

Report from the analysis of implementation of 4th Head and Neck Cancer Awareness Week in Department of Otolaryngology in Międzyleski Hospital in Warsaw

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A–Study Design
B–Data Collection
C–Statistical Analysis
D–Data Interpretation
E–Manuscript Preparation
F–Literature Search
G–Funds Collection

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ABSTRACT:

Introduction: The aim of the study was to analyze the profile of patients who reported for free screening examinations during the 4th European Head and Neck Cancer Awareness Week to the Department of Otolaryngology, Międzylesie Specialist Hospital, Warsaw, Poland.

Material and methods: We enrolled 225 patients, aged 26-92 years (mean, 63 years). There were 149 women (66%) and 76 men (34%). All patients filled out a survey regarding risk factors of head and neck cancer (HNC), including symptoms and lifestyle characteristics. Subsequently, all participants underwent a complete laryngological examination.

Results: Among the studied patients, we found the following lifestyle-related risk factors of HNC: tobacco use (22%), alcohol use more than 1 time per week (12%), oral sex (17%), multiple sexual partners (10%), rare dental checkups (24%), and dental prostheses (45%). The most frequent symptoms that prompted the patients to report for screening exams were as follows: chronic hoarseness (64%), xerostomia (39%), dysphagia (37%), nasal congestion (6%), and neck tumor (5%). Further imaging studies were ordered in 15 patients (7%), fiberoscopy in 25 (11%), and lesion excision in 18 (8%). Among the studied patients, 17 were referred for further oncological treatment, of whom 14 had benign tumors and 4 malignant tumors.

Conclusions: The Head and Neck Cancer Awareness campaign increased the awareness of HNC, and it should systematically encompass people at increased risk. By implementing this program in our department, we were able to detect and initiate early treatment in 7.5% of the screened people. However, appropriate workup and treatment require funding and therefore systemic measures should be taken to enable a wide implementation of such screening programs.

KEYWORDS:

European Head and Neck Cancer Awareness Week, head and neck tumors

INTRODUCTION

European Head and Neck Cancer Awareness Week is organized as part of the international "Make Sense" campaign by the European Head and Neck Society (EHNS). EHNS is a not-for-profit organization, based in Belgium, whose members are national and international societies and research groups that are active with regard to training, research, and treatment of head and neck cancer (HNC) [1]. EHNS strives to raise awareness of HNC, promote the highest research standards, educate the

public, train medical professional, and encourage prophylaxis and care over patients with HNC [2].

Head and neck cancers are found in all structures of the head and neck area except for the brain. They constitute 6% of all registered malignant tumors in Poland, and account for 6,000 cancer-related deaths per year [3,4]. They include cancers of the lips, floor of the mouth, tongue, tonsils, pharynx, larynx, nose, paranasal sinuses, thyroid gland, and skin [5]. These homogeneous tumors have common risk factors and similar pathological

features. Over 95% of head and neck cancers are squamous cell carcinomas that originate from the mucous membranes of the upper airways and the upper part of the alimentary tract [6]. Head and neck cancers typically occur in people older than 45 years of age who were exposed to cancerogenic factors such as tobacco smoke [7], high-volume alcohol, or chronic mechanical irritation of mucous membranes [8]. Moreover, in the whole of Europe, the so-called “epidemiological phenomenon” is being observed, i.e., an increased incidence of HNC in people younger than 40 years of age with no history of alcohol abuse [9,10]. Research suggests that human papilloma virus (HPV) infections are a risk factor in this group of patients [11,12].

The unspecific symptoms of HNC, such as throat pain, difficulties in swallowing, hoarseness, are similar to the symptoms of upper airway infections, which results in delayed diagnosis and limited treatment options [13,14]. At diagnosis, 60% of patients have advanced disease and 60% die within 5 years [15,16]. In contrast, if head and neck cancers are diagnosed early, the survival rate is 80-90% [17,18]. Therefore, prophylaxis and early diagnosis are essential.

For these reasons, in September 19th-23rd 2016, the 4th European Head and Neck Cancer Awareness Week took place. With the “Dedicated to our aims” campaign, a prophylactic program against HNC was carried out in Poland, with a particular focus on young people. Over 40 Polish centers from 14 voivodships took part. A nationwide and local campaign was carried out in the media in order to inform people at risk of HNC of free screening examinations. Moreover, numerous training courses were provided for pupils of primary schools and secondary schools regarding the risk factors of HNC. The Department of Otolaryngology, Miedzylesie Specialist Hospital also took part in this initiative in the Masovian voivodship under the auspices of the President of Warsaw.

MATERIALS

We enrolled 225 patients, aged 26-92 years (mean, 63 years). There were 149 women (66%) and 76 men (34%).

METHODS

All patients filled out a survey on the risk factors of HNC, including symptoms and lifestyle factors such as oral hygiene, addictions, and sexual life. Full ENT examinations examinations were performed by specialist ENT specialist for 5 days, simultaneously in two offices. Some patients were referred for further workup and treatment.

