

Delays in treatment of oral cancer: a review of the current literature

Peter Stefanuto, BSc, DDS,^a Jean-Charles Doucet, DMD, MD, MSc, FRCDC,^b and Chad Robertson, DDS, MD, MSc, FRCDC^c
Dalhousie University, Halifax, Nova Scotia, Canada

Objective. This review aims to update the reader as to the current issues surrounding the delay in treatment of oral cancer.

Study Design. We searched Medline/PubMed and the Cochrane database. English-language publications were included. Paired reviewers selected articles for inclusion and extracted data. The strength of the evidence was graded as high, moderate, or low.

Results. Eighteen studies met our inclusion criteria. The majority of the studies were retrospective case-control studies (55%).

Conclusions. Patient delay continues to be the greatest contributor to overall delay in treatment of head and neck cancers, with an average delay of 3.5 to 5.4 months. In addition, the average professional delay is approximately 14 to 21 weeks. Cumulatively, the amount of delay may be causative for the late stage at which head and neck cancers are diagnosed and subsequently treated. (Oral Surg Oral Med Oral Pathol Oral Radiol 2014;117:424-429)

The temporal intricacies of head and neck cancers are not well understood. According to the Canadian Cancer Society statistics for 2011, an estimated 4.8% of new cancers each year will be of the head and neck region.¹ The subgroup of oral and salivary gland cancers make up approximately 2.5% of new cancers in Canada and 1.9% of deaths annually.¹ Despite advances in diagnosis and oncologic treatment, the 5-year survival rate is approximately 50% and has remained more or less fixed for the last 50 years.² Although recent data have suggested that improved local and regional control can be obtained with combined radiation therapy and chemotherapy, the 5-year survival rate remains consistent (<50%)³ or slightly improved (53%).⁴

There are many fundamental questions that remain unanswered regarding cancers in the head and neck region. One of the more pressing questions is: why are the majority of oral cancers diagnosed late, with nearly half being stage III or stage IV at presentation?⁵ This question is more puzzling when one thinks of the accessibility of the oral cavity for screening and biopsy. Owing to this accessibility, oral cancers should lend themselves to early diagnosis and treatment and hence a better prognosis, but the literature has shown this not to be the case. This article aims to update the reader as to the current issues surrounding the delay in treatment of head and neck cancer, including types of delay, the

necessity of proper screening by primary care providers, and the ramifications of delay.

REVIEW METHODS

The Cochrane and PubMed/Medline databases were searched for keywords that included oral cancer, early diagnosis, delay in diagnosis, patient delay, and diagnostic delay. Only articles written in English from 1996 onward were reviewed. Studies that are prospective were given priority over retrospective chart reviews. Excluded were case reports, non-English-language articles, and expert opinion articles. The Oxford levels of evidence-based medicine grading scale (levels 1a through 5) was applied accordingly to the literature searched to guide the authors.

THE IMPORTANCE OF EARLY DETECTION

The importance of early detection is well known to all those involved with the treatment of oral cancer, including speech pathologists, maxillofacial prosthodontists, maxillofacial surgeons, head and neck surgeons, radiation oncologists, and medical oncologists. Of the prognostic factors, the stage of the presenting lesion is the most important factor, with advanced-stage lesions (stage III and IV) having a 5-year survival rate of 50% or less.^{6,7} By contrast, stage I and II lesions have a 5-year survival rate of 80%.⁷ In addition to

^aSenior Resident, Oral and Maxillofacial Surgery, Dalhousie University.

^bDepartment of Oral and Maxillofacial Surgery, Dalhousie University.

^cDirector of Graduate Training in Oral and Maxillofacial Surgery, Dalhousie University.

Received for publication Nov 10, 2013; returned for revision Dec 16, 2013; accepted for publication Dec 16, 2013.

© 2014 Elsevier Inc. All rights reserved.

2212-4403/\$ - see front matter

<http://dx.doi.org/10.1016/j.oooo.2013.12.407>

Statement of Clinical Relevance

This article aims to update the reader as to the current issues surrounding the delay in treatment of head and neck cancer, including types of delay, the necessity of proper screening by primary care providers, and the ramifications of delay.

