## A pilot "Telephone-and-Test" (Modified Straight-to-Test) for ENT two-week wait referrals

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## Abstract

Objective To assess the efficacy and outcome of a pilot model in triaging urgent suspected head and neck cancer referrals during the Covid-19 pandemic. Design Prospective observational cohort study Setting Regional Head and Neck Cancer hub, United Kingdom. Participants 84 patients who were referred via the 2 week wait pathway and streamed directly for imaging investigations after initial telephone consultation. Main outcome measures The malignancy detection rate using the telephone-and-test model Results 495 2-week wait referrals were received during the study period. 104 patients were discharged following their initial telephone consultation. 84 (17%) patients were streamed directly for imaging investigations following their telephone consultation. Malignancy was identified in 11.9% of patients which included squamous cell carcinoma, differentiated thyroid carcinoma and lymphoproliferative disease. 51% of patients had other benign pathologies such as benign salivary gland tumour, benign thyroid disease and physiological lymphadenopathy. Following their radiological investigation, 48.8% of patients were discharged without any need for further consultations. Conclusions The telephone-and-test approach is an effective and efficient model for triaging head and neck two-week wait referrals, which could be applicable outside the pandemic times.

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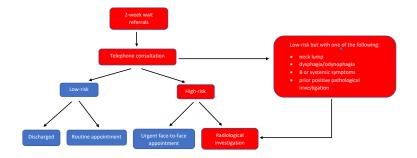


Figure 1. Triage pathway of 495 patients referred via the ENT 2-week wait referrals. Telephone-and-test (TnT) model in red.

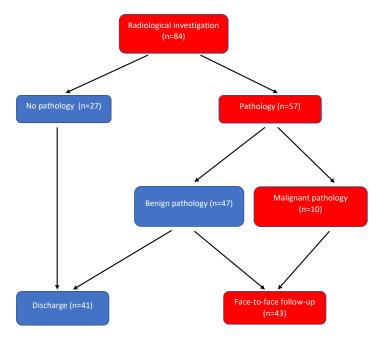


Figure 2. Results and outcomes from the pilot TnT model.

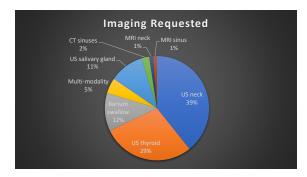


Figure 3. Breakdown of imaging requested via the TnT model.



Figure 4. Breakdown of benign pathologies encountered via the TnT model.