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Eur J Cancer, Vol. 27, No. 5, p. 675, 1991.
Printed in Great Britain
0277-5379/91 $3.00 + 0.00
Pergamon Press plc

Outcome Following Treatment for Head and Neck Cancer: Beyond Clinical Assessment

Jenny Morris

TWO RECENT reviews have indicated that the psychosocial sequelae of treatment associated with cancers of the head and neck region are relatively unexplored [1, 2]. Problems identified included speech and eating difficulties, social and marital problems, increased levels of anxiety and depression. However, there were several methodological problems associated with many of the studies which can be summarised as follows: (i) the majority were retrospective, based on small samples which in general were not stratified by stage of disease and did not include control groups; (ii) the measures of quality of life tended to be rather crude and largely focused on functional parameters: none of the studies used instruments utilised in studies of other cancer patients (eg. the Rotterdam Symptom Checklist, the Spitzer QL index, the Functional Living Index for Cancer, the EORTC quality of life questionnaire); (iii) none of the studies investigated the role of individual differences (eg. coping style, levels of self-esteem, social support) and how these might influence outcome.

As a consequence, the extent to which the psychosocial problems experienced by this group of patients can be attributed to treatment remains relatively unknown. Additional work needs to be undertaken using controlled trials to measure the quality of life in head and neck cancer patients. Instruments which have been shown to be both reliable and valid in studies with other cancer patients should be used to assess the impact of diagnosis and treatment on psychological, social, occupational and sexual functioning. Where possible, questionnaires should be completed by the patients themselves as this has been shown to be a more reliable method than relying on quality of life assessments made by doctors and nurses [3].

Quality of life data can provide important additional information to be used in the decision making process especially where two forms of treatment are known to be equivalent in terms of survival, or where the aims of treatment are palliative rather than curative. Decisions about treatment for head and neck cancers inevitably involve tradeoffs between length of survival and quality of life and there may well be differences between patients regarding the extent to which they would wish to trade quality of life for length of survival. If quality of life information is well documented for the post treatment period then this will help provide doctors and patients with more information to help maximise lifestyle and trade disability from treatment for potential survival.

Although cancers of the head and neck region are relatively uncommon, some of them are among the most preventable of tumours as they are most prevalent in individuals who have a history of heavy drinking and/or smoking [4]. Thus questions might be asked about the opportunity costs of providing relatively expensive treatment to patients with advanced disease compared to financing health education programmes, or ensuring general practitioners are alerted to the need to screen individuals at most risk of developing such cancers. Such issues are of particular relevance for patients with head and neck cancers because they often present with advanced disease and also because they may continue to smoke or drink heavily during/after treatment which increases the risk of recurrence.

Methods of economic evaluation which can be used in combination with quality of life assessment include cost-effectiveness analysis and cost-utility analysis [5, 6]. By combining information relating to quality of life and costs, comparisons of the relative costs of achieving different outcomes can be made.

In summary, the evaluation of the quality of life of patients following treatment for cancers of the head and neck region could provide useful information which would: (i) aid decision making where different modes of treatment result in similar clinical outcomes; (ii) provide a focus for rehabilitation programmes; (iii) help identify those individuals unlikely to cope with the consequences of diagnosis and treatment in order that they may receive additional support. Together with economic evaluations, such data would also provide more comprehensive information on the costs and consequences of alternative uses of health care resources than that currently provided by mortality statistics.

Correspondence to J. Morris, Centre for Health Economics, University of York, York YO1 5DD, U.K.
Revised 28 Jan. 1991; accepted 8 Feb. 1991.

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