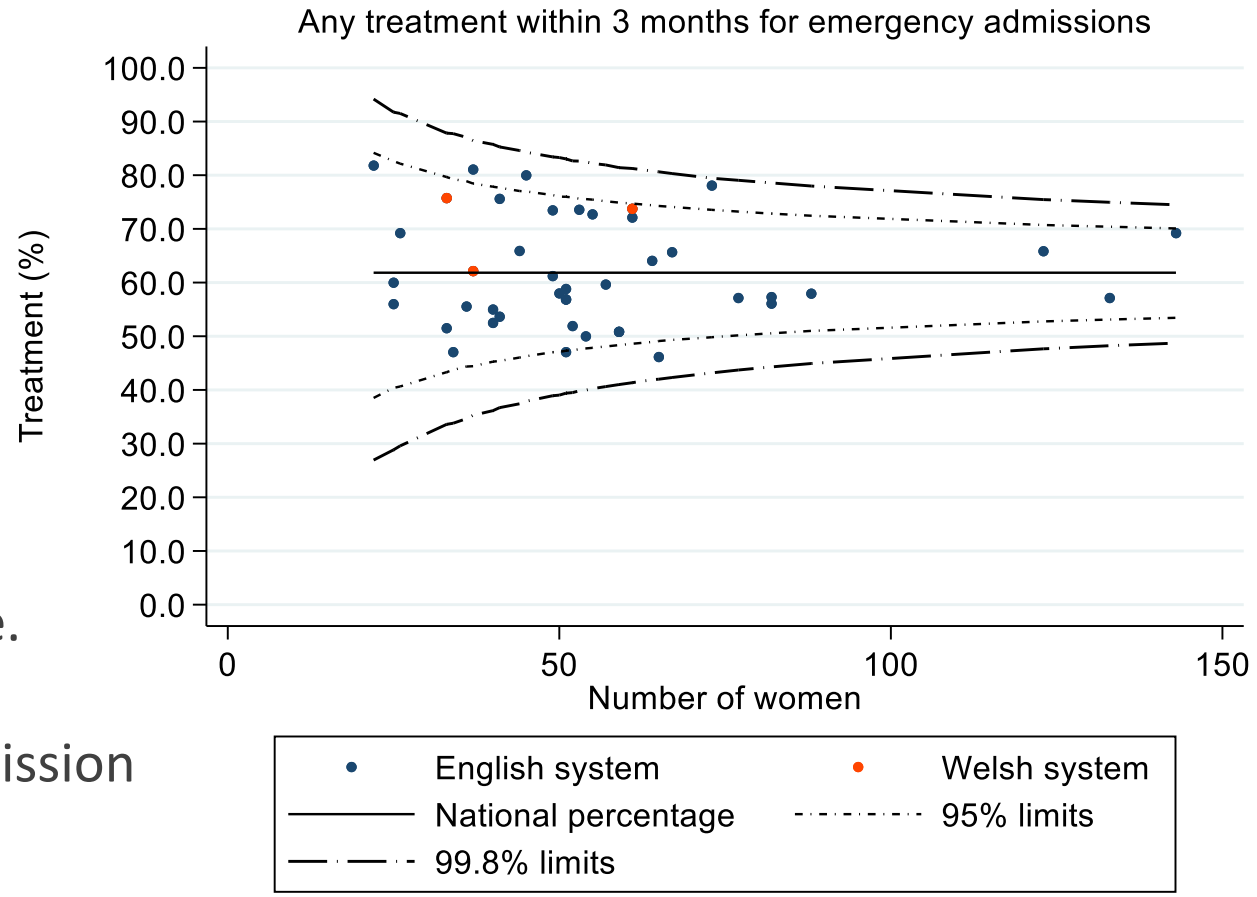
NOCA
National Ovarian Cancer Audit

Performance indicator 2: Receipt of any treatment (surgery and/or chemotherapy) for emergency admissions

61.3% E

71.0% W

of women diagnosed within 28 days of emergency admission received any treatment (min 46.1% & max 81.8%)



Recommendation 2

Investigate their results and aim to increase their performance:

- engage with NOCA's QI Intervention/Initiative.
- detailed case-note review.
- assessing eligibility for treatment on pre-admission fitness and consider prehabilitation service.
- ensuring close collaboration within the GCS.

