The Yorkshire & Humberside Haematology Network

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Hull University Teaching Hospital Trust

Who are we?

What do we do?

What's it all about?
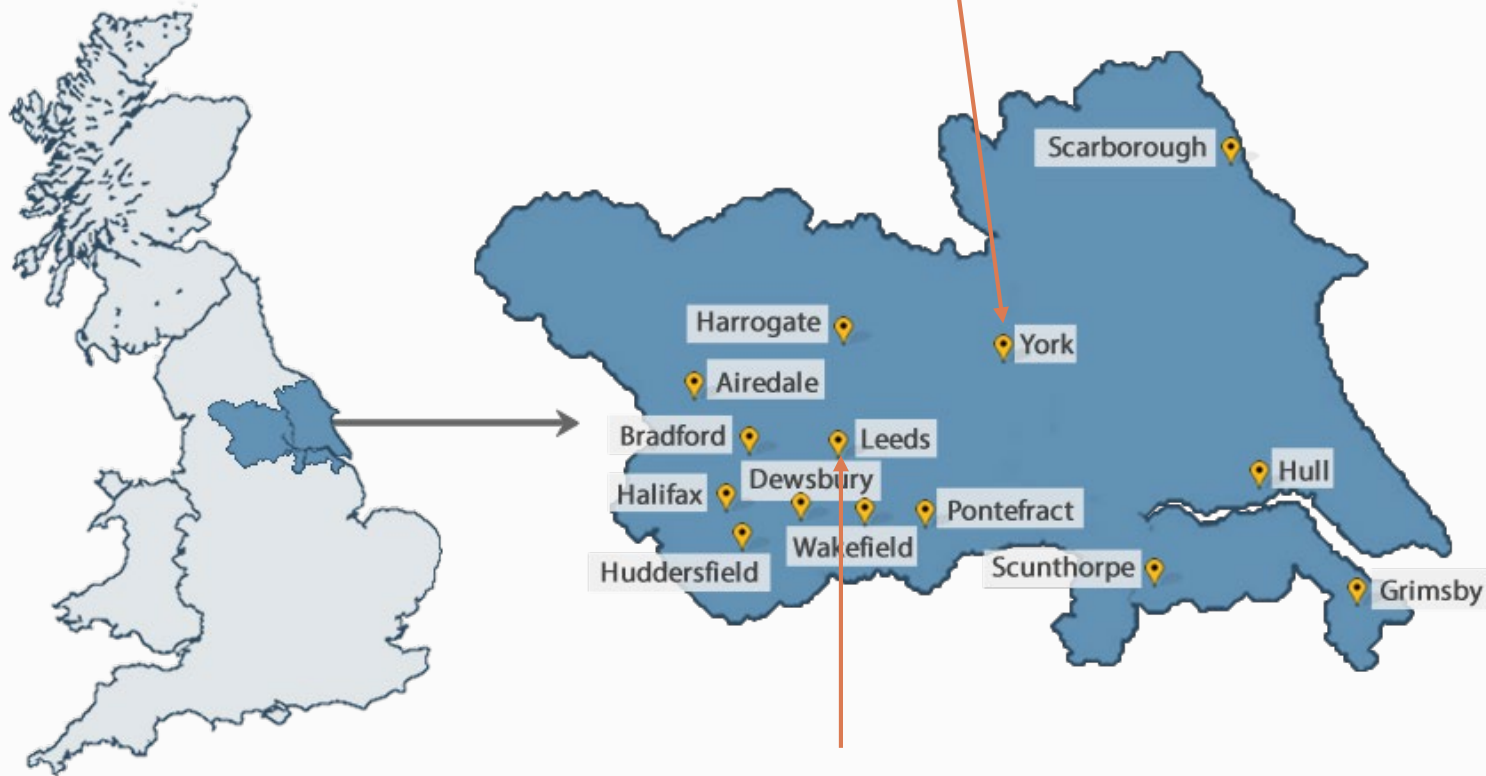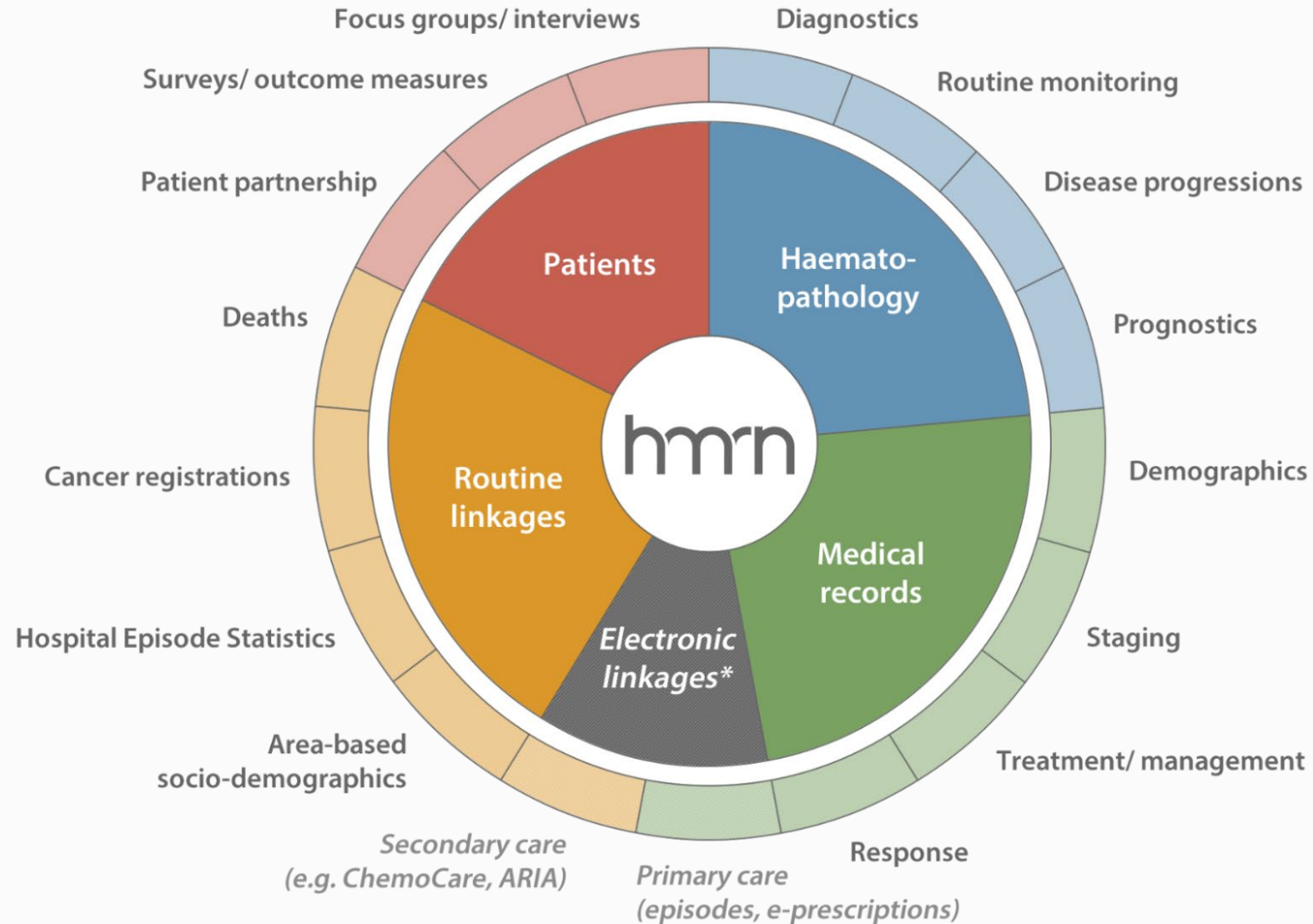
What do we need from you?

Who are we?
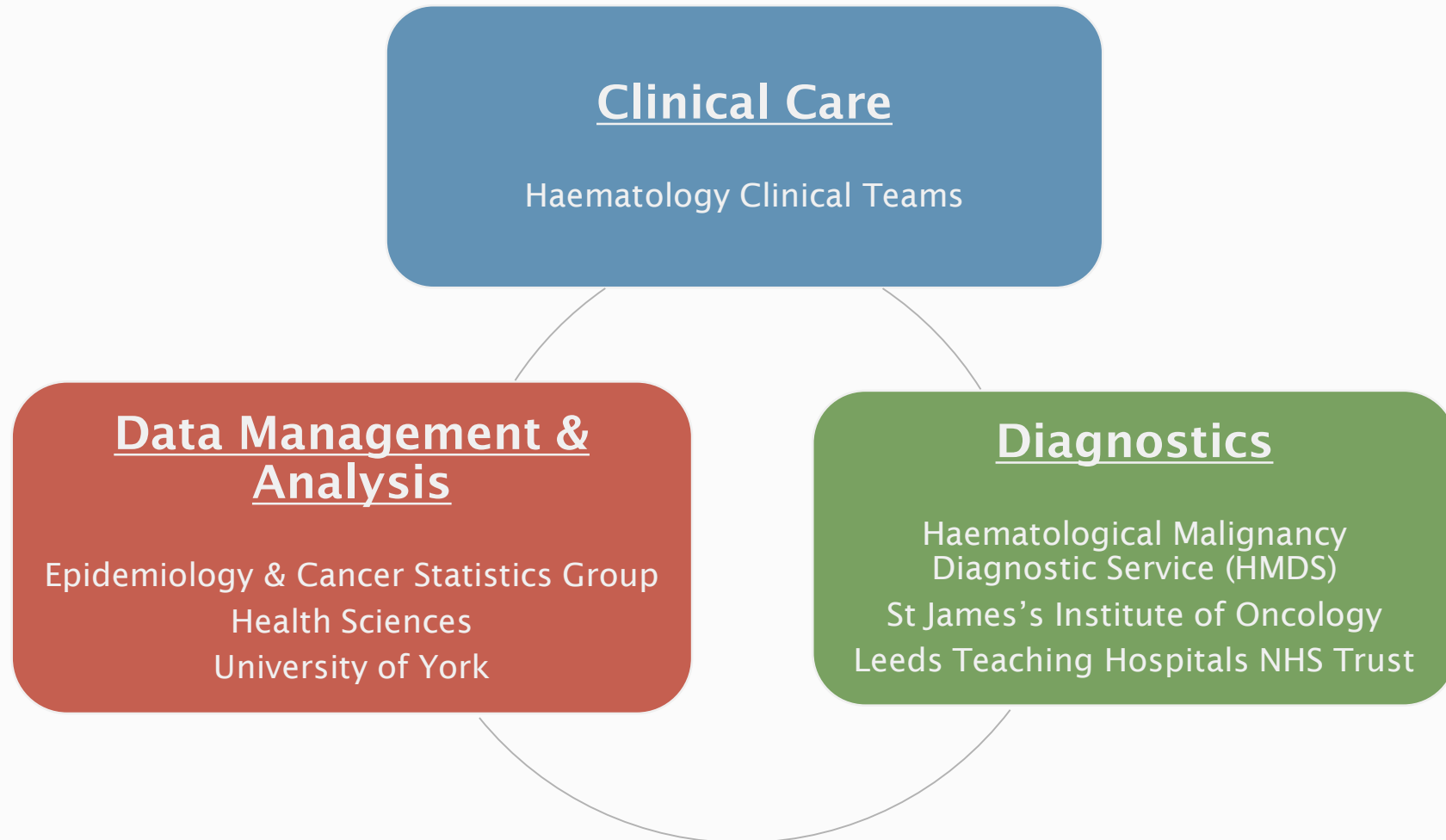
Clinical Care

Haematology Clinical Teams

Data Management & Analysis

Epidemiology & Cancer Statistics Group
Health Sciences
University of York

Diagnostics

Haematological Malignancy
Diagnostic Service (HMDS)
St James's Institute of Oncology
Leeds Teaching Hospitals NHS Trust

