

WHAT IS HEAD AND NECK CANCER FACT SHEET

This information may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your cancer care team.

AN OVERVIEW TO HEAD AND NECK CANCER

- Head and neck cancer includes a range of different cancers that are classified based on their location in the head or neck and the type of cancer cells.
- Head and neck cancer often refers specifically to cancers that begin in the cells that line the moist **mucosal** surfaces including the mouth (oral cavity), nose and sinuses, throat (pharynx) and voice box (larynx).
 - These cancers are usually squamous cell carcinomas (SCCs) and account for about 95% of cases.
 - Mucosal head and neck cancers are diagnosed in approximately 3500 Australians every year; representing 2–3% of all cancers.
 - Mucosal head and neck cancer is nearly twice as common in men and often diagnosed in people over the age of 50.
- Thyroid cancers are more common than mucosal head and neck cancers and occur in 2400 Australians every year. They are more common in women and often occur at a younger age.
- Skin cancers of the head and neck are so common in Australia that we don't even know how many occur. It is estimated that more than 500 000 Australians are treated every year for skin cancer. They are more common in men and become more common as you get older, mainly due to sun exposure.
- Less commonly, head and neck cancers may occur in the salivary glands, and other tissues in the face, neck, eyes and ears.

CAUSES OF HEAD AND NECK CANCER

- The most important risk factors for mucosal head and neck cancer are tobacco (cigarette smoking, cigars, pipes, chewing tobacco or snuff) and alcohol use.
 - They are responsible for over 75% of cases and are especially important for cancers of the mouth, throat and voice box.
 - Those with a long history of tobacco use, heavy tobacco use and who use both tobacco and alcohol are at a significantly higher risk of head and neck cancer.
- Infection with the human papillomavirus (HPV) is also a risk factor for some types of head and neck cancer, particularly those involving the tonsils or tongue base (known as oropharyngeal cancer).
- Other risk factors for head and neck cancer include increasing age, male gender, race, inhalation of certain chemicals and dusts, the Epstein-Barr Virus (EBV), chewing betel nut and possibly a diet low in fruit and vegetables.
- Sun exposure is the most important risk factor for skin cancers, particularly repeated sunburn as a young adult.
- Previous radiation exposure is also an important risk factor for head and neck cancer, in particular thyroid cancers. There is usually a delay of at least 10 years from the time of exposure to development of the cancer.
- Some patients may not have any identifiable cause for their cancer.

SYMPTOMS AND DIAGNOSIS OF HEAD AND NECK CANCER

- Head and neck cancers may cause a variety of symptoms depending on the site, type and stage of the cancer.
 - Symptoms may include a lump or sore that does not heal, swelling, bleeding, pain or numbness, trouble speaking, problems with dentures or loose teeth, a hoarse voice, trouble breathing, difficulty chewing or swallowing, persistent ear pain, a persistent sore throat, a neck lump, a blocked nose or nose bleeds, a bulging or watery eye, or vision problems.
 - These symptoms may also be caused by many other less serious conditions.
 - Check with your doctor if you notice any of these symptoms.
- Cancer may be diagnosed or confirmed by a biopsy.
 - This involves removal of a tissue sample that is then examined in detail by a specialist pathologist, under a microscope to look for cancer cells.
 - Biopsies can often be performed in the office with local anaesthetic, but occasionally require sedation or general anaesthesia (you will be asleep and will not remember what happens during the procedure) in the operating room.

STAGING HEAD AND NECK CANCER

- The extent of the cancer (or stage) is defined by the size of the tumour, spread to adjacent structures, spread to lymph nodes in the head and neck, and spread to other sites in the body such as the lungs, liver or bones (known as metastases).
- An international staging system called the TNM system is used. The T refers to the original or 'primary' tumour, the N to the lymph nodes in the head and neck, and the M to metastases elsewhere in the body.
 - The doctor will obtain this information based on an examination (which may include an endoscopy through the nose) and imaging (which may include ultrasound, computed tomography [CT], magnetic resonance imaging [MRI] or positron emission tomography [PET] scans). In some cases, an examination under general anaesthesia in the operating room may be required.

