BACKGROUND

- Advanced stage at presentation is a well established negative prognostic factor in HNC.
- Previously cited negative prognostic factors include race, socioeconomic status, homelessness. Comorbid medical conditions may also play a role in treatment delay.
- Contributing factors to increased treatment delay in our study include: advanced stage, chemotherapy as part of primary treatment, and requirement for tumor biopsy after radiation therapy compared to those receiving primary surgical therapy (p < 0.001).
- The effect of delay to treatment initiation on prognosis in HNC has not yet been determined. A study by Patel et al. found that latency to treatment initiation (interval between date of biopsy and date of treatment initiation) was 48 days; PTI was 23 days, Date of treatment initiation (56 days); DTI = 48 days; PTI = 53 days.

METHODS

- Retrospective Chart Review of 199 consecutive patients treated for HNC at Stroger between 2005 and 2007. Patients with non-squamous cell carcinoma (SCCa), previously treated HNC, or malnourished follow-up were excluded.
- Data collected: Demographic Data; tumor site, stage, and pathology; dates of first physician visit (0 days), First Otolaryngology visit (7 days), Date of biopsy (8 days), Date pathology finalized (14 days), Date of CT scans (18 days), Date of diagnosis discussion with patient (23 days), Date of treatment initiation (56 days).
- Using Spearman’s rank correlation analysis, the correlation of the various factors to treatment initiation times was determined.

RESULTS

- First physician visit (0 days), First Otolaryngology visit (7 days), Date of biopsy (8 days), Date pathology finalized (14 days), Date of CT scans (18 days), Date of diagnosis discussion with patient (23 days), Date of treatment initiation (56 days); DTI = 48 days; PTI = 53 days.
- Percentage of time spent between sequential steps of the treatment timeline, from greatest to least, starting with “Dx to Tx” (purple): Diagnosis to Treatment > First physician visit to Otolaryngology consult > Otolaryngology visit to date of biopsy > Date of biopsy to date pathology finalized > Date pathology finalized to date of imaging > Date of imaging to date of diagnosis discussion with patient.

CONCLUSIONS

- Delay to treatment initiation is prolonged among HNC patients at Stroger when compared to treatment intervals established by previously published studies with a median DTI of 7 weeks.
- Contributing factors to increased treatment delay in our study include: advanced stage, chemotherapy as part of primary treatment, and requirement for tumor biopsy after radiation therapy compared to those receiving primary surgical therapy (p < 0.001).
- Identifying factors unique to Stroger that contribute to treatment delay may be important in reducing healthcare disparity in the population. This may include education and language barriers, limited access to transportation or childcare resources, inability to take time off work obligations for medical care, and homelessness. Contributed medical conditions may also play a role in treatment delay.
- Further studies are needed to compare data from Stroger Hospital to other public institutions to better identify causes of treatment delay. These areas may help to reduce treatment latency among patients at highest risk for delay.

REFERENCES