

Diagnosing Endometrial cancer in a one stop clinic during the Covid-19 pandemic - improving pathway times.

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Introduction

The Single Cancer Pathway (SCP) was introduced by the Welsh Cancer Network in 2019, to address the need to improve cancer service delivery in Wales. It aimed to improve patient pathways by setting a new standard for cancer services, removing two streams of patients and creating a single Urgent Suspected Cancer pathway¹. The main target, for patients to start first definitive treatment within 62 days of the point of suspicion of cancer (PoS) decision and staging <28 days, with treatment commencing <21 days from Decision to Treat (DTT)¹. The PMB one-stop clinic aims to provide rapid diagnosis and treatment for patients with cancer and reduce the number of additional clinic appointments and hospital visits². With new challenges that came with the Covid-19 pandemic a new variation of the protocol³ was introduced as a result, to address two important factors:

1. Patients had to be re-prioritised for surgery according to National guidelines³. This change in guidelines was a result of a sudden lack of theatre capacity during the pandemic.
2. Mirena coil/Oral Progestogen were started for patients, if suspicion of endometrial cancer at the time, as a result of new prioritisation protocol³.

The following assesses whether these changes prevented delays in the patient pathway.

Method

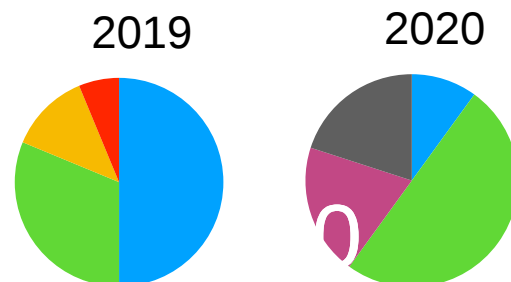
A retrospective comparative study of patients seen in PMB clinic between March- May in 2019 and 2020. Information was collected using the hysteroscopy clinic database, Welsh Clinical Portal documents and Synapse version 4.4.3.

Results & Discussion

A total of 28 USC GP referral patients with confirmed cancer/pre-cancer were reviewed, age range 46-89 ($M=69.28$).

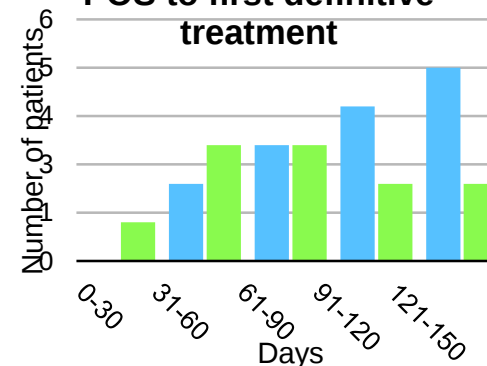
Of note, was the variety of cancers diagnosed through the one-stop clinic. Whilst endometrial cancer was the most common diagnosis, the number of others picked up by the service highlights the far reaching benefits of the one-stop for women with cancer.

Patients on the PMB pathway did wait longer for treatment than the SCP target $M=93$ (29-147) however patients were treated sooner during the pandemic $M=79.58$ (29-134),

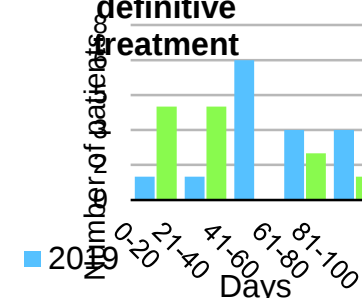


■ G1 Endometrial cancer

POS to first definitive treatment



DTT to first definitive treatment



than pre-pandemic $M=102.2$ (56-147). Patients waited on average 45 days from DTT to starting treatment - more than double the 21 days suggested in the SCP. Again, patients in 2020 were treated sooner from decision to treat $M=31$ days (0-86) than those pre-pandemic $M=55$ days (8-104). Patients waited on average 39 days from last diagnostic test to treatment, with little difference pre/during the pandemic. Compliance of patients with suspicious endometrium given Mirena/Oral Progestogen was not 100% due to either patient preference or anatomical issues such as polyps preventing insertion. Due to a small sample size, there is a great variability in the range of days patients remain on the pathway, this can be addressed in future analysis of the patient pathway covering a larger period of time.

	2019	2020
Total patients	16	12
Mean BMI	33.6	32.4
POS to clinic (days)	25	22
Patients given Mirena/PO progestogen	0%	66%
MRI requested in clinic	56.2%	96%

Conclusion

Emergency measures implemented during the Covid-19 pandemic appeared to have decreased delays in the patient pathway by almost a month with all patients consenting and able to, receiving Mirena or Progestogen. There is clearly still room to improve and this may lie with improving time frames for receiving pathology results, however the PMB one-stop clinic framework, in its current COVID adapted form, could be applied to other centres to allow more patients to receive more prompt diagnosis and treatment.

References

1. Single Cancer Pathway, Wales Cancer Network, 2018. <http://www.walescanet.wales.nhs.uk/single-cancer-pathway>.
2. K. Lutchman-Singh, P. Bidder, L. Hunt. Post-Menopausal bleeding pathway: Standard Operating Procedure. Swansea Gynaecological oncology cancer centre, 2019.
3. K. Lutchman-Singh. PMB Pathway SOP variation. Covid 19 protocol. Swansea Gynaecological oncology centre, 2020.