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The role of the Head and Neck cancer-specific Patient Concerns Inventory (PCI-HN) in telephone consultations during the COVID-19 pandemic

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The role of the Head and Neck cancer-specific Patient Concerns Inventory (PCI-HN) in telephone consultations during the COVID-19 pandemic

At the end of 2019, a novel severe acute respiratory syndrome (SARS) coronavirus (CoV), named SARS-CoV-2, was identified. Since then, the spread of coronavirus disease 2019 (COVID-19) has progressively involved countries worldwide, with the World Health Organization (WHO) stating that it had reached pandemic status^{1,2}. Older adults and patients with pre-existing comorbidities including cancer, particularly those on treatments that cause immunosuppression, have a higher risk of life-threatening consequences^{3,4}. Clinicians involved in the management of patients with head and neck cancer (HNC) are having to address for the first time a new challenge related to social distancing and reduced clinical contact. There is a primacy towards risk assessment that minimises the exposure of vulnerable groups to the hospital environment, and this included HNC patients. There is a requirement to rapidly adapt previous established ways of working.

Due to the COVID-19 crisis emphasis has been placed on delivering remote consultations. HNC clinicians and their patients are familiar with face-to-face consultations, but are not very experienced at efficiently raising concerns over the telephone. The telephone consultation could lead to a missed opportunity in exposing critical issues. Effective telephone reviews would need to follow appropriate training and monitoring, but the COVID-19 crisis has forced a rapid change in practice. The follow-up consultation is an essential component of care^{5,6} but during the crisis it is even more critical as there is likely to be increased levels of isolation, anxiety and difficulty accessing support services for the affected patients.

The PCI-HN is a 56-item prompt list and has been used in clinics as means of facilitating patients to raise concerns that might otherwise be missed^{7,8}. A recent systematic review and

content comparison of unmet needs self-report measures used in patients with head and neck cancer favoured the PCI compared to 13 other tools⁹. Although designed to be used in electronic format¹⁰ it has been used as one sheet paper version and the responses using this method are reported in a 19-unit international study¹¹.

During this crisis there is potential merit for members of the head and neck team in using the PCI-HN (Appendix-1) as part of a telephone review consultation. This would serve to help standardise and guide the consultation, aid multi-professional communication and avoid missing key issues. Preliminary use of this tool by the authors indicated a series of advantages. These included the reduced face to face consultations so as to limit the spread of COVID-19 and protect the patients and the clinical teams. Additionally, it would save patients' travel to hospital and support providers to focus in a particular locality. The consultations may be completed by less experienced members of the team including utilisation in the nurse-led clinics. Consequently, experienced staff would become free in order to aid clinical and workforce planning in other pressure points. The use of the PCI-HN allows clinicians to continue to work from home and have a record (maybe of medicolegal significance) of the structured consultation.

There are several reports that cancer patients are feeling anxious¹² and somewhat neglected during this crisis which is likely that add to their concerns. A structured telephone consultation may help to alleviate those fears. There is evidence to support efficacy for the use of question prompt-list approach in oncology¹³, however the PCI-HN is even simpler as it is an item prompt list rather than questions. It lends itself to a single sheet of paper format which patients find easy to complete. This approach can be rapidly deployed and does not require advances in IT. During this pandemic, this strategy is suitable across many different healthcare settings and use by international colleagues.

Our preliminary experience is that the PCI-HN may provide a very useful tool to aid remote consultations, but more clinical evidence is needed in order to ensure that such consultations are optimal for our head and neck patients.

Conflict of Interest

The authors have no conflict of interest to report

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Appendix 1-The first page of the PCI- HN as used in telephone follow-up consultations

Appendix 1-The first page of the PCI HaNC-PT as used in telephone follow-up consultations

Head and Neck

Patient Concerns Inventory [PCI]

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PCI

Please choose from the list of those issues you would specifically like to talk about in your consultation in clinic today. You can choose more than one option (tick boxes).

Physical and functional well-being:

- Activity
- Appetite
- Bowel habit
- Breathing
- Chewing/eating
- Coughing
- Dental health/teeth
- Dry mouth
- Energy levels
- Fatigue/tiredness
- Hearing
- Indigestion
- Mobility
- Mouth opening
- Mucus
- Nausea
- Pain in the head and neck
- Pain elsewhere
- Regurgitation
- Salivation

- Sore mouth
- Swallowing
- Swelling
- Taste
- Vomiting/sickness
- Weight

Treatment related:

- Cancer treatment
 - Regret about treatment
 - PEG tube
 - Wound healing
- ### Social care and social well-being:
- Carer
 - Dependants/children
 - Financial benefits
 - Home care/District nurse
 - Lifestyle issues (smoking/alcohol)
 - Recreation
 - Relationships

Psychological, emotional and spiritual well-being:

- Appearance
- Angry
- Anxiety
- Coping
- Depression
- Fear of the cancer coming back
- Fear of adverse events
- Intimacy
- Memory
- Mood
- Self-esteem
- Sexuality
- Spiritual/religious aspects
- Personality and temperament

Others (please state):

.....

- Shoulder
- Sleeping
- Smell

- Speech/voice/being understood
- Support for my family

Overall quality of life includes not only physical and mental health, but also many other factors, such as family, friends, spirituality, or personal leisure activities that are important to your enjoyment of life. Considering everything in your life that contributes to your personal well-being, rate your **overall quality of life** during the past 7 days. (Tick one box:)

- Outstanding
- Very good
- Good
- Fair
- Poor
- Very poor