ABSTRACT

Introduction

Post treatment head and neck cancer surveillance (PTHNCS) shows inconsistency in the duration of surveillance and frequency between reviews; it’s rationale is controversial although generally accepted. It is an area ripe for revision utilizing the principles of enhanced recovery to implement the recommendations of the Head and Neck Cancer multidisciplinary guidelines 2011 (HNCMDG)(1).

Method:

Retrospective review. The recommendations of the HNCMDG 2011 were used to generate a 15 visit, 5 year PTHNCS protocol. A traffic light analogy explains it’s rationale and reinforces the positive implications associated with progression to patients. A patient appointment/information card has been developed to outline the five year surveillance schedule and highlight red flag symptoms that suggest recurrence and require early review. The follow up of all patients who completed chemoradiation for HNC in the first half of 2011 was compared.

Results

Forty seven patients received treatment: 21 patients on PTHNCS protocol, 20 (95%) attended the minimum number of visits, 4 requested additional reviews (one for a synchronous primary), non lost to follow up, 1 died; 26 patients followed at the clinician’s discretion, 11(42%) attended the minimum number of appointments, 2 did not, 1 never saw the surgical team, 1 lost to follow up, 11 died.

Conclusion

Empowering patients to participate in their follow up while educating them as to symptoms that require earlier review allows an increase in interval follow up of asymptomatic patients. Symptomatic patients initiate an earlier review. Fewer patients are lost to follow up.

INTRODUCTION

Enhanced recovery programs (ERP) show improved outcomes and speed of recovery for patients undergoing major surgical procedures for benign disease. The Department of Health identified ERP as a strategic pillar in improving cancer outcomes(2)

• Extrapolation of enhanced recovery concepts to head and neck surgical oncology patients is complex as the patient group is heterogeneous.

• 15 different tumour sub-sites all require subtle variation in treatment (often multiple modality) depending on TNM stage

• Patient outcomes are linked to completion of a whole package of care unlike most examples of ERP which are modelled around improving outcomes in surgical treatments alone. We therefore analysed our whole pathway from primary presentation to discharge from care to identify areas that would benefit from multiple small interventions that may cumulatively yield better outcomes for Head and Neck cancer patients.

• An area identified was Post treatment surveillance of patients completing radiotherapy alone or chemo radiotherapy with curative intent as their primary treatment for head and neck cancer. Here early diagnosis may allow or improve outcomes for further potentially curative surgical salvage treatment in the face of recurrent or persistent disease.

METHODS AND MATERIALS

The Head and Neck Cancer multi-disciplinary guidelines 2011 (HNCMDG) were used to generate a 5 year, 15 visit protocol.

A pilot of the Post Treatment Head and Neck Cancer Surveillance Protocol was coordinated through a database. All patients completing chemo-RT or RT alone between Jan-July 2011 were included in a retrospective patients notes review of compliance with existing follow up arrangements against the Pilot Surveillance protocol

The number follow up appointments from end of treatment - Jan 2013, the number of patient initiated appointments and the number of patients who died were recorded.

RESULTS

Forty seven patients received treatment: 21 patients on PTHNCS protocol, 20 (95%) attended the minimum number of visits, 4 requested additional reviews (one for a synchronous primary), non lost to follow up, 1 died; 26 patients followed at the clinician’s discretion, 11(42%) attended the minimum number of appointments, 2 did not, 1 never saw the surgical team, 1 lost to follow up, 11 died.

DISCUSSION

The protocol utilised the enhanced recovery strategy of educating and engaging patients in their own treatment. Clearly defining to the patient red flag signs symptoms initiated earlier physician review of symptomatic patients whilst asymptomatic patients avoided the anxiety and costs of additional visits. The time between review is the maximum recommended within UK HNC guidelines. The positive implications on outcome of progression through surveillance was explained to the patient. A traffic light analogy was used to correlate the reduced number and frequency of visits with the reduced likelihood of relapse. Although only a small study those within the protocol attended for the minimum number of visits, 4 patients initiated early review one had developed a synchronous primary tumour.

REFERENCES


Figure 1 : The Enhanced recovery post treatment surveillance card used to engage patients in their the post treatment surveillance through a fixed follow up protocol, remind and facilitate patient initiated early review should red flag symptoms occur.