

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

Ahmad Hariri¹, Susan Jawad¹, Sofia Otero¹, Matt Lechner¹, Simon Morley¹, Timothy Beale¹, Jonathan Hughes¹, Paul Stimpson¹, Raghav Dwivedi¹, and Francis Vaz¹

¹University College London Hospitals NHS Foundation Trust

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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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