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ORIGINAL ARTICLE

## Impact of delay in the diagnosis and treatment of head and neck cancer<sup>☆,☆☆</sup>



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### KEYWORDS

Delayed diagnosis;  
Head and neck  
neoplasms;  
Squamous cell  
carcinoma;  
Time factors;  
Primary health care;  
Prognosis

### Abstract

**Introduction:** Head and neck tumors can be easily recognized through clinical evaluation. However, they are often diagnosed at advanced stages.

**Objective:** To evaluate the delay from the patient's initial symptoms to the definitive treatment.

**Methods:** Retrospective study of patients enrolled in 2011 and 2012. A questionnaire was filled in about socioeconomic aspects, patient history, tumor data, professionals who evaluated the patients, and the respective time delays.

**Results:** The following time delay medians were observed: ten months between symptom onset and the first consultation; four weeks between the latter and the first consultation with a specialist; four weeks between the specialist consultation and diagnosis attainment; and 12 weeks between diagnosis and the start of treatment.

**Conclusions:** Most head and neck tumors are diagnosed at advanced stages, due to patient and health care factors.

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**PALAVRAS-CHAVE**

Diagnóstico tardio;  
Neoplasias de cabeça  
e pescoço;  
Carcinoma de células  
escamosas;  
Fatores de tempo;  
Atenção primária à  
saúde;  
Prognóstico

**Impacto da demora no diagnóstico e tratamento no câncer de cabeça e pescoço****Resumo**

**Introdução:** Apesar de poderem ser facilmente reconhecidos ao exame clínico, os tumores de cabeça e pescoço são, muitas vezes, diagnosticados em estadiamento avançado.

**Objetivo:** Avaliar a demora entre o surgimento dos sintomas iniciais do paciente e seu encaminhamento para o tratamento definitivo.

**Método:** Trata-se de um estudo retrospectivo de pacientes arrolados em 2011 e 2012. Foi preenchido questionário sobre fatores sócio-econômicos, antecedentes, dados do tumor, profissionais que avaliaram os pacientes e respectivos períodos de demora.

**Resultados:** Foram observadas as seguintes medianas de tempo de demora: 10 meses entre o início dos sintomas e o primeiro atendimento; 4 semanas entre este e a primeira consulta com o especialista; 4 semanas entre esta e o estabelecimento do diagnóstico; e 12 semanas entre este e o início do tratamento.

**Conclusões:** A maior parte dos cânceres de cabeça e pescoço é diagnosticada em estádios avançados, por fatores relacionados aos pacientes e à atenção à saúde.

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**Introduction**

Head and neck tumors are relatively easy to visualize or palpate at the clinical examination. Nevertheless, many patients are diagnosed at advanced stages of the disease, perhaps due to the lack of early alarming symptoms. This results in a lack of motivation to seek medical attention.<sup>1,2</sup>

Head and neck cancers are often at an already advanced stage when diagnosed. The greater the delay in diagnosis and the onset of treatment, the more advanced the stage, the more aggressive the necessary therapy, and the worse the prognosis. This makes a fast and efficient diagnosis a challenge.<sup>2</sup> Understanding the reasons responsible for late diagnosis of head and neck cancer could help to design interventions aimed at reducing the frequency of unfavorable outcomes.

If the time period between the initial consultation and treatment is prolonged, patients may experience tumor and clinical stage progression, which affects the therapeutic schedule with possible negative influence on prognosis. This is a relevant clinical problem, as comorbidity control prior to surgical treatment may require a long period.<sup>3</sup>

Lesion location and the different forms of tumor presentation and symptoms may contribute to the delay. Silent tumors, those with difficult access, or those that take longer to manifest obvious symptoms hinder the patient's perception, delaying the entire diagnostic process.<sup>4,5</sup> Therefore, very often, depending on the symptoms, it takes the patient longer to seek medical care.<sup>6</sup> Studies have suggested increasing the awareness of individuals considered at risk, such as smokers and drinkers, to seek medical help after the initial symptoms, which favors prognosis.<sup>7</sup> However, such delay may also be due to factors related to professional care and health care, with a time ranging in literature from four days to 3.5 months.<sup>5</sup>

The aim of this study is to assess the delay from symptom onset to the start of definitive treatment, and to identify

any association between the delay and the patient's socioeconomic status and tumor staging.

**Methods**

This study was approved by the ethics committee of the institution where it was carried out, under No. 730.552. This is a retrospective study of new cases of squamous cell carcinoma of the upper aerodigestive tract, diagnosed at the Outpatient Clinic of Head and Neck Surgery of the institution, from January 2011 to August 2012. Tumors of the salivary glands and thyroid were excluded from this study, as they have different clinical presentation and biological behaviors from carcinoma of the upper aerodigestive tract.

Patients completed a questionnaire focused on epidemiological, disease, and treatment factors. Illiterate patients were aided by an accompanying family member and one of the authors was always available to resolve any doubts. The following data were collected: identification (name and registration number at the institution), age (in years), gender, ethnicity, educational level (from none to college/university), smoking and alcohol consumption (both measured semi-quantitatively) and primary tumor location. Tumors were staged according to the sixth edition of the TNM classification of the American Joint Committee on Cancer (AJCC). The professionals who treated the patient previously, as well as the main modality of cancer treatment the patient underwent (surgery, radiotherapy, or palliative chemotherapy) were also assessed.

The following durations were measured:

1. Interval between the reported symptom onset and seeking medical care (in months);
2. Interval between the first medical or dental appointment and the first consultation with the specialist (in weeks);

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