

<table border="0" cellpadding="0" cellspacing="0"> <tr> <td style="padding-bottom: 15px;" align="left"> <p>Head and neck cancer patients are receiving variable levels of support and treatment choice across England and Wales, results from a new national audit suggest.</p> <p>Some cancer networks are unable to show evidence of patients receiving important aspects of care, including multi-professional support from clinical nurse specialists, dieticians, and speech and swallowing therapists.</p> <p>The National Head and Neck Cancer Audit 2012 also shows that patients who have early larynx cancer, who should be able to choose between having laser surgery or radiotherapy, appear to only be offered radiotherapy in the majority of cases in some cancer networks.</p> <p>The audit is managed by the Health and Social Care Information Centre (HSCIC), commissioned by the Healthcare Quality Partnership (HQIP) and supported by the British Association of Head and Neck Oncologists (BAHNO).</p> <p>It examined the treatment of just under 7,000 head and neck cancer patients diagnosed between 1 November 2010 to and 31 October 2011 in England and Wales.</p> <p>It found the percentage of patients who had confirmation of nurse support ranged between cancer networks from 97 per cent to two per cent, for dietetic support from 72 per cent to zero per cent and for speech and swallowing support from 65 per cent to zero per cent.</p> <p>The 750 patients with early larynx cancer ♦ eight of the 31 cancer networks in England and Wales had no or minimal numbers of patients having laser surgery, suggesting that choice of treatment was not available.</p> <p>Radiotherapy and transoral laser surgery have similar survival and voice outcomes in early larynx cancer. Whilst in a small number of cases clinical findings may influence treatment advice, patient choice should be a strong factor in treatment selection. The reason for the variation may be clinical preference, availability of suitably trained surgeons or resource availability.</p> <p>The audit shows that of every 10 people diagnosed with a head or neck cancer, only seven will still be alive after two years. It also found:</p> <p>The number of oropharynx cancer cases is rising and is now the most common type of head and neck cancer. This may relate to a rise in the number of cases where HPV (human papilloma virus) is a primary cause, rather than the more traditional causes of smoking and drinking.</p> <p>Patients are waiting less time for radiotherapy treatment after diagnosis.</p> <p>A bigger proportion of patients are having their care discussed by a multi-disciplinary team.</p> <p>Key recommendations of the audit are commissioners should ensure that all head and neck cancer patients are receiving the multi-professional care they require.</p> <p>Commissioners should ensure patients with early larynx cancer are being offered treatment choice. </p> <p>Networks should ensure equity of access is maintained for all patients.</p> <p>Richard Wight, ENT consultant and National Clinical Lead for Head and Neck cancers, said: ♦About 7500 people every year in England and Wales have to cope with the difficult news that they have a head or neck cancer: a cancer that impacts on things most of us do without a moment♦s thought: breathing, speaking, eating, drinking, swallowing and smelling.</p> <p>♦Every form of cancer is of course significant, but head and neck cancers are perhaps some of the lowest in profile when it comes to awareness on the public♦s radar. Its treatments can be complex and significant support is needed to reap the benefits of treatment.</p> <p>♦The job of this audit is to not just to provide an up to date picture of head and neck cancer care. It is to help people understand this picture and ultimately to improve the care offered to patients and carers.♦</p> <p>The report can be accessed from June 15th at www.ic.nhs.uk/headandneck</p> <p>Source: NHS</p> </td> </tr> </table>