

Treatment Summaries for Head and Neck Cancer Survivors: Improving Self-Efficacy and Survivorship

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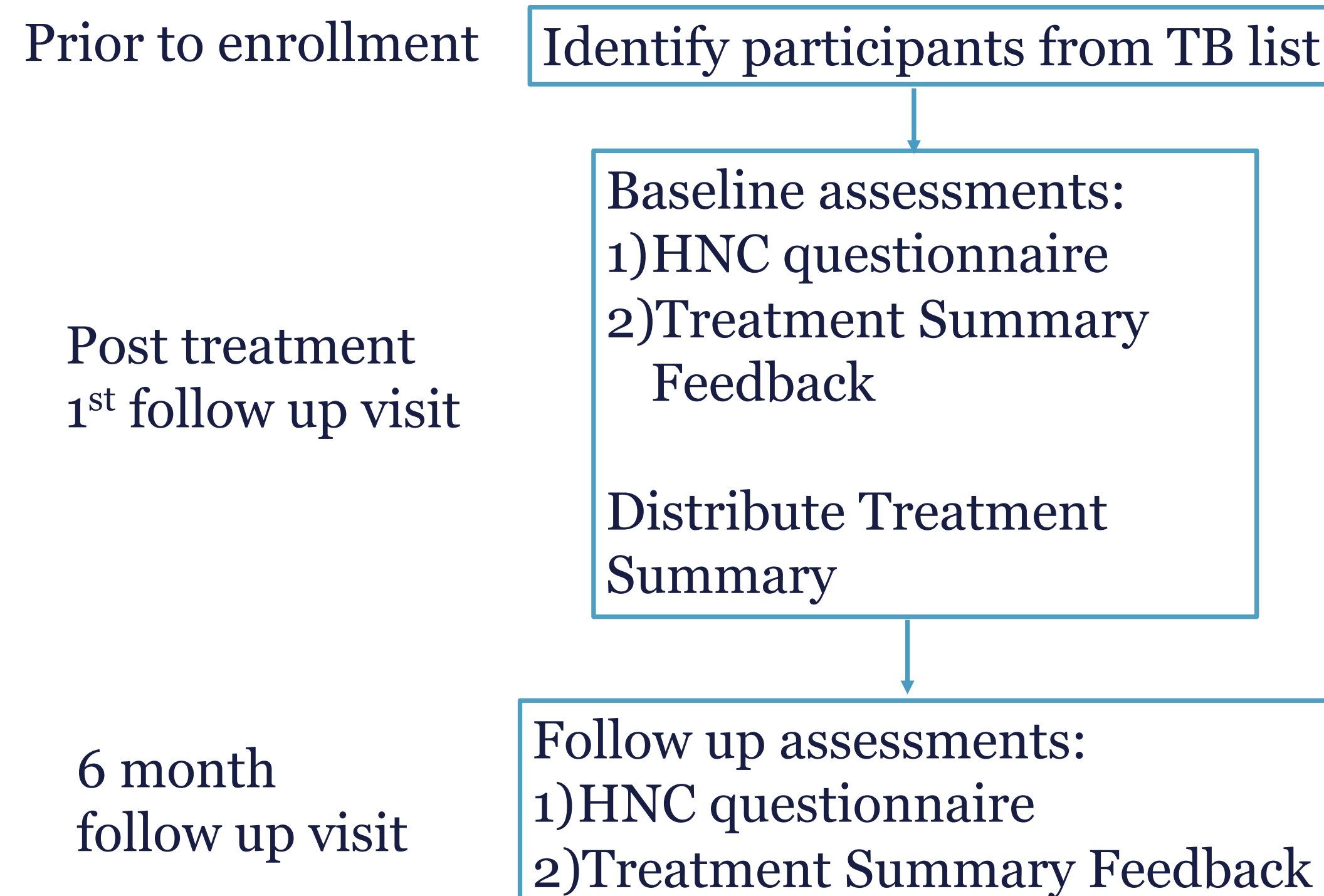
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Background

- The AHNS & ACS recommend cancer patients receive a treatment summary (TS) form at the completion of their therapy
- TS can help to ensure consistency of clinical information
- Effectiveness of TS is poorly studied
- Objectives:
 - To assess if a TS improves patients' understanding of cancer diagnosis and treatment
 - To assess patient reported usefulness and practicality of a TS during the survivorship period

Methods



HNC questionnaire

Head and Neck Cancer History Questionnaire (Baseline) Subject Initials/Study ID: _____

