Single centre experience of the symptom based risk calculator for head and neck cancer HaNC-RC v.2 post COVID-19 pandemic

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Abstract

Background: The COVID-19 pandemic has had a lasting impact on the healthcare landscape and referral patterns [1]. Prolonged waiting times to see both general practitioners and specialists has increased the use of the 2 week-wait (2ww) referral pathway, in turn increasing the burden on our urgent head and neck (HaN) clinics.

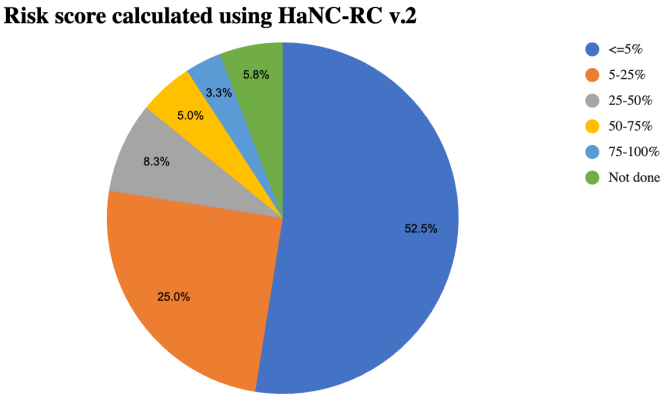
Introduction: To address these challenges, we introduced a new registrar-led telephone triage clinic as the initial point of contact. The HaN cancer risk calculator (HaNC-RC v.2) [2], was used to risk stratify these patients at this time. This tool aims to prioritize referrals based on clinical urgency, streamline patient pathways, and optimize resource allocation [3, 4, 5].

Methodology: We conducted a retrospective audit assessing referrals over one month. Patients were categorized into distinct groups based on their risk score. Patients with a risk score of <5% were classified as low risk of HaN cancer and directed to routine follow-up pathways.

Results: Our audit revealed a notable proportion of patients (52.5%) were deemed low risk by the risk stratifying tool. These patients were subsequently managed through routine follow-up, freeing capacity within the oversubscribed HaN clinic.

Summary: The novel risk stratifying tool presents a valuable approach to managing the increasing burden of ENT 2ww referrals. By accurately identifying low-risk cases, the tool optimizes resource utilization, thus reducing strain on the HaN clinic. The implementation of a registrar-led 10-minute telephone triage at this juncture expedites scans and investigations, while reserving 20-minute face-to-face appointments for cases with higher clinical acuity, meaning patients arrive for review having already completed the majority of their investigations. This tool not only aligns with the pressing need for efficient patient management but also enhances the overall quality of care delivered within the ENT specialty.

Image



Recent Publications (minimum 5)

1. Zubair A, Jamshaid S, Scholfield DW, et al. Impact of COVID-19 pandemic on head-neck cancer referral and treatment pathway in North East London. Ann R Coll Surg Engl. 2023;105(S2):S28-S34. doi:10.1308/rcsann.2021.0360
2. Tikka T, Kavanagh K, Lowit A, et al. Head and neck cancer risk calculator (HaNC-RC)-V.2. Adjustments and addition of symptoms and social history factors. Clin Otolaryngol. 2020;45(3):380-388. doi:10.1111/coa.13511
3. Kaddour H, Jama GM, Stagnell S, Kaddour S, Guner K, Kumar G. Remote triaging of urgent suspected head and neck cancer referrals: our experience during the first wave of the COVID-19 pandemic. Eur Arch Otorhinolaryngol. 2022;279(2):1111-1115. doi:10.1007/s00405-021-07135-3
4. Paleri V, Hardman J, Tikka T, Bradley P, Pracy P, Kerawala C. Rapid implementation of an evidence-based remote triaging system for assessment of suspected referrals and patients with head and neck cancer on follow-up after treatment during the COVID-19 pandemic: Model for international collaboration. Head Neck. 2020;42(7):1674-1680. doi:10.1002/hed.26219
5. Banerjee S, Voliotidis D, Parvin L, Rama SPK. Telephone triage of suspected head and neck cancer patients during the coronavirus disease 2019 pandemic using the Head and Neck Cancer Risk Calculator version 2. J Laryngol Otol. 2021;135(3):241-245. doi:10.1017/S0022215121000657

Photograph

Biography

Miss Radhika Kumta and Miss Selda Boztepe are ENT registrars working in North London, England. Dr Adam Hatoum has recently completed his foundation training where he undertook a post in ENT alongside Miss Kumta and Boztepe. All three contributors have a passion for quality improvement and improving patient safety.

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Notes/Comments:

Photograph not included due to file size.

We have submitted this abstract for oral presentation where we would be able to present our data in its entirety. Failing this, we would be happy to be considered for poster presentation.