Epidemiology &
Cancer Statistics
Group

Scarborough

Population: 3.8 m

Cancer Alliances: 2

Diagnostic Laboratory: 1

Clinical Network: Hospitals: 12

Multidisciplinary Team: 5

Harrogate

York

Airedale

Bradford

Leeds

Halifax

Dewsbury

Hull

Pontefract

Huddersfield

Wakefield

Scunthorpe

Grimsby

Haematological Malignancy
Diagnostic Service

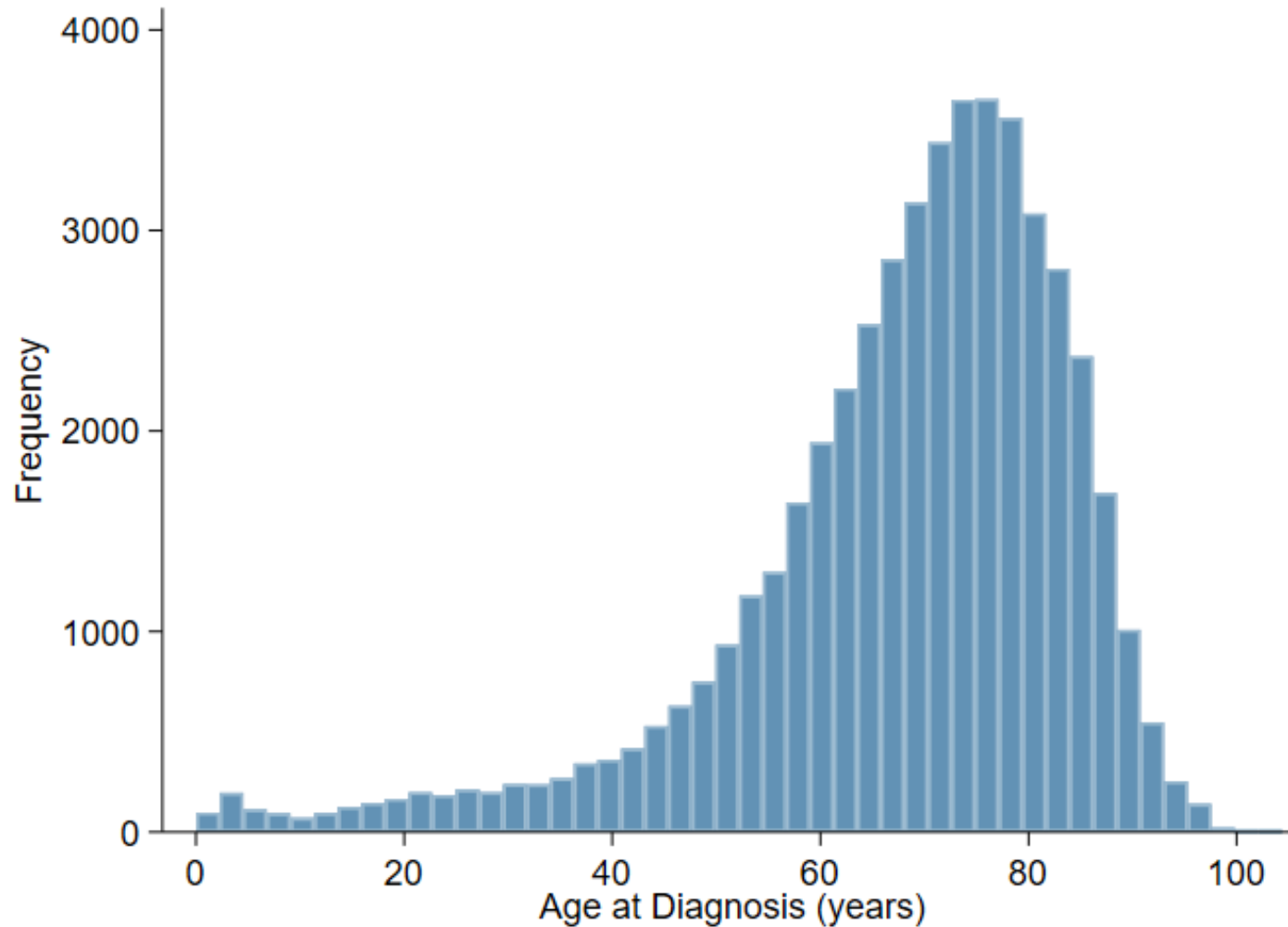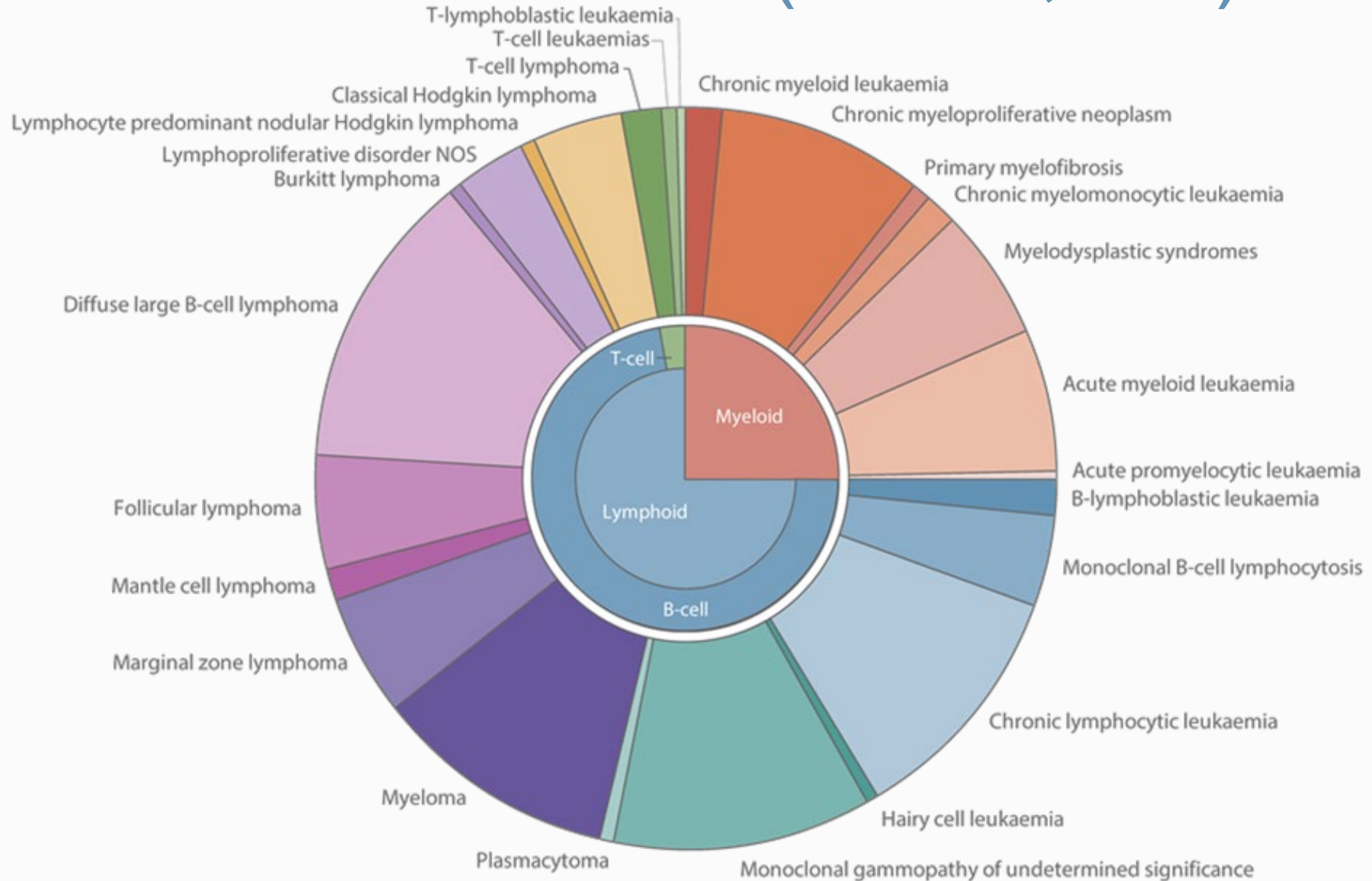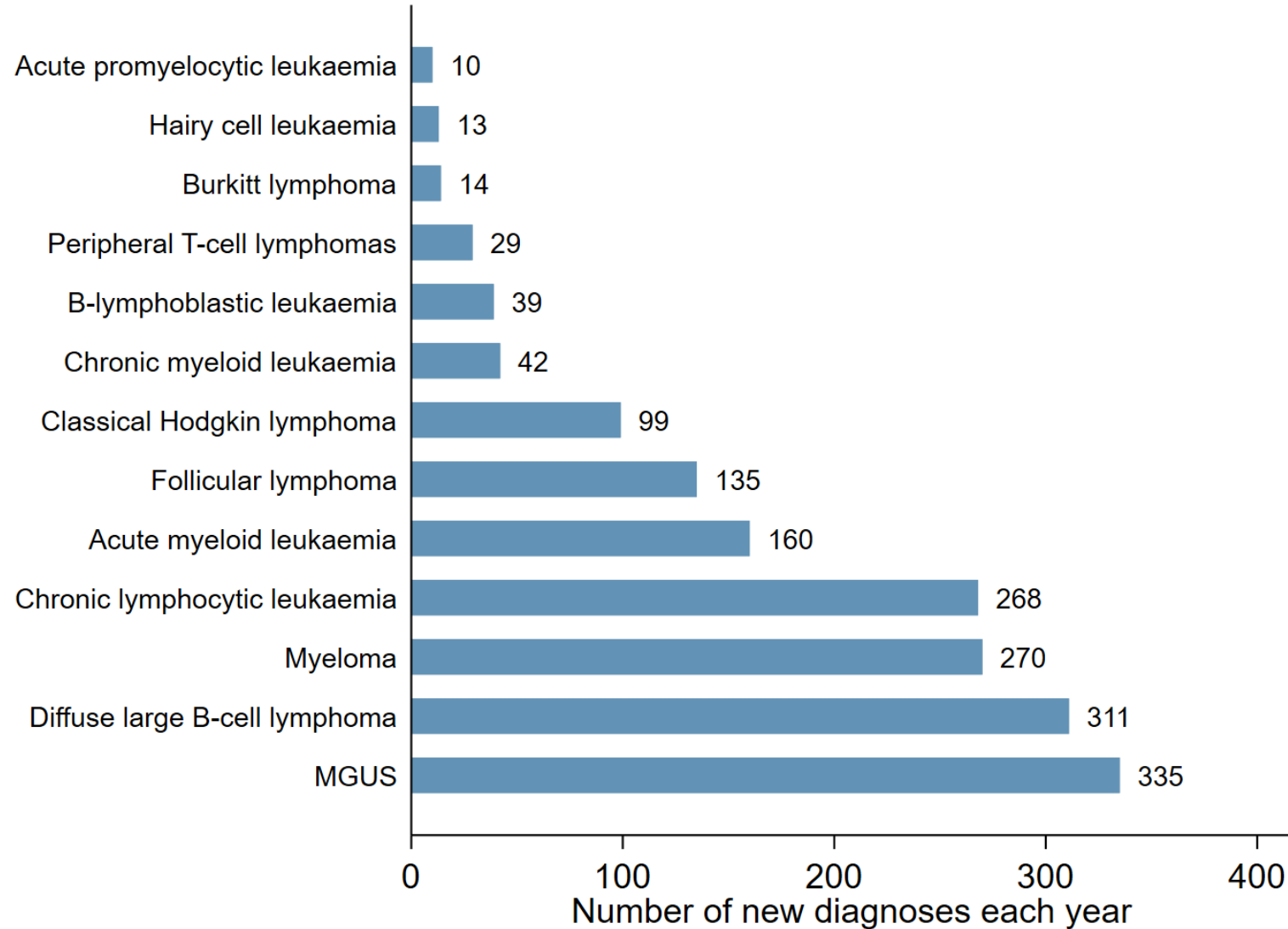# YHHN - Data

