The contemporary management of patients with cancers of the head and neck is under careful scrutiny and major changes are being introduced in order to improve the potential not only for long-term control but also for less in the way of disfiguring and distressing complications associated with the treatment programs. In 1988, the American Cancer Society estimates that there will be 42,400 new cases of malignant tumors of the head and neck diagnosed with 12,850 deaths. In general, the prognosis for patients with malignant tumors of the head and neck region depends upon the site of origin, the local and regional extent of the tumor, the Karnofsky status of the patient as well as the patient's general medical condition. The potential for cure for early stage tumors is extremely high particularly for those lesions involving the vocal cord, oral cavity, and the anterior two-thirds of the tongue. Major advances have been made in the management of head and neck cancer by the innovative utilization of surgery with radiation therapy. Small tumors can be cured by either surgery or radiation therapy with equally good results. However, far advanced tumors are more complicated and more difficult to cure requiring combined, integrated, multimodal programs of management. Therefore, the previously general poor prognosis for advanced tumors is becoming better with more aggressive treatment regimens.

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13 M. Alvarez-Camacho, S. Gonella, S. Ghosh, C. Kubrak, R. A. Scrimger, K. P. Chu, W. V. Wismer, The impact of taste and smell alterations on quality of life in head and neck cancer patients, Quality of Life Research, 2016, 25, 6, 1495

A general review of the therapeutic experience of the management of carcinoma of the head and neck at the Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary is presented. Early lesions are highly curable by radiation therapy alone; the advanced lesions are preferably treated by combined irradiation and surgery, with improved survival rates. Concepts of various approaches are discussed.

4 Don R. Goffinet, Alvaro Martinez, Willard E. Fee, 125I vicryl suture implants as a surgical adjuvant in cancer of the head and neck, International Journal of Radiation Oncology* Biology* Physics, 1985, 11, 2, 399


Oral complications during and after radiation therapy for head and neck cancer are common and affect quality of life. Oral QOL does not return to pretreatment levels by 6 months after radiation therapy. This study supports the use of a general function scale such as the EORTC questionnaire with the addition of disease/site-specific scales to provide data on outcomes of therapy and on the complications associated with therapy. The EORTC QLQ 30 questionnaire with the oral assessment addendum provides a measure of the quality of life and oral function in head and neck cancer patients and may provide useful outcome measures for assessment of oral care prevention and management strategies in these patient populations. The results show that

The questionnaire used in this study provides increased information regarding the oral and dental function that is frequently affected by radiation therapy. Results of this study indicate the need to determine oral dysfunction after head and neck cancer therapy, so that the most predictable cure or best palliation of the malignancy with the least impact on oral function and quality of life is chosen.

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8 Judith A. E. M. Zecha , Judith E. Raber-Durlacher , Raj G. Nair , Joel B. Epstein , Sharon Elad , Michael R. Hamblin , Andrei Barasch , Cesar A. Migliorati , Dan M. J. Miletine , Marie-Therese Genot , Liset Lansaat , Ron van der Brink , Josep Arnabat-Dominguez , Lisette van der Molen , Irene Jacobi , Judi van Diessen , Jan de Lange , Ludi E. Smelee , Mark M. Schubert , René-Jean Bensadoun , Low-level laser therapy/photobiomodulation in the management of side effects of chemoradiation therapy in head and neck cancer: part 2: proposed applications and treatment protocols, Supportive Care in Cancer , 2016 , 24 , 6, 2793

5 Bryce B. Reeve , Jianwen Cai , Hongtao Zhang , Mark C. Weissler , Kathy Wisniewski , Heather Gross , Andrew F. Olshan , Factors that impact health-related quality of life over time for individuals with head and neck cancer, The Laryngoscope , 2016 , 126 , 12, 2718Wiley Online Library

To provide an overview of the state of the art in the management of head and neck cancers with radiation therapy (RT) and review issues concerning dose-fractionation, concurrent systemic treatment as well as acute and chronic toxicity.

