

THE SVUH RAPID ACCESS CLINIC FOR SUSPICIOUS

NECK LUMPS:

AN AUDIT OF PATIENTS' TIMELINES AND OUTCOMES

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BACKGROUND & OBJECTIVES

The Rapid Access Clinic for patients with suspicious neck lumps was set up at St Vincent's University Hospital in order aid the speedy diagnosis of malignancy in patients with Head & Neck Cancer. This is the first clinic of its kind for Head & Neck Cancer in Ireland. The aim of this audit was to evaluate the clinic's output and analyse new referrals to the clinic in a 6-month period with considerations for patients' timelines and outcomes.

METHODOLOGY

A retrospective cohort of **new referrals** seen in the Rapid Access Neck Lump Clinic was identified from clinic lists over a period of **6 months** between September 2012 and January 2013. Of the 73 patients identified 10 did not attend the first consultation at the clinic and hence were excluded from the study, giving a final sample of **63 patients**. Audit data was obtained from clinical notes via a **retrospective chart review**. Patients' demographics, referring diagnosis, timelines, and outcomes were recorded and data analysed in Excel® (Microsoft, Redmond, WA, US).

RESULTS

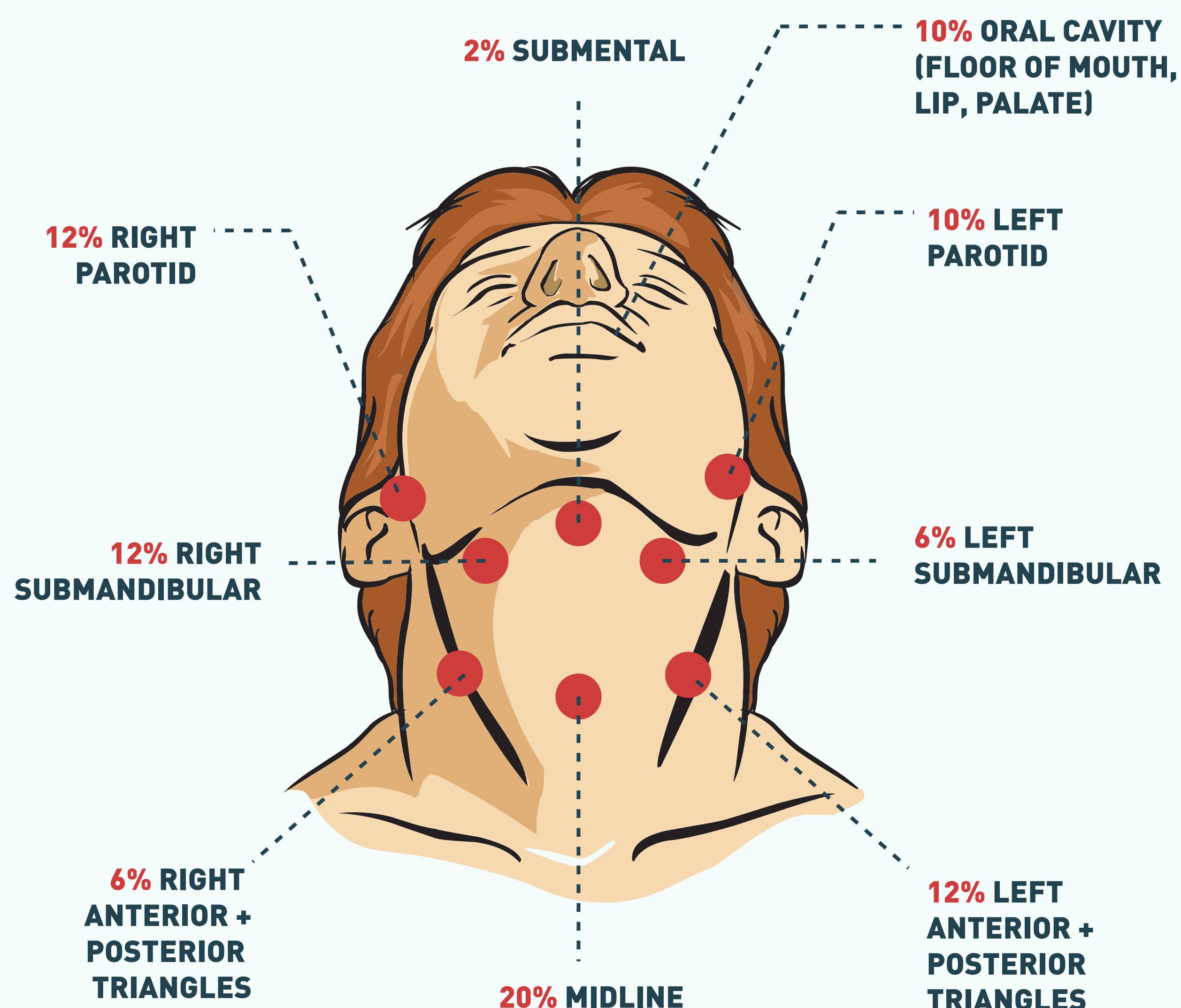
PATIENT DEMOGRAPHICS

48%

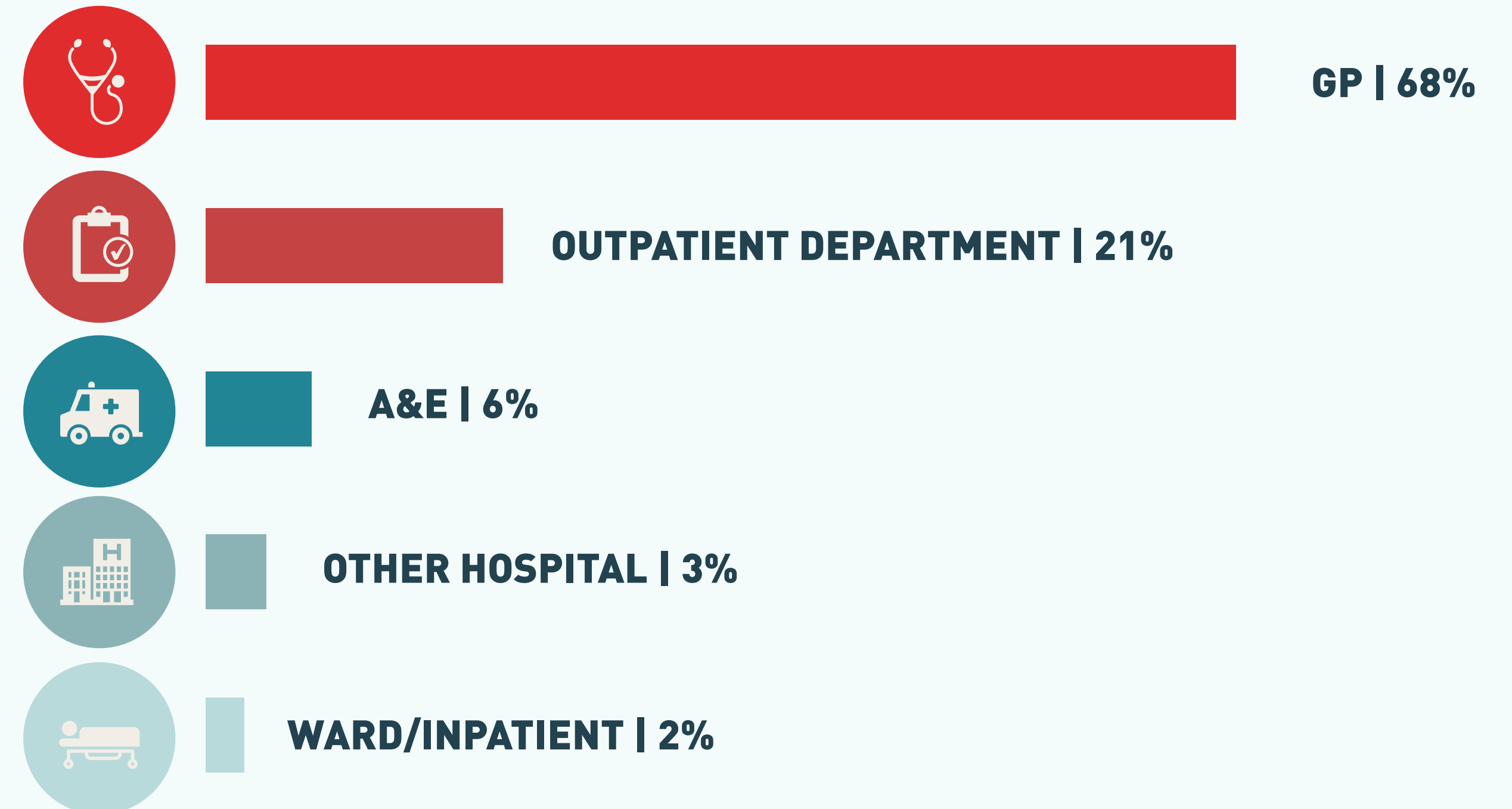
52%

AVERAGE AGE AT PRESENTATION
50 YEARS
(RANGE: 17-88 YEARS)

