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

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• Background

Numerous studies[1,2] and a prospective randomised trial[3] showed significantly worse survival in head & neck cancer with a delay (>6 weeks) between surgery and post-operative radiotherapy. Despite NICE[4] recommendation, the national head and neck audits[5, 6, 7] repeatedly show significant delay throughout England & Wales.

• The Standard

NICE[4] & ENTUK[8] / BAHNO[8] 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.

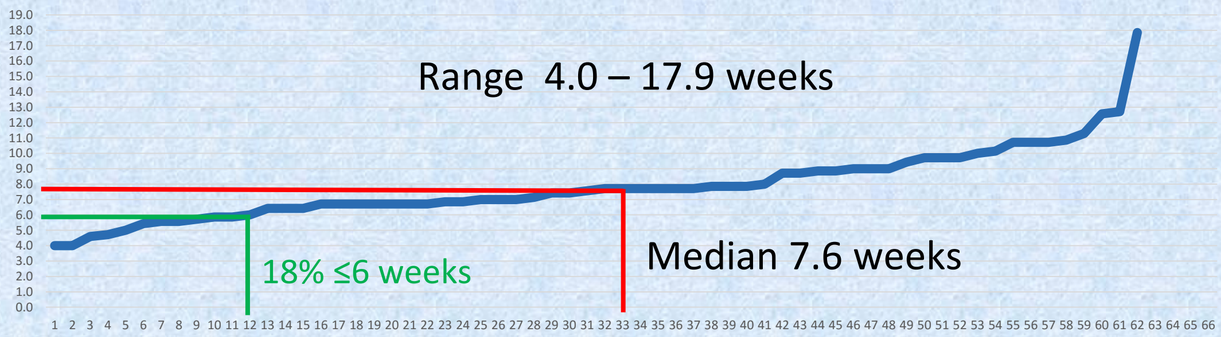
• Method

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

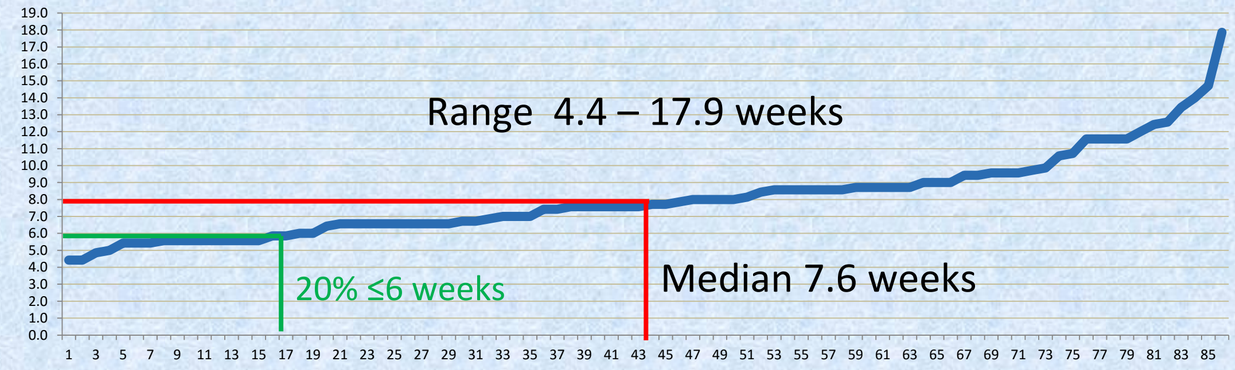
• Results (1st round)

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.

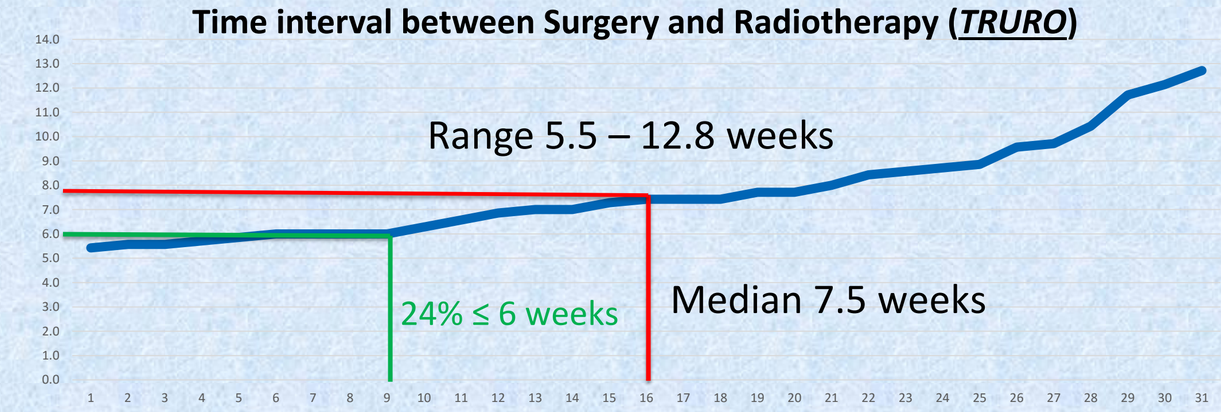
Time interval between Surgery and Radiotherapy (*PLYMOUTH*)



