HEAD AND NECK CANCER IN LANCASTER

An audit

Bethan Evans, MBChB

Head and neck cancers and their journey from referral to the start of treatment are held under the same standards of all cancer guidelines outlined below. It has been shown that early referral, diagnosis and treatment of head and neck cancers improve survival.^(1,2) This audit seeks to ascertain whether these standards are being met in Lancaster.

Audit standards

1. 95% of patients referred under the two-week wait should be seen within 14 days
2. Diagnosis should be reached within 17 days from the initial outpatient appointment
3. Treatment should be initiated within 31 days of diagnosis
4. The total time from referral to the start of treatment should be 61 days or under

METHOD

A retrospective review was carried out of all head and neck oncology referred to Mr Baraka's ENT practice at the Royal Lancaster Infirmary between September 2006 and September 2007. Thirty patients were referred with head and neck oncology and 24 of the casenotes were available. Therefore this audit is based on a sample size of 80%.

Site of Cancer	Histology	No. of patients
Neck	Lymphoma	9
	Metastatic	3
	SCC	1
	Mucoepidermoid	1
Vocal cord	SCC	4
Epiglottis	SCC	2
Tongue	SCC	1
	Lymphoma	1
Ear	Lymphoma	1
Tonsils	SCC	1

Table 1 Summary of types of cancers of patients (SCC = squamous cell carcinoma)

RESULTS

Nature of referral of the patients with cancer

- 40% – two-week wait proforma
- 40% – urgent referral
- 13% – routine referral
- 7% – as inpatient referral

Referral to initial outpatient appointment

- 89% of two-week wait referrals were seen within 14 days
- 71% of all referrals were seen within two weeks

Outpatient to diagnosis

One third of patients were given a diagnosis within the target 17 days. The number of days ranged from seven to 69.

The mean number of days from outpatient to initial investigations was 7.5 days, with a range of 0 to 27 days. Investigations included ultrasound scan, magnetic resonance imaging, computerised tomography, barium swallow and, in all cases, biopsy.

Diagnosis to treatment

Fifty-seven percent of patients started treatment within 31 days from diagnosis, with a range of 8 to 93 days.

From referral to the start of treatment

Thirty-eight percent of patients started treatment within two months of referral. The range was 28 to 195 days.

SUMMARY OF RESULTS

	Government target number of days	Median number of days
Referral to outpatients	14	13
Outpatients to diagnosis	17	20
Diagnosis to treatment	31	29
Referral to treatment	62	67

Table 2 Comparison of government targets with median days results

DISCUSSION

This audit has highlighted that the targets have not been achieved in 95% of patients. In-depth review of each case has highlighted several reasons why this is the case:

- only 40% of patients were referred under the two-week wait rule
- delays in general practitioner (GP) faxes being received or processed
- patients not being fit for investigations
- inconclusive histology, therefore repeat investigations
- delay in histology results being confirmed and seen
- delays in starting treatment were caused by patient choice or state of health

- histology should be flagged via phone or email as well as on the Indigo system
- aim to see referrals within seven days
- aim to initiate investigations within seven days
- consider restructuring services to refer all potential head and neck cancers to a one-stop clinic, where investigations, including biopsy, can be performed with urgent histology and multidisciplinary team referral
- re-audit

It is important to highlight that the most significant prognostic factor is the stage at which the patient presents initially to the GP or other health professional.⁽¹⁾ It is, therefore, crucial that there is not only education of non-ENT specialists but also the public.

RECOMMENDATIONS

This annual review has highlighted several areas for improvement:

- GPs to have direct access to an ENT consultant via fax, email and phone
- better physician awareness to improve the number of people referred via the two-week wait
- improve system from receiving referral to processing referral

REFERENCES

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2. Pitchers M, Martin C. Delay in referral of oropharyngeal squamous cell carcinoma to secondary care correlates with a more advanced stage at presentation, and is associated with poorer survival. *Br J Cancer* 2006;94(7):955-8

Mohamed Baraka, Nick Roland and John Osammor at the ENT Study Day, December 2007