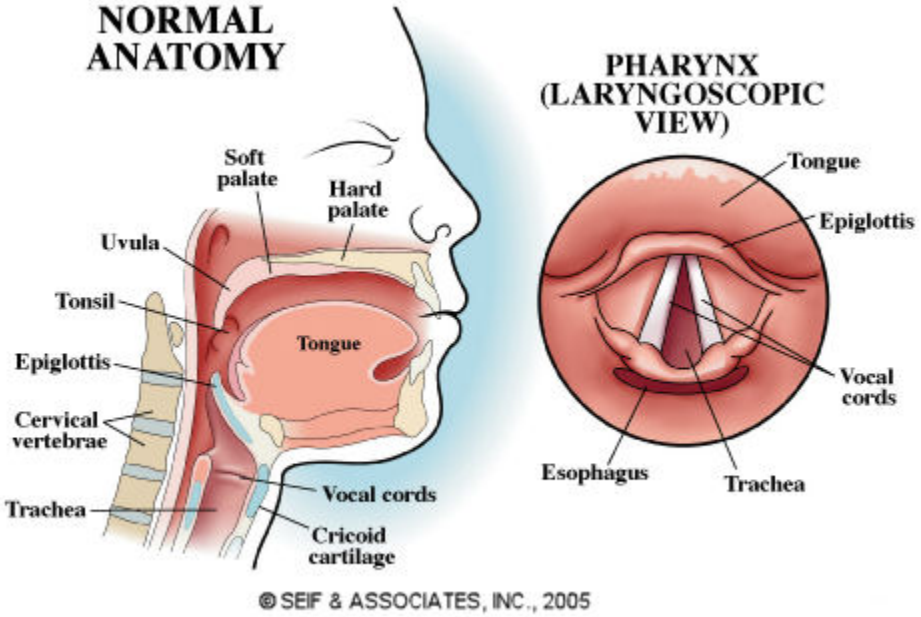
Throat Cancer, Cancer of the Oropharynx

Throat cancer (*oropharyngeal cancer*) is an abnormal growth that often develops on the *mucosal* (inner) surfaces of the larynx, pharynx or mouth. The oropharynx is the middle part of the *pharynx* (throat) behind the mouth. It includes the back one-third of the tongue, the soft palate, the side and back walls of the throat, and the tonsils. The pharynx starts behind the nose and ends at the top of the *trachea* (windpipe) and *esophagus* (the tube that goes from the throat to the stomach). Food passes through the pharynx on the way to the esophagus. Air passes through on the way to the trachea. Cancer of the throat is cancer of the vocal cords, voice box (*larynx*), or other areas of the throat. Most oropharyngeal cancers are the squamous cell type. Squamous cells are the thin, flat cells that line the inside of the oropharynx.



Smoking cigarettes and abusing alcohol can increase a person's risk for throat cancer. Throat cancers usually develop around age 60, and men are 10 times more likely to develop them than women. There are many new surgical techniques to remove the cancer while keeping the function and cosmetic appearance unharmed as much as is possible. Advances in radiation therapy and other oncology services continue to improve treatment.

RISK FACTORS

Anything that increases your risk of getting a disease is called a risk factor. **Risk factors include the following:**

- Smoking, drinking alcohol and chewing tobacco all increase the risk.
- Becoming infected with human papilloma virus (HPV).
- Eating a diet low in fruits and vegetables.
- Drinking Yerba Maté, an herbal stimulant used to make a drink similar to tea. This drink is common in South America.
- Chewing betel quid, a stimulant (areca nut) which is chewed. The habit of chewing betel quid is widespread in Southeast Asia, in the South Pacific islands, and in people of Indian origin elsewhere in the world.
- Any of the above habits which may have contributed to your problem should be stopped. Your caregiver can offer you help to stop various harmful habits.

SYMPTOMS

Possible signs of oropharyngeal cancer include:

- A sore throat, neck pain or lumps in the neck that do not get better within a couple weeks.
- A sore throat that does not go away.
- Hoarseness that does not get better in a couple weeks.
- Pain behind the breastbone.
- Cough and may include coughing up blood and abnormal (high-pitched) breathing sounds
- Trouble swallowing (*dysphagia*).
- Weight loss for no known reason.
- Fatigue and generalized tiredness.
- Ear pain.

