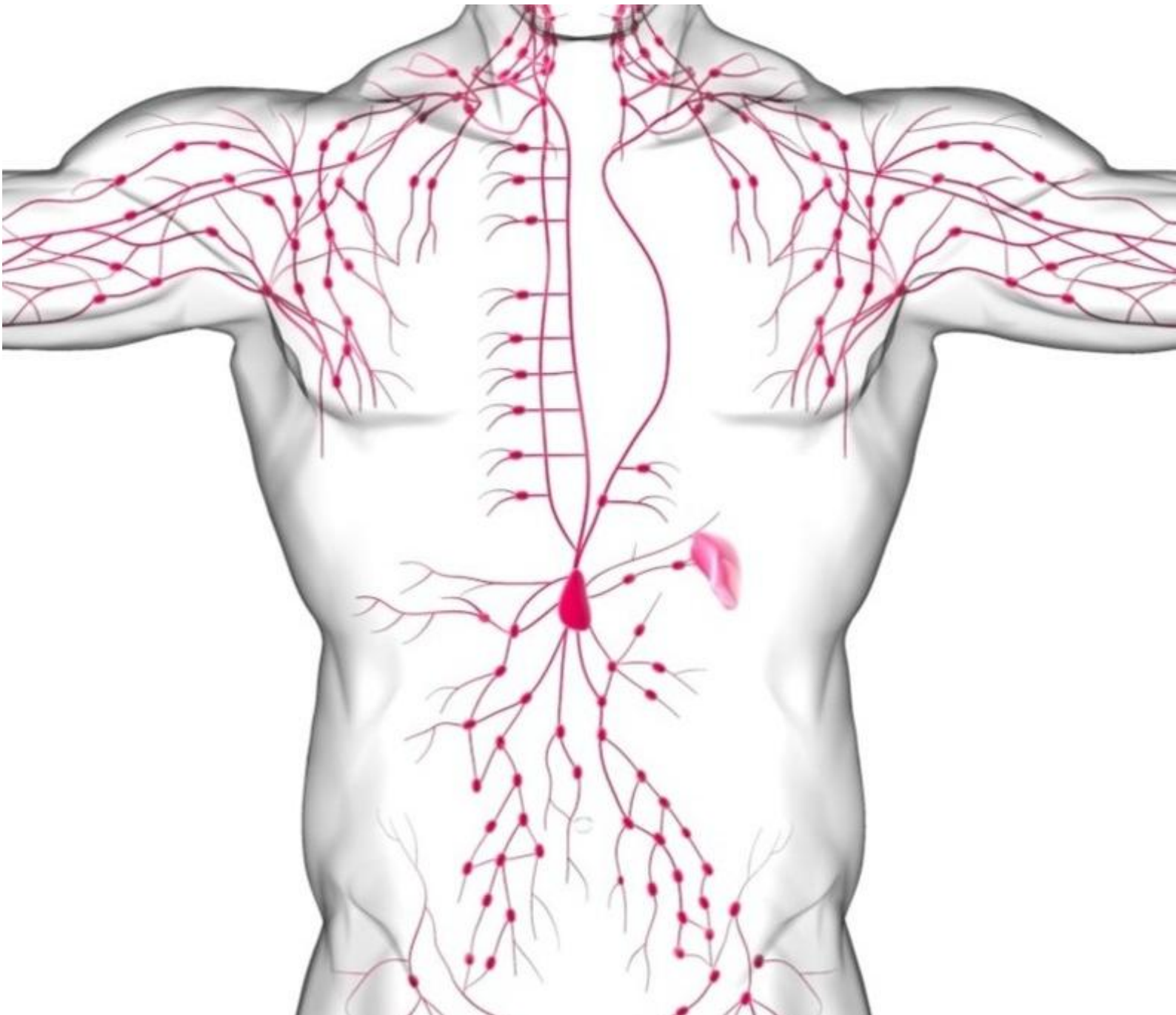
NNHLA
National Non-Hodgkin Lymphoma Audit

NATCAN
National Cancer Audit Collaborating Centre

National Non-Hodgkin Lymphoma Audit State of the Nation Report 2026: Methodology Supplement

An audit of care received by people diagnosed with non-Hodgkin lymphoma between 1 January 2023 and 31 December 2023 in England and 1 January 2024 and 31 December 2024 in Wales.

Published September 2026



Citation for this document:
National Non-Hodgkin Lymphoma Audit (NNHLA) State of the Nation Report 2026. London: National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2026.

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The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national audits in bowel, breast (primary and metastatic), kidney, lung, non-Hodgkin lymphoma, oesophago-gastric, ovarian, pancreatic and prostate cancers.

The British Society for Haematology (BSH) is the professional body for haematologists. It is one of the key partners of the Audit. Registered Charity no. 1005735

The Royal College of Radiologists is the professional body for clinical radiologists and clinical oncologists. It is one of the key partners leading the Audit. Registered Charity no: 211540

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data is collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.

NHS Wales recently implemented Cancer Dataset Forms with the latest implementation date being January 2025. These have been designed to improve the data capture and reporting capabilities of NHS Wales. This implementation has impacted the data quality within NHS Wales. NHS Wales has committed to continue to submit audit data annually until data submissions are sourced exclusively from the new cancer informatics solution. This will be from 2027 onwards that NHS Wales will be able to supply quarterly data using this new integrated, and more accessible digital platform.

Contents

1. Introduction

This document provides supporting material to the 2026 State of the Nation (SotN) Report for the National Audit of non-Hodgkin lymphoma Cancer (NNHLA) and its data tables and data dashboards. The document describes the data used in the report with details on sources of data, criteria for inclusion and how data completeness, patient characteristics and performance indicators are derived and reported.

2. Sources of Data

The audit uses information from routine national health care datasets in England and Wales. These datasets capture details on the diagnosis, management, treatment and outcome of every patient newly diagnosed with cancer in the NHS in England and Wales. England and Wales data were managed and analysed separately.

For England, the audit received information from the National Disease Registration Service (NDRS) at a tumour level for this State of the Nation report. The information held by NDRS in the National Cancer Registration Dataset (NCRD) is compiled from a variety of sources including the Cancer Outcomes and Services Dataset (COSD), Hospital Episode Statistics admitted patient care (HES APC) records, the Systemic Anti-Cancer Therapy dataset (SACT), the Radiotherapy Data Set (RTDS) and data submitted by pathology laboratories. The audit also received linked information from COSD (linked at tumour level), HES APC, HES Outpatients data (HES OP), SACT and RTDS (all linked at patient level) and the National Cancer Waiting Times Monitoring Dataset (CWT) (linked at patient level). Section 9.1 provides more detail on the data sources listed below and the information they contain.

The English data received by the National Cancer Audit Collaborating Centre (NATCAN) included data on patients diagnosed with cancer up to 31/12/2023.

