

Factors linked to speech/swallowing problems after treatment for head and neck cancers

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Most patients with locally advanced head and neck cancers who successfully complete treatment with chemotherapy and radiation manage to do so without losing the ability to speak clearly and swallow comfortably, according to researchers at the Duke Cancer Institute.

"This is good news," said Joseph K. Salama, MD, an assistant professor of radiation [oncology](#) at Duke and the corresponding author of the study. "I hope it brings some comfort to newly-diagnosed patients who are understandably worried about what long-term effects treatment might involve."

The study findings appear in the Dec. 20 issue of the *Archives of Otolaryngology & Head and Neck Surgery*.

The American [Cancer](#) Society estimates that more than 70,000 people will develop some form of head and [neck cancer](#) in the coming year. The malignancies are regarded as some of the most burdensome because they can be so disruptive to normal pleasures of life such as talking and eating. In addition, surgical treatment can dramatically alter facial structure, striking at the most visible aspect of identity.

"Surprisingly, there are few studies of this size and duration that have followed these patients and documented in detail factors that alter their functional status after organ preserving therapy," said Salama.

Working with colleagues at the University of Chicago, Salama

conducted a retrospective study of 184 patients with advanced but treatable head or neck cancers enrolled in a phase II trial. All received about two months of [chemotherapy](#) with carboplatin and paclitaxel and then additional chemotherapy along with radiation over a ten-week period. Some of the patients also underwent minor surgery to remove simple tumors or lymph nodes in their necks.

Using a four-point scale, researchers evaluated the patients' ability to speak and swallow anywhere from six weeks to six years after all treatments had ended. The average time that patients were evaluated was three years post-treatment. They found that 85 percent of the patients were able to speak normally and 63 percent were able to swallow normally.

Among those who did not fare as well, several factors stood out. Generally, older patients did worse than younger ones. A history of smoking and the presence of tumors located directly on or near the larynx were also linked with poorer speech post-treatment. The study also showed that women generally had poorer speech than men, but Salama says that this may reflect the inclusion of far fewer women than men in the study.

Factors associated with worse swallowing outcomes included age, poor overall health, the specific area where the cancer appeared and planned surgery on the neck following the completion of chemotherapy and radiation therapy.

Researchers also found that patients with better long-term speaking and swallowing were more likely to have better swallowing before and shortly after treatment.

"This suggests that early evaluation post treatment may be a good tool for doctors and patients to use to predict the possibility of long-term

problems," said Salama.

Provided by Duke University Medical Center

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