NDRS
NATIONAL DISEASE REGISTRATION SERVICE

# National Disease Registration Service (NDRS)

Haematology – Lymphoma

v6 December 2025




Welcome to this NDRS training module on Haematology – Lymphoma which has been designed to help Cancer Administration staff gain a better understanding of Lymphoma… the terminology used by the clinical teams …and where to find guidance on the correct codes.

## Agenda

- Introduction
- Lymphoma
- Summary
- Acknowledgements

This module may be paused at any time

It is advised that this module is viewed in conjunction with Haematology – An Introduction, and the searchable PDF: Haematology Appendix A, Classification




We're going to give you a brief introduction to Lymphoma including some of the symptoms that patients might experience. We'll then look at the diagnosis & treatment options. This module can be paused at any time. A PDF of these slides is also available for reference.

# Lymphoma

**In this section we will cover:**

- Types of Lymphoma
- Causes & Risk Factors
- Signs & Symptoms
- Diagnosis
- ICD10 Classification & Morphology
- Stage
- Grade - NHL
- Treatment




We'll start off by looking at the various types of Lymphoma…

## Lymphoma – Types of Lymphoma

Lymphoma occurs in several forms and these are sometimes referred to using an acronym. Broadly, these are:

- HL – Hodgkins Lymphoma - There are several different sub-types, including:
  - Classical – several sub-types including Nodular sclerosing Lymphoma
  - NLPHL – Nodular Lymphocyte Predominant Hodgkin Lymphoma
- NHL – Non-Hodgkins Lymphoma - There are over 30 different sub-types, including:
  - DLBCL – Diffuse Large B Cell Lymphoma
  - Follicular Lymphoma




…. which, broadly speaking, fall under either Hodgkins lymphoma or non-hodgkins lymphoma. However, there are many different sub-types.

## Lymphoma – Causes & Risk Factors

There are no specific causes and risks identified to explain the development of lymphomas although some lymphomas are known to be associated with viral and bacterial infections, including:

- Epstein-Barr virus
- Human T-lymphocytotropic virus type 1 (HTLV-1)
- Hepatitis C
- Helicobacter pylori




While no specific causes have been identified for most lymphomas, risk factors for some lymphomas include bacterial or viral infections…

## Lymphoma – Causes & Risk Factors

Another potential risk factor is any impairment to the immune system. This may include:

- Autoimmune conditions
- Previous organ transplant recipient requiring immunosuppressant drugs
- Previous history of cancer
- Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)




… as well as a compromised immune system

## Lymphoma – Signs & Symptoms

- Painless lump or swelling often in the neck, axilla or groin
- Fever
- Excessive sweating (especially at night)
- Loss of appetite
- Unexplained weight loss
- Fatigue
- Persistent itching
- Cough and/or breathlessness
- Enlarged tonsils, liver or spleen
- Alcohol may cause pain in affected lymph nodes

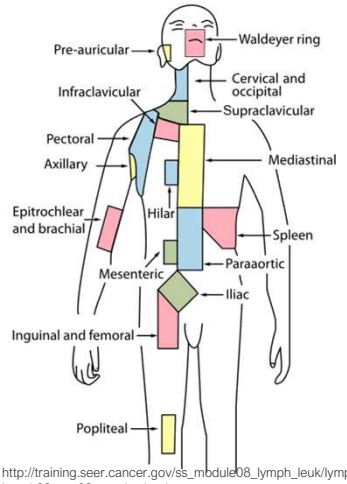



Patients may present with painless swelling, unexplained weight loss or night sweats

## Lymphoma - Diagnosis

Two thirds of lymphomas arise in lymph nodes, one third are extranodal (outside the lymph nodes).

Lymphomas can be localised to the lymphatic tissue of any organ.




http://training.seer.cancer.gov/ss_module08_lymph_leuk/lymph_unit02_sec02_reg_lns.html

