King's College Hospital NHS Foundation Trust

Acute Medical Consultant Led Malignancy of Unknown Origin (MUO) service set up in a busy tertiary NHS Trust

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Introduction

King's College NHS Trust with a busy Emergency Department (ED) serves a large ethnically and socioeconomically diverse local population without oncology inpatient beds.

The Acute Oncology Service (AOS) at King's in 2019, lacked clinician oversight for patients with radiological findings of Malignancy of Unknown Origin (MUO). Patients were admitted under general medicine with the Acute Oncology (AO) CNS advising on patient investigations and communication.

Often there was delay in recognising the radiological findings as MUO which triggered unnecessary investigations, multiple MDT reviews and longer length of stay (LOS), with an average of 52 days for cancer diagnosis due to lack of MUO clinic provision.

Method

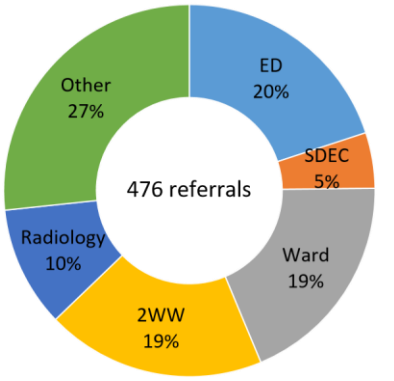
In 2021 an acute medicine consultant was recruited to work with AO CNSs and an administrator to provide a weekly MUO clinic and patient tracking.

The aims:

- Avoid admission of patients with an Eastern European Oncology Group performance status <3 and radiological findings of MUO during their acute presentation to hospital or on incidental radiological findings during radiology reporting. Referrals from specialist clinics and cancer diagnostic teams were also included.
- Avoid duplication of referrals, investigations and MDT reviews through an electronic MUO referral pathway for ambulatory patients.
- Implement national cancer diagnostic standards to triage, clinic review and tracking process till handover of care to appropriate cancer or non-cancer teams.
- Establish links with radiology, cancer MDTs and Palliative care to achieve diagnosis.

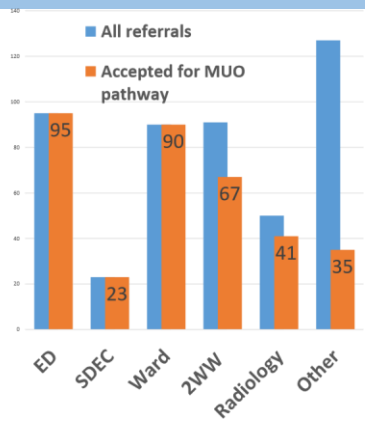
Initial work in a 6-month pilot would focus on setting up processes for rapid triage, review of referrals, communication and collaborative working with MDTs and supportive services.

MUO service outcome - 36 months



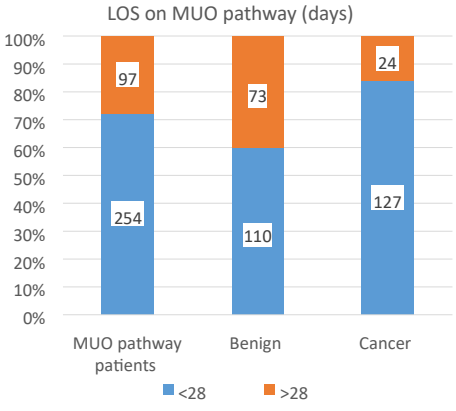
1st triage: Next working day by AOS CNS. 58 (12%) rejected as 'did not meet MUO criteria'.

2nd triage: MUO consultant review of accepted referrals with available clinical findings twice weekly at MUO patient tracking meetings.



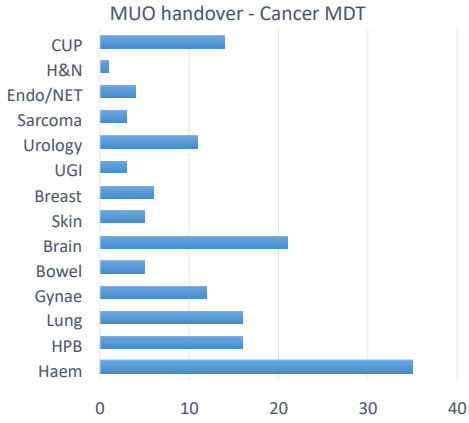
Weekly patient progress reviews allowed: data c
early clinical decisions .
Patient communication through ad hoc telephor
face outpatient clinic.

Secondary triage defines MUO cohorts.
73% referrals accepted onto MUO pathway.
Two thirds of referrals >65 years old with 18% >80 years.
Ethnicity: 46% White, 32% Black, 5% Asian, 16% Not stated, 6% Other



MUO patient population

- 5% did not engage with service - alerts sent through to GP /referrer.
- **84% Cancer Diagnosis achieved in <28 days**
- Delays in the non cancer group caused by
  - Patient factors,
  - Difficulty in obtaining biopsy – Bone lesions/ deep lymph nodes,
  - Benign group – surveillance period (12 patients),
  - Cyber attack on hospital pathology reporting system.



Conclusion

- Acute physician led MUO service is an alternative model where oncology resources are limited.
- Consultant led triage has demonstrated better patient selection for MUO pathway, reduction in LOS and effective re-routing of non-MUO case loads.
- Acute medicine has established links with ED, SDEC and specialist services. This has helped increase the number of referrals to MUO and facilitated efficient investigations, management and transfer to relevant onward care teams.