- A growth in the back of the mouth, throat, or neck.

DIAGNOSIS

- Your caregiver will examine your throat using a mirror or fiberoptic instrument called a laryngoscope. This examination (*laryngoscopy*), uses a tube with a small lighted camera. It allows your caregiver to look into the mouth and down the throat to look for a tumor.
- To properly diagnose and stage throat cancer, your caregivers may take *biopsies* (tissue samples) from the growth. Specialized studies such as x-rays, ultrasound images, magnetic resonance imaging (MRI) scans, PET scans and computed tomography (CT) scans may be done. Your caregiver will discuss these with you.
- Your treatment will ultimately depend on the *stage* (how far it has spread) and the grade (this is how fast the cancer is growing). It also depends on the location of the cancer and your health. All of these factors also affect the *prognosis* (what can be expected to happen).

TREATMENT

Your caregivers will consider the type and stage of your throat cancer, general health and special considerations before helping you choose a treatment plan. Specialized surgery, radiation, chemotherapy and rehabilitative services are available for treatment options. Treatment is aimed at getting rid of the cancer and preventing spread to other parts of the body.

- Small tumors can be treated with either surgery (removed through an *endoscope* (tube) passed through the mouth to the cancer) or radiation therapy alone to get rid of the tumor. Larger tumors or those which have spread to lymph nodes in the neck may need a combination of radiation and chemotherapy. This may be used to preserve the voice box and is usually successful.
- Removing the tumor with surgery (*laryngectomy*), including all or part of the vocal cords is necessary in some cases. When laryngectomy is required, a surgical *prosthesis* (artificial vocal cords) may be implanted, voice aids may be used, or speech therapy may be recommended to teach alternative methods of speaking. Also when the entire voice box must be removed (total *laryngectomy*), your surgeon may connect the windpipe to the front of the neck. This allows you to breath. This hole through which you breathe is called a tracheostomy.
- Chemotherapy may be used when tumors have spread too far for surgery or radiation therapy to be successful. Chemotherapy is also used to enhance the effectiveness of radiation therapy. It may improve survival and help preserve the larynx.
- Many patients also need swallowing therapy after treatment to help them adjust to the changes in the structure of the throat.
- Joining a support group may be helpful. This group would include people who share common experiences and problems. Your caregivers can direct you in the correct direction to join one of these.

PROGNOSIS

- If detected early, throat cancers are cured about 90% of the time. If the cancer has spread to surrounding tissues or lymph nodes in the neck, about half can be cured. Cancer which has spread (*metastasized*) outside the head and neck is not curable. Treatment is used to prolong the quality of life.
- After treatment, therapy to help with speech and swallowing may be needed. A small percentage of patients will need a feeding tube.
- If the cancer has spread locally to tissues or lymph nodes in the neck 50-60% of patients can be cured.
- After treatment patients generally need therapy to help with speech and swallowing. A small percentage of patients will not be able to swallow. These patients need to be fed through a feeding tube.

COMPLICATIONS

The following are problems which can happen following surgery and radiation.

- Disfigurement of the neck or face.
- Hardening and discoloration of the skin overlying the radiation site.
- Skin may be red, sensitive, or easily irritated for months following radiation treatment. When radiation is used prior to chemotherapy, the treated skin may turn red, blister, and peel after chemo is given. Loose, soft

clothes may help this. Lotions or similar products should not be used unless directed by your caregiver.

- Difficulty swallowing.
- Cancer spread.
- Airway obstruction.
- Loss of voice.

FOLLOWING TREATMENT, SEEK IMMEDIATE MEDICAL CARE IF YOU DEVELOP:

- New onset of hoarseness.
- New onset of coughing up blood.
- Breaking open of a suture line.
- A foul smell coming from the wound or dressing.
- You develop a temperature over 101º F (38.3º C).
- Shortness of breath.
- Loss of voice.
- Bleeding coming from the wound.
- Increasing pain or swelling coming from the wound or surrounding area.

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