



The Successful QOL for Long-Term HNC Survivors

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Purpose/Objectives

- The effectiveness of DBC Tx : <6 months, > 6 months
- The effectiveness of DBC intervention after 10 years
- hypothesize the successful formula to improve QOL for patients with HNC

Methods

This was a retrospective study of OPSCC pts who received Dysphagia Boot Camp (DBC) after surgical, XRT or chemo Tx. Two groups of pts:

- Group 1 received DBC during and after XRT.
- Group 2 received DBC post 6 months of XRT.
- All pts received DBC training 2 times/week for 8 weeks.
- FOIS and Modified Swallowing Study (MBS) were collected pre-DBC and post- DBC.

Results

Sixty-four OPSCC patients included in this study improved their swallowing function after receiving DBC and /or dilatation as measured by FOIS. Group 1 patients have improved significantly. 31/32(93%) patients have improved to eat orally. Only one patient required G-tube feeding. Group 2 patients demonstrated less progress than group 1 patients. Follow up 10 years post DBC training, Group 1: 28/32 (87%) patients can eat orally, 4/32(12%) patients remained on G-tube feeding. Group 2: 1/26 (3.8%) patient can eat orally, 25/26 (96%) patients remained on G-tube feeding.

Conclusions

Swallowing function and G-tube status improved for patients who received DBC and or dilatation less than post 6 months of XRT compared to post 6 months of XRT. Patients with early intervention have extra benefits for 1) actively engaged in their own care by home swallowing exercised 2) attending HNC support group to improve psycho-social health 3) adapting new lifestyle by positive attitudes, eating healthy and doing exercises on regular base. The results are evidenced by improving swallowing function and improved quality of life post 10 years of cancer treatment. We hypothesize that the successful formula for long term OSCC dysphagia outcome may be due to early intervention with DBC, early psycho-social support, new lifestyle modification and respiratory retraining.

Dysphagia Boot Camp (DBC) Outcomes

FOIS	Group 1	Group 2
Pre –DBC	2	1.8
Post-DBC	5	2.8

Oral Intake status	Group 1 (N=32)	Group 2 (N=26)
Oral diet # PT	28(87.5%)	1(3.8%)
G-tube dependent	4(12.5%)	25(96.1%)

Functional Oral Intake Scale (FOIS)

G.D. Carnaby and M.A. Crary

- 1-3 Completely tube dependent
- 4 Oral Intake-1 Consistency
- 5 Oral Intake-Multiple Consistencies
- 6 Oral Intake-Some Limitations
- 7 Total Oral Diet-No Restrictions

References

- Crary, MA et al. Preventative exercises for dysphagia following head and neck cancer. Dysphagia 2007
- Nguyen, NP et al. Analysis of factors influencing dysphagia severity following treatment of head and neck cancer. Anticancer Research 2009
- Platteaus, N et al. Dysphagia in head and neck cancer patients treated with chemo-radiotherapy. Dysphagia 2009

DBC

Specific Core Training

Tongue Resistance
Effortful Swallow
Laryngeal Elevation
Vocal Fold Adduction
Breath-Hold
Mendelsohn Maneuver
Neuromuscular electrical stimulation
Family Caregiver Training
Home Program Exercises

Long Term QOL Formula
Active Engagement
Early Intervention
Team collaboration
Dysphagia Boot Camp
Attend HNC Support Group
Lifestyle Modification
Respiratory Training