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Factors influencing number of posttreatment visits following major head and neck oncologic surgery in the elderly



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Introduction

Often, patients that present with head and neck squamous cell carcinoma (HNSCC) are in the seventh decade of life. The incidence of newly diagnosed HNSCC in the elderly is expected to increase by more than 60% by the year 2030. Optimizing postoperative care is vital for patients as they recover from major head and neck surgery to avoid complications, minimize hospital readmissions, decrease healthcare expenditure, and to surveil for recurrence.

The aim of this study is to identify patient factors associated with an increased number of posttreatment visits in the first year after major head and neck oncologic surgery in the elderly.

Methods

Retrospective chart review of patients 60 years or older with HNSCC of the aerodigestive system who underwent ablative head and neck surgery with at least a neck dissection with or without a free flap reconstruction between 2009-2019 at a single tertiary care was performed. The following were collected:

- Gender
- Marital status
- BMI
- Smoking/alcohol status
- Tumor characteristics
- Perioperative course
- Surgery type
- Adjuvant therapy
- Complications
- Postoperative SNF placement
- Gastric tube presence
- Tracheotomy presence

Our outcome measure was the number of <u>posttreatment</u> <u>visits</u> in the <u>first year following surgery.</u>

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No 159 83.25%	Postoperative skilled nursing facility					
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	Yes		32	16.75%		

Table 2. Univariate Analysis, Predictors of increased number of posttreatment visits				
Characteristic (median, range)	Postop visits	p value		
Gender	•			
Male	6(4, 17)	0.3649		
Female	6(1,32)			
Marital Status				
Partner	6(1,19)	0.0311		
No partner	5(1,32)			
Weight loss >10 pounds prior to sur	aerv			
No	6(0,19)	0.0118		
Yes	5.5(1,32)			
Smoking Status				
Never	6(2,19)	0.0022		
Former	6(4,32)			
Current	4(1,9)			
Recurrent disease				
No	6(4,32)	0.0826		
Yes	7(2,19)			
Tumor Location				
Oral Cavity	6(1,19)	0.1955		
Oropharynx	5(1,11)			
Larynx	5(3,32)			
Nasopharynx	6.5(6,7)			
Gland	7(3,10)			
Surgery Type				
Primary closure	5(1,32)	0.0914		
Pedicle	6.5(3,12)			
Flap	6(5,19)			
Παρ	0(0,10)			
Laryngectomy	6(1,14)			
Adjuvant Therapy	U(1,14)			
No	6(1,13)	0.034		
Yes	7(0,32)	01004		
Complications	1 (0,02)			
No	6(1,17)	0.2896		
Yes	6(0,32)			
	, ,			
Postoperative skilled nursing facility	y placement			
No	6(1,32)	0.0077		
Yes	4.5(0,11)			
G tube Placement				
No	6(0,19)	0.0863		
Yes	7(2,32)			
Trach placement				
No	6(0,32)	0.1877		
Yes	6(1,14)			

Table 3. Spearman Coefficient Predictors of increased number of posttreatment visits				
	Postop visit r value	Post op visit p value		
Age	-0.00772	0.9156		
Miles	-0.20445	0.0046		
BMI	0.07076	0.3307		
Length of Stay	0.00620	0.9323		

Results

Of 191 patients, the mean age was 71.01 +/- 7.4 years. Within a one-year postoperative period, on average patients had 6.35+/-3.5 clinic visits. Age, location of primary, and the extent of surgery were not factors in the number of postoperative visits.

Factors associated with increased post-treatment visits:

- Having a partner (p=0.0311)
- Living closer to the hospital (p=0.0046)
- Not being an active smoker (p=0022)
- Being discharged to home versus SNF (p=0.0077)
- Receiving adjuvant therapy (p=0.034)

Conclusions

- This study elucidates factors that may predict the likelihood that a patient makes posttreatment visits.
- Having support at home, not being an active smoker, and living closer to the hospital increases a patient's odds of making posttreatment visits.
- Age and extent of surgery were not factors associated with an increased number of posttreatment visits.

Contact info

For any questions please contact sfaiq@ucdavis.edu