

Improving Outcomes in Haematological Cancers (2003)

Key recommendations

- All patients with haematological cancer should be managed by multi-disciplinary haemato-oncology teams which serve populations of 500,000 or more.
- In order to reduce errors, every diagnosis of possible haematological malignancy should be reviewed by specialists in diagnosis of haematological malignancy. Results of tests should be integrated and interpreted by experts who work with local haemato-oncology multi-disciplinary teams (MDTs) and provide a specialised service at network level. This is most easily achieved by locating all specialist haemato-pathology diagnostic services in a single laboratory.
- There should be rapid-access diagnostic services for patients with lymphadenopathy (chronically swollen lymph nodes or neck lumps).
- Clinical nurse and palliative care specialists are to have central roles in haemato-oncology teams, working closely with their medical colleagues. Clinical nurse specialists will arrange for patients and carers to receive multi-faceted support, coordinated care, and all the information they want, throughout the course of the illness.
- MDTs which manage patients with acute leukaemia should provide treatment intended to induce remission for sufficient new patients for the units concerned to develop and maintain expertise. Services are unlikely to be viable with five or fewer new patients per year. This treatment should be provided at a single facility within any one hospital site, in designated wards with continuous access to specialist nurses and haematologists.
- High dose therapy with progenitor cell transplantation is to be carried out only in centres which meet JACIE accreditation standards, including the minimum case-load criterion of 10 procedures per annum.