

FRCS Otolaryngology VIVA Course  
Dundee  
[www.frcsentvivacourse.co.uk](http://www.frcsentvivacourse.co.uk)  
Guidelines

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# Marking Descriptors

Available from JCIE website if search for marking Descriptors and sent in the post prior exam

- Score 6: competent knowledge and judgement of common problems
- Score 7: provide supporting evidence and familiar with literature
- Score 8: had an understanding of the breadth and depth of the topic and quoted from the literature

Overall Professional Capability / Patient Care	Knowledge and Judgement	Quality of Response	"Bedside Manner"
6	<ul style="list-style-type: none"> <li>The candidate demonstrated competence and confidence in the diagnosis and clinical management of patients</li> </ul>	<ul style="list-style-type: none"> <li>Competent knowledge and judgement of common problems</li> <li>Essential points mentioned</li> <li>Instils confidence</li> <li>No major errors</li> <li>Logical approach to difficult problems</li> </ul>	
7	<ul style="list-style-type: none"> <li>The candidate demonstrated ability and confidence above the level of competence</li> </ul>	<ul style="list-style-type: none"> <li>Ability to prioritise</li> <li>Comfortable with difficult problems</li> <li>Good decision making/demonstrated good level of Higher Order Thinking/ provided supporting evidence and familiar with literature</li> </ul>	
8	<ul style="list-style-type: none"> <li>The candidate demonstrated ability and confidence very significantly above the level of competence</li> </ul>	<ul style="list-style-type: none"> <li>At ease with higher order thinking</li> <li>Flawless knowledge plus insight and judgement</li> <li>Had an understanding of the breadth and depth of the topic, and quoted from literature</li> <li>High flyer</li> <li>Strong interpretation/judgement</li> </ul>	
	<ul style="list-style-type: none"> <li>and quoted from literature</li> <li>High flyer</li> <li>Strong interpretation/judgement</li> </ul>	<ul style="list-style-type: none"> <li>P: No prompting necessary</li> </ul>	

# What guidelines do we need to know for the FRCS?

- Guidelines we use in clinic and every day practice
- We already know and use them
  - E.g. SIGN criteria for tonsillectomy
  - CCG criteria of procedures of limited clinical value

## When to use them:

- Demonstrates knowledge and understanding
- Backs up decision making
- Evidence based medicine

# Understanding Evidence

Level of Evidence	Grading Criteria	Grade of Recommendation
1a	Systematic review of RCTs including meta-analysis	A
1b	Individual RCT with narrow confidence interval	A
1c	All and none studies	B
2a	Systematic review of cohort studies	B
2b	Individual cohort study and low quality RCT	B
2c	Outcome research study	C
3a	Systematic review of case-control studies	C
3b	Individual case-control study	C
4	Case-series, poor quality cohort and case-control studies	C
5	Expert opinion	D

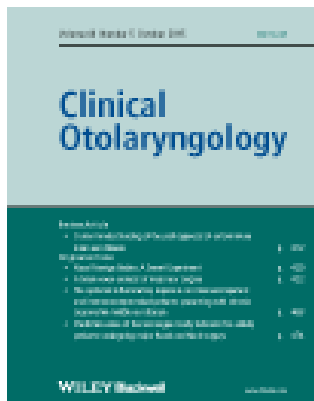
- 103 Reviews on [ent.cochrane.org/our-reviews](http://ent.cochrane.org/our-reviews)



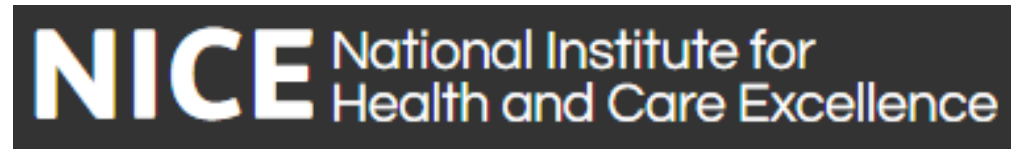
**Cochrane**  
**ENT**

# What to reference in the exam?

- Papers/reviews
- Studies
- Local guidelines
- National guidelines
- Position papers



**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY**



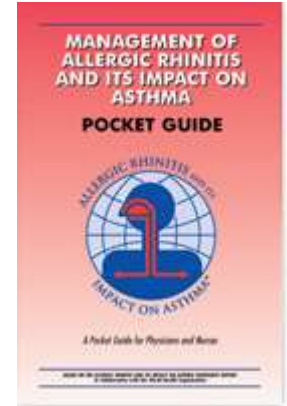
# Otology Viva

- NICE
  - Cochlear Implants for children and adults with severe to profound deafness - 2009
  - Surgical management of OME in children - 2008
- Reviews
  - Sudden SNHL – AAOHNS -2013
  - **Adenoidectomy for recurrent or chronic middle ear disease in children** – Cochrane 2009
- Papers/ Studies
  - TARGET
    - Summarised in ENT-UK position paper
    - VT vs VT and A's vs W&W
- UK legislation (Health and safety executive)
  - The Control of Noise at Work Regulations 2005