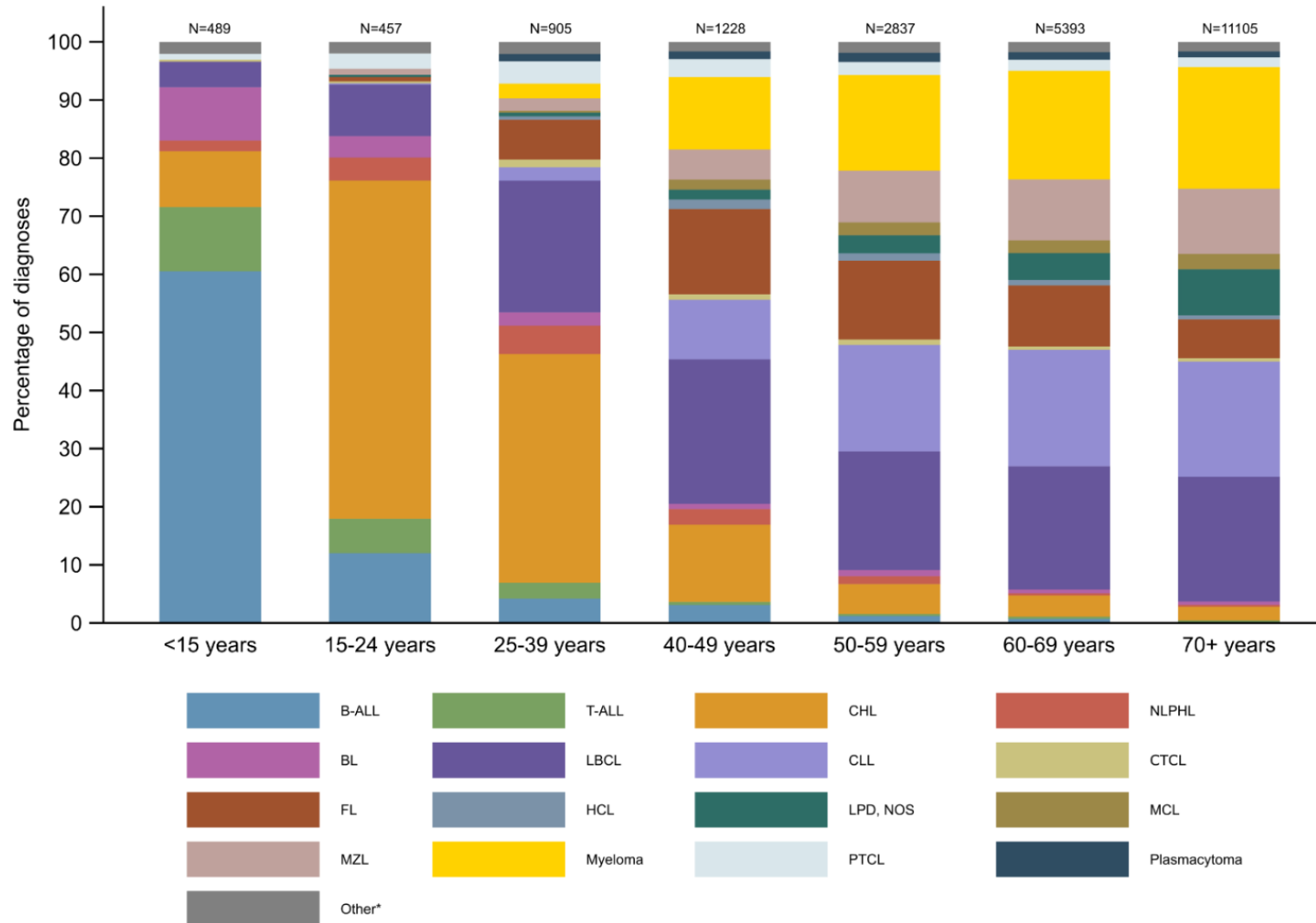# Diagnoses 1/9/2004 to 23/10/2023 N=49,621
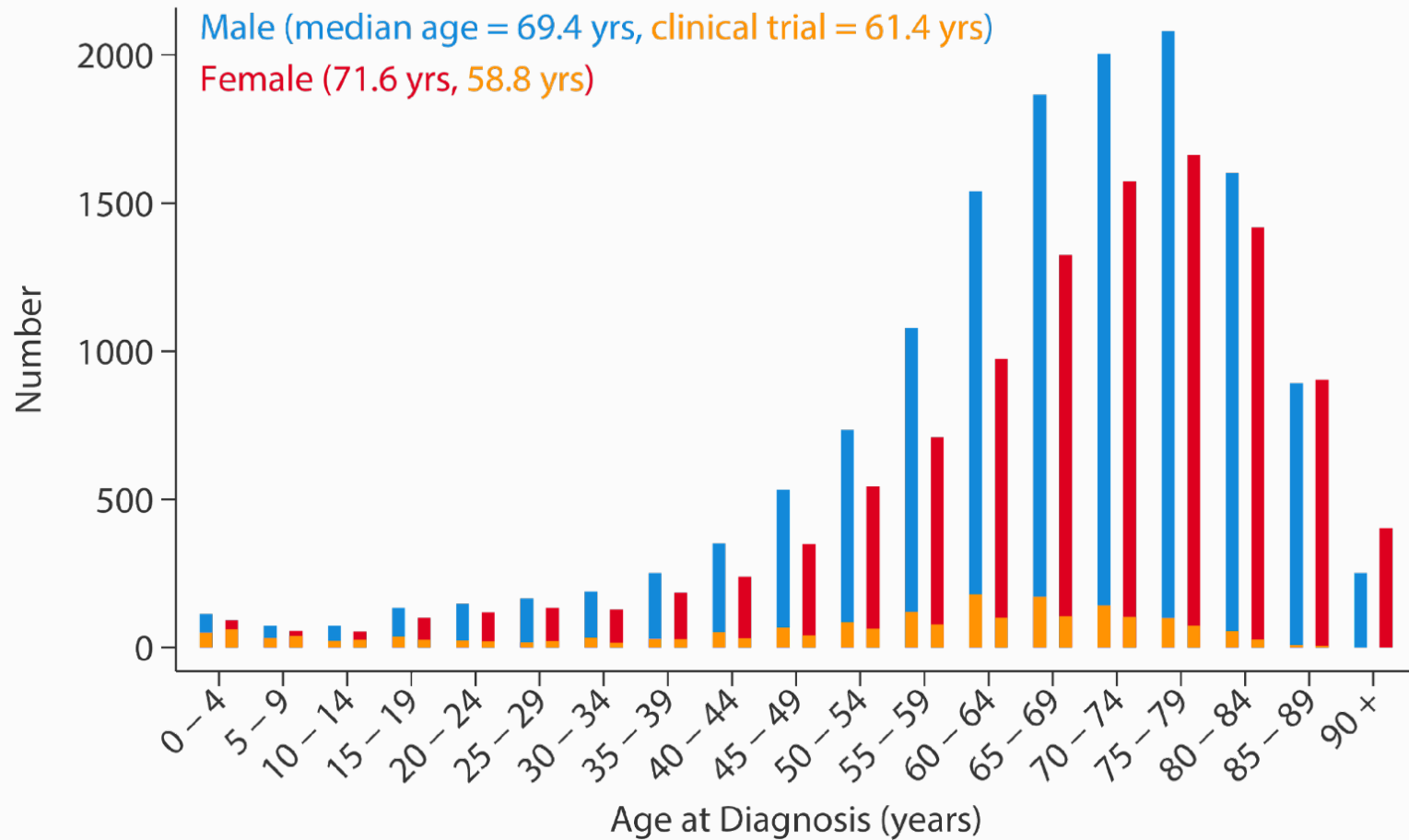
Diagnoses 2004 to date (N= 49,621)

Average number of diagnoses each year in the network =2,600

Diagnoses by age – lymphoid diagnoses only

Randomized controlled trial (RCT) entry (first-line): all haematological cancers combined

Male (median age = 69.4 yrs, clinical trial = 61.4 yrs)
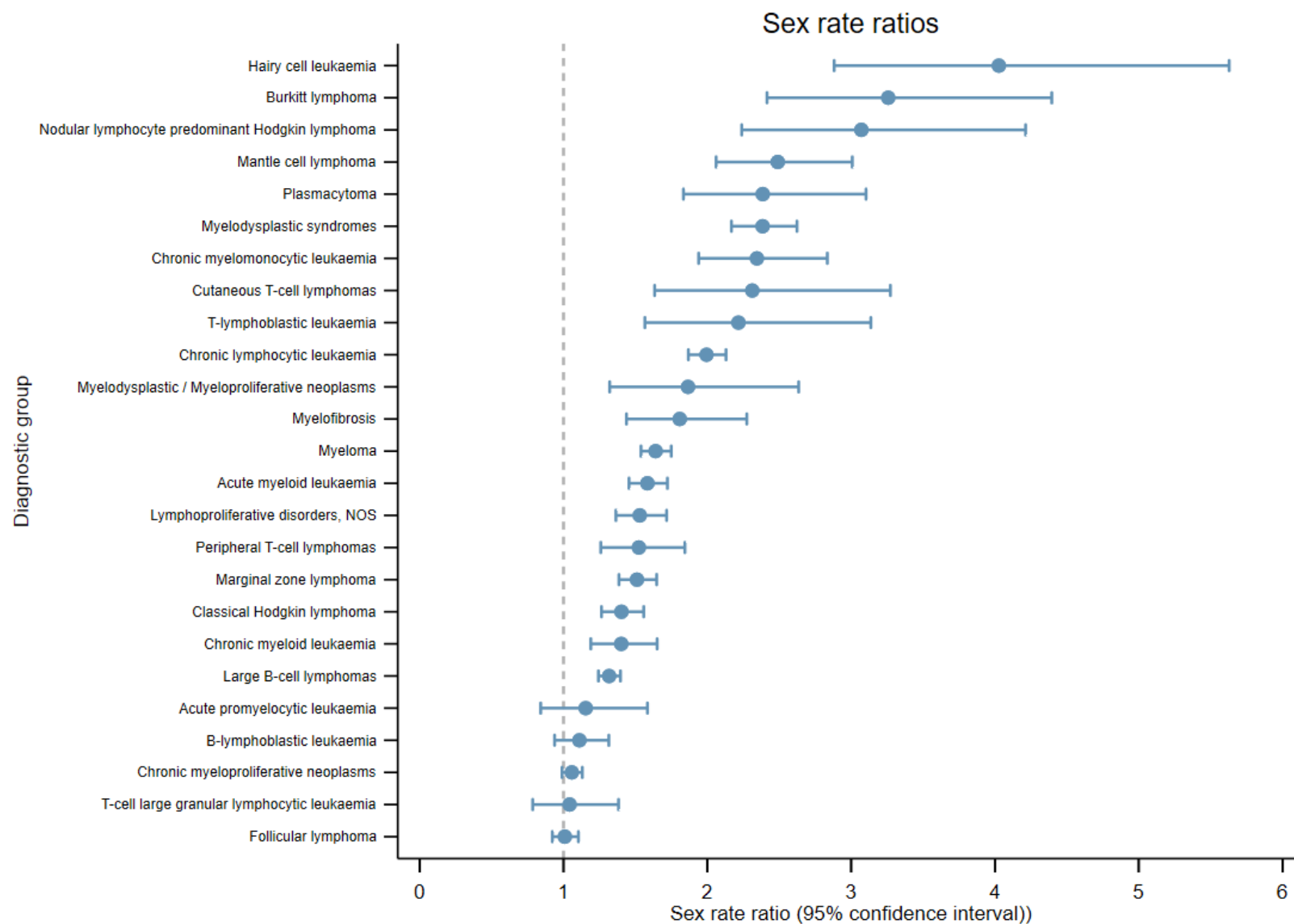Female (71.6 yrs, 58.8 yrs)

