

According to Cancer.org (2022), head and neck cancers make up a small but significant portion of cancers each year in the US. Around 66,000 patients are diagnosed with head or neck cancers each year and about 54,000 of these are oral or oropharyngeal cancers. The 2022 Cancer Statistics paper reported a 1% annual increase in oral and oropharyngeal cancers between 2014 and 2018. The mortality rate for these cancers has increased 0.4% annually between 2009 and 2019. Since 2000, cancer mortality rates have significantly decreased (Siegal et al. 2021). This information suggests that the head and neck cancer population is steadily growing.

The increase in the head and neck cancer population has been associated with the rise in HPV-positive cancers. A 2021 retrospective study by Liao et al. was conducted using data from the United States Cancer Statistics Program between 2001 and 2017. There has been a 2.36% increase each year of HPV-positive cancers among males during that time frame. Over 80% of these cases are associated with oropharyngeal cancers. A 2018 study by Van Dyne et al. highlighted that HPV-positive oropharyngeal cancer is most common in older white males and that it was the most common HPV cancer in 2015.

A prospective clinical trial performed in 2008 showed a 95% 2-year survival rate among HPV-positive oropharyngeal squamous cell carcinoma (OPSCC) compared to a 67% survival rate among HPV-negative OPSCC (Fakhry et al. 2008). A retrospective study confirmed an 82.4% 3-year survival rate for HPV-positive OPSCC versus a 57.1% survival rate for HPV-negative OPSCC (Ang et al. 2010).

There is an increasing population of head and neck cancers linked to a rise in HPV-positive cancers. The better prognosis of HPV-positive OPSCC suggests that in the coming decade there will be an increase in head and neck cancer survivors. Based on this information, it is imperative that healthcare facilities be better equipped with practices to support this underrepresented population.

A 2018 paper emphasized the challenges of the three different national guidelines for head and neck cancer survivorship that were available at the time. All of these guidelines did not provide enough detail on the effects of cancer treatments and long-term survivor issues. There was also a focus on PCP surveillance for this population of patients. PCPs likely are not equipped with the knowledge, time, and/or referrals to be the center of survivorship care for this population. The guidelines helped provide a direction for physicians, but do not give enough details for proper survivorship care (Nguyen and Ringash, 2018). Given this gap in guidance, the need to establish and create a consensus on quality practices is important for the future of this survivorship population (Nekhyludov et al. 2019).

In the past 5 years, there have been studies that have explored guideline-derived quality measures in head and neck cancer patients. Only a few of these studies incorporated post-treatment quality measures. Two papers examined multiple measures and found that there was low physician adherence to

annual thyroid testing and dental evaluations post-treatment. The papers concluded that increased adherence to multiple guidelines lowered patient mortality (Gourin et al. 2018; Chilkuri et al. 2022).

Other studies have shown that head and neck cancer survivors are not receiving the quality of care they want. Two papers found that patients prefer specialist-led care, as specialists have more knowledge of cancer treatments. Multi-disciplinary teams have been suggested to improve the quality of care as well (Absolom et al. 2009; Brennan et al. 2011). An Ontario study of over 3900 head and neck cancer patients showed less than 50% adherence to nationally endorsed guidelines after 2 years of follow up surveillance (Brennan et al. 2018). Another study interviewed 67 HPV-positive OPSCC survivors. Over 50% of participants had concerns that were not met by their PCP or their specialist. This study underscored the importance of establishing practices that improve a patient's quality-of-life (Gharzai et al. 2021). This population of patients are not receiving the quality of care they deserve and this is likely the result of a lack of consensus on survivorship guidelines.

In November 2021, the American Head and Neck Society released a consensus statement on head and neck cancer survivorship. In this statement, there are detailed post-treatment suggestions for specialists and PCPs to follow to improve quality of care. These suggestions are based on NCCN guidelines and Oxford level evidence (Goyal et al. 2021). My current quality improvement project will examine adherence to the practices that have the highest level of research evidence supporting them. I will be conducting this pilot project with a single ENT oncologist based in Providence, RI. I am working with him to improve his quality of care and to learn more about potential gaps in practice adherence.

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