

# Facility volume found to impact nasopharyngeal CA survival

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ratio, 0.66), higher income (hazard ratio, 0.84), fewer comorbidities, lower clinical stage, diagnosis in more recent years (hazard ratio, 0.82), and nonwhite/black race (hazard ratio, 0.73). Receiving care at an HVF independently predicted higher overall survival (hazard ratio, 0.85).

"These data have implications on multidisciplinary management as well as patient counseling by referring and treating clinicians," the authors write.

One author disclosed ties to the pharmaceutical industry.

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

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(HealthDay)—Treatment at a high-volume facility (HVF) is a significant predictor of improved overall survival in nasopharyngeal cancer (NPC), according to a research letter published online Nov. 2 in *JAMA Otolaryngology—Head & Neck Surgery*.

Vivek Verma, M.D., from the University of Nebraska Medical Center in Omaha, and colleagues used data from the National Cancer Database (NCDB) to examine whether treatment at an HVF could improve outcomes in NPC. A total of 12,389 patients with newly diagnosed NPC in the NCDB from 2004 to 2013 were identified; data were analyzed for 4,469 patients treated at 934 institutions.

The researchers found that 57 and 43 percent of [patients](#), respectively, were treated at a low-volume facility and an HVF. On multivariable analysis, independent characteristics associated with higher overall survival included younger age (hazard ratio, 1.64), private insurance (hazard

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