Delay in Oropharyngeal Cancer Diagnosis: Pilot Study of Symptoms

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Oropharyngeal cancer is rarely diagnosed in the early asymptomatic stage, hence delay in presenting for professional evaluation after symptom onset should be minimized. Objectives: To assess North Carolina (NC) oropharyngeal cancer patient’s history of presenting symptoms, awareness of cancer association and length of delay in seeking professional evaluation. Methods: Interview questionnaires and medical record reviews were conducted among a convenience sample of new oropharyngeal cancer patients undergoing staging evaluation/treatment at the University of NC Hospitals. Data were entered and analyzed in EPIINFO 2002. Delay is defined as duration from symptom onset to seeking professional evaluation. Results: Characteristics of the initial 28 patients include: 71% male; 75% white; age range 21-83 years, median 56; 71% high school or less; 50% income under $30,000/year; 79% smokers with median 50 pack-year use; 71% alcohol drinkers for 2-62 years, median 32 years. Most were diagnosed late (80% stage III or IV), were squamous cell carcinoma and located in tongue (n=8) or tonsil (n=7). Delay ranged from 0-12 months, median 2 months. Most patients first presented to a medical professional (50% primary care physician; 21% otolaryngologist), while 29% presented to a dental professional. Common symptoms on presentation included: neck swelling (57%); oropharyngeal pain (46%); oropharyngeal swelling (43%); odynophagia (32%); dysphagia (29%); weight loss (25%). Of the 27 patients with any symptoms, 78% were unaware their symptoms might indicate cancer until diagnosed. Oropharyngeal swelling was associated with delay over 2 months (chi-square p=0.02) and oropharyngeal pain was associated with delay over 4 months (fisher exact p=0.01). Factors not significantly associated with delay include: age, race, gender, stage, education, dental insurance, and income. Conclusion: These results suggest that educational interventions are needed to increase high-risk tobacco and alcohol user’s awareness of signs and symptoms of oral and pharyngeal cancer that may lead to earlier detection. Support: NIHR21DE14413.