# Rethinking the 'one-stop' neck lump clinic during COVID-19 and beyond: A novel pathway and pilot study

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#### Abstract

AIM Current guidelines advocate 'one-stop' neck lump assessment for cancer referrals. We pilot a novel pre-clinic ultrasound pathway, present the outcomes and discuss strengths and limitations especially in view of the current COVID-19 pandemic. METHODS Patients referred by the GP on a two-week-wait cancer pathway with a 'neck lump' were allocated pre-clinic ultrasound scans followed by an ENT clinic appointment. Demographics, patient journey details and outcomes were collected and analysed. RESULTS 99 patients underwent pre-clinic ultrasound assessment by a specialist consultant radiologist an average of 8.02 days after referral with 30 (30.3%) also undergoing biopsy. Patients were followed-up 14.1 days (range 2 - 26 days) after initial referral. In 92.9% of patients, a positive impact was achieved; at the first clinic appointment 45 patients were discharged (45.5%), ten were listed for surgery (10.1%), a cancer diagnosis was made in a further 12 patients (12.1%), 6 patients (6.1%) were referred onwards to another speciality and 19 patients (19.2%) were taken off the cancer pathway and followed up routinely. In four patients, it was retrospectively felt that ultrasound was not indicated as the referral did not accurately reflect the patient's presenting complaint or examination findings. Repeat ultrasound was inadvertently requested for one patient. Two patients were reviewed prior to biopsy results being available leading to an additional appointment being required. CONCLUSION Pre-clinic ultrasound scanning is an alternative to the current 'one-stop' neck lump pathway. Our results demonstrate a reduction in clinic visits, quicker diagnosis and low proportion of unnecessary scans. Our proposed pathway requires minimal service restructuring and has added potential cost savings. We have found it to be effective during the COVID-19 pandemic in minimising the face-to-face consultations and the number of aerosol generating procedures (AGPs). Further refinement is needed to streamline and make the process more robust. A larger study with direct comparison to the 'one-stop' clinic is required to assess further strengths and limitations.

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#### Pan London Suspected Head & Neck Cancer Referral

- Vetted by clinical and admin staff for 'neck lump/mass'
- Patients under 18 years and with known head and neck cancer excluded.

## Patient offered ultrasound scan by head and neck

- Patient contacted by phone and appointment confirmed.
- Exclude patients uncontactable or unable to attend.

# Patient undergoes ultrasound scan by head and neck radiologist

- Biopsy (FNA or Core Biopsy) performed as per clinical suspicion of radiologist.
- Highly suspicious patients flagged electronically to MDT

## Patient followed up in head and neck clinic

 Patient undergoes examination and informed of ultrasound +/biopsy results

#### Definitive management plan

 Patient discharged, referred to cancer MDT, listed for surgery, referral to other speciality, further imaging requested or routine follow-up