Summary of NOCA 2025 State of the Nation Report

NOCA
National Ovarian Cancer Audit

Performance indicator 3: Receipt of any treatment (surgery and/or chemotherapy)

74.2%$_{E}$

80.3%$_{W}$

of women diagnosed with stage 2 to 4 or unstaged ovarian cancer had any treatment recorded (surgery and/or chemotherapy) (min 62.0% & max 87.8%)

Recommendation 3

Review their performance, explore and address some of the reasons behind the variation across GCSs:

- detailed case-note review to identify reasons why women did not receive any treatment.
- document whether treatment was offered and the reasons for not treating, if appropriate.

Summary of NOCA 2025 State of the Nation Report

NOCA
National Ovarian Cancer Audit

Performance indicator 4: Receipt of platinum-based chemotherapy

66.0%$_{E}$

(only available for England)

of women women with stage 2 to 4 or unstaged epithelial ovarian cancer in England received platinum-based chemotherapy (min 44.7% & max 83.8%)

Recommendation 4

Identify opportunities to increase the utilisation of chemotherapy, explore and address some of the reasons behind the variation across GCSs:

- detailed case-note review to identify reasons why women did not receive any chemotherapy.
- document whether treatment was offered and the reasons for not treating, if appropriate.
- assessing eligibility for treatment on pre-admission fitness and consider prehabilitation service.

