The Peninsula Multi-Centre Head & Neck Cancer Audit: Time from Surgery to Post-operative Radiotherapy

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• Background
Numerous studies1, 2 and a prospective randomised trial3 showed significantly worse survival in head & neck cancer with a delay (>6 weeks) between surgery and post-operative radiotherapy. Despite NICE4 recommendation, the national head and neck audits5, 6, 7 repeatedly show significant delay throughout England & Wales.

• The Standard
NICE4 & ENTUK8 / BAHNO9 recommend the interval to be <6 weeks.

• Objective
To identify causes of delay in the Peninsula network & to formulate an improved multidisciplinary pathway with minimal extra resources.

• Method
We collected data on patients who received post-operative radiotherapy during January 2012 — April 2015 in Plymouth, Exeter & Truro hospitals, using medical notes, in-house RT & MDT databases.

• Results (1st round)
602 patients were treated with radical primary or post-operative radiotherapy across three centres. 66, 86 and 31 post-op SCC patients were audited in Plymouth, Exeter & Truro (Jan’14—Apr’15) respectively. The median interval from surgery to RT was 7.6 weeks for Plymouth & Exeter, 7.5 weeks for Truro. The proportion of patients treated within 6 weeks of surgery was 18%, 20% & 24% respectively. 25% patients had unnecessary dental treatment delay pre-radiotherapy. 20% patients had post-operative complications.

Time interval between Surgery and Radiotherapy (PLYMOUTH)
Range 4.0 – 17.9 weeks
Median 7.6 weeks

Time interval between Surgery and Radiotherapy (EXETER)
Range 4.4 – 17.9 weeks
Median 7.6 weeks

Time interval between Surgery and Radiotherapy (TRURO)
Range 5.5 – 12.8 weeks
Median 7.5 weeks

While a number of delays in treatment course are unavoidable, majority can however be addressed and the introduction of a collective streamlined pathway was required. We created "The Peninsula Initiative" encompassing several targets:
Time from surgery to MDT is made <2 weeks. Patients are pre-booked into clinics for timely oncology consultation. Dedicated dental service is provided for post-op patients. Patients needing post-op RT are identified pre-op for forward RT planning.
For Plymouth & Exeter, we aim at substituting the ‘31day target’ with ‘6 weeks post-op’ as the breach date.
For Truro, results have helped the creation of a new consultant post.

• Current Prospective (2nd) Audit
IMPROVED Time Interval (PLYMOUTH) Jan - May 2016
Range 4.4 – 7.7 weeks
Median 5.6 weeks
67% ≤ 6 weeks

References: