

# Impact of Travel Distance on Staging at Presentation and Survival in Oral and Oropharyngeal Cancer

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## Background

- Socioeconomic factors have a well-documented impact on presentation and survival for patients with head and neck squamous cell carcinoma (SCC).<sup>1-3</sup>
- The effect of travel distance to treatment on the initial stage of SCC on presentation and patient survival is poorly understood. This has not been analyzed with a national database.

## Objectives

- Evaluate the association of travel distance and stage at initial presentation among patients with oral cavity and oropharyngeal SCC.
- Assess the association of travel distance and 2-year survival among patients with oral cavity and oropharyngeal SCC.

## Methods

### Hospital-based multicenter database retrospective review:

National Cancer Database (NCDB) adult patients with oral and oropharyngeal squamous cell carcinoma (SCC) from 2018-2021 (n=37,062)

Cases excluded if AJCC 8<sup>th</sup> Edition clinical stage or travel distance missing

Patient cohorts divided into oral SCC (n=15,931) and oropharyngeal SCC (n=21,131)

Associations between variables of interest and travel distance assessed using Wilcoxon rank sum tests, Kruskal Wallis tests, and Spearman correlations

Adjusted odds ratios (AORs) for advanced diagnoses based on travel distance derived from logistic regression models (adjusted for age, sex, race, ethnicity, education, income, insurance status, and year of diagnosis)

Adjusted hazard ratios (AHRs) for 2-year survival generated from Cox proportional hazards regressions (adjusted for same variables)

**Hypothesis:** Farther travel distance to treatment is associated with more advanced stage of SCC at presentation and worse survival outcomes.

## Results

	Oral SCC				Oropharyngeal SCC			
	n	Median Distance to Treatment (IQR)	p-value	n	Median Distance to Treatment (IQR)	p-value	n	Median Distance to Treatment (IQR)
Age (years)	131	18.8 (7.5, 47.8)	< 0.001	21,131	13.7 (5.9, 30.5)	< 0.001	17,806	13.7 (5.9, 30.5)
Sex	6,388	18.7 (7.6, 49.5)	< 0.001	3,325	12.3 (5.2, 27.7)	< 0.001	17,806	13.7 (5.9, 30.5)
Female	13,214	20.7 (8.3, 51.9)	< 0.001	19,900	14.1 (6.1, 31.4)	< 0.001	17,806	13.7 (5.9, 30.5)
Male	2,541	11.3 (4.8, 26.3)	< 0.001	2,243	9.6 (4.8, 19.0)	< 0.001	17,806	13.7 (5.9, 30.5)
Race	14,847	19.3 (7.7, 49.2)	< 0.001	15,665	13.8 (5.9, 30.9)	< 0.001	17,806	13.7 (5.9, 30.5)
Non-Spanish, non-Hispanic	802	10.3 (5.0, 27.6)	< 0.001	1,049	9.1 (4.3, 18.2)	< 0.001	17,806	13.7 (5.9, 30.5)
Other specified Spanish/Hispanic origin	11,135	18.6 (7.5, 47.5)	< 0.001	16,629	13.6 (5.9, 30.2)	< 0.001	17,806	13.7 (5.9, 30.5)
Charlson-Deyo Score	2,844	19.6 (7.7, 53.1)	< 0.001	2,826	14.1 (6.1, 31.7)	< 0.001	17,806	13.7 (5.9, 30.5)
0	1,843	21.0 (7.6, 52.4)	< 0.001	922	11.9 (5.3, 29.6)	< 0.001	17,806	13.7 (5.9, 30.5)
1	909	15.6 (6.2, 40.5)	< 0.001	754	10.0 (4.3, 23.4)	< 0.001	17,806	13.7 (5.9, 30.5)
2	488	16.2 (7.3, 43.3)	< 0.001	645	14.9 (6.6, 29.0)	< 0.001	17,806	13.7 (5.9, 30.5)
3	4,671	19.7 (8.6, 48.0)	< 0.001	9,978	14.2 (6.3, 30.9)	< 0.001	17,806	13.7 (5.9, 30.5)
Primary Payer	1,721	14.2 (4.9, 42.4)	< 0.001	2,088	11.0 (4.4, 27.1)	< 0.001	17,806	13.7 (5.9, 30.5)
Not Insured	8,528	19.1 (7.6, 46.5)	< 0.001	7,477	12.5 (5.4, 29.5)	< 0.001	17,806	13.7 (5.9, 30.5)
Private Insurance	360	25.5 (10.9, 60.7)	< 0.001	734	18.0 (8.3, 41.4)	< 0.001	17,806	13.7 (5.9, 30.5)
Medicaid	3,575	11.0 (4.6, 26.9)	< 0.001	13,650	12.1 (5.3, 26.6)	< 0.001	17,806	13.7 (5.9, 30.5)
Medicare	12,340	21.7 (8.6, 54.9)	< 0.001	7,442	16.3 (7.1, 39.5)	< 0.001	17,806	13.7 (5.9, 30.5)
Other Government	7,505	22.2 (8.5, 55.6)	< 0.001	3,278	16.8 (8.6, 41.9)	< 0.001	17,806	13.7 (5.9, 30.5)
Treatment: Surgery	8,195	15.9 (6.7, 40.2)	< 0.001	17,652	12.9 (5.7, 28.3)	< 0.001	17,806	13.7 (5.9, 30.5)
No	3,440	19.3 (8.0, 46.2)	< 0.001	10,730	14.5 (6.4, 33.1)	< 0.001	17,806	13.7 (5.9, 30.5)
Yes	2,336	20.4 (7.5, 52.6)	< 0.001	5,092	12.4 (5.5, 27.0)	< 0.001	17,806	13.7 (5.9, 30.5)
AJCC Clinical Stage	1,924	16.5 (7.1, 41.8)	< 0.001	2,909	13.2 (5.5, 30.0)	< 0.001	17,806	13.7 (5.9, 30.5)
1	8,231	18.6 (7.4, 49.5)	< 0.001	2,490	11.0 (4.8, 25.9)	< 0.001	17,806	13.7 (5.9, 30.5)
2							17,806	13.7 (5.9, 30.5)
3							17,806	13.7 (5.9, 30.5)
4							17,806	13.7 (5.9, 30.5)