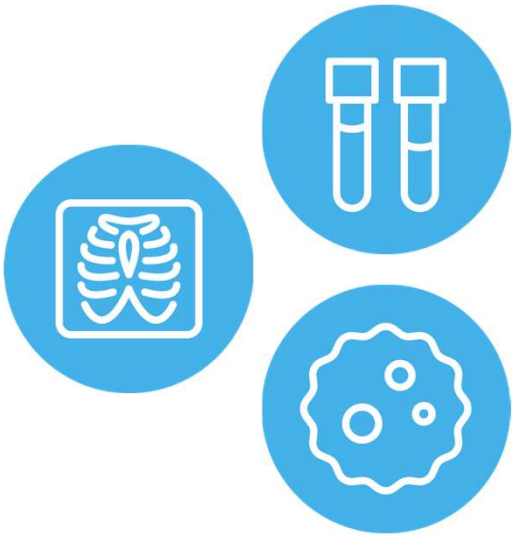



Most lymphomas arise in the lymph nodes while roughly a third are extranodal

## Lymphoma - Diagnosis

A number of tests may be carried out to diagnose a lymphoma including:

- Clinical examination
- Full blood count
- Liver function tests (LFTs)
- Chest x-ray
- Ultrasound
- CT scan
- Biopsy of lymph node

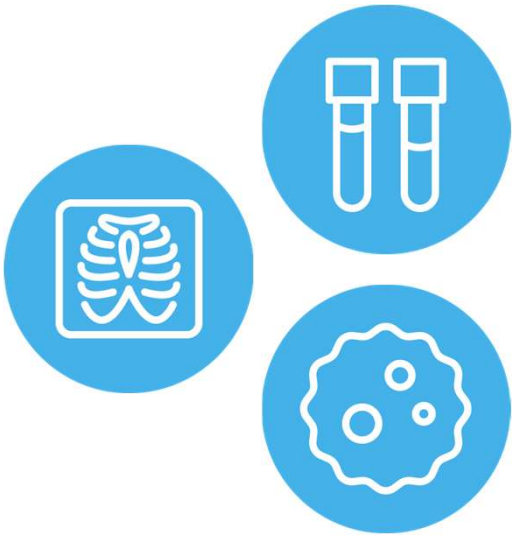





Diagnosis of lymphomas usually requires a range of tests including blood tests, imaging and biopsies

## Lymphoma - Diagnosis

- Further tests may be required to refine the diagnosis of lymphoma after the diagnosis has been made from a biopsy
- This will assess the extent of involvement of other lymph nodes or organs in the body and determine the likely prognosis






To determine the exact type and extent of the lymphoma, further tests may be needed…

## Lymphoma - Diagnosis

The results will help the Multidisciplinary Team decide on the best treatment for the patient. Tests may include:

- Immunophenotyping, Cytogenetics, Molecular Biology of the Lymphoma cells from the biopsy
- Lactate dehydrogenase levels (LDH – a type of protein in the blood)
- Bone marrow aspirate and trephine biopsy
- PET-CT scan
- MRI scan




… which may include immunophenotyping or further imaging

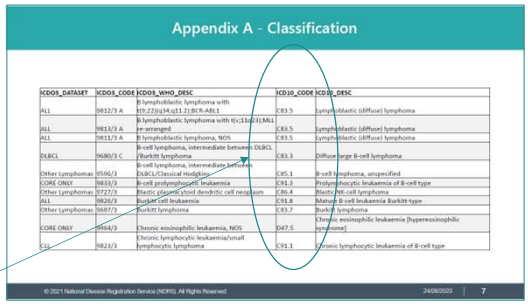
## Lymphoma – ICD10 Classification & Morphology

Hodgkin lymphoma – ICD10 code: Variable

The ICD10 topography code may vary depending on the specific diagnostic test results

- Always refer to the clinical team for guidance on the exact diagnosis.

Please refer to the searchable reference list provided in: NDRS PDF: Haematology – Appendix A, Classifications for the relevant ICD10 code to use







The ICD10 code may vary depending on the exact type of Lymphoma. Your clinical team will provide an exact diagnosis description which will enable you to determine the relevant codes from the searchable PDF reference list contained in Appendix A, Classification. Instructions on downloading this are included in the Summary.

## Lymphoma – ICD10 Classification & Morphology

Hodgkin lymphoma – ICD10 code: Variable

Some examples of descriptions & ICD-O-3 Morphology codes are:

- Nodular sclerosis – M9663/3
- Mixed cellularity – M9652/3
- Lymphocyte-rich – M9651/3

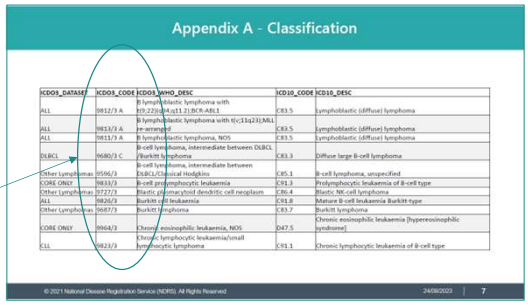



…and like the ICD10 topography code, the ICD-O-3 morphology code may also vary depending on the exact type.

