

A pilot study of the feasibility and clinical efficacy of a speech pathology/dietitian specialist clinic for head and neck cancer patients

Project Lead: Dr Jacqui Frowen Project team: Megan Watson (speech Pathology), Jane Harrowfield (Dietitian)- Peter MacCallum Cancer Centre

Background

Head and neck (H&N) cancer patients are frequently malnourished (20-50%1), experience swallowing problems (dysphagia; 59%) and have compromised airways (laryngectomy, tracheostomy) prior to starting treatment. These problems can result in suboptimal treatment and functional outcomes and unplanned or extended hospital admissions. Although evidence suggests that early and structured dietetic and speech pathology consultation improves patient outcomes and compliance, a recent WCMICS H&N report6 indicated that as few as 28% of patients are assessed by a dietitian pre-treatment and only 20% see a speech pathologist.

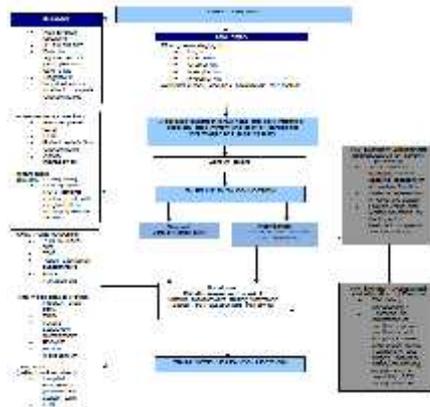
Aim

To implement a nutrition and speech pathology pre-treatment/ transition clinic for head and neck cancer patients prior to radical chemo/RT

Methodology

Thirty eight patients consented for the study with 26 participants completed the study, with 12 participants being withdrawn at the baseline stage. Of the 26 participants who completed the study, 14 received usual care (no pre-treatment clinic; control arm) and 12 participated in the pre-treatment clinic (intervention arm). Those who participated in the pre-treatment clinic had a 30-60 minute session depending on their needs. Baseline assessments were made for nutrition swallowing, communication and airway management (if applicable), as well as early intervention to help maximise these aspects of care prior to commencement of treatment.

Study Design



Clinical Outcomes

Malnutrition

Malnutrition prevalence according to PGSGA category



Dysphagia

Both groups had similar mean scores on the FOIS pre-treatment (5.3 for clinic and 5.2 for control).

Airway management

All patients in both arms maintained their pre-treatment level of airway management throughout treatment.

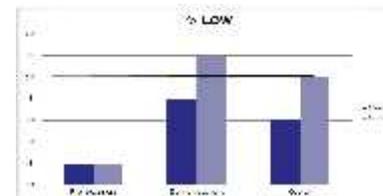
Aspiration pneumonia

No patient in either arm of the study was diagnosed with aspiration pneumonia.

RESULTS

Weight loss

Mean percentage LOW at three stages during treatment



Patient experience & satisfaction

Quantitative	Clinic (Mean)	Control (Mean)
1. Possible swallowing problems that could occur during treatment?	4.3*	2.3
2. Possible speech/voice problems that could occur during treatment?	4.2*	2.3
3. Possible nutritional problems that could occur during treatment?	4.3*	3.1
4. Role of the Speech pathologist during treatment?	4.4*	1.8
5. Level of understanding of the role of the dietitian during treatment?	4.3*	2.6
6. Satisfaction with the speech pathology service you received today?	4.3*	-
7. How satisfied are you with the dietitian service you received today?	4.5*	-

Summary

- Trends were shown towards less LOW and malnutrition prevalence
- Significant outcomes seen with qualitative data: patient knowledge and preparedness for treatment, satisfaction with dietitian and speech pathology service
- No change to dietetic episodes
- Clinically significant change to speech pathology service
- Post surgical speech pathology and dietetic services adequate

Recommendations:

Clinic location and timing- Run the clinic twice per week alongside the radiation oncology new patient clinics . **Referral process -** Automatic referrals booked automatically by nurse coordinators. Clinic slots open for 'ad hoc' referrals. **Criteria by Tumour type-** For dietitians, automatic referrals for radiotherapy patients as per eligibility criteria of study- For speech pathologists, no change in automatic referrals but increased accessibility for referrals

