

Head and Neck Cancer

■ What is head and neck cancer?

The term “head and neck cancer” describes a number of different cancers that develop in or around the throat, larynx, nose, sinuses, and mouth. These cancers begin when healthy cells in these areas change and grow out of control, forming a mass called a tumor. Many of these tumors start in flat squamous cells that form the surface layer of tissue inside the head and neck. There are human papillomavirus (HPV) vaccines that can help protect against certain head and neck cancers.

■ What are the types of head and neck cancer?

There are 5 main types of head and neck cancer. Laryngeal and hypopharyngeal cancer starts in the larynx or the part of the throat surrounding the larynx. Nasal cavity and paranasal sinus cancer develops behind the nose where air passes on its way to the throat or in the air-filled areas surrounding the nasal cavity. Nasopharyngeal cancer affects the nasopharynx, the air passageway at the upper throat behind the nose. Oral and oropharyngeal cancer begins in the mouth, tongue, or middle of the throat. Salivary gland cancer begins in a salivary gland.

■ What does stage mean?

Staging is a way of describing a cancer’s location, if or where it has spread, and whether it is affecting other parts of the body. There is a different staging system for each type of head and neck cancer. Find more information at www.cancer.net/headneck.

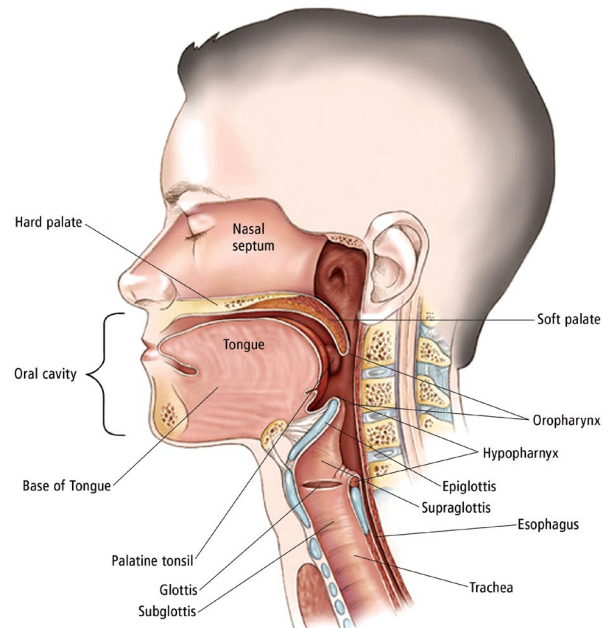
■ How are cancers of the head and neck treated?

Treatment depends on the type and stage of cancer, possible side effects, and the patient’s preferences and overall health. Doctors also consider how treatment might affect how a patient feels, looks, talks, eats, and breathes. The main treatment options are surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy. One or a combination of these treatments may be used. The goal of surgery is to remove the tumor and some surrounding healthy tissue. Some people need more than 1 operation. Radiation therapy may be recommended instead of surgery, or it may be used after surgery to destroy remaining cancer cells. Chemotherapy may be used before or after surgery or combined with radiation therapy. Targeted therapy that targets a tumor protein called epidermal growth factor receptor (EGFR) may be recommended. Immunotherapy may be an option for some people with advanced head and neck cancer.

Patients are encouraged to talk with their doctor about all treatment options, including clinical trials. Clinical trials are an option to consider for treatment and care for all stages of cancer. Rehabilitation will be an important part of the cancer care plan. It can help patients regain and improve abilities that changed after treatment. Before treatment begins, patients should ask their health care team about preventing or managing side effects of cancer treatment. This is called palliative care or supportive care and is an important part of the overall treatment plan.

■ How can I cope with a cancer diagnosis?

Absorbing the news of a cancer diagnosis and communicating with your doctor are key parts of the coping process. Seeking support, becoming organized, and considering a second opinion are other useful steps. Take care of yourself during this time. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ What type of head and neck cancer do I have?
- ▶ Where is the tumor located?
- ▶ What stage is the cancer? What does this mean?
- ▶ Can you explain my pathology report (laboratory test results) to me?
- ▶ Will my case be discussed in a multidisciplinary tumor board?
- ▶ What are my treatment options?
- ▶ What clinical trials are available for me? Where are they located, and how do I find out more about them?
- ▶ What treatment plan do you recommend? Why?
- ▶ What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- ▶ What are the possible side effects of each treatment, in the short term and the long term?
- ▶ Will this treatment affect my ability to eat, swallow, or speak?
- ▶ Will I need physical therapy, speech therapy, and/or another type of rehabilitation after finishing treatment?
- ▶ Who will be part of my treatment team, and what does each member do?
- ▶ How much experience does this center have in treating people with head and neck cancer?
- ▶ Should I see other specialists before treatment, such as an oncologic dentist or a speech pathologist?
- ▶ How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ Could this treatment affect my ability to become pregnant or have children?
- ▶ If I'm worried about managing the costs of cancer care, who can help me?
- ▶ Where can I find emotional support for me and my family?
- ▶ If I have a question or problem, who should I call?

Find more questions to ask the health care team at www.cancer.net/headneck. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

This fact sheet was developed by and is © 2019 American Society of Clinical Oncology, Inc. (ASCO). All rights reserved worldwide. No sponsor was involved in the development of the content. The mention of any company, product, service, or therapy does not constitute an endorsement of any kind by ASCO or Conquer Cancer®, the ASCO Foundation. It is the responsibility of the treating physician or other health care provider, relying on independent experience and knowledge of the patient, to determine drug dosages and the best treatment for the patient. ASCO assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of the fact sheet or any errors or omissions. Information in ASCO's patient education materials is not intended as medical advice or as a substitute for medical advice. Patients with health care-related questions should call or see their physician or other health care provider promptly and should not disregard professional medical advice, or delay seeking it, because of information encountered here. ASCO believes that all treatment decisions should be made between patients and their doctors. Advances in the diagnosis, treatment, and prevention of cancer occur regularly. For more information, visit Cancer.Net (www.cancer.net).

Health Care Professionals: To order more printed copies, please call 888-273-3508 or visit www.cancer.net/estore.

Cancer.Net

Doctor-Approved Patient Information from ASCO®

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

2318 Mill Road, Suite 800, Alexandria, VA 22314

Toll Free: 888-651-3038 | Phone: 571-483-1300

www.asco.org | www.cancer.net | www.conquer.org

© 2019 American Society of Clinical Oncology.

For permissions information, contact permissions@asco.org.

MADE AVAILABLE THROUGH

CONQUER
CANCER®

THE ASCO FOUNDATION

Words to know

Biopsy: Removal of a tissue sample that is examined under a microscope to check for cancer cells.

Chemotherapy: The use of drugs to destroy cancer cells.

Clinical trial: A research study that tests a new approach to treatment.

Epidermal growth factor receptor (EGFR): A tumor protein that targeted therapy blocks to help stop or slow the growth of some types of cancer.

Human papillomavirus (HPV): An infection that can cause certain types of cancer.

Immunotherapy: A treatment designed to boost the body's natural defenses to fight cancer.

Maxillofacial prosthodontist: A doctor who specializes in restorative surgery of the head and neck.

Oncologic dentist: A dentist who cares for people with head and neck cancer.

Otolaryngologist: A doctor who specializes in the ear, nose, and throat.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Recurrent cancer: Cancer that comes back after treatment.

Targeted therapy: Treatment that targets specific genes or proteins that contribute to cancer growth.