# NEHODS NEWSLETTER



NEHODS - Northern England Haemato-Oncology Diagnostic Service

Winter 2024

#### NE-HO-HO-HODS at Christmas

It's not just Santa's elves who work hard over the festive period.

#### Processing cut off: 24th December @ 3pm

We need to receive samples in NEHODS by 3pm Tuesday 24th December to process them same day, any later and these won't be processed until the 27th. We are closed bank holidays. If anything is urgent please contact us! 0191 282 5078

#### Website

The brand-new Newcastle upon Tyne Hospitals laboratory website, which includes dedicated pages for NEHODS will go live on 13th January 2025. Please continue to use our current web address as this will redirect you when it goes live: <a href="https://www.newcastlelaboratories.com/">https://www.newcastlelaboratories.com/</a>

#### **Weekend Service**

We run a voluntary weekend/bank holiday service for emergencies that cannot wait until the next working day. Samples that will be processed include those where the result would have a significant impact on treatment e.g. needing to start chemotherapy over the weekend.

The general process is to contact the consultant on call at Newcastle (via the Newcastle Hospitals switchboard (Telephone: 0191 233 6161) and they will have a copy of the NEHODS consultant on call rota. This should be done before the sample is taken.

The NEHODS consultant will discuss the case and arrange testing as required. This applies to liquid samples is generally only available in the morning and it is the referrer's responsibility to ensure samples arrive urgently. There is no routine trephine/lymph node service at the weekend without prior discussion/arrangement.

#### **New classifications**

As you will be aware there are differing classifications from the WHO and also ICC. The WHO has recently published their updated version. It is a mammoth task to change the way HaemoSys looks, but over the coming months we hope to move from the revised fourth edition to the fifth edition of WHO and incorporate differences in ICC when diagnoses may be slightly different.

#### **Staffing**

We are pleased to announce that as of November 2024 Dr Caroline Shrubsole has been appointed as a substantive consultant haematologist at Newcastle. She will be covering the flow lab and reporting bone marrow trephines and will work Tuesday to Friday.

We are all delighted to have Caroline joining us a permanent member of the team.



#### Contacts

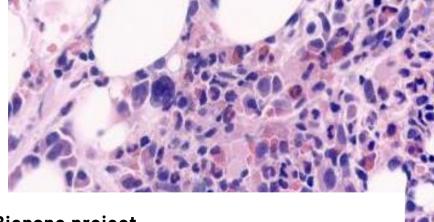
NEHODS Clinical Lead Dr Andrew McGregor, Consultant Haematologist <u>akmcgregor@nhs.net</u> 0191 213 8482

NEHODS Operational Manager Chris Kettle c.kettle@nhs.net 0191 9177446

Flow Cytometry Helen Watson, Head of Flow Cytometry helen.watson9@nhs.net 0191 282 5078

#### Genetics

Gavin Cuthbert, Newcastle Genetics, Lead Cancer Scientist <a href="mailto:gavin.cuthbert@nhs.net">gavin.cuthbert@nhs.net</a>



#### Bionano project

We are pleased to announce that thanks to the support of Newcastle Hospitals Charity, Newcastle Genetics will shortly be setting up a Bionano Stratys device - to test it on our region's Acute Myeloid Leukaemia samples.





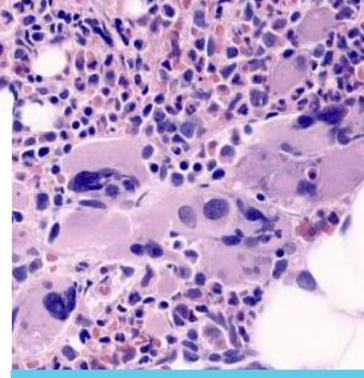
The Bionano Stratys - <a href="https://bionano.com/stratys-systems/">https://bionano.com/stratys-systems/</a> - uses a novel technology called optical genome mapping (OGM) and has the potential to replace FISH, karyotyping, SNP array and RNA fusion panel in AML with a single 'cytogenetic' test which could be reported in 3 days. We are excited to the be the first centre in the UK to test this instrument and will keep you all informed on the progress of the project.

### IDH1 testing

still on AML – can we remind everyone that rapid testing for the *IDH1*R132 is now included in our NEHODS AML Agena assay to allow you to identify patients eligible for Ivosidenib with azacitidine (https://www.nice.org.uk/quidance/TA979)

In all AML patients you will receive two urgent molecular genetics reports

- firstly the *FLT3*-ITD/*NPM1* test using DNA fragment analysis.
- secondly the Agena *FLT3*-TKD assay which now also includes testing for the *IDH1* R132 variant.



