Head and Neck Cancer Trajectories (Dr. Nader Sadeghi, Dr. Marco Mascarella)

Head and neck cancer (HNC) treatment significantly affects functionality and appearance of patients, and past research suggests that HNC is associated with physical and psychological disturbances, significantly reducing quality of life (QOL). QOL and functional outcomes (FO) are important indicators of an evidence-based quality of care program for cancer.

Therapeutic options in HNC are becoming more complex, driven mostly by oncological outcomes, as well as technological and therapeutic advancement. However, short and long term patient reported QOL and FO are neither reported, nor considered adequately in therapeutic decision making in many clinical cancer care programs.

The integrated RCN HN team is addressing these challenges by proposing a plan with 5 key goals:

1. Improve trajectory (Quality of Care) QOC performance across the network
   a. Pre-Treatment:
      i. Tobacco cessation counseling recommended or referred for current tobacco users
      ii. Days from initial evaluation by treating otolaryngologist to initiation of definitive treatment
   b. Treatment
      i. Initiation of adjuvant radiation therapy < 6 weeks of surgery
      ii. Negative microscopic margins on main specimen final pathology for clinical T1 -T2 disease (regardless of additional margins sent from the patient)
   c. Post Treatment
      i. Initial surveillance PET scan performed within 12 weeks (< 90 days) of curative intent treatment completion in an asymptomatic patient (Lower score is higher value)

2. Improve Quality of Life (QoL) indicator performance:
   a. European Organization for Research and Treatment of Cancer's (EORTC) QLQ-C30 and HN-35
   b. MD Anderson's Dysphagia Inventory (MDADI)
   c. Voice Handicap Index (VHI)

3. Initiate Distress Screening:
   a. Build on processes and expertise already established via RCN's PROMISE project
   b. Screen for:
      i. Edmonton Symptom Assessment System (ESAS)
      ii. Canadian Problem Checklist (CPC)
      iii. National Comprehensive Cancer Network (NCCN) Distress Thermometer
      iv. Other HN-specific surveys
   c. Establish intervention pathways via collaboration with nursing and allied health teams.

4. Increase Clinical Trial Enrolment:
   a. 7 trials currently active (2 at JGH, 5 at MUHC)
   b. Improve patient screening and eligibility tracking

5. Expand Head and Neck Cancer Database & Biobank (HNCDB):
   a. Built on REDCap platform already successfully piloted at MUHC and JGH
   b. Aims to capture:
      i. 22 quality of care (QOC) metrics from American Head and Neck Society's (AHNS) Quality and Value of Care (QVOC) service
      ii. QoL metrics (QLQ-C30, HN-35, MDADI, VHI)
   c. Data can inform QI initiatives and can be used for research, supporting the academic output of hospitals and McGill