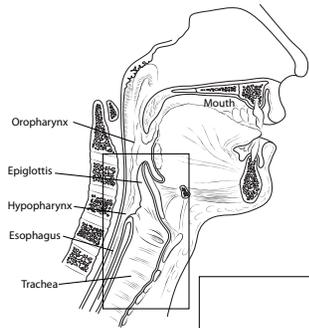


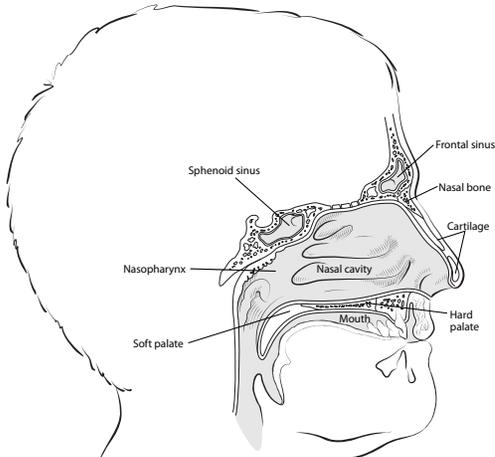
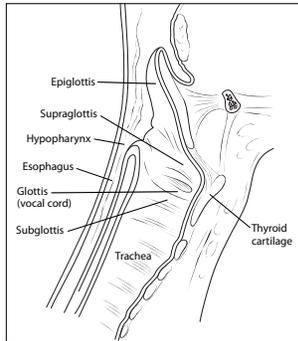


If You Have Head or Neck Cancer

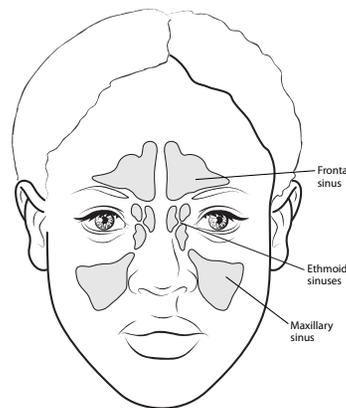




The mouth and throat



The nasal cavity



The sinuses

Ask your doctor to use these pictures to show you where the cancer is.

What is head and neck cancer?

Cancer can start any place in the body. Cancer that starts in the head and neck can have many names. It depends on where the cancer starts. All of these cancers start when cells in part of the head or neck grow out of control and crowd out normal cells. This makes it hard for the body to work the way it should.

Cancer cells can spread to other parts of the body. Cancer cells in the head or neck can sometimes travel to the lungs and grow there. When cancer cells do this, it's called metastasis (meh-TAS-tuh-sis). To doctors, the cancer cells in the new place look just like the ones from the head or neck where it started.

Cancer is always named for the place where it starts. So when head or neck cancer spreads to the lung (or any other place), it's still called head or neck cancer. It's not called lung cancer unless it starts from cells in the lung.

Are there different kinds of head and neck cancer?

There are many types of head and neck cancers. Your doctor can tell you more about the type you have. Here are some of the most common types and how to say them:

- Oral cavity cancer – starts in the mouth
- Oropharyngeal (or-oh-FAIR-in-**GEE**-uhl) cancer – starts in back of the mouth or the throat

- Nasal cavity cancer – starts in the opening behind the nose, a space that runs along the top of the roof of the mouth and then turns downward to join the back of the mouth and the throat
- Paranasal (PAIR-uh-**NAY**-zul) sinus cancer – starts in the openings around or near the nose called sinuses
- Nasopharyngeal (nay-zoh-FAIR-in-**GEE**-uhl) cancer – starts in the upper part of the throat behind the nose
- Laryngeal (lair-in-GEE-uhl) cancer – starts in the voice box
- Hypopharyngeal (hi-po-FAIR-in-**GEE**-uhl) cancer – starts in the lower part of the throat beside and behind the voice box

The most common type of cancer in the head and neck area is called carcinoma (CAR-sin-**O**-muh). These cancers start in the cells that line all parts of the nose, mouth, and throat.

