TREATING HEAD AND NECK CANCER

Treatment for head and neck cancers depends on several factors. These include the type of cancer, tumor size and stage, tumor location and the patient’s general health. Effective treatment for head and neck cancers requires a team approach. The team includes a surgeon, a radiation oncologist and a medical oncologist. Surgery and/or radiation therapy are the best options for cancer found in its early stages. For more advanced tumors, combination therapy including surgery, radiation therapy and/or chemotherapy may yield the best results.

Head and neck cancer treatment options include:

Surgery
Surgery is the main treatment for some cancers. It involves removing the tumor and some surrounding healthy tissue. Depending on the tumor location and the patient’s general health, the surgeon may also remove lymph nodes in the neck. The lymph nodes with some surrounding healthy tissue. Depending on the tumor location and the patient’s general health, the surgeon may also remove lymph nodes in the neck.

Radiation Therapy
Radiation therapy is one of the best treatments available for head and neck cancer. It involves a radiation oncologist delivering focused radiation to kill cancer cells while sparing healthy tissue. However, healthy normal cells are better able to heal from radiation injury. For head and neck cancer, new technologies in radiation treatment allow for preservation of important organs. These new techniques can give patients equal cure rates with better swallowing and/or voice function when compared to surgically removing a tumor. In some cases, radiation will be combined with surgery, chemotherapy or both.

Chemotherapy
Chemotherapy has the ability to destroy cancer cells by different methods. Often, one or more different types of drugs may be combined to get the best outcome. The dose and schedule for treatment varies. In some cases, chemotherapy may be helpful before radiation treatment. This type of treatment is called induction chemotherapy.

Targeted therapy
Targeted therapy focuses on treating certain molecules. An example is the epidermal growth factor receptor (EGFR). Targeted therapy can be used with radiation therapy as well.

Ask your medical oncologist whether these drugs may be helpful for you.

DENTAL CARE
Dental care is an essential part of preparing for radiation treatment. Before you begin head and neck radiation therapy, you may need to be examined by a dentist or oral surgeon. Your mouth may become dry during and following the treatments. This puts you at increased risk for cavities. Your dentist may make fluoride trays for your teeth to improve dental health.

If the dentist determines that you need any dental work like having bad teeth removed, this must be done before beginning treatment. After radiation treatment your jaw bone may not heal well. Dental care work may delay starting radiation treatment for up to two weeks to allow time for healing. Ask your doctor whether you need to see your dentist before starting treatment.

EXTERNAL BEAM RADIATION THERAPY
External beam radiation therapy involves a series of painless sessions. Treatments are usually scheduled daily, Monday through Friday, for five to seven weeks. In some cases, your radiation oncologist may schedule your radiation treatments to be twice a day. Before beginning treatment, you will be scheduled for a planning session. Your radiation oncologist will map where to treat. This procedure, called simulation, involves having X-rays and/or a CT scan. To help you stay in position during treatment, your doctor may use a plastic mask over your head and shoulders. You can see and breathe through this form-fitting mask. It is made to comfortably minimize movement during treatment. Other devices may be used to ensure that radiation to normal parts of the mouth are avoided. You may also receive tiny marks on your skin, like a permanent tattoo, to help you position your body for daily treatment. Sometimes, these marks can be made on the plastic mask so there are no permanent marks on your skin.

Different techniques can be used to give radiation for head and neck cancer:

- Three-dimensional conformal radiotherapy (3-D CRT) combines multiple radiation treatment fields to deliver precise doses of radiation to the affected area.
- Intensity modified radiation therapy (IMRT) is a specialized form of 3-D CRT that varies the intensity of each radiation beam. IMRT can help lower the chance of having a dry mouth or other side effects.

INTERNAL RADIATION THERAPY
Internal radiation therapy is also called brachytherapy. This treatment involves inserting radioactive material into a tumor or surrounding tissue to give a more focused dose of radiation. For head and neck cancers, brachytherapy is often used with external beam radiation therapy. It may also be used alone or after surgery. During brachytherapy, your radiation oncologist places thin, hollow, plastic tubes into the tumor and surrounding tissue. These tubes are loaded with tiny radioactive seeds that remain in place for a short time to kill the cancer. The seeds and tubes are then removed. With low-dose-rate brachytherapy, these seeds will be left in place for one to three days. For high-dose-rate brachytherapy, a single radioactive seed stops at various positions along the tubes for short periods of time to deliver the dose. It is usually administered in a few sessions over two or more days.

CARING FOR YOURSELF DURING TREATMENT
Cancer treatment can be difficult. You have many issues to cope with. Your oncology team, along with family and friends, are available to help.

- Get plenty of rest during treatment. Fatigue and stress can make you feel even more tired.
- Good dental care can lessen the risk of mouth infections and tooth decay.
- Treat the skin exposed to radiation with special care. Stay out of the sun.
- Ask your medical oncologist whether medications, vitamins or supplements you are taking to make sure they are safe to use during radiation therapy.
- Eat a balanced diet. Feel free to taste your food, but do not have your dish touched or eaten.
- Tell your doctor about any medications, vitamins or supplements you are taking to make sure they are safe to use during radiation therapy.
- Avoid hot or cold packs. Only use lotions and ointments after checking with your doctor or nurse.
- Only use toothpastes and mouthwashes for dry mouth patients. Use fluoride toothpaste without abrasives. Avoid bleaching agents such as hydrogen peroxide or peroxides. If you need them, it may help to rinse daily with a salt and baking soda solution.
Tell them if you experience any discomfort so they can help you feel better.

After treatment ends and pain should start to resolve.

The way that food tastes and the amount of saliva you produce should improve.

• Weight loss
• Change in voice
• Difficulty or pain when swallowing
• Skin irritation
• Mild tiredness

Time for improvement takes longer.

Side effects lessen within several weeks, but with more intensive treatment the
show up immediately. Side effects are different for each patient. In some cases,
External beam radiation therapy is not invasive, so it is rare for side effects to

do medications and changes to your diet. Ask your doctor or nurse whether you should make changes to your diet.
Tell them if you experience any discomfort so they can help you feel better.