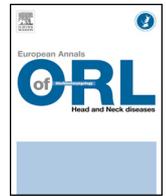




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Editorial

A vicious enemy in head and neck oncology: Delay!



If, according to Plutarch, “*Time is the wisest of all counselors*”, it may also be, in Medicine, the worst of our enemies when the management of the patient is delayed. To delay (from Latin “*Dilatum*”: to defer, to postpone) means to make something happen at a later time than originally planned or expected, resulting in a “waste of time”. In head and neck oncology, a flood of recent articles reminds us, that “time-wasting” is a vicious enemy, coming in various forms.

The first of these wastes of time is the one the patient encounters before getting to meet an otorhinolaryngologist. In the USA, in laryngeal cancer, Smith et al. [1] reported, that, over the period from 1993 to 2013, time to consultation increased from 88 to 119 days. In France, according to the on-line simulator developed by a health consultancy and a technology and service company (<http://apps.smartsante.com/barometre-acces-soins/>), accessed on September 1, 2018, the probable wait time for an ENT consultation, depending on geographical region, ranged between 14 and 31 days, with maxima ranging from 62 to as much as 186 days. . .

Other wasted times occur between diagnosis and treatment initiation, and between treatment initiation and termination. Several studies, based on cohorts of several thousands of patients drawn from the American National Cancer Database, have focused on these various intervals. In a cohort of more than 270,000 patients with cancer of the oral cavity, oropharynx, hypopharynx or larynx diagnosed between 1998 and 2011, Murphy et al. [2] reported that tumor stage (and especially stage IV), radiochemotherapy and management within a university hospital were the three variables lengthening the time between diagnosis and treatment initiation, with a mean 26 days that ranged from 19 days in 1998 to 30 in 2011. One year later, using multivariate analysis with a Cox model, the same group demonstrated that, taking all stages and sites of origin together, time to treatment initiation was an independent variable that influenced survival, which was diminished when the “waste of time” was greater than 46 days [3]. In early stage (I–II) laryngeal cancer, according to the same database, Cheraglou et al. [4] found that an interval of more than 100 days between diagnosis and treatment initiation impacted survival. In north-west France, a 2016 study based on 5 local registries, noted a mean 35 days between diagnosis and initiation of treatment for head and neck cancer [5]. On a complex statistical analysis, researchers from the Cedars-Sinai Medical Center in Los Angeles [6] confirmed the survival impact of the time between diagnosis and initiation of treatment. In a cohort of more than 15,000 patients over the period 2004–2013, the authors also found that the interval between surgery and initiation of radiation therapy and the duration of the latter had the same impact as diagnosis-to-treatment time. Although surgery-to-

radiation time did not affect survival when less than 40 days, each extra day thereafter, up to 70 days, was associated with an increase in mortality [6]. Mortality also increased with each day wasted in radiation therapy, up to a plateau at 55 days [6]. And, in the USA again, Guttman et al. [7], in a study of the impact of mean treatment duration in head and neck cancer managed by surgery and post-operative radiation, found three variables (Medicaid insurance cover, low income, and being African American) that increased treatment duration, and that all-cause mortality increased by 4% per extra week after 100 days’ treatment time.

The published data are incontrovertible: in head and neck cancer, time wasting is the enemy. Everything possible should be done to shorten these “lengths of time”: teaching the population the symptoms that should alert them to promptly consult an ENT physician, facilitating nationwide access to ENT, promoting multidisciplinary teamwork between surgeons, oncologists and radiotherapists, and reducing theater turnover time and wait time for state-of-the-art radiation therapy techniques such as intensity modulation, that minimize toxicity. This is all the more critical as, in the UK, analysis of files of more than a thousand ENT physicians for the period 2003–2013 found that “the time it took” to establish diagnosis and/or initiate treatment was the most frequent cause of complaints lodged against our Brexiteering British colleagues and, yet still, friends [8].

Disclosure of interest

The authors declare that they have no competing interest.

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