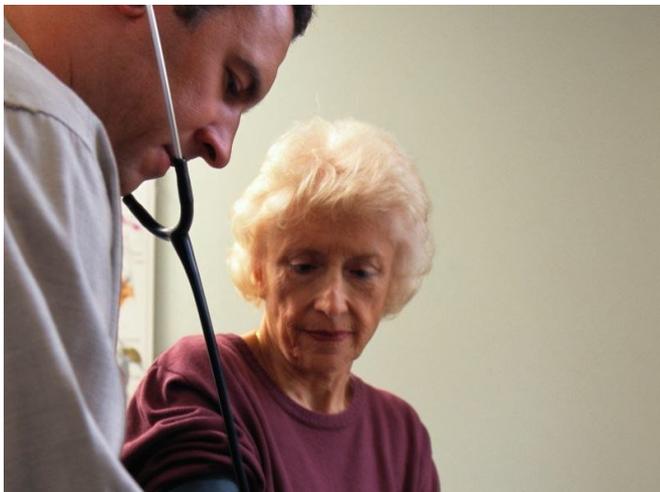


# Multidisciplinary model cuts treatment delay in head, neck CA

29 October 2017



initiation, the actual median days in these categories were significantly different between the clinic types (28 days for MDC versus 35 days for traditional; median difference, 7 days).

"Coordination of the management of head and [neck cancer](#) is complex. Treatment is time-sensitive, and frequently clinician resources are limited," the authors write. "This MDC model was associated with improved efficiency and completeness of care."

**More information:** [Abstract/Full Text](#) ([subscription or payment may be required](#))

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(HealthDay)—For patients with head and neck cancer, a multidisciplinary head and neck clinic model is associated with reduced treatment delay, according to a study published online Oct. 26 in *JAMA Otolaryngology—Head & Neck Surgery*.

Melanie Townsend, M.D., from Washington University in St. Louis, and colleagues conducted a retrospective cohort analysis of outpatients with new [squamous cell carcinoma](#) of the oropharynx, hypopharynx, sinonasal tract, and larynx, along with any mucosal site recurrence. Eligible outpatients were seen in the multiple-appointment traditional clinic (73 patients) or the single-day multidisciplinary clinic (MDC; 68 patients).

The researchers found that there were significantly fewer instances of delay greater than 30 days from referral to [treatment](#) initiation (41 versus 59 percent) and from first appointment to treatment initiation (10 versus 23 percent) in the MDC cohort. After exclusion of the patients in the traditional clinic who saw only a surgeon before treatment

APA citation: Multidisciplinary model cuts treatment delay in head, neck CA (2017, October 29) retrieved 17 June 2021 from <https://medicalxpress.com/news/2017-10-multidisciplinary-treatment-neck-ca.html>

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