

INTRODUCTION

Dysphagia is a common functional impairment of head and neck cancer (HNC) treatment, often significantly impacting survivors' quality of life (QOL). Attention to patient-centered functional outcomes is critical for HNC patients.

This study aims to describe the relationship between objective swallow metrics and dysphagia-related QOL as well as examine clinician recommendations in the HNC population. The overall goal is to identify vulnerable subgroups and improve clinical practice.

METHODS

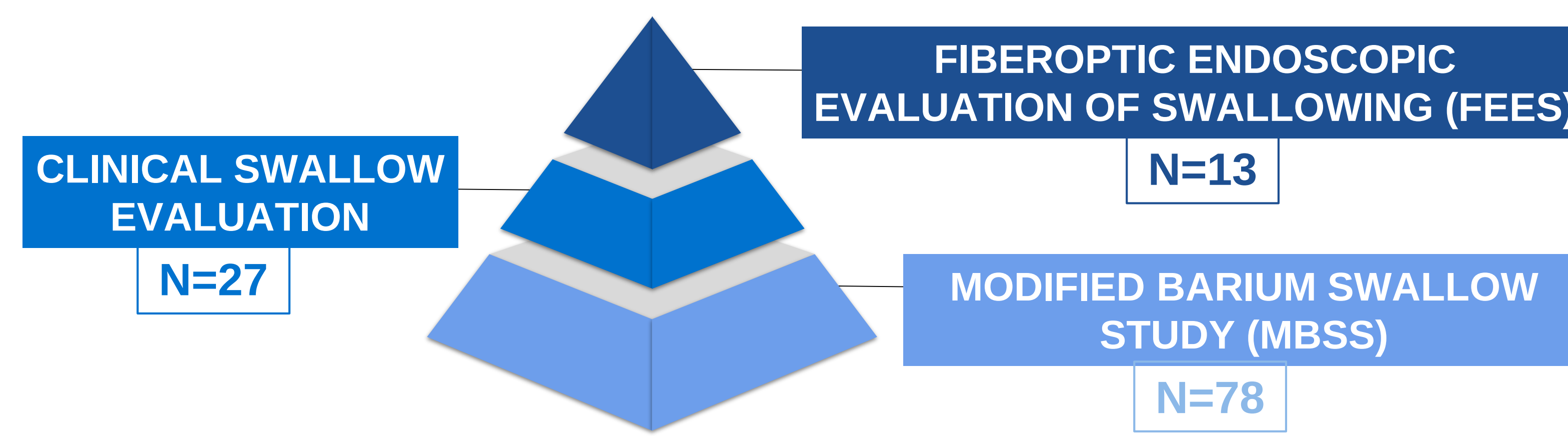
- Data was collected from 118 adults with HNC referred for a comprehensive swallow evaluation comprised of assessments and metrics as detailed to the right
- Patient clinicopathologic features were summarized descriptively
- Distribution of scores (Mean, Median, Min, Max) were examined for entire population and the following subgroups:
 - Tumor site
 - Tumor stage

DEMOGRAPHICS

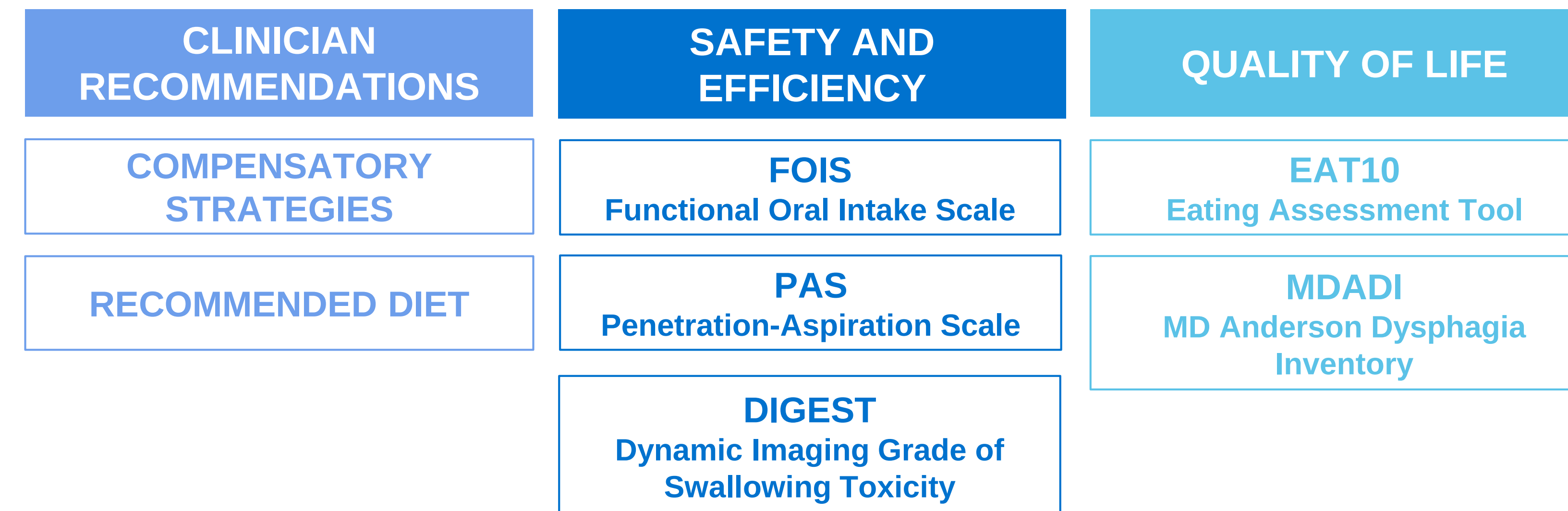
TUMOR SITE	
ORAL	N=38
NASOPHARYNGEAL	N=18
OROPHARYNGEAL	N=45
PHARYNGEAL	N=3
LARYNGEAL	N=6
PAROTID	N=8

STAGE	
T0	N=2
T1	N=17
T2	N=33
T3	N=27
T4	N=26
Unknown/Other	N=13

ASSESSMENT TYPES



METRICS



RESULTS

- Patients with oropharyngeal tumors demonstrated greatest mean deficits in swallow safety/efficiency with associated decreased QOL
- Patients with nasopharyngeal tumors demonstrated deficits in swallow safety/efficiency with associated decreased QOL
- Patients with T3 and T4 tumors, regardless of subsite, had deficits in swallow safety/efficiency and worse QOL
- Need for diet modification was present across the population
- Compensatory strategies were recommended for greater than half of the population
- Few patients were recommended to be strict NPO

MEAN SCORES

TUMOR SUBGROUP	SAFETY AND EFFICIENCY		QUALITY OF LIFE	
	PAS	DIGEST	MDADI	EAT-10
OROPHARYNGEAL	4.0	1.6	69.7	16.9
NASOPHARYNGEAL	3.7	1.3	70.2	14.3
T3	4.1	1.5	69.2	13.1
T4	4.2	2.4	63.9	18.1



CONCLUSIONS

- HNC patients experience impaired functional outcomes and QOL, regardless of tumor site or size
- Overall, greater functional deficits were associated with greater impact on QOL
- Patients with larger tumor sizes (T3, T4) and those with oropharyngeal or pharyngeal tumors demonstrated greatest functional and QOL deficits
- Compensatory swallow strategies were largely beneficial in improving swallow safety/efficiency and may have contributed to the low incidence of NPO
- Patients with nasopharyngeal tumors are a vulnerable population as they were indeed symptomatic and dysphagic
 - This subgroup is typically underserved by Speech-Language Pathologists and would benefit from consistent dysphagia management as part of a standard clinical pathway