Thursday 8th November

Quality of Life in Head & Neck Cancer
8th International Conference

Morning

An update in Head and Neck since the last conference
Chair: Professor Simon Rogers

8:30 Refreshments

9:00 Introduction and summary, Professor Rogers

9:30 Keynote speaker, Dr Mary Wells
Addressing the consequences of head and neck cancer treatment

10:30 Refreshments

11:00 Free papers

Kate Reid: Health Related Quality of Life Questionnaires – Are they fit for purpose?

Jennifer Doss: Longitudinal HRQOL of Oral Cancer Patients Undergoing Surgical treatment and Other Treatment Modalities

Margereth Bjorklund: Ideas for Using Bottom Up Communication to Integrate Health Promotion and Empowerment for Patients Living with Head & Neck Cancer

Barry Scott: Introduction of the Head & Neck Patient Concern Inventory Into a Consultant Clinic – Observational Study

12:30 Lunch
Title: Longitudinal HRQOL of oral cancer patients undergoing surgical and other treatment modalities

Author/Affiliations: J.G. DOSS, W.M. THOMSON, and B.K. DRUMMOND, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia, Oral Sciences, University of Otago, Dunedin, New Zealand

Background:
Information on HRQOL impacts of oral cancer patients at different intervals of life especially upon diagnosis, and after commencing treatment are relevant for specialists managing this condition. Current efforts to assess such impacts in Malaysia using HRQOL instruments are still in its infancy.

Aims:
To assess the impact of oral cancer and related treatment modalities on patients' health-related quality of life.

Method:
A longitudinal study of a cohort of newly diagnosed adult oral cancer patients followed over a period of three months. HRQOL data was collected for each patient upon diagnosis (baseline), one month after commencing treatment (first follow-up) and after three months (second follow-up) using a Malay-translated FACT-H&N (v 4.0), a global question, and a supplementary set of eight questions (maq; obtained after cross-cultural adaptation of the instrument). The FACT-H&N (v 4.0) is a 39-item head-and-neck-cancer-specific instrument which assesses patients' physical (7 items), social (7 items), emotional (6 items), functional (7 items) well-being and head/neck concerns (12 items). FACT-G, FACT-H&N Total Outcome Index (TOI) and FACT-H&N symptom index (FHNSI) scores, which are FACT-H&N derivatives, were also calculated. Paired t-tests were used to test the statistical significance of score changes.

Results:
Of the 76 patients recruited at baseline, 42 (55.3%) were followed from baseline to the end of the study. Their HRQOL worsened from baseline (FACT-H&N score= 94.1±17.6) to first follow-up (score=87±20.0; p<0.05) and then improved by the second follow-up (score=91.4±20.9) although not all returned to pre-treatment levels. Worsening by first follow-up was reflected in significant deterioration of combined physical and functional well-being and increased head and neck concerns (FACT-H&N-TOI baseline score=58.4±13.9; first follow-up score=50.1±15.6; p<0.05). Patients' emotional well-being significantly improved from baseline (FACT-ewb score=15.6±4.1) to second follow-up (FACT-ewb score=18.1; p<0.05). Those undergoing surgical interventions experienced a higher HRQOL improvement by the second follow-up (FACT-H&N=98.5; FACT-G=78.5; FACT-H&N TOI=60.0) than those who received other treatment types (FACT-H&N=83.0; FACT-G=65.5; FACT-H&N TOI=45.0; p<0.05).

Conclusion:
Oral cancer patients experience substantial worsening in HRQOL once treatment commences, but this improves with time, especially among those treated surgically.