



2015 Cancer Program Outcomes Report

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Newark Beth Israel Medical Center

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STUDY OF QUALITY

Screening for post radiation induced hypothyroidism in patients with head and neck cancers

BACKGROUND

- Radiation therapy (RT) is often used to treat head and neck cancers.
- RT is associated with several early and late complications
- Late effects can manifest from weeks to years later. These include osteo radio necrosis, ototoxicity, fibrosis, lymphedema, hypothyroidism, and damage to neck structures causing disfigurement.
- As many patients with head and neck cancer are managed by a multidisciplinary team including ENT surgery, radiation and medical oncology, follow up can be sporadic and monitoring for late effects of radiation like hypothyroidism may be delinquent.

SCREENING GUIDELINES

- For patients treated with neck RT, emphasis is generally placed on post treatment screening and thyroid hormone replacement rather than prevention. This screening commonly includes thyroid function studies like TSH, T3 , T4
- Currently expert groups recommend that serum TSH should be checked within 12 months of completing therapy and repeated every 6 to 12 months
- NCCN recommends screening for hypothyroidism with TSH every 6-12 months if neck is irradiated.
- In 2005 an ad hoc committee was formed to develop evidence-based quality of care measures for patients with head and neck neoplasia, which were published in JAMA 2008.

QI PROJECT

Problem: Inadequate screening and identification of hypothyroidism post radiation in head and neck cancer patients.

Methods:

- Conducted a retrospective analysis of 42 charts from department of radiation oncology who received radiation for head and neck cancer from year 2007-2013.
- Out of the 42 patient charts at rad/onc only 26 charts were available with our med/onc clinic for analysis.
- The other 16 charts were patients who have oncologists, PMD or ENT outside the hospital and hence not evaluable.
- We collected data on the type of cancer, radiation duration, pre and post radiation labs especially thyroid function tests, and clinical follow up.

Head and neck cancer patients who received treatment at NBIMC 2007-2013

	Laryngeal CA	Nasopharyngeal CA	Tonsillar CA	Oral CA	Total # of patients
Rad/Onc	22	8	3	9	42
Med/Onc	11	6	3	6	26

RESULTS OF QI EVALUATION OF HYPOTHYROIDISM

- 88% (37/42) patients followed up with rad/onc for 3 visits post radiation
- 96% (25/26) patients followed up with med/onc post radiation, had 2 or more visits
- 19% (5/26) patients got appropriate screening for hypothyroidism post radiation
- 0% No patients were screened at Rad/onc pre or post radiation
- 23% (6/26) patients developed hypothyroidism post radiation
- Median time to diagnosis was 3.5 yrs. post radiation

Conclusion: Poor compliance with screening for hypothyroidism post RT in head and neck cancer patients.

ACTION ITEMS/MEASURES

- To create a checklist comprising of s/s of hypothyroidism and TSH check biannually and attach them to patients charts with Head and neck cancer at med/onc.
- Complete a survivorship summary /treatment plan at med/onc
- Include the need to check TSH Q6 months in treatment summary released by rad/onc to PMD and other care providers post radiation
- Include TSH in the initial routine and at least one follow up labs with rad/onc in a form of checklist to be attached to the charts of patients with head and neck cancers



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*To make an appointment,
patients can call 973-926-7230.*

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