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Introduction

- Formal dysphagia programs improve long-term, functional swallowing outcomes by improving jaw mobility and maintaining musculature.^{2,6}
- Obstacles** faced during program development:
 - Coordination of care among multiple treatment centers
 - Patient adherence to appointments
 - Patient compliance with exercises
 - Patient education
 - Scheduling logistics
 - Travel burden

Methods

- Dysphagia Pathway Program (DPP):** standardized swallowing therapy program with routine SLP visits before, during, and after nonsurgical treatment for HN cancer
- Case control study:** compared swallowing and nutritional status of patients prior to and post implementation of the DPP in 2019
 - Swallowing function* assessed by PO intake and G-tube reliance
 - Nutritional status* assessed by change in BMI
 - Adherence measured* by percentage of SLP visits attended
- Data analysis:** chi-square test and t-test for categorical and continuous variables

Table 1. Demographics

		DPP	Control	p
Age	Average	64.1	57.7	0.01
Gender	Male	22	91	0.19
	Female	1	18	
Race	Caucasian	18	95	0.26
	African American	2	6	
	Asian	2	2	
	Other	1	6	
Smoking History	Current	6	39	0.67
	Previous	10	41	
	Never	7	29	
Alcohol History	Current use	11	43	0.11
	Current abuse	4	14	
	H/o abuse	0	20	
	Never	8	32	
HPV Status	Positive	10	37	0.6
	Negative	2	16	
Dysphagia at time of diagnosis	Yes	11	47	0.82
	No	11	59	
Primary Site	Oropharynx	13	54	0.27
	Hypopharynx	2	7	
	Nasopharynx	2	10	
	Larynx	5	38	

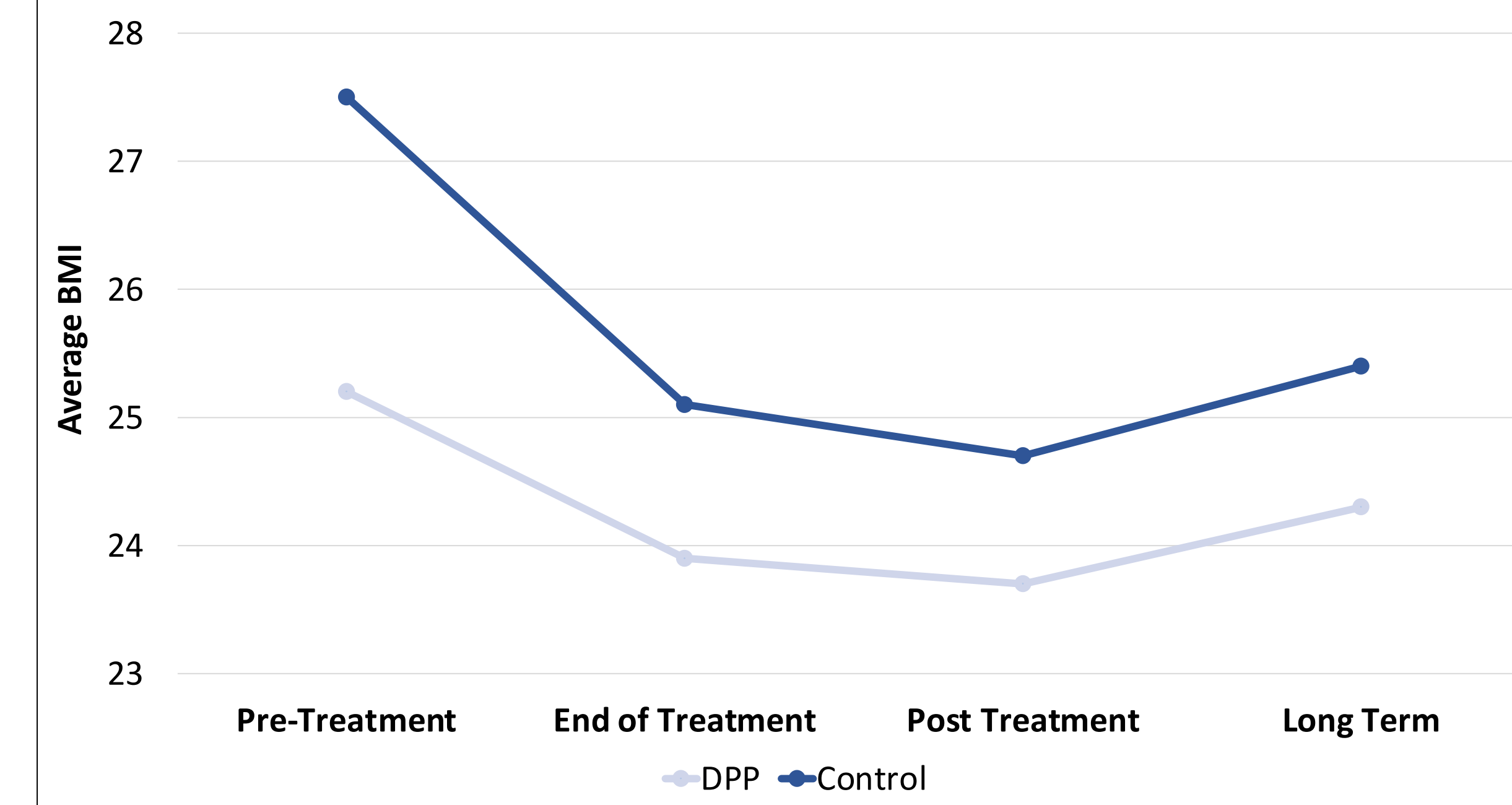
Table 1. Demographics of patient population in DPP and Control groups.