TREATMENT OF HEAD AND NECK CANCER

- When found early, head and neck cancers are typically curable. The treatment approach depends on the type, location and stage of the cancer as well as age and overall health. Common treatment options include:
 - **Surgery:** Involving removal of the cancer, some of the surrounding healthy tissue and, in some cases, lymph nodes in the neck that are known to be involved or at risk. Reconstructive surgery may also be necessary for functional and/or cosmetic reasons.
 - **Radiation therapy:** Involving the use of high-energy X-rays to destroy cancer cells.
 - **Chemotherapy:** Involving the use of drugs to destroy cancer cells.
- Often a combination of these treatment options is recommended. The doctor may also suggest taking part in a clinical trial.

- During treatment for head and neck cancer there may be a range of health professionals specialising in different areas that are responsible for your care. This is called a [multidisciplinary team](#) and may include a head and neck surgeon, reconstructive surgeon, radiation oncologist, medical oncologist, cancer nurses, speech therapists, dietitians, dentists and social workers.
- When planning treatment the cancer care team may discuss the options available and help weigh up the advantages and disadvantages of each approach and/or consider the possible side effects which may affect appearance, wellbeing, speech, eating and breathing.

SEEKING A SECOND OPINION

- A multidisciplinary head and neck clinic is usually recommended for patients with head and neck cancer.
 - This affords a consensus opinion from several specialists in head and neck cancer.
- However, after consulting with a specialist or cancer care team, you may want a second opinion about your diagnosis and treatment plan. Some people worry that the doctor will be offended if they ask for a second opinion, however specialists often welcome a second opinion. This can be an important part of the decision making process for you, and reassure you that you have explored all your options and allow you to feel more confident about the decisions you make.

UNDERSTANDING THE PROGNOSIS OF HEAD AND NECK CANCER

- Prognosis means the expected outcome of a disease and chance of cure.
- It is important to discuss head and neck cancer prognosis with the doctor. Although the type, location and stage of cancer may allow an estimate of the prognosis, there are many other factors that influence this and every individual is different. Because of this no doctor can give you a completely accurate prediction about the course of your illness.
- Typically, if a head and neck cancer is going to recur it does so within the first few years after treatment but this is not always the case. The [cancer care team](#) usually continues close follow-up for at least 5 years, at which time many cancers are considered to be cured.

QUESTIONS TO ASK YOUR DOCTOR

Being diagnosed with cancer can be overwhelming and confusing. There are a lot of information and treatment decisions to make at a distressing time for both the individual and their family. To help you understand everything and get the information you need to make decisions about your health, consider asking the following questions to your cancer care team:

- Exactly what type of cancer do I have? Where is it located?
- Why did I get this cancer? Is it related to smoking or the HPV virus?
- What stage is the cancer?
- What are my treatment options? Which treatment do you recommend for me and why?
- Have you discussed my case at a multidisciplinary team (MDT) meeting and if so, what were the recommendations?
- Who will be part of my cancer care team, and what does each person do? Do I need to see other specialists before treatment (such as a radiation oncologist, medical oncologist, reconstructive surgeon, dentist, dietician or speech pathologist)?
- What are the possible side effects of treatment in the short- and long-term? How can they be prevented or managed?
- What will happen if I don't have any treatment?
- How much will the treatment and/or operation cost? Will Medicare or my health insurance cover it?
- What follow-up tests will I need? How often will they be?
- Am I suitable for any clinical trials?
- Who can I call if I have any problems or questions?
- Where can I find emotional support for me and my family?
- Are there any patient support groups that you would recommend?
- If I wanted to get a second opinion, can you provide all my medical details? Do you mind if I get a second opinion?

You may want to write additional questions here to ask your doctor or cancer care team

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