Improving Patient Outcomes with Therapy During & After Head & Neck Cancer Treatment

The Problem:
Severe swallowing disorders & decreased quality of life have been found in patients following concurrent chemotherapy & radiation treatment for head & neck cancer. Previous practice consisted of feeding tube placement (PEG) in all patients prior to the start of chemotherapy & radiation treatment (CXRT) for head & neck cancer. New research has shown better long-term swallowing outcomes & better preservation of swallowing-muscle strength/function when patients continue to eat/drink during treatment:

Therefore, in 2013 the Head & Neck cancer team at BIDMC stopped placing feeding tubes prophylactically, and started following patients weekly in nutrition and swallowing therapy.

Aim/Goals:
To avoid weight loss / maximize nutrition & hydration
To preserve swallowing-muscle strength, range of motion & function
To reduce the severity of altered tissue integrity in the mouth & throat
To provide education/strategies to successfully manage the side effects of CXRT
To improve long-term outcomes & quality of life for patients post-treatment
To improve Interdisciplinary collaboration/coordination of care

The Team
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The Results/Progress to Date
➤ Patients who are able to comply with this new treatment protocol:
• Resume a close-to-normal diet sooner post-treatment.
• Report improved quality of life when able to have PEG removed.
• Return to a full PO diet more quickly.
• Are more likely to avoid PEG placement or use PEG less.
➤ Swallowing therapy & Nutrition services are also provided in the BID-Needham Cancer Center since November, 2014.

The Interventions
Speech-Language Pathologist & Dietician now participate in weekly interdisciplinary Head & Neck rounds with MD team & Coordinate a monthly Head & Neck support group meeting facilitated by Social Work.
➤ Speech-Language Pathologist (SLP) provides:
• Pre & Post-Treatment Videoswallow Evaluations, swallowing therapy during & after CXRT & counseling / education to optimize swallowing function as status changes, decrease aspiration & improve quality of life.
➤ Registered Dietician (RD) provides:
• Pre & Post- Treatment evaluation & nutrition counseling until the patient can independently manage nutrition needs & Weekly sessions during CXRT with RD to provide/update nutrition support recommendations & determine need for feeding tube.

Lessons Learned
➤ Weekly sessions with patients during treatment result in better understanding of patient challenges & faster adaptation of interventions to better achieve swallowing & nutritional goals.
➤ Close post-treatment follow-up is beneficial to prevent severe swallowing disorders, especially in patients with longer life expectancy.
➤ Barriers to success include: Limited social support, Fatigue, Ongoing substance use, Financial limitations, Cultural differences, Patient buy-in.

Next Steps/What Should Happen Next
➤ Collect Data on Patient Outcomes, including percentage of patients who are meeting nutritional needs with minimal dietary restrictions at post-treatment videoswallow, and at one year post-treatment.
➤ Swallowing & nutrition follow-up at regular intervals to provide early identification & treatment prior to the development of late-radiation effects, such as fibrosis.

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