Time interval between Surgery and Radiotherapy (*EXETER*)

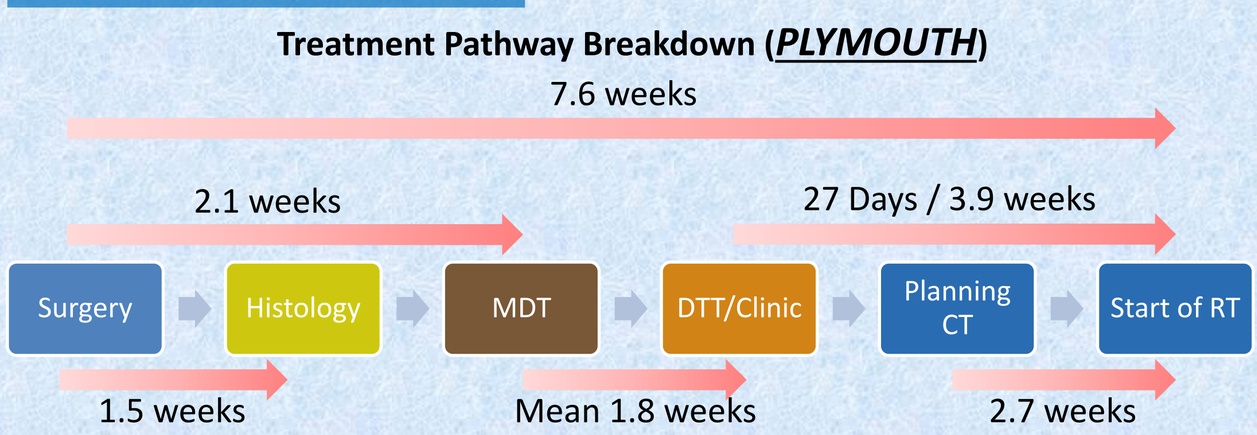


Time interval between Surgery and Radiotherapy (*TRURO*)

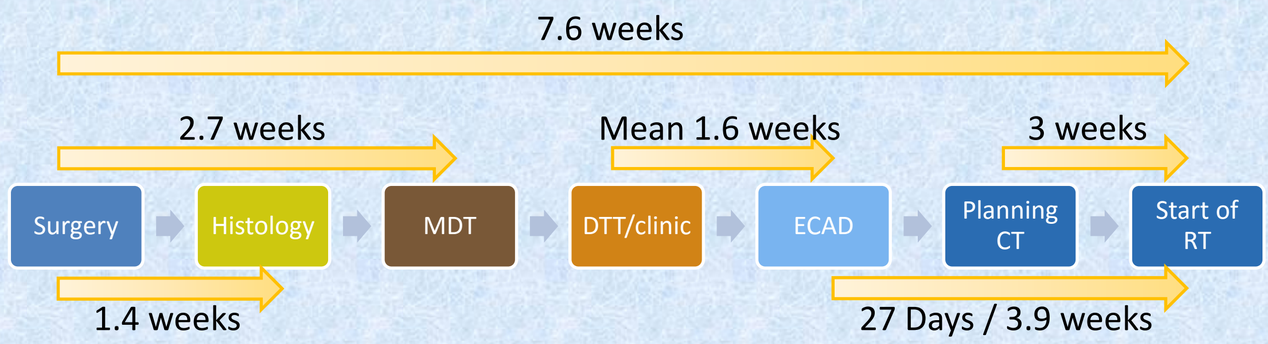


• Results (1st round)

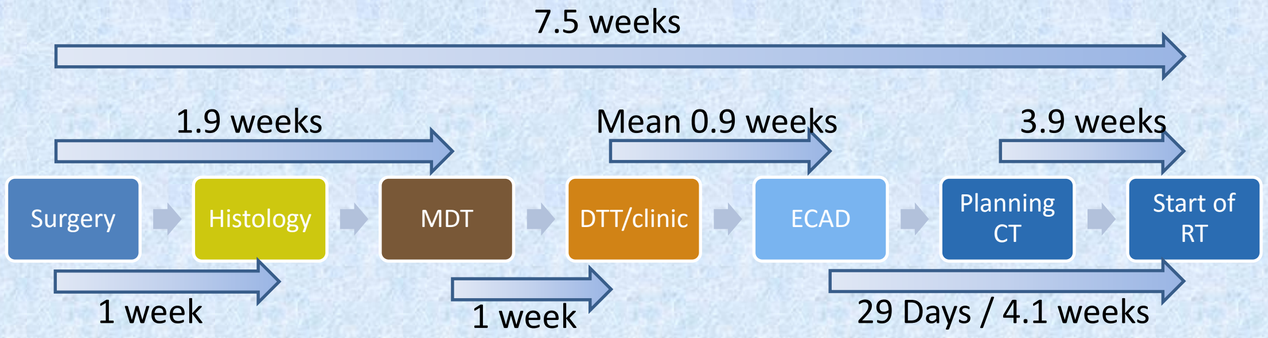
Treatment Pathway Breakdown (*PLYMOUTH*)



