# VIEWPOINT

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This article is made available for unrestricted research re-use and secondary analysis in any form or by any means with acknowledgement of the original source. These permissions are granted for the duration of the World Health Organization (WHO) declaration of COVID-19 as a global pandemic.

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Author: Cherie-Ann O. Nathan, MD, Department of Otolaryngology-Head and Neck Surgery, LSU Health Shreveport, 1501 Kings Hwy, Shreveport, LA 71130 (cnatha@lsuhsc.edu). **FROM THE AMERICAN HEAD AND NECK SOCIETY We Survived 2020 With Patient Survivors** Presidential Address

It has been an honor and a privilege to serve as president of the American Head and Neck Society (AHNS) during the start of the coronavirus disease 2019 (COVID-19) pandemic. While 2020 tested us, it illuminated the passion, commitment, and resilience of our executive council, divisions, services, sections, and members. At the start of the pandemic, the backbone of organized medicine was tested, and pandemic best practices emerged based on our European and Asian colleagues' earlier experience and expert opinion; clinical practice was redesigned to include telemedicine, new protocols for clinical care,<sup>1</sup> and alternative surveillance paradigms. Many of our friends were on the front lines and developed illness. Virtual conferences and remote learning have become a way of life as we try to retain some normalcy and continue to fulfill our missions of education, patient care, and research. We will never forget 2020.

The AHNS came together to produce amazing work during these difficult times. The patient care division, under the leadership of Dan Deschler, MD, Harvard University, and Greg Farwell, MD, University of California-Davis, expeditiously created the AHNS COVID-19 Bulletin Board and the COVID-19 Forum, which served as a platform for US and international members to share resources and experiences regarding the clinical manifestations of COVID-19, its implications for patients and physicians' wellness and safety. The practice guidelines and position statements service, led by Russell Smith, MD, Baptist MD Anderson Cancer Center, worked tirelessly to approve guidelines and educational materials to help fellow physicians with battling COVID-19. Within the education division, the advanced training council led by Ara Chalian, MD, Hospital of the University of Pennsylvania, and Donald Weed, MD, University of Miami Miller School of Medicine, and curriculum development and maintenance service led by Babak Givi, MD, NYU Langone Health, Michael Moore, MD, Indiana University School of Medicine, and Arnaud Bewley, MD, University of California-Davis, collaborated to host weekly webinars for fellows, the first regular uniform educational opportunity for AHNS fellows throughout the country to date. Being guarantined did not stop the administration and research divisions and all the sections, especially the endocrine section under the leadership of Greg Randolph, MD, Harvard Medical School, and Brendan Stack, MD, Southern Illinois University School of Medicine, from continuing to produce even more impressive work (eg, Twitter chats and webinars).

The great and effective work done by all the services resulted in the creation of the AHNS Service Award. The survivorship and rehabilitative service under the creative and outstanding leadership of Carole Fakhry, MD, Johns Hopkins School of Medicine, and Nishant Agrawal, MD, University of Chicago Pritzker School of Medicine, and the curriculum development and maintenance service under the equally energetic and thoughtful leadership of Babak Givi and Michael Moore are the recipients of this inaugural award.

One of our goals for this year was to continue to grow and extend our reach outwards for increased visibility, public outreach, and advocacy. The survivorship and rehabilitative service partnered with the Head and Neck Cancer Alliance, which is led by Terry Day, MD, Medical University South Carolina, and Michael Moore and has an active online support community, to organize a national survivorship symposium for patients with head and neck cancer, which to our knowledge was the first of its kind. While the pandemic interrupted these plans. 5 webinars and interactive forums were instead hosted over the course of the summer. Each session paired a health care expert and survivor to discuss a specific survivorship issue (eg, lymphedema, psychological distress) and then provided an online platform for survivors and caregivers throughout the country to ask questions and give feedback. I had the privilege to moderate the webinar on how to become a survivor champion and saw firsthand their success.

What we have learned from these sessions, and through our own practices, is that the challenges patients face after cancer treatment are real and must be addressed as part of any comprehensive approach to care. Traditionally, much emphasis in head and neck cancer therapy has been placed on therapeutic approaches that optimized survival, with toxicity as an acceptable by-product of a cure, reflecting the priorities of patients.<sup>2</sup> However, as care teams recognize the shift in the demographic characteristics of survivors of head and neck cancer, with more people living after therapy,<sup>3</sup> the need for surveillance, supportive care, and survivorship emerged as paramount to the successful delivery of care. This has required a transition from purely providing therapeutic strategies to evaluating and supporting the needs of survivors and incorporating them in the complex decision-making process. To best serve survivors, it has become clear that considerations must include not only odds of survival, but also each patient's preferences, priorities, and concerns.<sup>4</sup> This may represent one of the largest shifts in the delivery of care to patients with head and neck cancer.

In this vein, the AHNS survivorship service has sought to support care teams and survivors. At the outset, materials for survivors were developed to explain frequently asked questions about therapy, diagnosis, and sequelae of treatment. Videos with survivors were created to explain facets of survivorship. Concurrently, guidelines for survivorship were also developed to educate physicians and care teams. To address the questions that survivors undoubtedly faced with the pandemic regarding the delivery of their care, changing approaches to surveillance, and risk of COVID-19 transmission, materials were composed and made publicly available.

Patients now expect and deserve more, and we are better prepared than ever to accept this challenge. "Survivorship Through Quality and Innovation," the theme of the upcoming 10th International Meeting, represents a paradigm shift on what we offer those under our care. Planning is underway and the AHNS has already received many abstracts on impactful research worldwide, and I am grateful for *JAMA Otolaryngology–Head & Neck Surgery*, our official journal, for publishing this special themed issue highlighting the great work of our specialty. It is clear that the voices of patients and survivors must be incorporated into each of our missions as a society. As we look to the future, we will continue to expand these efforts and refine our approach through partnerships with patient support and advocacy groups and direct feedback from survivors and caregivers. We look forward to working with you on these and other important initiatives.

#### **ARTICLE INFORMATION**

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