There's a lot of immune system tissue in the head and neck. Cancers that start in these tissues are called lymphoma (lim-FOAM-uh). These cancers are not talked about here.

Call us at **1-800-227-2345** if you need to learn more about lymphoma.

Questions to ask the doctor

- Why do you think I have cancer?
- Is there a chance I don't have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?

How does the doctor know I have head and neck cancer?

These cancers may not be found until they cause problems that make the person go to the doctor. Sometimes changes are seen during a routine visit to the doctor or dentist. You may be sent to see a doctor who focuses on diseases of the ear, nose, and throat (called an ENT doctor, an otolaryngologist [O-toe-LAIR-in-**GOL**-uh-jist], or a head and neck surgeon).

The doctor asks you questions about your health and does a physical exam. If signs are pointing to head or neck cancer, more tests will be done. Here are some of the tests you may need:

Complete head and neck exam: The doctor will check the head and neck area, looking and feeling for any abnormal areas. The lymph nodes in the neck will be felt for any signs of cancer. Because some parts of the mouth and throat are not easily seen, the doctor may use mirrors, lights, and/or special fiber-optic scopes to look at these areas.

Panendoscopy (pan-en-DAHS-kuh-pee): This is a complete exam done in the operating room after you are given drugs to make you sleep. The surgeon looks at the entire area through thin tubes called scopes and may take out pieces of tissue (biopsies) to be checked under a microscope.

Biopsy (BY-op-see): For this test, the doctor takes out a small piece of tissue where the cancer seems to be. The tissue is checked for cancer cells. This is the best way to know for sure if you have cancer.



CT scan: This is also called a CAT scan. It's a special kind of x-ray that takes detailed pictures to see if the cancer has spread to the lymph nodes, lungs, or other organs.

MRI scan: MRIs use radio waves and strong magnets instead of x-rays to take detailed pictures. MRIs can be used to learn more about the size of the cancer and look for other tumors.

Barium swallow: For this test, x-rays are taken while you swallow a liquid with barium in it. Barium coats the inside surface of the throat and helps get a good picture. This test helps to see how your throat looks as you swallow.

Chest x-rays: X-rays may be done to see if the cancer has spread to the lungs.

PET scan: In this test, you are given a type of sugar that can be seen inside your body with a special camera. If there is cancer, this sugar shows up as "hot spots" where the cancer is found. This test is useful when your doctor thinks the cancer might have spread, but doesn't know where.

Blood tests: Certain blood tests can tell the doctor more about your overall health.

Questions to ask the doctor

- What tests will I need to have?
- Who will do these tests?
- Where will they be done?
- Who can explain them to me?
- How and when will I get the results?
- Who will explain the results to me?
- What do I need to do next?

Questions to ask the doctor

- Do you know the stage of the cancer?
- If not, how and when will you find out the stage of the cancer?
- Would you explain to me what the stage means in my case?
- Based on the stage of the cancer, how long do you think I'll live?
- What will happen next?

How serious is my cancer?

If you have head or neck cancer, the doctor will want to find out how far it has spread. This is called staging. You may have heard other people say that their cancer was “stage 1” or “stage 2.” Your doctor will want to find out the stage of your cancer to help decide what type of treatment is best for you.

The stage describes the growth or spread of the cancer in the place it started. It also tells if the cancer has spread to other organs of your body that are close by or farther away.

Your cancer can be stage 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread from where it started. Be sure to ask the doctor about the cancer stage and what it means for you.

What kind of treatment will I need?

There are many ways to treat head or neck cancer, but the main types of treatment are local or systemic.

Surgery and radiation are used to treat only the cancer. They do not affect the rest of the body. This is called *local treatment*.