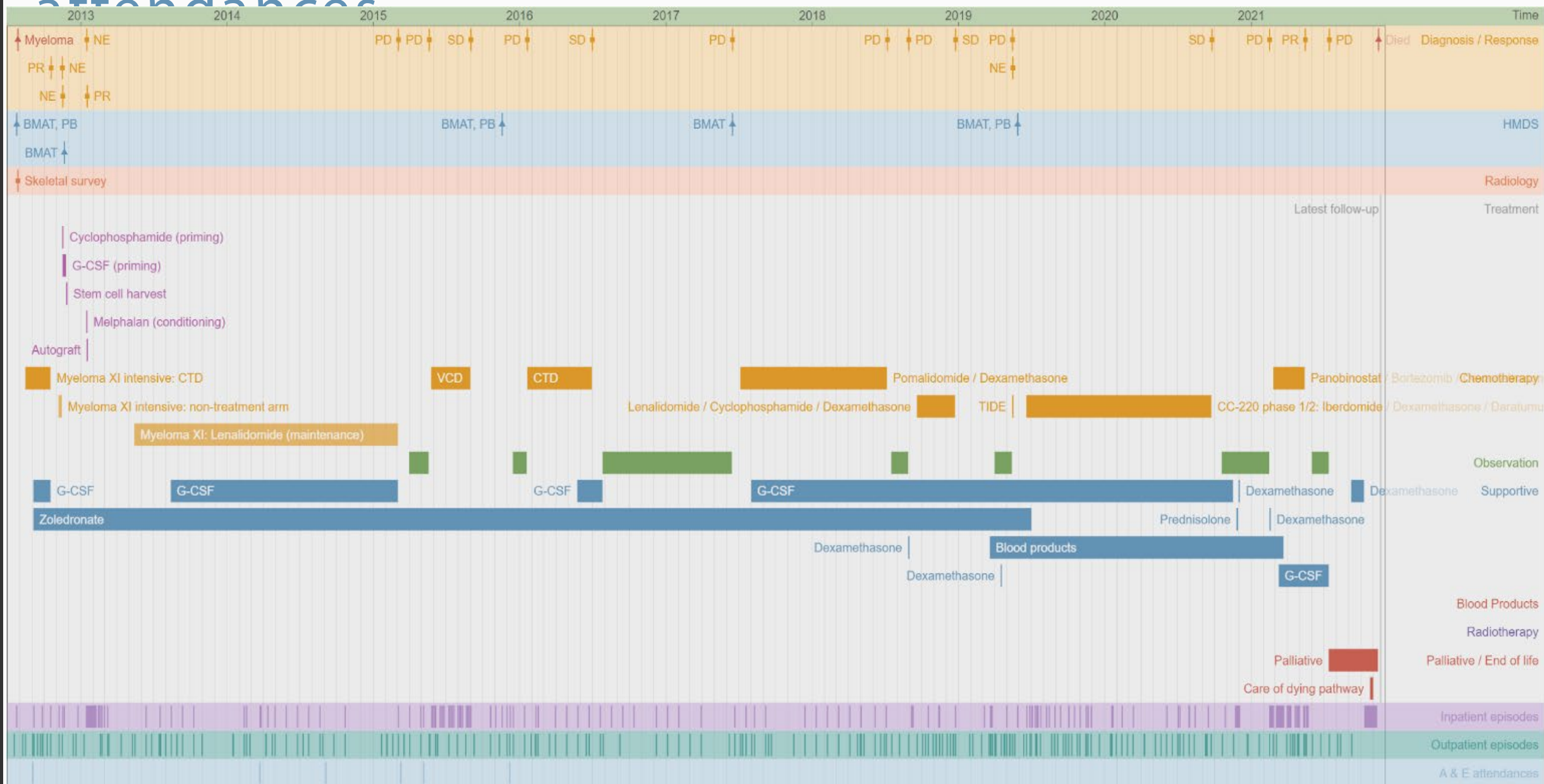- Trials tend to focus on single treatment points, often excluding:-

- Older patients
- Poor risk patients
- Relapsed disease
- Rarer subtypes
- Early disease

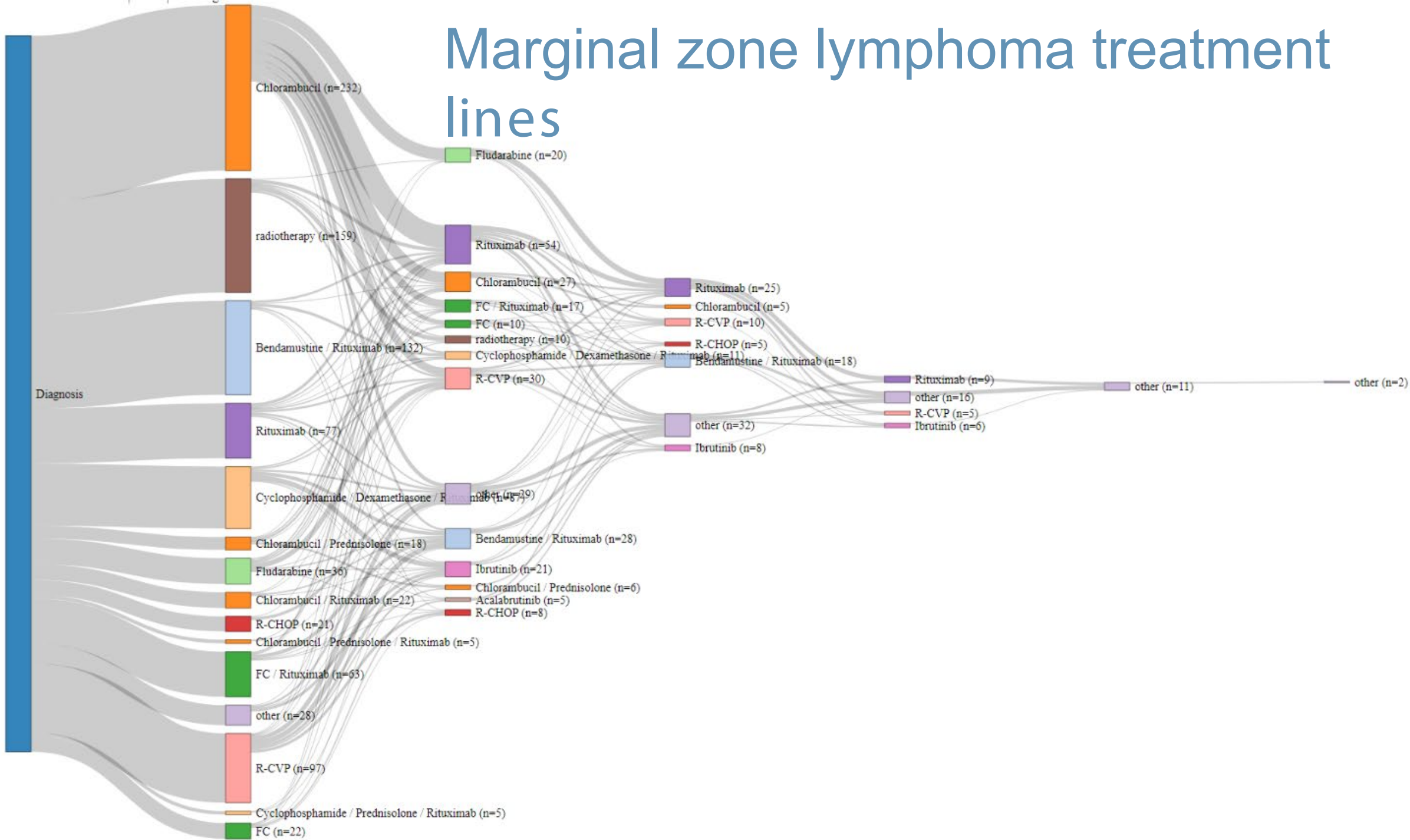Are findings from RCTs generalizable to the patient population as a whole?
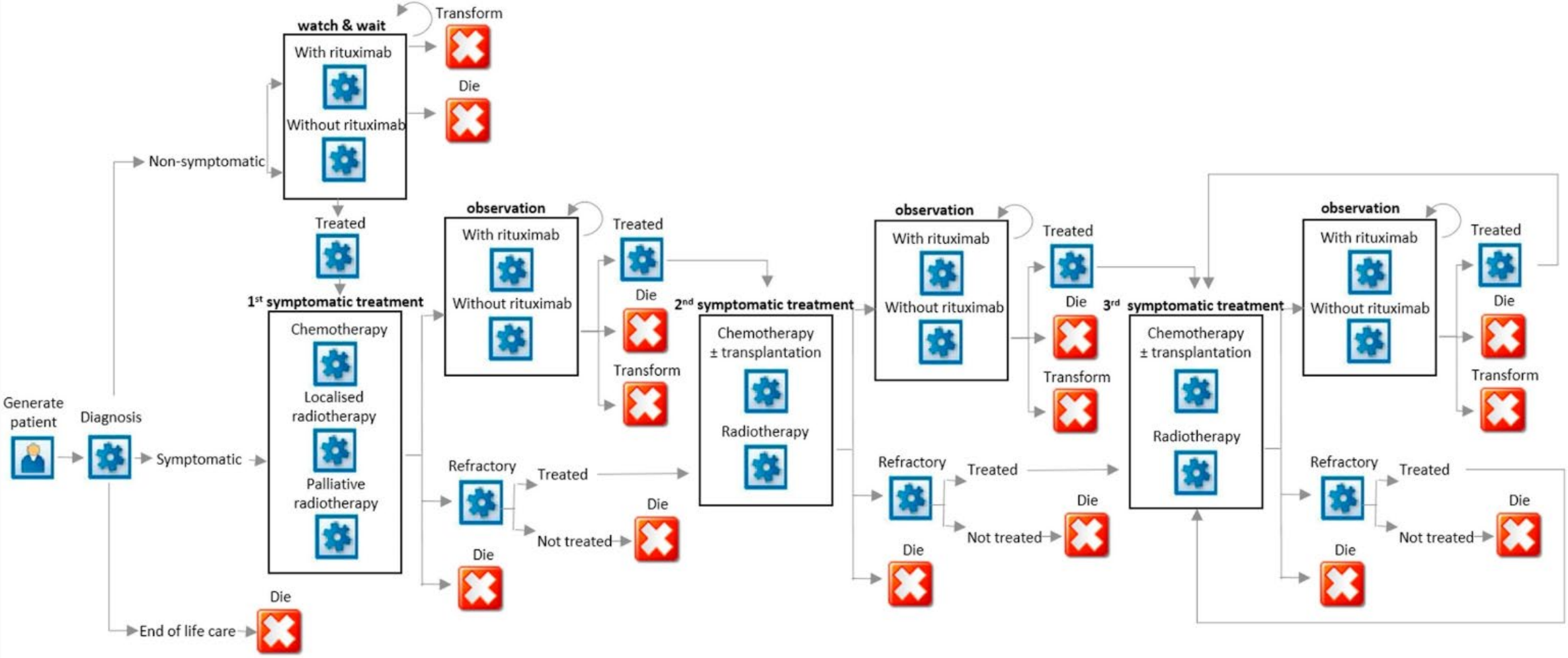
Sex rate ratio - male: female

