

Post-treatment pain in head and neck cancer patients linked to recurrence, lower survival rate

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Patients with head and neck cancer who experience a higher level of post-treatment pain appear to have a lower survival rate than those who experience little or no post-treatment pain, according to a report in the August issue of *Archives of Otolaryngology-Head & Neck Surgery*.

"Pain is an important but infrequently analyzed symptom in head and neck cancer and may play a predictive role in recurrence and survivorship outcomes," according to background information in the article. "Failure to investigate substantial changes in pain symptoms or new-onset pain that develops following treatment may potentially delay the diagnosis of [recurrent disease](#)."

Joseph Scharpf, M.D., and colleagues at the University of Iowa, Iowa City, examined results from 339 patients who participated in the Department of Otolaryngology's Outcomes Assessment Project, conducted between 1998 and 2001. Participants provided information about their health and quality of life at diagnosis and three, six, nine and 12 months later. Participants also rated their post-treatment pain at follow-up.

Of the 339 patients, 233 were men (68.7 percent) with an average age of 60.8. "Most had primary disease (84.4 percent), advanced-stage disease (59.9 percent) and oral cavity (42.2 percent) or laryngeal (23.3 percent) tumors. Most received surgical treatment alone (37.2 percent) or

combined with radiotherapy," the authors write.

"Pain was associated with age, general physical and mental health conditions, depressive symptoms, survival rate and recurrence within the first year," the authors note. "The five-year survival rate was 81.8 percent for patients with low post-treatment pain and 65.1 percent for those with high pain. Post-treatment pain and tumor site were independent predictors of recurrence. Pain level, age and treatment modality were independent predictors of five-year survival."

"The prevalence of post-treatment pain within the first year after diagnosis of head and [neck cancer](#) suggests that physicians are not adequately addressing this issue, even though pain is associated with health-related quality of life and recurrent disease," the authors conclude. "Appropriate monitoring can be accomplished through the routine collection of [pain](#) as the fifth vital sign. Proper treatment, including an initial workup for recurrent disease, should be provided using a comprehensive, multidisciplinary approach."

More information: Arch Otolaryngol Head Neck Surg. 2009;135[8]:789-794.

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