

Non-pigmented lesion clinics: A review of the inter-speciality referral pathway for keratinocyte cancers, introduced to reduce hospital contact hours for patients during the COVID-19 pandemic

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INTRODUCTION

National Cancer Registry Ireland reports an increasing incidence of non-melanoma skin cancer (NMSC) with these cancers accounting for over a third of all invasive malignancies annually.¹ Keratinocyte cancers are more common in older age necessitating multidisciplinary specialist input and treatment often is a greater burden for patients. There are currently no treatment targets for keratinocyte cancers in our jurisdiction. The COVID-19 pandemic allowed us to restructure our inter-speciality treatment pathways to reduce healthcare contact for patients. Joint dermatology and plastic surgery clinics were introduced in addition to our standard specialty-based skin cancer services.

OBJECTIVES

The aim of this study was to establish whether a revised inter-speciality pathway reduced the time to treatment completion (days) and treatment burden (defined as total healthcare encounter days). We reviewed all patients with keratinocyte cancer referred from dermatology to plastic surgery using both the new pathway and the standard "referral letter" pathway from July to December 2020. We compared these findings to a separate review of all squamous cell carcinomas (SCC) referred to plastic surgery via the standard referral pathway from 2018-2019 inclusive.

METHODS

The Hospital-Inpatient Enquiry (HIPE) data collection department identified all patients under the care of dermatology and plastic surgery from July to December 2020 and ethical approval was obtained from the clinical audit department. Data from patients with keratinocyte cancers was collected including age, sex, diagnosis, tumour risk, immunosuppressive medications, number of surgical procedures including if a flap or graft was required, imaging or additional treatment required, time to treatment completion, number of in-person and virtual outpatient appointments and total healthcare encounter days (including outpatient and surgical appointments). We then compared our findings to a separate review of all SCCs referred via the standard "referral letter" pathway from 2018-2019 inclusive.

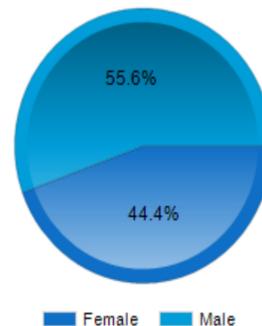
RESULTS

45 patients, 25 (55.6%) male, with a median age of 75 years, were referred to plastic surgery over the 6 month study period. There were 24 (53.3%) SCCs, 19 (42.2%) basal cell carcinomas (BCCs) and 2 (4.4%) basosquamous tumours. 24 (53.3%) of the tumours referred were high or very high risk based on the British Association of Dermatology SCC and BCC guidelines. 5 (11.6%) of the patients were on immunosuppressive medication.

23 (51.1%) patients were referred via the new pathway. Of these, 17 (73%) have completed treatment compared to 5/22 (23%) of patients referred using the standard pathway. Due to the higher numbers in the standard referral pathway group who had not yet completed treatment, we compared the new pathway group with SCCs referred via the standard pathway from 2018-2019 (n=56). The new referral pathway reduced the average time to treatment completion from 150 to 35 days. Treatment burden reduced from an average of 7 to 5 total healthcare encounter days, which includes all surgeries, virtual and in person outpatient appointments.

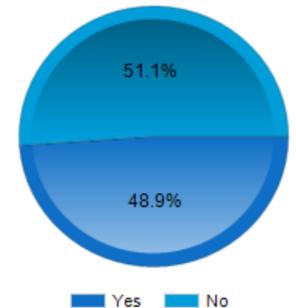
Gender

Response rate: 100.0%



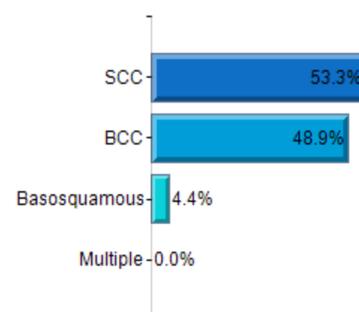
Reviewed by Plastic Surgery on same day of referral

Response rate: 100.0%



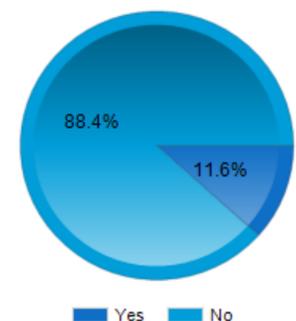
Diagnosis

Response rate: 100.0%



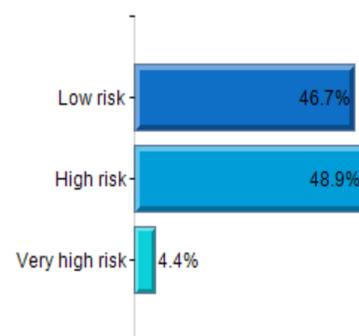
Immunosuppressed

Response rate: 95.6%



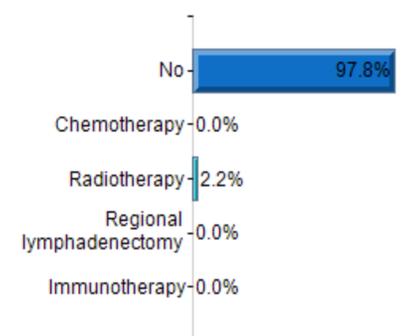
Tumour Risk

Response rate: 100.0%



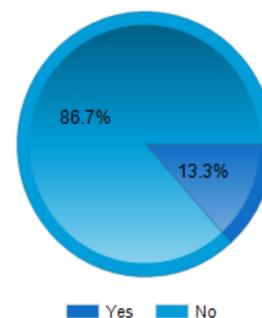
Additional treatment

Response rate: 100.0%



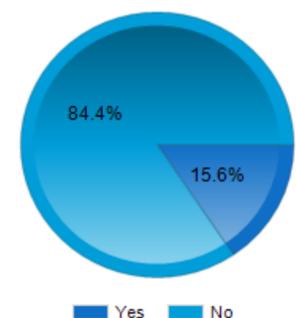
Flap

Response rate: 100.0%



Graft

Response rate: 100.0%



CONCLUSIONS

Multidisciplinary input to establish a more efficient referral pathway for patients with keratinocyte cancer has successfully reduced time to treatment completion and the treatment burden for our patients. This approach reduces the risk of exposure to COVID-19 for patients and frees up valuable healthcare resources to treat these increasingly frequent malignancies.

REFERENCES

1. The National Cancer Registry Ireland, Cancer trends no.34 – skin cancer, July 2017