The Effect of a Multidisciplinary Head and Neck Cancer Clinic on Compliance with Speech Pathology Treatment

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ABSTRACT

Objective: To determine the effect of referral patterns on compliance with speech language pathology (SLP) treatment in patients with head and neck cancer (HNCA).

Study design: Retrospective cohort study

Methods: Patients with newly diagnosed oropharyngeal HNCA referred for pretreatment SLP evaluation comprised the study population. Compliance was measured by participation in SLP therapy during and after head and neck treatment, as well as by the number of missed and completed visits. Outcomes were compared between patients who were initially evaluated through the multidisciplinary clinic and those evaluated outside of the multidisciplinary clinic format.

Results: The final study sample included 118 individuals with oropharyngeal tumors. All patients were treated with primary radiotherapy with or without chemotherapy. Patients evaluated initially through the multidisciplinary clinic had more SLP visits than those who did not participate in the multidisciplinary clinic (mean, 1.8 versus 0.2, P<0.0001). Participation in SLP treatment was significantly greater for patients 60 years of age (OR=2.4, P=0.032) and for patients who participated in the multidisciplinary clinic (OR=19.3, P<0.0001). Tumor stage, sex, race, marital status, and insurance status were not associated with patient compliance. Multivariate analysis revealed that participation in a multidisciplinary clinic was the only significant variable associated with SLP treatment compliance (OR=12.9, p<0.001), after controlling for all other variables.

Conclusions: Patients evaluated in a multidisciplinary clinic are more likely to comply with SLP treatment recommendations.

METHODS AND MATERIALS

Patients with newly diagnosed oropharyngeal HNCA referred for pretreatment SLP evaluation comprised the study population. Participation was measured in regards to whether the patient was ever seen by the SLP, the number of completed visits, and the number of missed visits. Outcomes were compared between patients who were initially evaluated through the multidisciplinary HNCA clinic and those evaluated outside of the multidisciplinary clinic format.

For those individuals seen in the multidisciplinary clinic, thorough swallowing and speech/voice assessments were conducted and the patient was educated regarding the role of the SLP on the team. For those patients not seen in the multidisciplinary setting, the oncologist (medical, surgical, or radiation) informed the patient of the need to meet with the SLP prior to treatment, and office staff contacted patients to schedule appointments prior to initiation of radiation. The standard SLP treatment protocol included pretreatment assessment, follow up during treatment, and post-treatment evaluations and intervention.

RESULTS

• 118 pts with oropharyngeal primaries (25 multi-d, 93 outside referrals)
• No demographic differences between groups
• Adherence to SLP treatment protocols varied according to referral pattern (Figure 1)
• Multi-d referral = more SLP visits (Figure 2)
• Participation in a multidisciplinary clinic was the only independent variable associated with SLP treatment compliance (Table 1)

DISCUSSION

Participation in SLP evaluations and interventions during head and neck cancer treatment is of paramount importance for reduction of complications during and after oncologic treatment. These assessments include evaluation of swallowing, evaluation of trismus, and changes in speech and voice. Exercise programs can be devised to address existing deficits as well as to prevent future dysfunction. Additionally, the SLP can provide the patient with education regarding side effects and act as a liaison to other team members and support networks.

There is evidence that SLP interventions prior to radiotherapy improve long term function, and it is suspected that patient quality of life and satisfaction improve as a result of these interventions. Clearly then, patient participation in SLP services should be optimized in the most efficient way possible. Our data demonstrate that evaluation through a multidisciplinary setting may help to optimize this efficiency thus maximizing the potential for compliance and positive outcomes.

CONCLUSIONS

Patients seen initially by a SLP in a multidisciplinary HNCA clinic are more likely to participate in care pertinent to optimization of swallowing and communication outcomes. We believe this may minimize patient anxiety regarding treatment effects, provide for early identification of difficulties, and employ early intervention to address and prevent dysfunction in order to optimize long term quality of life.

REFERENCES