Palliative intent treatment for head and neck cancer: an analysis of local practice and outcomes

F Begbie[1], C Douglas[1], F Finlay[2], J Montgomery[1]

[1]Department of Otolaryngology Head and Neck Surgery, Queen Elizabeth University Hospital, Glasgow

[2]Department of Palliative Medicine, Queen Elizabeth University Hospital, Glasgow

Background

There are a wide variety of palliative treatment options for head and neck cancer but there is little consensus on which should be provided[1]. Predicting outcome is difficult and reported survival varies[2]. The present study sought to delineate local practice, morbidity and mortality in patients with head and neck cancer treated with palliative intent in order to better inform both clinicians and patients in decisions

Method

A retrospective analysis of all head and neck cancer patients presenting between 2015 and 2016 to South Glasgow and Clyde Head and Neck Cancer MDT was undertaken. Electronic clinical records were reviewed and survival was calculated to the present time in days.

Intervention	n	Complications	Complication n (%)	Days in hospital Mean (range)
Nasogastric tube	14	None	0	5.1 (0 – 23)
RIG tube	4	None	0	10.7 (1-23)
PEG tube	1	None	0	No data
Tracheostomy	4	Mucus plugging	1 (25%)	19.6 (10-37)
Chemotherapy	6	Neutropenic sepsis	1 (16.7)	15.1 (1-26)
Radiotherapy	14	Pain, Dysphagia requiring admission	2 (14.3)	9.5 (0-29)
Debulking surgery	6	None	0	1.5 (1-3)

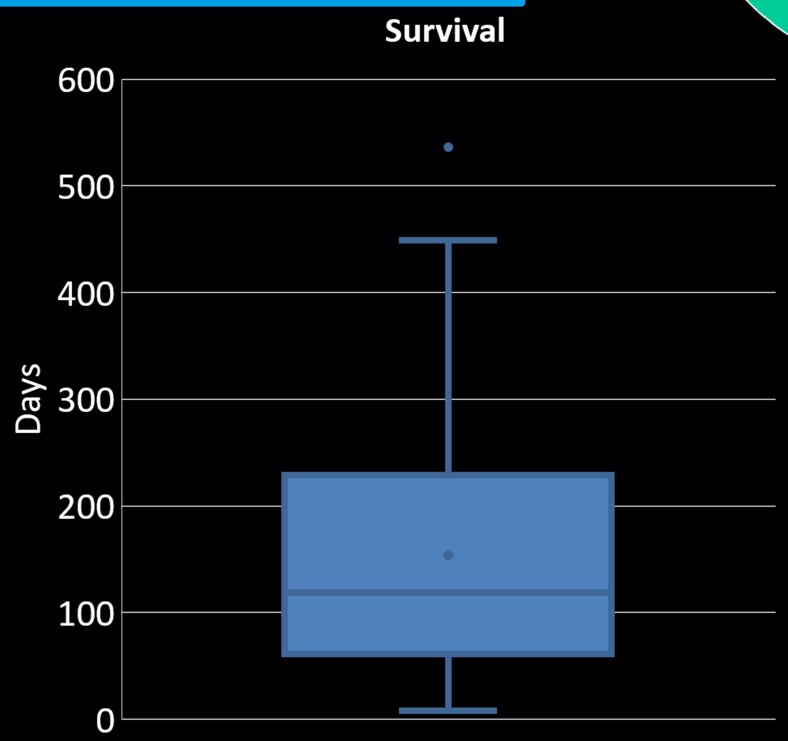
Table 2. Palliative interventions and associated morbidity

