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allow an intra-oral examination. Her definitive treatment therefore had to be compromised and a more simpler option of enucleation of the lesion with surgical removal of the impacted tooth was performed. Long term close follow-up will be necessary and further intervention required if recurrence occurs.

This case highlights that the ideal management of a condition can be significantly hindered by challenging patient behavioural problems, and may have subsequent long term detrimental effects on the patient.

**P-223**

Use of FDG PET/CT in primary staging of head and neck cancer: accuracy in evaluation the primary site of the tumor, metastases to cervical lymph nodes and distant metastases

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**Introduction:** The aim of the study was to evaluate accuracy of positron emission tomography/computed tomography (PET/CT) in initial staging of head and neck squamous cell carcinoma (HNSCC), including assessment of local and distant spread of disease.

**Materials and Methods:** The observation was taken between August 2016 and June 2020 when 158 patients with HNSCC underwent PET/CT within primary staging. Afterwards we retrospectively compared results obtaining from the examination with histopathological and clinical findings. Accuracy, sensitivity, specificity, positive and negative predictive value were calculated in assessment of the primary tumor, cervical lymph nodes and distant metastases separately.

**Results:** Accuracy in identification of the primary tumor was 89.87%, in displaying of metastases to the cervical lymph nodes was 84.81%, and in seeking out distant metastases or secondary malignancies, PET/CT reached an accuracy of 87.97%. In general, our results showed high sensitivity but lower specificity in all three areas.

**Conclusions:** Lower specificity in staging of local spread of disease led to an overestimation of clinical findings, especially in the area of cervical lymph nodes and thus to extensive surgical treatment. On the other hand, high accuracy in identifying distant metastases and whole-body staging in one diagnostic step accelerated primary staging and resulted in earlier commencement of the targeted therapy.

**P-224**

A systematic review: the impact on cancer pathways and safety of outpatient endoscopic biopsy in head and neck cancer

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**Introduction:** Flexible laryngoscopic In-Office Biopsy (IOB) has been increasingly studied as a possible alternative to Operating Room Biopsy (ORB), due to potential advantages in terms of cost, reduced oncological waiting times and patient satisfaction. This study aimed to assess the current literature on the safety and impact of IOB on cancer waiting times. We will also review evidence regarding diagnostic accuracy, cost-efficacy and patient satisfaction for IOB.

**Materials and Methods:** We conducted a search of CINAHL, Cochrane Library, EMBASE, Medline, PROSPERO, PubMed and Web of Science for papers relevant to our study. Included articles were quality assessed and critically appraised.

**Results:** Of 19741 identified studies, 22 articles were included. Lower costs were consistently reported for IOB compared to ORB. Four complications requiring intervention were documented. IOB is highly tolerated, with procedure abandonment rate <1%. When compared with ORB, IOB is associated with significantly reduced time-to-diagnosis and time-to-treatment initiation. It is linked to improved overall 3-year survival. IOB is an effective diagnostic procedure with high rates of sensitivity (64–97%) and specificity (87–100%).

**Conclusions:** IOB is a safe and well tolerated procedure. It may help certain patients avoid a high-risk general anaesthetic. It is shown to significantly reduce time-to-diagnosis and time-to-treatment initiation when compared with ORB. This may have important implications for oncological outcomes. IOB requires fewer resources compared to ORB, and is likely to be cost-saving 5-years following introduction. With high rates of sensitivity and specificity, IOB should be considered as the first-line procedure to achieve tissue diagnosis.

**P-225**

A comparison of clinical and pathological TNM staging in a COVID-19 era

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**Introduction:** The TNM Classification is the global standard for staging of head and neck cancers. Accurate clinical-radiological staging of tumours (cTNM) is essential to predict prognosis, facilitate surgical planning and determine the need for other therapeutic modalities. This study aims to determine the accuracy of pre-operative cTNM staging using pathological TNM (pTNM) and consider possible causes of TNM stage migration, noting any variation throughout the COVID-19 pandemic.

**Materials and Methods:** A retrospective cohort study examined records of patients with surgical management of head and neck cancer...
at a tertiary head and neck centre from November 2019 to November 2020. Data was extracted from Somerset Cancer Registry and histopathology reports. cTNM and pTNM were compared before and during the first wave of COVID-19, as well as with other potential prognostic factors such as tumour site and tumour stage.

Results: 119 cases were identified, of which 52.1% (n = 62) were male and 47.9% (n = 57) were female with a mean age of 67 years. Clinical and pathological staging differed in 54.6% (n = 65) of cases. Of the patients with stage migration, 40.4% (n = 23) were up-staged and 59.6% (n = 34) were down-staged compared with pTNM. There was no significant difference in accuracy of cTNM staging compared with age, sex, or tumour site. There was a statistically highly significant (p < 0.001) correlation between cTNM accuracy and tumour stage, with the accuracy of cTNM staging decreasing with advancement of pTNM staging. No statistically significant variation was noted between patients staged prior to and during COVID-19.

Conclusions: Discrepancies in staging can impact management and outcomes for patients. This study found that the higher the pTNM, the more likely stage migration will occur. These findings are concordant with the oncology literature, which highlights the need to improve the accuracy of cTNM staging for more advanced tumours.

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P-227

Smoking and OMFS – How well are we recording tobacco use and referring to smoking cessation services?

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Introduction: Around 65% of mouth cancers are associated with smoking. Evidence shows that smokers who develop oral cancer have poorer outcomes than non-smokers. Additionally, smoking incidence is reported to be increased because of the COVID pandemic. We have a duty to discuss smoking with our patients and offer appropriate advice or referrals.

Objectives are as follows:
- To assess department compliance with the recording of smoking and tobacco history at initial consultation appointments
- To aim for 100% compliance with the recording of smoking and tobacco quantity and duration
- To increase number of successful referrals to smoking cessation services.

Materials and Methods: Retrospective data collection was completed from 20 initial new patient consultations. Notes were assessed for the presence of the following: Smoking status and history, duration of smoking history, number of cigarettes smoked daily, and whether smoking cessation advice was given and/or a smoking cessation referral offered. Results of first round data collection were presented to the department and a 'help to stop smoking' referral form for smoking cessation services made readily available in the department. A second round of data collection was subsequently completed.

Results: 60% of initial consultations recorded patient smoking status. Of this group, 42% are confirmed smokers. When smoking history has been recorded, the quantity of cigarettes was always recorded. The duration of smoking history was only successfully recorded in 60% of cases. No referrals were made to the smoking cessation service; however 60% of the confirmed smokers declined a referral offer. After intervention, a vast improvement is noted – 85% of clinical notes recorded patient status, with 25% confirmed smokers. There was an increase in referrals to smoking cessation referral services.

Conclusions: All patients should be asked about smoking status and evidence recorded in clinical notes. Furthermore, smoking cessation advice should be given to all patients and referrals to smoking cessation services offered. Collaborative projects with the smoking cessation service have begun to further improve our patient care and oral health improvement.