

The addition of radiology to onsite cytologist in a rapid access neck lump clinic for head and neck cancer is highly efficient and cost effective.

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Aim:

One stop services are often challenging to set up due to cost and additional support from multiple departments. This retrospective study evaluated the efficacy and cost effectiveness of the introduction of radiology support to our one-stop service in addition to the use of fine-needle aspiration cytology (FNAC) with rapid on-site evaluation (ROSE).

Methods:

Retrospective analysis comparing one month of patients attending a one stop clinic with cytology and ROSE alone to one month of patients attending a one-stop clinic with both ROSE and radiology support. Same day discharge, follow-up requirement, investigations and overall outcome was analysed. The additional benefit of adding radiology support and its relative cost effectiveness was evaluated.

Results:

N=48 attended ROSE cytology only clinic (Clinic 1), n=83 attended one-stop ROSE cytology and radiology clinic (Clinic 2).

Clinic 1, 67.4% (n=31) required investigations not performed same day vs 18.8% (n=13) Clinic 2, P <0.05. Clinic 1, 8.7% (n=4) had same day discharge vs 40.6% (n=28) Clinic 2, P <0.05. Same day diagnoses 13% (n=6) Clinic 1 vs 60.9% (n=42) Clinic 2, P <0.05. Clinic 1, 87% (n=40) required further follow up appointments vs 49.3% (n=34) Clinic 2.

Approximately £145 per patient could be saved with additional radiology. Patient satisfaction was overall high.

Conclusion:

Adding radiology support to ROSE cytology in a one-stop rapid access neck lump clinic is efficient, cost effective and has high levels of patient satisfaction. Employed more widely, it is likely to save significant resources within the NHS in the workup of patients with neck lumps.

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