

Patient information leaflet on head and neck cancers



Dr. Rehan A. Kazi

MBBS, MS, DNB, DLORCS (Eng), DOHNS (Eng), PhD (London) UICC fellow
Head & Neck Cancer Surgeon

WHAT IS CANCER?

Cancer is a disease of the smallest units or building blocks in the body called the cells. There are many different types of cells in the body, and so many different types of cancer can arise from the different types of cells. However, unlike normal cells, the cancer cells are abnormal and multiply 'out of control'.

WHAT ARE CANCERS OF THE HEAD AND NECK?

Cancer can occur in any of the tissues or organs in the head and neck.

Cancers of the oral cavity: These can develop on the lips or in the mouth itself. Cancer can occur inside the mouth in the tongue, the hard palate (the roof of the mouth), the gums, the floor of the mouth (under the tongue) and the inner lining of the lips and cheeks (sometimes referred to as the buccal mucosa).

Oropharyngeal cancer: This develops in the oropharynx, the part of the throat that sits directly behind the mouth (see diagram above). It includes the soft palate (the soft part of the roof of the mouth), the base of the tongue (the part you cannot see), the sidewalls of the throat (where the tonsils are found) and the back wall of the throat (also called the posterior pharyngeal wall).

Laryngeal cancer: Cancer of the larynx occurs mainly in middle-aged and older people but can occur in younger people who started smoking at an early age. It is more common in men than in women. As with other cancers, cancer of the larynx is not infectious and so cannot be passed on to other people.

Thyroid cancer: Cancer of the thyroid is an uncommon cancer that usually affects middle aged and older people, more commonly women. It is very rare in children. Thyroid cancer is more likely if you have previously had a non-cancerous 'adenoma' removed from your thyroid. Previous radiation exposure may also increase the risk.

Cancer of the nose: Cancers can develop in the skin of the nostril and the lining of the nose. The highest part of the throat, which lies behind the nose, is called the nasopharynx. A particular type of cancer called nasopharyngeal carcinoma can develop here. Alongside the nose, in the bones of the face, lie air spaces known as the sinuses (or paranasal sinuses). Cancers can develop in the linings of these areas too.

Cancer of the ear: Cancers of the ear are uncommon and most develop in the skin of the ear. They can develop in the structures deep inside the ear but these cancers are very rare.

WHAT ARE THE TYPES OF HEAD AND NECK CANCER?

Most cancers of the head and neck are of a type called carcinoma (in particular squamous cell carcinoma). Carcinomas of the head and neck start in the cells that form the lining of the mouth, nose, throat or ear, or the surface layer covering the tongue.

However, cancers of the head and neck can develop from other types of cells. Lymphoma develops from the cells of the lymphatic system. Sarcoma develops from cells making up muscles, nerves or blood vessels. Melanoma starts from cells called melanocytes, which give colour to the eyes and skin.

WHAT CAUSES CANCERS OF THE HEAD AND NECK?

Cancers of the head and neck are more common in men and older people. In some cases the causes are unknown, for example salivary gland cancers, sarcomas and lymphomas. We do know that squamous cell carcinomas are much more common in smokers and people who drink alcohol heavily -- especially those who do both.

Other risk factors include:

People who experience long periods of sun exposure and contact with certain chemicals in their daily life have an increased risk.

Nasopharyngeal cancer may be connected with a viral infection known as Epstein-Barr virus.

Most head and neck cancers do not usually 'run in the family'.

WHAT ARE THE SYMPTOMS?

The symptoms caused by a cancer of the head and neck will depend on where it is -- for example cancer of the tongue may cause some slurring of speech.

The most common symptoms of head and neck cancers:

An ulcer or sore that does not heal within a few weeks.

Difficulty in swallowing, or pain when chewing or swallowing.

Trouble with breathing or speaking, such as persistent noisy breathing, slurred speech or a hoarse voice.

Numbness in the mouth.

A persistent blocked nose, or nose bleeds.

Persistent earache, ringing in the ear or difficulty in hearing.

A swelling or lump in the mouth or neck.

Pain in the face or upper jaw.

In people who smoke or chew tobacco, pre-cancerous changes can occur in the lining of the mouth or on the tongue. These can appear as persistent white patches (leucoplakia) or red patches (erythroplakia). These are usually painless but they can sometimes be sore and bleed.

There are many causes other than cancer for these symptoms - but it is important to have them checked by your dentist or doctor.

HOW ARE HEAD AND NECK CANCERS DIAGNOSED?

The doctor often uses a combination of tests such as clinical examinations, biopsy, imaging studies like CT, MRI etc, laboratory tests, examinations under anesthesia and scopes.

TELL ME ABOUT THE STAGING OF CANCERS OF THE HEAD AND NECK?

The stage of a cancer is a term used to describe its size and whether it has spread beyond the area in which it started. There are four stages to a head and neck cancer, starting with a small and localized cancer (stage 1), to one that has spread extensively into surrounding structures (stage 4). If the cancer has spread to other parts of the body this is known as secondary cancer (or metastatic cancer). Knowing the stage of your cancer helps the doctors to decide on the most appropriate treatment for you.

WHAT ARE THE TYPES OF TREATMENT AVAILABLE?

There are three regular types of treatment for head and neck cancer: surgery, radiotherapy and chemotherapy. These are often combined. Other treatments incl. the use of immuno-modulators are still experimental and not fully accepted. In most cases, the treatment is aimed at:

- Removing the visible cancer
- Reducing the chances of the cancer coming back

In many hospitals, a team of specialists will decide the treatment that is best for you. This team will include a head and neck or ear, nose and throat (ENT) surgeon, a clinical oncologist, radiotherapist and may include a number of other healthcare professionals such as a maxillo-facial surgeon, dentist, nurse, speech and language therapist, dietician, physiotherapist & occupational therapist.

Together they will be able to advise you on the best course of action and plan your treatment taking into account a number of factors. These include your age, general health, the tumour type and stage (that is, the size of the tumour - and whether or not it has spread to the lymph glands in your neck).

Before the treatment starts, it is usually advised that you have a complete dental check up and any necessary dental work done.

Because many types of cancers grow slowly and sometimes come back 10 or more years after treatment, your doctors will want to watch you for a long time. Physical exams and imaging studies such as CT scans, MRI, and x-rays may be done to watch for signs that the cancer has come back or spread.

If you have a cancer of the head and neck, your treatment is more likely to be successful if you do not smoke.