Chemo and targeted treatment drugs go through the whole body. They can reach cancer cells anywhere in the body. They are called *systemic (sis-TEM-ick) treatment*.

Doctors often use both local and systemic treatments for head and neck cancers. The treatment plan that's best for you will depend on:

- Where the cancer is
- The stage of the cancer
- The chance that a type of treatment will cure the cancer or help in some way
- How treatment will affect the way you talk, breathe, and eat
- Your age
- Other health problems you have
- Your feelings about the treatment and the side effects that come with it

Surgery for head or neck cancer

Some of these cancers are in places that are hard to operate on. Still, surgery may be used to take out the cancer and an edge of healthy tissue around it. In some cases, all or part of the tongue, throat, voice box, wind pipe, or jaw bone may need to be removed. Surgery may be used to take out lymph nodes in the neck that haven't gotten better with other treatments.

Surgery can also be used to help you do things that the cancer may have changed. For instance, if you can't swallow because of the tumor, surgery may be done to put in a feeding tube.

Side effects of surgery

Any type of surgery can have risks and side effects. Ask the doctor what you can expect. If you have problems, let your doctors know. Doctors who treat people with head and neck cancers should be able to help you with any problems that come up.

Radiation treatments

Radiation (RAY-dee-**A**-shun) uses high-energy rays (like x-rays) to kill cancer cells. Here are some ways this treatment may be used to treat head and neck cancers:

- As the main treatment
- To shrink the tumor so it's easier to take out with surgery
- To kill any cancer cells that may be left after surgery
- To ease problems caused by the cancer

There are 2 main ways radiation can be given. It can be aimed at the cancer from a machine outside the body. This is called *external beam radiation*. Or, radioactive seeds can be put right into the body near the cancer. This is called *brachytherapy* (BRAKE-ee-**THAIR**-uh-pee).

Side effects of radiation treatments

If your doctor suggests radiation treatment, talk about what side effects might happen. Side effects depend on the type of radiation that's used and the part of your body that's treated. The most common side effects of radiation are:

- Skin changes where the radiation is given
- Feeling very tired (fatigue, which is pronounced fuh-TEEG)

- Hoarse voice
- Taste changes
- Mouth and throat sores
- Dry mouth
- Trouble swallowing or eating

Most side effects get better after treatment ends. Some might last longer. Talk to your cancer care team about what you can expect.

Chemo

Chemo (KEY-mo) is the short word for chemotherapy (KEY-mo-**THAIR**-uh-pee) – the use of drugs to fight cancer. The drugs may be given into a vein or taken as pills. These drugs go into the blood and spread through the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

Chemo is often given along with radiation.

Side effects of chemo

Chemo can make you feel very tired, sick to your stomach, and cause your hair to fall out. But these problems go away after treatment ends.

There are ways to treat most chemo side effects. If you have side effects, talk to your cancer care team so they can help.



Newer treatments

There are some newer drug treatments for head and neck cancers.

One example is called targeted therapy. This is not the same as chemo because these drugs affect mainly cancer cells and not normal cells in the body. They may work even if chemo doesn't, or they may help chemo work better. They may cause fewer side effects.

Another newer type of drug treatment is called immunotherapy. These drugs help your own immune system attack the cancer. These drugs tend to have fewer side effects, but when they do happen they can sometimes be serious.

Clinical trials

Clinical trials are research studies that test new drugs or other treatments in people. They compare standard treatments with others that may be better.

If you would like to be in a clinical trial, start by asking your doctor if your clinic or hospital takes part in clinical trials. You can also call our clinical trials matching service at **1-800-303-5691** or go online at **www.cancer.org/clinicaltrials** to find studies near you.

Clinical trials are one way to get state-of-the-art cancer treatment. They are the best way for doctors to find better ways to treat cancer. If your doctor can find one that's studying the kind of cancer you have, it's up to you whether to take part. And if you do sign up for a clinical trial, you can always stop at any time.