## Lymphoma – ICD10 Classification & Morphology

The ICD-O-3 morphology will also vary depending on the specific diagnostic test results – always refer to the clinical team for guidance on the exact diagnosis description

- Please refer to the searchable reference list provided in the PDF: Haematology – Appendix A, Classifications for the relevant ICD-O-3 morphology codes to use







Always refer to your clinical team and the searchable reference list in Appendix A for the correct description and morphology codes to record.

## Lymphoma – ICD10 Classification & Morphology

Non-Hodgkin lymphoma – ICD10 code variable

- NHL can start in any of the three major types of lymphocytes: B cells, T cells or NK (natural killer) cells. About 85% of NHL cases start in B cells
- NHL is classified into more than 30 different subtypes
- The ICD10 code and ICD-O-3 morphology will vary depending on the specific diagnostic test results – always refer to the clinical team for guidance on the exact diagnosis
- Please refer to the searchable reference list provided in the PDF: Haematology – Appendix A, Classifications for the relevant ICD10 & ICD-O-3 morphology codes to use




Non-Hodgkins Lymphoma has more than 30 different sub-types. Again, always refer to your clinical team and Appendix A for the correct ICD10 and ICD-O-3 codes to use

## Lymphoma – Stage – Hodgkin Lymphoma in children and all adult lymphomas (not including primary cutaneous Lymphoma)

The Ann Arbor Staging Classification is used to summarise the extent of the lymphoma for all lymphomas in adults and for Hodgkin lymphomas in children with the exception of primary cutaneous lymphomas

| | |
|---|---|
| I | One region of lymph nodes, or spleen or thymus or Waldeyer's ring enlarged |
| II | Two regions of lymph nodes enlarged on the same side of diaphragm |
| III | Lymph nodes enlarged on both sides of diaphragm |
| IV | Disease outside lymph nodes e.g. liver, bone marrow |

Depending on your cancer data management system, you may be able to enter the stage grouping directly or it may be necessary to enter the individual test results to enable the system to calculate the stage




With the exception of primary cutaneous lymphomas, all Lymphomas in adults and Hodgkin Lymphomas in children are staged using the Ann Arbor staging system.

## Lymphoma – Stage – Non-Hodgkin Lymphoma in children

The Murphy St Jude Classification is used for all Non-Hodgkin Lymphomas in children to summarise the extent of the lymphoma:

| STAGE | Criteria for Extent of Disease |
|---|---|
| I | A single tumour (extranodal) or single anatomic area (nodal) with the exclusion of mediastinum or abdomen. |
| II | A single tumour (extranodal) with regional node involvement. Two or more nodal areas on the same side of the diaphragm. Two single (extranodal) tumours with or without regional node involvement on the same side of the diaphragm.<br>A primary gastrointestinal tract tumour, usually in the ileocecal area, with or without involvement of associated mesenteric nodes only, grossly completely resected. |
| III | Two single tumours (extranodal) on opposite sides of the diaphragm. Two or more nodal areas above and below the diaphragm. All the primary intrathoracic tumours (mediastinal, pleural, thymic). All extensive primary intraabdominal disease, unresectable. All paraspinal or epidural tumours, regardless of other tumour site(s). |
| IV | Any of the above with initial CNS and/or bone marrow involvement. |




…whereas Non-Hodgkin Lymphomas in children are staged using the Murphy St Jude staging system.

## Lymphoma – Stage – Primary cutaneous lymphoma

Primary cutaneous lymphomas, as well as mycosis fungoides & Sezary syndrome diagnosed from 1st January 2026 must be staged using UICC TNM v9

- Please note that the TNM version must be accurately recorded – if you are unable to specify TNM v9 the version in your cancer data management system due to account access or other issues, please refer to your line manager
- If, after 1st January 2026, your cancer data management system has not been amended to include TNM v9 please record the TNM v9 stage and add the following statement to the Primary Diagnosis Subsidiary Comment field:
  - Patient staged using TNM9 not TNM8 as per CR2070




For all primary cutaneous lymphomas diagnosed from 1st January 2026, please record a stage in UICC TNM v9

## Lymphoma - Stage

- All site-specific stage MUST have the below data items completed to enable to the stage to be reported to the Registry

- Reported Date
- Reporting Organisation




It’s important that the reported date and reporting organisation are also recorded to ensure that the site-specific stage is included in the COSD submission

## Lymphoma – Grade - NHL

Grading of lymphomas can vary depending on the type of lymphoma:

Non-Hodgkin Lymphomas (NHL) are the more common type of intestinal lymphoma and they include MALT lymphoma, DLBCL and follicular lymphoma (among others).