Treatment Pathway Breakdown (*EXETER*)



Treatment Pathway Breakdown (*TRURO*)



• *1st Action Plan – "The Peninsula Initiative"*

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:

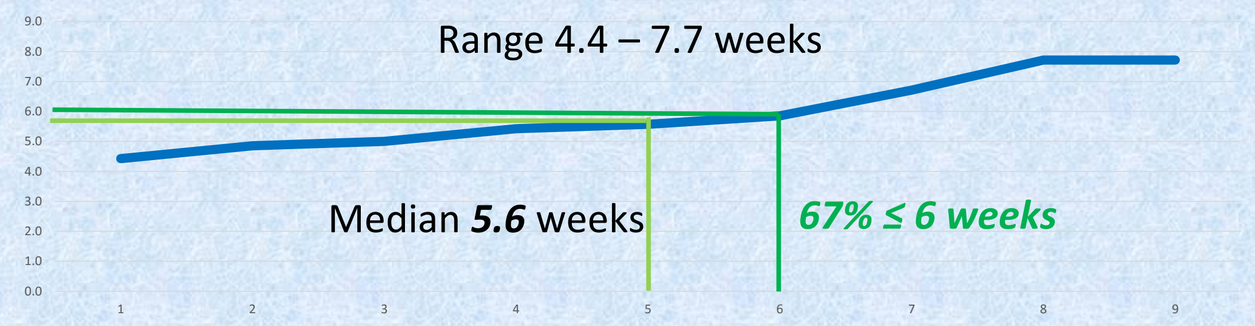
Time from surgery to MDT is made <2 weeks. Patients are pre-booked into clinics for timely oncology consultation. Dedicated dental service is provided for post-op patients. Patients needing post-op RT are identified pre-op for forward RT planning.

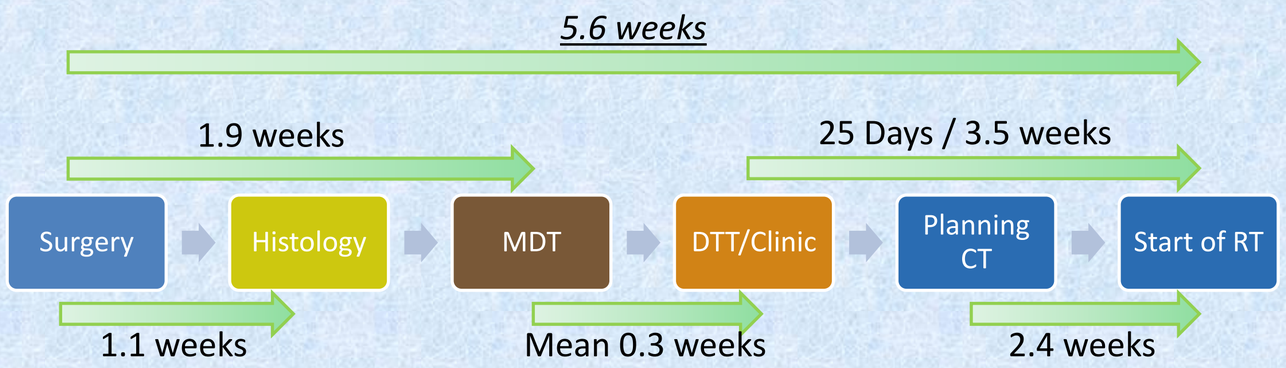
For Plymouth & Exeter, we aim at substituting the '31day target' with '6weeks post-op' as the breach date.

For Truro, results have helped the creation of a new consultant post.

• *Current Prospective (2nd) Audit*

IMPROVED Time Interval (*PLYMOUTH*) Jan - May 2016





References:

1. Vikram B, Strong EW, Shah JP, et al. Failure in the neck following multimodality treatment for advanced head and neck cancer. Head Neck Surg 1984;6:724–729. **2**. Byers RM, Clayman GL, Guillamondegui OM, et al. Resection of advanced cervical metastasis prior to definitive radiotherapy for primary squamous carcinomas of the upper aerodigestive tract. Head Neck 1992;14:133–138. **3**. Ang KK, Trotti A, Brown BW, Garden AS, Foote RL, Morrison WH, Geara FB, Klotch DW, Goepfert H, Peters LJ. Randomized trial addressing risk features and time factors of surgery plus radiotherapy in advanced head-and-neck cancer. Int J Radiat Oncol Biol Phys 2001;51:571-578. **4**. National Institute for Clinical Excellence NICE. Improving Outcomes in Head and Neck Cancers. The Manual. London: NICE 2004. **5**. National Head and Neck Cancer Audit 2014, DAHNO Tenth Annual Report, Health and Social Care Information Centre. **6**. National Head and Neck Cancer Audit 2013, DAHNO Ninth Annual Report, Health and Social Care Information Centre. **7**. National Head and Neck Cancer Audit 2012, DAHNO Eighth Annual Report, Health and Social Care Information Centre. **8**. ENTUK. Head and Neck Cancer: Multidisciplinary Management Guidelines. British Association of Otorhinolaryngology, Head and Neck Surgery 4th edition, 2011.