Summary of NOCA 2025 State of the Nation Report

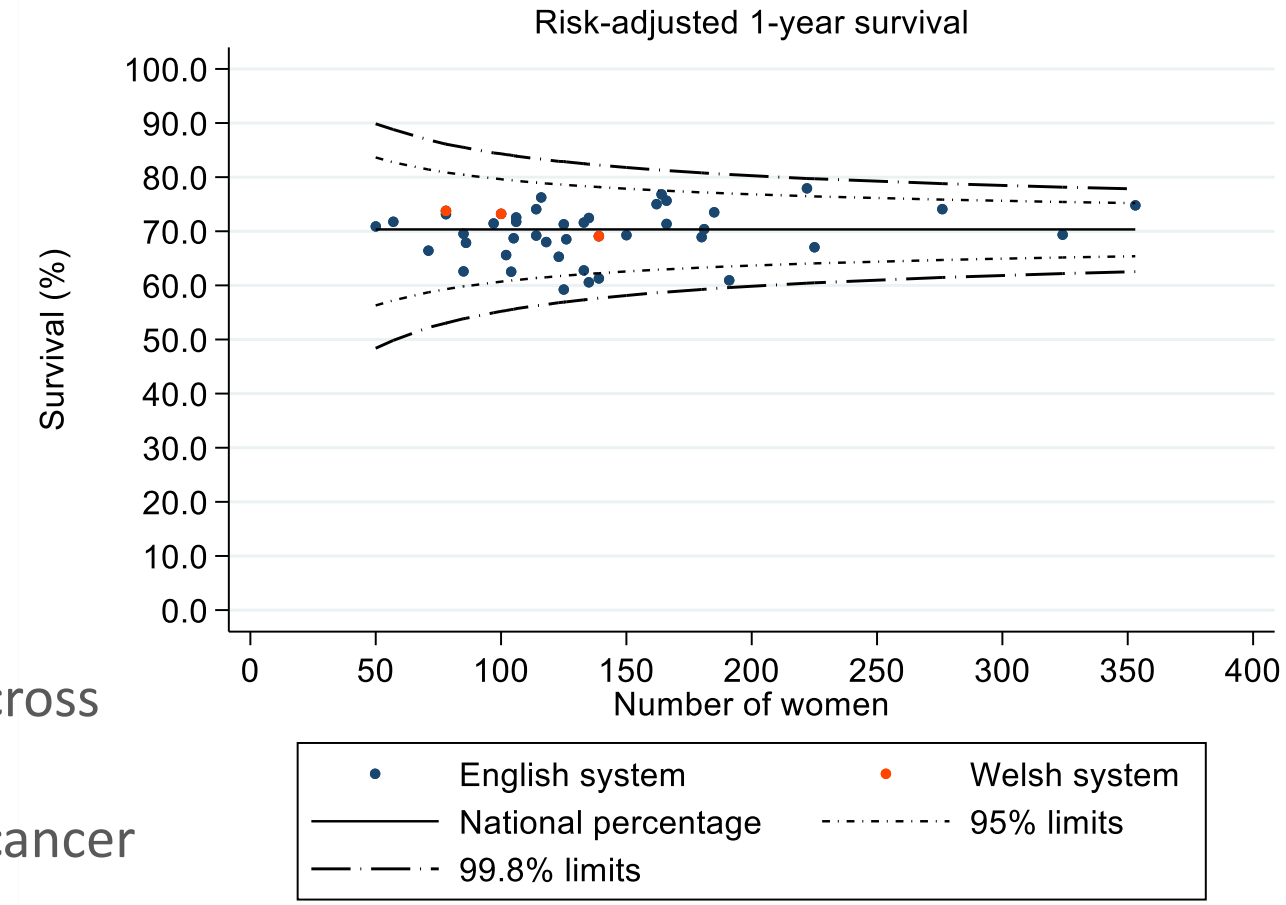
NOCA
National Ovarian Cancer Audit

Performance indicator 5: One-year survival (unadjusted)

70.2% E

73.8% W

of women diagnosed with ovarian cancer survived at least one year after diagnosis
(min 58.4% & max 86.9%)



Recommendation 5

Review one-year survival, explore and address some of the reasons behind the variation by:

- taking into account the performance of GCS across the previous indicators.
- identifying key pressure points in the ovarian cancer care pathway.

Summary of NOCA 2025 State of the Nation Report

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Performance indicator 6: Two-year survival

57.8% E

67.6% W

of women diagnosed with ovarian cancer
in England between 1st January 2022 and 30th September 2022
and in Wales between 1st January 2022 and 31st December 2022
survived at least two years after diagnosis
(min 44.7% & max 80.1%)

NOCA's Quality Improvement Intervention

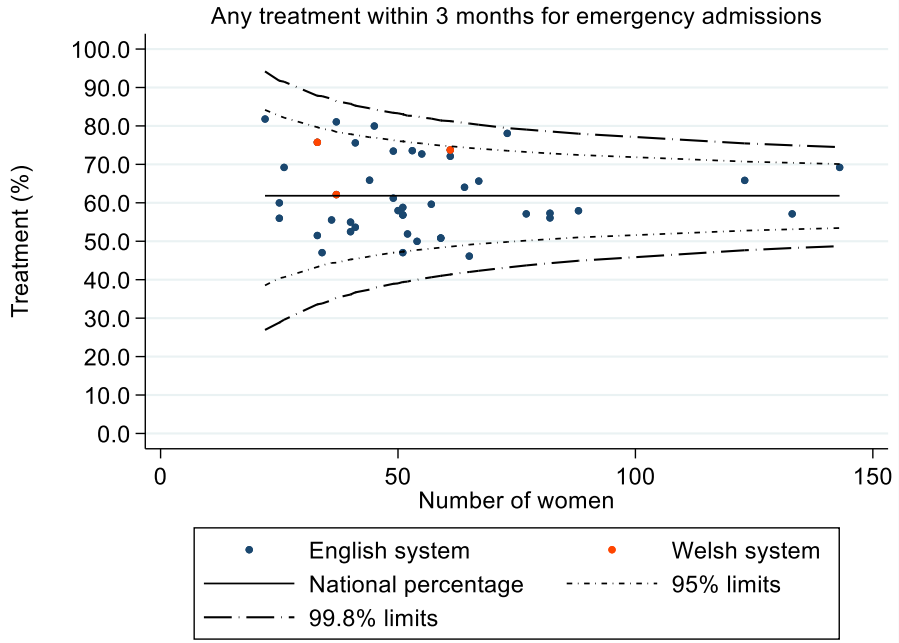
Performance indicator 2: Receipt of any treatment for emergency admissions

