Outcomes Evaluation of a Weekly Nurse Practitioner-Managed Symptom Management Clinic for Patients With Head and Neck Cancer Treated With Chemoradiotherapy

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Patients with locally advanced oropharyngeal cancer are at risk for poor outcomes because of the multimodal nature of treatment and the potential for treatment-related toxicity. Primary treatment of patients with locally advanced oropharyngeal cancer includes a nonsurgical organ-preservation approach. Chemoradiotherapy (concurrent chemotherapy with radiation therapy) for seven weeks has replaced surgery, avoiding the permanent alteration of the patient’s ability to speak and swallow (Takes et al., 2012). Although organ preservation is possible for many of these patients, the side effects of chemoradiotherapy can be debilitating. Common toxicities include pain, weight loss, dehydration, copious secretions, aspiration, mucositis, nausea, vomiting, and constipation (Argiris, Karamouzis, Raben, & Ferris, 2008). When these toxicities are not properly managed, they can lead to treatment delays, chemotherapy dose deviations, and hospitalizations (Bensing et al., 2008). Research findings suggest that treatment with chemoradiotherapy has dramatically increased the supportive care needs of patients with advanced oropharyngeal cancer (Mallick & Waldron, 2009).

Toxicity management of patients undergoing chemoradiotherapy for advanced oropharyngeal cancer is both challenging and costly. Patients who developed severe mucositis from combined chemoradiotherapy for head and neck cancer are reported to incur 52% higher costs during their treatment phase than patients without severe mucositis (Nonzee et al., 2008). As healthcare costs continue to rise, clinicians must develop efficient and effective interventions to manage these significant toxicities. Nurse practitioners (NPs) have an important role to play in intervention development (Hinkel et al., 2010). Data suggest that NP-led clinical programs for patients with advanced cancer have excellent outcomes.