

The effect of treating institution on outcomes in head and neck cancer

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Patients with head and neck cancer receiving radiation treatment at an academic center have a higher survival rate than those receiving treatment at a community center, according to a study in the December 2012 issue of *Otolaryngology–Head and Neck Surgery*.

"Despite similar rates of treatment completion and rate of treatment breaks between groups, patients treated in academic centers had more advanced cancer but better survival," the authors state in their conclusion.

The study evaluated differences in patient characteristics, treatment, and cancer outcomes in the [head and neck cancer](#) population at the University of Minnesota from 2002 through 2008. Data were gathered on demographics, general medical data, tumor variables, insurance type, marital status and health behaviors.

The study analyzed 355 patients with mucosal head and neck cancer treated with [radiation therapy](#) from 2002 to 2008. One hundred forty-five (41%) received radiation treatment at community hospitals, and 210 (59%) were treated at academic hospitals. Within the academic hospitals group, 197 underwent radiation at the University of Minnesota, and 13 received radiation at an alternative academic center.

Both treatment groups shared similar characteristics in regard to sex, comorbidity, marital status, work status, insurance, and alcohol use. However, the community group had more current smokers and slightly

older patients on average. Patients in the academic group were more likely to live in an urban location and had a higher median income. Patients undergoing [radiation treatment](#) at university centers had significantly more advanced cancer. After adjusting for these differences in patient characteristics, patients in the academic hospitals had about two-thirds the risk of dying compared with the [community hospitals](#). The five-year survival rate was 53 percent for patients treated in academic centers compared with 33 percent for patients treated in community settings.

As a result of the study, the authors conclude that "more subtle differences in treatment administration and support at academic centers need to be investigated to understand the survival differences." In addition, the authors note, "Potential disparities in care related to income, socioeconomic status, and geography should be further explored."

Provided by American Academy of Otolaryngology

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