

Coupling head and neck cancer screening and lung cancer scans could improve survival

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Adding head and neck cancer screenings to recommended lung cancer screenings would likely improve early detection and survival, according to a multidisciplinary team led by scientists affiliated with the University of Pittsburgh Cancer Institute (UPCI), a partner with UPMC CancerCenter.

In an analysis published in the journal *Cancer* and funded by the National Institutes of Health (NIH), the team provides a rationale for a national clinical trial to assess the effectiveness of adding examination of the head and neck to [lung cancer](#) screening programs. People most at risk for lung cancer are also those most at risk for head and [neck cancer](#).

"When caught early, the five-year survival rate for head and neck cancer is over 83 percent," said senior author Brenda Diergaarde, Ph.D., assistant professor of epidemiology at Pitt's Graduate School of Public Health and member of the UPCI. "However, the majority of cases are diagnosed later when survival rates generally shrink below 50 percent. There is a strong need to develop strategies that will result in identification of the cancer when it can still be successfully treated."

Head and neck cancer is the world's sixth-most common type of cancer. Worldwide every year, 600,000 people are diagnosed with it and about 350,000 die. Tobacco use and alcohol consumption are the major risk factors for developing the cancer.

The early symptoms are typically a lump or sore in the mouth or throat,

trouble swallowing or a voice change, which are often brushed off as a cold or something that will heal. Treatment, particularly in later stages, can be disfiguring and can change the way a person talks or eats.

Dr. Diergaarde and her team analyzed the records of 3,587 people enrolled in the Pittsburgh Lung Screening Study (PLuSS), which consists of current and ex-smokers aged 50 and older, to see if they had a higher chance of developing head and neck cancer.

In the general U.S. population, fewer than 43 per 100,000 people would be expected to develop head and neck cancer annually among those 50 and older. Among the PLuSS participants, the rate was 71.4 cases annually per 100,000 people.

Recently, the U.S. Preventive Services Task Force, as well as the American Cancer Society and several other organizations, recommended annual screening for lung cancer with low-dose computed tomography in people 55 to 74 years old with a smoking history averaging at least a pack a day for a total of 30 years. The recommendation came after a national clinical trial showed that such screening reduces lung cancer mortality.

"Head and neck cancer is relatively rare, and screening the general population would be impractical," said co-author David O. Wilson, M.D., M.P.H., associate director of UPMC's Lung Cancer Center. "However, the patients at risk for lung cancer whom we would refer for the newly recommended annual screening are the same patients that our study shows also likely would benefit from regular head and neck cancer screenings. If such screening reduces mortality in these at-risk patients, that would be a convenient way to increase [early detection](#) and save lives."

Dr. Diergaarde's team is collaborating with otolaryngologists to design a

national trial that would determine if regular [head and neck cancer](#) screenings for people referred for lung cancer screenings would indeed reduce mortality.

Provided by University of Pittsburgh Schools of the Health Sciences

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