- Indolent (low grade, slow growing)
- Aggressive (high grade, fast growing

For other types of lymphoma, please refer to your clinical team

It should be noted that for follicular lymphoma, the ICD10 code will vary according to the grade of the disease




The grading system used for lymphomas will depend on the type of lymphoma. Non-Hodgkin Lymphoma grading is shown here. For other types of lymphoma, please refer to your clinical team.

## Lymphoma –Treatment - Surgery

For most haematological malignancies, surgery is not appropriate as the disease is systemic.

- Surgery is not a usual form of treatment for lymphomas however if a lymphoma is confined to an organ or one region of lymph nodes then the organ or lymph nodes may be removed
- Surgery to provide a biopsy sample (often excision of a lymph node) is usually part of the diagnostic pathway for lymphoma
- Some localised lymphomas (skin, brain, stomach) may require surgery as part or all of treatment




While surgery is not usually appropriate for haematological disease, where a lymphoma is organ confined, excision may be suitable and offer a curative treatment. Surgical excision of lymph nodes is often part of the diagnostic process

## Lymphoma –Treatment- Chemotherapy

Drug therapy is the main form of treatment for haematological disease

- By combining drugs which act in different ways against the malignant cells, the effectiveness of the chemotherapy can be improved and may reduce the risk of chemotherapy resistance to a single drug

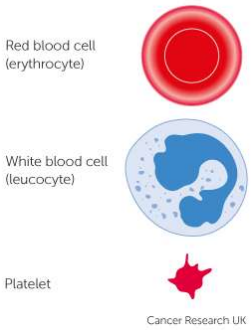



Chemotherapy is a common treatment for lymphoma, often using different drugs in combination

## Lymphoma –Treatment – Stem Cell Transplants

Stem cells are normally found in the bone marrow with small numbers found in the blood

- Bone marrow transplants (BMT) and peripheral blood stem cell transplants (PBSCT) are intensive treatments that may be used to treat people with leukaemia, myeloma or lymphoma
- The purpose of a stem cell transplant is to replace abnormal cells with healthy cells developed from the donor stem cells



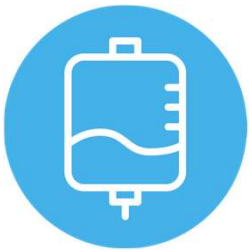




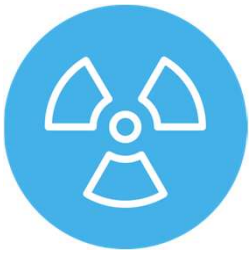
Some patients may be offered a stem cell transplant, the purpose of which is to replace the abnormal cells with healthy versions that will develop from the new stem cells

## Lymphoma –Treatment – Stem Cell Transplants

- Chemotherapy and/or radiotherapy are used prior to the transplant with the aim of killing malignant cells and (if donor cells are being used in the transplant) suppress the patient's immune system, preventing rejection of the transplant



- Stem cell transplants can be:
  - Autologous transplant (using the patient's own stem cells)
  - Allogeneic transplant (using donor stem cells)






Prior to the transplant, chemotherapy, sometimes in combination with radiotherapy, will be used to destroy the malignant cells. Where donor cells are used, the patient's immune system may need to be suppressed to prevent rejection.

# Summary




In summary…

## Summary

- There are over 30 different sub-types of lymphoma but they are broadly categorised as Hodgkin and Non-Hodgkin Lymphoma




While there are numerous specific types of lymphoma, they are broadly categorised as Hodgkin and non-Hodgkin

## Summary

- There are over 30 different sub-types of lymphoma but they are broadly categorised as Hodgkin and Non-Hodgkin Lymphoma
- Diagnosing lymphoma relies on a wide range of tests which may include blood tests, imaging and surgical excision of lymph nodes




The diagnostic process requires multiple tests, potentially including surgical excision of lymph nodes.

