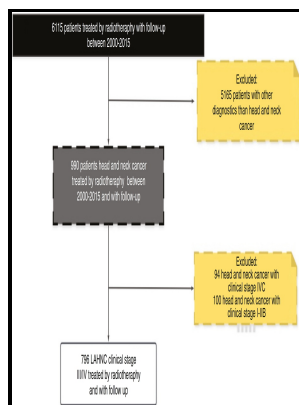


# What is the best comorbidity index for retrospective survival studies in head and neck oncology?

National Library of Canada - The Charlson comorbidity index is a prognostic factor in sinonasal tract squamous cell carcinoma



Description: -

-What is the best comorbidity index for retrospective survival studies in head and neck oncology?

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Canadian theses = -- Thèses canadiennes What is the best comorbidity index for retrospective survival studies in head and neck oncology?

Notes: Thesis (M.Sc.) -- University of Toronto, 2001.

This edition was published in 2001



Filesize: 32.35 MB

Tags: #Charlson #comorbidity #index #is #a #prognostic #factor #in #sinonasal #tract #squamous #cell #carcinoma

**Head and Neck Cancers, Version 2.2020, NCCN Clinical Practice Guidelines in Oncology in: Journal of the National Comprehensive Cancer Network Volume 18 Issue 7 (2020)**

Mell, University of California San Diego; Center for Translational Radiation Medicine and Imaging, La Jolla, CA; and Paul J. To date, several studies have investigated the characteristics and useful prognostic parameters of resectable sinonasal tract SCC using various approaches, including clinical, pathological and biological methods. Staging of HNSCC was based on the 7th Edition of the UICC TNM classification.

**Comorbidity Is a Prognostic Factor in Elderly Patients with Head and Neck Cancer**

Most disease was local 45. Health Technol Assess 2017; 21: 1— 122.

**Treatment outcomes of head and neck cancer patients 70 years and older receiving different chemo**

McDonald MW, Lawson J, Garg MK et al 2011 ACR appropriateness criteria retreatment of recurrent head and neck cancer after prior definitive radiation expert panel on radiation oncology—head and neck cancer. Nasopharyngeal cancers are generally not resected; therefore, the staging for this cancer does not include pathologic classification.

**Burden of comorbidities is higher among elderly survivors of oropharyngeal cancer compared with controls**

In addition, comorbidity is often associated with a decline in functional reserves and an increasing prevalence of frailty.

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