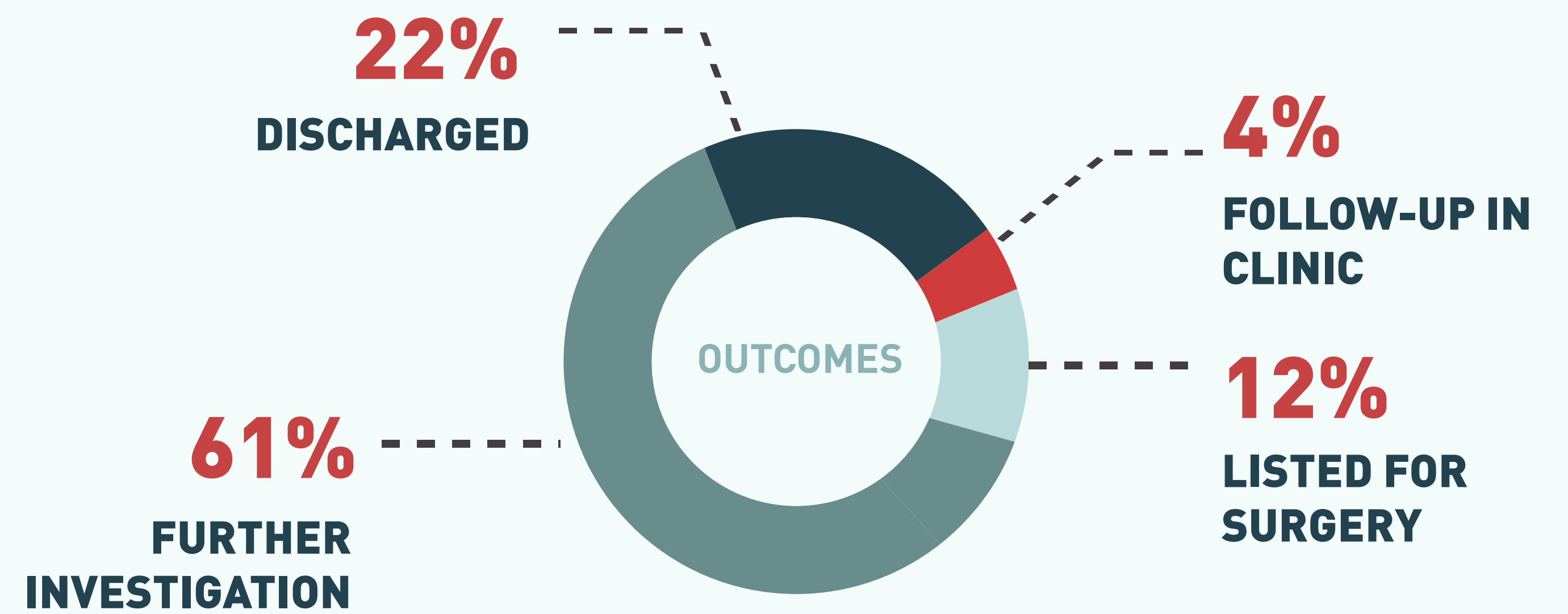
SITE OF LUMP*



REFERRAL SOURCE



OUTCOME FOLLOWING FIRST CONSULTATION



TIMELINES



Average waiting time from receipt of referral letter to first clinic consultation



Average time to obtain imaging results



Average time to obtain histology results

DIAGNOSES (OF 39 HEAD AND NECK LUMPS)

21% were salivary gland pathologies

WARTHIN'S TUMOUR 1
PLEOMORPHIC ADENOMA 2
SIALOLITHIASIS 3
SIALADENITIS 1
RETENTION CYST 1

46%

had either a **reactive lymphadenopathy** or **no abnormality**

NO ABNORMALITY 10
REACTIVE LYMPHADENOPATHY 8

13% were misc./ non-ENT diagnoses

FIBROEPITHELIAL POLYP 1
LIPOMA 2
SEBACEOUS CYST 1
GINGIVITIS 1

2% were lymph node metastases

FROM PRIMARY: SUPRAGLOTTIC SCC 1

DISCUSSION & CONCLUSION

Waiting times for patients to be seen (average 44 days) and to obtain routine investigations is unacceptable (the NICE guidelines on cancer services "Improving Outcomes in Head and Neck Cancers" recommends that all cancer referrals be seen within 2 weeks¹). There is evidence in the literature² that the 'one-stop neck lump assessment clinic' model (in a broadly similar fashion to one-stop triple assessment breast clinics) offers the opportunity to eliminate many of the delays along the diagnostic pathway as seen in this audit, hence the implementation of such is worth considering resources permitting. The **malignancy pick-up rate of 3%**, which is significantly lower than in comparable studies^{3,4} may be partially explained by a high number of inappropriate 'urgent' referrals, the extent of which will need further investigation and addressing; however more encouragingly this could also allude to the team's clinical acumen in discerning worrying clinical presentations that show up through alternative admission pathways e.g. other routine ENT clinics or A&E referrals.

1. National Institute of Clinical Excellence (2004) Improving outcomes in head and neck cancer: the manual. NICE, London
2. Randhawa, PS, Jie, J, Lee Yi, Lechne, M, Rimmer, J, Beal, T, Morley, S, Vaz, F. One-Stop Triple Imaging: The Way Forward in Head and Neck Cancer Management? Bulletin of The Royal College of Surgeons of England 2013;95:1-4
3. Shah, HV, Williams, RW, Irvine, GH. Fast-track referrals for oral lesions: a prospective study. Br J Oral Maxillofac Surg 2006;44:207-8
4. Williams, RW, Hughes, W, Felmingham, S, Irvine, GH. An audit of two week wait referrals for head and neck cancer. Ann R Coll Surg Engl 2002;84(suppl):304-6

* 14 out of the 63 patients in the study cohort presented with NO LUMPS