Sex rate ratios

Myeloma patient pathway including hospital attendances

Marginal zone lymphoma treatment lines

Follicular lymphoma – health economics

Follicular lymphoma

	Number of patients diagnosed in the UK each year	Average Cost per patient (£)	Annual UK costs Million (£)
Total	1860	18,705	61.6
Watch & Wait only	550	5,296	18.2
Treated	1,273	24,872	42.1
1st line only	720	13,456	23.8
2nd line plus			
With Transplant	77	60,261	2.5
Without Transplant	499	36,000	16.5

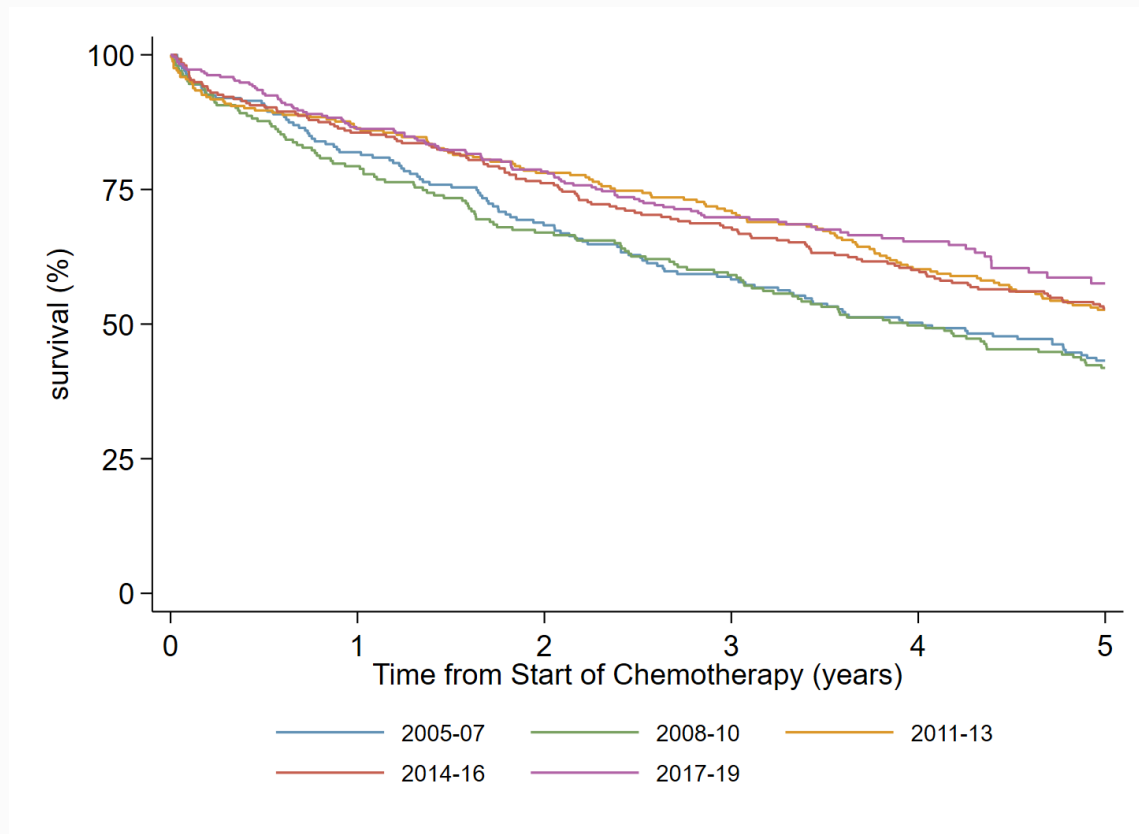# Myeloma first line treatment over time
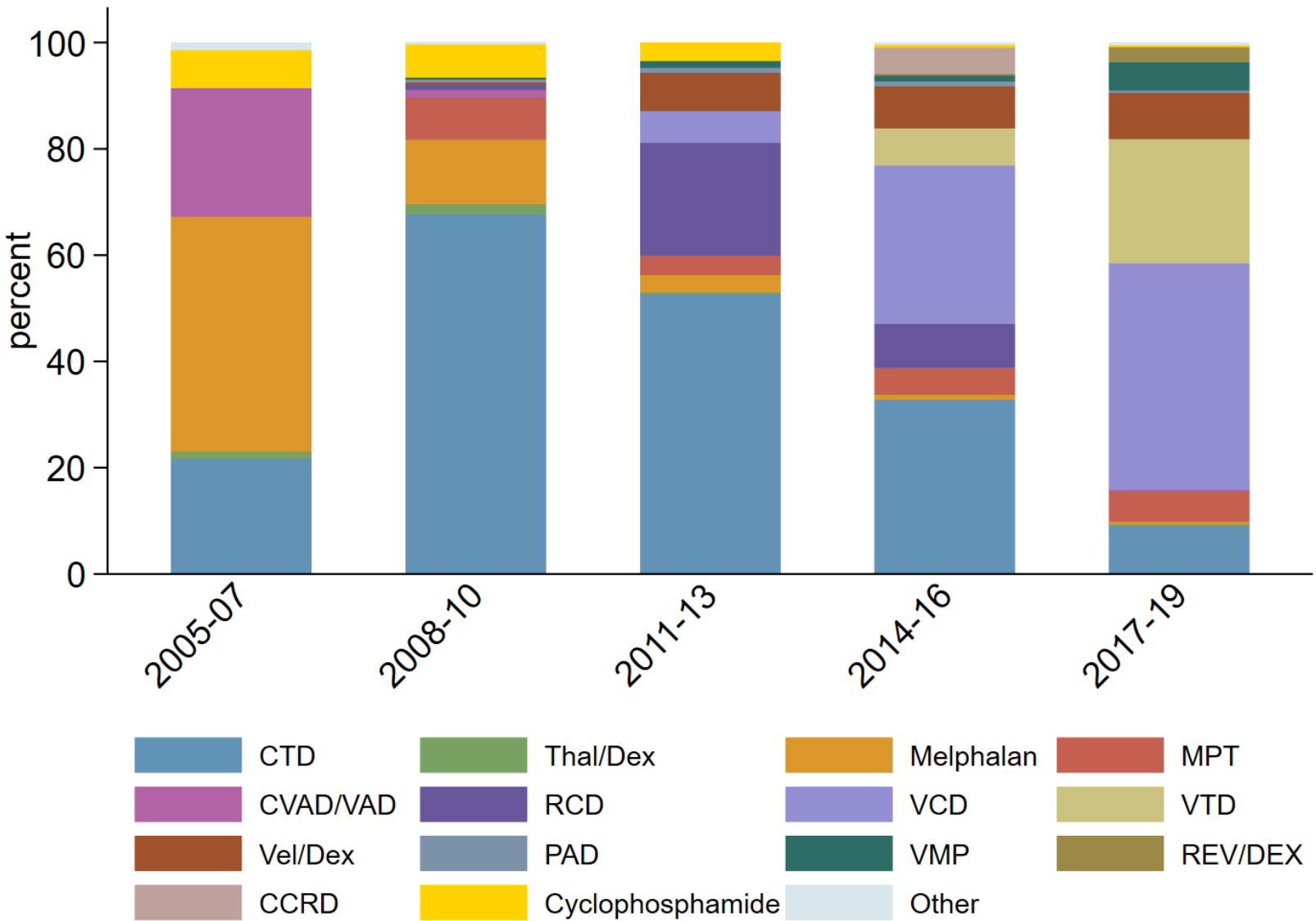
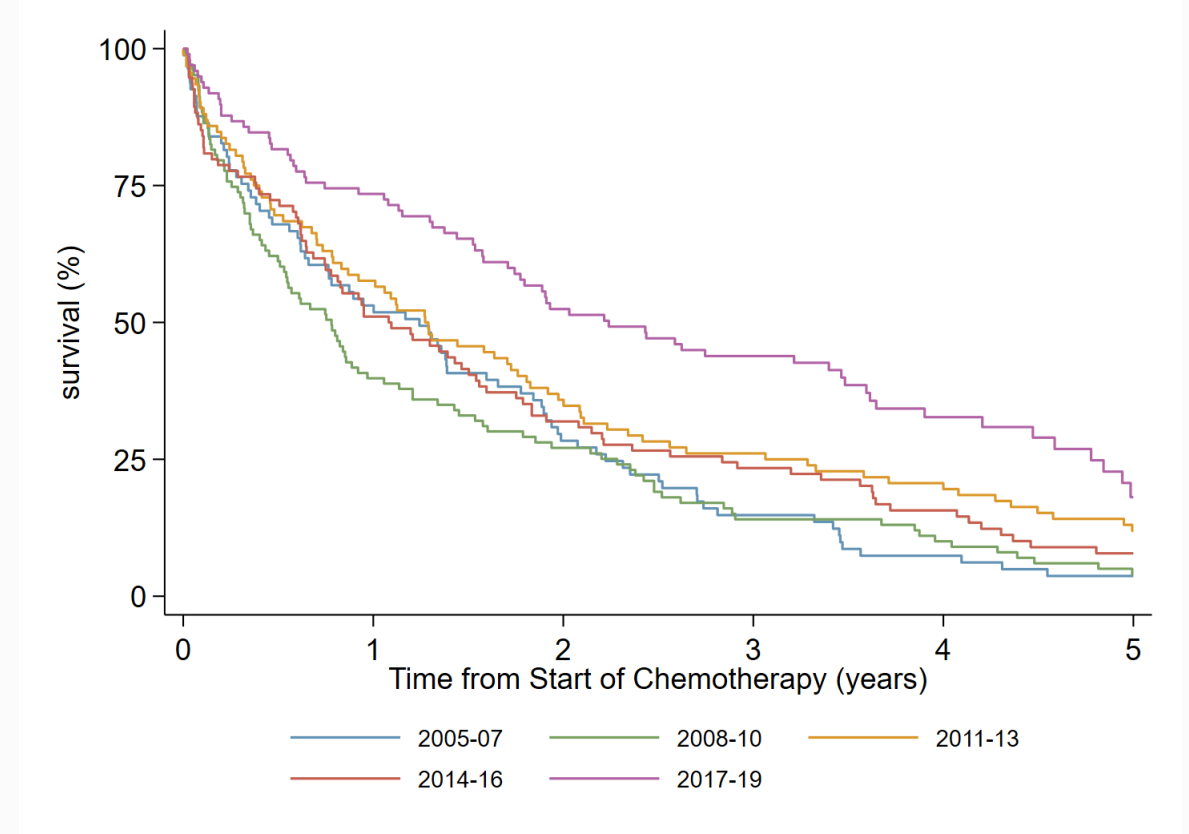# Myeloma – survival by year of first line treatment
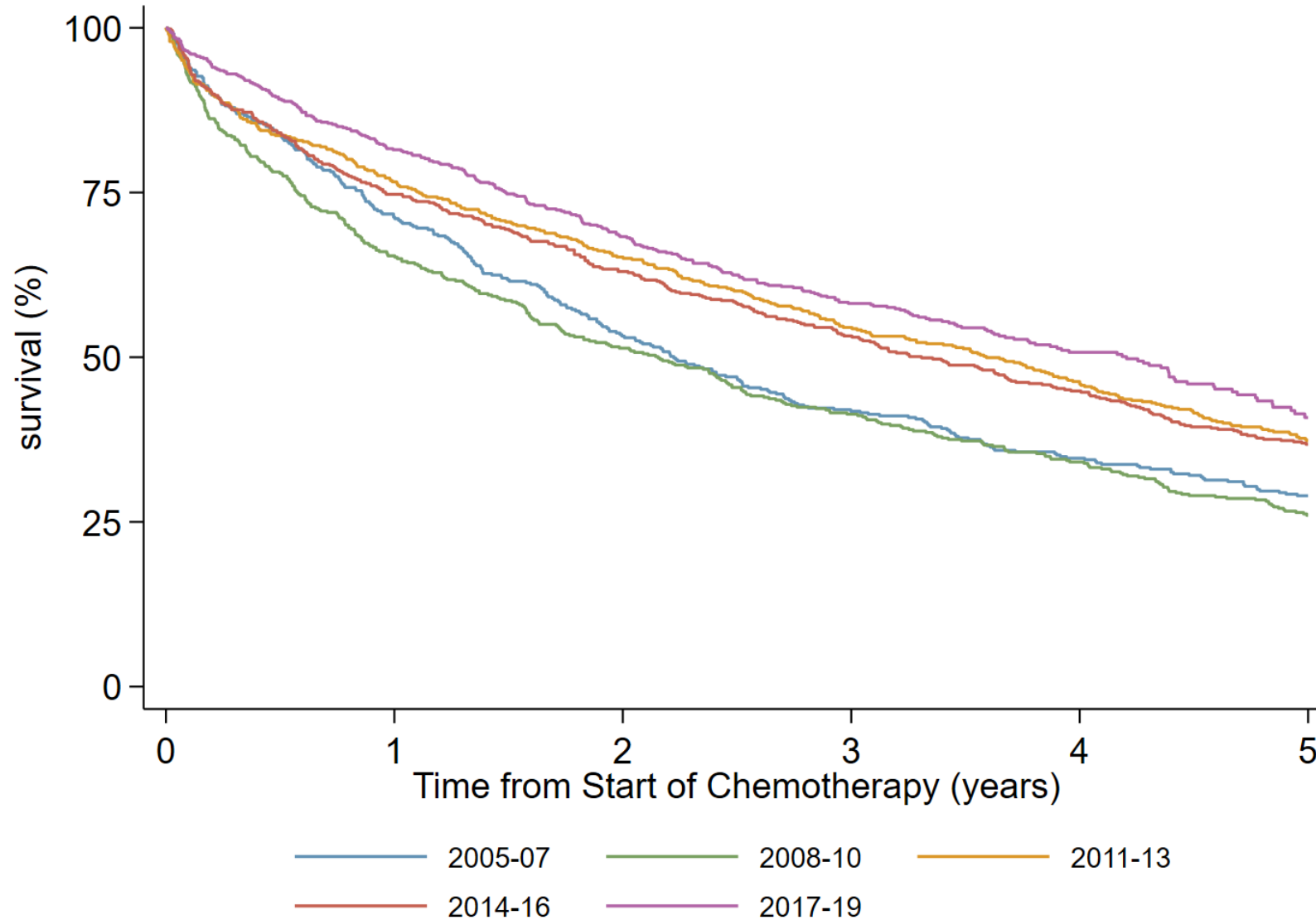
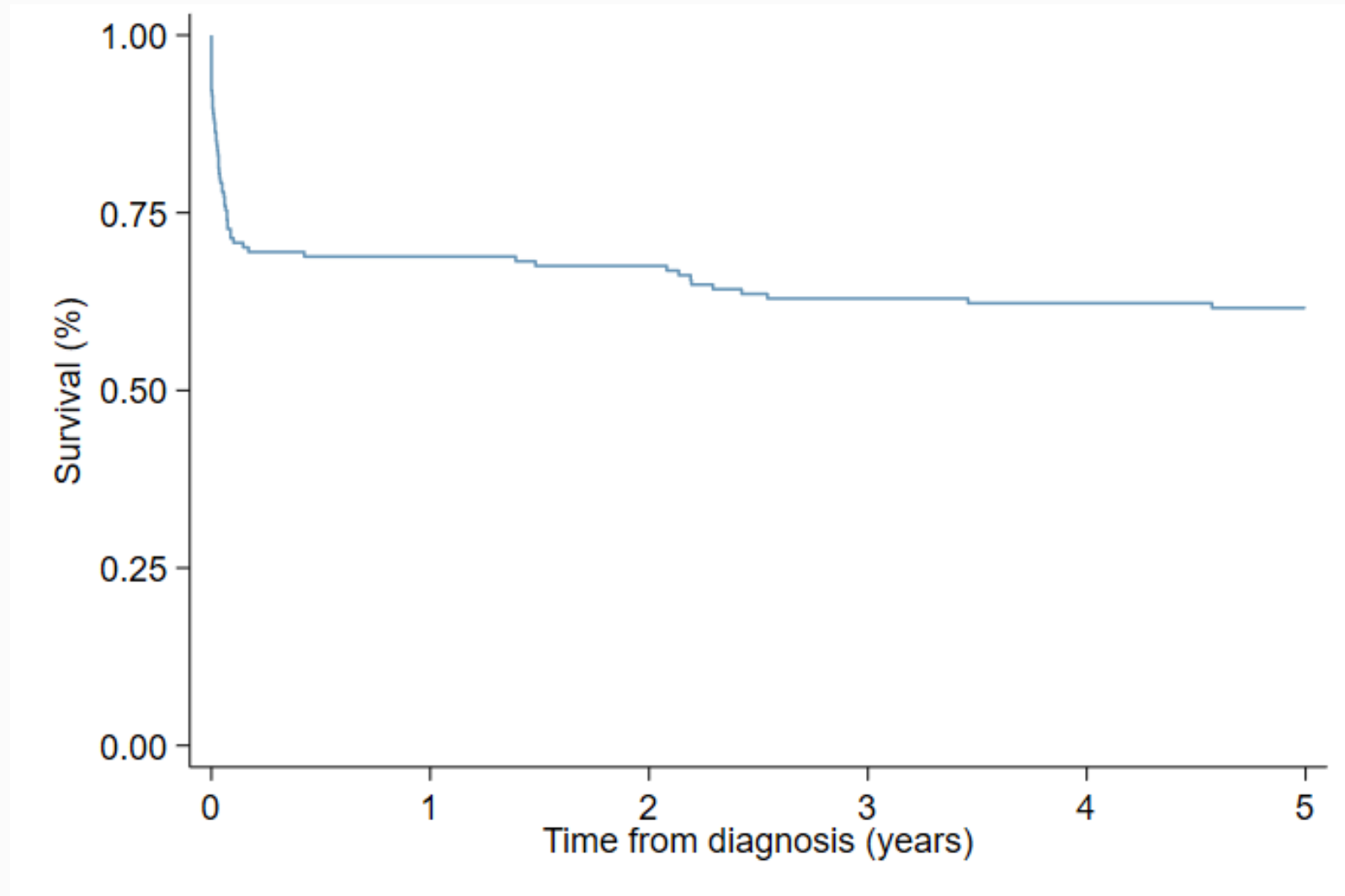# Myeloma by age – survival by year of first line treatment
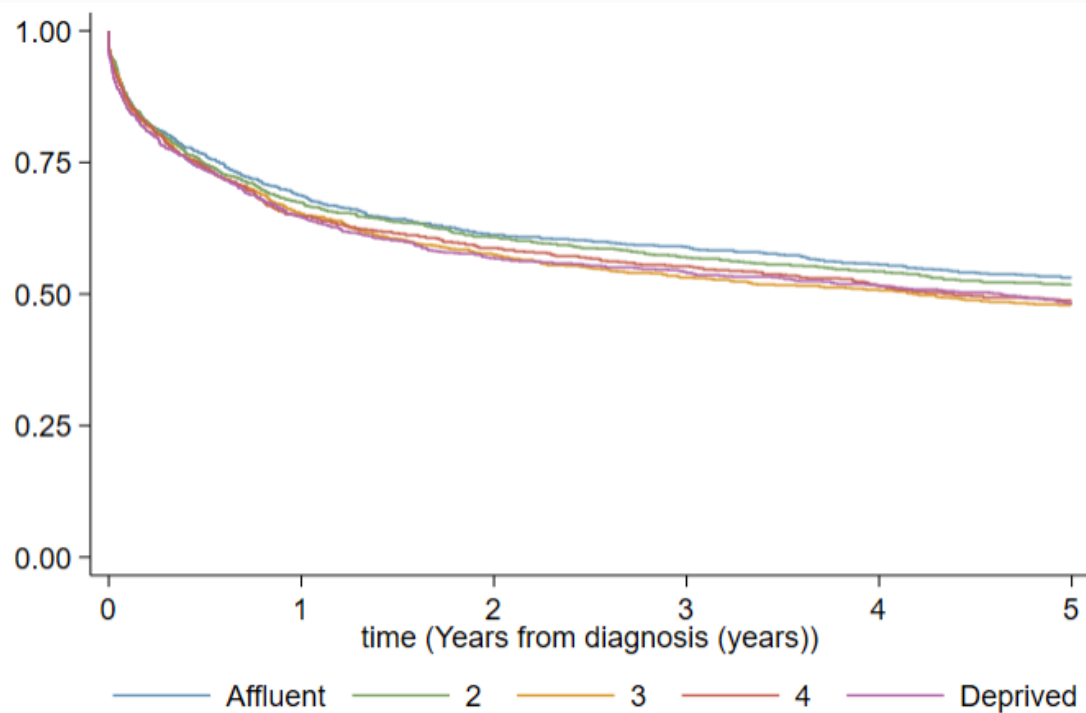
<70 years

