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Attendance at a one-off screening clinic for head and neck cancer during Cancer Awareness Week

Cairns J[1], Spellman J[2] and Kanatas A[3]

[1]Jennifer Cairns BChD (hons), MFDSRCS (Edin), Speciality dentist, Oral and maxillofacial surgery department, Leeds Dental Institute. Clarendon Way, Leeds LS2 9LU

[2]Joanna Spellman, RGN, BSc (Hons). Specialist nurse, Leeds Teaching Hospitals and Leeds Dental Institute. E-mail: j.spellman@nhs.net

[3]Professor Anastasios Kanatas FRCS, MD. Leeds Teaching Hospitals and St James Institute of Oncology, Leeds Dental Institute and Leeds General Infirmary, Leeds, UK. E-mail: anastasios.kanatas@nhs.net

Correspondence: Anastasios Kanatas, BSc (Hons), BDS, MBChB (Hons), MFDSRCS, MRCSRCS, FRCS (OMFS), MD, PGC, FHEA, Consultant Surgeon/Professor, Leeds Teaching Hospitals and St James Institute of Oncology, Leeds Dental Institute and Leeds General Infirmary, LS1 3EX.

Tel: 00447956603118; E-mail: a.kanatas@doctors.org.uk

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In October 2019, NHS England published 'The Independent Review of Adult Screening Programmes in England' (1). This report has recognised the many achievements of current screening programmes, but also acknowledges that existing programmes still fall short of realising their full potential. It particularly highlighted that access to current screening schemes needs to improve if we are to increase uptake and keep pace with the changes in how we live our lives.

Screening, and the resulting early detection of cancer, is known to save lives (2). The Department of Health and Social Care has recently set out their vision for future screening provision in the NHS (1), seeking improvements to several areas of current provision. They want screening that is easier to access, more personalised and better stratified by risk, so that interventions can be focused where they are needed most. At the same time, they point to a need to make better use of technology that will see new developments being implemented more quickly and with greater accountability.

Screening for oral cancer has not been adopted at a national level in the UK, even for individuals at high risk. In a WHO document (2), however, it was stated that oral cancers were in fact a suitable target for early detection and screening. Whereas screening is not employed for at-risk populations, the NHS does offer early diagnosis services for patients with suspicious lesions, relying on referral from a dentist or doctor. Although general dentists routinely screen for oral cancers when patients attend check-ups, we know that access to NHS dentists can be difficult and that many people do not attend regular check-ups. Oral cancers certainly have well recognised precursor lesions and identifiable risk factors (3) that provide an asymptomatic phase during which they are detectable and amenable to treatment. Late diagnosis is also associated with significant morbidity and mortality, and early diagnosis can improve patient outcomes and health-related quality of life (4). Given these issues and features, oral cancer may be especially suitable for screening.

Head and neck cancer is a relatively uncommon disease, accounting for 3% of all cancers (5), and to date, it has often been argued that the benefits of screening do not outweigh the negatives in terms of cost and risks. However, incidence rates of oral cancer are increasing, with around 33 new diagnosis per day. Moreover, increasing numbers of patients are presenting with advanced disease that is not only making treatment more challenging but also making outcomes worse (6). Before any new

population screening programme can be introduced, a rigorous assessment of the balance between benefits, harms and cost-effectiveness is necessary, yet there is little evidence that such programmes confer survival benefits. Indeed, the only level 1 evidence regarding the efficacy of head and neck cancer screening comes from a randomized control trial that reported a survival benefit from visual examination of the oral cavity in individuals at high risk for oral cancer (7). Multiple studies otherwise indicate that the detection rate for precancerous and cancerous lesions is low and that screening programs should target those with risk factors for developing head and neck cancer (8).

In the absence of a national screening programme, we must consider the scope that exists to improve current services in line with NHS recommendations (1). Prudence with resource allocation may help us to achieve some of our goals within existing confines. For example, one approach may be to improve attendance by looking at the barriers preventing patients from attending routine oral check-ups. These may range from fear of the unknown to lack of availability of local screening or not being registered with a dentist. Benefit may also be achieved by improving public awareness of oral cancer and ensuring that people, including patients, carers and health professionals, know what to do when they have a concern. If a screening service is then developed, it must be well advertised if people are to attend. Oral cancer can affect many different patient groups, but it is a unfortunate that those who are most disengaged from healthcare services often present latest. They may lack access to digital media and may be best served by advertising in social areas, such as pubs, shelters or smoking cessation groups. Advertising within GP and dental surgeries offers another opportunity to increase awareness. Irrespective of such efforts, the growing number of people in society who obtain their news and information from social media dictates that this should be considered a key target platform.

