

UK Head and neck cancer surgical capacity during the second wave of the COVID-19 pandemic – have we learned the lessons? COVIDSurg collaborative

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Abstract

Objectives - The aim of this study was to evaluate the differences in surgical capacity for head and neck cancer in the UK between the first wave (March-June 2020) and the current wave (Jan-Feb 2021) of the COVID-19 pandemic. **Design** – REDcap online based survey of hospital capacity. **Setting** - UK secondary and tertiary hospitals providing head and neck cancer surgery. **Participants** – One representative per hospital was asked to report the capacity for head and neck cancer surgery in that institution. **Main outcome measures** – The principal measures of interests were new patient referrals, capacity in outpatients, theatres and critical care; therapeutic compromises constituting delay to surgery, de-escalated surgery and therapeutic migration to non-surgical primary modality. **Results** – Data was returned from approximately 95% of UK hospitals with a head and neck cancer surgery specialist service. 50% of UK head and neck cancer patients requiring surgery have significantly compromised treatments during the second wave: 28% delayed, 10% have received radiotherapy based treatment instead of surgery and 12% have received de-escalated surgery. Surgical capacity has been more severely constrained in the second wave (58% of pre-pandemic level) compared with the first wave (62%) despite the time to prepare. **Conclusions** - Some hospitals are overwhelmed by COVID-19 and unable to offer essential cancer surgery, but all have neighbouring hospitals in their region retaining good (or even normal) capacity. It is noteworthy that very few patients have been appropriately re-directed away from the hospitals most constrained by their burden of COVID-19. The paucity of an effective central or regional strategic response to this evident mismatch between demand and surgical capacity is to the detriment of our head and neck cancer patients.

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