Head and Neck Cancer - Treatment Options [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat people with this type of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best known treatments available) for this type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, see the About Clinical Trials [3] and Latest Research [4] sections.

The cancer care team

Head and neck cancer specialists usually form a multidisciplinary team [5] to care for each patient, and an evaluation should be done by each doctor before any treatment begins. This team often includes a:

- Medical oncologist, which is a doctor who specialize in treating cancer with medication
- Radiation oncologist, which is a doctor who specializes in giving radiation therapy to treat cancer

- Surgical oncologist, which is a doctor who specializes in treating cancer using surgery
- Plastic (reconstruction) surgeon
- Maxillofacial prosthodontist, which is a specialist who performs restorative surgery in the head and neck areas
- Otolaryngologist, which is a doctor who specializes in the ear, nose, and throat
- Oncologic dentist or oral oncologist, which are dentists experienced in caring for people with head and neck cancer
- Physical therapist
- Speech pathologist
- Audiologist, which is a hearing expert
- Psychologist and/or psychiatrist

Cancer care teams also include a variety of other health care professionals, including physician assistants, oncology nurses, social workers, pharmacists, counselors, dietitians, and others. It is extremely important to create a comprehensive treatment plan before treatment begins, and people may need to be seen by several specialists before a treatment plan is fully developed.

Treatment overview

Many cancers of the head and neck can be cured, especially if they are found early. Although eliminating the cancer is the primary goal of treatment, preserving the function of the nearby nerves, organs, and tissues is also very important. When planning treatment, doctors consider how treatment might affect a person's quality of life, such as how a person feels, looks, talks, eats, and breathes.

Descriptions of the most common treatment options for head and neck cancer are listed below.

Overall, the main treatment options are surgery, radiation therapy, chemotherapy, and targeted therapy. Surgery or radiation therapy by themselves or a combination of these treatments may be part of a person's treatment plan. More details can be found in each specific cancer type's

section [6].

Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient's preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about making treatment decisions [7].

Surgery

During surgery, the goal is to remove the cancerous tumor and some surrounding healthy tissue during an operation. Types of surgery for head and neck cancer include:

- **Laser technology**. This may be used to treat an early-stage tumor, especially if it was found in the larynx.
- **Excision**. This is an operation to remove the cancerous tumor and some surrounding healthy tissue, known as a margin.
- **Lymph node dissection or neck dissection**. If the doctor suspects the cancer has spread, the doctor may remove lymph nodes in the neck, possibly causing stiffness in the shoulders afterward. This may be done at the same time as an excision.
- **Reconstructive (plastic) surgery**. If cancer surgery requires major tissue removal, such as removing the jaw, skin, pharynx, or tongue, reconstructive or plastic surgery may be done to replace the missing tissue. This type of operation helps restore a person's appearance and the function of the affected area. For example, a prosthodontist may be able to make an artificial dental or facial part to help restore the ability to swallow and speak. A speech pathologist may then be needed to help the patient relearn how to swallow and communicate using new techniques or special equipment.

In general, depending on the location, stage, and type of the cancer, some people may need more than one operation. Sometimes, it is not possible to completely remove the cancer, and additional treatments may be necessary. For example, surgery may be followed by radiation therapy and/or chemotherapy to destroy cancer cells that cannot be removed during surgery.

Side effects of surgery depend on the type and location of the surgery, and each patient is encouraged to talk with their doctor about side effects expected from the specific surgery and how long the side effects are likely to last. Common side effects from head and neck surgery

include temporary or permanent loss of normal voice, impaired speech, and hearing loss. People often have difficulty chewing or swallowing after cancer surgery, which may require a tube inserted in the stomach for feeding purposes. In addition, after a total laryngectomy, which is the removal of the larynx, people may have decreased functioning of the thyroid gland that will need to be managed.

Another potential side effect is swelling of the mouth and throat area, making it difficult to breathe. If this side effect develops, patients may receive a temporary tracheostomy, which creates a hole in the windpipe to make breathing easier.

Some people experience facial disfigurement from surgery. Reconstructive surgery (see above) may be recommended to help appearance or maintain important functions, such as chewing, swallowing, and breathing. Patients should meet with the members of the health care team to help them make decisions about their treatment. Programs that help patients adjust to changes in body image [8] may be useful both before and after the surgery. Talking with your doctor about what to expect and how recovery will be handled can help you cope with side effects.

Learn more about the basics of cancer surgery [9].

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time. It can be the main treatment for head and neck cancer, or it can be used after surgery to destroy small areas of cancer that cannot be removed surgically.

