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 radiation therapy are the best options for cancer found in its early stages. For more advanced tumors, combination therapy including surgery, radiation therapy and chemotherapy may yield the best results.

Head and neck cancer treatment options include:

- Surgery
- Radiation Therapy
- Medical Therapy
- Combination therapy including surgery, radiation therapy and/or chemotherapy

Surgery

Surgery is another important approach to head and neck cancer treatment. It involves a radiation oncologist delivering focused radiation to kill cancer cells while preserving healthy tissue. However, healthy normal cells are better able to heal from radiation damage. 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.

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 preserving healthy tissue. However, healthy normal cells are better able to heal from radiation damage. 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.

Medical Therapy

Surgery and radiation therapy focus directly on treating the tumor. Medication is often recommended to improve cure rates. A medical oncologist will evaluate you and determine what medications may be most helpful. There are two main categories of systemic therapy (treatment that is injected into the bloodstream):

- Chemotherapy
- Targeted therapy

Chemotherapy has the ability to destroy cancer cells by different methods. Often, one or two 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 involves focusing anti-cancer treatment on 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. You will be informed of possible side effects.

Dental Care

Dental care is an essential part of preparing for radiation treatment. Be sure you begin and maintain good dental hygiene. Preventing dental infections is especially important. It may be more difficult to perform oral hygiene with radiation due to mouth dryness and discomfort. Your dentist may make fluoride treatments for your teeth to improve dental health.

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 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. For high-dose-rate brachytherapy, this seed 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 tube for short intensities to deliver the dose. It is usually administered in a few sessions over two or more days.

CARE 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.
- Be sure you have a support system. You may not feel like doing anything, and you may feel unsure about anything.
- Tell your doctor about any medications, vitamins or supplements you are taking to make sure they are safe to use during radiation therapy.
- Eat a balanced diet. If you feel too tired or nauseated, try smaller, frequent meals.
- Avoid excessive oral care. You may not have as much saliva, and it may be more difficult to keep your mouth clean.
- Take the skin exposed to radiation with special care. Stay out of the sun. Avoid hot or cold packs. Only use lotions and ointments after checking with your doctor or nurse. Clean the area with warm water and mild soap. Avoid hot or cold packs. Only use lotions and ointments after checking with your doctor or nurse. Clean the area with warm water and mild soap.
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OF RADIATION FOR HEAD AND NECK CANCERS
External beam radiation therapy is not invasive, so it is rare for side effects to show up immediately. Side effects are different for each patient. In some cases, side effects lessen within several weeks, but with more intense treatment the time for improvement takes longer.

• **Mild tiredness** may develop. However, fatigue from radiation therapy should improve within a few weeks after radiation treatment ends.
• **Skin irritation** may occur including redness, peeling or blistering and some swelling or tenderness and pain.
• **Difficultly or pain when swallowing** is common as well as **dry mouth or thick phlegm**.
• **Change in voice** may occur along with swelling of the voice box and tissues.
• **Hair loss** may occur including redness, peeling or blistering and some swelling or tenderness and pain.
• **Irritation of the mouth and throat** often occurs, causing pain, as well as change in taste.
• **Weight loss** is likely due to the possible side effects.

The way that food tastes and the amount of saliva you produce should improve within a few weeks after radiation treatment ends.

Possible Side Effects

Some side effects can be controlled with 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.

HELPFUL WEBSITES ON HEAD AND NECK CANCERS
National Institute of Dental and Craniofacial Research  
www.nidcr.nih.gov

Oral Cancer Foundation  
www.oralcancer.org

Support for People with Oral and Head and Neck Cancer  
www.apoanc.org

LEARNING ABOUT CLINICAL TRIALS
The radiation oncology treatment team is always exploring new ways to improve treatments through studies called clinical trials. Today’s treatments are a result of trials completed years ago, proving that radiation therapy safely and effectively kills cancer cells and is a safe long-term treatment. For more information on clinical trials, visit  
National Cancer Institute  
www.cancer.gov/clinicaltrials

Radiation Therapy Answers  
www.rtanswers.org

Radiation Therapy Oncology Group  
www.rtog.org

ABOUT THE RADIATION ONCOLOGY TEAM
Radiation oncologists are cancer doctors who also oversee the care of each patient undergoing radiation treatment. Other members of the radiation oncology team include radiation therapists, radiation oncology nurses, medical physicists, dosimetrists, social workers and nutritionists. To locate a radiation oncologist in your area, visit  
www.rtanswers.org

ABOUT ASTRO
The American Society for Radiation Oncology is the premier radiation oncology society in the world with more than 10,500 members who specialize in treating cancer with radiation therapies. ASTRO is dedicated to improving patient care through education, clinical practice, advancement of science and advocacy.

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In 2018, The American Cancer Society estimates that in the United States, approximately 3-5 percent of all cancers will be in the head and neck region. This year, an estimated 64,690 people (47,650 men and 17,040 women) will develop head and neck cancer. 13,740 deaths (10,250 men and 3,490 women) will occur this year as a result of this cancer diagnosis.