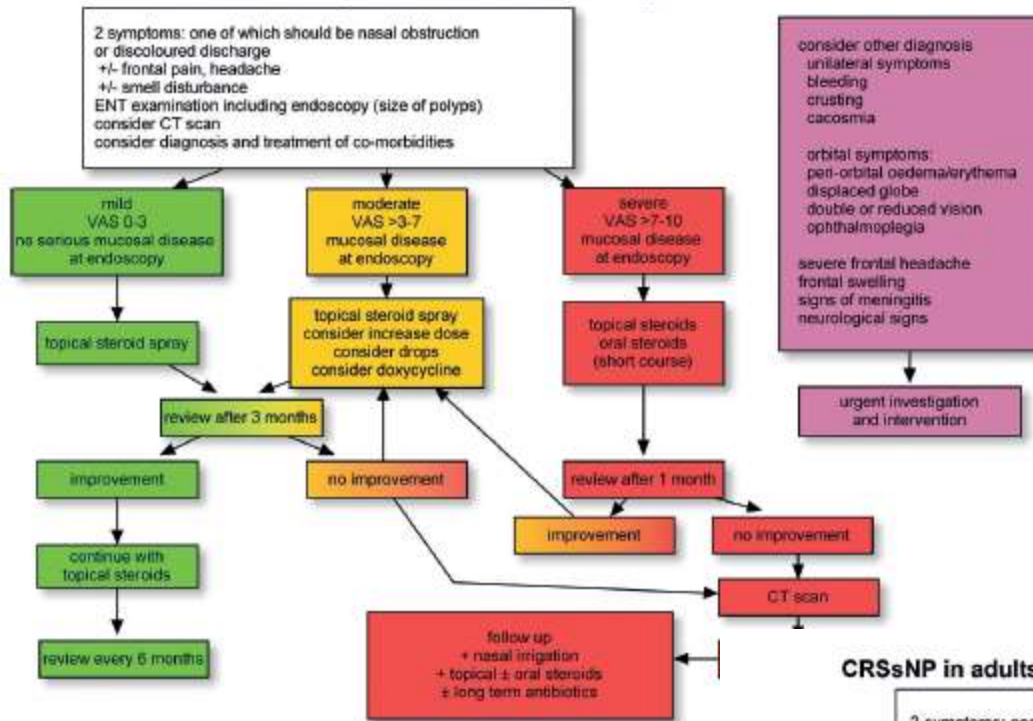
	Average SPL over 8 hrs	Peak SPL
Lower Exposure Limit	80db(A)	135 db(C)
Upper Exposure Limit	85db(A)	137 db(C)
Exposure Limit Value	87db(A)	140 db(C)

# Rhinology and Facial Plastics Viva

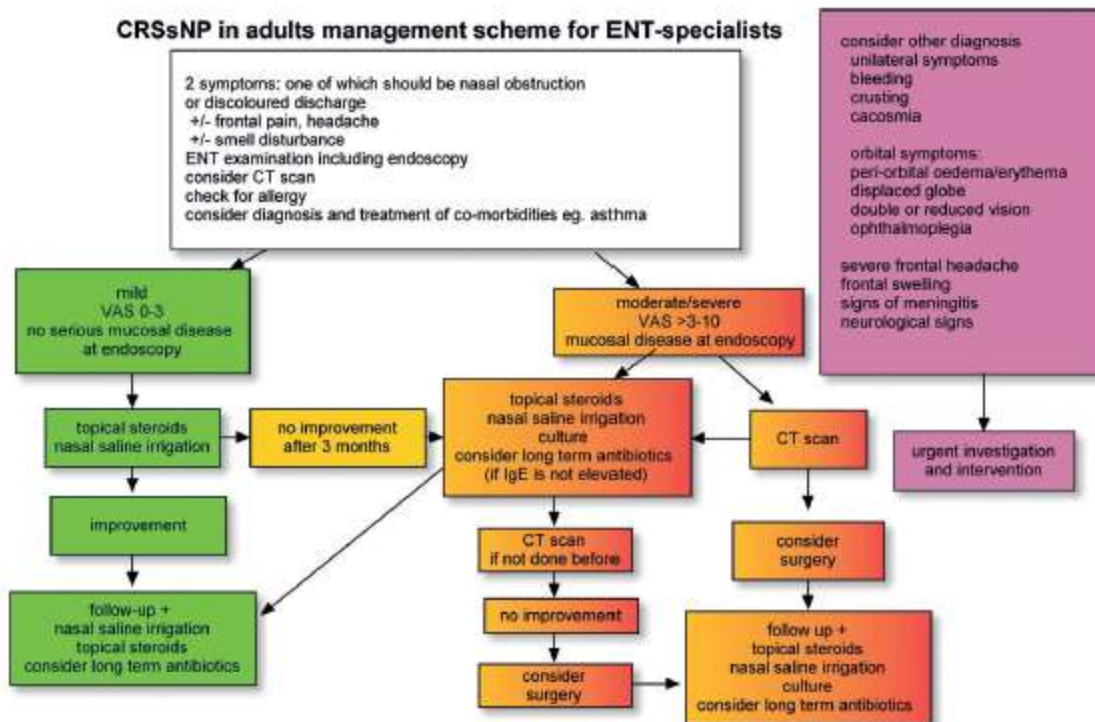
- ARIA pocket guidelines
- EPOS 2012
- BCC/SCC guidelines
  - Margins BCC vs SCC, follow up
  - Mohs micrographic surgery
- Snoring
  - OSA SIGN guidelines
  - CPAP guidance in NICE