The most common type of radiation therapy is called external-beam radiation therapy, which is radiation given from a machine outside the body. One specific type of external-beam radiation therapy is intensity-modulated radiation therapy (IMRT). IMRT uses advanced technology to more accurately direct the beams of radiation at the tumor. This helps reduce damage to nearby healthy cells, potentially causing fewer side effects.

Proton therapy is another type of external-beam radiation therapy that uses protons rather than x-rays. At this time, proton therapy is not a standard treatment option for most types of head and neck cancer. See the Latest Research [4] section for more information.

When radiation therapy is given using implants, it is called internal radiation therapy or brachytherapy.

Before beginning radiation therapy for any type of head and neck cancer, patients should be examined by an oncologic dentist or oral oncologist. Since radiation therapy can cause tooth decay, damaged teeth may need to be removed. Often, tooth decay can be prevented with proper treatment from a dentist before beginning treatment. Learn more about dental and oral side effects [10]. People should also receive an evaluation from a speech pathologist who has experience treating people with head and neck cancer.

Patients may experience short- and long-term pain or difficulty swallowing, changes in voice because of swelling and scarring, and loss of appetite due to a change in sense of taste. It is important that patients begin speech and swallowing therapy early, before radiation therapy begins, to prevent long-term problems with speaking or eating.

In addition, radiation therapy to the head and neck may cause redness or skin irritation in the treated area, swelling, dry mouth or thickened saliva from damage to salivary glands, bone pain, nausea, fatigue, mouth sores, and/or sore throat. Many of these side effects go away soon after treatment has finished. Other side effects may include hearing loss due to a buildup of fluid in the middle ear, a buildup of earwax that dries out because of the radiation therapy's effect on the ear canal, and fibrosis (scarring).

Radiation therapy also may cause a condition called hypothyroidism in which the thyroid gland (located in the neck) slows down and causes the patient to feel tired and sluggish. This may be treated with thyroid hormone therapy. Every patient who receives radiation therapy to the neck area should have his or her thyroid checked regularly. Patients are encouraged to talk with their health care teams about what to expect from side effects of radiation therapy before treatment begins, including how these side effects can be prevented or managed [11].

Learn more about the basics of radiation therapy [12].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells' ability to grow and divide.

Systemic chemotherapy gets into the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally).

A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished.

Learn more about the basics of chemotherapy [13] and preparing for treatment [14]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using searchable drug databases [15].

Targeted therapy

Targeted therapy is a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. This type of treatment blocks the growth and spread of cancer cells while limiting damage to healthy cells.

Recent studies show that not all tumors have the same targets. To find the most effective treatment, your doctor may run tests to identify the genes, proteins, and other factors in your tumor. This helps doctors better match each patient with the most effective treatment whenever possible. In addition, many research studies are taking place now to find out more about specific molecular targets and new treatments directed at them.

For head and neck cancers, treatments that target a tumor protein called epidermal growth factor receptor (EGFR) may be recommended. Researchers have found that drugs that block EGFR help stop or slow the growth of certain types of head and neck cancer.

Talk with your doctor about possible side effects for a specific medication and how they can be prevented or managed. Learn more about the basics of targeted treatments [16].

[17]Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care. It works best when palliative care is started as early as needed in the cancer treatment process.

People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, or radiation therapy. Talk with your doctor about the goals of each treatment in the treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and palliative care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it can be addressed as quickly as possible. Learn more about palliative care [18].

Metastatic head and neck cancer

If cancer has spread to another location in the body, it is called metastatic cancer. Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer because there can be different opinions about the best treatment plan. Learn more about getting a second opinion [19] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [3].

Your health care team may recommend a treatment plan that includes a combination of surgery, radiation therapy, chemotherapy, and targeted therapy. Palliative care will also be important to help relieve symptoms and side effects.

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called having “no evidence of disease” or NED.

A remission may be temporary or permanent. This uncertainty causes many people to worry that the cancer will come back. While many remissions are permanent, it’s important to talk with your doctor about the possibility of the cancer returning. Understanding your risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about coping with the fear of recurrence [20].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the treatments described above, such as surgery, chemotherapy, targeted therapy, or radiation therapy, but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer. Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about dealing with cancer recurrence [21].

If treatment fails

Recovery from cancer is not always possible. If the cancer cannot be cured or controlled, the disease may be called advanced or terminal.

This diagnosis is stressful, and advanced cancer is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about advanced cancer care planning [22].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about grief and loss [23].

The next section in this guide is About Clinical Trials [3], and it offers more information about research studies that are focused on finding better ways to care for people with cancer. Or, use the menu on the side of your screen to choose another section to continue reading this guide.

Links
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[3] http://www.cancer.net/node/18916
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