80+ years

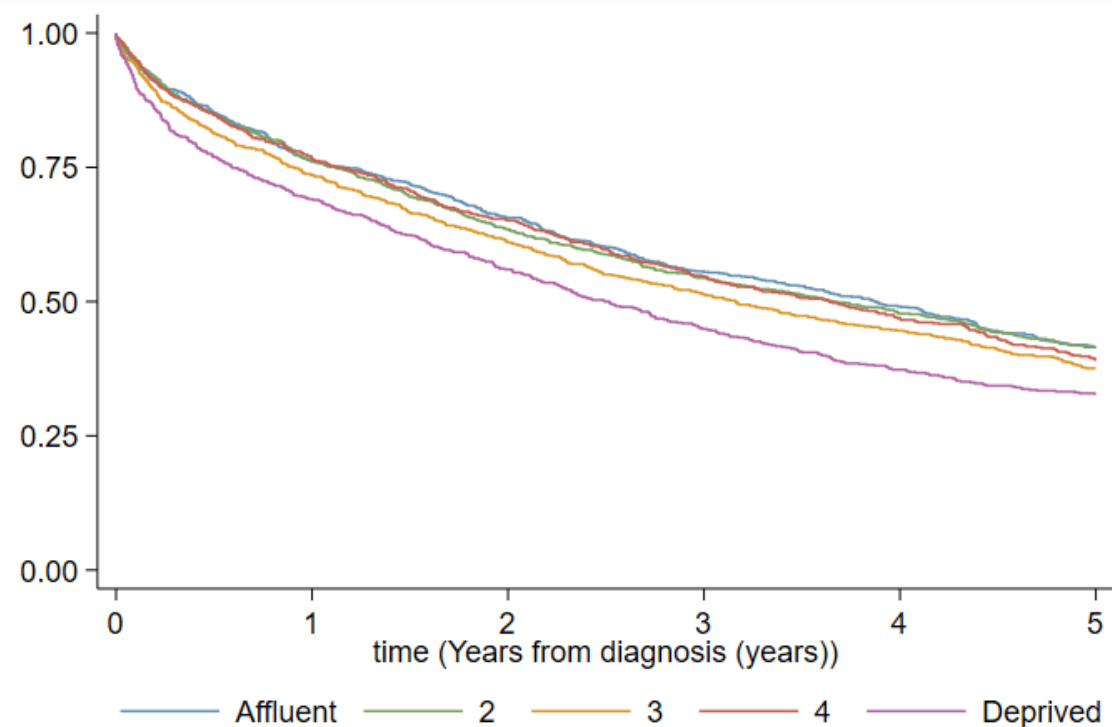# Acute promyelocytic leukaemia (APML) survival

