Facts About Head and Neck Cancer

Head and neck cancer is characterized by the uncontrolled growth of cells in the head and neck area which includes the oral cavity, the nasal passages, as well as the larynx or voicebox. There are many different kinds of head and neck cancer, but the main type is squamous cell cancer, which comprises more than 90% of all head and neck cancers. Other histologic types of head and neck cancer do exist. Risk factors may vary from tobacco, to chemicals, to chewing betel nuts, to infection with viruses such as HPV or EBV viruses.

Diagnosing Head and Neck Cancer

Head and neck cancer is diagnosed by a pathologist examining tumor cells. Your doctor can direct the type of biopsy or procedure that will obtain tissue for pathology, such as endoscopy of a head and neck passage or simple core needle biopsy of a palpable mass.

Staging

When a diagnosis of head and neck cancer is confirmed, the American Joint Commission on Cancer (AJCC) recommends determining the stage or extent of spread of the cancer. Your doctor may recommend one of a number of studies, including PET CT scan, CT scan, MRI of the head and neck, and possibly endoscopies of oral or nasal paassages by an experienced otolaryngologist (Ear, Nose, and Throat Surgeon).

Treatment

Treatment of head and neck cancer depends on the histologic type of cancer, the patient's performance status, and the stage of disease. Your doctors will determine whether you are a candidate for surgery and whether you should even receive cytotoxic chemotherapy, targeted medical therapy, and radiation.

Radiation therapy can play an important role in control of some head and neck cancers by shrinking the disease. Radiation can also sometimes palliate pain and symptoms. Oral hygiene and evaluation by a dentist prior to therapy are often important. Optimal nutrition is often recommended.

External Beam Radiation Therapy

We deliver external beam radiation therapy via 3-dimensional conformal radiotherapy (3D-CRT)

which combines multiple radiation treatment fields which deliver CT guided photons and electrons precisely to the tumor while sparing healthy tissue. We utilize Intensity Modulated Techniques (IMRT) for patients with head and neck cancer. Treatment planning for radiation therapy is performed using a 16 slice Philips BrillianceTM CT equipped with respiratory gating which enables 4-Dimensional planning for superior radiation treatment delivery. Radiation is delivered on week days in sessions usually lasting under 30 minutes. Your radiation oncologist, physicist, and dosimetrist will calculate the exact number of weeks of therapy. Side effects can include but are not limited to fatigue, dry mouth, dry skin, taste changes, and mucositis. Tell your radiation oncologist or nurse about any symptoms you may have and how best to address them.