1. What kind of head and neck cancer have you been diagnosed with?

☐ Skin (Scalp/Face/Neck)
☐ Larynx (Supraglottic Larynx/Glottic Larynx/Subglottic Larynx)
☐ Hypopharynx (Pharynx/Sinus/Posterior Pharyngeal Wall)
☐ Alveolar Ridge (Hard/Soft)
☐ Oral Cavity (Lip/Floor of Mouth/Buccal Mucosa/Retromolar Trigone/Hard Palate/Tongue)
☐ Oropharynx (Tonsils/Base of Tongue/Soft Palate)
☐ Salivary Gland (Parotid/Submandibular)
☐ Nasal Cavity/Paranasal Sinus/Nasopharynx
☐ Thyroid
☐ Parathyroid
☐ I don't know

2. What month and year were you diagnosed with cancer? _____

3. What stage of head and neck cancer did you have?

☐ Stage 0 (carcinoma in situ)
☐ Stage 1
☐ Stage 2
☐ Stage 3
☐ Stage 4
☐ I don't know

4. Was cancer found in your lymph nodes?

☐ Yes
☐ No
☐ I don't know
☐ They did not test for this

5. Which of the following treatments have you received (check all that apply)?

☐ Surgery
☐ Chemotherapy
☐ Immunotherapy
☐ Radiation Therapy
☐ I don't know

6. Did you participate in any clinical trials for treatment of your cancer?

☐ Yes
☐ No
☐ I don't know

7. What sources of information did you use to complete these questions?

☐ My own knowledge and memory
☐ I asked my spouse or children
☐ I checked records or notes that I have of my medical history
☐ Other (please specify: _____)

TS Feedback

1. A treatment summary would help me better understand my cancer diagnosis and treatment.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

2. I would take my treatment summary when going to see my non-cancer doctors.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

3. A treatment summary would help me feel more confident when recalling my cancer history to my non-cancer doctors or to any future doctors.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

4. A treatment summary will help me accurately remember details about my cancer diagnosis and treatment.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

5. A treatment summary would help me better communicate details about my cancer diagnosis and treatment to my family and friends.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

6. A treatment summary would help ease the transition from active cancer treatment to survivorship.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

7. Having a treatment summary would encourage me to ask more questions and engage in my future health care.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Results

Table 1. Characteristics

Characteristics	n = 42
N (%) or Mean (std)	
Age	64.9 (10.7)
Sex	
Male	31 (73.8)
Female	11 (26.2)
T classification	
Unknown Primary/T1/T2	32 (76.2)
T3/T4	10 (23.8)
N classification	
Nx/N0/N1	29 (69.0)
N2/N3	13 (31.0)
Stage	
I/II	27 (64.3)
III/IV	15 (35.7)

p16 positive	22 (52.4)
Extranodular extension	6 (14.3)
Lymphovascular invasion	9 (21.4)
Perineural invasion	5 (11.9)
Definitive treatment	
Surgical	33 (78.6)
Nonsurgical	9 (21.4)
Adjuvant/Neoadjuvant treatment	
Radiation Therapy	17 (40.5)
Immunotherapy	11 (26.2)
Chemotherapy	7 (16.7)
Clinical trial	14 (33.3)