Survival by socio-economic status

## Diffuse large B-cell lymphoma

Myeloma

Introduction of rituximab biosimilars into the NHS

- Pricing of rituximab biosimilar is half the cost of MabThera

- Estimated saving to the NHS £300 million/year

- The clinical trials undertaken were small and in one disease area only – follicular lymphoma

- Concerns were raised as manufacturing of mAb is complex

- HMRN is ideally suited to see the impact of the introduction of rituximab biosimilars

Rituximab type – use by year of treatment
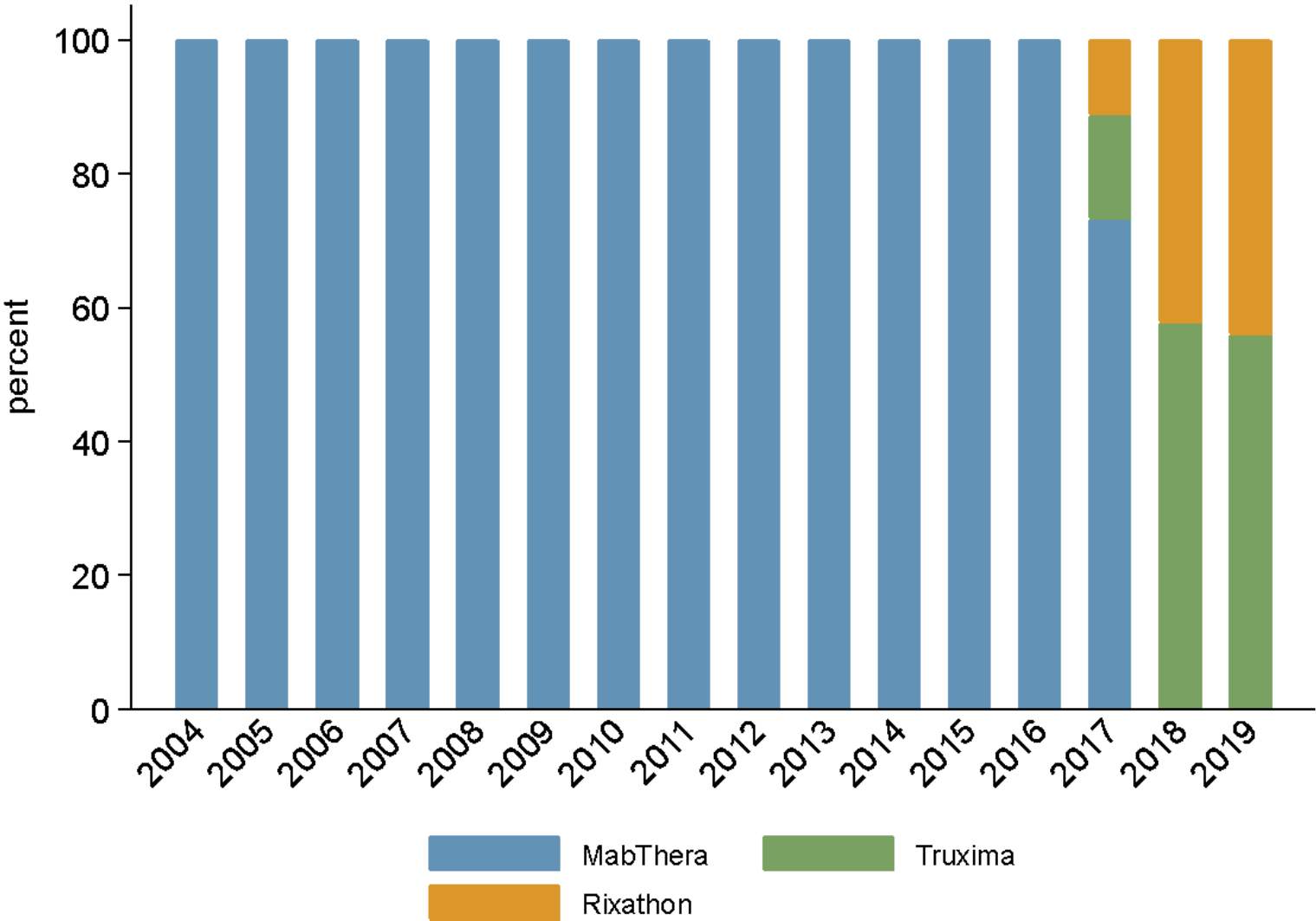
Overall survival by rituximab type
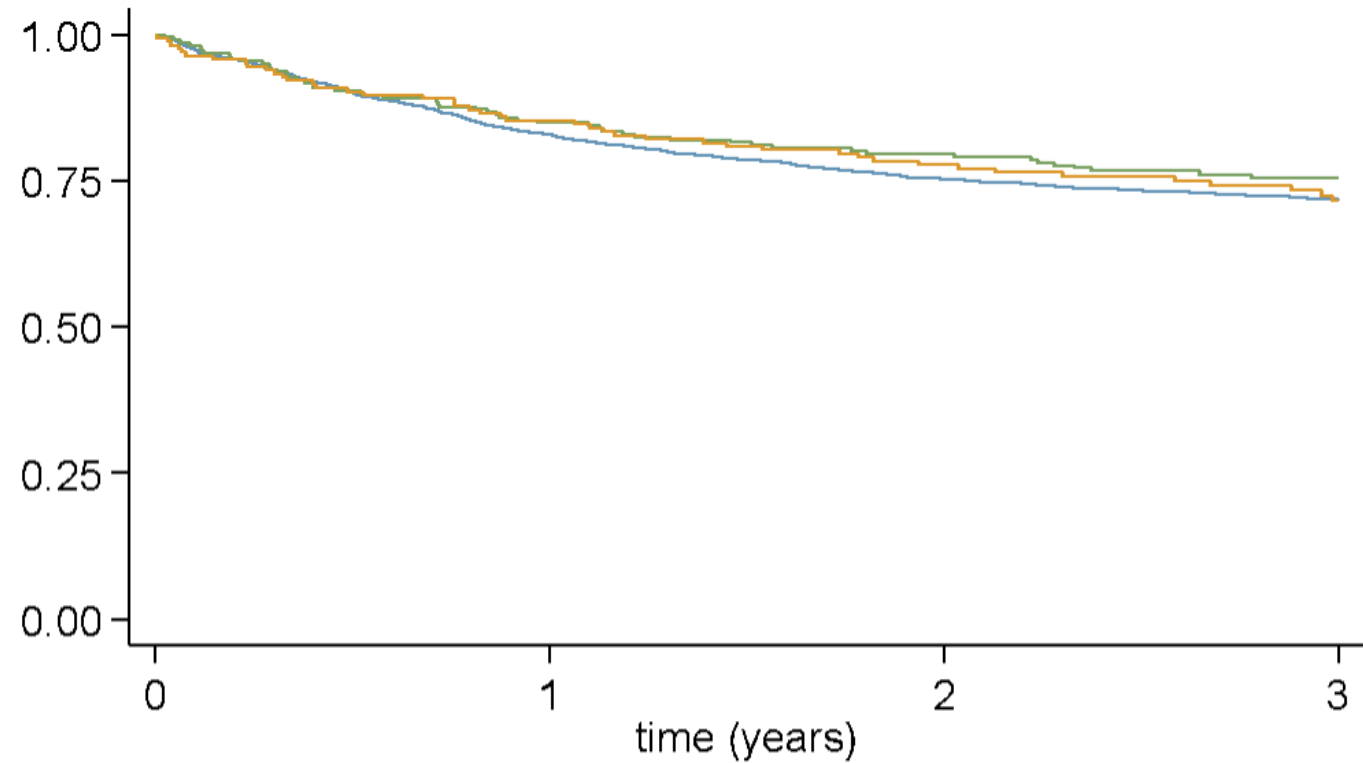
Number at risk