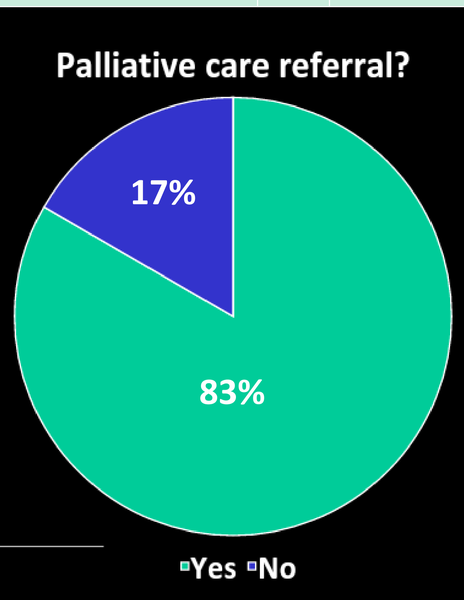
Results

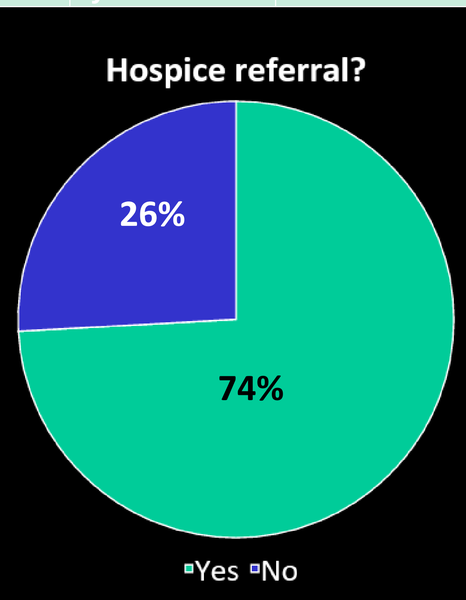
- 84 patients (21.5%) were assigned to palliative-intent treatment following MDT discussion.
- All patient included had squamous cell carcinoma.
- Mean survival was 151 days (range = 8 - 536, SD = 121.1)

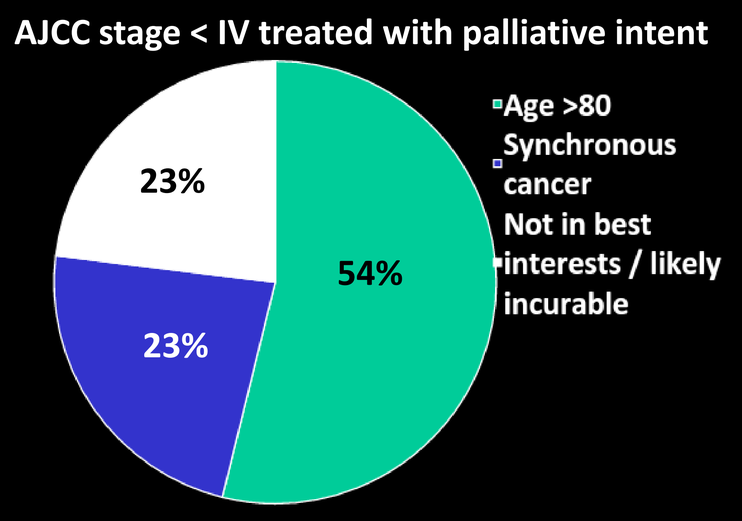
Characteristic	n (%)
Gender	
Male	60 (71.4)
Female	24 (28.6)
Age	Mean 70.3 (37 – 96) (SD=13.1)
ECOG performance status	
0	14 (19.2)
1	132 (43.8)
2	16 (21.9)
3	9 (12.4)
4	2 (2.7)
AJCC stage	
I	1 (1.3)
II	5 (6.6)
III	7 (9.2)
IV	63 (82.9)
Tumour site	
Larynx	11 (13.3)
Oral cavity	24 (28.9)
Oropharynx	23 (27.7)
Hypopharynx	10 (12.1)
Other	9 (10.8)
Unknown	6 (7.2)
Smoking status	
Current	37 (45.7)
Ex-smoker	30 (37)
Never	14 (17.3)
Alcohol status	
Heavy / Ex-heavy	20 (26)
Occasional / Moderate	30 (39)
Never	27 (35)

Table 1. Patient demographics









Conclusion

• A significant proportion of patients are managed with palliative **intent** from the outset and the majority of these patients have advanced disease at presentation.

•The commonest reason for palliative **intent** treatment in less advanced cancer is elderly age.

•A variety of palliative interventions are available and may be associated with significant morbidity.

• Survival is variable, often several months, and thus any intervention offered must take into

References

[1]H. Cocks et al. Palliative and supportive care in head and neck cancer: United Kingdom National Multidisciplinary Guidelines. J Laryngol Otol (2016), 130 (Suppl. S2), S198–S207

[2]QC. Ledeboer et al. Survival of patients with palliative head and neck cancer. Head Neck. 2011 Jul;33(7):1021-6