OBJECTIVE: 1. Assess quality of life and psychological state in post-treatment head and neck cancer (HNC) patients with recurrent malignancy. 2. Compare quality of life and psychological state in post-treatment HNC patients with recurrent malignancy to those with primary malignancy.

METHODS: 150 HNC patients at least 12 months post-treatment were included in this analysis. The average time since completion of definitive therapy was 51.1 months. Patients completed the Functional Assessment of Cancer Therapy-Head & Neck (FACT-HN), University of Washington quality of life scale (UWASH), Hospital Anxiety & Depression Scale (HADS), and the Measure of Body Appreception (MBA).

RESULTS: HNC patients who experienced recurrence had statistically significantly lower scores on FACT-HN and UWASH, and higher anxiety and depression scores compared to patients with primary HNC. FACT subscales revealed that patients who had recurrence reported worse scores on physical, emotional, and functional well-being.

CONCLUSION: Recurrence is common among HNC patients and is generally associated with poor quality of life and psychological distress. The unique mental health needs of recurrent HNC patients must be carefully addressed.

INTRODUCTION

• Cancer recurrence is distressing for patients and their families.
• Individuals with recurrent cancer experience increased anxiety about the future and the possibility of early death.
• Cancers of the head and neck can cause functional and social impairments:
  - Eating/swallowing
  - Speaking
  - Breathing
  - Social interaction
• Treatment of HNC often results in facial disfigurement and/or functional difficulties.
• There is conflicting literature regarding the impact of facial disfigurement on quality of life outcomes.
• Little is known about the psychological impact of HNC recurrence specifically.

METHODS

• Institutional board review (IRB) approval from the Sylvester Comprehensive Cancer Center (SCCC) and University of Miami School of Medicine was obtained.
• Patients were recruited from the SCCC's HNC clinic and screened over a 6-week period.
• The following validated questionnaires were utilized:
  - Functional Assessment of Cancer Therapy-Head & Neck (FACT-HN)
  - University of Washington quality of life scale (UWASH)
  - Hospital Anxiety and Depression Scale (HADS)
  - Measurement of Body Appreciation (MBA)
• Inclusion & exclusion criteria
  - Established patients of the SCCC who had scheduled follow-up visits pending
  - History of HNC for which definitive cancer treatment was completed at least 12 months prior to scheduled study visit
  - Older than 18 years of age
• Statistical analysis
  - Pearson’s chi-square test was used to evaluate independent variables
  - A-p value of <0.05 was considered significant

RESULTS

• Medical records of 149 patients analyzed
  - 98 primary HNC (65.8%)
  - 51 recurrent HNC (34.2%)
• HNC surgical treatment
  - 70.4% primary HNC
  - 92.2% recurrent HNC
• HNC radiation therapy
  - 79.6% primary HNC
  - 84.0% recurrent HNC
• FACT-HN
  - Patients with recurrent HNC had lower scores on FACT-HN ($X^2 = 17.75, p=0.0001$)
  - Subgroup analysis of FACT subscales showed lower physical, emotional, and functional well-being scores.
  - There was no statistically significant difference in overall social/family well-being scores.
• UWASH
  - Patients with recurrent HNC had lower scores on UWASH ($X^2 = 15.39, p=0.0005$)
• HADS
  - Patients with recurrent HNC had higher levels of anxiety ($X^2 = 8.49, p=0.0143$) and depression ($X^2 = 14.23, p=0.0008$)

DISCUSSION

• Cancers of the head and neck are the 8th most common form of cancer in men in the U.S.
• Approximately 61,760 new cases of HNC were diagnosed in the U.S. in 2016.
• There are an estimated 436,060 HNC survivors living in the U.S.
• There is conflicting data in the literature regarding the emotional and psychological impact of HNC treatment on quality of life.
• Anxiety and depression are more commonly seen in cancer patients compared to the general population.
• Fear of recurrence is well documented in the literature.
• There is little data in the literature regarding the psychological impact of recurrent HNC.
• Our study shows that patients with recurrent HNC had lower quality of life scores on validated questionnaires and were more likely to suffer from anxiety and depression compared to those with primary HNC.

CONCLUSION

• Recurrence is common among HNC patients and is generally associated with poor quality of life and psychological distress.
• The unique mental health needs of recurrent HNC patients must be carefully addressed.

REFERENCES