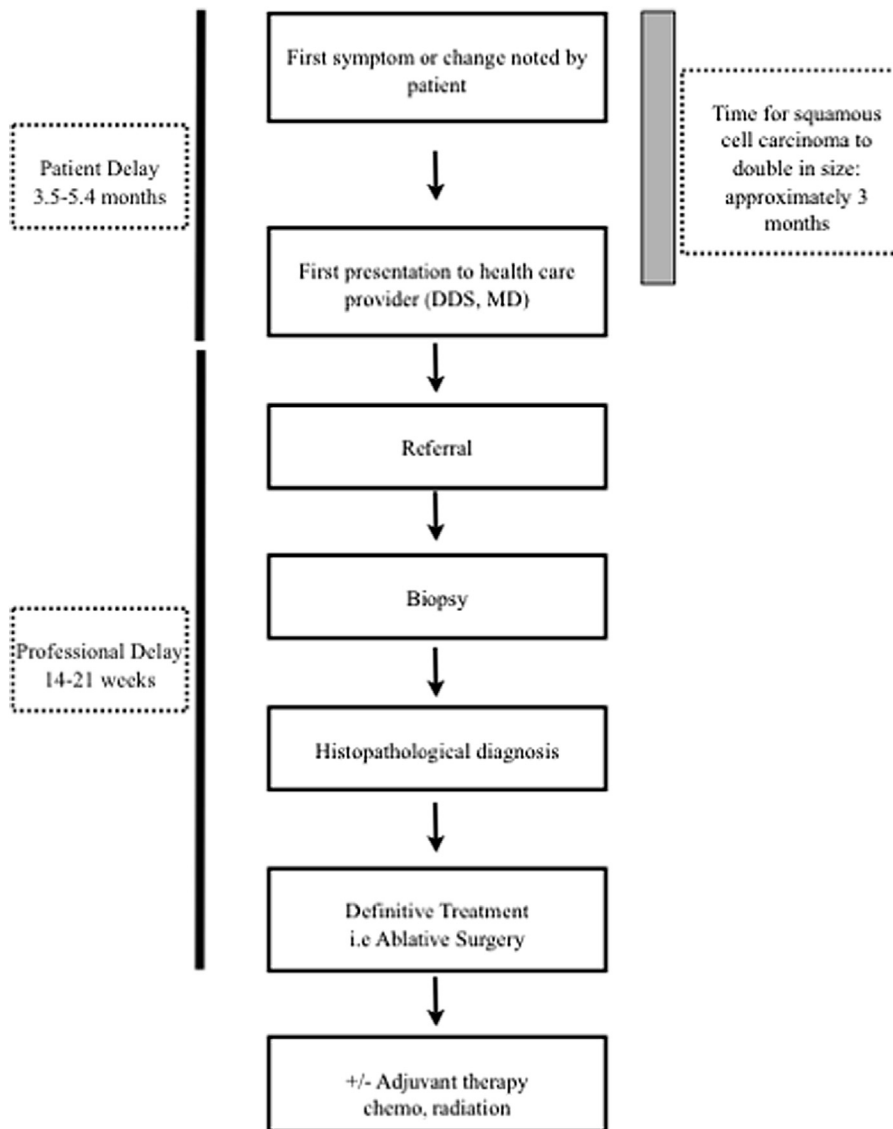


Fig. 1. Sources of delay in treatment.

mortality, the morbidity associated with late-stage oral cancer must be acknowledged. The literature shows that patients with a more advanced tumor stage have a worse health-related quality of life (HQL) score than patients with lesser-stage tumors.⁸ It has been proven that patients treated for stage III and IV oral cancers, in comparison with stage I and II, have a significantly lower HQL at the 1-year mark and the 3-year mark.⁸ Significant differences have been found in categories such as xerostomia, social eating, swallowing, trismus, nausea/vomiting, and pain.⁸ The life-changing disfigurement, dysarthria, dysphagia, and masticatory dysfunction associated with the treatment modalities of oral cancer worsen with the extent of disease at presentation. Early treatment can greatly improve these outcome parameters. In many patients with head and

neck cancer, the outcomes may also be psychologically devastating, and up to 35% of treated patients develop mood disorders, anxiety, depression, or a combination thereof.⁸

DELAY IN DIAGNOSIS

Delays in diagnosis of oral cancers have traditionally been divided into 2 distinct categories: patient delay and professional delay (Figure 1).^{5,6,9} Patient delay is the time between the patient's first awareness of a change or a new finding and his or her presentation to a health care provider. The definition of professional delay varies within the literature. Although the starting point for professional delay is consistent (first presentation to a health care provider), different end points may be used, including time to referral to specialist,

Download English Version:

<https://daneshyari.com/en/article/6056879>

Download Persian Version:

<https://daneshyari.com/article/6056879>

[Daneshyari.com](https://daneshyari.com)