

## Laryngectomy Patient Information on YouTube™

Malik TAM, Heywood EG, O'Connor TJ, Baker DM, Marshall JH, Beasley N. YouTube™ as a source of information for patients undergoing laryngectomy: a thematic analysis. *Eur Arch Otorhinolaryngol.* 2019 Aug 6. [Epub ahead of print]

The authors assessed the thematic content of the most viewed videos on YouTube™ concerning laryngectomy and evaluated user responses to the videos. A total of 96 videos were identified for inclusion, uploaded between 2009 and 2018, each with >100 views. Videos posted by professional institutions were the most numerous. Upload source, number of views, likes, dislikes and comments were collected and the content of comments was analyzed. The videos had a total of 1214,503 views, with a median of 2447 views per video. There was no significant difference in the number of views, likes or dislikes between upload sources. Thematic analysis identified 3 overarching themes and 17 subthemes. The most common theme was educational material aimed at healthcare professionals (46%), followed by the themes "life after laryngectomy" (39.6%) and the "clinical journey" (13.5%). Comments were most



frequently characterized as offering praise, and a substantial portion of comments included requests on more information. The authors concluded that there is a demand for information on platforms such as YouTube™ about laryngectomy and that it is therefore important that health professional engage with this medium to ensure the information available is reliable.

## Patient information and QoL

Bozec A, Schultz P, Gal J, Chamorey E, Chateau Y, Dassonville O, Poissonnet G, Peyrade F, Saada E, Guigay J, Benezery K, Leysalle A, Santini L, Giovanni A, Messaoudi L, Fakhry N. Evaluation of the information given to patients undergoing total pharyngolaryngectomy and quality of life: a prospective multicentric study. *Eur Arch Otorhinolaryngol.* 2019 Sep;276(9):2531-2539.

This multicenter prospective study aimed to evaluate the information given to patients undergoing total pharyngolaryngectomy (TPL) as well as the evolution and predictors of quality of life. A total of 46 patients completed the European Organization for Research and Treatment of Cancer (EORTC) information module questionnaire (QLQINFO25), the EORTC Core Quality of Life Questionnaire (QLQ-C30) and the EORTC Head and Neck Cancer Quality of Life Questionnaire (QLQ-H&N35) before surgery and at 6 months post-treatment. There were significant changes in the pre- and post-treatment QLQ-INFO25

scores, most notably in the deterioration of patient satisfaction with the information received. Regarding head and neck symptoms, sensory and speech problems represented the main post-therapeutic issues for patients. Difficulties involving social eating and social contacts were also frequently reported. Several clinical and demographic factors, including nodal stage and professional activity, were found to be predictors of these scores. The authors concluded that these factors could be used to adapt the information delivered to patients undergoing TPL for more individualized care and higher patient satisfaction.

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Suggestions and requests to: [clinicalaffairs@atosmedical.com](mailto:clinicalaffairs@atosmedical.com)

## Coordination of Respiration and Swallowing after Laryngectomy

Fullerton, A, Mou, Y, Silver, N, Chheda, N, Bolser, D & Hegland, K. Respiratory-Swallow Pattern Following Total Laryngectomy. *Dysphagia*. 2019 Jul 5. [Epub ahead of print]

This study aimed to determine whether the coordination of swallowing and respiration in laryngectomized patients differentiates in those that had a tracheoesophageal puncture (TEP) and those that have not. There are four categories of swallow-respiratory patterning: expiration-swallow-expiration (E:E); inspiration-swallow-expiratory (I:E); inspiration-swallow-inspiration (I:I); and expiration-swallow-inspiration (E:I). The most common among non-dysphagic normals is E:E. Data was taken from 12 total laryngectomized patients, 8/12 having a TEP. Patients were instructed to take a sip of water or a bite of a cracker and swallow when ready. The presence of the swallow was monitored with surface EMG electrodes placed submentally, while airflow was measured with a custom-made stoma



mask attached to a pneumotachograph. Results showed that laryngectomized patients have a mixed respiratory-swallow pattern with 50% exhibiting a I:I pattern and 34% exhibiting a E:E pattern. There was no statistically significant difference in swallow pattern between those with or without a TEP or across bolus types.