As with cancer registries in other countries, cancer registrations in England can take up to 5 years after the end of a given calendar year to reach approximately 100% completeness and stability. NDRS uses an active system of gathering information on cancer diagnoses from multiple sources across the patient pathway. Completeness varies by tumour type because different patient pathways provide different opportunities for data flows into NDRS. The 'Gold standard' cancer registration dataset that is used in cancer statistics bulletins and available for analysis outside of NDRS contains over 98% of all the people that will eventually be found by the registration process, and the completeness for a calendar year of data increases over time. More information about the cancer registration process can be found here.

For Wales, the audit was provided with a registration dataset at patient level for patients diagnosed with cancer in 2024. Welsh cancer registration data is captured through a national system, Cancer Information System for Wales (CaNISC) or Cancer Dataset Form (CDF). The audit also received linked datasets of records from the Patient Episode Database for Wales (PEDW) containing information on inpatient and day case activity, Welsh Radiotherapy data (RTH), Welsh Systemic Anti-Cancer Therapy dataset (SACT) and mortality data from the Office for National Statistics (ONS).

3. Inclusion and Exclusion Criteria

The data submitted by NDRS and WCN is checked and filtered for eligible participants. Table 1 and Table 2 explain the process in defining the final cohort to be used in the audit.

People were included for analysis within the SotN Report if they met the following inclusion and not the exclusion criteria:

Table 1: Audit Inclusion Criteria	
Inclusion Criteria	**Details**
Type of cancer	Newly diagnosed with NHL, as classified by any of the ICD-10 or ICD-O3 codes listed in the appendix (see section 9.2).
Adults	Age >=18 years old
Valid Diagnosis Date	England: 1 January 2023 and 31 December 2023 Wales: 1 January 2024 and 31 December 2024
First Diagnosis	1. Earliest diagnosis (*diagnosisdatebest*) was included in the cohort if dates of diagnosis differed. 2. If dates of earliest diagnosis were the same then exclude from analysis cohort.

Table 2: Audit Exclusion Criteria	
Exclusion Criteria	**Details**
Identified by death certificate only or date of diagnosis corresponds to date of death	**For English data:** Using NCRD: *basisofdiagnosis* = "0" (Death certificate) and/or *dco* = "Y" (tumour registered from a death certificate only) and/or *diagnosisdatebest* = *deathdatebest* **For Welsh data:** *diagnosisdate* = *data_of_death* and/or *performancestatus* = "05" (Dead)
Diagnosed and treated outside of an NHS organisation in England or Wales.	Trust code starting with "R" is in England Trust of diagnosis was a Welsh health board (code starting with "7")

3.1 Non-Hodgkin lymphoma subtypes

NHL is classified into various subtypes, according to the types of cells from which the cancer originates and rate of disease progression. This section describes how we used the International Classification of Diseases (ICD) codes to differentiate NHL subtypes.

The International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3) is used in tumour or cancer registries to code the site (topography) and the histology (morphology) of neoplasms, therefore providing greater detail than ICD-10 and enabling greater granularity of NHL subtypes to be reported by the NNHLA. Relevant ICD-O3 codes for NHL subtypes included in the NNHLA were identified with guidance from the Haematological Malignancy Research Network (HMRN) and are listed in the appendix (see section 9.3).

We classified people diagnosed with NHL as belonging to one of the subtypes included in the NNHLA if:

- EITHER they were assigned one of the corresponding ICD-O-3 codes listed in the appendix (see section 9.3)
- OR, where the ICD-O3 code was missing, they were assigned an ICD-10 code, as detailed in the appendix (see section 9.3)

If NEITHER of these two criteria were met, we classified people diagnosed with NHL as “NHL, other”.

3.2 Classification of high-grade vs. low-grade NHL

NHL subtypes can be classified according to their rate of disease progression, which influences the choice of treatment approach and subsequent prognosis.

Low-grade or indolent NHL subtypes are characterised by slow disease progression, do not always require immediate treatment, but are harder to completely cure than high-grade NHL.

High-grade or aggressive NHL subtypes are characterised by rapid disease progression, require immediate treatment, but respond better to treatment than low-grade NHL and can often be cured.

High-grade and low-grade classification of NHL subtypes included in the NNHLA were determined with advice from the NNHLA clinical experts. Further details are outlined in the Appendix (see section 9.4).

4. Key Data Items

Details of the variables and datasets used to compile the data completeness are shown below in Table 3

Table 3: Data Completeness Variables				
Data Item	**Source**			
	England		**Wales**	
	Data field	**Dataset**	**Data field**	**Dataset**
Date of Diagnosis	*diagnosisdatebest*	Cancer Registration	*diagnosisdate; dateofprimarydiagnosis*	Cancer Registration
Age at diagnosis	*age*	Cancer Registration	*ageatdiag; ageatdiagnosis*	Cancer Registration
Ethnicity	*ethnicity*	Cancer Registration	*ethnicgroupcategory*	Wales PEDW
Ann Arbor staging	*stage_best*	Cancer Registration	*stagegroup; stageother; aastagecode*	Cancer Registration
Binet staging	*stage_best*	Cancer Registration	*stagegroup; stageother; binetstagecode*	Cancer Registration
Disease grade	*histology_coded; site_icd10*	Cancer Registration	*primarysite; histology; diagnosissnomed; morphologydiagnosis; diagnosisicd10code*	Cancer Registration
NHL subtype	*histology_coded; site_icd10*	Cancer Registration	*primarysite; histology; diagnosissnomed; morphologydiagnosis; diagnosisicd10code*	Cancer Registration
Performance status	*performancestatus*	COSD	*performancestatus*	Cancer Registration
International Prognostic Index	*ipiindexfordlbclscore*	COSD	Data not available	
Follicular Lymphoma International Prognostic Index 2	*flipiindexscore*	COSD	Data not available	
MDT meeting recorded	*firstmdtmeetingdate*	COSD	Data not available	
Clinical nurse specialist recorded	*clinicalnursespecialist*	COSD	*specialistnurseseen; hasseenclinicalnursespecialist*	Cancer Registration

Details of the variables and datasets used to compile the patient characteristics are shown below in Table 4.

