

PATIENT-REPORTED SWALLOWING FUNCTION AND SWALLOWING-RELATED QUALITY OF LIFE UP TO 10 YEARS AFTER (CHEMO)RADIOTHERAPY FOR HEAD & NECK CANCER

JACQUI FROWEN^{1,2}, ALLISON DROSDOWSKY^{1,2}, LACHLAN MCDOWELL³, TSIEN FUA^{1,2} & KARLA GOUGH^{1,2}

Contact: jacqui.frowen@petermac.org

¹Peter MacCallum Cancer Centre, Melbourne, Australia ²The University of Melbourne, Melbourne, Australia ³Princess Alexandra Hospital, Brisbane, Australia

BACKGROUND & AIM

- Swallowing problems (dysphagia) after (chemo)radiotherapy for head and neck cancer (HNC) are common.
- Long-term dysphagia, its impact on quality of life (QOL) and associated risk factors remains poorly understood, particularly beyond 2 years post-treatment^{1,2}.
- Aim:** To describe patient-reported dysphagia and dysphagia-related QOL in HNC patients six months to 10 years post-treatment.

METHODS

Design: Cross-sectional study.

Participants: Treated with (chemo)radiotherapy 6 months to 10 years prior for cancer of the nasopharynx, oropharynx, hypopharynx or larynx.

Outcomes:

- Self-reported swallowing function: Eating Assessment Tool (EAT-10)³
- Dysphagia-related QOL: MD Anderson Dysphagia Inventory (MDADI)⁴.

Analysis: Descriptive and bivariate statistics were used. Linear regression models assessed whether demographic, clinical or treatment variables were associated with patient-reported outcomes.