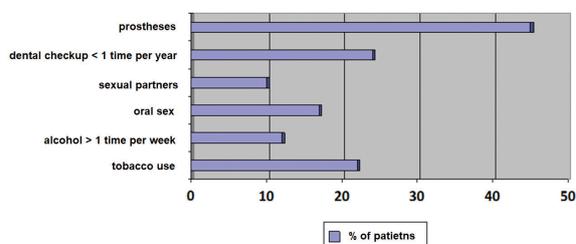


Fig. 1. Frequency of the reported HNC risk factors

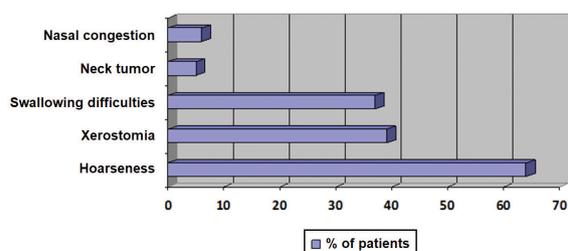


Fig. 2. Frequency of reported symptoms

RESULTS

Among the studied patients, we found the following lifestyle-related risk factors of head and neck cancer: tobacco use (22%), alcohol use more than 1 time per week (12%), oral sex (17%), multiple sexual partners (10%), rare dental checkups (24%), and dental prostheses (45%) (Figure 1). The most frequent symptoms that prompted the patients to report for screening exams were as follows: chronic hoarseness (64%), xerostomia (39%), dysphagia (37%), nasal congestion (6%), and neck tumor (5%) (Figure 2). In 53% of patients, there was a family history of cancer.

Further workup was ordered in approximately 20% of the screened patients; maging exams were ordered in 15 patients (7%), fiberoscopy in 25 (11%), and lesion excision with a histopathological examination in 18 (8%). Among the studied patients, 17 were referred for further oncological treatment, of whom 14 had benign tumors and 4 malignant tumors (Table 1).

DISCUSSION

Head and neck cancers are the 6th most common cancers worldwide [19]. Unfortunately, the majority of patients present to the otolaryngologist with advanced disease, which results in poorer treatment outcomes and requires crippling surgeries that significantly reduce quality of life [20]. The introduction of an effective prophylactic program against HNC is aimed

Tab. I. Patients with lesions that required oncological treatment

	GENDER	AGE	DIAGNOSIS	HISTOPATHOLOGY
1	F	76	Tongue tumor	Fibroma
2	F	65	Nasopharynx tumor	Oncocytic adenoma
3	M	72	Neck tumor	Chronic submandibular sialadenitis
4	M	61	Exophytic lesion in the lateral part of the tone	Leukoplakia
5	F	53	Palatal tonsil tumor	Benign cyst
6	F	62	Upper lip tumor	Benign cyst
7	F	58	Neck tumor	Chronic submandibular sialadenitis
8	F	69	Parotid gland tumor	Adenoma multiforme
9	M	64	Palatal tonsil tumor	Benign cyst
10	M	62	Soft palate lesions	Leukoplakia
11	F	60	Tongue tumor	Fibroma
12	F	72	Parotid gland tumor	Adenoma multiforme
13	M	69	Pharyngeal arch lesion	Papilloma
14	M	48	Submandibular gland tumor	Adenoma multiforme
15	M	79	Laryngeal tumor	Squamous cell carcinoma T2N0M0
16	M	60	Thyroid gland tumor	Papillary carcinoma
17	F	57	Neck tumor	Adenocarcinoma (breast cancer metastasis)
18	M	67	Tongue tumor	Squamous cell carcinoma T3N1M0

at an early detection and treatment of the diseases affecting this anatomical region. The European Head and Neck Cancer Awareness Week was held for the 4th time; however, only 40 Polish centers took part, including only 3 medical centers in the Masovian voivodship and none in the Lesser Poland and Podkarpackie voivodship. This poor participation was probably due to the lack of systemic measures and lack of necessary funding. In our case, the program was financed by the hospital. Among the patients who reported for screening, only 10% were younger than 45 years of age, and we did not find any neoplasms in these patients. In many patients, the reported symptoms were not confirmed on the ENT examination. A large proportion of patients took the opportunity to hasten ENT consultation due to chronic conditions despite a lack of alarming symptoms. Women reported for screening significantly more frequently than men, comprising 75% of the patients. Only 5% of patients were men who smoked tobacco or overused alcohol, i.e., those at the highest risk.

The standard surgery that was filled out by the patients, developed by the Association of Head and Neck Cancer, prompted many questions and raised some controversy among the patients with regard to items pertaining to sexual life or the kind of toothpaste used – there were allegations of commercial interests on the side of toothpaste manufac-

turers. Therefore, we think that the survey should be modified for further use.

It should also be underlined that there is little to no support on the side of local and national authorities with regard to promoting and organizing prophylactic programs. In our case, the program was sponsored by the hospital, and the involved laryngologists did not receive any remuneration. The team of our Department took the responsibility of informing the media, schools, and practices of family doctors. The lack of systemic solutions results in the limited availability of such prophylactic programs.

Despite all these difficulties, we diagnosed and treated 17 of the 225 patients who reported to our hospital for screening, meaning that 7.5% of patients directly benefited from the program. Such a large proportion of positive cases indicates that similar initiatives should be taken nationwide.

CONCLUSIONS:

- Prophylactic programs regarding HNC raises public awareness and should be systematically carried out among people at risk.

- After introducing such as prophylactic program in the Department of Laryngology, Miedzylesie Specialist Hospital, we were able to detect and introduce early treatment of lesions suggestive of neoplasia in 7.5% of the screened patients.
- Adequate workup and treatment require funding, which can be achieved by systemic solutions what can ensure widespread access.
- The prevalence of HNC has increased among young people. However, they constituted only 10% of the screened patients, although the program was directed primarily at them. This observation should prompt organizes to develop social campaigns dedicated to this group of patients.

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