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Trends and current information

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Provox 2 vs Provox Vega

Mayo-Yáñez M, Cabo-Varela I, Dovalo-Carballo L, Calvo-Henríquez C, Martínez-Morán A, Herranz González-Botas J. Provox 2 and Provox Vega device life-time: a case-crossover study with multivariate analysis of possible influential factors and duration. Eur Arch Otorhinolaryngol. 2018 Jul;275(7):1827-1830.

The aim of this retrospective case-crossover study was to compare device life-time between Provox 2 and Provox Vega and to assess influencing factors. A total of 440 prostheses in 34 laryngectomized individuals were evaluated between 2010 and 2016. Selection criterium of the patients was having a minimum of three replacements with each type of prosthesis. Data was collected for replacements of 192 Provox 2 and 214 Provox Vega, with a mean life-time of 106.64 days and 124.19 days respectively ($p = 0.261$). Endoprosthetic leakage was the most frequent reason for replacement for both models (n = 221, 64.2%). Radiotherapy treatment was confirmed to increase the risk of prosthesis replacement (IRR = 1.88, $p = 0.007$) and cause a significant decrease in duration of Provox Vega and Provox 2 prostheses ($p<0.001$). Bilateral neck dissection increased the risk of replacement in Provox 2 prostheses (IRR = 1.56, $p = 0.017$). Age and unilateral neck dissection did not seem to influence the duration of the prosthesis. Authors concluded that in terms of device life-time and the influence of radiotherapy treatment, there are no differences in device life time between Provox Vega and its predecessor Provox 2.

Management of gastro-pharyngeal reflux

Mannelli G, Santoro R, Segala F, Surrenti E, Gallo O. Gastro-pharyngeal reflux and total laryngectomy. Increasing knowledge about its management. Am J Otolaryngol. 2018 Mar - Apr;39(2):127-132.

This prospective study investigated the incidence of gastro-pharyngeal reflux (GPR) and possible associating factors in a population based cohort. The data of 25 laryngectomized patients with no pre-operative history of GPR was analyzed. Each patient underwent a 24h pH- and impedance-monitoring, for detection and classification of reflux events. Total number of reflux episodes was analyzed in regards to composition (liquid, gas and mixed reflux episodes) and pH (acid, weakly acid and alkaline). For 40 % (10/25) of patients, a pathological number of reflux episodes in the upright position was recorded. Furthermore, 56% (14/25) of patients had a pathological percentage time of acid exposure. No significant association among clinical characteristics of the study population and the onset of reflux symptoms could be found in multivariate analysis. However, on the basis of the high incidence of reflux after total laryngectomy, the authors suggest pre- and post-surgical reflux investigation in all laryngectomized patients. This might identify preexisting reflux severity and screen potential high-risk cancer patients for postoperative complications.

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Quality of Life with TE speech in veterans

Patel RS, Mohr T, Hartman C, Stach C, Sikora AG, Zevallos JP, Sandulache VC. Tracheoesophageal Prosthesis Use Is Associated With Improved Overall Quality of Life in Veterans With Laryngeal Cancer. Ann Otol Rhinol Laryngol. 2018 Jul;127(7):421-428.

The authors addressed the longitudinal impact of tracheoesophageal prosthesis (TEP) use on the quality of life (QoL) in a veteran population. Retrospective cross-sectional-analyses on 68 veteran TL patients were performed using three previously validated QoL questionnaires: the Voice Handicap Index (VHI), MD Anderson Dysphagia Index (MDADI), and University of Washington Quality of Life Index (UW-QOL). Among the 49 patients that completed the questionnaires, 21 used a TEP and 28 communicated via electrolarynx, written means, or esophageal speech (non-TEP). Using tracheoesophageal (TE) speech was associated with improved quality of life and a higher functional status, with significantly better VHI, MDADI, and UW-QOL scores compared to other forms of communication. The authors concluded that in patients with the required physical and psychosocial qualifications, tracheoesophageal voice restoration is feasible and improves quality of life.

