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Overcoming Barriers to Equitable Care in HNSCC

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Saba:

Hello, everyone. This is CME on ReachMD, and I'm Dr. Nabil Saba, and here with me today is Dr. Barbara Burtness.

Barbara, it's well documented that racial, socioeconomic, and geographic disparities have significant impact on outcomes in cancer. Can you comment on what you think these impacts are in head and neck cancer?

Dr. Burtness:

Yeah, a really important question. And I think it's clearest for larynx cancer. The disparity in cure rates, once stage-adjusted for Black patients in the United States for larynx cancer, is one of the highest for any cancer. For oropharynx cancer some of the discrepancy may be explained by HPV status. And you know, perhaps for some of the other sites, the differences are not as dramatic. And I think these differences come from a lot of different places. There certainly are social determinants of health, so access to diagnostic workups, the speed with which people get referred to the right surgeon, the right radiation oncologist.

Dr. Saba:

Yeah, great comment, and I could not agree more. Our team at Emory, Barbara, you're probably aware, has examined these socioeconomic differences in patients specifically with oropharynx cancer, with the idea that, you know, perhaps patients with HPV-positive disease do not suffer as much as HPV-negative disease. And what we could find is that these differences cut through different diseases, including HPV-positive. So regardless of the HPV status, the insurance type, the location of the residence influence patients' outcome. And so this continues to be really a major topic even in HPV-positive disease.

So what do you think are some of the ways that these disparities can be overcome? I think you touched on a few of them.

Dr. Burtness:

So first of all, I think there are data to suggest that patient navigation can be very helpful. And I don't know about your center, but this is something that we're investing into from the first touchpoint that the patient has with our healthcare system to make sure that communication is facilitated, that we are working on expediting the workup and the initial intake. For patients living really in very extreme poverty, there's a lot of evidence that simple things like childcare and food pantries and just better support can improve adherence to treatment.

Connecticut is a pretty small state, so we don't have quite the same experience with patients living in rural areas. But there's some parts of the country where, obviously, just transportation to a radiation facility can be a real limiting barrier.

Alcohol and tobacco cessation services, I think, are an integral part of providing head and neck cancer care and I think can improve adherence. And we know that continuing to smoke during radiation radically reduces the chance that the radiation is going to be curative. So I think all of these ancillary approaches do make a difference.

Dr. Saba:

I could not agree more. And I think I cannot but mention also our experience with the multidisciplinary clinic because we have a very good experience with a pre-establishment of MDC [multidisciplinary care] and post-establishment, and I think the MDC, I think, provides the best possible and expeditious care for patients. And when we work as a close team, we're more likely, I think, to identify barriers to care, address them head-on.

What's the role of organizations, you think, and institutions in promoting the improved equity of care?

Dr. Burtness:

I do think that the patient advocacy organizations that support head and neck cancer patients take this very seriously. So the Head and Neck Cancer Alliance and SPOHNC, I think it's great for patients to reach out for to get education to have someone to talk to about the importance of clinical trials. So I do think those organizations are really valuable to our patients.

Dr. Saba:

Great, great points. And so in summary I think our efforts need to focus on identifying socioeconomic factors that impact outcome of patients and try to address them through focused research along those lines, designing clinical trials that target these specific populations and relying on also real-world data as good initial steps towards assuring equity of care in head and neck cancer patients.

With that I would say that this has been a great micro discussion, but unfortunately our time is up and thank you for listening.

Announcer:

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