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:

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 and destroy healthy tissue around the affected area. 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.

Surgery
Surgery is another important approach to head and neck cancer treatment. This involves a surgeon to remove the tumor along with some surrounding healthy tissue. Depending on the tumor location and size, the surgeon may also remove lymph nodes in the neck. 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 increase 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 blood stream):

- External beam radiation therapy
- Targeted therapy

External beam radiation therapy involves a series of painless sessions. Treatments are usually scheduled daily, Monday through Friday, for five to seven weeks. During each session, 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 device. 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 stay in position 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-modulated 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.

If the dentist determines that you need any dental work like having bad teeth removed, this must to be done before beginning treatment. After radiation treatment your jaw bone may not heal as well. Dental 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
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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 tiny, 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, the seeds will be left in place for one to three days. For high-dose-rate brachytherapy, a single radioactive seed spectacle at various positions along the tubes for short intervals to deliver the dose. It is usually administered in a few sessions over one or two 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.
- Work with your doctor whether you need to see your dentist before starting treatment.
- Eat a balanced diet. If food tastes funny or if you’re having trouble eating, tell your doctor or nurse.
- Treat 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.
- Use fluoride toothpaste without abrasives. Floss gently between your teeth daily with a salt and baking soda solution. Use fluoride toothpaste without abrasives. Floss gently between your teeth daily with a salt and baking soda solution.
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.

TARGETING CANCER CARE

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 intensive 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.

• Difficulty 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 tenderness.

• Hair loss on the head, neck and face may be experienced.

• 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.

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.niddcr.nih.gov

Oral Cancer Foundation
www.oralcancer.org

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

LEARNING ABOUT CLINICAL TRIALS

The radiation oncology treatment teams are 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 is safe and effectively kills cancer cells and is a safe long-term treatment. For more information on clinical trials, visit:

American Cancer Society
www.cancer.org/clinicaltrials

Radiation Therapy Answers
www.rtanswers.org

Radiation Therapy Oncology Group
www rtog.org

OF RADIATION FOR HEAD AND NECK CANCERS

In 2019, 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 65,410 people (48,000 men and 17,410 women) will develop head and neck cancer. 14,620 (10,980 men and 3,640 women) will occur this year as a result of this cancer diagnosis.

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