

# Getting ahead of head and neck cancer

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Many symptoms of head and neck cancer are hard to miss—a lump in the neck, persistent hoarseness, a mouth sore that doesn't heal—which is good news for early detection as long as symptoms aren't dismissed.

"Anyone can have a mouth ulcer or be hoarse, but if these things don't go away in a week or two, you should see a doctor," said Dr. David Goldenberg, chair of the Department of Otolaryngology—Head and

Neck Surgery at Penn State Health Milton S. Hershey Medical Center. "You can find most of these signs and symptoms yourself, but don't ignore them. Early diagnosis can mean a much better prognosis."

Head and neck cancers, which are twice as common in men than women and strike mostly those over age 50, account for about 4% of all cancers in the U.S. Last year, 68,000 Americans were diagnosed with head and [neck cancer](#), according to the National Cancer Institute. About 15,000 people died from the illness.

The umbrella term of head and neck [cancer](#) covers several different types, including the [oral cavity](#), which is the lips and anything inside the mouth up to the tonsil area; the oropharynx, which includes the back of the mouth, the base of the tongue and tonsils; and the larynx, which is the voice box and vocal cords. Other areas include the nose, paranasal sinuses and nasopharynx.

"Most of these cancers spread to the neck," Goldenberg said. "We therefore assume that any lump in the side of the neck in a person over age 40 is cancer until proven otherwise."

## **Know the signs**

Common signs of oral cavity cancer are red or white patches or a nonhealing sore in the mouth or on the tongue. People with oropharyngeal cancer often feel like something is stuck in their throat, have difficulty swallowing, or have muffled speech, Goldenberg said. Hoarseness, difficulty swallowing and coughing up blood may be signs of cancer of the larynx.

Head and neck cancers may present with pain radiating to the ear. A lump in the side of the neck is commonly the first indicator of a head and neck cancer, he said.

The overall incidence of head and neck cancers has declined along with a decrease in smoking—a definite risk factor, especially when combined with drinking alcohol, which seems to enhance the carcinogenic effect of tobacco, Goldenberg said.

However, [oropharyngeal cancer](#) cases are on the rise.

"The new villain is the [human papillomavirus](#), or HPV," Goldenberg said. "This is the same virus that causes [cervical cancer](#) in women, and this rise in oropharyngeal cancers is due to multiple sex partners, multiple oral sex partners and marijuana usage."

HPV-related head and neck cancers often show up 20 to 30 years after exposure to the virus that causes cancer, Goldenberg said.

"That's why we push so heavily for youths to get vaccinated against HPV," he said. HPV vaccination can be started at age 9 and is recommended through age 26. In 2018, the vaccine was extended to adults through age 45.

In general, head and neck cancers are treated with surgery, radiation, chemotherapy or a combination of all three. However, head and neck cancers arising from smoking and/or drinking are tougher to beat because they are often more aggressive, while HPV-related cancers have a far better prognosis, Goldenberg said.

## Getting past stigmas

One of the most challenging aspects of head and neck cancer is its stigma, not only because it may be sexually transmitted but also because it affects a very noticeable part of us, Goldenberg said.

"Humans are social beings, and these cancers affect the house of our

communication," he said. "What do we do when we get together? We eat, we drink, we gab. So, taking out part of someone's tongue or throat is not something we can hide easily, and it impacts one's ability to interact and socialize."

A multidisciplinary team that includes the [surgical team](#), oncology team, speech and swallowing pathologists, dentists, nutritionists, social workers, and support groups ensures the best outcomes.

"Our treatments are becoming more specific and personalized," Goldenberg said. "Our surgical resections are less invasive, our reconstruction techniques better. In addition, as we learn more about the molecular changes of these cancers, we are better equipped to give immunotherapy, which often replaces toxic chemotherapies. So there is always hope."

## **Be proactive**

Prevention is sometimes possible, Goldenberg said.

- Don't smoke and drink alcohol.
- Don't chew tobacco.
- Get vaccinated against HPV.
- Take advantage of community screenings and those offered at regular dental checkups.
- Don't ignore early signs of [head](#) and [neck](#) cancer

Provided by Pennsylvania State University

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