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Trends and current information

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Prospective 5-year study of trismus prevalence in HNC patients

Aghajanzadeh S, Karlsson T, Engström M, Tuomi L, Finizia C. A prospective 5-year study of trismus prevalence and fluctuation in irradiated head and neck cancer patients. Acta Otolaryngol. 2022;142(7-8):620-626

Head and neck cancer (HNC) accounts for 4-5% of new diagnoses worldwide. Trismus, a complication of HNC, is a condition where the patient has limited jaw mobility. It causes pain, interferes with eating and overall worse quality-of-life, and has a reported prevalence of 37% in irradiated HNC patients up to 3-years after treatment. There has not been much research done regarding trismus long-term and prevalence within the irradiated HNC population, therefore this study aimed to prospectively study these aspects. The study followed 211 irradiated patients up to 5 years after treatment and reported the variation of maximum interincisal opening (MIO) within the population over time. 5 years after radiation 28% of the patients suffered from trismus and 80% of them were already suffering from trismus at the 12 month follow up. This indicates that the condition does not seem to heal spontaneously. Mean MIO at baseline level was 51.5mm, while post-radiotherapy at 12 months respectively 5 years it was 41.7mm and 41.3mm. The decrease in MIO between baseline and 12 months post radiotherapy was statistically significant. In conclusion, trismus is a prevalent long-term complication after HNC treatment and the biggest variation in MIO occurred in the first 12 months after treatment.

Risk factors for functional outcomes in advanced laryngeal cancer

Lee DS, Lee JJ, Sinha P, et al. Risk Factors for Functional Outcomes in Advanced Laryngeal Squamous Cell Carcinoma [published online ahead of print, 2022 May 25]. Laryngoscope. 2022;10.1002/lary.30166

Chemoradiation therapy (CRT) has advanced the treatment for patients with laryngeal squamous cell carcinoma (SCC) by persevering the laryngopharynx with the same survival outcome as with primary total laryngectomy. However, there are still challenges with CRT as it can still result in poor functional and oncologic outcomes. The focus of this retrospective cohort study from 1997 to 2016 was to examine pre-treatment risk factors associated with functional and survival outcomes after radiation-based therapy in patients suffering from advanced laryngeal SCC. They studied why some patients develop a non-functional larynx after radiation-based therapy to be able to better select patients with a chance for a better outcome. This was tested by pre-treatment tracheostomy and gastrostomy tube dependence, where its relationship to pre-treatment factors was evaluated and related to overall survival. The most significant predictor of a dysfunctional organ after radiation-based therapy was the baseline functional status of the laryngopharynx, which was indicated by the pre-treatment tracheostomy or gastrostomy tube dependence. Patients with advanced laryngeal SCC should therefore be screened and selected for the best individual treatment plan.

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Recommendations regarding care for HNC survivors

Verdonck-de Leeuw I, Dawson C, Licitra L, et al. European Head and Neck Society recommendations for head and neck cancer survivorship care. Oral Oncol. 2022;133:106047

In Europe, head and neck cancer (HNC) incidence rate accounts for approximately 21.8 per 100,000 people and patients usually suffer from long-term consequences due to both the cancer and its treatment. An update of the survivorship guidelines is necessary to meet the patients' needs since there has been advancement in treatment options and knowledge about the long-term consequences of HNC. The review is an adaption of existing guidelines from the American Cancer Society HNC Cancer Survivorship guidelines as appropriate to the European healthcare setting in order to support HNC survivors in Europe. To adapt the guidelines a literature search was made in combination with expert recommendations from the working group of the review. The guidelines are based on five key areas to provide the best possible care: (1) surveillance for HNC recurrence, (2) screening for secondary primary cancers, (3) assessment and management of physical and psychosocial long-term and late effects of HNC and treatment, (4) health promotion, and (5) care coordination and practice implications. The adaptation and update of the guidelines would result in improved guidelines for HNC patients' survivors care in Europe as it is adapted to European healthcare and considers psychosocial support that HNC survivors might need.

The impact of the COVID-19 pandemic on total laryngectomy patients

Bertolin A, Lionello M, de Robertis V, Barbara F, Cariti F, Barbara M. Fragility and contagiousness of the total laryngectomy patient in the COVID-19 pandemic. Acta Otorhinolaryngol Ital. 2022;42(Suppl. 1):S68-S72

A major challenge during the COVID-19 pandemic for total laryngectomy (TL) patients was that there were (at the time) no specific guidelines and a lack of public information accessible for TL patients. This study focused on investigating the personal experience of 92 TL patients at an Italian outpatient clinic in managing their stoma during the COVID-19 pandemic. The patients responded to a questionnaire on their experience. All patients wore face masks, 84 patients used conventional HMEs daily, while four patients used N95 respirators instead. However, six patients answered that they were not aware of the importance of using protection for their tracheostoma. Forty-eight patients had been recommended to take precautions during the COVID-19 pandemic. In this study twenty-five of the patients were tested for SARS-CoV-2, of whom five tested positive. One patient tested positive on the bronchial aspiration but tested negative by nasal swab. The authors therefore conclude that the main viral load could be present in the lungs. This highlights the importance of not only using nasal swab in TL patients and that specific guidelines for testing TL patients for SARS-CoV-2 are needed.