

**Stephanie Culver, MD**  
**Dale Amanda Tylor, MD, MPH**  
1819 State Street, Suite A  
Santa Barbara, CA 93101  
P: (805) 327-6673  
F: (805) 679-5183



## RIVIERA ENT

***This information handout is provided for general medical knowledge only. It may or may not relate to your specific medical condition and it does not constitute individualized medical advice.***

## Head and Neck Cancer

Each year, more than 55,000 Americans will develop cancer of the head and neck (most of which is preventable). Nearly 13,000 will die from cancer of the head and neck.

Head and neck cancers are curable if caught early. Fortunately, most of them produce early symptoms. You should know the potential warning signs so you can alert your physician as soon as possible. *Successful treatment of head and neck cancer depends on early detection.* Knowing and recognizing its signs can save your life.

### What Are the Symptoms of Head and Neck Cancer?

Symptoms of head and neck cancer can include:

- A lump in the neck
- Change in the voice
- A growth in the mouth
- Bringing up blood
- Swallowing problems
- Changes in the skin
- Persistent earache

*A lump in the neck*—Cancers that begin in the head or neck usually spread to lymph nodes in the neck before they spread elsewhere. A lump in the neck that lasts more than two weeks should be seen by a physician as soon as possible. Of course, not all lumps are cancer. But a lump(s) in the neck can be the first sign of cancer of the mouth, throat, voice box (larynx), thyroid gland, salivary glands, or of certain lymphomas and blood cancers.

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*Change in the voice*—Most cancers in the voice box cause a change in your voice. An ENT (ear, nose, and throat) specialist, or otolaryngologist, can examine your voice box easily and painlessly. If you are hoarse or notice voice changes for more than two weeks, see a physician.

*A growth in the mouth*—Most cancers of the mouth or tongue cause a sore or swelling that doesn't go away. These may be painless, which can be misleading. Cancer is often painless. Bleeding may occur, but often not until late in the disease. If an ulcer or swelling is accompanied by lumps in the neck, you should be concerned. In addition, any sore or swelling in the mouth that does not go away after two weeks should be evaluated by a physician.

*Bringing up blood*—This is often caused by something other than cancer. However, tumors in the nose, mouth, throat, or lungs can cause bleeding. If blood appears in your saliva or phlegm for more than a few days, you should see a physician.

*Swallowing problems*—Cancer of the throat or esophagus may make swallowing solid foods, and sometimes liquids, difficult. If you have trouble almost every time you try to swallow something, you should see a physician. A barium swallow X-ray or a direct examination of the swallowing tube with a scope, called an esophagoscopy, can help determine the cause.

*Changes in the skin*—The most common head and neck cancer is basal cell skin cancer. Fortunately, this is rarely serious if treated early. Basal cell cancers appear most often on sun-exposed areas like the forehead, face, and ears, but can occur almost anywhere on the skin. Basal cell cancer often begins as a small, pale patch that slowly grows, producing a central dimple and, eventually, an ulcer. Parts of the ulcer may heal, but the major portion remains ulcerated. Some basal cell cancers show color changes.

Other kinds of cancer, including squamous cell cancer and malignant melanoma, also occur on the head and neck. Most squamous cell cancers occur on the lower lip and ear. They may look like basal cell cancers and are usually not dangerous if caught early and treated properly. If there is a sore on the lip, lower face, or ear that does not heal, see a physician. Malignant melanoma typically produces a blue-black or black discoloration of the skin. However, any mole or spot that changes size or color, or begins to bleed, should be seen as soon as possible by a dermatologist or other physician.

*Persistent earache*—Constant pain in or around the ear when you swallow can be a sign of infection or tumor in the throat. This is particularly serious if you also have difficulty swallowing, a hoarse voice, or a lump in the neck, and should be evaluated by an ENT specialist.

### **What Causes Head and Neck Cancer?**

Head and neck cancers occur due to prolonged exposure to specific risk factors, such as tobacco use (e.g., cigarettes, cigars, chewing tobacco, or snuff), excessive alcohol abuse, or exposure to HPV. Cancer of the lip may be caused by prolonged exposure to sunlight, and is also a major cause of skin cancer.

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## **What Are the Treatment Options?**

Treatment options depend on several factors, such as the stage of disease, type and location of the tumor, and the patient's overall health. Treatment options for cancer are best discussed in a multi-disciplinary setting involving the surgeon, radiation oncologist, oncologist, pathologist, radiologist, speech and swallowing experts, as well as the patient and caregivers. Treatment options may include:

*Surgery*—The goal of cancer surgery is to remove the cancerous tissue and a ring of normal tissue around it. The surgery may also include removing lymph nodes from the neck. Reconstructive plastic surgery may be needed if the cancer is widespread and requires extensive tissue removal. These may include surgery to the tongue, jawbone, facial skin, pharynx, or larynx. In cases such as this, tissue from other parts of the body, like the forearm or leg, can be transplanted to give patients the best possible cosmetic and functional outcomes.

*Radiation therapy*—High energy X-rays are used to stop the growth of and kill cancer cells. Depending on the type and stage of cancer, radiation can be used as a stand-alone treatment or given after surgery with or without chemotherapy. A commonly used form of radiation therapy is intensity-modulated radiation therapy (IMRT), which concentrates radiation beams to the tumor while minimizing damage to the surrounding healthy cells.

*Systemic therapy*—Chemotherapy is the most common type of systemic therapy and destroys cancer cells through the bloodstream using one drug or a combination of drugs. Chemotherapy is often used in combination with radiation therapy either concurrently as primary treatment or after surgery as supplemental treatment. These medications are given in fixed doses as determined by the medical oncologist who monitors the response to treatment and any potential adverse reactions.

Immunotherapy improves the body's immune system and helps fight cancer cells. This rapidly growing area of treatment options has shown promise in patients with recurrent or widely spread (metastatic) cancers. Pembrolizumab (KEYTRUDA®) and nivolumab (OPDIVO®) are examples of FDA-approved immunotherapeutic drugs for head and neck cancers.

## **What Questions Should I Ask My Doctor?**

1. What is the stage of my cancer?
2. Is my cancer related to the HPV virus?
3. Will surgery cause disfiguration?
4. Will I need any additional treatment like radiotherapy or chemotherapy?
5. Will surgery affect my ability to speak or swallow?
6. What are the side effects of this treatment?
7. How long may I have to be in the hospital?
8. What are the chances that the cancer will come back?
9. Should I seek a second opinion?