Dear American Head and Neck Society Prevention and Early Detection Committee,

Please accept this letter in application for the AHNS Community Service Grant. Every year for the past nine years the Perlmutter Cancer Center at the New York University School of Medicine has held a head and neck cancer screening in April, corresponding with the Oral Head and Neck Cancer Awareness Week. The screening is organized by Head and Neck attendings and otolaryngology resident house staff. On average, over 100 members of the community are screened and roughly two to four patients are identified to have a positive finding requiring further workup.

This year, in our 10th annual screening, we are excited to be trying to expand our screening in two ways. Firstly, we will add an additional focus of education about risk factors, extending beyond the traditional smoking, drinking, betel quid, etc. to include information about HPV related oropharyngeal cancer. Secondly, we will expand our outreach techniques based on recent literature to target more high risk populations.

Harris et al\(^1\) described that there are two different but valuable targets for screenings: those who have a high rate of concerning signs, symptoms, and findings and those who have a higher rate of risk factors. The former group is found in a hospital setting and will be engaged by hospital based outreach including advertising through the university public relations department, on the university website, and through the NYU smoker’s quitline/support group. The latter group will be targeted by using community based outreach including pamphlets distributed at soup kitchens, local alcoholics anonymous meetings, and nearby e-cigarette dispensaries. The advertisements and pamphlets will include information about the free screening in addition to basic information about head and neck cancer risk factors, including HPV infection.

The screening will take place at the Perlmutter Cancer Center. Participants will be asked to fill out a questionnaire to assess their knowledge and basic medical and social history. Questionnaires will be distributed to and explained by medical student volunteers. Each participant will then be seen by a dental student for an oral cavity examination as well as an otolaryngology resident and/or attending who will perform a head and neck examination. Based on patient history, he or she may undergo direct laryngoscopy. After the examination concludes, participants may be referred to a primary care doctor or a specialist such as a dermatologist, dentist, or otolaryngologist for definitive workup if necessary. Participants will then be asked to complete a post-screening survey to assess their experience.

Our expectations are twofold to match our two targets for expanded screening. Firstly, this will be our first year including information about HPV-related risk factors on our advertisements. As a result, there may be a shift in the distribution of the age of the screening population. It is expected that there will be an increased opportunity for discussion about how sexual practices may impact the risk of malignancy. By use of the entry and exit questionnaires, we will determine the successfulness of discussing these risk factors in educating participants. Secondly, we are expecting to see an increase in the overall number of

participants in the screening as a result of the reinvigorated and more extensive advertisement throughout the hospital and community. We seek to compare the total number of participants and compare to our previous years. Furthermore, due to more targeted advertising, we hope to expand the absolute number of head and neck lesions identified as well as potentially the proportion of patients screened with positive findings.

The direct costs of the screening will be low as we are utilizing multidisciplinary volunteers to assist in many parts of the project. A majority of the advertising will be through bulletins and pamphlets that will be produced in the university print shop. A budget of $600 has been set for creation and distribution of the questionnaires, information pamphlets, and advertisements. An additional $300 will be allocated for refreshments such as coffee, water, and snacks to support the volunteers during the screening. There is currently no other source of funding and these costs will be otherwise assumed by the Department of Otolaryngology Head and Neck Surgery.

We appreciate your time and interest in helping our local community and those in underserved nearby neighborhoods to gain access to free oral head and neck screening. We are excited to see what affects these new strategies may have in the quantity and variety of participants this year. Please reach me at ka781@nyumc.org if you require any further information or have any questions concerning the proposal.

Thank you sincerely for your consideration,

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