**British Association of Oral and Maxillofacial Surgeons Small Project Initiative Report**

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**Background and Research Project**

This research project is one of the studies for my DPhil (PhD) at Oxford University. The DPhil is entitled *‘An Evidence-Based Approach to Fast-Track Cancer Referral in Head and Neck Surgery’.*

This study is entitled: *‘Head and neck cancer fast-track referral in England and The Netherlands: an international study on secondary care specialists’ views.*

*The study*

Studies have shown that for some types of cancer survival is poorer in the UK than in some other European countries. For head and neck cancer (HNC), although sufferers who survive after diagnosis for over one year do as well as those in other European countries, a higher proportion of UK patients die in the first year. This suggests that a larger proportion of UK patients start treatment when their cancer is at a more advanced stage. The causes of this are likely to be quite complicated and patient factors, the medical system and the medical professionals or indeed combinations of factors may be the cause. However, the precise reasons for the variation in 1-year survival are not known.

One country with better 1-year survival of HNC than the UK is the Netherlands (Holland) and we are unsure exactly why this happens. However, one possibility is the way patients are sent from primary care to a cancer specialist when they have signs of suspected cancer. We need to understand more about how referral to a specialist takes place in different countries, particularly those with better one-year survival statistics. Are there any differences in the British and Dutch systems that might explain the difference in 1-year survival?

A qualitative design, interviewing secondary care specialists in both UK and The Netherlands (with backgrounds both in maxillofacial and ENT) is planned. This study will look at both systems and assess the differences and similarities. In particular, we are looking for anything that might explain the difference in 1-year survival between the two countries. Furthermore, we hope this work will identify factors and trends that might lead to further studies to improve referral pathways.

*The units involved*

The study is being undertaken jointly between the University of Oxford and The ENT department of the Free University of Amsterdam. The collaborators from the Netherlands are Professor R Leemans (head of department) and Dr Johannes Rijken. Interviews will take place in The Netherlands and the UK.

**Small Project Initiative Award**

The purpose of applying for this award was to cover the costs of initial visits to Amsterdam to establish the study including finalising the protocol, developing the research team, obtaining ethical approval from the Netherlands and organising the practical aspects of the study, such as transport, interview sites and participant recruitment.

**Visits to Amsterdam**

I undertook 3 visits to Amsterdam between February 2017 and June 2017. We have been successful in establishing the study, and this first seven interviews in the Netherlands have taken place at the time of writing this report in August 2017 (we estimate that 12-15 interviews will be undertaken in each country).

**Expenses**

The total expense for three visits to Amsterdam was £614.23. This included three ‘Easyjet’ return flights from Manchester to Amsterdam, three nights’ accommodation and miscellaneous expenses.

**Acknowledgement**

I should like to express my thanks to BAOMS for their help with this study.

**Stephen G. Langton, August 2017**