RESULTS

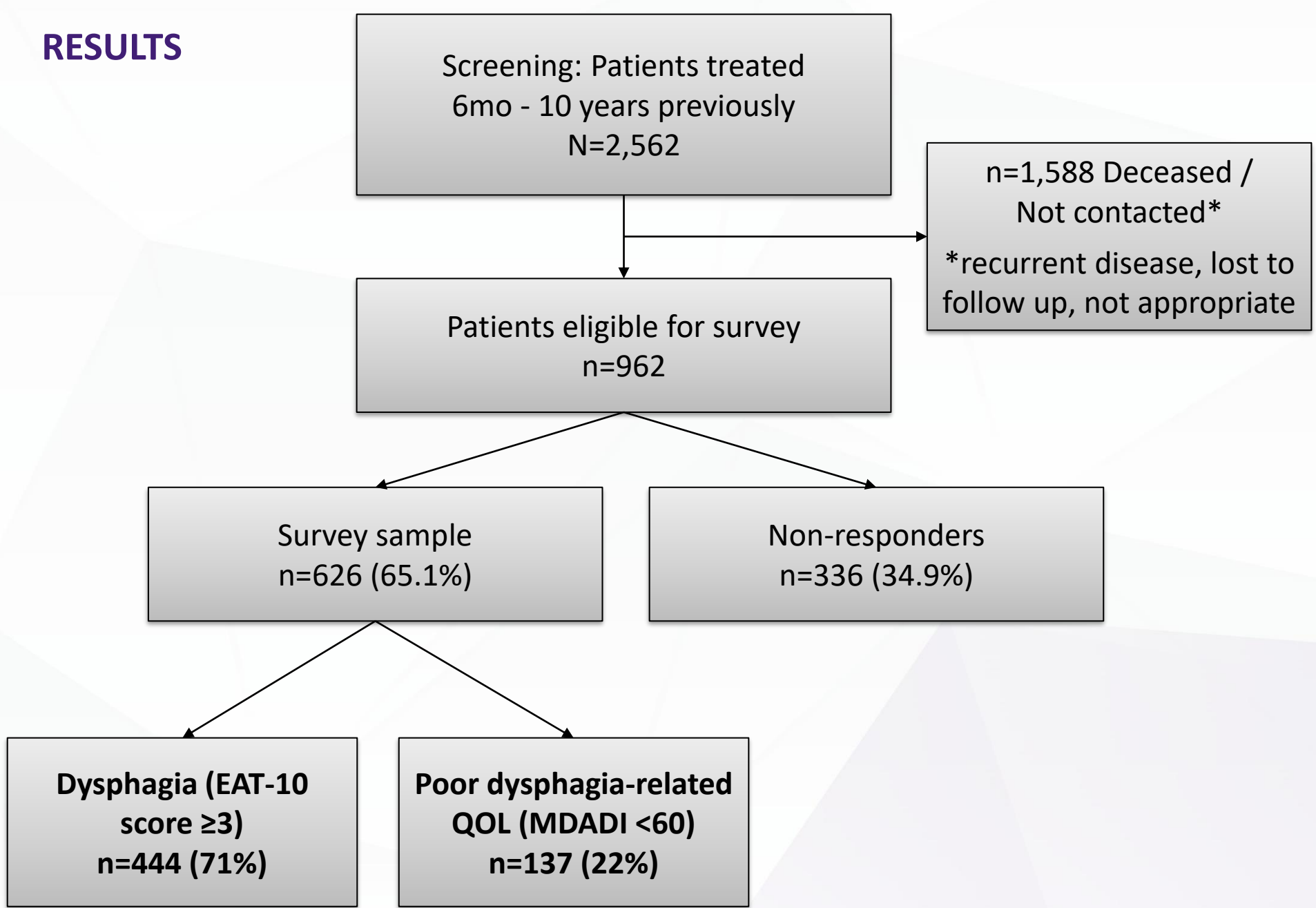


Figure 1: Flowchart of recruitment with results of dysphagia prevalence

Demographics: Patients had a broad range of tumour sites (nasopharynx 9%; oropharynx 70%, hypopharynx 3% and larynx 17%), tumour stages (T1 32%; T2 33%; T3 22%; T4 13%) and time since treatment (M=58 months, range 6-128).

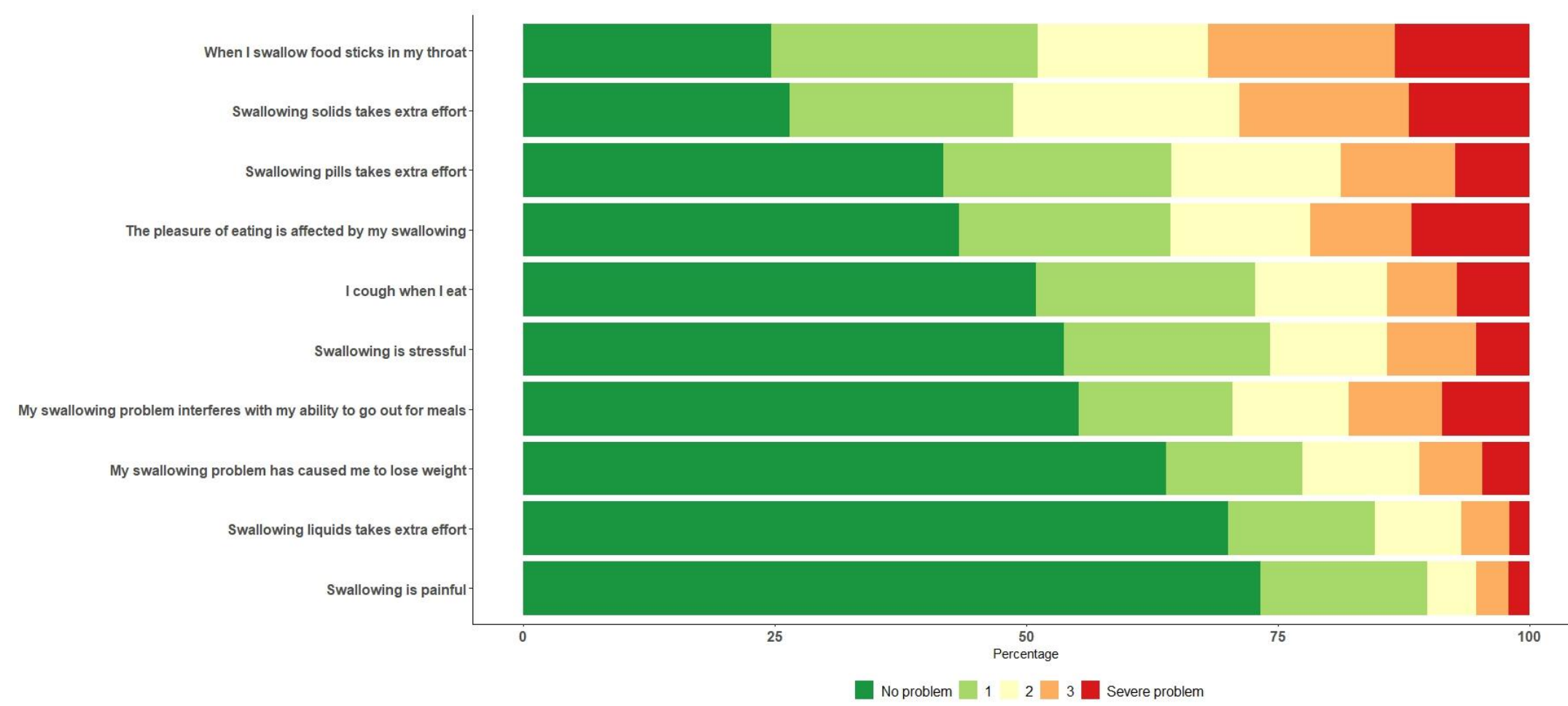


Figure 2: Severity of problems according to EAT-10, showing more severe problems with solids

