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News & Perspective Oncology

Reuters Health Information

Treatment Delays Common in Head and Neck Cancer Patients

By Will Boggs MD

December 02, 2015



NEW YORK (Reuters Health) - About 25% of patients with head and neck squamous cell cancer (HNSCC) encounter delays in treatment initiation that could worsen their chances of survival, according to results from the National Cancer Data Base (NCDB).

Time to treatment initiation (TTI) may be increased to allow for sophisticated and personalized therapy, but whether such delays adversely affect outcomes is not known.

Dr. Thomas J. Galloway and colleagues from Fox Chase Cancer Center, Philadelphia, used NCDB data to estimate the impact of increasing TTI on survival in a study of 51,655 patients with HNSCC.

Overall, TTI was between 0 and 30 days for 60% of patients, between 31 and 60 days for 30% of patients, between 61 and 90 days for 7% of patients, and more than 90 days for 3% of patients, according to a report released November 30 by the Journal of Clinical Oncology and scheduled for publication online.

Repeated simulations identified two optimal TTI thresholds with ranges of 46 to 52 days and 62 to 67 days, with survival decreasing significantly beyond those ranges.

Median overall survival was 73.5 months for TTI of 46 to 52 days, 61 months for TTI of 53 to 67 days, and 46.6 months for TTI beyond 67 days ($p < 0.001$).

In 2011, 9.6% of patients had TTI greater than 67 days, and 25% had TTI greater than 46 days. The percentages were even higher for patients treated at academic centers (29.1% of those patients had TTI greater than 46 days, and TTI exceeded 46 days for 40% of patients who received primary chemoradiotherapy).

The effect of TTI was more pronounced in early-stage than advanced-stage disease. Despite more patients with delayed TTI, academic facilities had slightly better overall survival than did community hospitals (as did comprehensive community centers).

"Risk associated with increasing TTI currently affects a substantial percentage of patients with HNSCC (25%) in the United States," the researchers conclude. "These results suggest that efforts should be made to ensure that patients with HNSCC initiate appropriate treatment in a timely manner to avoid potentially detrimental deferral of treatment. Patients undergoing a transition in care may require greater coordination to reduce TTI."

"Recently piloted programs offering next-day appointments with cancer specialists address this reversible predictor of mortality and may partially alleviate increasing TTI," they add. "Without such reforms, it is conceivable that outcomes will continue to worsen because of prolonged TTI."

Dr. Ezra E. Cohen, from the University of California, San Diego, Moores Cancer Center, La Jolla, who was not involved in this study, told Reuters Health by email, "It is an important paper that really underscores what many of us have been saying for years. In a setting where we are attempting to cure patients, the sooner we start treatment, the better."

"Coordination of care for head and neck cancer (HNC) patients is complex and needs to be accomplished efficiently and effectively," Dr. Cohen said. "Care for HNC patients requires a multidisciplinary team that includes surgeons, radiation oncologists, medical oncologists, speech/swallow therapists, radiologists, dentists, pharmacists, nurses, nutritionists, and more."

Optimal care for HNC patients should really be delivered in a center that has these facilities and personnel. It is an example of a disease whose treatment probably should be centralized if we are to achieve the best outcomes, i.e., cures."

Dr. Galloway could not be reached for comment.

Four coauthors reported relevant relationships.

SOURCE: <http://bit.ly/1ekfGZD>

J Clin Oncol 2015.

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Cite this article: Treatment Delays Common in Head and Neck Cancer Patients. *Medscape*. Nov 30, 2015.

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