## **Head and Neck Optimal Cancer Diagnostic Pathway**



#### Week 1

#### **USC** referral **Vetting** (by day 3) (day 0) GP or GDP Protocol referral driven vetting by consistent group of Referral experienced template clinician(s) completed Risk Clinical photos stratification if intra-oral lesion. if applied possible **National** regrading Voice audio framework recording, if possible applied

# Patient Patie

provided

referral

at point of

Patient informed if referral regraded

#### Week 2

#### ENT / OMFS clinic (by day 10)

Urgent diagnostic clinic, could include:

- Flexible endoscopy
- Ultrasound +/— biopsies
- LA biopsy of primary site if appropriate
- Request required imaging

### **Cancer likely**

- Meet head and neck CNS
- Consider pre-hab referral
- Consider pre-assessment clinic referral

#### Weeks 3-4

#### Imaging (by day 17)

CT or MRI as appropriate (reports by day 21)

OPT if required (by day 21)

#### Weeks 5-6

Specialist MDT and patient informed (by day 30)

PET-CT scan, if required, to be ordered, carried out and results reported in 10 days

#### Further diagnostic work-up

EUA if required (by day 21)

Pathology (by day 26)

Patient and/or carer consider and agree treatment plan with clinical team (DTT) (by day 40)

SLT, dietetics and restorative dentistry input (by day 44)

Definitive treatment starts (by day 62)

Personalised care and support plan in place

Navigator supports patient throughout diagnostic pathway

Cancer likely – patient provided with relevant, quality information and personalised support

Cancer is ruled out – referrer +/– patient informed and referred to other secondary care service, if relevant