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Research paper 8

Diagnosis of lymphoma; Does submission to a tertiary referral centre provide a more accurate and clinically relevant diagnosis?

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Introduction and objectives: The Centre for Diagnosis and Research in Cancer(CeDARC) receives a high number of referrals of lymphoid neoplasms (LyN) from hospitals all around Sri Lanka. The objective was to evaluate the diagnostic accuracy at CeDARC compared to external referrals received in 2022 and 2023.

Methodology: All LyNs diagnosed at CeDARC from January 2022 to December 2023 were reviewed in order to further categorise the subtypes of lymphoma and determine the discordance (major [MD] or minor [mD]) in diagnosis between the referring pathologist (RP) and CeDARC. MD was defined as a change in diagnosis that would influence the clinical management. Cases with MD were analysed further

Results: Seventy-two [mean age 51.10 years (s=21.459), 55-lymph node, 2-mediastinum, 15-extra-nodal] cases were included [55 cases of non-Hodgkin lymphoma (NHL) (41-B cell lymphomas (BCL), 14-T cell lymphomas (TCL)]; 17 cases of Hodgkin lymphoma (HL) (13-classic HL, 4-nodular lymphocyte predominant HL)]. The commonest types of BCL diagnosed were diffuse large BCL (20/41;48.7%), follicular lymphoma (5/41,12.1%) and marginal zone lymphoma (4/41,9.7%). Peripheral TCL (4/14,28.5%) and acute T lymphoblastic lymphoma/leukaemia (4/14,28.5%) were the commonest TCL. Of the 52 cases referred from external centres, RPs diagnosis was available in (43/52,82.6%). The overall discordance rate(DR) was 39.5% (17/43) of which all showed MD. Both initial and final diagnoses of a malignant, but a different entity in 16 cases (16/43;37.2%). The diagnosis changed from a benign entity to malignant in one case(1/43;2.3%). The diagnosis changed from HL to NHL in four cases (4/43;9.3%), BCL to TCL in two cases (2/43;4.6%) and non-LyN to LyN in three cases (3/43;6.9%) A total of 79 IHC tests were done on LyN cases with an average of six tests per case

Discussion and conclusions: The DR and the utilisation of IHC are high for LyN. Therefore, expanding IHC facilities in the country and referring cases of LyN to cancer referral centres for second opinion is advocated.

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