HEAD AND NECK CANCER TREATMENT
Cancer Care Pathways Directorate
Tailored Information in Cancer Care (TICC)
Sir Anthony Mamo Oncology Centre
The National Cancer Plan

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About this booklet

This booklet may be useful for men and women who are starting or already having treatment for head and neck cancer. Head and neck cancer refers to cancers of the mouth (oral cancers) and the throat, as well as rarer cancers of the nose, sinuses, salivary glands and middle ear.

After diagnosis, it helps to know what to expect and where you can get further support.

This booklet includes information about the treatment options for head and neck cancer according to your diagnosis, and other relevant information you may find useful in your cancer journey. Every patient may require different treatment options and not all information in this booklet may be applicable to your needs. The information in this booklet focuses on head and neck cancer treatments.

This booklet does not replace the information provided by healthcare professionals who will be guiding you throughout your care.
Your first oncology consultation

Following your referral to Sir Anthony Mamo Oncology Centre, healthcare professionals will contact you for an appointment with your Oncologist (the specialised doctor who will be managing your cancer treatment). Your Oncologist will discuss with you your treatment options and together, you shall formulate a treatment plan. Based on the treatment decisions, you will encounter relevant healthcare professionals who will support you during your treatment plan and address your informational needs.

You might find it helpful if you write down any questions you may have prior to your oncology consultation.
Your feelings

Most people feel overwhelmed when they are told they have cancer and experience many different emotions. Partners, family members and friends often have similar feelings and may also need support and guidance to cope.

Often shock, disbelief, denial, fear and uncertainty, anger, blame and guilt are some of the immediate reactions when cancer is diagnosed. You may feel unable to express any emotion. You may also find that you can take in only a small amount of information or you need to be told the same information repeatedly.

If you are experiencing difficulties in coping with your feelings, you may wish to be referred to the Psychology Department at the Oncology Centre.

If you have concerns about coping with the practical aspects of life, such as family and work, you may wish to be referred to the Social Work Service at the Oncology Centre.
Types of head and neck cancer

Head and neck cancers are also described according to the type of cell the cancer started in.

*Squamous cell carcinomas (SCC)*

The most common type of head and neck cancer is squamous cell carcinoma (SCC). Most head and neck cancers (about 9 out of 10) start in squamous cells, which are the skin cells lining the mouth, nose and throat.

*Rare types of head and neck cancers*

Rarely, head and neck cancers can develop from other types of cells:

- Lymphomas develop from white blood cells called lymphocytes.
- Adenocarcinomas develop from cells that line the glands in the body.
- Sarcomas develop from the cells that make up muscles, cartilage, bone or blood vessels.
Staging

The stage of a cancer is a term used to describe its size and whether it has spread beyond its original site to the surrounding structures or lymph nodes. Knowing the extent of the cancer helps the doctors decide on the best treatment for you.

The staging of the different types of head and neck cancers are different. Your doctor or nurse can give you more details about the stage of your cancer.
Treatments used for head and neck cancer include surgery, chemotherapy and radiotherapy. Often, a combination of treatments is used. Treatment depends on the stage of your cancer, its size and your general health.

The most important factor when trying to cure the cancer is making sure that the cancer is removed or destroyed. But your doctors will also try to reduce the long-term effects of treatment on you. For example, they will plan your treatment so that your appearance and ability to speak, chew and swallow are affected as little as possible. Before you decide on the best treatment, it is important to discuss with your doctor how the different treatment options may affect you.

Treatment for early stage cancer

If the tumour is small and has not spread to lymph nodes or elsewhere, it can usually be treated with either surgery and/or radiotherapy.
Small cancers in the mouth can often be removed with surgery. This may cause only small changes in your speech, chewing or swallowing that can be adapted to quite quickly. Radiotherapy may be the preferred treatment for cancers in areas of the head and neck that are difficult to reach, or where removing tissue can cause major changes in speech or swallowing.

**Treating locally advanced cancer**

If a head and neck cancer is larger, or has spread to lymph nodes in the neck, more than one type of treatment is usually needed. This may be a combination of chemotherapy and radiotherapy – called chemo-radiation, which can also be followed by surgery.

**Before treatment starts**

*Dental care*

You will usually be advised to have a complete dental check-up and to have any dental work you need before your treatment begins. It is best to inform your dentist that you will be commencing radiotherapy treatment. If some of your teeth are
If you are unhealthy, you may need to have these removed before you start treatment.

Knowing how to care for your mouth is very important because cancer treatment may make it more sensitive and prone to infection, particularly if you have radiotherapy.

**Swallowing and eating**
Sometimes, radiotherapy can lead to severe difficulty in swallowing, particularly if it is combined with chemotherapy (chemo-radiation). Usually this is temporary and settles within a few weeks of completing treatment. If your oncologist thinks you may be at risk of developing swallowing difficulties, they may suggest a small operation to put a tube through the skin of your tummy into your stomach so that you can be fed through the tube for a while. This is known as a PEG (percutaneous endoscopic gastrostomy) tube. Once your swallowing improves, the tube can be removed.