#### **Cellular Pathology**

In 2023 the whole of the Cellular Pathology lab moved from their current location to allow for fire remedial works to the building. This meant that different elements of Cellular Pathology were not co-located but despite logistical issues the laboratory coped remarkably well.

There will be a multi-step return process to the New Victoria Wing starting In December 2024 and completion expected In February 2025.

Contact phone numbers, email address, and mailing address for Cell Path remain unchanged. If you have any questions about the move, please contact the team on 0191 282 4445 or email tnutr.CellularPathologySecretaries@nhs.net

#### NEHODS reaches double figures

NEHODS celebrated a milestone birthday at the Northern Region Haematologists Group, which was held at The Mining Institute in Newcastle on 28th November.



The event was attended by over 50 guests who were treated to a historical review of NEHODS from Peter, as well as a haematological adaptations of festive chart toppers. Helen Watson and debutant Caroline performed an entertaining and interactive review of five cases. Gavin and Haz provided updates on developments from the world of Genetics, including details of Optical Genome Mapping that could potentially revolutionise cancer genetics and Is summarised In this newsletter.

Excellent presentations were also provided by Dr Despina Televantou, Dr Andrew McGregor and from our out of region presenters, Dr Richard Dillon and Dr Tom Butler.

The celebrations concluded will a well-attended meal at Sachins.





## NORTHERN REGION HAEMATOLOGISTS GROUP NEHODS 10<sup>th</sup> anniversary update: what's new in haematology diagnostics?

Thursday 28 November 2024, 13:00 - 19:00

The Common Room (The Mining Institute), Neville Hall, Westgate Road, Newcastle upon Tyne, NE1 1SE

12:45		Welcome	
12:45	13:45	Buffet lunch	
13:45	13:50		Dr Andrew McGregor
1770017	(T)		Consultant haematologist
13:50	14:00		Dr Peter Carey
		singers to a choir	Consultant haematologist
14:00	14:20	Flow cytometry for diagnosis of	Ms Helen Watson
		haematological malignancy	Healthcare scientist, flow cytometry
14:20	14:40	SNP array and use in haematology	Ms Angharad Goodman
		malignancy diagnosis	Clinical Scientist, cancer genetics
14:40	15:20	Using MRD to manage patients with	Dr Richard Dillon
		AML	Consultant haematologist
15:20	15:50	Tea	
15:50	16:20	Laboratory and clinical diagnostic	Dr Andrew McGregor
		approach to polycythaemia	Consultant haematologist
16:20	16:50	Interesting morphology cases	Dr Caroline Shrubsole
			Consultant haematologist
16:50	17:20	How can genetics help with diagnosis	Dr Despina Televantou
		and prognosis of lymphoma?	Consultant histopathologist
17:20	17:40	Using optical genome mapping as	Mr Gavin Cuthbert
		new standard of care in AML	Clinical Scientist, cancer genetics
17:40	18:10	Specialist Integrated Haematological	Dr Tom Butler
		Malignancy Diagnostic Service (SIHMDS) – past, present and future	Consultant haematologist
18:10	18:15	Discussion and questions	Dr Andrew McGregor
			Consultant haematologist
18:15		Drinks	
19:15			Close

## NEHODS User Survey - You said we did

Thank you again to those who responded to the NEHODS user survey last year. In order to continue to demonstrate the service improvements we are making, updates to the key themes from the survey and from comments received are shown below.

Key theme	Updates
Most had not seen the user guide despite it being circulated the week before (to the same distribution list)  The NEHODS website was useful	The NEHODS user guide had been revised and distributed prior to the 2023 user and it was surprising that some respondents stated they had not seen it. The document is reviewed periodically and reissued when changes are made. The user guide can be found on the NEHODS website and will also be present on the updated website, which is due to be available on 13th January 2025.  The NEHODS website required updating as part of a more general this revision should address the users that did not find the website previously useful.
Most agreed that the HaemoSys interface met their needs and the request form is suitable.	We have used HaemoSys over the 10 years since NEHODS was created. We regularly review our suppliers and have not yet found a system that can meet our needs as well as HaemoSys does. If you encounter any issues with HaemoSys please contact us directly.
There was some split opinions about how to obtain urgent advice out of hours.	The process on how to access urgent NEHODS advice was updated in the NEHODS User Guide:  "This service is accessed by contacting the consultant haematologist for general/laboratory haematology on call through the Newcastle Hospitals switchboard (0191 2336161). This should be done before the sample is taken. The on-call haematologist will contact a nominated NEHODS haematologist who can coordinate weekend urgent flow cytometry and genetics work. "
The MDT support provided by NEHODS is well received	No improvements were suggested at this time for the support NEHODS provides to the MDT and we continue to strive to provide the best integrated care for our patients.
The integrated report meets users' clinical needs	We are currently undertaking a gap analysis again the NICE NGS47 Haematological Cancers Improving Outcomes guidelines to ensure that we continue to be compliant with these guidelines, where possible.
Our users feel that enquiries are dealt with in a prompt and professional manner, with good communication	We continue to ensure our staff answer enquiries in a prompt and professional manner.
Turnaround time feedback appears divided from the responses, but all respondents were happy with the TATs for urgent samples	Following the divided responses related to the expected turnaround times relating to the elements of the NEHODS service we are reviewing our processes relating to Key Performance Indicators and ensuring these are discussed at appropriate meetings and reviewed
Most respondents were happy with our services (flow, genomics, trephines and lymph nodes), however, there was some dissatisfaction with genomic turnaround times	periodically.



