The University of Louisville Multidisciplinary Head and Neck Cancer Clinic has been enrolling and treating patients for nearly 11 years. This clinic serves patients from disparate geographic and socioeconomic backgrounds. Thus, further distances traveled to the Cancer Center, as well as socioeconomic and psychological factors, may have significant implications on the patients' treatment completion outcomes. No previous studies have analyzed the relationship between geography, socioeconomic status, anxiety and depression, and substance abuse, with completion rates of the assigned treatments.

METHODS

Between 2009 and 2012, 476 patients were assigned either chemotherapy and/or irradiation, but not operative intervention. Patients, between the ages of 40 and 80, had a pathological diagnosis of squamous cell carcinoma of the head and neck. The relationships between distance traveled, median household income, and psychological and behavioral documentations were statistically analyzed using ANOVA models (SPSS v21) to assess impact on treatment completion.

RESULTS

Of the 476 patients reviewed, 452 completed treatment (95%). The most common site of disease was the larynx (27.9%), with the second most common being tonsil (19.7%), and third being tongue (11.8%). Stage 4 was the most common at 43.1%, likely due to the fact that many of these patients had already been evaluated by outside physicians and were typically sent to the Cancer Center at a later presentation.

Although not statically significant, patients living within 10 miles from the Cancer Center appeared to have lower completion rates than patients living within 11-25 miles from the Center. Completion rates were not affected by SES, anxiety, depression, or substance abuse.

CONCLUSIONS

Despite being a very at-risk population, the head and neck cancer patients of the James Graham Brown Cancer Center clinic show extremely high completion rates. This is most certainly attributable to the diligence of faculty and staff who call patients at their homes, arrange their appointments, and carry out many other measures to prevent them from being lost to follow-up. There are many support systems in place for these patients, and will soon be implemented. Identifying at-risk patients prior to initiation of treatment has become a new goal of the Cancer Center in order to implement specific support systems earlier and decrease the already low rate of recidivism.

REFERENCES


