

Head and Neck Cancer

What is head and neck cancer?

The term “head and neck cancer” describes a number of different cancers that develop in or around the throat, larynx, nose, sinuses, and mouth. These cancers begin when healthy cells in these areas change and grow out of control, forming a mass called a tumor. Many of these tumors start in flat squamous cells that form the surface layer of tissue inside the head and neck. There are human papillomavirus (HPV) vaccines that can help protect against certain head and neck cancers.

What are the types of head and neck cancer?

There are 5 main types of head and neck cancer. Laryngeal and hypopharyngeal cancer starts in the larynx or the part of the throat surrounding the larynx. Nasal cavity and paranasal sinus cancer develops behind the nose where air passes on its way to the throat or in the air-filled areas surrounding the nasal cavity. Nasopharyngeal cancer affects the nasopharynx, the air passageway at the upper throat behind the nose. Oral and oropharyngeal cancer begins in the mouth, tongue, or middle of the throat. Salivary gland cancer begins in a salivary gland.

What does stage mean?

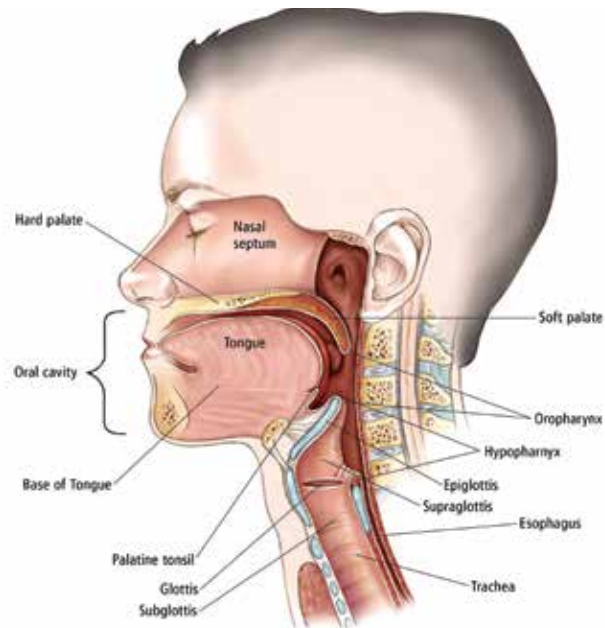
Staging is a way of describing a cancer’s location, if or where it has spread, and whether it is affecting other parts of the body. There is a different staging system for each type of head and neck cancer. Find more information at www.cancer.net/headneck.

How are cancers of the head and neck treated?

Treatment depends on the type and stage of cancer, possible side effects, and the patient’s preferences and overall health. Doctors also consider how treatment might affect how a patient feels, looks, talks, eats, and breathes. The main treatment options are surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy. One or a combination of these treatments may be used. The goal of surgery is to remove the tumor and some surrounding healthy tissue. Some people need more than 1 operation. Radiation therapy may be recommended instead of surgery, or it may be used after surgery to destroy remaining cancer cells. Chemotherapy may be used before or after surgery or combined with radiation therapy. Targeted therapy that targets a tumor protein called epidermal growth factor receptor (EGFR) may be recommended. Immunotherapy may be an option for some people with advanced head and neck cancer. Patients are encouraged to talk with their doctor about all treatment options, including clinical trials. Rehabilitation will be an important part of the cancer care plan; it can help patients regain and improve abilities that changed after treatment. Before treatment begins, patients should ask their health care team about preventing or managing side effects of cancer treatment. This is called palliative care and is an important part of the overall treatment plan.

How can I cope with a cancer diagnosis?

Absorbing the news of a cancer diagnosis and communicating with your doctor are key parts of the coping process. Seeking support, becoming organized, and considering a second opinion are other useful steps. Take care of yourself during this time. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. Consider asking your health care team the following questions:

- What type of head and neck cancer do I have?
- Where is the tumor located?
- What stage is the cancer? What does this mean?
- Can you explain my pathology report (laboratory test results) to me?
- Will my case be discussed in a multidisciplinary tumor board?
- What are my treatment options?
- What clinical trials are available for me? Where are they located, and how do I find out more about them?
- What treatment plan do you recommend? Why?
- What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- What are the possible side effects of each treatment, in the short term and the long term?
- Will this treatment affect my ability to eat, swallow, or speak?
- Will I need physical therapy, speech therapy, and/or another type of rehabilitation after finishing treatment?
- Who will be part of my treatment team, and what does each member do?
- How much experience does this center have in treating people with head and neck cancer?
- Should I see other specialists before treatment, such as an oncologic dentist or a speech pathologist?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- Could this treatment affect my ability to become pregnant or have children?
- If I'm worried about managing the costs of cancer care, who can help me?
- Where can I find emotional support for me and my family?
- Whom should I call with questions or problems?
- Is there anything else I should ask?

Find more questions to ask the health care team at www.cancer.net/headneck. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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WORDS TO KNOW

Biopsy:

Removal of a tissue sample that is examined under a microscope to check for cancer cells

Chemotherapy:

The use of drugs to destroy cancer cells

Clinical trial:

A research study that tests a new approach to treatment

Epidermal growth factor receptor (EGFR):

A tumor protein that targeted therapy blocks to help stop or slow the growth of some types of cancer

Human papillomavirus (HPV):

An infection that can cause certain types of cancer

Immunotherapy:

A treatment designed to boost the body's natural defenses to fight cancer

Maxillofacial prosthodontist:

A doctor who specializes in restorative surgery of the head and neck

Oncologic dentist:

A dentist who cares for people with head and neck cancer

Otolaryngologist:

A doctor who specializes in the ear, nose, and throat

Radiation therapy:

The use of high-energy x-rays to destroy cancer cells

Recurrent cancer:

Cancer that comes back after treatment

Targeted therapy:

Treatment that targets specific genes or proteins that contribute to cancer growth

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