**Smoking**
Stopping smoking will increase the chances of your treatment being effective. Continuing to smoke increases treatment side effects and the risk of the cancer coming back. Smoking also increases your risk of developing a second cancer in your head or
neck, and of developing cancer in other parts of your body, such as your lungs.

Your GP can give advice and provide nicotine replacement therapies on prescription, such as nicotine patches, gums and inhalers.

The Health Promotion and Disease Prevention Directorate helps people to stop smoking with one-to-one support through the helpline and organises smoking cessation programs at your Primary Health Centre for your benefit. We advise you to contact the directorate on 23266000/80073333 for further information.

**Alcohol**

Avoiding alcohol will also help make your treatment more effective and reduce the risk of side effects.

If you would like support to help reduce your alcohol intake, the social worker at the Oncology Centre can guide you to the necessary support services, namely Sedqa (Support Line 179) or the Alcoholics Anonymous Group (Helpline 25906600).
Surgery

Surgery is one of the main treatments for cancers of the head and neck. The main aim of surgery is to remove the cancer while minimising the changes that surgery may cause to functions such as speech and swallowing.

Before your operation, your surgeon will discuss the surgery with you. It is important that you understand what is going to be removed and how this will affect you after the operation, both in the short- and long-term.

If your speech, swallowing or eating could be affected for a time after surgery, you may also meet other members of the team before your operation, such as a speech and language therapist, nutritionist or dietitian.

Radiotherapy

Radiotherapy uses high-energy x-rays to destroy cancer cells, while causing as little harm as possible to normal cells. Radiotherapy treatment is given in the radiotherapy department as a series of short daily sessions. Each treatment takes 10–15
minutes and they are usually given Monday–Friday with a rest at the weekend. In order to be able to administer radiotherapy accurately, a special mask will be created for you and be used throughout your treatment. This will ensure that your head will not move during radiotherapy treatment. The healthcare professionals shall provide further information on this.

Radiotherapy may be given:
- after surgery (with or without chemotherapy) to destroy any remaining cancer and reduce the risk of cancer coming back
- in combination with chemotherapy (chemo-radiation), without surgery
- to reduce symptoms caused by a tumour (palliative radiotherapy).

**Side effects of Radiotherapy**

You may develop side effects over the course of your treatment. Radiotherapy to the head and neck can cause short-term or long-term side effects such as:
- sore mouth or throat
- sore and sensitive skin
- pain in the area under treatment
- difficulty swallowing
- loss of taste
- a hoarse voice
- dry mouth
- thick, sticky saliva (mucus)
- bad breath
- feeling sick (nausea)
- tiredness (fatigue)

Side effects may be mild or more troublesome depending on your treatment. These usually disappear gradually over a few weeks or months after treatment finishes. The radiographer, focal nurses and other relevant healthcare professionals will discuss this with you so that you may know what to expect. Let them know about any side effects you have during or after treatment, as there are often things that can be done to help.

The following are some tips to help you manage the above side-effects during treatment:

1. **Mouth care**
   - Drink enough liquids (at least 2 litres of water)
   - Rinse your mouth with an *alcohol-free* mouthwash or saline water after every meal or regularly throughout the day;
Use a soft toothbrush due to your sensitive gums which may bleed or hurt easily;
Use fluoride toothpaste;
Eat soft and easy to swallow foods such as mashed potatoes, and scrambled eggs.
Avoid acidic drinks, such as fizzy drinks and fruit juices;
Avoid very hot or cold liquids and food.
Do not drink alcohol, including beer or wine.
Do not eat crunchy or spicy foods.
Do not smoke cigarettes or use other tobacco products.

N.B.: Always consult your doctor and your dentist before having any dental work done.

2. Skin care

It is advisable to wash the area under treatment with lukewarm water and to use non-perfumed soap (ask your pharmacist for advice). Also, use an aqueous cream on the affected area as indicated by your radiographer.

For further information, you may contact the Radiotherapy Department at the Oncology Centre.
Chemotherapy

Chemotherapy is the use of anti-cancer medications to destroy cancer cells, to stop the cancer cells from spreading or to slow the growth of cancer cells. Chemotherapy is sometimes given after surgery (adjuvant treatment) to reduce the risk of the cancer coming back. Chemotherapy can be given before or with radiotherapy. You may also receive chemotherapy when the cancer has spread to other parts of the body (metastasis). Your healthcare professional will explain what the benefits are and what side effects you are likely to expect.

Chemotherapy is generally given into a vein (intravenously) as a drip. Intravenous chemotherapy is often given through a small tube (cannula) in your arm. Chemotherapy into the vein is given as a series of cycles/weeks which are given over a number of hours or days. This may be followed by a gap of a number of days/weeks (depending on your personal treatment plan) in order to allow your body to recover from any side effects of treatment. Your doctor or nurse will explain how many cycles of treatment are planned for you and how you will be given your chemotherapy.
Aurora Support Service organises pre-chemotherapy classes for you and your carers. The aim of these classes is to educate patients who need chemotherapy as part of their treatment. These sessions provide patients with the necessary information to understand and manage chemotherapy side effects. To attend one of these classes, you can contact Aurora Support Service on 79000495 or aurora.meh-health@gov.mt.