Figure 1. Primary tumor subsite

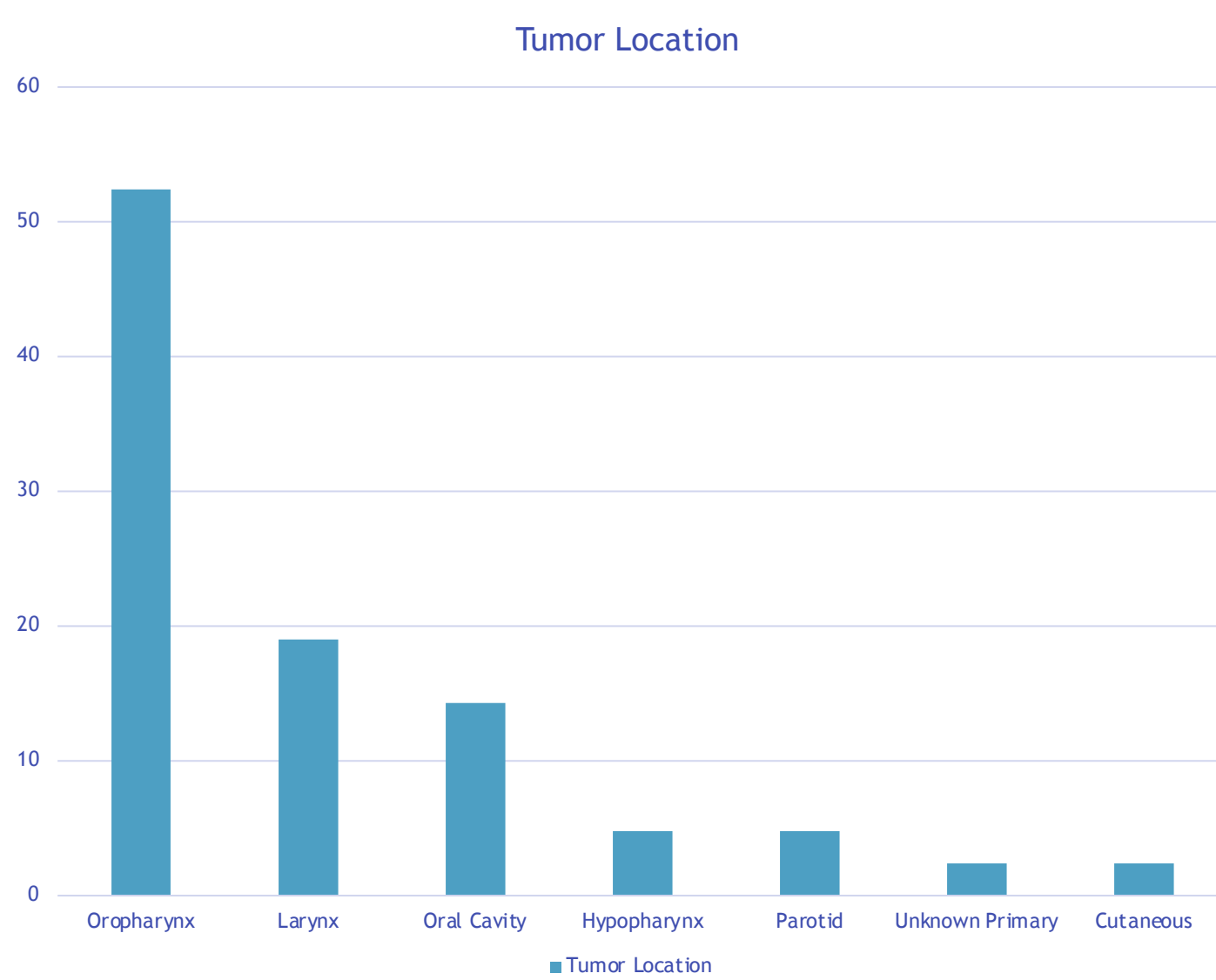


Figure 2. HNC questionnaire: percentage correct per question at first follow up visit

Mean correct per patient 4.4 (1.2)
Source of information: own knowledge in 85.7%

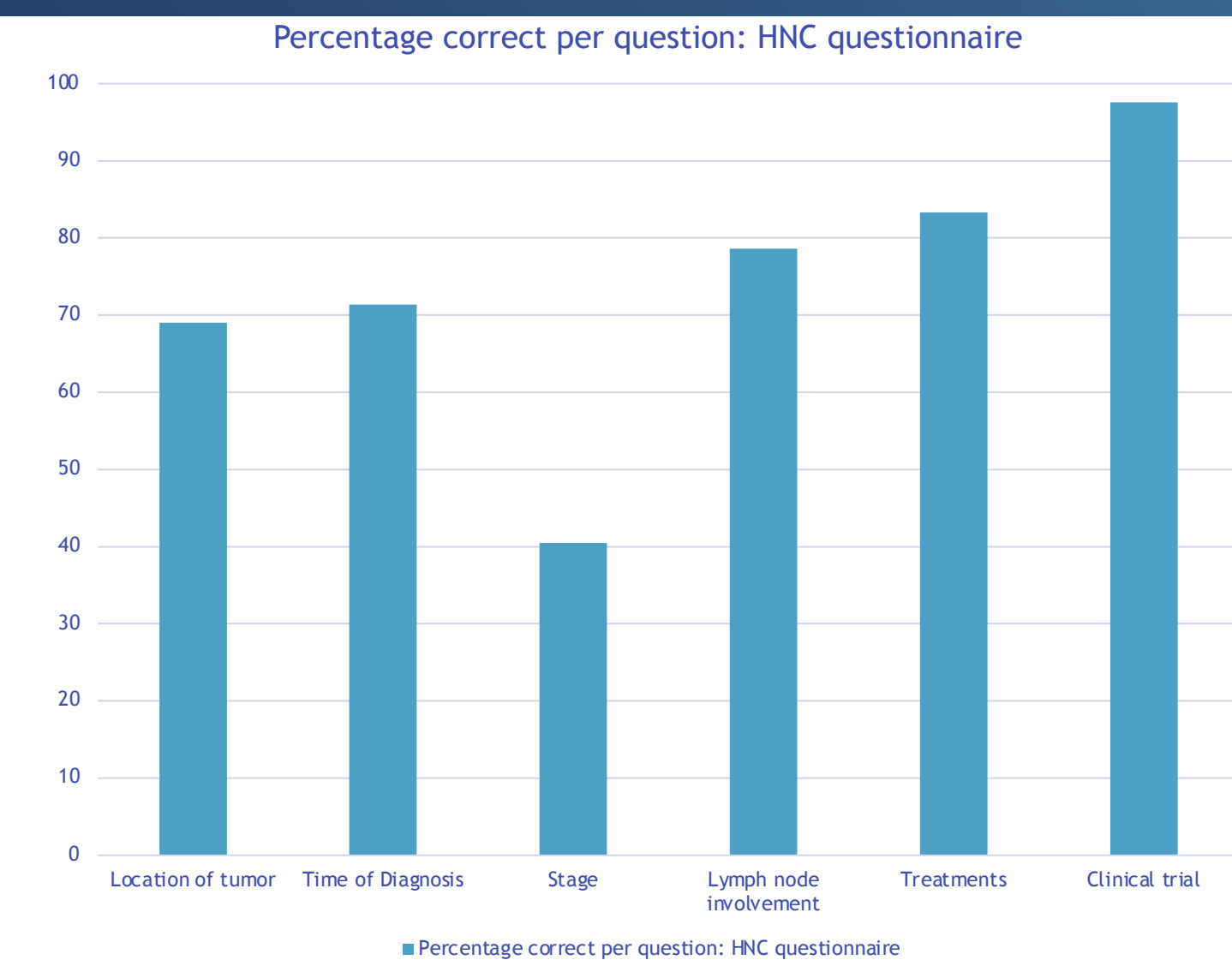
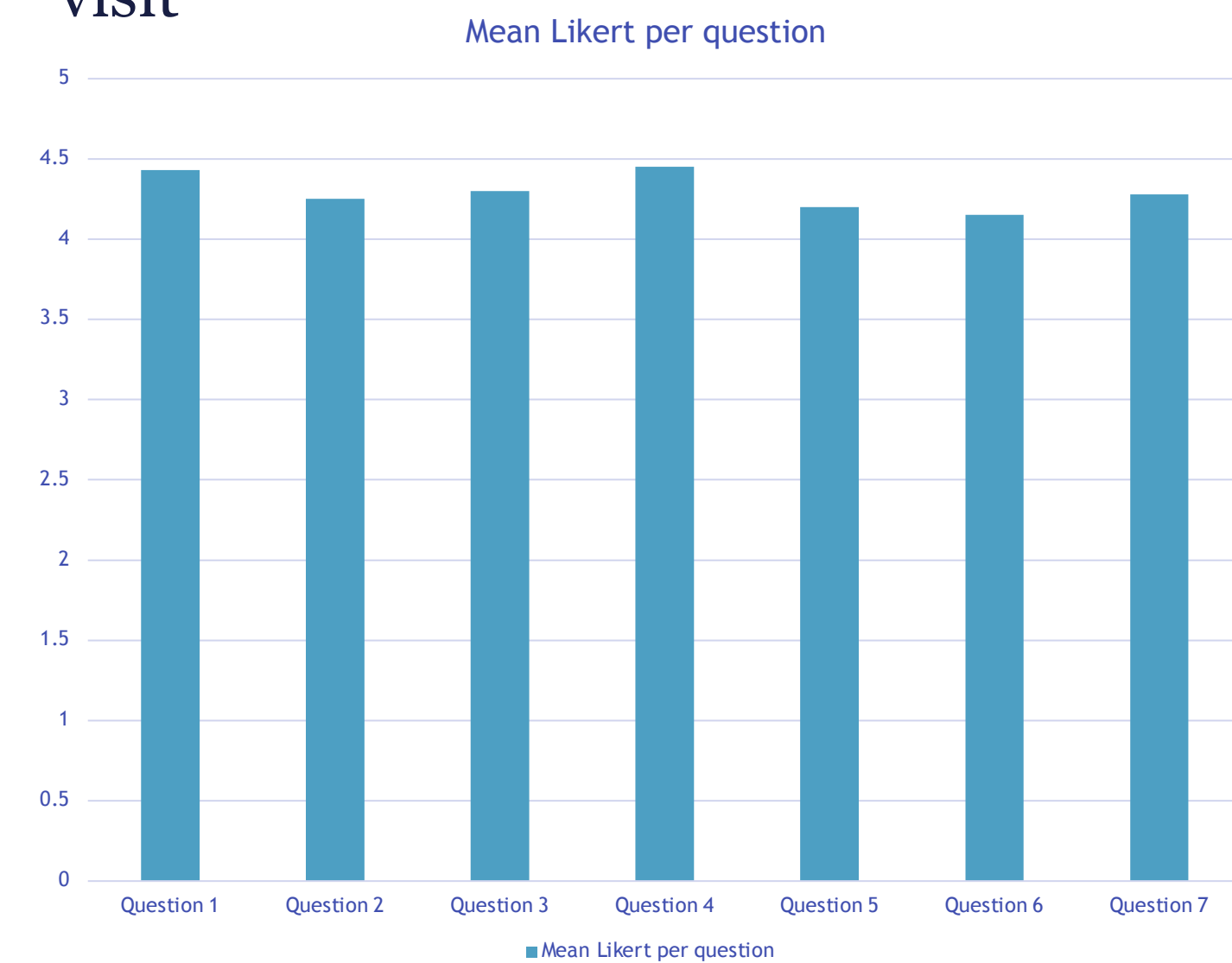


Figure 3. Treatment summary feedback: Mean Likert per question at first follow up visit



Mean Likert per patient 4.29 (0.80)

Discussion

Patients are most likely to recall participation in clinical trial and least likely to recall disease stage

Patients are generally in favor of receiving treatment summaries

Follow up information is required to assess improvement in knowledge and self-efficacy

References

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Miller MC, Shuman AG; American Head and Neck Society's Committee on Survivorship. Survivorship in Head and Neck Cancer: A Primer. JAMA Otolaryngol Head Neck Surg. 2016 Oct 1;142(10):1002-1008. doi: 10.1001/jamaoto.2016.1615. PMID: 27414519.

Treatment Summary

Jefferson Health.

Patient Name: _____
DOB: _____
MRN: _____
Telephone #: _____
Email: _____

Provider Name: _____ Telephone Number: _____

Nurse Navigator: _____
Head and Neck Surgeon: _____
Radiation Oncologist: _____
Medical Oncologist: _____
Reconstructive Surgeon: _____
Primary Care Physician: _____
Dentist: _____
Pain Management: _____
Speech Pathologist: _____
Social Worker: _____
Nutrition Support: _____
Other: _____

Date of Pathologic Diagnosis: _____ Date of Completion of Definitive Therapy: _____

Site: ☐ Left ☐ Right ☐ Bilateral ☐ N/A Tumor Stage: T _____ N _____ M _____

Subsite: ☐ Lip ☐ Buccal Mucosa ☐ Floor of Mouth ☐ Alveolar Ridge ☐ Oral Tongue ☐ Retromolar Trigone
☐ Hard Palate ☐ Nasal Cavity ☐ Paranasal Sinus (Specify _____)
☐ Soft Palate ☐ Tonsil ☐ Base of Tongue ☐ Supraglottic Larynx ☐ Glottic Larynx ☐ Subglottic Larynx ☐ Pharynx/Sinus ☐ Posterior Pharyngeal Wall ☐ Parotid Gland
☐ Submandibular Gland ☐ Facial Skin ☐ Neck Skin ☐ Scalp Skin ☐ Unknown Primary
☐ Other: _____

Pathology: ☐ Squamous Cell Carcinoma ☐ Other _____ HPV/16 Status: ☐ + ☐ - ☐ N/A

Adverse Pathologic Features: ☐ Positive Margins ☐ Close Margins ☐ Perineural Invasion
☐ Lymphovascular Invasion ☐ Extranodular Nodal Extension
☐ Skullbase Invasion ☐ Soft tissue invasion (List _____)
☐ Other: _____

*The designation 'Close margin' is ill-defined and may be used for cancer-free margins from 2.5 mm or less.

Surgery Performed: ☐ Yes ☐ No Procedure Date(s): _____
Treating Institution: _____

Radiation Therapy Performed: ☐ Yes ☐ No Start Date: _____ End Date: _____
Treating Institution: _____ Field: _____ Dose: _____ Notes: _____

Chemotherapy Administered: ☐ Yes ☐ No
Drug Name: _____ Route: _____ Dose: _____ Schedule: _____ Dose reduction: ☐ Yes ☐ No # Cycles: _____
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Clinical Trial Participant: ☐ Yes ☐ No Sponsor Name: _____ Identifier/NCT #: _____ Brief Description: _____

Other Treatments Received: _____