Moving Forward After Gaining Hard-Won Experience Through the COVID-19 Pandemic

JAMA Otolaryngology–Head and Neck Surgery contains some of the notable studies which were presented at this year’s Annual Meeting of the American Head and Neck Society (AHNS). While the meeting may have been fairly typical in many respects, it certainly felt atypical (in a good way) in that attendees were able to attend in person en masse for the first time in 2 years following COVID-19–related restrictions. Walking through the meeting hall, it was impossible not to feel the energy of friendly interactions and reconnections. The discrepancy between this cheerful event and the despair felt during the depths of the pandemic prompted me to reflect. The period since early 2020 when we were first confronted with the COVID-19 pandemic has resulted in previously unseen change and growth. When we think back to the early, harrowing days of the pandemic, it is hard to imagine how rapidly our jobs and environments were changing. It was, in retrospect, an extremely important time for the field of otolaryngology. Early in the pandemic, it became clear that viral transmission was occurring via aerosols generated in the very areas where we spent most of our time performing physical examinations: the nasal cavity, pharynx, and oral cavity. How would we respond to care for patients in this time of so many unknowns while recognizing that one of the biggest unknowns was our own safety? This question was compounded by the lack of personal protective equipment experienced in so many parts of the country.

Looking back now, the response by otolaryngologists, and health care workers in general, was nothing short of astounding. As a profession, we immediately set out to do what we do best: study, learn, and provide the best possible care for patients. Members of our field demonstrated creativity in developing innovative methods to protect ourselves with new draping methods during mastoidectomy, during which virus in the middle ear was possibly aerosolized.1 For tracheostomy, new protocols were proposed and quickly validated to reduce the risk of aerosols during entrance to the airway.2 The latter protocols became particularly important as we came to understand that COVID-19 frequently led to prolonged ventilator dependence such that many patients would need a tracheostomy performed by otolaryngologists.

For head and neck oncologists, the struggle to provide the best possible care for patients while faced with shutdowns in the operating room immediately became apparent. Again, we took action by triaging patients to radiation therapy when appropriate and surgery when and where possible. Members of our field took a data-driven approach to understand the impact of delaying treatment for various forms of head and neck cancer.3 All of these initiatives were done in service of our primary goal: delivering excellent patient care, even when faced with challenging conditions.

As we slowly moved out of crisis mode, head and neck oncologists got back to producing influential, if sometimes controversial, studies pertaining to multiple evolving areas in our field. For example, in the last 2 years we have seen the publication of 2 important studies investigating the management of oropharyngeal cancer. The ORATOR2 study4 reported a randomized comparison of reduced-dose radiation therapy and chemotherapy with surgery with or without reduced-dose irradiation for human papillomavirus (HPV)-positive oropharyngeal cancer. While it represented a step forward in initiating randomized trials with a surgical arm, its impact is limited by early stoppage (due to deaths in the surgical arm, which may not approximate the experience at many centers) after 68 enrollments, the use of tracheostomy in all surgical patients, and mild functional outcome differences between groups that diminished over time. In addition, the ECOG 3311 outcomes were published,5 and the researchers found that patients with intermediate-risk HPV-positive oropharyngeal cancer who received treatment as part of a deintensification strategy had outcomes that compared favorably to historical data while also developing a novel surgeon credentialing system. Furthermore, 2 important studies in The Lancet showed us that cetuximab was inferior to traditional chemoradiation therapy in the management of HPV-positive oropharyngeal cancer.6,7 Lastly, a new surgical trial investigating sentinel node biopsy in oral cancer has been initiated as we continue to push forward.

JAMA Otolaryngology–Head and Neck Surgery has published several studies that were presented at the 2022 AHNS meeting. These include a study examining the relationship between tumor bed–sourced frozen sections and final pathological margins,8 which showed poor correlation between the two. Another study examined the results of checkpoint inhibition outside of clinical trials.9 The latter work is particularly pertinent given the rapid uptake of these agents at many institutions.

The works mentioned and other AHNS studies appearing in JAMA Otolaryngology–Head and Neck Surgery provide ample evidence that our field has continued to push forward both during and after the COVID-19 pandemic. It is indeed an exciting time to practice head and neck oncology. The treatment paradigms for patients continue to evolve through new ideas, technology, and the relentless pursuit of better outcomes. We have learned a great deal over the last 2½ years, through the lowest of lows and great highs, and now have every reason to be optimistic as we continue to advance our work.