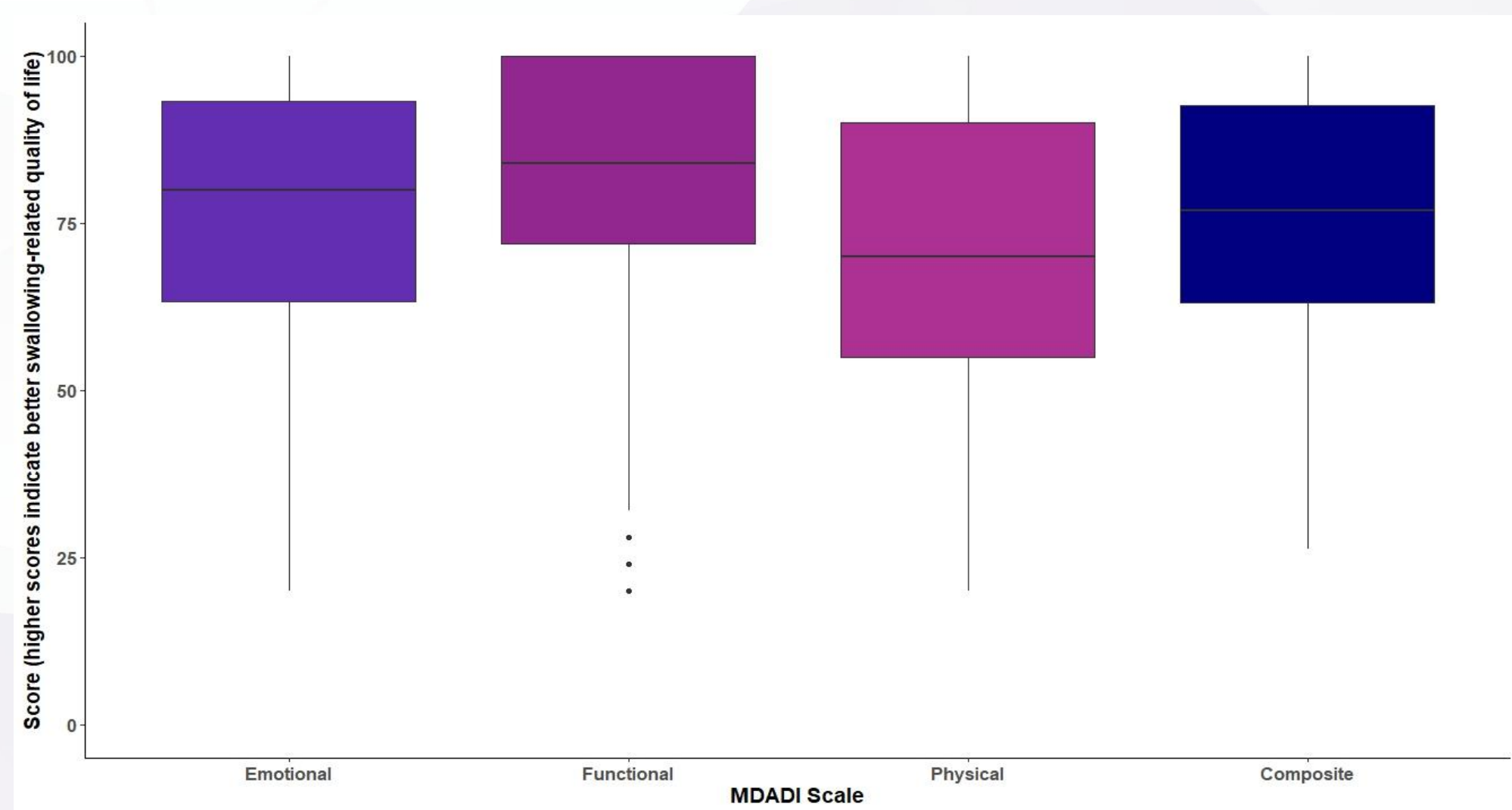


Figure 3: Severity of problems according to MDADI, showing more severe concerns with physical symptoms than emotional or functional