Table 4: Patient Characteristics Variables				
Data Item	**Source**			
	England		**Wales**	
	Data field	**Dataset**	**Data field**	**Dataset**
Age at diagnosis	*age*	Cancer Registration	*ageatdiag; ageatdiagnosis*	Cancer Registration
Gender	*gender*	Cancer Registration	*sex*	Wales PEDW
Ethnicity	*ethnicity*	Cancer Registration	*ethnicgroupcategory*	Wales PEDW
Index of multiple deprivation	*imd19_quintile_lsoas*	Cancer Registration	*deprivationquintile; quintilegroup*	Wales PEDW; Wales LSOA
Performance status	*performancestatus*	COSD	*performancestatus*	Cancer Registration
Charlson Comorbidity Index	*admidate; disdate; epistart; epiend; diag_01-20*	HES APC	*admissiondate; dischargedate; episodestartdate; episodeenddate; diagnosis01-14*	Wales PEDW
Ann Arbor staging	*stage_best*	Cancer Registration	*stage_group; stage_other; aastagecode*	Cancer Registration
Binet staging	*stage_best*	Cancer Registration	*stage_group; stage_other; binetstagecode*	Cancer Registration
Disease grade	*histology_coded; site_icd10*	Cancer Registration	*primarysite; histology; diagnosissnomed; morphologydiagnosis; diagnosisicd10code*	Cancer Registration
NHL subtype	*histology_coded; site_icd10*	Cancer Registration	*primarysite; histology; diagnosissnomed; morphologydiagnosis; diagnosisicd10code*	Cancer Registration
International Prognostic Index	*ipiindexfordlbclscore*	COSD	Data not available	
Follicular Lymphoma International Prognostic Index 2	*flipiindexscore*	COSD	Data not available	

5. Indicator Definitions

The audit uses key indicators to monitor progress against its healthcare improvement goals. These indicators align with national guidelines and standards. Definitions of how the indicators included in the SotN report were derived from data for England and Wales are described below.

Some indicators are further focused on subgroups of patients as defined by sex and stage of the disease, as these factors are important determinants of whether particular treatments are suitable for patients.

5.1 Contextual measure: Proportion of people diagnosed with NHL presenting as an emergency prior to diagnosis.

This is a contextual measure, which is defined within a specific clinical setting or population; in this case, it refers to emergency presentations occurring prior to or at the diagnosis of NHL.

Table 5: Proportion of adults diagnosed with NHL presenting as an emergency prior to diagnosis.

	England	**Wales**
Dates of diagnosis / treatment:	1/1/2023–31/12/2023	1/1/2024–31/12/2024
Numerator: Number of adults diagnosed with NHL presenting as an emergency at diagnosis or to the emergency department within the 28 days prior to diagnosis	*diagnosisdatebest* (Cancer Registration) *final_route* (Cancer Registration, Rapid Registration) *admimeth* (HES APC)	*diag_date (*Cancer Registration*)* *Sourceofreferral; cancerreferalsource* (Cancer Registration) *admission_date; admission_method_derived _code* (Wales PEDW)
Denominator: Number of adults diagnosed with NHL	Final cohort as described in patient inclusion / exclusion.	Final cohort as described in patient inclusion / exclusion.
Construction notes		
Country reporting:	Separately reported	
Organisational Reporting level:	National; cancer alliance; NHS trust	National; health board; hospital
Subgroup Reporting:	Further sub-analysis by disease grade, NHL subtype, sex, age, ethnicity, and deprivation.	Further sub-analysis by disease grade, NHL subtype, sex, age, ethnicity, and deprivation.
Risk adjusted:	No	No
Outlier reporting:	No	No

5.2 Performance Indicator 1: Proportion of people diagnosed with NHL discussed at a multidisciplinary team (MDT) meeting within 4 weeks of diagnosis.

Table 6: Proportion of people diagnosed with NHL discussed at a multidisciplinary team (MDT) meeting within 4 weeks of diagnosis.		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2023–31/12/2023	NA
Numerator: Number of adults diagnosed with NHL discussed at a multidisciplinary team (MDT) meeting within 4 weeks of diagnosis	*firstmdtmeetingdate* (COSD)	NA
Denominator: Number of adults diagnosed with NHL, where date of diagnosis and date of MDT meeting are completed	Final cohort as described in patient inclusion / exclusion. *firstmdtmeetingdate* (COSD)	NA
Construction notes		
Country reporting:	Only reported for England in 2026 SotN report. Data not available for Wales.	
Organisational Reporting level:	National; cancer alliance; NHS trust	NA
Subgroup Reporting:	Disease grade; NHL subtype	NA
Risk adjusted:	No	NA
Outlier reporting:	No	NA

5.3 Performance Indicator 2: Proportion of people diagnosed with NHL seen by a clinical nurse specialist (CNS).

Table 7: Proportion of adults diagnosed with NHL seen by a clinical nurse specialist (CNS).		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2023–31/12/2023	1/1/2024–31/12/2024
Numerator: Number of adults diagnosed with NHL seen by a clinical nurse specialist (CNS).	*clinicalnursespecialist* (COSD)	*specialistnurseseen; hasseenclinicalnursespecialist* (Cancer Registration)
Denominator: Number of adults diagnosed with NHL, who had a record of the status of clinical nurse specialist.	Final cohort as described in patient inclusion / exclusion. *clinicalnursespecialist* (COSD)	Final cohort as described in patient inclusion / exclusion. *specialistnurseseen; hasseenclinicalnursespecialist* (Cancer Registration)
Construction notes		
Country reporting:	Separately reported	
Organisational Reporting level:	National; cancer alliance; NHS trust	National; health board; hospital
Subgroup Reporting:	Disease grade	Disease grade
Risk adjusted:	No	No
Outlier reporting:	No	No

5.4 Performance Indicator 4: Proportion of people with high-grade lymphoma (Burkitt Lymphoma (BL), Diffuse Large B Cell Lymphoma (DLBCL) or high-grade T-cell) receiving systemic anti-cancer therapy (SACT), who start SACT within 62 days of referral.

Table 8: Proportion of people with high-grade lymphoma (Burkitt Lymphoma (BL), Diffuse Large B Cell Lymphoma (DLBCL) or high-grade T-cell) receiving systemic anti-cancer therapy (SACT), who start SACT within 62 days of referral.		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2023–31/12/2023	1/1/2024–31/12/2024
Numerator: Number of adults with high-grade lymphoma (Burkitt Lymphoma (BL), Diffuse Large B Cell Lymphoma (DLBCL) or high-grade T-cell) who start SACT within 62 days of referral.	*crtp_date* (CWT) *Start_date_of_regimen; primary_diagnosis; morphology_clean* (SACT)	*Referralreceiptdate; datereceivedcancerreferral; firstprocdate; treatmentstartdate; firstproctype; treatmentmodality; chemostarted* (Cancer Registration) *appt_date* (Wales SACT) *admissiondate; operation01-12* (Wales PEDW)
Denominator: Number of adults with high-grade lymphoma (Burkitt Lymphoma (BL), Diffuse Large B Cell Lymphoma (DLBCL) or high-grade T-cell), where date of starting SACT and date of referral are complete.	Final high-grade lymphoma cohort as described in patient inclusion / exclusion. *crtp_date* (CWT) *Start_date_of_regimen; primary_diagnosis; morphology_clean* (SACT)	Final high-grade lymphoma cohort as described in patient inclusion / exclusion. *Referralreceiptdate; datereceivedcancerreferral; firstprocdate; treatmentstartdate; firstproctype; treatmentmodality; chemostarted* (Cancer Registration) *appt_date* (Wales SACT) *admissiondate; operation01-12* (Wales PEDW)
Time of seeing a haematologist	*apptdate; atentype; tretspef* (HES OP)	Data not available
Construction notes		
Country reporting:	Separately reported	
Organisational Reporting level:	National; cancer alliance; NHS trust	National; health board; hospital
Subgroup Reporting:	No (restricted to high-grade disease)	No (restricted to high-grade disease)
Risk adjusted:	No	No
Outlier reporting:	No	No

5.5 Performance Indicator 5: First-line SACT regimens received by people with high-grade lymphoma (BL, DLBCL or high-grade T-cell).