61.3% E

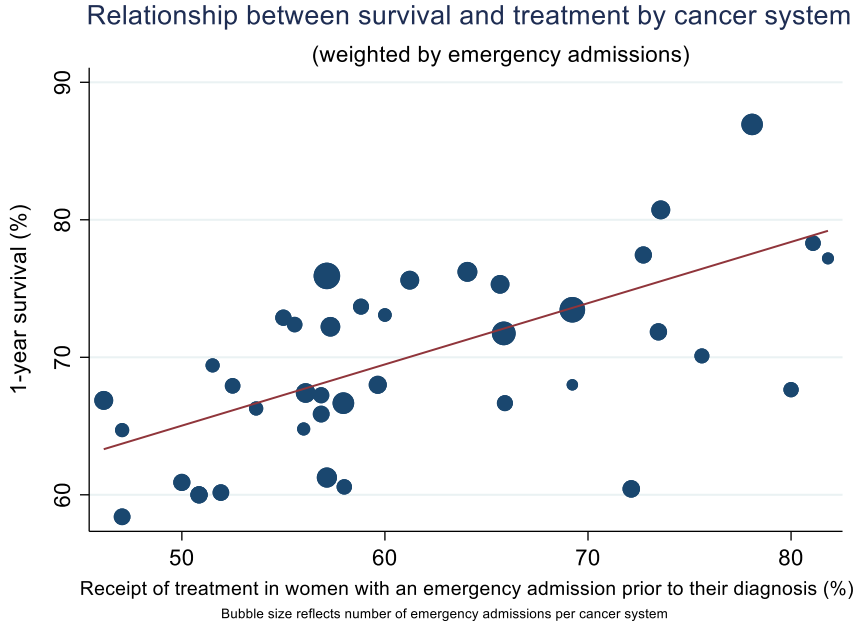
70.7% W

of women diagnosed within 28 days of emergency admission received any treatment (surgery and/or chemotherapy) (min 46.1% & max 81.8%)

Variation across IGCS



Association with survival



QI approach - Audit & feedback (A&F)

NOCA
National Ovarian Cancer Audit

Increasing the engagement of the clinical community

- Webinar organised in collaboration with the BGCS on 29th May
- Ovarian cancer charities to advertise the QI intervention at the BGCS annual meeting.
- Newsletters and social media posts & share a personal patient story.

Communicating the QI intervention to the clinical community:

- **All the gynaecological cancer systems -** Email to the clinical leads of the GCS
  - Performance assessment with potential action plans
  - Short report
  - Response template (their proposed action plans & implementation timeline)

Launch: October 2025

National QI study: GOT You (Getting Ovarian Cancer Treatment to You)

National Ovarian Cancer Audit (NOCA) team

NOCA
National Ovarian Cancer Audit

Thank you!
Questions?

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Project Coordinator

National Non-Hodgkin Lymphoma Audit (NNHLA)

State of the Nation Report 2025

Key Findings & Recommendations

Kate Walker, Senior Methodologist, on behalf of the NNHLA team

13th October 2025

NNHLA
National Non-Hodgkin Lymphoma Audit

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Diagnosis and staging

NNHLA
National Non-Hodgkin Lymphoma Audit

Diagnoses per year

England
15,433 diagnosed in 2022

Wales
729 diagnosed in 2023

Emergency presentation

England 2022 - **28%**

Development work underway for Welsh data.

RECOMMENDATION 1

Reduce emergency presentations by

- examining variation in rates of emergency presentation by geographies and population groups to identify potential causes
- reviewing diagnostic pathways into and within secondary care to improve timely investigation

Diagnosis and staging

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National Non-Hodgkin Lymphoma Audit

Clinical Nurse Specialist (CNS) seen (where recorded)

England 2022 83%
Wales 2023 96%

40% data completeness for England 2022

MDT discussion within 4 weeks of diagnosis (where recorded)

England 2022 - 60.0%, (high-grade 65%, low-grade 54%)

No data on MDT discussion was provided for Wales

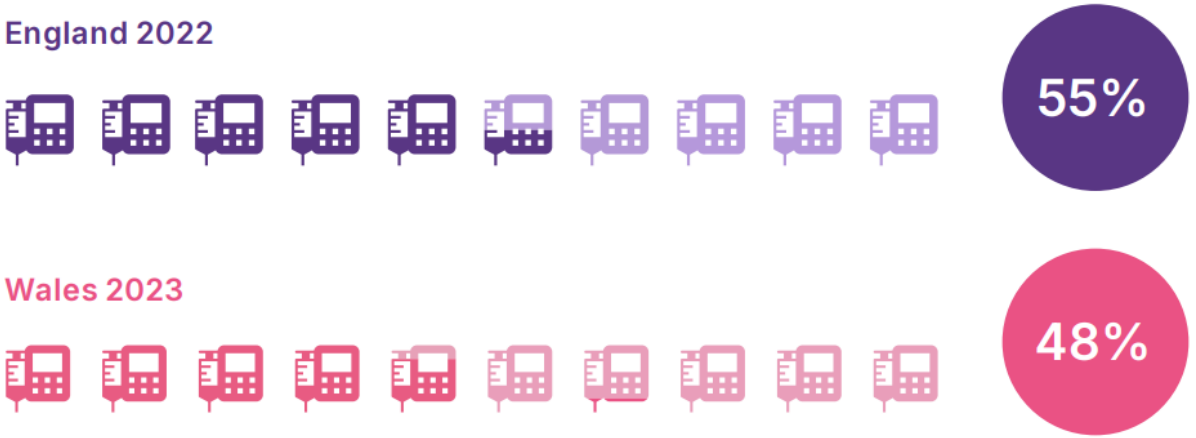
72% data completeness for England 2022

Treatment

NNHLA
National Non-Hodgkin Lymphoma Audit

Systemic Anti-Cancer Therapy (SACT)

Percentage of people diagnosed with high grade lymphoma, who receive SACT within 62 days of referral



Wide variation between Trusts/MDTs

RECOMMENDATION 2

Local review to identify delays and reduce variation between providers.

