

# Provider volume affects outcome in IMRT for head, neck cancer

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oncologists versus low-volume providers. For every additional five patients treated per provider per year, the risk of all-cause mortality decreased by 21 percent (hazard ratio, 0.79). For patients treated with IMRT, decreased HNC-specific mortality and decreased risk of aspiration pneumonia were seen for higher-volume providers (sub-distribution hazard ratios, 0.68 and 0.72, respectively).

"These findings will better inform patients and providers when making decisions about treatment, and emphasize the critical importance of high-quality radiation therapy for optimal treatment of HNC," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

**More information:** [Abstract](#)

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[Editorial](#)

(HealthDay)—For patients with head and neck cancer (HNC) treated with intensity-modulated radiation therapy (IMRT), provider volume is associated with outcome, according to a study published online Jan. 4 in the *Journal of Clinical Oncology*.

Isabel J. Boero, from the University of California San Diego in La Jolla, and colleagues examined the influence of radiation oncologist experience on outcomes in patients with HNC treated with IMRT or conventional [radiation therapy](#). Radiation providers were identified from the Medicare claims of 6,212 beneficiaries with HNC. The impact of provider volume was analyzed on all-cause [mortality](#), HNC mortality, and toxicity end points.

The researchers observed no significant correlation between provider volume and patient survival or any toxicity end points among patients treated with conventional radiation. For patients receiving IMRT, improved survival was seen for patients treated by higher-volume radiation

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