Table 9: First-line SACT regimens received by people with high-grade lymphoma (BL, DLBCL or high-grade T-cell).		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2023–31/12/2023	NA
Numerator: Number of adults with high-grade lymphoma (DLBCL (NOS, ICD-O-3 9680/3)), Burkitt, Peripheral T-cell (NOS, ICD-O-3 9702/3)) and Cutaneous T-cell lymphoma) who received an acceptable first line SACT regimen within 3 months of diagnosis, defined as a gold standard first-line regimen or a clinically appropriate adjustment as deemed by the clinical leads (see section 9.6 for details)). All treatment cycles are evaluated.	*benchmark_regimen* (SACT)	NA
Denominator: Number of adults with high-grade lymphoma (DLBCL (NOS, ICD-O-3 9680/3)), Burkitt, Peripheral T-cell (NOS, ICD-O-3 9702/3)) who receive a first-line SACT regimen within 3 months of diagnosis.	Final high-grade lymphoma cohort as described in patient inclusion / exclusion. *diagnosisdatebest* (Cancer Registration) *start_date_of_regimen; benchmark_regimen* (SACT)	NA
Construction notes		
Country reporting:	Only reported for England in 2026 SotN report. Regimen-level SACT data not provided for Wales.	
Organisational Reporting level:	National; cancer alliance; NHS trust	NA
Subgroup Reporting:	Restricted to high-grade disease and subtypes listed above; further sub-analysis by sex, age, ethnicity, performance status and deprivation.	
Risk adjusted:	No	NA
Outlier reporting:	No	NA

5.6 Performance Indicator 6: Proportion of people diagnosed with NHL with severe acute toxicity within 8 weeks of completing SACT, reported by subtype.

Table 10: Proportion of people diagnosed with NHL with severe acute toxicity within 8 weeks of completing SACT, reported by subtype.		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2022–31/12/2023	NA
Numerator: Number of adults with high-grade lymphoma (including DLBCL only) who experienced severe acute toxicity, defined as toxicity requiring an overnight hospital admission, severe anaemia requiring blood transfusion or death, occurring from the start of the first SACT cycle up to 8 weeks after the final cycle	*deathdatebest* (Cancer registration) *start_date_of_regimen; start_date_of_cycle; administration_date* (SACT) *admidate; disdate; diag_01-20; opertn_01-24* (HES APC) *apptdate; opertn_01-24* (HES OP)	NA
Denominator: Number of adults with high-grade lymphoma (including DLBCL only), who received an acceptable first line SACT regimen within 6 months of diagnosis	Final high-grade lymphoma cohort as described in patient inclusion / exclusion. *diagnosisdatebest* (Cancer registration) *start_date_of_regimen; start_date_of_cycle; administration_date; benchmark_regimen* (SACT)	NA
Construction notes		
Country reporting:	Only reported for England in 2026 SotN report. Regimen-level SACT data not provided for Wales.	
Organisational Reporting level:	National; Cancer alliance; NHS trust	NA
Subgroup Reporting:	Restricted to DLBCL	NA
Risk adjusted:	Yes - adjusted for age, sex, ethnicity, staging, performance status, Charlson comorbidities index, diagnosis route.	NA
Outlier reporting:	No	NA

5.7 Performance Indicator 7: Proportion of people with high-grade lymphoma (BL, DLBCL or high-grade T-cell) whose radiotherapy started within 8 weeks of end of first-line SACT.

Table 11: Proportion of people with high-grade lymphoma (BL, DLBCL or high-grade T-cell) whose radiotherapy started within 8 weeks of end of first-line SACT.		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2023–31/12/2023	NA
Numerator: Number of adults with high-grade lymphoma (which includes BL, DLBCL or high-grade T-cell) who start radiotherapy within 8 weeks of last administered dose of first-line chemotherapy. Only includes those who receive chemotherapy within 6 months of diagnosis.	*start_date_of_regimen; start_date_of_cycle; administration_date* (SACT) *treatmentstartdate* (RTDS)	NA
Denominator: Number of adults with high-grade lymphoma (which includes BL, DLBCL or high-grade T-cell), who started radiotherapy within 6 months of last administered dose of first-line chemotherapy. Only includes those who receive chemotherapy within 6 months of diagnosis.	Final high-grade lymphoma cohort as described in patient inclusion / exclusion. *diagnosisdatebest* (Cancer Registration) *start_date_of_regimen; start_date_of_cycle; administration_date* (SACT) *treatmentstartdate* (RTDS)	NA
Construction notes		
Country reporting:	Only reported for England in 2026 SotN report. Regimen-level chemotherapy data not provided for Wales	
Organisational Reporting level:	National; Cancer alliance; NHS trust	NA
Subgroup Reporting:	Restricted to high-grade disease	NA
Risk adjusted:	No	NA
Outlier reporting:	No	NA

5.8 Performance Indicator 8: Proportion of people diagnosed with NHL recorded as receiving radiotherapy, reported by subtype.

Table 12: Proportion of people diagnosed with NHL recorded as receiving radiotherapy, reported by subtype.		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2023–31/12/2023	1/1/2024–31/12/2024
Numerator: Number of adults diagnosed with NHL, who received radiotherapy within 1 and 2 years of diagnosis.	*treatmentstartdate* (RTDS)	*firstprocdate; treatmentstartdate; firstproctype; treatmentmodality; rtstart* (Cancer Registration) *rtstartdate* (Wales RTH)
Denominator: Number of adults diagnosed with NHL.	Final cohort as described in patient inclusion / exclusion.	Final cohort as described in patient inclusion / exclusion.
Construction notes		
Country reporting:	Separately reported	
Organisational Reporting level:	National; cancer alliance; NHS trust	National; health board; hospital
Subgroup Reporting:	By subtype	By subtype
Risk adjusted:	No	No
Outlier reporting:	No	No

5.9 Performance Indicator 9: Proportion of people diagnosed with NHL recorded as having received an episode of care that was delivered as part of a clinical trial, reported by subtype.