## CRSwNP management scheme for ENT-specialists



## CRSsNP in adults management scheme for ENT-specialists





# Paediatric Viva

- OME 2008
- NHSP 2006
- Tonsillectomy
  - SIGN 2010
- Evidence based review of Periobital Cellulitis
  - clin otol 2011
- GOSH
  - Tracheostomy Decannulation Protocol

# Head and Neck Viva

- Head & Neck Cancer
  - **Multidisciplinary Management Guidelines for Head and Neck Cancer - 2011**
- BTA guidelines
  - **‘management of thyroid cancer’ 2014**

## Head and Neck Cancer



British Association of  
Head and Neck Oncologists



British Association of Oral and  
Maxillofacial Surgeons



ENT UK trading as  
British Academic Conference in Otolaryngology (BACC) and  
British Association of Otorhinolaryngology - Head & Neck Surgery (BAO-HNS)



## Multidisciplinary Management Guidelines

September 2011

# Head & Neck trials

- Veterans Affairs Laryngeal Cancer Study Group
- RTOG 91-11
- PATHOS
- De-Escalate HPV
- NIMRAD
- Thyroid trials
  - HiLo
  - IoN

# Position Papers

1. Laryngeal Interventions Clinic: Standards of Care and Guidelines
2. The diagnosis and management of laryngeal dysplasia
3. Congenital Ear Abnormalities (Microtia)
4. Indications for Bone Anchored Hearing Aid
5. Nasal Septal Surgery
6. Otoplasty
7. Transoral laser assisted microsurgical resection of early glottic cancer
8. OME (Glue Ear)/ Adenoid and Grommet
9. Indications for Tonsillectomy Position Paper
10. Aminoglycoside-containing ear drops in the presence of a perforation

# Conclusion

- Know or be aware about the common guidelines
- Use evidence (papers/studies) to back up decision making where possible
- Don't dig yourself a hole and only mention evidence, literature if know the details



# Best of luck

- It is stressful but is worth it!



# TARGET

- MRC funded multi-centre TARGET trial
  - Trial of alternative regimens in glue ear treatment
  - 3831 children aged 3-7yrs
  - Diagnostic standard 20DB HL bilat and OME
  - 51% symptoms persisted beyond 12 weeks
    - Randomised W&W and half of these had effusions beyond another 12 weeks
  - VT conferred an improvement in hearing thresholds over non-surgical ears of 12dB on average
  - VTs versus VTs and Adenoidectomy showed no benefit after 6 months but did after 12 and 24 months with additional 4.2dB hearing benefit
  - MRC hearing disability questionnaire- large difference in VT group compared to non-surgical

# RTOG

- Radiation therapy oncology group
- RTOG 0522
  - Cetuximab added to cisplatin did not improve outcome
- RTOG 91-11
  - 2nd generation laryngeal preservation trial
  - 546 patients stage 3 and 4 SCC glottis/supraglottis and candidates for TL
  - Randomised to induction cisplatin/5F-U + RT or concurrent or only RT
  - Concurrent CRT best, locoregional control rate 78%
  - Induction only 61% and rads only 56%



# Veterans Affairs Laryngeal Cancer Study Group

- Randomized 332 patients between laryngectomy and induction chemotherapy followed by radiotherapy
- After 33 months the estimated 2 yr survival was 68% for both groups
- Larynx preserved in 64% of patients
- CRT thus alternative to TL

# PATHOS

- Post operative adjuvant treatment for HPV positive tumours
- Oropharyngeal SCC, HPV +tve
- Must be considered laserable
- T1-3 N0-n2b
- Different PORT 60GY or 50Gy
- CRT

# De-Escalate HPV

- Determination of Epidermal growth factor receptor-inhibitor (cetuximab) versus Standard Chemotherapy (cisplatin) early And Late Toxicity Events in HPV + oropharyngeal squamous cell carcinoma