Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

at a tertiary head and neck centre from November 2019 to November 2020. Data was extracted from Somerset Cancer Registry and histopathology reports. cTNM and pTNM were compared before and during the first wave of COVID-19, as well as with other potential prognostic factors such as tumour site and tumour stage.

Results: 119 cases were identified, of which 52.1% (n = 62) were male and 47.9% (n = 57) were female with a mean age of 67 years. Clinical and pathological staging differed in 54.6% (n = 65) of cases. Of the patients with stage migration, 40.4% (n = 23) were up-staged and 59.6% (n = 34) were down-staged compared with pTNM. There was no significant difference in accuracy of cTNM staging compared with age, sex, or tumour site. There was a statistically highly significant ($p < 0.001$) correlation between cTNM accuracy and tumour stage, with the accuracy of cTNM staging decreasing with advancement of pTNM staging. No statistically significant variation was noted between patients staged prior to and during COVID-19.

Conclusions: Discrepancies in staging can impact management and outcomes for patients. This study found that the higher the pTNM, the more likely stage migration will occur. These findings are concordant with the oncology literature, which highlights the need to improve the accuracy of cTNM staging for more advanced tumours.

P-226

Emergency presentations of head and neck cancer: our experience in the wake of the COVID-19 pandemic

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Introduction: The COVID-19 pandemic imposed dramatic changes on delivery of medical services, leading to significant reductions in urgent referrals for suspected cancer. We sought to examine the impact of this on the rates of newly diagnosed head and neck cancer (HNC), or newly diagnosed recurrent HNC, presenting in an emergency context.

Materials and Methods: All patients presenting in an emergency capacity to our department with a new or newly recurrent diagnosis of a HNC over a six-month period following the initial COVID-19-induced UK nationwide lockdown were studied prospectively. All such patients presenting over the same time period in the previous three years (2017–2019 inclusive) were identified retrospectively. All HNCs diagnosed through any route over the same time periods were extracted from electronic HNC databases. Proportions of HNC-related emergency presentations between years were compared using chi-squared and Fisher's exact tests.

Results: In June-November 2020 a total of 29 patients presented with a newly diagnosed HNC in an emergency context (21 new and 8 newly recurrent), comprising respective proportions of 12.3% (21/171), 19.5% (8/41), and 13.7% (29/212) for new HNCs alone, newly recurrent HNCs alone, and new and newly recurrent HNCs combined diagnosed through any route. These proportions were significantly increased from any of the previous three years ($p < 0.001$, $p = 0.018$, and $p < 0.001$ for new HNCs, newly recurrent HNCs, and combined HNCs respectively), in which figures were as follows: 2019–8/198 (4.0%) new HNCs, 3/33 (9.1%) newly recurrent HNCs, and 11/231 (4.8%) combined; 2018–6/190 (3.2%) new, 3/40 (7.5%) newly recurrent HNCs, and 9/230 (3.9%) combined; and 2017–8/185 (4.3%) new, 5/66 (7.6%) newly recurrent HNCs, and 13/251 (5.2%) combined.

Conclusions: These data demonstrate emphatically a surge in HNCs presenting in an emergency context following the initial COVID-19-induced UK national lockdown. HNC MDTs need to prepare for an ongoing influx of such patients, and prompt provision of patient and primary care education, together with expansion of secondary healthcare capacity, is required to minimise adverse outcomes.

P-227

Smoking and OMFS – How well are we recording tobacco use and referring to smoking cessation services?

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Introduction: Around 65% of mouth cancers are associated with smoking. Evidence shows that smokers who develop oral cancer have poorer outcomes than non-smokers. Additionally, smoking incidence is reported to be increased because of the COVID pandemic. We have a duty to discuss smoking with our patients and offer appropriate advice or referrals.

Objectives are as follows:

- To assess department compliance with the recording of smoking and tobacco history at initial consultation appointments
- To aim for 100% compliance with the recording of smoking and tobacco quantity and duration
- To increase number of successful referrals to smoking cessation services.

Materials and Methods: Retrospective data collection was completed from 20 initial new patient consultations. Notes were assessed for the presence of the following: Smoking status and history, duration of smoking history, number of cigarettes smoked daily, and whether smoking cessation advice was given and/or a smoking cessation referral offered. Results of first round data collection were presented to the department and a 'help to stop smoking' referral form for smoking cessation services made readily available in the department. A second round of data collection was subsequently completed.

Results: 60% of initial consultations recorded patient smoking status. Of this group, 42% are confirmed smokers. When smoking history has been recorded, the quantity of cigarettes was always recorded. The duration of smoking history was only successfully recorded in 60% of cases. No referrals were made to the smoking cessation service; however 60% of the confirmed smokers declined a referral offer. After intervention, a vast improvement is noted – 85% of clinical notes recorded patient status, with 25% confirmed smokers. There was an increase in referrals to smoking cessation referral services.

Conclusions: All patients should be asked about smoking status and evidence recorded in clinical notes. Furthermore, smoking cessation advice should be given to all patients and referrals to smoking cessation services offered. Collaborative projects with the smoking cessation service have begun to further improve our patient care and oral health improvement.