COMPLIANCE OF HEAD AND NECK CANCER TWO-WEEK-WAIT PATHWAY (2WW) AT WESTERN TRUST

[1]OBINWENITE, OKAFOR, [2]WAI WAI, WIN MAR

[1]Clinical Fellow ENT, Altnagelvin Hospital, Glenshane Rd, Londonderry BT47 6SB.
[2]Core Trainee Year 2,Altnagelvin Hospital, Glenshane Rd, Londonderry BT47 6SB.
Email: [1]Smithkafors@gmail.com, [2]Waiwaiwunmar6@gmail.com.

Abstract - The Two-Week-Wait (2WW) pathway accelerates the diagnosis and treatment of suspected head and neck cancers. National standards mandate a 14-day first specialist review, a 28-day faster diagnosis standard (FDS), and a 62-day target from referral to first definitive treatment.

Keywords - Area-efficient, Low power, CSLA, Binary to excess one converter, Multiplexer.

OBJECTIVES

To evaluate local Western Trust compliance against national waiting time standards, map timeline variations, and identify specific causes of pathway delays.

METHODOLOGY

A retrospective audit was conducted from December 2025 to April 2026. Inclusion criteria comprised patients referred via the 2WW pathway and discussed at the Multi-Disciplinary Meeting (MDM). Patients who were unfit for intervention, declined treatment, had incomplete documentation, or were transferred externally were excluded. Data were extracted from Encompass, NIECR, PACS, MDM, and clinic records.

RESULTS

Twenty-nine patients met the inclusion criteria (72.4% male; mean age 64.9 years). Primary tumor sites included laryngeal (41.4%), tonsillar/oropharyngeal (31.0%), parotid (20.7%), nasopharyngeal (3.4%), and cervical lymph nodes (3.4%). Treatment modalities were primary radiotherapy/chemo radiotherapy(62.1%) and surgery (34.5%). Compliance metrics revealed:

- First Specialist Review (14-day target): 44.8% compliance (mean: 19.4 days; range: 0–48).
- Faster Diagnosis Standard (28-day target): Compliance fell from 10.3% at the time of biopsy to 3.4% upon final histopathology availability. Pathology reporting added an average of 27.1 days, extending the mean referral-to-diagnosis time from 56.9 to 84.0 days.
- Definitive Treatment (62-day target): 6.9% compliance (mean: 131 days; range: 47–302).

Systemic delays stemmed from inappropriate initial non-2WW routing (n=3), triaging to maxillofacial surgery instead of ENT (n=1), missed initial MDM schedules (n=1), lost follow-ups (n=2), and inadequate initial tissue samples requiring re-biopsy (n=2).

CONCLUSION

Significant non-compliance exists across all 2WW milestones, heavily driven by histopathology bottlenecks and administrative routing errors. Targeted interventions must optimize referral triaging, track missed appointments, streamline pathology turnaround times, and improve biopsy adequacy.