This may include examination of

- delays along diagnostic and treatment pathway
- chemotherapy unit capacity and staffing
- mode of delivery of SACT

Treatment

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National Non-Hodgkin Lymphoma Audit

33%

Timing of Radiotherapy delivery

Percentage of people diagnosed with high-grade lymphoma,who received radiotherapy within 8 weeks of end of first line SACT.

England 2022

End date for 1st line chemotherapy was not provided for Wales so this indicator could not be measured.

RECOMMENDATION 3

Identify patient and hospital factors contributing to delays

Explore strategies to reduce variation across providers. This may include:

- ensuring specialist representation at MDT meetings
- earlier identification of appropriate candidates for radiotherapy
- review of radiotherapy unit capacity and staffing

Treatment

NNHLA
National Non-Hodgkin Lymphoma Audit

Trial Participation

2%

Percentage of people with NHL who are recorded as having received an episode of care that was delivered as part of a clinical trial in **England 2022***

* Note 47% data missing. No data on trial participation for Wales was available

RECOMMENDATION 4

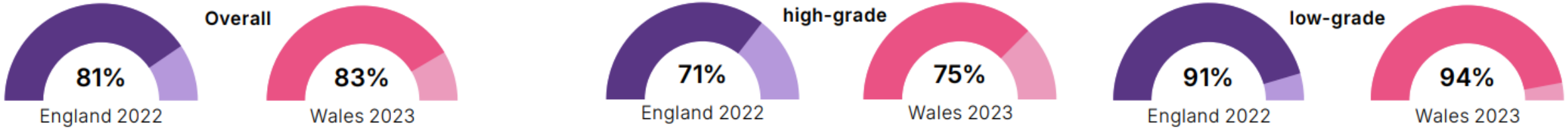
Identify reasons why patients not enrolled in trials to ensure equitable access

Improve record keeping of enrolment

Survival

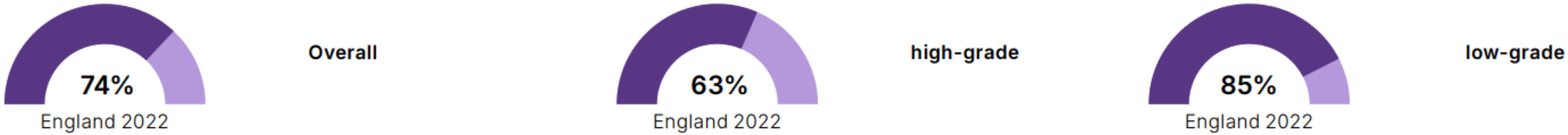
NNHLA
National Non-Hodgkin Lymphoma Audit