## Summary

- There are over 30 different sub-types of lymphoma but they are broadly categorised as Hodgkin and Non-Hodgkin Lymphoma
- Diagnosing lymphoma relies on a wide range of tests which may include blood tests, imaging and surgical excision of lymph nodes
- Hodgkin lymphomas in children and all lymphomas in adults are staged using the Ann Arbor system. Non-Hodgkin lymphomas in children are staged using the Murphy St Jude system - please ensure that the staging date and organisation are also recorded




Non-Hodgkin lymphoma in children requires a different staging system to that used in adults

## Summary

- There are over 30 different sub-types of lymphoma but they are broadly categorised as Hodgkin and Non-Hodgkin Lymphoma
- Diagnosing lymphoma relies on a wide range of tests which may include blood tests, imaging and surgical excision of lymph nodes
- Hodgkin lymphomas in children and all lymphomas in adults are staged using the Ann Arbor system. Non-Hodgkin lymphomas in children are staged using the Murphy St Jude system - please ensure that the staging date and organisation are also recorded
- Treatment for lymphoma is usually chemotherapy but sometimes a stem cell transplant is offered. This would require chemotherapy and/or radiotherapy prior to the transplant. Surgery may be offered for organ-confined lymphoma




Chemotherapy is the usual treatment although stem cell transplants may be offered. Surgery might be suitable for organ-confined lymphomas

## Summary

- The classification of Haematological disease is complex and relies on multiple factors. Your clinical team will be able to provide you with the exact diagnosis description. The Haematology Appendix A, Classification will guide you on the codes to record for ICD10 and ICD-O-3 morphology




Haematology classification is complicated and usually relies on a number of test results to allow the clinical team to provide you with an exact diagnosis description. The searchable PDF: Haematology Appendix A, Classification will guide you to the correct ICD10 diagnosis- and ICD-O-3 morphology-codes for that diagnosis.

## Summary

- The classification of Haematological disease is complex and relies on multiple factors. Your clinical team will be able to provide you with the exact diagnosis description. The Haematology Appendix A, Classification will guide you on the codes to record for ICD10 and ICD-O-3 morphology
- If a Haematological disease is diagnosed it may or may not be classified as malignant. While all haematological malignancies must be recorded, please refer to the COSD User Guide (Appendix C) for the list of D or E coded conditions that must also be recorded




Not all haematological conditions are C coded as malignant in ICD10. While all C coded haematological disease must be recorded, please refer to Appendix C of the COSD user guide for the other conditions that require a COSD record.

## Summary

- Additional guidance on recording COSD data including morphology, topography, staging and recording a diagnosis can be found at: https://digital.nhs.uk/ndrs/data/cancer-data-training-materials
- For Haematology, this includes an Introduction plus disease specific modules for Leukaemia and Myeloma as well as a searchable PDF: Haematology - Appendix A, Classification
- Staging data sheets can also be downloaded from the NDRS website for clinical use: https://digital.nhs.uk/ndrs/data/cancer-data-training-materials/staging-sheets




Additional training modules as well as Staging sheets for clinical use may be downloaded from the NDRS website.

## Summary

- For guidance on the required staging system, please refer to the latest COSD User Guide, Appendix E
- https://digital.nhs.uk/ndrs/data/data-sets/cosd#downloads




Do please remember, guidance **is** available on our website. You can download the COSD User Guide by clicking on this link and selecting the COSD version appropriate to your trust.

## Acknowledgements

Many thanks to Cancer Research UK for the use of their images within this training module.





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## Questions?

East Midlands: **Simon Cairnes** – simon.cairnes@nhs.net

Eastern: **Marianne Mollett** – marianne.mollett@nhs.net

London & South East: **Katrina Sung** – katrina.sung@nhs.net

London & South East: **Karen Graham**– karen.graham36@nhs.net

North West: **Paul Stacey** – p.stacey@nhs.net

Northern & Yorkshire: **Rachael Mann** – rachaelmann@nhs.net

Oxford: **Gemma Feeney** – gemma.feeney@nhs.net

South West: **James Withers** – james.withers@nhs.net

West Midlands: **Gemma Feeney** – gemma.feeney@nhs.net




If you have any questions on the information contained within this module or about COSD in general, do please feel free to email your regional Data Liaison Manager