
Remote triaging of urgent suspected head and neck cancer referrals during Covid-19 pandemic

Dear colleagues,

The NHS guidance for managing cancer referrals during Covid-19 pandemic recommend a telephone triage to minimise interactions and appointments with health services and stream patients for investigations where appropriate ¹. Additionally, a telephone appointment with a specialist clinician is accepted as a first appointment for the purposes of recording cancer waiting times. Head and neck cancer referrals pose an additional challenge with most patients needing endoscopic assessment with full scale PPE, as recommended by ENTUK ².

Most ENTUK members will be aware of the head and neck cancer risk calculator that has been generated and iteratively validated using data from over 10,000 patients across the UK ³⁻⁵. The calculator uses patient demographics, tobacco and alcohol use, alongside 12 symptoms, all of which can be elicited over the telephone, to provide a robust personalised probability of head and neck cancer. Weblink to the most updated version (HaN-RC v.2) is available at <http://www.orihealth.com/risk-calculator-2.html> and can be used to familiarise oneself with the calculator.

ENTUK recommend this decision-making process be captured using the linked Excel Spreadsheet ([Click here to download calculator](#)). Once the patient symptoms are inputted, the outcome cell for that patient turns green or red, indicating a low (<7%) or high (≥7%) probability for cancer. Using this probability of 7% as the recommended cut off, the model estimates that the chance of missing cancer in this population by a telephone consultation compared to a routine face to face consultation is 1.4%. Low risk patients can have their appointment postponed to after the pandemic issues have settled, while a face to face consultation can be arranged for those with high risk outcomes. Undoubtedly, clinical judgement should be used in conjunction with this decision-making tool for every patient. ENTUK have also provided a script to aid the telephone consultation, with recommended wording, to advise the patient of the next step, based on the outcome (see below).

Use of the spreadsheet will allow data capture as part of local audit, with patients followed up at 6 months to determine the safety and effectiveness of using telephone triage during these unprecedented times. Subsequently, these data will be analysed centrally by ENTUK as part of a National Audit.

We recommend that each centre saves an appropriate number of copies of the spreadsheet based on the number of clinicians who perform the telephone consultations. The saved excel file should be updated with the final diagnosis outcome (cancer or not) after high-risk patients are seen in the clinic or following a follow-up phone call or face-to-face consultation in 6 months for the low risk individuals. The files of all clinicians at each centre can be amalgamated on a monthly basis.

This structured triaging system has been endorsed by ENTUK Head & Neck Society and the ENT UK executive.

We wish you good health and hope you stay safe during this tumultuous and unpredictable period.

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Mr Paul Pracy, University Hospitals Birmingham

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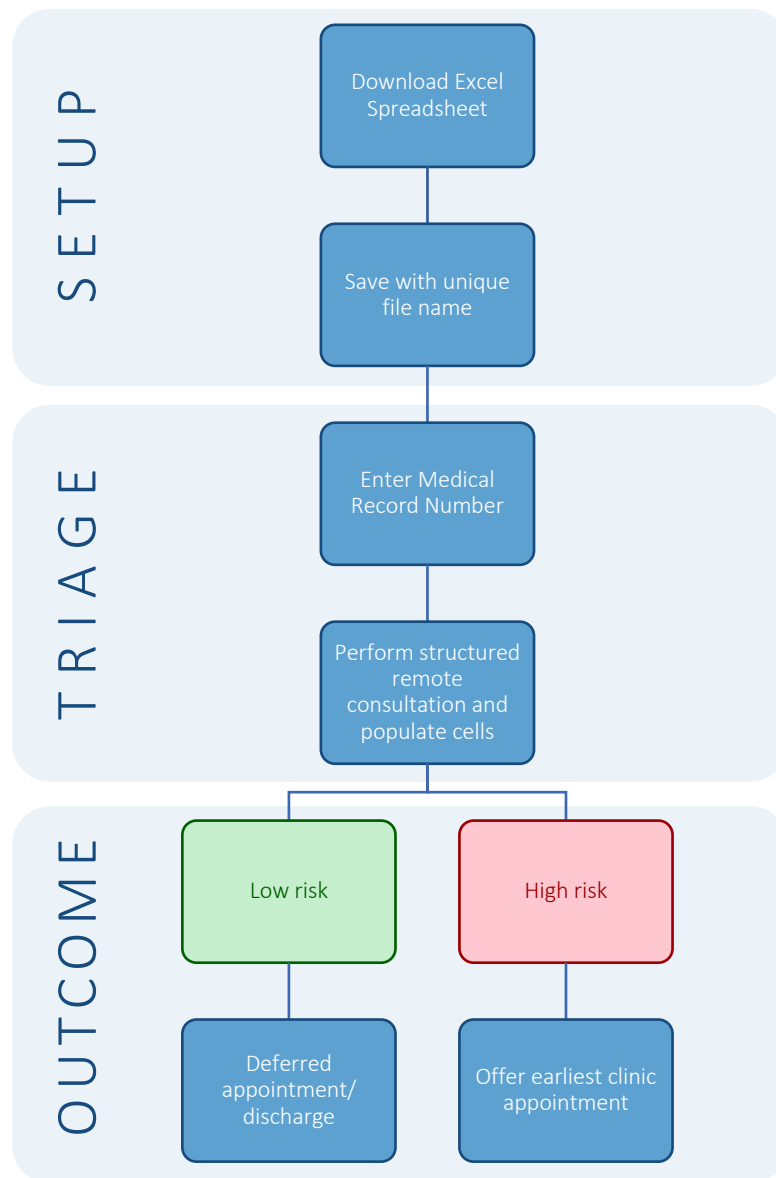
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Flowchart



Suggested patient script

Introduction:

You have been referred to us by your doctor with a suspected head and neck cancer. Owing to the coronavirus pandemic, we are trying to reduce unnecessary hospital visits for outpatient appointments to prevent the spread of the infection. We have therefore converted your appointment into a telephone consultation. I will be asking you a series of questions about you and your symptoms, after which I will estimate the probability of head and neck cancer in your case. This will be done using a risk calculator that we have created from over 10,000 UK patients. We will then decide whether you need to attend for a face to face consultation.

[\[Click here to download calculator\]](#)

Low risk (If the outcome box is GREEN):

The risk calculator indicates that people with your type of symptoms have a very low probability of a cancer in the head and neck region. By not being seen in clinic, the chance of missing a cancer in people such as yourself is less than 2%. We will therefore bring you in for a consultation once the pandemic issues have settled.

High risk (If the outcome box is RED):

The risk calculator indicates that we will need to see you in clinic for a face to face consultation. Our team will contact you shortly to confirm this.

References

1. <https://www.england.nhs.uk/coronavirus/publication/letter-cancer-alliance-information-on-managing-cancer-referrals/>
2. ENTUK Guidelines for changes in ENT during COVID-19 Pandemic(Section 8) <https://www.entuk.org/entuk-guidelines-changes-ent-during-covid-19-pandemic>.
3. Clin Otolaryngol. 2020 Jan 27.doi: 10.1111/coa.13511. [Epub ahead of print] PubMed PMID: 31985180.
4. Clin Otolaryngol.2018 Apr;43(2):714-717. doi: 10.1111/coa.13019. Epub 2017 Nov 8. PubMed PMID: 29054125.
5. Clin Otolaryngol. 2016 Feb;41(1):66-75. doi: 10.1111/coa.12597. PubMed PMID: 26611658.