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TRENDS AND CURRENT INFORMATION
Suggestions and requests to: clinicalaffairs@atosmedical.com

2013 - 03 #11

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Leading the way in ENT

Quality of Life and Voice after total laryngectomy



Baile TL, Day AM, Sawin DE, Lamvik K, Doyle PC. Auditory-perceptual speech outcomes and quality of life after total laryngectomy. *Otolaryngol Head Neck Surg.* 2013 Jan;148(1):83-8.

This study was aimed to determine potential relationships between speech intelligibility, acceptability, and self-reported quality of life (QOL) after total laryngectomy. Twenty-five laryngectomized individuals participated in this study and completed a disease-specific and a discipline-specific QOL questionnaire the University of Washington Quality of Life (UW-QOL) and the Voice Handicap Index-10 (VHI-10). Participants also provided audio recording that included the Sentence Intelligibility Test (SIT) and a reading passage. The results indicated that

listener ratings of speech acceptability and intelligibility were not strongly predictive of disease-specific or voice-related QOL. This would suggest that listener-rated and patient-reported outcomes are complementary.



Treatment of advanced laryngeal cancer



Schojn J, Halgatz M Jr, Bradford CR, Wolf GT, Hartl DM, Langendijk JA, Rinaldo A, Einbruch A, Mendonhall WM, Forstner AA, Takes RP, Ferlko A. Chemoradiotherapy vs. total laryngectomy for primary treatment of advanced laryngeal squamous cell carcinomas. *Oral Oncol* 2013 Apr;9(4):283-6.

This article is an editorial written by the International Head and Neck Scientific Group (IHNSG). The article briefly discusses the current status of larynx-preservation treatment options versus total laryngectomy in patients with advanced laryngeal squamous cell carcinoma. Authors stress that the main aim of larynx-preservation approaches



is to preserve a functional organ without compromising survival, and that proper patient selection for laryngeal preservation is crucial. It is discussed that patients with extensive T4 tumors, baseline laryngeal dysfunction, as well as those aged 70 years and older, should be excluded from larynx-preservation protocols. In patients with more limited T4 tumors and minimal functional impairment, analogous to lower-stage tumors, nonsurgical treatment may be considered despite the known higher rate of salvage laryngectomy in this setting. The concept of patient selection, though of great potential clinical utility, requires additional research and validation in multicenter trials prior to widespread adoption as a standard.

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Voice rehabilitation after total laryngectomy



Pedišić D, Tišac R, Candrić B, Marijić B, Sepić T, Malvić G, Velepčić M,

Starcević R. The use of ultrasound in determining the length of the Provox II voice prosthesis. *Coll Antropol.* 2012 Nov;36 Suppl 2:103-6.

The use of a voice prosthesis after total laryngectomy has become an international standard for voice restoration today. In this study ultrasound and computerized neck tomography were used to determine the length of the TE puncture preoperatively. A total of 91 patients were included. Ultrasound



and computerized neck tomography were used on 58 (63.7%) patients. The outcomes were used to determine the length of voice prosthesis to be inserted primarily secondary. Complication rates were low when the length of the TE puncture measured preoperatively with ultrasound (5.6% vs. 15.5%, p=0.04). Compared their results to other studies, authors believe that they managed to reduce the number of complications caused by inadequate length of the prosthesis, by routine preoperative use of neck ultrasound.



Tišac R, Candrić B, Juranić J, Pavelić G, Pedišić D, Pusić M, Velepčić M,

Starcević R, Miletić D. The role of videofluoroscopy and ultrasound in assessing pharyngoesophageal muscle tone after laryngectomy. *Coll Antropol.* 2012 Nov;36 Suppl 2:125-8.

Twelve patients with inadequate tracheoesophageal voice following total laryngectomy were examined.

The aim of this study was to compare the respective value of videofluoroscopy and ultrasound for assessment of the tonicity of the neoglottis. After locating the hypertonic segment, lidocaine was administered intramuscularly. The passage of contrast through the neopharynx was followed with videofluoroscopy. Dilatation of the segment during swallowing, phonation and at rest was observed to determine whether there were any tonic disturbances or differences before and

after lidocaine injection. Authors conclude that a combination of the two methods (videofluoroscopy and ultrasound) could yield better results in voice restoration. They suggest that videofluoroscopy is the method of choice for initial assessment, while ultrasound is a good method to apply to facilitate administration of the drug more precisely.

Long-term HME compliance



Pedemonte-Sarrías G, Villatoro-Sologaltoa JC, Ale-Inostroza P, Lopez-Vilas M,

Leon-Vintro X, Quer-Agusti M. Chronic adherence to heat and moisture exchanger use in laryngectomized patients. *Acta Otorrinolaringol.Esp.* 2013 February 20 [Epub ahead of print].

Total laryngectomy leads to pulmonary problems such as excessive sputum production, forced expectoration and increased coughing.

The use of a heat and moisture exchanger

(Provox HME) reduces these symptoms. The aim of this study was to investigate factors that influence long-term compliance of HME use in laryngectomized patients. A prospective study of 115 laryngectomized patients was performed. Of the 115 patients, 90 (78.2%) used the HME consistently and 25 (21.8%) abandoned its use. Voice prosthesis use and early postoperative start of HME use were factors significantly associated with chronic and compliant HME use.





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Long-term Quality of Life in Head and Neck cancer



Payakachat N, Ounpraseuth S, Suen JY. Late complications and long-term quality of life for survivors (>5 years) with history of head and neck cancer. *Head Neck*. 2012 Jul 17. [Epub ahead of print]. *Quality of life outcomes become critical for survivors of head and neck cancer. Very few studies address >5-year outcomes. This study focused on late complications and >5-year outcomes and also compared the 2 standard treatments (chemoradiation and surgery followed by radiotherapy). The long-term problems were identified through mail surveys. Forty-seven returned responses were analyzed to determine problems and quality of life. Fifty-three percent reported delayed complications which occurred after 5 years.*

When the 2 treatments were compared, no statistically significant differences were noted. The survivors in the chemoradiation group reported greater difficulties with swallowing,

sticky saliva, feeding tube, and weight loss. The survivors in the surgery and postoperative radiation therapy group reported problems with trismus.



Cousins N, Macaulay F, Lang H, Macgillivray S, Wells M. A systematic review of interventions for eating and drinking problems following treatment for head and neck cancer suggests a need to look beyond swallowing and trismus. *Oral Oncol*. 2013 Jan 4. [Epub ahead of print]. *The incidence of head and neck cancer is increasing, and treatment advances have contributed to improvements in survival. However, a growing number of survivors now live with the long-term consequences of cancer treatment, in particular, problems with eating. The combined effects of cancer, intensive chemotherapy, radiotherapy and surgery have a profound impact on functional, psychological, social and physical*



aspects of eating. This systematic review aimed to identify and summarize the evidence for rehabilitation interventions aimed at alleviating eating problems after treatment. This review highlights that, whilst there is some evidence to support interventions aimed at improving swallowing and mobility following treatment for HNS, studies are limited by their size and so on. Larger, high quality studies, which incorporate patient-reported outcome measures, are required to underpin the development of patient-centered rehabilitation programs. There is also a particular need to develop and evaluate interventions, which address psychological and/or social aspects of eating.