Nurses need to be aware of the basic principles underlying the technical advances in RT in order to be able to counsel patients during their decision-making and treatment. They also need to stay updated on the pathophysiology and current management of acute and chronic toxicities of radiation treatment in order to provide optimal supportive care.

19 Aoife C. McGarvey , Gary R. Hoffman , Peter G. Osmotherly , Pauline E. Chiarelli , Maximizing shoulder function after accessory nerve injury and neck dissection surgery: A multicenter randomized controlled trial, Head & Neck , 2015 , 37 , 7, 1022Wiley Online Library

Patients with LASCCHN of the oropharynx, hypopharynx, or larynx with measurable disease were randomly allocated in a 1:1 ratio to receive either comprehensive head and neck radiotherapy alone for 67 weeks or radiotherapy plus weekly doses of cetuximab: 400 mg/m2 initial dose, followed by seven weekly doses at 250 mg/m2. Randomisation was done with an adaptive minimisation technique to balance assignments across stratification factors of Karnofsky performance score, T stage, N stage, and radiation fractionation. The trial was un-blinded. The primary endpoint was locoregional control, with a secondary endpoint of survival. Following discussions with the US Food and Drug Administration, the dataset was locked, except for queries to the sites about overall survival, before our previous report in 2006, so that an independent review could be done. Analyses were done on an intention-to-treat basis. Following completion of treatment, patients underwent physical examination and radiographic imaging every 4 months for 2 years, and then every 6 months thereafter. The trial is registered at www.ClinicalTrials.gov , number NCT00004227 .

7 Brace Hintz , Komanduri Charyulu , James R. Chandler , Anam Sudarsanam , Carlos Garciga , Randomized study of local control and survival following radical surgery or radiation therapy in oral and laryngeal carcinomas, Journal of Surgical Oncology , 1979 , 12 , 1, 61Wiley Online Library

17 P. Pavlidis , H. Gouvieris , H. Gorgulla , H.-J. Hast , J. Maurer , Electrogustometry and Contact Endoscopy Findings in Patients With Head and Neck Malignancies Treated With Chemotherapy,
Radiotherapy, or Radiochemotherapy, Chemical Senses, 2015, 40, 3, 165


Previous results from our phase 3 randomised trial showed that adding cetuximab to primary radiotherapy increased overall survival in patients with locoregionally advanced squamous-cell carcinoma of the head and neck (LASCCHN) at 3 years. Here we report the 5-year survival data, and investigate the relation between cetuximab-induced rash and survival.

Results: The overall crude and actuarial 2-year local-regional recurrence rates were 25.4% and 26%, respectively. Patients who received a dose of ≥ 54 Gy had a significantly higher primary failure rate than those receiving >- 57.6 Gy (p = 0.02). No significant dose response could be demonstrated above 57.6 Gy except for patients with extracapsular nodal disease in the neck in whom the recurrence rate was significantly higher at 57.6 Gy than at ≥ 63 Gy. Analysis of prognostic factors predictive of local-regional recurrence showed that the only variable of independent significance was extracapsular nodal disease. However, clusters of two or more of the following risk factors were associated with a progressively increased risk of recurrence: oral cavity primary, mucosal margins close or positive, nerve invasion, ≥ 2 positive lymph nodes, largest node > 3 cm, treatment delay greater than 6 weeks, and Zubrod performance status ≥ 2. Moderate to severe complications of combined treatment occurred in 7.1% of patients; these were more frequent in patients who received ≥ 63 Gy.

Modern RT techniques can use technical advances to precisely target regions involved by the tumor, while sparing normal structures. This has significant implications for treatment decisions and anticipated treatment toxicities. Our understanding of radiation effects on tumor and normal tissues and their optimal care are continuously evolving.

A general quality of life survey (the European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire (QLQ-C30), with an added oral symptom and function scale was administered to a consecutive series of patients who received radiation therapy for head and neck malignant disease. Patients completed surveys at the beginning of radiation therapy, immediately after, and 6 months after treatment.

