

Do routine scans after lymphoma remission earn their place? What tissue adds, and where scanning may be personalised

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International Pathology Day 2026: Pathology in an era of personalised medicine | Themes: current developments in pathology; future of personalised medicine (5–10 years)

Background and aims

- Patients in remission from large B-cell or Hodgkin lymphoma are often scanned about 12 months after treatment.
- Scans can raise questions often only tissue can answer; each biopsy uses pathology time, resources and ancillary tests.
- Aim: measure how often the scan led to biopsy, and what tissue added to personalised care.

Methods

- Retrospective audit of 98 patients in complete remission after first-line treatment (60 large B-cell, 38 Hodgkin lymphoma).
- Setting and period: Guy's Lymphoma clinic patients between 2022–25
- Recorded: scan reason, symptoms, biopsy, result, relapse. Median age 56.5 (22–91); 56 men, 42 women.

Results

8 of 98

relapsed (8.2%)

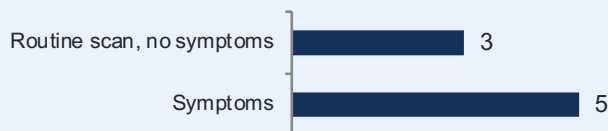
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biopsies (7.1% of patients)

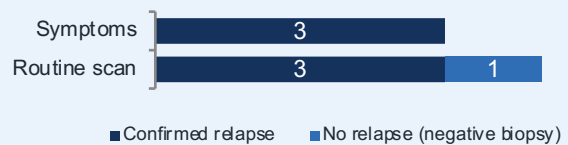
6 of 7

biopsies confirmed relapse

How were the 8 relapses found?



What triggered the 7 biopsies, and what did they show?



What tissue added

- Marginal zone lymphoma (low grade) was found when a large B-cell relapse was suspected: a different disease, needing a different plan.
- Another relapse was germinal-centre subtype with isolated MYC rearrangement.
- One biopsy after a routine scan was negative, excluding relapse.
- Published: 4 of 12 scan-detected relapses were another lymphoma subtype (reference 2).

Interpretation

- Most relapses (5 of 8) were found through symptoms.
- Routine scans found an asymptomatic relapse in 3 of 64 (4.7%; 95% confidence interval 1.6–12.9%). Published rate in large B-cell lymphoma: 1.6% (reference 1).
- In Hodgkin lymphoma, none of 26 routine scans found an asymptomatic relapse.
- Imaging raised the question; tissue defined it.

Further actions

- Record tests sent on each surveillance biopsy to measure pathology workload.
- Review equivocal scans jointly (radiology and pathology) before biopsy.
- Larger audits under way to test whether routine scanning can be stopped in Hodgkin lymphoma, personalising care to the tumour.

Limitations

- Small numbers (8 relapses); retrospective; no survival analysis.
- 12-month scan not recorded in 22 of 98 patients; Hodgkin lymphoma: 0 events in 26 scans.

Ethics and conflicts of interest: Locally registered retrospective audit. Conflicts of interest: none declared **Contact:** athulyaah.varatheeswaran1@nhs.net +447946779197

References: 1. Thompson CA et al. Utility of routine post-therapy surveillance imaging in diffuse large B-cell lymphoma. J Clin Oncol 2014;32:3506–12. 2. Thompson CA et al. Utility of post-therapy surveillance scans in DLBCL. J Clin Oncol 2013;31(15 suppl):8504.