We provide clinical and radiographical examples of midfacial pathology of varying complexity to illustrate the application of SECONDI MAPZ© and highlight its versatility. This classification is a logical and simpler classification compared to those in use. We hope its introduction will allow clear communication and uniform data collection for outcome comparisons, and, ultimately, facilitate hence encouraging evidence based practice in head and neck oncology.

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Local guidelines improve rates of incomplete resections of basal cell carcinomas

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Basal cell carcinomas (BCCs) are common skin cancers and are generally referred by a skin MDT, to either Oral and Maxillofacial Surgery or Plastic Surgery for surgical excision. Although slow growing and only locally invasive, recurrence rates for incompletely excised BCCs are as high as 41% in published data and re-excision can be troublesome. Consequently it is important to achieve a high complete excision rate at the first surgery. The face is a high-risk site for BCCs, and due to the negative impact on esthetics and the challenges of reconstruction simply taking larger margins is not always the best option.

A local retrospective audit demonstrated a 12.9% incomplete BCC excision rate, higher than the national average of 4.7-7%. A literature review highlighted adjunctive methods to improve complete excision rates. Local guidelines were modified and re-enforced from these and the British Association of Dermatology (BAD) guidelines and included the use of surgical lighting, loupe magnification, palpation, and use of a ruler when marking up the excision. These guidelines where implemented and two further audit cycles demonstrated an improvement of the incomplete excision margins to 4% and 5% respectively.

Audit is an essential element of clinical governance. We have demonstrated how audit can be used to identify a problem and that local guidelines can be used to educate and improve excision margin rates in BCCs. We encourage all units involved in excision of BCCs to implement similar guidelines in addition to the BAD guidelines.

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Outcomes of a head and neck lesions biopsy clinic

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Objective: To describe an institutional experience conducting a head and neck (H&N) lesion biopsy clinic. Specific aims included: (1) to determine the significance of biopsy in our department and to correlate the initial provisional diagnosis by our clinicians with final histological diagnosis and (2) to examine the individual predictive values of biopsy in diagnosing H& N malignant lesions.

Materials and methods: All individuals presenting to a biopsy clinic May 2013 to October 2013 for 6 months were included. All grades of staff prescribing biopsies were included. Original clinic data and electronic medical records were reviewed. Descriptive and comparative statistics were utilized in order to address the study aims.

Results: 331 patients with head and neck lesions were included in this study. 60% of patients were male. The mean age was 55.7 years (range 10-93). 84% of clinicians gave a clinical Impression, with 77% giving the correct clinical diagnosis. The most common pathologies were Lichen Planus 28%, Fibromas 20%, Keratosis 13%, Mucoceles 7%. Squamous Cell Carcinomas had a prevalence of 3%. Of 13 patients diagnosed with malignancy 9 were identified as suspected malignancy, 3 had no clinical impression and 1 was of benign appearance.

Conclusion: 3% of patients presenting to our H&N biopsy clinic will have a malignancy detected. Head and neck lesion biopsy clinics should thus target patients at high risk and with suspicious lesions.

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Neck Lump Clinic: Patient Satisfaction Survey

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Introduction: One-stop neck lump clinics have been advocated by NICE in their "Improving outcomes in head and neck cancers" document (2004). In response, we introduced a weekly one-stop multidisciplinary neck lump clinic. Patients are sent an information leaflet explaining how the clinic runs with the details of their first appointment. 124 patients have