

## Head and neck cancer diagnostic delays linked to antibiotics despite clinical practice guidelines

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Researchers at Saint Louis University School of Medicine say diagnostic delays frequently occur in patients with undiagnosed head and neck



cancer (HNC) and are calling for improved dissemination of current clinical practice guidelines in a new paper published Aug. 24 in *JAMA Otolaryngology—Head & Neck Surgery*.

Researchers found that undiagnosed HNC patients with neck swelling and other symptoms are frequently prescribed antibiotics, rather than following current clinical guidelines recommending evaluation for cancer, which can delay diagnosis and complicate treatment for their cancer.

Sean Massa, M.D., associate professor of otolaryngology at SLU, is the paper's senior author. Massa, a surgeon who treats HNC patients and other tumors of the head and neck, says <u>diagnostic delays</u> can translate into requiring more aggressive treatments with more toxicities and a lower cure rate.

"ENT doctors usually are quite familiar with this cancer diagnosis and can use their training and tools to parse out whether it be symptoms caused by cancer or some other cause," Massa said. "But it's much more challenging for primary care doctors to make that determination, and I worry that this knowledge is not being disseminated to the broader medical community."

Researchers analyzed temporal trends, associated factors and diagnostic times between antibiotic prescribing before HNC diagnosis. They found that the number of patients receiving antibiotics leading up to <u>cancer diagnosis</u> has not changed after the release of clinical practice guidelines. Researchers say they hope to see that rate decrease.

In this <u>cohort study</u> of 7,811 patients with HNC, 15.6% received an antibiotic within three months of HNC diagnosis, resulting in a statistically significant 21.1% longer time to HNC diagnosis. This prescribing rate was static over the study period, and specific clinical and



oncologic factors were associated with higher antibiotic prescription rates.

Researchers used data from a deidentified electronic health records data set from Jan. 1, 2011, to Dec. 31, 2018. Data analysis was conducted from May 1 to Nov. 9, 2022. Researchers at SLU's AHEAD Institute maintained the data resource and supported the study through analytics and <u>data management</u>.

**More information:** James A. Gallogly et al, Association Between Antibiotic Prescribing and Time to Diagnosis of Head and Neck Cancer, *JAMA Otolaryngology–Head & Neck Surgery* (2023). DOI: 10.1001/jamaoto.2023.2423

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