We require a skilled workforce and appropriate clinical facilities for a screening programme to be successful. In their guidelines on early detection/screening, the WHO commented that screening does not need to be performed by a consultant (2), and consistent with this, successful screening programmes have been run by other healthcare workers. Trained nurses can be particularly effective at recognising red flag symptoms in a patient's history and signs in an oral examination. Irrespective of the professional chosen to perform the screening, it is key that they should be an expert with

knowledge of how to perform oral examination, assess risk factors and deliver both patient education and health promotion. There must also be a clear and reliable pathway to follow if a suspicious lesion is found.

At our oral and maxillofacial surgery department, we recently held a free drop-in screening session for head and neck cancer as part of the 'Make Sense Campaign' run by the European Head and Neck Society (EHNS) (9). This campaign aimed to raise awareness of head and neck cancer symptoms to drive earlier presentation, diagnosis and referral, thereby improving outcomes. We advertised the session using posters in the department, but we also used social media to publicise the event to a wider audience. Our session was held from 1 to 4 pm and was well attended, with nearly all attendees coming at the start of the session, which was their lunchtime. Overall, more than 80 patients registered interest on Facebook or Twitter for the clinics, and of these, 59 attended. Among those who attended, three required further investigation and one of these was found to need treatment for oral cancer.

The success of this trial drop-in clinic may be due to a couple of factors. We have already established a successful nurse-led review clinic at our oral and maxillofacial surgery department, and we have published our experience with this previously (10). The nurse specialist who runs this clinic was involved in the recent drop-in screening event. Notably, the established nurse-led clinic offers flexibility with respect to clinic times and location, and it is our experience that more people attend screening when the appointment time is convenient to them. It also appeared that advertising of the event raised awareness and motivated people to attend.

Our experience has since led us to implement a regular nurse-led drop-in screening session for head and neck cancer that runs over lunchtime at our outpatient clinic. This makes use of the skilled nurse specialist in time already allocated to a clinic session. Robust systems are in place for further investigation and communication with the consultant-led service, ensuring that any person with a suspicious lesion can see a consultant immediately or soon after a concern is raised. Our aim is that introducing a regular clinic will not only ensure that clinicians and patients know that the service exists but also provide opportunity for health promotion, education of early signs and symptoms, and

the possibility of modifying patient behaviours. We already run a fast track clinic with same-day biopsy and ultrasound access.

As clinicians, if we are to ensure that we make the most efficient use of scarce health care resources, we must examine and report on the benefits of care models that accommodate the busy lives of patients. Lunchtime clinics may increase attendance and ultimately contribute to early diagnosis without having a major impact on short-term costs. However, only further research will reveal if this approach can affect the outcomes in the target population.

Conflict of interest: The authors have no conflict of interest to report

References

1. https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf
2. https://www.who.int/cancer/detection/en/
3. Shuman, A.G, McKiernan, J.T, Thomas, D, Patel, P, Palmer, F.L, Shaffer, B.T, Shah, J.P, Patel, S.G, Boyle, J.O. Outcomes of a head and neck cancer screening clinic. Oral Oncology. 2013; 49: 1136-40.
4. Boyes H, Barraclough J, Ratansi R, Rogers SN, Kanatas A. Structured review of the patient-reported outcome instruments used in clinical trials in head and neck surgery. Br J Oral Maxillofac Surg. 2018;56(3):161-167.
5. https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/head-and-neck-cancers
6. Gogarty, DS, Shuman, AG, O'Sullivan, EM and Sheahan, P (2016) Conceiving a national head and neck cancer screening programme. The Journal of Laryngology and Otology. 2016; 130 (1): 8-14
7. Sankaranarayanan, R, Ramadas, K, Thomas, G, Muwonqe, R, Thara, S, Mathew, B, R Balakrishnan (2005) Effect of oral screening on oral cancer mortality in Kerala, India: a cluster-randomised controlled trial. The Lancet. 2005; 365: 1927-33.
8. Jackson, C.R. & Shuman, A.G. & Hogikyan, N.D.A critical review of head and neck cancer screening. European journal of Clinical and Medical Oncology. 2011; 3: 33-41.
9. https://makesensecampaign.eu
10. Spellman J, Walshaw EG, Kanatas A, Ong TK. Our experience of a nurse-led oral and maxillofacial surgical clinic in a tertiary centre: two years on. Br J Oral Maxillofac Surg. 2019. pii: S0266-4356(19)30381-X. doi: 10.1016/j.bjoms.2019.08.030. [Epub ahead of print]