Background

Dysphagia, or difficulty swallowing, is a common toxicity for head and neck cancer (HNC) patients; reliable measures are required to characterize and grade swallowing impairment.

The Dynamic Imaging Grade of Swallowing Toxicity (DIGEST™) is a clinician-rated method used to grade safety and efficiency of the pharyngeal stage of the swallow [1]. (Fig. 1).

Methods: Multi-site Rater Study

- 35 SLP raters from 7 sites participated in a blinded longitudinal rating study.
- Raters were provided a standardized, triplicate lab-rated set of MBS image files (n=20) and a concealed folder for submission of DIGEST grades. Initial ratings (R1) were followed by a 2-4 week break before rating a re-keyed MBS set to establish intra-rater reliability (R2), then a 4-8 week wash-out before self-study of a written DIGEST training manual followed by a final rating (R3).
- 18 raters completed a 27-item survey after the round 3 training condition. (Fig. 3).

Conclusions

- The need for a standardized and reliable dysphagia severity grading scale is evident as it will allow health professionals to obtain a clear representation of swallowing ability and reliably share this information with others.
- Increasing diagnostic confidence and establishing common nomenclature between clinicians should improve patient outcomes.
- Self-study of the DIGEST training manual improved rater confidence and may improve reliability.
- Early data show promise that provider training may be useful to aid in internal consistency and reliability of DIGEST implementation among SLP clinical users.

References


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