Table 13: Proportion of people diagnosed with NHL recorded as having received an episode of care that was delivered as part of a clinical trial, reported by subtype.		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2023–31/12/2023	NA
Numerator: Number of adults diagnosed with NHL, who received an episode of care delivered as part of a clinical trial	*clin_trial* (CWT)	NA
Denominator: Number of adults diagnosed with NHL, with a complete record for trial participation in cancer waiting times dataset	Final cohort as described in patient inclusion / exclusion. *clin_trial* (CWT)	NA
Construction notes		
Country reporting:	Only reported for England in 2026 SotN report. Data not available for Wales.	
Organisational Reporting level:	National; cancer alliance; NHS trust	NA
Subgroup Reporting:	Disease grade; NHL subtype	
Risk adjusted:	No	NA
Outlier reporting:	No	NA

5.10 Performance Indicator 11: Overall 1-year survival of people diagnosed with NHL, reported by grade and subtype.

Table 14: Overall 1-year survival of people diagnosed with NHL, reported by grade and subtype.		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2022–31/12/2023	1/1/2023–31/12/2024
Numerator: Number of adults diagnosed with NHL, who survived at least one year after diagnosis.	*deathdatebest* (Cancer Registration)	*deathdate* (Cancer Registration) *date_of_death* (ONS)
Denominator: Number of adults diagnosed with NHL.	Final cohort as described in patient inclusion / exclusion.	Final cohort as described in patient inclusion / exclusion.
Construction notes		
Country reporting:	Combined	
Organisational Reporting level:	National; cancer alliance; NHS trust	National; health board; hospital
Subgroup Reporting:	Disease grade and subtype	Disease grade and subtype
Risk adjusted:	Yes - Indicator adjusted for age, sex, subtype, staging, performance status, Charlson comorbidities index, diagnosis route, diagnosis year.	Yes - Indicator adjusted for age, sex, subtype, staging, performance status, Charlson comorbidities index, diagnosis route, diagnosis year.
Outlier reporting:	Yes	Yes

5.11 Performance Indicator 11: Overall 2-year survival of people diagnosed with NHL, reported by grade and subtype.

Table 15: Overall 2-year survival of people diagnosed with NHL, reported by grade and subtype.		
	England	**Wales**
Dates of diagnosis / treatment:	1/1/2021–31/12/2022	NA
Numerator: Number of adults diagnosed with NHL, who survived at least 2 years after diagnosis.	*deathdatebest* (Cancer Registration)	NA
Denominator: Number of adults diagnosed with NHL.	Final cohort as described in patient inclusion / exclusion.	NA
Construction notes		
Country reporting:	England only. Not enough follow-up time for Wales.	
Organisational Reporting level:	National; cancer alliance; NHS trust	NA
Subgroup Reporting:	Disease grade and subtype	NA
Risk adjusted:	Yes - Indicator adjusted for age, sex, subtype, staging, performance status, Charlson comorbidities index, diagnosis route, diagnosis year.	NA
Outlier reporting:	Yes	NA

6. NHS organisations

The audit presents organisation-level findings by the NHS organisation of diagnosis. This is because this is the organisation where diagnosis and care decisions are likely to be made.

7. Statistical Analysis

All statistical analyses were conducted using *Stata (version 17.0) or R (version 4.4.1).*

Most results in the SotN Report are descriptive. The results of categorical data items are reported as percentages (%). Results are typically provided as an overall figure and broken down by NHS organisation (see NHS organisations section). Note that within tables in the SotN Report, the total percentage may not equal 100%, due to rounding.

7.1 Suppression

Data quality and completeness results with denominator values less than 10 have been supressed.

Indicator percentage and denominator were suppressed as follows:

- If denominator < 10 (0 excluded), suppressed and/or
- If numerator < 5 (0 excluded), suppressed.

7.2 Risk-adjustment of indicators

The tables of performance indicators state whether risk adjustment has been performed.
Table below provides details on the datasets and variables used to compile the variable used for risk adjustment

Table 16: Risk-adjustment Variables

Data Item	**Source**	
	England	**Wales**
Age at diagnosis	*age* (Cancer Registration) categorised into 6 different year groups	*ageatdiag; ageatdiagnosis* (Cancer Registration) categorised into 6 different year groups
Sex	*gender* (Cancer Registration)	*sex* (Wales PEDW)
Performance status	*performancestatus* (COSD)	*performancestatus* (Cancer Registration)
Charlson comorbidity index	The CCI is a commonly used scoring system for medical comorbidities, consisting of a grouped score calculated based on the absence (0) and presence (≥1) of 14 pre-specified medical conditions (see section 9.5 for further details). The CCI was calculated using information on secondary diagnoses (ICD-10 codes) recorded in HES APC (England) / PEDW (Wales) within the 12-month period prior to a patient's diagnosis. For the purpose of analysis, the CCI is grouped into 3 categories: • **0** none of the 14 pre-specified comorbidities. • **1** only 1 of the 14 pre-specified comorbidities. • **2+** 2 or more of the 14 pre-specified comorbidities	

NHL subtype	Classification of people diagnosed with NHL into NHL subtypes is described in section 3.1.	
Staging	Binet staging (Cancer Registration) used for patients diagnosed with CLL. Ann Arbor staging (Cancer Registration) used for all other NHL patients.	
Diagnosis route	*final_route* (Rapid Registration)	Data not available
Diagnosis year	Year extracted from *diagnosisdatebest* (Cancer Registration)	Year extracted from *diagnosisdate* and *dateofprimarydiagnosis* (Cancer Registration)

7.3 Handling of missing data

For the risk-adjustment, missing values were imputed using multiple imputation with chained equations to create estimated values to ensure all included people contributed to the statistical models. 40 imputations were separately created for 1-year and 2-year survival outcomes and for toxicity after SACT, according to the level of missingness particularly presented in performance status, Charlson comorbidities and staging. The imputation models included the outcome variable as well as patient and cancer characteristics such as age, sex, ethnicity, deprivation, subtype (only included for survival), staging, performance status, Charlson comorbidities index, diagnosis route, and year of diagnosis (for survival) or SACT (for toxicity after SACT).

8. Outlier Process

The National Non-Hodgkin Lymphoma Audit (NNHLA) publishes risk-adjusted performance indicators of the quality of care received by people diagnosed with non-Hodgkin lymphoma. If the performance of a provider for a selected indicator falls outside a pre-specified defined range, it will be flagged as an outlier.

The outlier process can be found in the separate audit outlier policy.

The NATCAN Outlier Policy 2026 is adapted from updated guidance by the Healthcare Quality Improvement Partnership Ltd (HQIP), published 21/02/2024.

9. Appendices

9.1 Appendix 1: Routine data sources

Table 17: Overview of data sources used for the SotN Report.

