



Linking Up with American Partners in Head and Neck Cancer Treatment

Final Report of Richard Salzman, M.D., Ph.D.

Background

The Clinic of Otorhinolaryngology and Head & Neck Surgery of St. Anne's Faculty Hospital at Masaryk University where I have worked since 2002 is a leading Czech center in head and neck cancer research and treatment.

I am a young head and neck surgeon shortly after earning my Ph.D. degree and after completion of residency training. I mostly deal with cancer patients in both my clinical work and research. I presented my results at more than 40 congresses and conferences.

My conviction that healthcare professionals with foreign training will be needed for stabilization of the Czech healthcare environment lead me to apply for a stipendium from the American Fund. The application process was described on the fund web page. Application paperwork required was quite extensive as could be expected from applicants aspiring to become future leaders. My suggestion would be to waive certified translations of all documents in order to simplify the administrative burden for the applicant. I cannot imagine any applicant providing a forged certificate since he would be disqualified immediately after interview where the original documents could be checked. Otherwise the application process went smoothly with only one exception. The visa process lasted too long and majority of the applicants received visas only shortly before our planned flights to the United States. It was very difficult to arrange all details of our stay without assurance when and whether we will be granted US entry.

American Partners

The Memorial Sloan-Kettering Cancer Center (MSKCC) is the world leading institution in otorhinolaryngology and head and neck surgery. Professor Jatin P. Shah, probably the most respected head and neck surgeon in the world, is the current chief of Head and Neck Service in MSKCC. He is the President of the International Federation of Head and Neck Oncologic Societies (IFHNOS) which houses almost all national oncologic surgical societies. The IFHNOS under professor Shah focuses on postgraduate education of ENT, respectively head & neck surgeons. The executive board of IFHNOS realized that the only way how to ensure high level of treatment and research in head and neck oncology for the future is systematic training of healthcare professionals in clinical fellowships. Until the first fellowship program will be introduced in European institutions, young surgeons building their careers are supposed to focus their interest on US institutions like MSKCC.

The MSKCC is a unique institution even in the United States. There are only few hospitals specialized in cancer treatment. Their scientific programs affiliated with the Weill-Cornell University are very successful when applying for research grants. Even though their primary focus is on diagnostics and treatment of oncologic patients, education is a vital part of MSKCC's

daily mission. Their fellowships, training and education programs prepare physicians and scientists for leadership roles in the care of cancer patients around the world. Among many other activities, it is a part of this mission to participate in organizing medical training programs for doctors from all around the world.

Brief Evaluation Statement

The majority of my program objectives were fulfilled. The program took place in the Memorial Sloan-Kettering Cancer Center, New York City from September to November 2008. The observership itself combined theoretical, clinical and scientific training. I attended numerous clinical discussions at conferences, lab meetings, teaching sessions, and deductions for oncologic therapy during ambulatory care sessions. Additionally, I was included in a team trying to establish a new understanding of cancer patients' treatment. This involved a novel idea shifting surgeons view from post-treatment functional outcome to an emphasis which includes patients' quality of life and satisfaction as functions of patients' pretreatment expectations. In fact, this idea is novel only in cancer treatment. It has been used in elective surgeries (e.g. cataract surgery, hip/knee arthroplasties) with mixed results.

Detailed Description

The main objective to establish a link between the MSKCC and our Clinic of Otorhinolaryngology and Head and Neck Surgery of St. Anne's Faculty Hospital at Masaryk University was definitely reached. My cooperation with Dr. S. Patel who is the senior attending surgeon at the MSKCC on a review paper on patients' pretreatment expectations is planned to last even after my return home. The prepared publication should be only the first step in introducing this new field into head and neck cancer surgery. We agreed that the next step should be a multi institutional study that will identify expectations for post-treatment status in cancer patient (Up to now, it has not been done in cancer patients. And only then a new methodology could be created (partly adopted from psychology where it has become very important issue recently).

The practical part took partly place at operation rooms and partly in the outpatient clinic. Exceeding my expectations, I did not only get into personal contact with staff of the MSKCC, but there were many observers from other countries. Therefore, I could learn about differences and similarities of health care systems in many countries around the world. I created couple of professional friendships which I believe will last long time and get new impulse after each meeting at one of many head & neck cancer conferences.

The visit to Rochester University was another very helpful experience which showed how majority of US hospitals treat patients with ENT diagnoses. It helped me to understand the unique position of the MSKCC even in the United States.

Organization and Time Schedule

In my opinion, three months program is the shortest possible to enable deeper contacts with physicians and scientists in host institutions. In my case, I spent a week or two just getting to know the people and the environment. Already during the first two weeks and later on, I was spending a lot of time in the operation rooms and outpatient clinics. Only after the end of the first month, a scheme of a joint scientific work could be proposed and agreed. Part of my time in the second half of the program I spent working on review paper focused on patients' expectations, post-treatment satisfaction and treatment outcome. The work took me and my colleagues from

the MSKCC six weeks. Even though we managed to get to a final draft but we would need another week or two to prepare a final version of the article and submit it to a scientific journal.

Due to the invitation from Prof. S. Newlands, the Head of The ENT Clinic, University of Rochester, Rochester, New York, I spent two weeks in October with him and his staff upstate in New York. There I could experience another type of institution which was more focused on treatment and less on research.

Let me make a comment for future applicants in the healthcare sector. I think that a one month clinical observership focused on surgical techniques would be sufficient, but would not allow a future applicant to get deeper insight in hospital environment and definitely they would not be able to prepare a publication during such a short time or blueprint of research. On the other hand, a program lasting one month would allow detailed understanding of modern surgical techniques, sophisticated instrumentation, and organization of care. Even these programs could be beneficial.

Program Cost

Item	Cost Estimate in US\$	Actual Cost in US\$
Executive training seminars	1,500	1,500
Internship		
Administrative fees (visa, registration fees, etc.)	150	150
International travel	1,350	1,550
Local transportation	450	1,000
Medical insurance	300	355
Monthly maintenance	3x 2,000	3x2,500
Contingency	350	2,000
Total	10,100	14,055

Program Benefits

The link established with my partners in the United States is intended to continue. Firstly, we need to get the prepared paper published. If it will be well received then we plan to proceed with publication of study focused on detailed description of patients' preoperative expectation and it should conclude with a tool for uniform measurement of expectation in head and neck cancer patients undergoing surgery. These two papers are planned to be published by end of 2009 (the second one probably only submitted due to long delay of actual publication after submitting a paper). Not only our cancer patients, but patients all around the globe could benefit from new established tools for measuring their expectations and consequently increasing their satisfaction with treatment and their post-treatment health status.

Risks

I am unaware of any potential risks stemming from in implementing my findings. Definitely, our initiative will be welcomed by the head of our department. Research in patients' expectations and satisfaction is actually very cheap, even though time consuming. It remains to be seen how will clinicians deal with new models of patient-physician communication. It is clear that classical paternalistic model is easier for a doctor. However, currently used patient-centered model of treatment that is being implemented in most European countries places patients' satisfaction above doctors' comfort.