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longer treatment free intervals. Updated data with an expanded cohort and assessment of tumour-specific factors will be presented.

#### References:

- Chalkidou A, Macmillan T, Grzeda MT *et al*. Stereotactic ablative body radiotherapy in patients with oligometastatic cancers: a prospective, registry-based, single-arm, observational, evaluation study. *Lancet Oncol* 2021; **22**(1): 98–106.
- Chalkidou A, Bunce C, Coker B *et al*. Commissioning through Evaluation; Stereotactic ablative body radiotherapy (SABR) V1.6. London: King's College London, 2019.
- [https://ctep.cancer.gov/protocoldevelopment/electronic\\_applications/docs/ctcae\\_v5\\_quick\\_reference\\_5x7.pdf](https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/ctcae_v5_quick_reference_5x7.pdf)

### Prophylactic Gastrostomy Placement in Head/Neck Patients at Clatterbridge (CCC): Review of Practice Against New Local Guidelines

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#### Category: Head & neck

**Background to the audit:** Head/neck cancer incidence is rising with an increasing number receiving radical chemoradiation or radiotherapy. Clatterbridge Cancer Centre (CCC) has seen rising inpatient admissions for nutritional support/nasogastric (NG) feeding second to treatment side-effects. There is a lack of definitive local/national guidelines for prophylactic gastrostomies to prevent admissions, resulting in difficulty to quantify/target patients appropriately.

We produced local guidelines, from a literature review and regional approval, to audit current practice with scope to service improvement.

#### Standard: Criteria:

Chemorad for nasopharynx, larynx, hypopharynx and BOT Ca plus bilat neck, pre treat dysphagia/malnutrition, chemo-rad bilat neck and T3/T4 tonsil, chemorad/social support, radical treatment +T3/4 primary+poor home support, radical treatment + T3/4 primary+PS2.

**Indicator:** Patients meeting criteria versus number gastrostomies placed.

**Target:** All patients meeting criteria being referred for and having prophylactic gastrostomy.

**Methodology:** Patients from the population were audited against the criteria. For this we reviewed the electronic medical records and radiotherapy action sheets across six months in 2019.

**Results of first audit round:** 180 head/neck Cancer patients audited.

58 met the criteria for prophylactic gastrostomy.

40/58 had prophylactic gastrostomy prior to radiotherapy.

4/58 were referred but no placement due to clinical difficulties.

8/180 refused placement with 6/8 meeting criteria.

6/58 met the criteria but no placement – none admitted for feeding during radiotherapy.

44/180 gastrostomies placed.

42/44 placed met the criteria 2/42 not placed prophylactically.

**First action plan:** To use new criteria to identify the patients at high risk and offer prophylactic gastrostomy. For patients not meeting criteria but who may require nutritional support, to develop an outpatient NG service.

#### References:

- [www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/head-and-neck-cancers](http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/head-and-neck-cancers) (last accessed 13/7/21)
- McClelland S, Andrews JZ, Chaudhry H, Teckie S, Goenka A. Prophylactic versus reactive gastrostomy tube placement in advanced head and neck cancer treated with definitive chemoradiotherapy: A systematic review. *Oral Oncol* 2018; **87**: 77–81.
- Jack DR, Dawson FR, Reilly JE, Shoaib T. Guideline for prophylactic feeding tube insertion in patients undergoing resection of head and neck cancers. *J Plast Reconstr Aesthet Surg* 2012; **65**(5): 610–615.
- Corry J, Poon W, McPhee *et al*. Prospective study of percutaneous endoscopic gastrostomy tubes versus nasogastric tubes for enteral feeding in patients with head and neck cancer undergoing (chemo)radiation. *Head Neck* 2009; **31**(7): 867–876.
- Rutter CE, Yovion S, Taylor R *et al*. Impact of early percutaneous endoscopic gastrostomy tube placement on nutritional status and hospitalization in patients with head and neck cancer receiving definitive chemoradiation therapy. *Head Neck* 2011; **33**(10): 1441–1447.

6. Zhang Z, Shu Y, Ling Y *et al*. Comparative effects of different enteral feeding methods in head and neck cancer patients receiving radiotherapy or chemoradiotherapy: a network meta-analysis. *Onco Targets Ther* 2016; **9**: 2897–2909.

### The COVID-19 Pandemic – A Cause for Late Presentation of Sarcoma Patients?

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#### Category: Sarcoma

**Background to the audit:** The World Health organization (WHO) declared COVID-19 a global pandemic in March 2020, with subsequent lockdown in the UK and social distancing. There was a subsequent perception of more advanced patient presentation at our regional sarcoma multidisciplinary team meeting (MDTM) (Manchester and Oswestry Sarcoma Service (GMOSS)). Audits of MDTMs were performed prior to and during the pandemic to determine if this was the case.

**Standard:** Local standard was determined by the first audit of MDTMs in 2019. 21.2% presented with metastatic disease. 28.8% had palliative treatment recommendation.

#### Indicator:

- Percentage of patients with metastatic disease.
- Percentage of MDTM outcomes recommending palliative treatment.

**Target:** 1. ≤21%

2. ≤29%

**Methodology:** GMOSS database MDTM outcomes were obtained for six MDTMs prior to the pandemic, June–November 2019, to identify a pre-pandemic standard, and then for six MDTMs during the pandemic, June–November 2020. Benign/relisted patients were excluded. Malignant cases were classed as metastatic or localised. Treatment intent was recorded as radical or palliative.

**Results of first audit round:** 92 patients were discussed, 66 (71.7%) malignant cases. 14 (21.2%) had metastatic disease and 19 (28.8%) had palliative treatment recommendation.

**First action plan:** Compare local pre-pandemic standard to 2020.

**Results of second audit round:** 79 patients discussed, 58 (73.4%) malignant cases. 24 (41.4%) had metastatic disease and 27 (46.5%) had palliative treatment recommendation. Rates of metastatic disease and palliative treatment are higher during the pandemic.

**Second action plan:** Patients are presenting later during the pandemic. For discussion at Greater Manchester cancer pathway board to raise awareness and consider input to primary care and patient education/support. Re-audit required in one to two years.

### Audit of PET-CT Use After (Chemo)Radiotherapy in Advanced Head and Neck Cancer

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#### Category: Head & neck

**Background to the audit:** Published data indicates positron emission tomography-computed tomography (PET-CT) surveillance can avoid neck dissection in patients with node-positive cancers of the head and neck, leading to decreased morbidity for patients and reduced expenditure.

**Standard:** Published data from Mehanna *et al* 2016 and Zhou *et al* 2020.

**Indicator:** Use and outcomes of PET-CT scans performed at 12 weeks following (chemo)radiotherapy for advanced head and neck cancer.

**Target:** Eligible patients to undergo a planned PET-CT at 12 weeks.

100% of scans reviewed by the multidisciplinary team (MDT).

Neck dissection rates equivalent to published data including in initial equivocal response.

**Methodology:** Records for eligible patients receiving radical radiotherapy 1 July 2018 to 31 December 2018 (first round) and 1 January 2019 to 31 July 19 (second round) analysed for: