

Epidemiology of recurrent and metastatic head and neck squamous cell carcinoma

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Introduction

Advances in head and neck squamous cell carcinoma (HNSCC) treatment have improved outcomes in the primary setting but research is still needed for patients with recurrent and metastatic disease. Few studies have examined the interval from palliative care referral to death in the HNSCC population. Late palliative care involvement in cancer patients has been linked to more aggressive end-of-life treatment, which itself is associated with increased healthcare spending¹, reduced patient-reported quality of life², and reduced family-reported satisfaction³.

Methods and Materials

We conducted a retrospective observational study (REB#259-2019) of all HNSCC patients presenting to a multidisciplinary head and neck oncology center within a regionalized system, between January 1st, 2017, to December 31st, 2018. Baseline demographic variables were collected. Patients seen for initial consultation were categorized by treatment type and two-year oncologic outcomes. Recurrent and metastatic HNSCC patients were categorized by prior treatment type and timing. Rates of palliative care referral and survival time following referral were also determined. Data were summarized using descriptive statistics.

Results

	Locoregional recurrence (LRR)	Distant metastasis at recurrence (MR)	Distant metastasis at presentation (DM)
Number of patients	31	28	27
Number male (%)	14 (45.1)	23 (82.1)	21 (77.8)
Mean age	69.9	68.6	71.0
Subsite			
Oral cavity	14 (45.1)	8 (28.6)	9 (33.3)
Oropharynx	9 (29.0)	5 (17.9)	6 (22.2)
Nasopharynx	0 (0)	1 (3.6)	0 (0)
Hypopharynx	1 (3.2)	1 (3.6)	3 (11.1)
Larynx	7 (22.6)	13 (46.4)	9 (33.3)
Prior treatment			
Surgery (%)	10 (32.2)	6 (21.4)	N/A
Radiation (%)	13 (41.9)	8 (28.6)	N/A
Chemoradiation (%)	5 (16.1)	9 (32.1)	N/A
Surgery + RT/CRT (%)	3 (9.7)	5 (17.9)	N/A
Mean months to recurrence (range)	11.7 (2-61)	20.4 (2-207)	N/A
Management of R/M-HNSCC			
Not treated	6 (19.3)	6 (21.4)	9 (33.3)
Surgery (%)	8 (25.8)	0 (0)	0 (0)
Radiation (%)	10 (32.2)	9 (32.1)	13 (48.1)
Chemoradiation (%)	4 (12.9)	6 (21.4)	4 (14.8)
Radiation oncology consultation (%)	31 (100)	28 (100)	27 (100)
Medical oncology consultation (%)	17 (54.8)	25 (89.2)	25 (92.6)
Palliative care consultation (%)	15 (48.4)	20 (71.4)	17 (62.9)
Inpatient (%)	7 (22.6)	16 (57.1)	13 (48.1)
Outpatient (%)	8 (25.8)	4 (14.3)	4 (14.8)
Mean days from palliative care consultation to death (range)	49.0 (17-67)	48.3 (6-330)	20.6 (4-42)
Two-year mortalities (%)	6 (19.3)	19 (67.8)	24 (88.9)

Table 1. Demographics and management of recurrent and metastatic HNSCC patients

Discussion

We characterize treatment patterns in a two-year cohort of HNSCC patients presenting to a multidisciplinary head and neck oncology center. We found that head and neck cancer patients have a high two-year rate of recurrent and metastatic disease. Patterns of failure differed by primary subsite. Overall rates of palliative care consultations were low in the recurrent and metastatic HNSCC population. Time to death from palliative care consultation ranged from 20 to 49 days in our cohort.

Conclusions

Quality improvement interventions should be used to increase use of palliative care consultation in the appropriate clinical context. Further research in this area is needed.

References

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