## Dilation after Laryngectomy: Risk Factors and Complications

Petersen JF, Pézier TF, van Dieren JM, van der Noort V, van Putten T, Bril SI, Janssen L, Dirven R, van den Brekel MWM, de Bree R. Dilation after laryngectomy: Incidence, risk factors and complications. *Oral Oncol*. 2019 Apr;91:107-112.

This retrospective cohort study of 477 total laryngectomized patients (TL) investigated the incidence of pharyngeal stenosis requiring dilation and the associated risk factors and potential complications. Investigators found that 23% (111/477) of the patient cohort underwent a total of 968 dilations with a median of three dilations performed per patient. Incidence of dilatation increased over time from 22.8% at 5 years to 29% at 15 years after TL. Statistically significant risk factors for dysphagia requiring dilation were female gender, hypopharyngeal tumor and TL secondary to a nonfunctional larynx or

for a second primary tumour and chemoradiation. Complications were classified as minor (resolved <24 hours after dilation without medical treatment) or major (hospital admission >24 hours with medical intervention). Complications occurred in 27/968 (2.8%) dilations with 19 (2.0%) reported as minor and 8 (0.8%) as major complications. Major complications occurred most often during the first dilation and occurred significantly more often among patients dilated under general anesthesia (OR 9.15). The authors concluded that physicians should be extra careful in new patients.

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## Positive effect on laryngectomized patients treated simultaneously by a psychologist and a speech therapist

Longobardi Y, Savoia V, Bussu F, Morra L, Mari G, Nesci DA, Parrilla C, D'Alatri L. Integrated rehabilitation after total laryngectomy: a pilot trial study. *Support Care Cancer*. 2019 Sep;27(9):3537-3544.

This controlled clinical trial aimed to verify if psychological intervention and simultaneous speech therapy may have a positive effect on patient's emotional state and quality of life (QoL), speech outcomes and acceptance of alaryngeal voice. Patients undergoing rehabilitation therapy following total laryngectomy were randomly assigned to two different therapeutic groups. Seventeen patients were included in the experimental group and simultaneously treated by a psychologist and a speech therapist, and 15 patients were included in the control group and only receiving speech therapy. Assessments on psychological distress, quality of life, levels of adjustment to the new voice, perceptual evaluation of voice,

and assessment of intelligibility were collected for all patients before and after therapy. The experimental group showed a significant improvement with respect to the control group in all areas. The most significant result concerned the reduction of depression. The authors concluded that an integrated rehabilitative approach to laryngectomized patients improves emotional state and psychosocial aspects and promotes acceptance and use of the new voice and recovery of a better quality of life. Psychological needs should be addressed in all patients who have received total laryngectomy and be incorporated into their treatment plans.

## Surgical and Nonsurgical Larynx-Preserving Treatments versus Total Laryngectomy

Patel SA, Qureshi MM, Dyer MA, Jalisi S, Grillone G, Truong MT. Comparing surgical and nonsurgical larynx-preserving treatments with total laryngectomy for locally advanced laryngeal cancer. *Cancer*. 2019 Oct 1;125(19):3367-3377.

This retrospective cohort study aimed to evaluate recent overall survival (OS) trends, as the declining OS has been associated with the increase in nonsurgical management of advanced laryngeal squamous cell carcinoma in the past decade. The study cohort consisted of 8703 patients with stage III/IV (excluding T1 tumors) treated between 2003-2011. The primary outcome measure was OS from the time of diagnosis. Treatment protocols using larynx-preserving approaches with chemoradiation (CRT) or partial laryngectomy (PL) and total laryngectomy (TL) were evaluated, stratified by tumor and nodal burden. OS did not differ between CRT, PL, and TL treatment

among patients with non-T4, low nodal burden (T2N1/T3N0-N1) disease. Patients with non-T4, high nodal burden (T2-T3N2-N3) disease who underwent TL with/without adjuvant treatment were associated with higher risk of death compared to those who received CRT. For T4N0-N3 tumors, TL compared with CRT was associated with improved OS. The authors concluded that TL remains advantageous for patients with T4 disease, while patients with non-T4, high nodal burden disease may benefit from definitive CRT.