**Side effects of chemotherapy**

Chemotherapy drugs can cause side effects. Many of these can be well controlled with medicines and usually side effects will go away when your treatment is finished. Side effects of chemotherapy vary from one person to another and are dependent on your treatment regime. Your doctor or nurse will tell you more about what to expect. Always mention to the healthcare professionals any side effects you are having as there are usually ways in which they can be controlled.
Coping with Head and Neck Cancer after Treatment

Follow up

After your treatment has finished, you will have regular check-ups. You may have scans from time to time, but the most important part of your follow-up will be the examination of your head and neck by your Oncologist and ENT specialist. Follow-up appointments are a good opportunity to talk about any concerns you may have. However, if you notice any new symptoms or are anxious about anything else between your appointments, consult with your family doctor (GP).

Sex and fertility

This section talks about the effects cancer and its treatments can have on your sexuality. We have also included information about planning a family, contraception and your ability to have children (fertility).
Sexuality

Depending on the type of treatment, head and neck cancer, its treatments and their side effects may affect your sex life and how you see yourself (self image). There will often be a period of adjustment for you and your partner, and with time most difficulties can be overcome. You may feel insecure and worry whether or not your partner will still find you sexually attractive. Partners are often concerned about how to express their love physically and emotionally after treatment. It is ok to be sexually active, but it is best to discuss this with your doctor.

Planning a family

It is a good idea to talk to your consultant first if you are thinking about having a family.

Effects after treatment

After treatment you may want to get back to doing the things you did before your cancer diagnosis. However, you may still be coping with the side effects of treatment. There may be physical
changes in the way you look, and possibly changes in some areas of your daily life, such as the way you speak or what you can eat. There will also be emotional changes to deal with so it is important to give yourself time to adjust. Some people find it helpful to be able to talk to someone who has been in a similar situation.

Recovery takes time, so try not to be hard on yourself. It is not unusual to feel anxious and even a bit isolated at this time. People often worry about the cancer coming back and that any ache or pain is a sign that it has returned.

It is important to talk over any concerns or questions that you have with your GP or Oncologist.
Lifestyle changes - Making positive decisions

Eat well and keep to a healthy weight

Here are some tips:
- Eat a balanced diet with lots of fruit and vegetables
- Eat less fat and sugar
- Become more physically active
- Regular exercise
- Eat a healthy and balanced diet which contains enough calcium and vitamin D
- Reduce alcohol intake
- Stop smoking

Work

You may need to take time off work during your treatment and for a while afterwards. Your decision is likely to depend mainly on the type of work you do. Getting back into your normal routine can be very helpful and you may want to go back to work as soon as possible. Many people find that going back to work as soon as they feel strong enough gives them a chance to put their worries to one
side. It can help to talk to your employer about the situation.

For work related issues or other psychosocial queries you may contact the Social Work Service at the Oncology Centre.

**Rest and activity**

Both rest and activity are necessary for good health, and it is important to find the right balance between the two. Your body will tell you when you need to rest and it is important to do so. However, it is important not to stop doing things completely. When you feel like doing things, it is important not to do too much. Start by setting yourself small goals such as going for a short walk.

**Reducing stress**

There are lots of ways to reduce stress. You could try doing things you enjoy. Some people find it relaxing to pray or start a new hobby. You may find it helpful to write a journal.
How Hospice Malta can help you
Hospice Malta provides and promotes the highest standards of Palliative Care, free of charge to persons suffering from cancer, among other conditions whilst also supporting the family throughout the cancer journey. Services include: Home Care, Day Therapy, Hydrotherapy, Respite, Transport, Loan of Equipment, Hospital support, Children’s summer programme, Bereavement support.

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<td>Mater Dei Hospital</td>
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<td>Sir Paul Boffa Hospital</td>
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<td>Sir Anthony Mamo Oncology Centre</td>
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<tr>
<td>Oncology Outpatients at the Oncology Centre</td>
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<td>Chemotherapy Focal nurses</td>
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<td>Radiotherapy Focal nurses</td>
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<td>Hospice Malta</td>
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<td>National Cancer Platform Freephone</td>
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Useful Resources

TICC e-mail
ticc.samoc@gov.mt

Sir Paul Boffa Hospital - A patient information booklet

Sir Paul Boffa Hospital Website

Mater Dei Hospital Website
www.materdeihospital.org.mt/

National Cancer Platform
Freephone: 80072388
Facebook: National Cancer Platform

Macmillan Website
http://www.macmillan.org.uk/

Thanks
This booklet has been written, revised and edited by the Tailored Information in Cancer Care working group at Sir Anthony Mamo Oncology Centre. Thanks go to the Macmillan Cancer Support for allowing us to adapt this information to our local needs.

Disclaimer
We make every effort to ensure that the information we provide is accurate, but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. This booklet does not in any way replace the medical advice or discussion between yourself and the medical team.