Socioeconomic factors influence quality of life

Tribius S, Meyer MS, Pflug C, Hanken H, Busch CJ, Krüll A, Petersen C, Bergelt C. Socioeconomic status and quality of life in patients with locally advanced head and neck cancer. Strahlenther Onkol. 2018 May 7. [Epub ahead of print]

The aim of the present study was to measure quality of life (QoL) in relation to socio-economic status (SES) in patients with locally advanced head and neck cancer. Between March 2009 and May 2014, 161 patients were questioned at the end of their intensity-modulated radiation therapy (IMRT) and at 12 and 24 months follow-up. The questionnaires, Cancer-related QoL (QLQ-30) and head and neck-specific QoL (QLQ-HN35), were completed and patient scores were compared to a matched population reference sample. Patients with high SES reported worse QoL at the end of IMRT compared to patients with middle and low SES. However, at the 24 months follow-up patients with middle and low SES reported lower QoL and a higher head and neck cancer-specific symptom burden (pain, swallowing, senses, speech, social eating, opening mouth, and felt ill) than patients with high SES. The authors conclude that socio-economic factors have a strong influence on QoL in patients with locally advanced head and neck cancer, especially in patients with low SES.

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Physical therapy in HNC patients

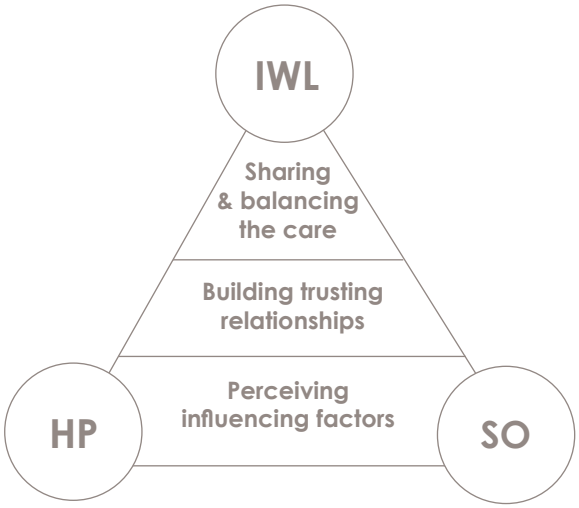
Baldoman D, Vandenbrink R. Physical Therapy Challenges in Head and Neck Cancer. Cancer Treat Res. 2018;174:209-223. In: Maghami E., Ho A. (eds) Multidisciplinary Care of the Head and Neck Cancer Patient. Cancer Treat Res. 2018;174:209-223. Springer, Cham.

With the improvement of cancer treatments and long-term survival rates, the need of physical therapy has become an indispensable part of the head and neck cancer (HNC) management team. HNC survivors may need to deal with treatment-related impairments, such as trismus, shoulder dysfunction syndrome resulting from spinal accessory nerve palsy and radiotherapy-induced neck fibrosis, for years after treatment has been determined. These disabilities will have a significant impact on careers, self-image, families and quality of life. Each patient's goal in physical therapy is unique and the authors suggest that an individualized physical therapy program is needed rather than a "one size fits all" approach. This chapter describes the more common complications following HNC treatment and their corresponding physical therapy solutions based on current evidence.

Perspectives of support needs following total laryngectomy

Bickford JM, Coveney J, Baker J, Hersch D. Support following total laryngectomy: Exploring the concept from different perspectives. Eur J Cancer Care (Engl). 2018 May;27(3):e12848.

This qualitative study was performed to improve understanding of the support needs following total laryngectomy and how the care effort is co-constructed. Multiple viewpoints were examined, exploring the perspectives of 28 individuals: 12 with a laryngectomy (IWL), 7 health professionals (HP) and 9 significant others (SO), usually family members of IWL. Data was collected through in-depth, semi-structured interviews and analyzed using thematic coding. The findings highlighted the interactive nature of support between IWL, SO and HP, underpinned by three major themes: "perceiving influencing factors", "building trusting relationships" and "sharing and balancing the care". The authors suggested that the triadic relationship between IWL, SO and HP is being reliant on how each member of the 'care triad' perceives his own needs, capacities and the context at hand. Support is optimized when all stakeholders are competent with the care. Likewise, reduced competence will increase the burden for one or all in the triad.



Being supported. Triadic relationship between individuals with a laryngectomy (IWL), health professionals (HP) and significant others (SO).