

Regarding “Gaps in Treatment and Surveillance: Head and Neck Cancer Care in a Safety-Net Hospital”

DOI: 10.1177/2473974X20938658

I have read with great interest the elegant article entitled “Gaps in Treatment and Surveillance: Head and Neck Cancer Care in a Safety-Net Hospital” by Karina Yu et al.¹ I want to congratulate the authors for their successful article and make some contributions.

I acknowledge that there is a growing consensus among ear, nose, and throat physicians that a timely and systematic progression from diagnosis to treatment to posttreatment surveillance likely elicits positive outcomes for head and neck cancer (HNC) patients. I am also aware that the quality of medical care has been shown to prefer more advantaged populations than those that are not.² Conceivably, whenever precise monitoring of patients is compromised, subsequent delays in treatment may impose life-threatening complications.

Yu et al concluded (1) unacceptable timeliness of treatment initiation in newly diagnosed patients with HNC and (2) poor posttreatment surveillance when caring for racial/ethnic minorities and low-income patients. Of the 64 patients studied, however, none were presented with distant metastasis from HNC. On one hand, Wiegand et al³ reported that up to 26% of HNC patients develop distant metastasis. On the other hand, Shin et al⁴ found that socioeconomically disadvantaged HNC patients are highly predisposed to metastatic cancer. By excluding a meaningful bracket of disadvantaged HNC patients from their study, the authors, in my opinion, could not adequately establish the important relation between one’s low status and associated subpar medical care.

Another point of concern is that 53, or 83%, of the patients studied were men. This choice of methodology is particularly interesting given that in a recent study by Jed A. Katzel, women were discovered to be twice as likely to die from HNC than from other causes.⁵ In addition, Katzel determined that women with HNC are disproportionately

undertreated apropos of their male counterparts.⁵ The proportion of female patients studied simply does not represent the gender breakdown of real-world HNC patients. For these reasons, I believe that Yu et al fell short of understanding the gaps in treatment and posttreatment surveillance for the underrepresented.

Altogether, in my humble opinion, understanding the differences in medical care for minority groups should be more comprehensive to ensure that medical science benefits everyone.

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Disclosures

Competing interests: None.

Sponsorships: None.

Funding source: None.

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