

LETTER TO THE EDITOR

TIME, an enemy of cancer

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In the fight with the cancer of the upper aerodigestive tract, prolonged or neglected TIME can become a redoubtable enemy in all phases of its evolution.

The following aspects are important in the fight of cancer with time: the time from the onset of the disease until the first medical consultation (general practitioner); the programming time at the specialized consultation; the time from the first specialized consultation until the diagnosis is established; the time from the diagnosis until the start of treatment (surgical or radiochemotherapy); postsurgical and post-radiochemotherapy time.

If from a philosophical point of view “time is a wise counsellor” (Plutarch), it can be an aggravating factor in terms of oncology.

Here’s what Euro-American statistics look like from this point of view^{1,2}.

The time from the subjective onset of the disease to the first consultation with the general practitioner varies between 88 and 119 days, depending on the localization of the disease². In the case of cancer of the larynx, this duration is considered very high and in discrepancy with the clinical principle according to which a dysphonia exceeding 3-4 weeks requires a specialist consultation for an early diagnosis, especially in those with risk factors.

The time from the appointment with the general practitioner to the ENT specialist office varies between 14 and 31 days, depending on the accessibility system, the level of education of the population and the legislation in the field^{1,2}.

The time from the first specialized consultation until the diagnosis is established varies between 19

and 45 days, depending on the technical possibilities and the availability of the multidisciplinary medical team that establishes the diagnosis and the treatment strategy^{1,2}.

The time from establishing the diagnosis and the therapeutic strategy to the beginning of the treatment would be ideal between 30 and 40 days. However, it was found that this duration exceeds 100 days, which is why the prognosis is getting worse², and the therapeutic efficiency decreases by 5 – 6% despite the high costs.

Post-surgery time, namely the duration until the patient’s inclusion in radiochemotherapy, is ideal for 40 days and can be extended, without risks, up to 70 days. If this time exceeds 100 days, the prognosis decreases by 4%^{1,2}.

In conclusion, time can become an ally against cancer depending on the level of education for health, the improvement of access to a specialized consultation, the performance of technical means of diagnosis and treatment, the availability of the oncological team and even a precise legislation in this field.

REFERENCES

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