One-year survival outcomes



Two-year survival outcomes*

Not available for Wales due to insufficient follow up period



Outlier reported for the first time this year

One positive outlier on risk-adjusted one-year survival notified

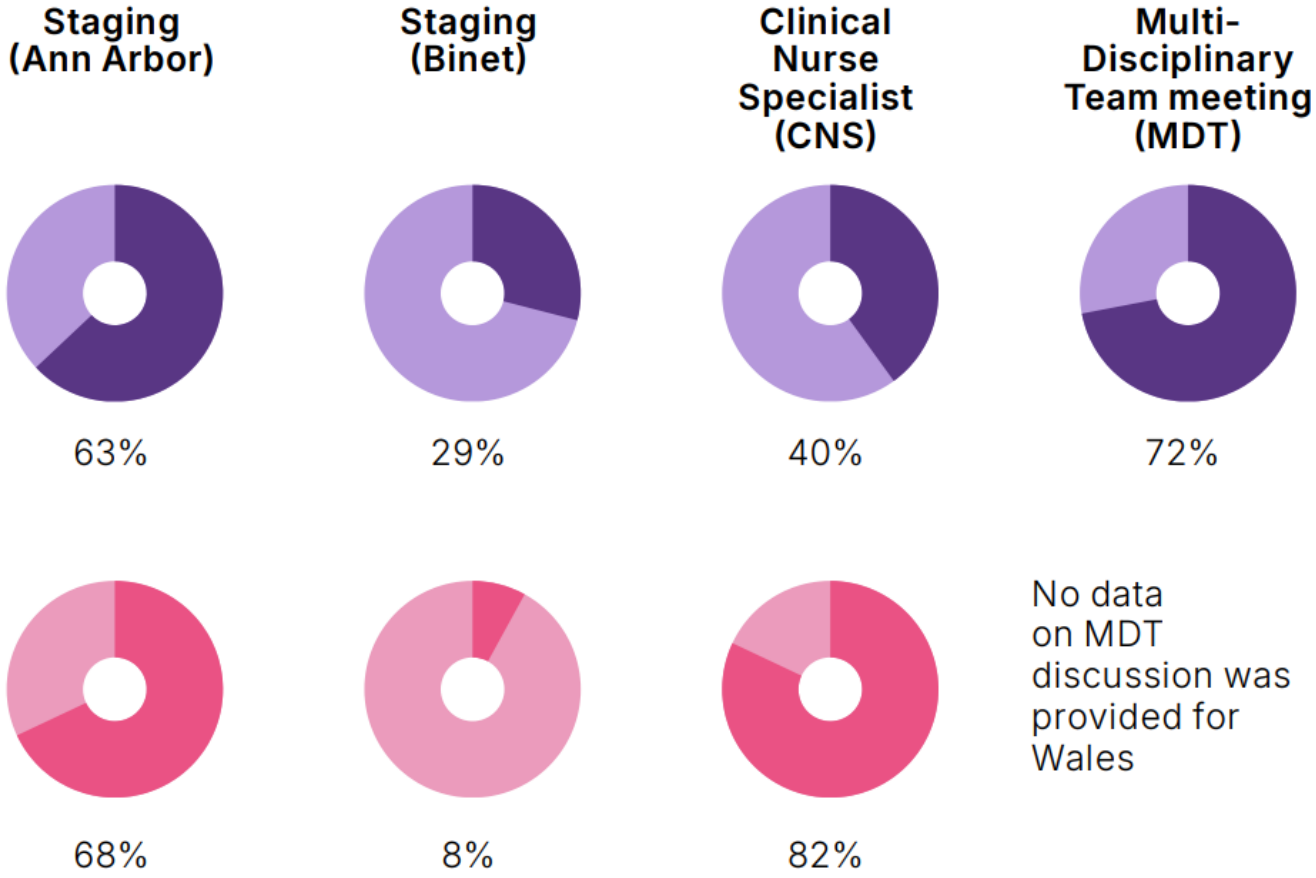
Data completeness

NNHLA
National Non-Hodgkin Lymphoma Audit

RECOMMENDATION 5
Ensure designated coordinator or clinician to improve completeness

Particular focus on
- staging in England & Wales
- treatment delivery in Wales

To allow better risk adjustment of outcomes and effective outlier identification



Data completeness

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National Non-Hodgkin Lymphoma Audit

Focus of the Audit's national quality improvement initiative launching Oct 2025

Targeted feedback intervention – bespoke feedback to trusts with <50% complete Ann Arbor

Supported by Quarterly Data Dashboards

National Non-Hodgkin Lymphoma Audit - Quarterly Report (1st April 2024 to 31st March 2025)

NATCAN
National Cancer Audit Collaborating Centre

All Trusts in West Yorkshire and Harrogate Cancer Alliance Leeds Teaching Hospitals NHS Trust Target

NNHLA
National Non-Hodgkin Lymphoma Audit

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Thank you!

Partners BSH and RCR

Clinical Reference Group Chair Ropinder Gill

Charity Partners Lymphoma Action and Blood Cancer UK

Patient and Public Involvement Forum
Chair Frank Burroughs

Panel Session

Part 1

13th October 2025

Naser Turabi, Director of Evidence and Implementation, Cancer Research UK

Danny Keenan, Clinical Director, Healthcare Quality Improvement Partnership (HQIP)

Dan Cariad, Deputy Director, NHS Cancer Programmes

Martine Bomb, Head of Data Projects, National Disease Registration Service (NDRS)

Frank Burroughs, PPI Chair for the National Non-Hodgkin Lymphoma Audit (NNHLA)

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National Cancer Audit Collaborating Centre (NATCAN)

Summary & Close

Professor Ajay Aggarwal, NATCAN Clinical Director

13th October 2025

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