Head and Neck Cancers Frequently Asked Questions 2017

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Head & Neck Cancers

Frequently Asked Questions

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What is it?

“Head and neck cancer” is an umbrella term for different cancers that occur in the head and neck region, from the sinuses and nasal cavity down to the larynx. The most common of these tumors affect the lining of the mouth and throat. Head and neck cancers are divided by where they start:

- Oral cavity (tongue, gums, inner cheek)
- Nasopharynx (where the back of your nose meets your throat)
- Oropharynx (tonsils and base of the tongue)
- Larynx (voice box); and
- Hypopharynx (the region of your throat between the oropharynx and larynx).

What are the symptoms/warning signs?

Some of the most common presenting symptoms are a lump or swelling in the neck, a sore or
spot in the mouth that does not heal, a lingering sore throat, pain or an inability to swallow, or a change in voice.

- **Who is most at risk for getting it?**

There are three major risk factors for head and neck cancer

- **Tobacco and alcohol use.** Historically, this was the major risk factor. Tobacco and alcohol-related cancers can arise in any part of the throat. Men in their 60s and older are diagnosed more often with these cancers.

- **Epstein Barr Virus** is one of the leading causes of cancer arising in the nasopharynx (where the back of your nose meets your throat). Epstein Barr-related cancer is rare in the United States, but is a major risk factor for patients in Asia. In the United States, most nasopharyngeal cancer is related to tobacco and alcohol use.

- **Human Papillomavirus (HPV)** is an emerging cause of cancer of the oropharynx (base of tongue and tonsils). It is currently thought to be the primary cause of 60 – 80% of oropharyngeal cancers, depending on the population studied. Within the next few years, researchers expect HPV-related oropharyngeal cancer to become the most common HPV-related cancer, surpassing cervical cancer. This is likely because while there is a screening test for HPV infection in the cervix (Pap smears) there is no equivalent test for oropharyngeal cancers. HPV transmits through sexual contact. Patients who get HPV-associated oropharyngeal cancer tend to be younger (in their 40s or 50s) and have less history of tobacco use. Males are more likely to get HPV-associated oropharyngeal cancer. The prognosis of HPV-associated oropharyngeal cancer is much better than other types of head and neck cancers, but it remains a serious See our [webinar series](#) about HPV-related head & neck cancer.

- **Who treats head and neck cancers?**

Your team of medical professionals should include medical and radiation oncologists, plastic surgeons specializing in the head, neck, and dental regions, a dietician, and a speech pathologist.

- **What should I look for in a doctor to treat my head & neck cancer?**

  Try to find a care team with significant experience treating head and neck cancers – the anatomy of the head and neck is complicated, and a focused understanding of the disease will likely lead to better outcomes.

- **What is the standard treatment?**

Your treatment will vary depending on the location of the primary cancer, its stage, and your age. Treatment may include surgery, radiation, chemotherapy, and targeted therapy. At this time, immunotherapy is only used in metastatic, or stage IV, head and neck cancer.

See:

- [Late Stage Oropharynx Cancer, Treatment and Side Effects](#)
- [HPV-Related Head & Neck Cancer – current treatments and clinical trials](#)
What are the side effects from treatment?

Side effects from head and neck cancer treatments depend on the treatment:

- Chemotherapy side effects may include hair loss, nausea and vomiting, lowered blood counts, hearing loss and ringing in the ears, neuropathy, and kidney damage.
- Erbitux (drug name: cetuximab), an antibody therapy frequently used in head and neck cancer, can cause an infusion reaction, rash, hair changes, and diarrhea.
- Radiation side effects may include taste changes, secretions, mouth or throat pain, skin discoloration.

See also:

- Late Stage Oropharynx Cancer, Treatment and Side Effects
- Late Stage Oropharynx Cancer, Chemotherapy – Options and Practice

Will I be able to work while I receive treatment?

Every patient tolerates treatment differently. If you are receiving chemo-radiotherapy or radiation, you will likely have treatment five days per week for about seven weeks which can make it difficult to continue working full-time. Also, towards the end of treatment, side effects can accumulate, making work difficult. If you are receiving surgery, many patients can go back to work shortly after the surgical recovery. If you are receiving chemotherapy alone, it depends upon the regimen used. Talk to your doctor for more individualized advice.

Don’t see your question here? Log on to the GRACE message boards and post it there.