



Pilot Telephone Intervention to Improve Survivorship – Letter to Editor

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Letter to Editor

Multimodality Head and Neck Cancer (HNC) treatment results in significant long-term side effects making coordination of care challenging. We conducted a pilot phone intervention to identify and improve management of common problems: neck pain, dysphagia, fatigue, psychological distress, lymphedema, financial concerns, and nicotine dependency. A nurse called patients who had completed definitive therapy for HNC one month before an upcoming appointment and offered services or coordinated referrals as needed.

Forty-eight patients (38 males, median age 60 years, 92% squamous cell carcinoma) were contacted with conversations ranging from 3 to 30 minutes. Symptoms were identified as follows: neck pain (52% of calls), dysphagia (46%), fatigue (33%), psychological concerns (27%), lymphedema (19%), financial concerns (10%) and nicotine dependency (4%). Psychological concerns resulted in the highest number of referrals (Table 1). Ultimately, 31% of conversations led to interventions (educational resources, prescriptions, subspecialty/social work referrals). Proactive calls can identify patients needing resources and potentially improve survivorship care.

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Table 1: Symptoms reported by HNC patients and interventions provided by nurse-initiated phone call.

Symptom	Endorsed symptom, n (%)	Intervention performed, n (%)
Neck pain	25 (52)	6 (24)
Dysphagia	22 (46)	4 (18)
Fatigue	16 (33)	2 (13)
Psychological concerns	13 (27)	7 (54)
Lymphedema	9 (19)	1 (11)
Financial concerns	5 (10)	0 (0)
Smoking cessation	2 (4)	1 (50)

*Interventions included pamphlets, prescriptions, and referrals to subspecialties or social work

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