12 Lauren C Capozzi, Kathryn C Nishimura, Margaret L McNeely, Harold Lau, S Nicole Culos-Reed, The impact of physical activity on health-related fitness and quality of life for patients with head and neck cancer: a systematic review, British Journal of Sports Medicine, 2016, 50, 6, 325

For patients with LASCCHN, cetuximab plus radiotherapy significantly improves overall survival at 5 years compared with radiotherapy alone, confirming cetuximab plus radiotherapy as an important treatment option in this group of patients. Cetuximab-treated patients with prominent cetuximab-induced rash (grade 2 or above) have better survival than patients with no or grade 1 rash.


7 Rosaura Gutiérrez-Vargas, Marí­a Luisa Díaz-García, Miguel Ángel Villasis-Keever, Javier Portilla-Robertson, Marta Zapata-Tárres, Instruments to measure the quality of life in patients with oral mucositis undergoing oncological treatment: a systematic review of the literature, Boletín Médico del Hospital Infantil de México, 2016, 73, 6, 457

9 Marija Auersperg, Ladislava Furlan, Franc Marolt, Berta Jereb, Intra-arterial chemotherapy
Methods and Materials: Between January 1983 and March 1991, 302 patients were enrolled on the study. This analysis is based on the first 240 patients entered through September 1989, of whom 221 (92%) had AJC Stage III or IV cancers of the oral cavity, oropharynx, hypopharynx, or larynx. The patients were stratified by postulated risk factors and randomized to one of three dose levels ranging between 52.2 Gy and 68.4 Gy, all given in daily doses of 1.8 Gy. Patients receiving ≥ 57.6 Gy had a field reduction at this dose level such that boosts were only given to sites of increased risk.

Conclusion: With daily fractions of 1.8 Gy, a minimum tumor dose of 57.6 Gy to the whole operative bed should be delivered with a boost of 63 Gy being given to sites of increased risk, especially regions of the neck where extracapsular nodal disease is present. Treatment should be started as soon as possible after surgery. Dose escalation above 63 Gy at 1.8 Gy per day does not appear to improve the therapeutic ratio.

Epoetin β corrects anaemia but does not improve cancer control or survival. Disease control might even be impaired. Patients receiving curative cancer treatment and given erythropoietin...
should be studied in carefully controlled trials.

We did a multicentre, double-blind, randomised, placebo-controlled trial in 351 patients (haemoglobin <120 g/L in women or <130 g/L in men) with carcinoma of the oral cavity, oropharynx, hypopharynx, or larynx. Patients received curative radiotherapy at 60 Gy for completely (R0) and histologically incomplete (R1) resected disease, or 70 Gy for macroscopically incompletely resected (R2) advanced disease (T3, T4, or nodal involvement) or for primary definitive treatment. All patients were assigned to subcutaneous placebo (n=171) or epoetin ß 300 IU/kg (n=180) three times weekly, from 1014 days before and continuing throughout radiotherapy. The primary endpoint was locoregional progression-free survival. We assessed also time to locoregional progression and survival. Analysis was by intention to treat.

Multiple oral complaints develop during radiation therapy for head and neck cancer, and quality of life is affected after treatment. The purpose of this investigation was to assess the quality of life, oral function, and oral symptoms in a cohort of patients during and after radiation therapy.

Purpose: This study was designed to determine in a prospective randomized trial the optimal dose of conventionally fractionated postoperative radiotherapy for advanced head and neck cancer in relation to clinical and pathologic risk factors.

14 Hoda Badr, Krista Herbert, Batya Reckson, Hope Rainey, Aminah Sallam, Vishal Gupta, Unmet needs and relationship challenges of head and neck cancer patients and their spouses, Journal of Psychosocial Oncology, 2016, 34, 4, 336

20 Eliane Marçón Barroso, André Lopes Carvalho, Carlos Eduardo Paiva, João Soares Nunes, Bianca Sakamoto Ribeiro Paiva, Translation and cross-cultural adaptation into Brazilian Portuguese of the Vanderbilt Head and Neck Symptom Survey version 2.0 (VHNSS 2.0) for the assessment of oral symptoms in head and neck cancer patients submitted to radiotherapy, Brazilian Journal of Otorhinolaryngology, 2015, 81, 6, 622