Table 2. G-tube Information

	DPP	Control	p
Total Patients	23	109	0.09
No G-tube placed	9	24	
G-tube placed	14	85	
% patients with G-tube	61%	73%	0.76
G-tube removed	12	64	
% patients with G-tube removed by 1-year post-treatment	86%	75%	

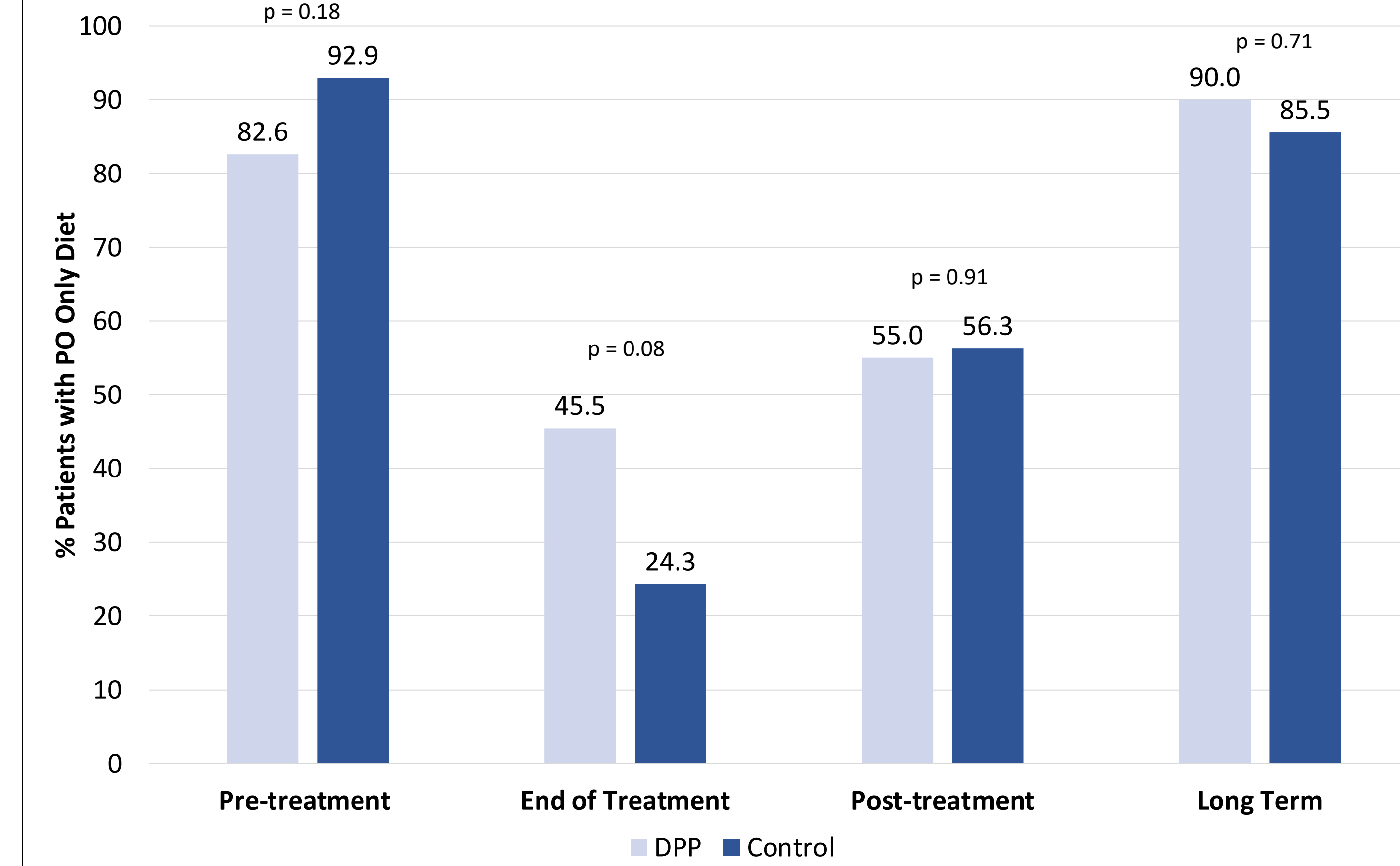
Table 2. Comparison of G-tubes placed and removed in DPP and Control groups.

Graph 1. Nutritional Status



Graph 1. Average BMI of DPP and Control groups

Graph 2. Swallowing Status



Graph 2. Swallowing status of patients measured at pre-treatment, end of treatment (last day of treatment), post-treatment (8 weeks Post-treatment), and long term (1-year Post-treatment)

Table 3. Adherence to Therapy

Total DPP Patients	23
Avg Adherence	61%
Patients with 100% PO status by 1-year Post-treatment	18
Patients with 100% PO status by 1-year Post-treatment	90%

Table 3. Average adherence to appointments

Conclusions

- Despite obstacles faced with implementation of a new clinical pathway, after just **1 year of implementation, the DPP program is beneficial**
 - 45.5% DPP patients were on a PO-only diet at the end of treatment compared to 24.3% in the control group
 - Fewer patients needed a G-tube in DPP group
 - Greater percentage DPP patients had G-tube removed by 1-year
 - DPP group BMI decreased by less during treatment
- Continuing improvements for DPP** will further improve outcomes
 - Multidisciplinary communication
 - Early patient counseling
 - Patient compliance with exercises
 - Patient education initiatives
 - Office staff education
 - Formalized scheduling process
 - Utilization of telehealth

Contact

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