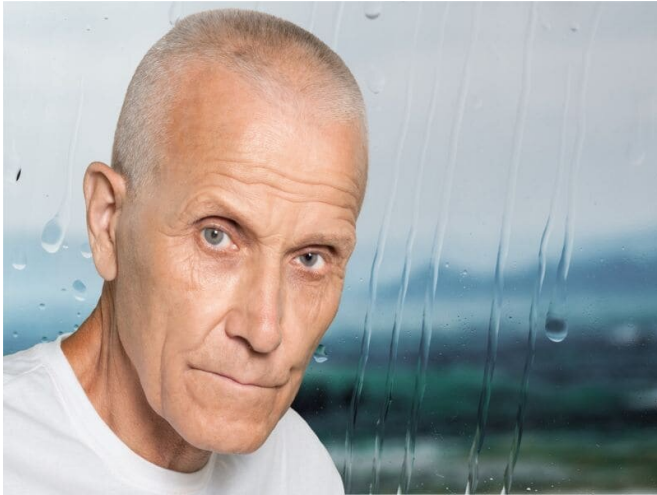


Delaying treatment worsens head, neck cancer outcomes

16 September 2019



TTI >60 days had poorer survival (hazard ratio, 1.69). There was also a greater risk for recurrence with TTI >60 days (odds ratio, 1.77). African-American race/ethnicity, Medicaid insurance, body mass index

(HealthDay)—Delaying time to treatment initiation (TTI) beyond 60 days is associated with decreased overall survival and increased head and neck cancer recurrence, according to a study published online Sept. 12 in *JAMA Otolaryngology-Head & Neck Surgery*.

David Z. Liao, from the Albert Einstein College of Medicine in Bronx, New York, and colleagues used the Montefiore Medical Center Cancer Registry to identify 956 patients with primary head and neck [squamous cell carcinoma](#) (HNSCC) treated between Feb. 8, 2005, and July 17, 2017. The authors assessed consequences of delayed treatment initiation and identified [risk factors](#) and reasons for treatment delay, particularly in underserved urban populations.

The median TTI was 40 days. The researchers found that the TTI threshold that differentiated [overall survival](#) was >60 days. This length of delay occurred in 20.8 percent of patients. Adjusting for other relevant factors, patients with HNSCC with

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