Reducing VOMIT and Waste in Head and Neck Cancer Pathways - A Two Cycle Study

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Introduction

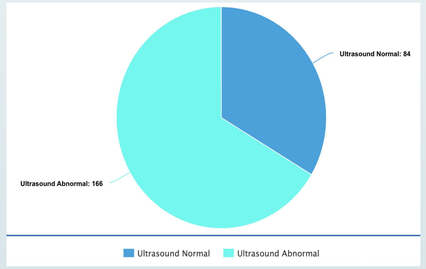
- Head and neck cancer (HNC) is the seventh most common cancer globally, accounting for more than 660,000 new cases and 325,000 deaths annually (1).
- The audit assesses the excessive use of diagnostic tests in head and neck cancer pathways at a busy London hospital, highlighting a significant overuse evidenced by the low cancer pick-up rate and a high number of unnecessary investigations, leading to the term VOMIT (Victims Of Modern Imaging Technology).

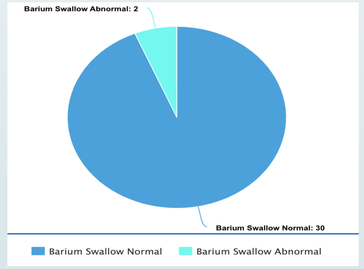
Methodology

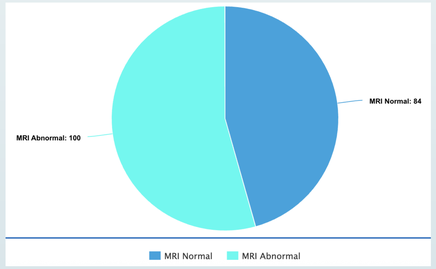
1. **Study Design:** Retrospective case study conducted from September to December 2023 (Cycle 1) and September 2024 to December 2024 (Cycle 2).
2. **Data Sources**: Data was collected using electronic patient record applications utilised within Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), including Epro, Careflow, and PACS.
3. **Sample Size**: A total of 800 patients on the head and neck cancer pathway were assessed for unnecessary investigations (USS, CT, MRI, Barium swallow). Other data collected included gender, age, medical comorbidities, primary symptoms)

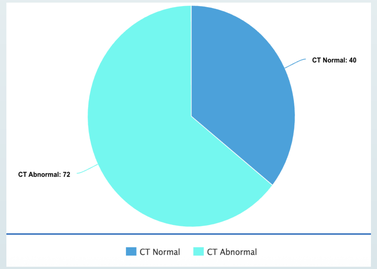
Results

- 800 patients (M = 332, F = 468)) with average age 56 years old were included.
- **140/800 = 17.5%** had at least one medical comorbidity affecting one of the major systems (cardiac, respiratory, metabolic)
- The most common primary symptom was **"FOSIT" or feeling of something in throat N = 210**
- **41%, N=326** had positive "head and neck" findings on examination which include anything of note in the upper aerodigestive tract
- **Of these 326 patients →** ***250 ultrasounds were requested. 84 were completely normal.***
  - → ***112 CT scans were requested. 40 were completely normal.***
  - → ***184 MRIs were requested, 84 were completely normal.***
  - → ***32 Barium swallows were requested, 30 were completely normal***









Aims

1. To evaluate and reduce unnecessary diagnostic procedures such as ultrasound scans, barium swallows, and other imaging technologies that contribute to inefficiencies within cancer diagnostic pathways.

Conclusion

- Strategies Implemented: Training juniors, modifying referral criteria based on Edinburgh Dysphagia score, limiting the use of certain tests like barium swallows.
- Future Plans: Explore correlations between clinical examination findings and the necessity of imaging studies to further reduce
- Review cancer triaging auto-requesting of investigation without physical examination. Further cementing of head and neck cancer investigation guidelines locally.

References

(1) Sung H, Ferlay J, Siegel R L et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin 2021; 71: 209–249.