



Cancer Survivorship Patient Education on Post-Treatment Care

Assessment and Management of Physical & Psychosocial Long-Term and Late Effects of Head & Neck Cancer

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What is it?

Head and neck cancer (HNC) and its treatment can result in long-term or late physical and psychosocial effects. Some common physical effects are shoulder dysfunction, limited mouth opening (trismus), dry mouth (xerostomia), difficulty swallowing (dysphagia), neck, throat, or face swelling (lymphedema), scar tissue (fibrosis), fatigue, altered taste, changes to speech or voice, hearing loss, low levels of thyroid hormone (hypothyroidism), dental cavities (caries), periodontal disease, and risk of jaw bone dying (osteonecrosis). Psychosocial effects may include anxiety, distress, depression, body and self-image concerns, pain, changes in sexual function or desire, and cognitive dysfunction.

How common is it among head and neck cancer patients?

Long-term physical and psychosocial issues in HNC are common, although the frequency of each depends upon the type of treatment, cancer location, and patient's age and other medical problems. Common problems include shoulder dysfunction after neck dissection (up to 70% of patients), lymphedema (up to 75% of patients), low thyroid hormone levels (up to 60% of patients), depression (up to 70% of patients), and body image concerns (up to 75% of patients). Dental disease can become rampant and progressive. Changes in taste and saliva are present in the majority of patients and may have a significant effect on mood. Although a patient may tolerate a regular diet, alteration of food consistencies is sometimes necessary. Current American Cancer Society Guidelines recommend that assessment and management of physical and psychosocial long-term and late effects of HNC and its treatment occur at each follow-up visit.

What are the signs and symptoms?

Each long-term or late physical or psychosocial effect has its own signs or symptoms.

How is it diagnosed?

Long-term effects of HNC can be diagnosed by your surgical oncologist, radiation oncologist, medical oncologist, dentist, speech and language pathologist, physical therapist, behavioral health specialist, and/or primary care physician. These medical providers may use a variety of tools to make the diagnosis including questions about symptoms, physical examination, blood tests, or imaging tests. Patient-reported outcome measures, validated tools to report the patient's health condition that come directly from the patient, may also be used.

How is it treated?

Each long term or late effect physical or psychosocial problem has its own specific treatment. Potential treatments options could include physical therapy, stretching exercises, diet changes, speech or swallowing therapy, medication, surgery, or counseling/therapy. You and your medical providers will determine the right treatment for you. The best management may be accessed by integrated multidisciplinary health care teams.



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Where can I learn more?

- Cohen EE, LaMonte SJ, Erb NL et al. “American Cancer Society Head and Neck Cancer Survivorship Care Guideline” <http://onlinelibrary.wiley.com/doi/10.3322/caac.21343/>
- Head and Neck Cancer Survivorship Care Guideline: Patient Page. <http://onlinelibrary.wiley.com/doi/10.3322/caac.21344/epdf>
- American Cancer Society National Cancer Survivors Resource Center. <https://cancer.org/survivorshipcenter>
- MD Anderson Cancer Center Cancer Survivorship Algorithms. <https://www.mdanderson.org/for-physicians/clinical-tools-resources/clinical-practice-algorithms/survivorship-algorithms.htm>
- Oral Care Study Group, Multidisciplinary Association for Supportive Care in Cancer/International Society for Oral Oncology. <http://www.MASCC.org/oral-care>