What about other treatments that I hear about?

When you have cancer you might hear about other ways to treat the cancer or treat your symptoms. These may not always be standard medical treatments. These treatments may be vitamins, herbs, diets, and other things. You may wonder about these treatments.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you're thinking about using, whether it's a vitamin, a diet, or anything else.

Questions to ask the doctor

- What treatment do you think is best for me?
- What's the goal of this treatment? Do you think it could cure the cancer?
- Will treatment include surgery? If so, who will do the surgery?
- What will the surgery be like?
- Will I need other types of treatment, too?
- What's the goal of these treatments?
- What side effects could I have from these treatments?
- What can I do about side effects that I might have?
- Is there a clinical trial that might be right for me?
- What about special vitamins or diets that friends tell me about? How will I know if they are safe?
- How soon do I need to start treatment?
- What should I do to be ready for treatment?
- Is there anything I can do to help the treatment work better?
- What's the next step?

What will happen after treatment?

You'll be glad when treatment is over. But it's hard not to worry about cancer coming back. Even when cancer never comes back, people still worry about it. For years after treatment ends, you will see your cancer doctor. Be sure to go to all of these follow-up visits. You will have exams, blood tests, and maybe other tests to see if the cancer has come back.

At first, your visits may be every few months. Then, the longer you're cancer-free, the less often the visits are needed. Scope exams, lab tests, or imaging tests (like MRI or CT scans) may be done to look for signs of cancer or treatment side effects. Your doctor will tell you which tests should be done and how often based on the stage of your cancer and the type of treatment you had.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call us or talk to your doctor to find out what you can do to feel better.

You can't change the fact that you have cancer. What you can change is how you live the rest of your life – making healthy choices and feeling as well as you can.

How can I learn more?

We have a lot more information for you. You can find it online at www.cancer.org. Or, you can call our toll-free number at **1-800-227-2345** to talk to one of our cancer information specialists.

Words to know

Biopsy (BY-op-see): taking out a small piece of tissue to see if there are cancer cells in it

Epiglottis (EP-uh-**GLOT**-is): A thin, valve-like, cartilage flap at the base of the tongue that covers the vocal cord area when you swallow. This keeps food and drink from getting into the windpipe.

Esophagus (eh-SOF-uh-gus): the tube that carries food from the mouth to the stomach

Glottis (GLOT-is): the part of the larynx that contains the vocal cords

Hypopharynx (hi-po-FAIR-ingks): the lower part of the throat, from the voice box down to the esophagus

Larynx (LAIR-ingks): the voice box, which sits below the base of the tongue and at the top of the windpipe. It contains the vocal cords, which produce sound.

Metastasis (muh-TAS-tuh-sis): cancer cells that have spread from where they started to other places in the body

Nasal cavity: the inside of the nose above the roof of the mouth

Nasopharynx (NAY-zoh-**FAIR**-ingks): the part of the throat that's behind the nose

Oropharynx (OR-oh-**FAIR**-ingks): the part of the throat that's behind the mouth

Subglottis (sub-GLOT-is): the lower part of the larynx, from just under the voice box to the top of the wind pipe

Supraglottis (sub-GLOT-is): the upper part of the larynx, above the voice box

Trachea (TRAY-key-uh): the wind pipe, the big tube that carries air in and out of the lungs

Voice box: the larynx, which sits below the base of the tongue and at the top of the windpipe. It contains the vocal cords which produce sound.



This is a booklet about head and neck cancers.

It tells you things like:

- What these cancers are
- How they're found
- How they're treated
- What you can expect after treatment

For cancer information, day-to-day help, and emotional support, call the American Cancer Society at **1-800-227-2345**. We're here when you need us – 24 hours a day, 7 days a week.



cancer.org | 1.800.227.2345
1.866.228.4327 TTY



bbb.org/charity

WRITTEN AUGUST 2016

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No. 513600
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