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## NEHODS User Survey - You said we did: your comments

Your comments  Our Response  I think NEHODS is a well-functioning team. I know some tests results take a few weeks due to the nature of the test. They communicate any changes in service and tests in a timely fashion.  Our Response  Thank you for the kind comments and for understanding some tests take longer than others to get a result.	g that
results take a few weeks due to the nature of the test. They some tests take longer than others to get a result.	5 11101
, and the second	
communicate any changes in service and tests in a timery rasmon.	
I'm not sure I have suggestions. Many thanks for the excellent	
work the team puts in.	
The only issue I ever have is that I'm sometimes unsure who to  We do have the following generic email accounts:	
contact as results are sent from various accounts. I think we end	
up emailing Andrew as a result! So perhaps a generic enquiry  nuth.cancer.genomics@nhs.net	
email address, or if this exists is there a 'contact page' to ensure  nuth.NEHODS@nhs.net	
we contact the right people?	
Is there a way of linking in the national genetic testing results - I've   It sounds like this relates to testing for rare disease e.g.	
sent several tests away this year for their panels and so far haven't inherited cytopenia syndromes or inherited bleeding	
got anything back and have no idea if the samples arrived or are in disorders. Unfortunately these do tend to have a long	
progress or even an ETA for results.  turnaround time. As these are tests related to inherited	
disease they are out of our control. We suggest contact	ng our
GLH here: https://ney-genomics.org.uk/contact/	ing our
Make HaemoSys easier to use so tests can be directly requested so If you are struggling with any aspect of Haemosys pleas	e email
staff don't miss off any requests. Ensure all samples which are  us at <a href="mailto:nuth.nehods@nhs.net">nuth.nehods@nhs.net</a> In these situations please of the standard	
sent to the Genomic hub are requestable through NEHODS  these details to <a href="mailto:nuth.nehods@nhs.net">nuth.nehods@nhs.net</a> and these can be	
added to the case whilst still active and any missing req	
can be added to the case whilst still active. All tests on t	
cancer test directory relating to haematological maligna	
are available via NEHODS. In some of these cases the w	•
work is done in another part of the region but these are	
reported by the genetics team at NEHODS. If you have a	
particular examples please provide these.	,
Up to date contact numbers for the service.  The most up to date contact details can always be foun	d on
the NEHODS website under "Contact Us".	
More rapid turnover please. We are constantly striving to improve our service. Our r	eview
of TATs and KPIs will ensure that these are regularly rev	iewed
and actions taken to improve these, where possible.	
Some tests like BCR domain mutations are sent to London and  This is something that we are always looking into development of the second of th	ping
take weeks before we get the results, wish that can be done locally in house however, it is sometimes necessary to continu	e to
with shorter turn around times send samples to reference centres.	
The final integrated report is usually very useful, but is sometimes We would not publish reports to the NEHODS website.	Γhe
not available on NEHODS WEBSITE integrated report can be found on HaemoSys. Should yo	u
encounter any issues with results please contact us dire	ctly.
Occasionally samples rejected without clinician being informed. Samples are rarely rejected but when they are this can	e due
them being unlabelled. In these situations, the referring	
laboratory are more likely to be contacted. Please contacted	ict us
should this arise in future and we will investigate.	
Most of the time reports are useful - however there needs to be a In these situations please email these details to	
system where the referring hospital can enter the clinical <a href="mailto:nuth.nehods@nhs.net">nuth.nehods@nhs.net</a> and these can be added to the can be added to	ise
background data as sometimes the results need to be interpreted whilst still active.	
in the context of the clinical picture and this bit is missing If	
samples are going to be sent up directly from the lab there won't	
be a clinician filling in the forms apart from the initial test request	
boxes	
NGS etc. take much too long to come back.  NGS is a complicated and labour intensive test and this	
reflected in the BPG guidelines for TATs. We understand	
frustrations here but issue these results as soon as we determined to the second secon	an.