Table 1. Demographic characteristics in patients with oral and oropharyngeal SCC.

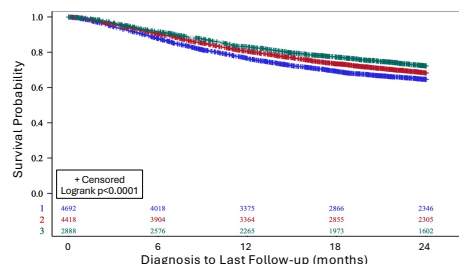


Figure 1. Kaplan-Meier curve for 2-year survival in patients with oral SCC with number of subjects at risk and 95% confidence limits.

Distance from Treatment

<12.5 miles: —

12.5-49.9 miles: —

≥50 miles: —

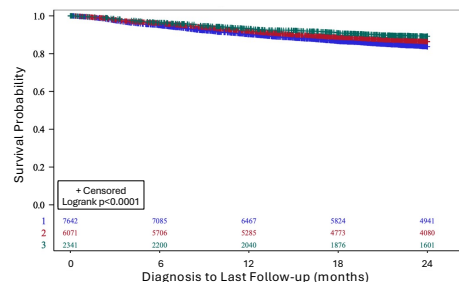


Figure 2. Kaplan-Meier curve for 2-year survival in patients with oropharyngeal SCC with number of subjects at risk and 95% confidence limits.

Distance from Treatment

<12.5 miles: —

12.5-49.9 miles: —

≥50 miles: —

Oral SCC				Oropharyngeal SCC			
Distance to treatment (miles)	Adjusted odds ratio (AOR)	95% CI for AOR	p-value	Distance to treatment (miles)	Adjusted odds ratio (AOR)	95% CI for AOR	p-value
10	1.00	Reference	0.32	10	1.00	Reference	<0.001
20	0.93	0.86 1.00		20	0.97	0.89 1.05	
50	0.93	0.85 1.03		50	0.83	0.75 0.90	
100	1.00	0.90 1.11		100	0.77	0.69 0.86	

Table 3. Odds ratios of late clinical stage (AJCC8 Clinical Stage 3-4) oral and oropharyngeal SCC at initial presentation based on distance to treatment. ORs adjusted for age, sex, race, ethnicity, education, income, insurance status, and year of diagnosis.

Oral SCC				Oropharyngeal SCC			
Distance to treatment (miles)	Adjusted hazard ratio (AHR)	95% CI for AHR	p-value	Distance to treatment (miles)	Adjusted hazard ratio (AHR)	95% CI for AHR	p-value
10	1.00	Reference	<0.001	10	1.00	Reference	<0.001
20	0.95	0.89 1.03		20	0.97	0.88 1.08	
50	0.83	0.75 0.91		50	0.74	0.65 0.83	
100	0.73	0.65 0.81		100	0.64	0.55 0.75	

Table 4. Hazard ratios of survival based on distance to treatment for late clinical stage (AJCC8 Clinical Stage 3-4) oral and oropharyngeal SCC. HRs adjusted for age, sex, race, ethnicity, education, income, insurance status, and year of diagnosis.

## Discussion

### Conclusions

- Patients with greater distance to treatment had a lower odds of presenting with advanced oropharyngeal SCC. This was not statistically significant for oral SCC.
- Among patients with oral and oropharyngeal SCC, those with greater distance to treatment tended to have a decreased risk of death.
- These findings may reflect referral patterns in urban vs rural areas or selection bias due to missed diagnosis of patients in rural areas.

### Future Directions

- Investigate differences in presentation and survival between geographic areas
- Apply data to focus screening efforts

## References

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