

# Lymph Node Biopsy - Suspected Haematological Malignancies - Full Clinical Guideline

Reference no.: CG-ONCOL/2017/022

## 1. Background

Patients with enlarged lymph nodes (LN) are referred to Royal Derby hospital to different specialties (majority of them being under the 2 week wait). After discussion at the MDT, if the pattern of LN distribution is suggestive of haematological malignancy then these patients need LN biopsy to confirm diagnosis. Once diagnosis is confirmed then referral is made to Haematology/Lymphoma team so that subsequent treatment can be initiated based on the final pathology.

## 2. Aim and Purpose

The aim of this guidance is to provide guidance to various specialties as to the referral pathway for LN biopsy of patients with suspected haematological malignancy presenting with lymphadenopathy.

**In patients with lymphadenopathy, excisional biopsy is preferred for diagnostic purposes. However, an adequately sized core biopsy of the lymph node may be acceptable in Axillary, Intra-abdominal and Retroperitoneal LN. Core biopsies in groin and neck nodes are unlikely to be diagnostic and excisional biopsies should be preferred.**

**The suitability for a radiologically guided core biopsy should be decided in discussion with the radiology consultant at the MDT. Please consider the clinical context of the patient in deciding the type of biopsy (Core or Excision) that is needed to make the diagnosis. In difficult cases, kindly discuss the case at Lymphoma MDT or with Ivan Robinson, Consultant histopathologist (Ext 88235)**

**The team that the patient is first referred to by the GP should organize this.**

## Definitions, Keywords

Lymph Node biopsy, Haematological malignancy

## 3. Pathway

To avoid delays in the diagnosis and management of a patient with lymphadenopathy, a new lymph node biopsy pathway has been agreed.

Route of referral for urgent lymph node biopsy is dependent on the site of the most prominent node and ease of biopsy as suggested by the Radiologists at the MDT.

- a. **Axillary Lymph nodes-** Patients with enlarged axillary LN should be referred to the Breast team. The referral should be emailed on [dhft.RDHBSU@nhs.net](mailto:dhft.RDHBSU@nhs.net) or [dhft.breastmdt@nhs.net](mailto:dhft.breastmdt@nhs.net).

- b. **Inguinal Lymph nodes**- Patients needing Inguinal LN biopsy should be discussed with Mr Tim Rowlands (can be contacted via switchboard) by the consultant taking care of the patient. This should be a consultant to consultant referral. In case Mr Rowlands is on leave then these patients should be discussed with Mr Atia (via switchboard).
- c. **Retroperitoneal abdominal Lymph nodes (for excisional biopsies)** - The on call consultant surgeon should be contacted on their mobile (via switchboard) by the referring consultant. This should be a consultant to consultant referral. In case the on call consultant surgeon is scrubbed in theatre then please leave a message on the mobile or with theatre staff and the consultant surgeon will subsequently contact you. The on call consultant surgeon will then organise a surgical list for the patient to have the biopsy.
- The excisional biopsy for these LN is performed with a laparotomy and is a major procedure. The on call consultant surgeon will first assess the fitness of the patient to undergo this surgery and will decline to perform procedure if he/she feels the patient is not fit for it. It is important that all pre-operative bloods/ECG are done before the referral. If the patient is anticoagulated or on clopidogrel, it should be stopped as per trust guidelines.
- d. **Cervical Lymph nodes**- In Patients with enlarged cervical LN, please ensure that they have had at least an ultrasound, if not an MR or CT prior to referral to the Head and Neck team. The referral should be made to the following Head & Neck Clinical Nurse Specialists;

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Email: katie.jukes1@nhs.net

Tel: #83192 Mobile 07879115912

Name: Emily Hall

Email: emily.hall5@nhs.net

Tel: #87914 Mobile 07500976506

Name: Sarah Moffatt

Email: sarah.moffatt@nhs.net

Tel: #86059 Mobile 07823373817

- e. **Mediastinal Lymph nodes-** Mediastinal lymph nodes can be sampled non-invasively using endobronchial ultrasound (EBUS) but this is usually insufficient for diagnosis of lymphoma. Where lymphoma is strongly suspected, referral to a thoracic surgeon at Nottingham City Hospital should be made by telephoning their switchboard and speaking to the on-call registrar. Alternatively the thoracic surgeons run a clinic in medical outpatients every Tuesday morning.

Where there is isolated mediastinal lymphadenopathy, or lymphoma is possible but a range of other diagnoses are under consideration, referral to the Respiratory team through a standard consultant-to-consultant referral should be made.

Following the biopsy of the LN, the results should be discussed first at the MDT of the team that organised the LN biopsy. If diagnosis of haematological malignancy/Lymphoma is made then a MDT to MDT referral with an accompanying letter to Lymphoma team is done (If the original team is other than Lymphoma team). The patient should be informed of the referral by the original team.

#### 4. Documentation Controls

Development of Guideline:	Viren Asher, Wendy Steele, Denise Crouch. Derby Cancer Centre
Consultation with:	Haematology/Lymphoma team/Colorectal team/ Vascular team/H&N team/Lung team/Pathology/ Radiology
Approved By:	Cancer Business Unit - discussed by team Jan 2021 Surgical Division - (virtual approval) Sent 8/1/2021
Review Date:	February 2024
Key Contact:	Not specified

#### 5. Appendices

## Referral pathway for LN biopsy in patients with suspected haematological malignancies

Site of the LN	Team to be contacted/ Contact person	Contact details
Axillary Lymph nodes	Breast team	<a href="mailto:dhft.RDHBSU@nhs.net">dhft.RDHBSU@nhs.net</a> or <a href="mailto:dhft.breastmdt@nhs.net">dhft.breastmdt@nhs.net</a> .
Inguinal Lymph nodes	Tim Rowlands	Consultant from referring team contacts- Mr Rowlands via switchboard. If Mr Rowlands is on leave then contact Mr Atia via switchboard.
Retroperitoneal Lymph nodes (for excisional biopsy)	On call consultant surgeon	Consultant from the referring team contacts on call consultant surgeon via switchboard
Cervical Lymph nodes	Head and Neck CNS	Name: Katie Jukes Email: <a href="mailto:katie.jukes1@nhs.net">katie.jukes1@nhs.net</a> Tel: #83192 Mobile 07879115912  Name: Emily Hall Email: <a href="mailto:emily.hall5@nhs.net">emily.hall5@nhs.net</a> Tel: #87914 Mobile 07500976506  Name: Sarah Moffatt Email: <a href="mailto:sarah.moffatt@nhs.net">sarah.moffatt@nhs.net</a> Tel: #86059 Mobile 07823373817
Mediastinal Lymph nodes	Thoracic team/ Respiratory team	Thoracic surgeon at Nottingham City Hospital via their switchboard.  For isolated Mediastinal Lymphadenopathy – Contact respiratory team with MDT to MDT referral.