

Supporting people with head and neck cancer

Head and neck cancers can lead to speech and voice problems and to difficulties with swallowing, eating and drinking. As part of the multi-disciplinary team supporting people with head and neck cancer, speech and language therapists (SLTs) play a crucial role in supporting people's rehabilitation and end-of-life care. This includes helping people to communicate and to eat and drink safely.

The impact of head and neck cancer on communication and swallowing

Head and neck cancer is used to describe a range of tumours that occur in cavities and glands across the head and neck.¹ They can lead to problems with communication and swallowing before, during and after treatment.

Treatments for these cancers may include surgery to remove structures essential for functions (e.g. voice box - a laryngectomy), radiotherapy, chemoradiotherapy or a combination of treatments. These commonly affect a person's ability to speak, use their voice, swallow, smell and breathe, significantly affecting quality of life. Left unsupported, these difficulties can also affect a person's ability to participate in social activities and to return to work.

The role of speech and language therapists

Speech and language therapists play a unique and essential role in assessing, diagnosing and managing communication, speech, voice and swallowing problems resulting from head and neck cancer. They work in close partnership with the patient, their families and other members of the multi-disciplinary team and, as part of this, they:

- Assess and provide patients and their families with information regarding the potential impact of treatment on their functioning and assist in multi-disciplinary team treatment decision-making
- Provide pre-treatment strategies to reduce the impact of radiotherapy on swallowing



The size of the problem

- ▶ Around **62,530** people were living with head and neck cancer in the UK in 2010²
- ▶ Head and neck cancer accounts for approximately **8,800** new cases diagnosed in England and Wales each year³
- ▶ In the UK, the incidence rate of head and neck cancer is **8 per 100,000**^{4,5}
- ▶ Head and neck cancer is much more common in men than women. Oral cancer, the most common form of head and neck cancer, causes more deaths in males than females at a ratio of **2:1**⁶



through timely assessment and management of swallowing problems. Speech and language therapy can reduce isolation and distress by maximising communication effectiveness.

Current international guidelines recommend that patients with head and neck cancers should start speech and language therapy before treatments that may result in swallowing and/or communication difficulties,⁷ a view shared by both the UK's National Institute for Health and Care Excellence and the US-based National Clinical Practice Guidelines.

Speech and language therapists are involved in all stages of the patient care pathway:

- Pre-diagnosis
- Diagnosis and care planning
- Treatment
- Post-treatment
- Monitoring and survivorship
- Palliative care
- End of life

- Help develop and support the communication skills of both the patient and communicative partners
- Assess and provide therapy for speech and voice changes following treatment
- Lead responsibility for the decision-making process of selection of prosthesis, care and management in Surgical Voice Restoration (SVR) service post laryngectomy
- Identify and treat swallowing difficulties, using highly specialist assessment techniques, and manage the associated risks of persistent swallowing problems
- Contribute to palliative and end-of-life care, maximising and facilitating communication and managing swallowing problems, promoting quality of life

This has a range of benefits:

PROMOTING POSITIVE OUTCOMES – Speech and language therapy intervention places the health and safety of patients at the forefront, through the diagnosis and management of swallowing difficulties, reducing the severity of side effects, while facilitating optimal communication, encouraging patients to achieve their full potential.

REDUCING NEGATIVE OUTCOMES – Speech and language therapy intervention can reduce medical complications such as aspiration pneumonia, reduce hospital admissions and bed days

Mr P's story

Mr P was diagnosed with cancer of the larynx. He was told that he would need to have his voice box removed (a complete laryngectomy).

“When my consultant told me that I had cancer in my throat and that I had to have my voice box removed my world came crashing down. The prospect of losing my voice was devastating. I was referred to a speech and language therapist, Janice, who immediately recognised the effect the news had had on me. Janice explained what would be happening to me both before and after the operation. To reassure me it wasn't the end of the end of the world, she also introduced me to someone that had undergone the same procedure. After the operation, Janice supported me through the process of having my speech valve fitted and helped me learn how to speak through my voice valve. It was only because of the care that Janice provided me that I was able to manage the loss of my voice and undergo subsequent rehabilitation.”

► For more information visit: www.rcslt.org

REFERENCES AND RESOURCES

¹ Oral cavity, oropharynx, nasopharynx, hypopharynx, larynx, nasal cavity and salivary glands: https://www.rcslt.org/clinical_resources/cancer/overview

² DAHNO, 2014: http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/head_and_neck_cancers/head_and_neck_cancer_hub/national_head_and_neck_cancer_audit

³ Ibid

⁴ Ibid

⁵ Cancer Research UK, 2012: <http://www.cancerresearchuk.org/health-professional/cancer-statistics>

⁶ Cancer Research UK, 2015: <http://www.cancerresearchuk.org/health-professional/cancer-statistics>

⁷ Occomore LC and Knight Z. A weekly speech and language therapy service for head and neck radiotherapy patients during treatment: maximizing accessibility and efficiency. *Community Support Oncol* 2015 Jul;13(7):248-55.