

Head and Neck Cancer: The Complexities of Care

It is appropriate to review the state of the management of head and neck cancers at this time. This is a time of fundamental advances in the management of these diseases. Once considered a “messy” field of oncology because of seemingly insurmountable problems of disease control, morbidity, functional loss, and disfigurement, the field has taken on new vigor by incorporating important basic advances in the understanding of cancer, new modalities of treatment, management of functional deficits, and maturation of the concepts of ethical care. This issue of *Cancer Control* brings together a series of papers on these topics and provides some idea of the complexity of the issues that must be considered in the treatment of the patient with head and neck cancer. These papers range from the basic understanding of the genetics of head and neck cancer to the ethics of patient care.

The first paper by Drs Gleich and Salamone discusses the molecular genetics of head and neck cancer. In the past 15 years, much has been learned about the genetics of cancer cells. This understanding has led to the beginnings of innovative diagnostic and therapeutic approaches to head and neck cancer. While these interventions still have far to go before becoming standard care for head and neck

cancer, they are exciting because they will address the fundamental genetic differences of malignant cells and thus will likely be less toxic than current treatments. Head and neck cancer has often been used as a prototype for some of these interventions because of the accessibility of these tumors. The future role of these concepts in the treatment of head and neck is still to be defined, but much progress has already been made.

The second paper by Drs Werner, Dünne, Folz, and Lippert discusses the use of transoral laser microsurgery in the treatment of oral cancers. One of the major problems in surgery of head and neck cancer is the morbidity associated with radical resection of tumors. Approaches to surgery of oral tumors that minimize resection of functional structures can lead to reduced morbidity and more rapid recovery without sacrificing efficacy.

The next paper by Dr Al-Sarraf reviews the recent innovations in the treatment of locally advanced head and neck cancer. In the not too distant past, the mainstay of treatment of advanced head and neck cancer was radical surgery combined with radiation therapy. That treatment paradigm produced reasonably good disease control but often at the cost of a high degree of morbidity. Before 1980,

chemotherapy was relegated to a minor role in palliative therapy. The information now available from large, controlled clinical trials has now demonstrated the effectiveness of multimodality therapy. These advances have led to improved survival and often to reduced morbidity. As multimodality treatment protocols are further refined, we can expect to see further improvement in survival rates.

In spite of the reduction in morbidity achieved by minimally invasive surgery and organ-sparing multimodality protocols, the treatment of head and neck cancer in many cases still results in alteration of oropharyngeal function. This can mean impaired speech, mastication, and swallowing. Dr Gaziano discusses the evaluation and management of dysphagia following treatment of head and neck cancer. An understanding of the physiology of swallowing and the alterations produced by surgical and nonsurgical treatment modalities can result in improved rehabilitation of cancer survivors and better quality of life.

In spite of success in the treatment and rehabilitation of patients with head and neck cancer, this disease poses unique ethical problems for those managing the care of these patients. Head and neck cancer attacks the area of the body

most highly associated with the individual's identity and can produce profound alterations in appearance, speech, and swallowing. These deficits can alter a patient's concept of self and impair or profoundly alter social interaction. When posed with the question of whether to undertake a treatment plan that may entail these effects, the clinician must be knowledgeable in the use of ethical principles to resolve treatment dilemmas. The concluding paper by Dr Schenck deals with the ethical principles in the treatment of head and neck cancer and provides useful examples of patient care dilemmas.

This series of papers, I believe, gives a view of the complex issues that must be considered in developing new treatments for head and neck cancer. As we address the challenges in treating our patients with this disease, we must not only develop more effective treatments, but also address the physical, social, and psychologic problems that are created by this disease and its treatment.

Thomas V. McCaffrey, MD, PhD

Program Leader, Head and Neck Cancer
Program
H. Lee Moffitt Cancer Center & Research
Institute
Tampa, Florida