

# Impact of post-treatment surveillance in head and neck squamous cell cancer

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Compliance with post-treatment surveillance, income level and the travel distance for follow-up care had effects on survival in patients with head and neck squamous cell cancer (HNSCC), according to a report published online by *JAMA Otolaryngology-Head & Neck Surgery*.

Post-treatment surveillance is a key component for patients with HNSCC, a [cancer](#) with a five-year [survival](#) rate of only slightly above 50 percent. The National Comprehensive Cancer Network guidelines recommend follow-up should consist of visits at least every one to three months during the first year after treatment, every two to four months in the second year, every four to six months in the third to fifth years, and then yearly after that. But the ability to complete post-treatment surveillance may be influenced by a number of factors, according to the study background.

Michael W. Deutschmann, M.D., F.R.C.S.C., of the University of Kansas Medical Center, Kansas City, and coauthors studied 332 patients who completed both treatment and follow-up at the facility. Patient and tumor characteristics, socioeconomic status and geographic data were collected to examine the [effect](#) of [compliance](#) with post-treatment surveillance on survival.

The 332 patients were followed for an average of 45 months. Of the patients, 246 (74 percent) presented with advanced disease and treatments included surgery and radiation, alone or combined, along with chemoradiation and surgery plus chemoradiation. Most patients (213 or

64 percent) did not develop a recurrence.

More than half of the patients (198) lived within 50 miles of the treatment center, while 22 (7 percent) lived more than 200 miles away. More than half of the patients (180) lived in middle census tract income levels and nearly half of the patients (49 percent) did not miss any appointments. However, 101 [patients](#) (30 percent) were considered noncompliant because they had missed three or more appointments during the surveillance period.

The authors found a relationship between compliance and tobacco cessation, as well as the distance a patient lived from the treatment center. Patients who quit smoking, lived in high-income census tracts and lived closer to the medical center were more likely than expected to have kept all of their appointments.

"Patients who were compliant with their PTS [post-treatment surveillance] were significantly more likely to quit tobacco products, and those who quit had improved survival," the study concludes.

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