Country	Data source	Content
England	Cancer Registry (NCRD and RCRD)	Data on all aspects of the cancer registration including information from hospital pathology systems.
England	COSD	Cancer Outcomes and Services dataset (COSD) items are submitted routinely by service providers via multidisciplinary team (MDT) electronic data collection systems to the National Cancer Data Repository (NCDR) on a monthly basis.
England	SACT	Systemic Anti-Cancer Therapy (SACT) data contains information on chemotherapy dates, regimen(s) and dose(s).
England	RTDS	Radiotherapy dataset (RTDS) contains information on radiotherapy treatment including dates, prescription region and dose.
England	HES	Hospital Episode Statistics (HES) is the administrative database of all NHS hospital admissions in England; records were supplied by NHS Digital to NCRAS.
England	CWT	Cancer Waiting Times (CWT) data are used to monitor cancer waiting times targets. Data on referrals, treatments and diagnosis are derived from local care records as patients move through the care pathway.
Wales	CaNISC	Cancer Network Information System Cymru (CaNISC) contains data on all aspects of the cancer registration including investigations. (OLD SYSTEM)
Wales	CDF	Clinical Dataset Form (CDF) contains data on all aspects of the cancer registration including investigations (NEW SYSTEM)
Wales	PEDW	Patient Episode Database for Wales (PEDW) is the administrative database of all NHS hospital admissions in Wales.
Wales	RTH	Radiotherapy data (RTH) contains information on radiotherapy treatment.
Wales	SACT	Systemic Anti-Cancer Therapy data contains information on chemotherapy treatment
England & Wales	ONS	Office for National Statistics (ONS) death data including date of death and cause of death.

9.2 Appendix 2: ICD codes used to classify patients as diagnosed with non-Hodgkin lymphoma

Table 108: ICD-10 codes used to classify patients as diagnosed with non-Hodgkin lymphoma.

Non-Hodgkin lymphoma subtype	ICD-10 code
Follicular lymphoma	C82
Non-follicular lymphoma	C83
Mature T/NK-cell lymphomas	C84
Other and unspecified types of non-Hodgkin lymphoma	C85
Other specified types of T/NK-cell lymphoma	C86
Malignant immunoproliferative diseases	C88
Chronic lymphocytic leukaemia of B-cell type	C91.1

Table 119: ICD-O3 codes for defining Non-Hodgkin Lymphoma.

ICD-O-3	NHL sub-type
9687/3	Burkitt lymphoma
9823/3	Chronic lymphocytic leukaemia
9597/3, 9690/3, 9695/3, 9698/3	Follicular lymphoma
9679/3, 9680/3, 9688/3, 9698/3, 9712/3, 9735/3	Large B-cell lymphomas
9673/3	Mantle cell lymphoma
9689/3, 9699/3	Marginal zone lymphoma
9591/3	NHL, not otherwise specified
9700/3, 9701/3, 9709/3, 9718/3, 9726/3	Cutaneous T-cell lymphomas
9702/3, 9705/3, 9714/3, 9716/3, 9717/3, 9719/3, 9827/3	Peripheral T-cell lymphomas

9.3 Appendix 3: ICD codes used to classify non-Hodgkin lymphoma subtypes.

Table 2012: ICD and SNOMED CT codes used to classify non-Hodgkin lymphoma subtype.

NHL subtype	ICD-O-3 code	ICD-10 code	SNOMED CT
MATURE B-CELL NEOPLASMS			
Burkitt lymphoma	9687/3	C83.7	77381001
Chronic lymphocytic leukaemia	9823/3	C91.1	
Follicular lymphoma	9597/3, 9690/3, 9695/3, 9698/3	C82	1155957006, 55020008, 55150002, 46744002, 397469009, 419662008, 1155956002
Large B-cell lymphomas	9679/3, 9680/3, 9688/3, 9698/3, 9712/3, 9735/3	C83.3	1172695008, 314934003, 450959001
Mantle cell lymphoma	9673/3	C83.1	74654000
Marginal zone lymphoma	9689/3, 9699/3		128802003, 397349003, 128803008, 397350003
NHL, not otherwise specified	9591/3		
MATURE T- AND NK-CELL NEOPLASMS			
Cutaneous T-cell lymphomas	9700/3, 9701/3, 9709/3, 9718/3, 9726/3	C84.8; C86.6	4950009, 90120004, 1162973007
Peripheral T-cell lymphomas	9702/3, 9705/3, 9714/3, 9716/3, 9717/3, 9719/3, 9827/3	C84.4	1163404000, 734044003, 128805001, 835009, 1172729004

9.4 Appendix 4: ICD-10 codes used to classify high-grade and low-grade lymphomas.

High-grade and low-grade classification of NHL subtypes were determined with advice from the NNHLA clinical experts.

Table 131: High-grade and low-grade classification of NHL subtypes using ICD-10 codes.

ICD-10 code	Description	Grade (high/low)
C82.0	Follicular lymphoma grade I	Low-grade
C82.1	Follicular lymphoma grade II	Low-grade
C82.2	Follicular lymphoma grade III, unspecified	Low-grade
C82.3	Follicular lymphoma grade IIIa	Low-grade
C82.4	Follicular lymphoma grade IIIb	High-grade
C82.5	Diffuse follicle centre lymphoma	Low-grade
C82.6	Cutaneous follicle centre lymphoma	Low-grade
C82.7	Other types of follicular lymphoma	Low-grade

C82.9	Follicular lymphoma, unspecified Nodular lymphoma NOS	Low-grade
C83.0	Small cell B-cell lymphoma: 1. Lymphoplasmacytic lymphoma 2. Nodal marginal zone lymphoma 3. Non-leukaemic variant of B-CLL 4. Splenic marginal zone lymphoma Excl.: 1. Chronic lymphocytic leukaemia (C91.1) 2. Waldenström macroglobulinaemia (C88.0) 3. Mature T/NK-cell lymphomas (C84.-)	Low-grade
C83.1	Mantle cell lymphoma 1. Centrocytic lymphoma 2. Malignant lymphomatous polyposis	High-grade
C83.3	Diffuse large B-cell lymphoma 1. Anaplastic 2. CD30-positive 3. Centroblastic 4. Plasmablastic 5. Immunoblastic 6. Subtype not specified 7. T-cell rich Excl.: 1. Mediastinal (thymic) large B-cell lymphoma (C85.2) 2. Mature T/NK-cell lymphomas (C84.-)	High-grade
C83.5	Lymphoblastic (diffuse) lymphoma 1. B-cell precursor lymphoma 2. Lymphoblastic B-cell lymphoma 3. Lymphoblastic lymphoma NOS 4. Lymphoblastic T-cell lymphoma 5. T-cell precursor lymphoma	High-grade
C83.7	Burkitt lymphoma 1. Atypical Burkitt lymphoma 2. “Burkitt-like” lymphoma Excl.: 1. Mature B-cell leukaemia Burkitt-type (C91.8)	High-grade
C83.8	Other non-follicular lymphoma 1. Primary effusion B-cell lymphoma 2. Intravascular large B-cell lymphoma 3. Lymphoid granulomatosis Excl.: 1. Mediastinal (thymic) large B-cell lymphoma (C85.2) 2. T-cell rich B-cell lymphoma (C83.3)	High-grade
C83.9	Non-follicular (diffuse) lymphoma, unspecified	High-grade
C84.0	Mycosis fungoides	Low-grade
C84.1	Sézary disease 1. Lennert’s lymphoma 2. Lymphoepithelioid lymphoma	High-grade

