

Efficiency of Two-week Wait Referrals For Suspected Head & Neck Cancers.

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Background:

Head and neck cancers showed an increased incidence in the UK over the past few decades, almost 12,000 new cases were diagnosed between 2014 and 2016, which contributes to 3% of all cancer cases. The National Institute for Health and Care Excellence (NICE), developed the two-week wait referral pathway to guide early detection of suspected malignancies. Almost 1,800 patients were referred to the ENT department through this pathway from General Practitioners between May,2018 & May,2019. This led to high load on the ENT department outpatient clinics. At the same time we have noticed high rate of benign pathologies amongst the referred patients. This audit was started to assess the numbers of actual cancer cases, in order to measure the efficiency of the referrals.

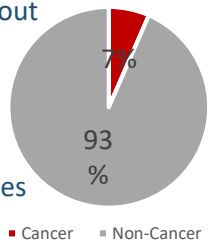
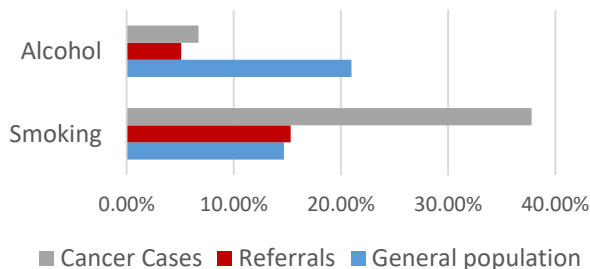
Methodology:

Retrospective analysis was done on data for all patients referred on the two-week wait referral pathway for suspected head and neck cancers between May,2018 & October,2018, with a total of 700 cases. Data were obtained from referral letters and electronic clinic correspondence.

Results:

The number of patients who were found to actually have cancer was 49 out of 700, which makes up only 7%. Risk factors were analysed and results as follows:

- Only 5% of the referred cases were consuming more than 14 units per week as per referral letters, compared to 21% amongst the general population, and only 6.7% of proven cancer cases were shown to consume significant amounts of alcohol.
- Smoking rates among the referred patients were consistent with the national rates (around 15%). 37.8% of proven cancer cases were smoker as per referral letters.



Discussion:

While ENT cancers can be challenging to diagnose as they lack typical presentations and they present with vague symptoms, many of the referrals that were sent did not actually meet the criteria of the two week wait referral pathway. This might be due to many reasons including lack of knowledge, lack of experience and the nature of the disease. Which is shown by the low percentage of proven cancer cases and the poor correlation with the national rates for the related risk factors, as demonstrated in the graphs.

Recommendations:

Providing educational workshops for local GPs to improve recognition of benign pathologies and awareness of NICE guidelines should lead to improved referral practice. Reducing undue workload on the ENT department, eventually improving the care for patients with malignancies.

References:

1. Cancer Research UK (2019), Head and neck cancers risk, Cancer Research UK.
2. NHS (2019), Statistics on alcohol England, NHS.
3. NHS (2018) NHS smoking statistics, NHS.