Mabthera	2461	2030	1833	1745
Truxima	219	180	164	105
Rixathon	164	137	122	78

Mabthera —— Truxima —— Rixathon

COVID

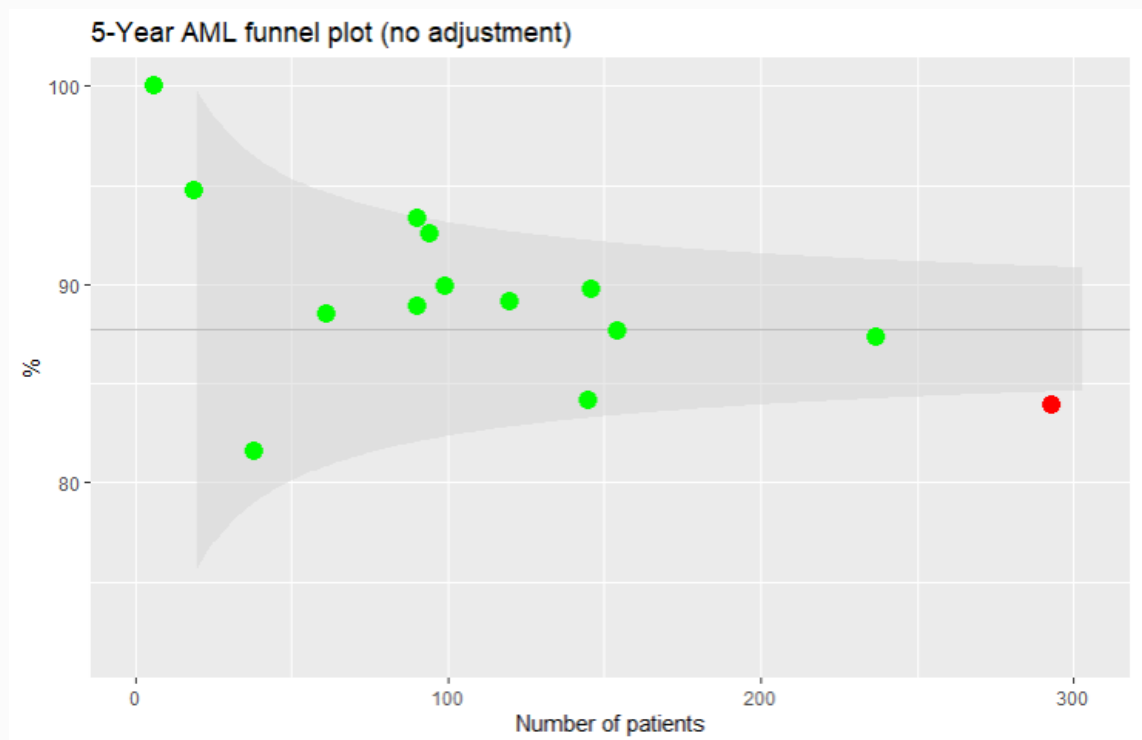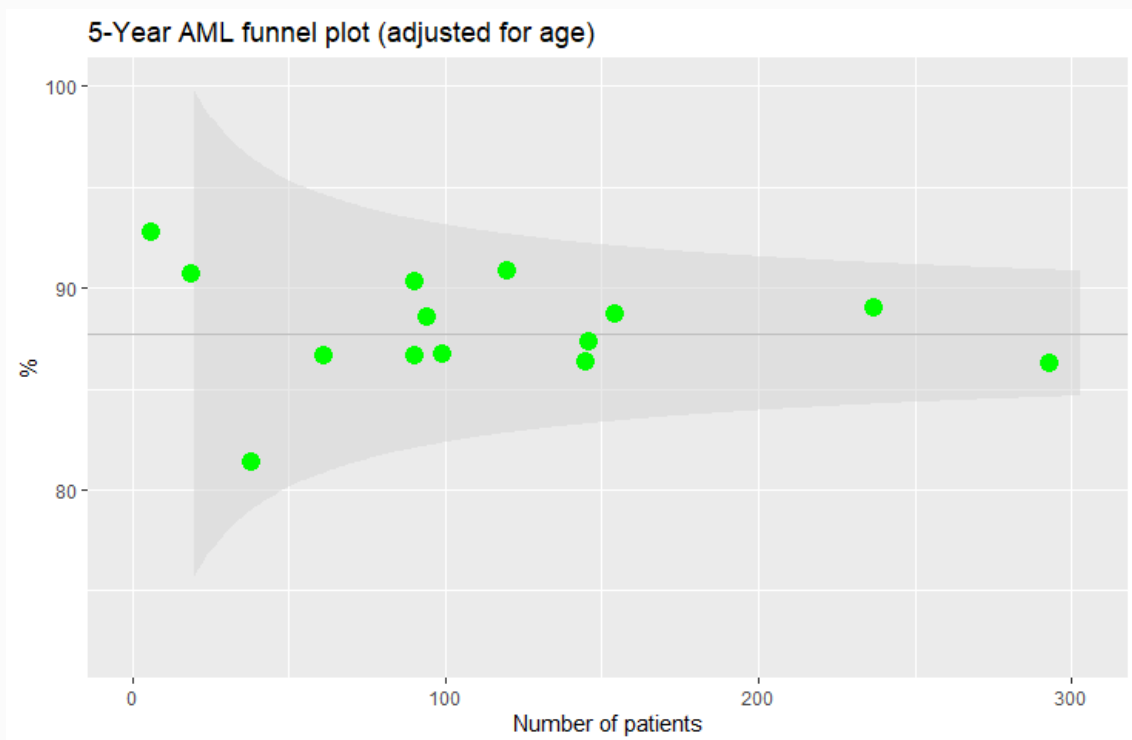Risk of dying from Covid (underlying cause only) in all haematological diagnoses and controls
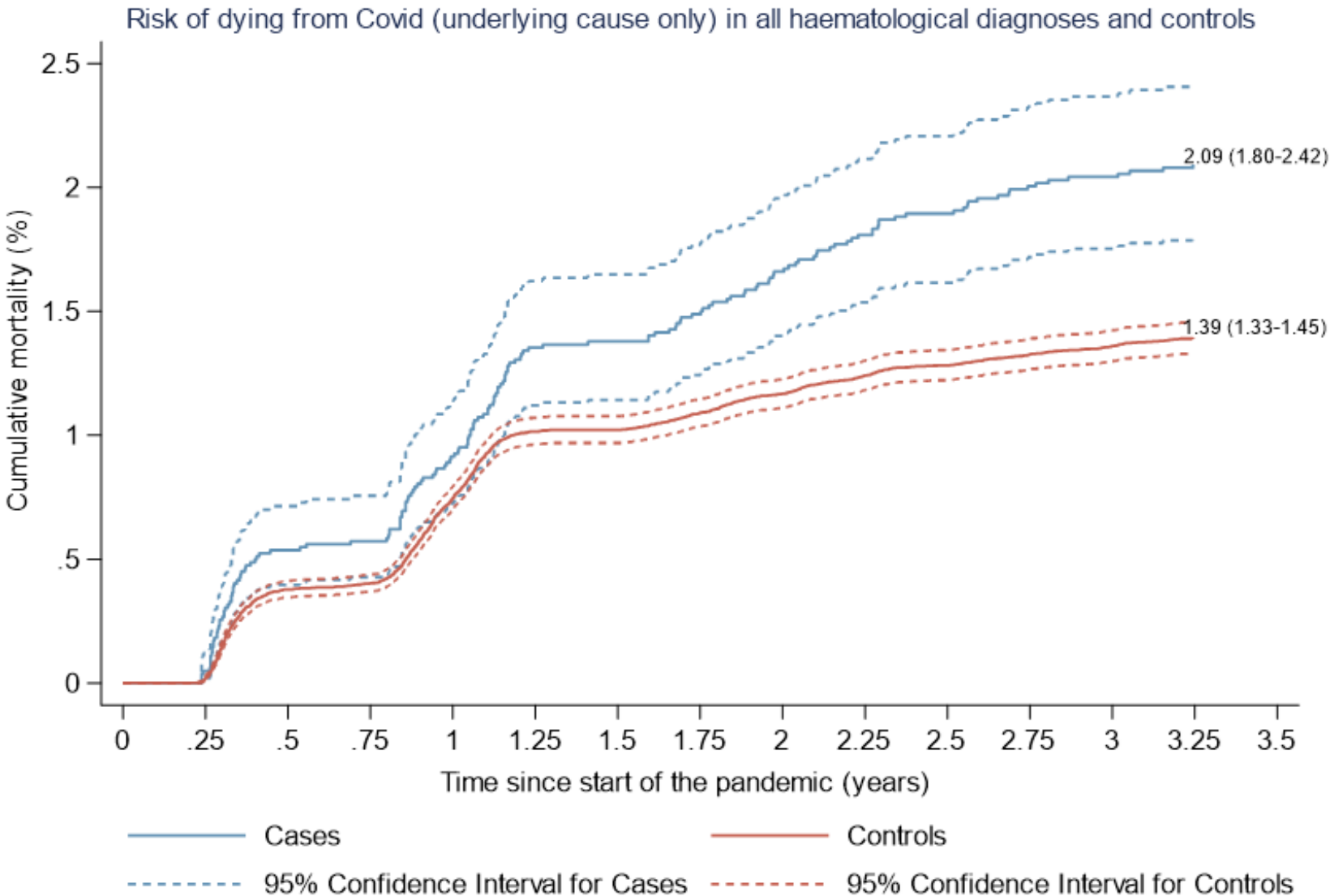
Monitoring performance (acute myeloid leukaemia)
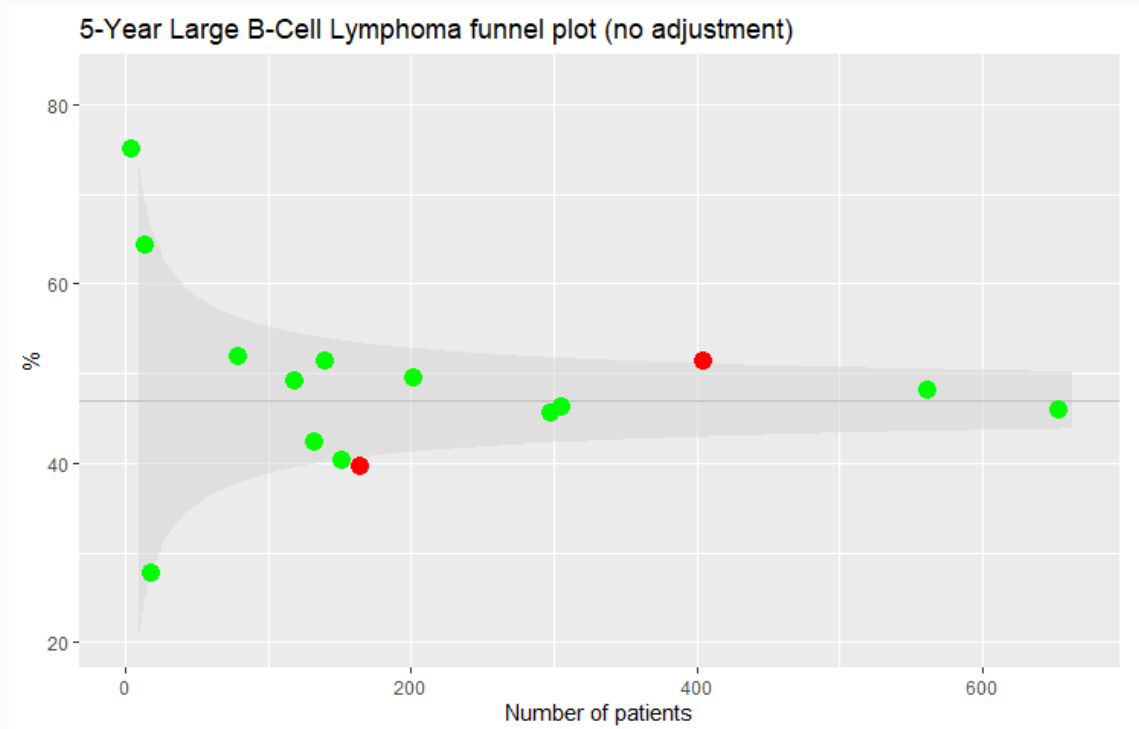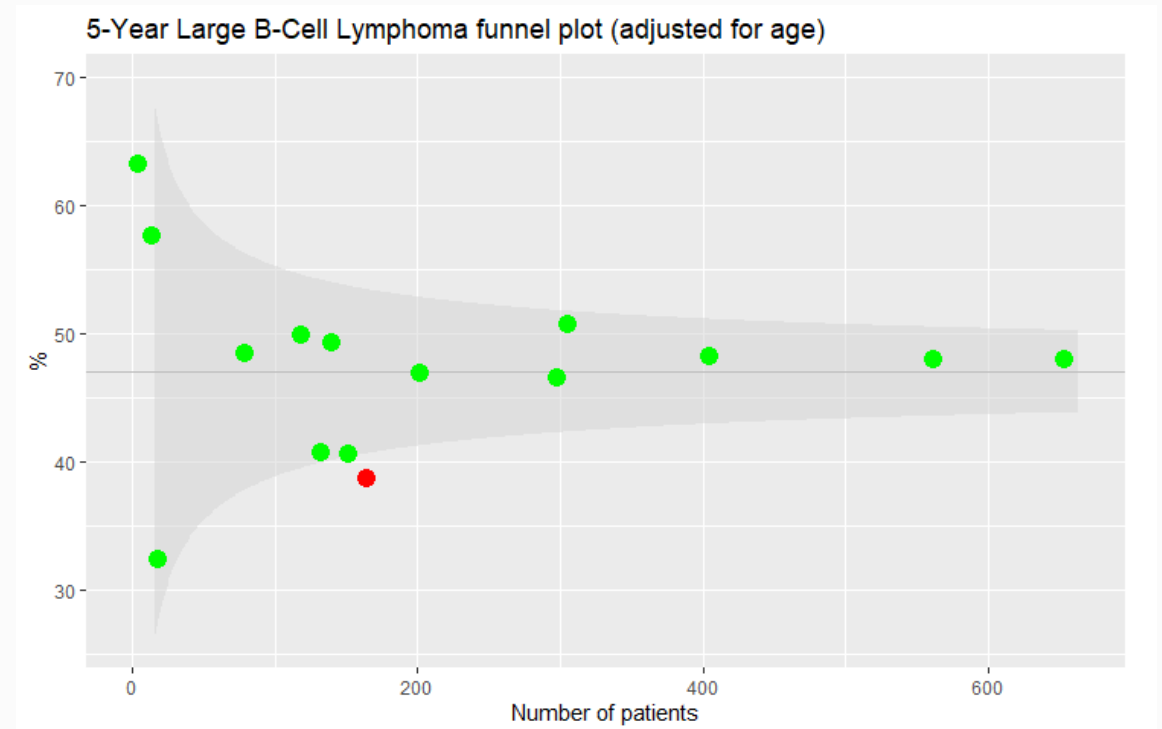
AML

AML – adjusted for age

Monitoring performance (diffuse large B-cell lymphoma)

DLBCL

DLBCL – adjusted for age

What's it all about?

- Supporting patients

- What might happen to me?
- What's important to me?
- What choices do I have?

- Supporting clinicians

- How many patients do I have?
- How are they really doing?
- How am I doing?
- How might I improve treatment?

What's it all about?

- Supporting researchers
  - Unique dataset
  - Opportunity to advance knowledge
  - Providing a benchmark
  - Collaboration

- Supporting the NHS, Public Health, Government and the Pharmaceutical Industry
  - Where are the gaps
  - Does it work in the real world
  - Invest wisely

Why do we need you?

- It's all about the data you gift to us
- Accurate, up to date, including every patient
- Telling us what we don't know or cannot see

                                    - patient involvement groups

                                    - surveys

                                    - research projects

It only works because of you