C84.4	Peripheral T-cell lymphoma, not elsewhere classified	High-grade
C84.5	Other mature T/NK-cell lymphomas Note: If T-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description. Excl.: 1. Angioimmunoblastic T-cell lymphoma (C86.5) 2. Blastic NK-cell lymphoma (C86.4) 3. Enteropathy-type T-cell lymphoma (C86.2) 4. Extranodal NK-cell lymphoma, nasal type (C86.0) 5. Hepatosplenic T-cell lymphoma (C86.1) 6. Primary cutaneous CD30-positive T-cell proliferations (C86.6) 7. Subcutaneous panniculitis-like T-cell lymphoma (C86.3) 8. T-cell leukaemia (C91.-)	High-grade
C84.6	Anaplastic large cell lymphoma, ALK-positive 1. Anaplastic large cell lymphoma, CD30-positive	High-grade
C84.7	Anaplastic large cell lymphoma, ALK-negative Excl.: 1. Primary cutaneous CD30-positive T-cell proliferations (C86.6)	High-grade
C84.8	Cutaneous T-cell lymphoma, unspecified	Low-grade
C84.9	Mature T/NK-cell lymphoma, unspecified 1. NK/T cell lymphoma NOS Excl.: 1. Mature T-cell lymphoma, not elsewhere classified (C84.4)	High-grade
C85.1	B-cell lymphoma, unspecified Note: If B-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description	High-grade
C85.2	Mediastinal (thymic) large B-cell lymphoma	High-grade
C85.7	Other specified types of non-Hodgkin lymphoma	High-grade
C85.9	Non-Hodgkin lymphoma, unspecified 1. Lymphoma NOS 2. Malignant lymphoma NOS 3. Non-Hodgkin lymphoma NOS	High-grade
C86.0	Extranodal NK/T-cell lymphoma, nasal type	High-grade
C86.1	Hepatosplenic T-cell lymphoma 1. Alpha-beta and gamma-delta types	High-grade
C86.2	Enteropathy-type (intestinal) T-cell lymphoma 1. Enteropathy associated T-cell lymphoma	High-grade
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	High-grade
C86.4	Blastic NK-cell lymphoma	High-grade
C86.5	Angioimmunoblastic T-cell lymphoma 1. Angioimmunoblastic lymphadenopathy with dysproteinaemia [AILD]	High-grade

C86.6	Primary cutaneous CD30-positive T-cell proliferations 1. Lymphomatoid papulosis 2. Primary cutaneous anaplastic large-cell lymphoma 3. Primary cutaneous CD30-positive large T-cell lymphoma	Low-grade
C88.0	Waldenström macroglobulinaemia 1. Lymphoplasmacytic lymphoma with IgM-production 2. Macroglobulinaemia (primary)(idiopathic) Excl.: 1. Small cell B-cell lymphoma (C83.0)	Low-grade
C88.2	Other heavy chain disease 1. Franklin disease 2. Gamma heavy chain disease 3. Mu (μ) heavy chain disease	Outside scope of NNHLA
C88.3	Immunoproliferative small intestinal disease 1. Alpha heavy chain disease 2. Mediterranean lymphoma	Outside scope of NNHLA
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] Note: Use additional code (C83.3) if desired, to specify transition to high malignant (diffuse large cell) lymphoma 1. Lymphoma of skin-associated lymphoid tissue (SALT-lymphoma) 2. Lymphoma of bronchial-associated lymphoid tissue (BALT-lymphoma)	Low-grade
C88.7	Other malignant immunoproliferative diseases	Outside scope of NNHLA
C88.9	Malignant immunoproliferative disease, unspecified 1. Immunoproliferative disease NOS	Outside scope of NNHLA
C91.1	Chronic lymphocytic leukaemia of B-cell type 1. Lymphoplasmacytic leukaemia 2. Richter syndrome Excl.: 1. lymphoplasmacytic lymphoma (C83.0)	Low-grade

9.5 Appendix 5: Charlson Comorbidity Index

Reference:

Armitage JN, van der Meulen JH. Identifying co-morbidity in surgical patients using administrative data with the Royal College of Surgeons Charlson Score. Br J Surg 2010;97:772-81. doi https://doi.org/10.1002/bjs.6930

Table 142: Pre-specified conditions included in the assignment of Charlson Comorbidity Index (CCI).

CCI Conditions
Myocardial infarction
Dementia
Diabetes mellitus
Metastatic solid tumour
Congestive cardiac failure
Chronic pulmonary disease
Hemiplegia or paraplegia
AIDS/HIV infection[1]
Peripheral vascular disease
Rheumatological disease
Renal disease
Cerebrovascular disease
Liver disease
Any malignancy

[1] AIDS/HIV diagnoses cannot be identified in HES APC data because of legal requirements for NHS trusts to remove patient identifiers from legally restricted records, including those containing diagnoses of HIV/AIDS. These diagnoses are also not found in linked PEDW data.

9.6 Appendix 6: First line Chemotherapy regime groupings

Table 153: First line Chemotherapy regime groupings

Subtype	Regime	Grouping for analysis
DLBCL (NOS)	• CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + ETOPOSIDE + IFOSFAMIDE + METHOTREXATE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + ETOPOSIDE + IFOSFAMIDE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + IFOSFAMIDE + ETOPOSIDE + METHOTREXATE + VINCRISTINE • CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + METHOTREXATE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + ETOPOSIDE + METHOTREXATE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + ETOPOSIDE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + METHOTREXATE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + OBINUTUZUMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + POLATUZUMAB + RITUXIMAB • CYCLOPHOSPHAMIDE + DOXORUBICIN + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + VINCRISTINE **(assumed rituximab not included in coding in error as per clinical leads)** • REMODL-A TRIAL	Acceptable first line regime
	• CYCLOPHOSPHAMIDE + ETOPOSIDE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + GEMCITABINE + RITUXIMAB + VINCRISTINE	Acceptable first line regime (with acceptable adjustment)
	• CYCLOPHOSPHAMIDE + DOXORUBICIN + RITUXIMAB • CYCLOPHOSPHAMIDE + OBINUTUZUMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + RITUXIMAB + VINCRISTINE	Suboptimal regime
	• ACALABRUTINIB • BENDAMUSTINE + POLATUZUMAB VEDOTIN + RITUXIMAB • BENDAMUSTINE + RITUXIMAB • BLEOMYCIN + DACARBAZINE + DOXORUBICIN + VINBLASTINE • BORTEZOMIB + CYCLOPHOSPHAMIDE • BRENTUXIMAB • CAPECITABINE + OXALIPLATIN • CAR-T AXICABTAGENE CILOLEUCEL + CYCLOPHOSPHAMIDE + FLUDARABINE • CARBOPLATIN + ETOPOSIDE + IFOSFAMIDE	Excluded

