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Non-Compliance Treatment Plan and Related Factors in Oral Cavity Cancer Patients

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ABSTRACT

Background: In Taiwan, oral cavity cancer ranks sixth in cancer incidence. The major treatment of oral cavity cancer was surgery with or without adjuvant therapy which depend on pathological risk factor. As part of its continued effort to improve care for patients with cancer, the Taiwan Health Promotion Administration has taken initiative to promote multidisciplinary team care and case manager as of 2004.

Non-compliance of treatment modality may affect patient's outcomes. Case managers can identify the problem and collaborate with the patient to establish goals relating to better adherence and interventions to help the patient achieve the goal.

Objectives: The purposes of this study were to identify the impact of a case management program on the non-compliance with treatment plans (transfer, refusal of treatment, death before treatment, and interruption of treatment) and related factors in Taiwanese oral cavity cancer patients.

Methods: This secondary database analysis of population-based data was conducted from 2016 to 2018. Logistic regression was used to reveal the factors related to non-compliance with treatment plans.

Results: We examined totally 1028 oral cavity cancer patients. In this cohort, male was predominance (n=941, 91.5%) with the mean age 55.79 years (range, 24–93 years). A total of 12.4% (n=128) of patients were non-compliance with treatment plans. Patients who were older (OR = 1.791, 95% CI: 1.156-2.773, $p < 0.01$), those with an advanced pathological cancer stage (OR = 1.758, 95% CI: 1.091-2.835, $p < 0.05$), and those who were treated with palliative chemotherapy (OR = 6.486, 95% CI: 3.329-12.637, $p < 0.001$) those living in a non-northern region of Taiwan (OR = 0.210, 95% CI: 0.140-0.314, $p < 0.001$), those who were treated with surgery combined radiation or concurrent chemoradiation or chemoradiation of treatment plan (OR = 1.792, 95% CI: 1.115-2.879, $p < 0.05$), and those with an advanced pathological cancer stage (OR = 3.863, 95% CI: 2.790-5.347, $p < 0.001$) were more likely to have non-compliance to treatment plan. Of the 128 patients whom non-compliance treatment plan, the top reasons were as follow: "patients or their family considered patients poor physical condition (chronic disease, or unstable systemic disease), difficulty in enduring any condition likely to cause physical discomfort from disease treatment" (33.6%), "inconvenient transportation" (23.4%), "disease progression" (8.6%), "Distrust of physician's ability and skills" (8.6%), "Patients or their families or friends experienced negative treatment effects and worried about the side-effects of treatment" (8.6%).

Conclusion: Case managers may strengthen the therapeutic alliance between the patient and the tumor board and/or ensure a greater thoroughness in the patient clinical management and provide positive communication and available resources in relation to cancer treatment. A case management program can help patients cope with the treatment decision making during the diagnosis period.

Keywords: secondary analysis, oral cavity cancer, compliance, treatment plan

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Keywords:

compliance treatment plan, oral cavity cancer and secondary analysis

References:

1. Frydrych AM, Slack-Smith LM, Parsons R. Compliance of post-radiation therapy head and neck cancer patients with caries preventive protocols. Aust Dent J. 2017 Jun;62(2):192-199. doi: 10.1111/adj.12491.
2. Julka PK, Sharma DN, Madan R, Mallick S, Haresh KP, Gupta S, Rath GK, Manoharan N. Treatment Compliance in Lung Cancer Patients. Clin Oncol (R Coll Radiol). 2015 Dec;27(12):754-5. doi: 10.1016/j.clon.2015.07.002.
3. Matsuo K, Machida H, Ragab OM, Garcia-Sayre J, Yessaian AA, Roman LD. Patient compliance for postoperative radiotherapy and survival outcome of women with stage I endometrioid endometrial cancer. J Surg Oncol. 2017 Sep;116(4):482-491. doi: 10.1002/jso.24690.
4. Liao CT, Kang CJ, Lee LY, Hsueh C, Lin CY, Fan KH, Wang HM, Ng SH, Lin CH, Tsao CK, Fang TJ, Huang SF, Chang KP., Chang Y L, Yang LY, Yen TC. (2016). Association between multidisciplinary team care approach and survival rates in patients with oral cavity squamous cell carcinoma. Head Neck. 38(S1), E1544-53.
5. Cancer registry annual report, 2011 Taiwan. Available at: <http://www.bhp.doh.gov.tw/>. Accessed October 9, 2018.

Abstract Summary:

Ya-Lan Chang is a head and neck case manager at Linkou Chang Gung Hospital in Taiwan. She has over 20 years of experience caring for oral cavity cancer. She lectures and teaches at department of nursing, Chang Gung University, and has been a member of Taiwan Oncology Nursing Society.

Content Outline:

In Taiwan, oral cavity cancer ranks sixth in cancer incidence. The major treatment of oral cavity cancer was surgery with or without adjuvant therapy which depend on pathological risk factor. As part of its continued effort to improve care for patients with cancer, the Taiwan Health Promotion Administration has taken initiative to promote multidisciplinary team care and case manager as of 2004.

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