Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Results: 15/36 of patients had an END and 21/36 underwent observation following primary surgery. Included in these 21 patients, 5 underwent vessel access for flap anastomosis with node sampling. 13/36 of patients received PORT. The total recurrence rate was 15/36; 5/15 local, 8/15 regional and 2/15 with locoregional. Regional recurrence was similar in observed patients 5/21 compared to those who had an END 3/15. 8/15 of patients with recurrence underwent salvage surgery. Salvage rates were 3/7 in compared to those who had an END 3/15. 8/15 of patients with recurrence underwent salvage surgery. Salvage rates were 3/7 in patients who received PORT and 5/8 without, with success in 2/3 and 4/5 respectively.

Conclusions: END 5-year disease specific survival (DSS) (67%) was similar to observed patients (65%) although those with vessel access had a 80% DSS (p=0.87). pT4a END patients had a higher 5-year DSS versus observation only patients (56% vs 44%) (p=0.53). Bone invasion was significant to RL (p= 0.05). There was no advantage to having an END for the N0 neck in MGSCC and control was also achieved with a ‘watch and wait’ policy followed by salvage if required.

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A better way to improving the Quality of Head and Neck cancer Referral : A post- Covid reflection, data analysis and effect on service delivery
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Introduction/Aims: The implementation of COVID lockdown on 26 March 2020, led to a significant drop in urgent cancer referrals.
This study looks at the quality of urgent cancer referrals and the impact of pandemic on the proportion of referrals to Royal Derby Hospital Head and Neck Unit with an eventual diagnosis of cancer. The data emphasises the need for us to look at the ways to improve the cancer referral pathway and service delivery.

Materials and Methods: Retrospective electronic case note review was performed of urgent cancer referrals from general practitioners and general dental practitioners to Oral and Maxillofacial Surgery and Ear, Nose and Throat Head & Neck Cancer service at the Royal Derby Hospital.

Results/Statistics: A total of 661 appointments were performed between 8 January 2020 and 30 June 2020 at the Head and Neck Cancer service. 98.9% of appointments pre-lockdown were face-to-face. This reduced to 62% of appointments post-lockdown. Only 60.1% of patients were informed of their urgent cancer referral pre-lockdown. 55.1% of patients were informed post-lockdown. The proportion of referrals with an eventual diagnosis of cancer increased from 6.4% to 13.3% in the 3 months following lockdown.

Conclusions/Clinical Relevance: The outcome of this study showed an increase in proportion of referrals diagnosed with cancer despite reduced face to face appointments. This demonstrates the need to improve the quality of urgent cancer referrals including provision of the referral pathway information to patients and re-evaluate the current referral system criteria. This would be with a specific focus on educating the General Dental and Medical practitioners and reconfiguron of hospital services.

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Telephone consultations for skin cancers during COVID-19
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Introduction: Within Crosshouse hospital, as a result of COVID19, we are trying to limit footfall by managing patients over telephone, if deemed appropriate. It was highlighted that referrals from allied HCPs for urgent/non-urgent skin lesions may fall under the category of consultations which could be carried out by DCTs over telephone, in order to reduce the number of visits required for each patient.

Methods: A questionnaire was completed by fellow DCT colleagues to assess how comfortable they are at ensuring all the required information is obtained during telephone consultations, and if they felt there was any way the consistency and quality of these could be improved.

Results: Our fellow DCT colleagues expressed that they had had little training with regards to skin cancers in previous posts and felt that by carrying out teaching on relevant topics their confidence would be increased. With regards to improving the consistency of consultations, it was highlighted that a proforma would be beneficial.

Conclusions: Following intervention; a further questionnaire was distributed which showed that by inclusion of these teaching topics, as well as a structured proforma, confidence had improved greatly. This also ensures that patients are receiving the best possible care during the COVID19 pandemic, and cancer patients can continue to be listed for procedures in a more streamlined approach. Although this transition during the COVID-19 period creates opportunities for flexibility, it also highlights important training needs that will need consideration as the impact of this pandemic on health services may continue for years.

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Skin reconstruction on exposed calvarium with Recell Therapy – Case report
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Introduction: The management of exposed calvarium in certain patients can pose as a challenge to surgeons. Several methods of management of such defects have been described. However, these methods may not be suitable for certain cohort of patients due to increased frailty and their complex medical co-morbidities. Recell® System (Avita Medical) is a device that allows clinicians to harvest skin cells from patients’ own skin under local anaesthetic.