	• CARBOPLATIN + ETOPOSIDE + IFOSFAMIDE + RITUXIMAB • CHLORAMBUCIL + ETOPOSIDE + LOMUSTINE • CISPLATIN + CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + RITUXIMAB + VINCRISTINE • CISPLATIN + CYTARABINE + RITUXIMAB • CISPLATIN + GEMCITABINE + RITUXIMAB • CYTARABINE + RITUXIMAB • CYCLOPHOSPHAMIDE • CYCLOPHOSPHAMIDE + DACARBAZINE + GEMCITABINE + VINCRISTINE • CYCLOPHOSPHAMIDE + ETOPOSIDE • CYCLOPHOSPHAMIDE + ETOPOSIDE + LOMUSTINE • CYCLOPHOSPHAMIDE + ETOPOSIDE + PROCARBAZINE • CYCLOPHOSPHAMIDE + ETOPOSIDE + RITUXIMAB • CYCLOPHOSPHAMIDE + VINCRISTINE • CYTARABINE • CYTARABINE + ETOPOSIDE + IFOSFAMIDE + RITUXIMAB • CYTARABINE + METHOTREXATE • CYTARABINE + METHOTREXATE + RITUXIMAB • CYTARABINE + METHOTREXATE + RITUXIMAB + THIOTEPA • DOXORUBICIN • EPIRUBICIN + VINCRISTINE • ETOPOSIDE • GEMICITABINE • GEMCITABINE + OXALIPLATIN • GEMCITABINE + OXALIPLATIN + RITUXIMAB • GEMCITABINE + RITUXIMAB • HORMONES • IBRUTINIB • IFOSFAMIDE + GEMCITABINE + VINORELBINE + RITUXIMAB • MATRIX LYMPHOMA TRIAL • METHOTREXATE • METHOTREXATE + PROCARBAZINE + RITUXIMAB • METHOTREXATE + RITUXIMAB • METHOTREXATE + VINCRISTINE • NOT CHEMO • OBINUTUZUMAB + VENETOCLAX • POLATUZUMAB + RITUXIMAB • RITUXIMAB • RITUXIMAB + TEMOZOLOMIDE • TRIAL UNSPECIFIED • TRIPLE INTRATHECAL • UKALL14- PH 1 INDUCTION • VINBLASTINE • VINCRISTINE • ZOLEDRONIC ACID • BRENTUXIMAB VEDOTIN + CYCLOPHOSPHAMIDE + DOXORUBICIN • CHLORAMBUCIL + ETOPOSIDE • IBRUTINIB + RITUXIMAB • METHOTREXATE + PROCARBAZINE + VINCRISTINE • PAMIDRONATE • TEMOZOLOMIDE	

	• UKALL60+ • ZANUBRUTINIB	
Burkitt Lymphoma	• CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + ETOPOSIDE + IFOSFAMIDE + METHOTREXATE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + METHOTREXATE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + METHOTREXATE + RITUXIMAB + VINCRISTINE	Acceptable first line regime
	• CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + METHOTREXATE + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + EPIRUBICIN + ETOPOSIDE + IFOSFAMIDE + METHOTREXATE + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + ETOPOSIDE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + RITUXIMAB • CYCLOPHOSPHAMIDE + DOXORUBICIN + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + ETOPOSIDE + RITUXIMAB + VINCRISTINE • CYTARABINE + ETOPOSIDE + IFOSFAMIDE + RITUXIMAB • CYTARABINE + ETOPOSIDE + IFOSFAMIDE + METHOTREXATE	Acceptable first line regime (with acceptable adjustment)
	• CYCLOPHOSPHAMIDE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + VINCRISTINE • CYCLOPHOSPHAMIDE + VINCRISTINE	Suboptimal regime
	• CYCLOPHOSPHAMIDE + DOXORUBICIN + POLATUZUMAB + RITUXIMAB	Potentially inappropriate regime
	• A2G TRIAL INDUCTION A, B, C • ALL INT GDE 2019 MAINTENANCE • ALL UKALL2011 IND B • CISPLATIN + GEMCITABINE + RITUXIMAB • CYCLOPHOSPHAMIDE • CYTARABINE • DAUNORUBICIN + PEGASPARAGINASE + VINCRISTINE • IDARUBICIN + MERCAPTOPURINE + METHOTREXATE + VINCRISTINE • IMATINIB • METHOTREXATE • NOT CHEMO • PONATINIB • RITUXIMAB • TRIPLE INTRATHECAL • UKALL 14 TRIAL	Excluded

	• UKALL14- PH 1 INDUCTION • UKALL60+ • VINCRISTINE	
Peripheral T-cell Lymphoma (NOS)	• BRENTUXIMAB VEDOTIN + CYCLOPHOSPHAMIDE + DOXORUBICIN • CYCLOPHOSPHAMIDE + DOXORUBICIN + ETOPOSIDE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + ETOPOSIDE + VINCRISTINE • CYCLOPHOSPHAMIDE + DOXORUBICIN + VINCRISTINE • CYCLOPHOSPHAMIDE + ETOPOSIDE + PROCARBAZINE	Acceptable first line regime
	• CYCLOPHOSPHAMIDE + DOXORUBICIN + POLATUZUMAB + RITUXIMAB • CYCLOPHOSPHAMIDE + DOXORUBICIN + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + ETOPOSIDE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + GEMCITABINE + RITUXIMAB + VINCRISTINE • CYCLOPHOSPHAMIDE + GEMCITABINE + VINCRISTINE • CYCLOPHOSPHAMIDE + RITUXIMAB + VINCRISTINE	Acceptable first line regime (with acceptable adjustment)
	• CYCLOPHOSPHAMIDE + VINCRISTINE • CYCLOPHOSPHAMIDE + ETOPOSIDE + VINCRISTINE	Suboptimal regime
	• ALEMTUZUMAB • BRENTUXIMAB • CISPLATIN + CYCLOPHOSPHAMIDE + CYTARABINE + DOXORUBICIN + RITUXIMAB + VINCRISTINE • CISPLATIN + GEMCITABINE • CISPLATIN + GEMCITABINE + PEGASPARAGINASE • CISPLATIN + CYTARABINE • ETOPOSIDE • GEMCITABINE • GEMCITABINE + OXALIPLATIN • MATRIX LYMPHOMA TRIAL • METHOTREXATE • RITUXIMAB • TRIAL UNSPECIFIED • CHLORAMBUCIL + RITUXIMAB • CISPLATIN + CYTARABINE + ETOPOSIDE • CYCLOPHOSPHAMIDE • CYTARABINE + METHOTREXATE + RITUXIMAB + THIOTEPA • EPIRUBICIN + ETOPOSIDE + IFOSFAMIDE	Excluded

	• GEMCITABINE + VINORELBINE • LIPOSOMAL DOXORUBICIN • NOT CHEMO • PEG INTERFERON	