



Cancer Survivorship Patient Education on Post-Treatment Care

Screening for second primary cancers

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What is the condition?

Being a survivor of head and neck cancer, your risk of having new cancers at other sites is higher than for someone who has never had cancer before. In particular, the risk of developing a cancer of the lung, esophagus, or another area of the head and neck is higher.

How common is it among head and neck cancer patients?

Lung and esophageal cancers are about 4 times more common in head and neck cancer survivors compared to the general population, although the absolute number of cases is small. Tobacco and alcohol exposure are risk factors for lung and esophageal cancers, as they are for head and neck cancer. However, if you had an HPV (human papillomavirus)-positive throat cancer, your risk of developing a second cancer is lower.

What are the signs and symptoms?

Common first symptoms of head and neck cancer are oral pain or sore throat, ear pain, difficulty swallowing, voice changes, or a lump in the neck. Difficulty swallowing is the most common symptom of esophageal cancer. Persistent cough, coughing up blood, and weight loss are the most common symptom of lung cancer.

How is it diagnosed?

Second head and neck cancers are often suspected when an abnormality is found on an imaging test or an exam by your doctor. Lung cancers are often first identified on imaging tests (CT or PET scans). Cancers at all sites are diagnosed by a biopsy (taking a sample of tissue), which can be done in many ways depending on the specific problem. Biopsies of throat, lung, or esophageal lesions may involve invasive tests that carry risks.

How is it treated?

If a second cancer is identified, your doctor will consider the available options and make a recommendation about the best treatment. You may be referred to other specialists. Your past cancer treatment might impact the kinds of treatment available for a second cancer.

If I don't have symptoms, should I have scans?

This is a complicated decision which you should make in conjunction with your doctor. There may be a benefit to low-dose chest CT scans to look for lung cancer in some current or former smokers. There is a chance that any test could find abnormalities that are not cancer, which could lead to invasive procedures or the need for ongoing follow up testing. Some head and neck cancer survivors are at low risk and may not benefit. Others may have other health problems which might limit their ability to receive treatment.

What can I do to reduce my risk of developing a second cancer?

While you can never eliminate the risk, not smoking and limiting your alcohol intake can reduce your risk. Your cancer treatment team or primary care doctor will provide additional advice to you in particular about preventing new cancers.



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When should I call my doctor?

Continue to follow up with your treatment team or primary care doctor. Call your doctor if you have sore throat, ear pain, hoarseness, chest pain, shortness of breath, persistent cough, persistent trouble swallowing, or weight loss. Early detection of a second primary cancer is important.

Where can I learn more?

American Cancer Society Head and Neck Cancer Survivorship Care Guideline.

Available at: <https://www.cancer.org/health-care-professionals/american-cancer-society-survivorship-guidelines/head-neck-cancer-survivorship-care-guidelines.html>

Reference

[Second primary tumors in patients with head and neck cancer](#). Priante AV, Castilho, EC, Kowalski LP. Current oncology reports. 2011 April;13(2):132-7.