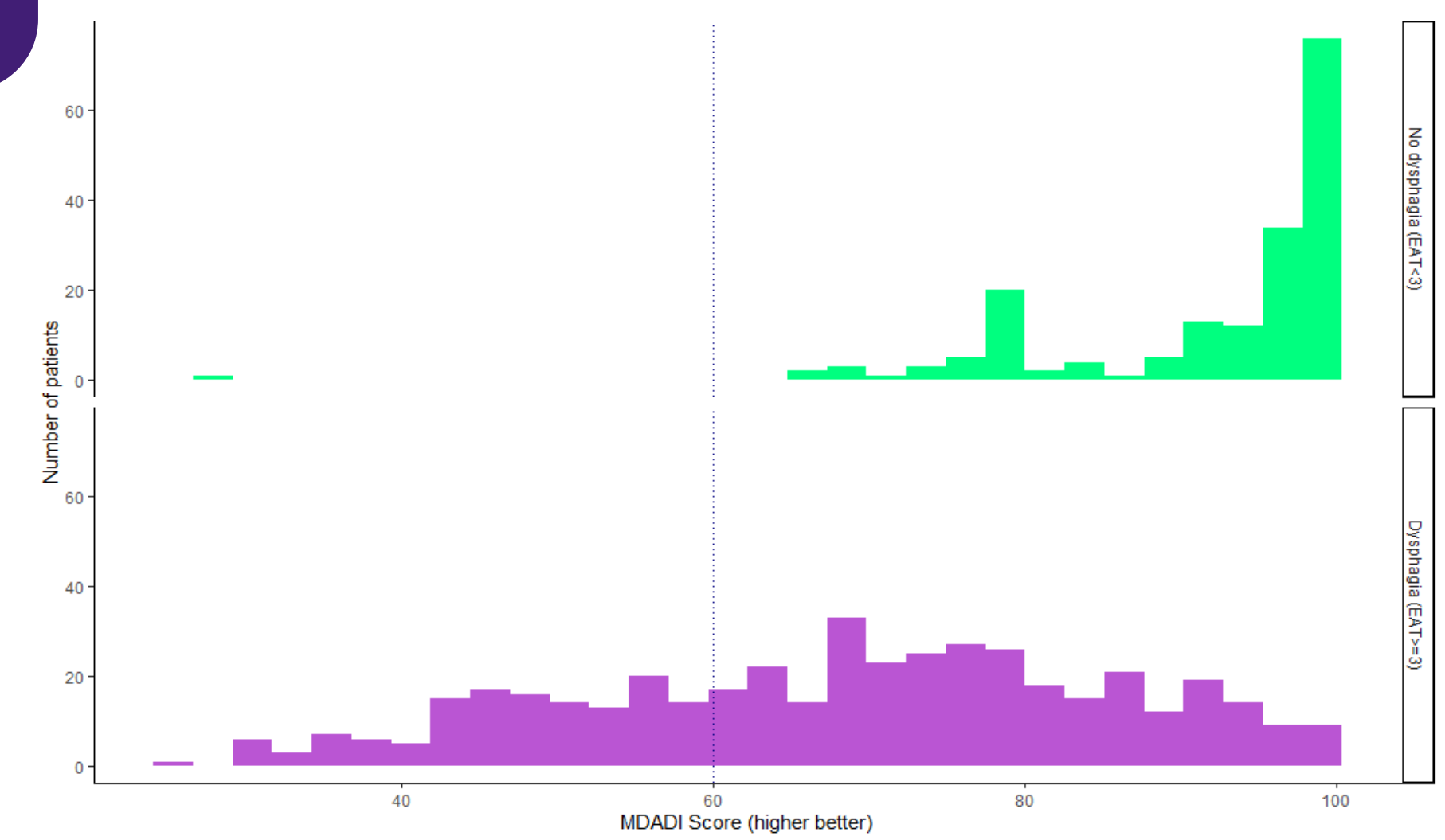


Figure 4: Association between function and QOL

Significant associations for worse EAT-10 and MDADI outcomes (p<0.05):

- Univariate analysis: regional/remote residence, smoking status, site of disease (esp. hypopharynx), T-stage, chemotherapy, bilateral neck radiation, persistent treatment symptoms (e.g., xerostomia) and mean RT dose to pharynx, larynx & parotids.
- Multivariate analysis: residence, smoking status, T-stage, neck radiation, treatment symptoms and mean RT dose to pharynx, larynx & parotids.
- Outcomes were not associated with age, gender or time since treatment.

CONCLUSIONS

- Many patients experience persistent symptom burden up to a decade following treatment.
- According to patient report, poor swallowing function is more prevalent than poor swallowing-related QOL
- Reducing dose to swallowing structures remains critical to optimising long-term function
- As more patients survive HNC, establishing models of care that provide support well into survivorship, and further investigation of interventions that minimise long-term (not just acute) dysphagia, are urgently required.

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