

Healing Beyond the Tumour: How Speech-Language Pathologists Support Recovery in Head & Neck Cancer

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Disclosures

SARA SAMPIETRO

- FULL TIME EMPLOYEE AT WRH, INCLUDING 1-DAY CONTRACT WITH WRCC
- HONORARIA FOR CLINICAL EDUCATION THROUGH WESTERN UNIVERSITY
- HONORARIUM FROM MARTINO SWALLOWING LAB FOR RESEARCH PARTICIPATION
- MEMBER OF CASLPO
- NEW VOICES LARYNGECTOMY SUPPORT GROUP
- SPOON (SPEECH PATHOLOGISTS OF ONTARIO ONCOLOGY NETWORK)

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Agenda

- WELCOME AND INTRODUCTION

What is at stake for our patients?

- BEYOND THE DIAGNOSIS: THE
MULTIFACTORIAL IMPACT OF HEAD AND
NECK CANCER

- THE SPEECH-LANGUAGE PATHOLOGIST'S
ROLE ACROSS THE CARE CONTINUUM

- STRENGTH IN COLLABORATION:
INSIGHTS TO STRENGTHEN TEAM-BASED
CARE

What is at stake for our patients?

- **Speaking** – Dysarthria and voice changes are common
- **Connection** - changes in appearance, difficulty speaking, or eating can lead to reduced social participation



What is at stake for our patients?

Eating and Swallowing

- Up to 50% of H&N cancer patients treated with RT experience moderate to severe dysphagia
- Many go on to have long-term dysphagia (up to 70%) several years post-tx

Health

- Aspiration pneumonia contributes to non-cancer-related mortality in these patients
- Chronic malnutrition, sarcopenia
- Overall, increased frailty and mortality over time

Beyond the Diagnosis: The Multifactorial Impact of Head and Neck Cancer

- Dysphagia = Difficulty swallowing
 - Pathophysiology: Impaired strength, timing & coordination of oral tongue, tongue base, hyolaryngeal complex, pharyngeal constrictors and upper esophagus
 - Swallow safety – aspiration pneumonia, airway obstruction
 - Swallow efficiency – reduced PO intake, malnutrition
 - Dysarthria = Motor speech disorder causing difficulty speaking
 - Pathophysiology: Impaired strength, timing & coordination of the mandible, lips, tongue, velum, and vocal folds.
 - Difficulty speaking
 - Reduced intelligibility
- } Reduced social & vocational participation, reduced QOL, mental health

What causes dysphagia in Head & Neck Cancer Patients?

Acute

Mucositis

Pain

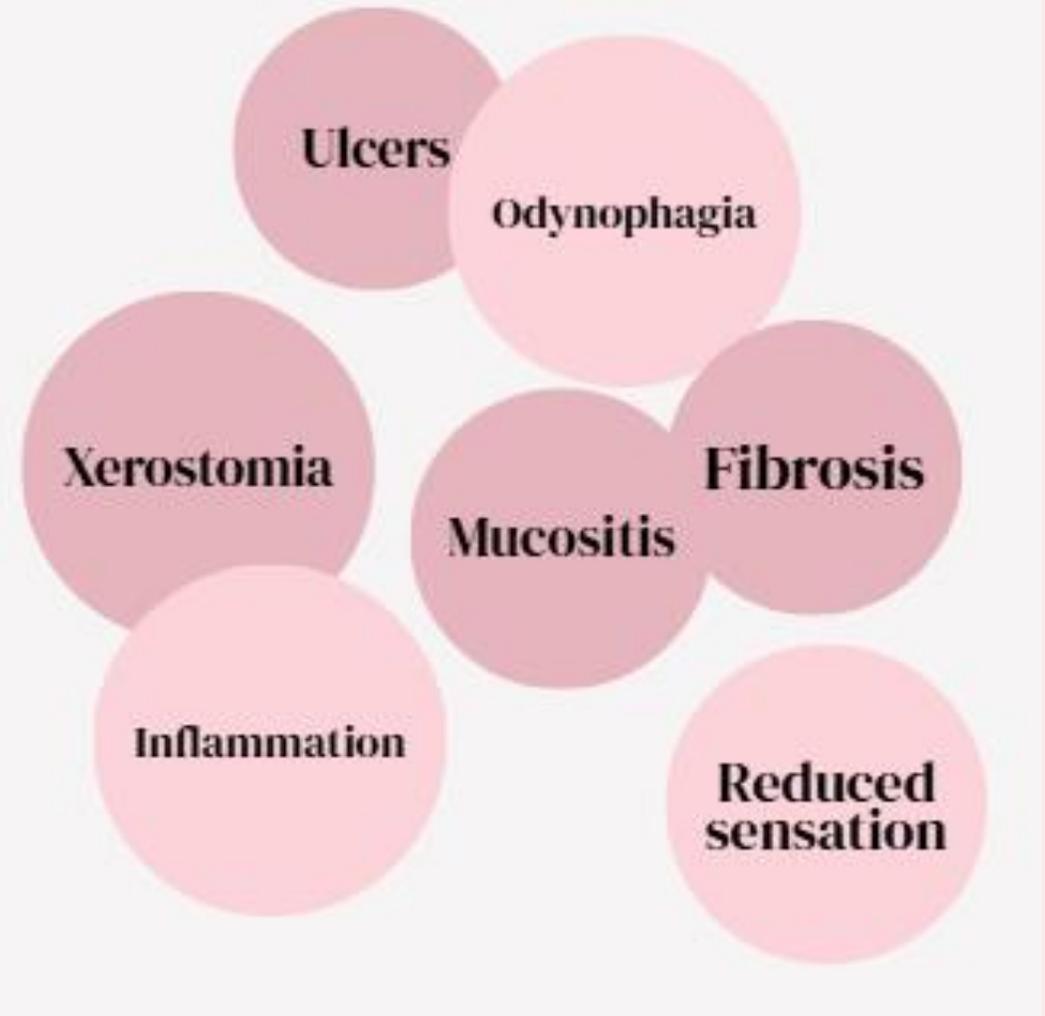
Inflammation

Chronic

Surgical Changes

RT Induced Fibrosis

Reduced Sensation



What does Dysphagia look like?

Normal Swallow



The Speech-Language Pathologist's Role Across the Care Continuum



Pre and Post OP
Pre-op consult
Communication post-op
Assess swallowing



Throughout Tx
Maintain PO intake
Maintain swallow safety
Monitor
Troubleshoot



Pre-diagnosis:
Visit to healthcare provider
Referral to SLP:
dysphagia,
odynophagia, voice changes



Prior to RT
Consultation/education
Prophylactic dysphagia exercises
Baseline dysphagia Ax



And Beyond
Follow for 1 year post-RT
Establish/progress PO intake
Lifelong re-ax and advocacy

The Speech-Language Pathologist's Role Across the Care Continuum – what the literature says

- Pre-diagnosis
 - Pre-op
 - Post-op
 - Pre RT
 - During RT : Pts less likely to develop long term feeding tube dependence
reduced aspiration risk and fewer pulmonary complications
 - Post RT
 - Beyond
- Superior outcomes to delayed or reactive referral models

What happens when a patient is seen by SLP?

Clinical Dysphagia Assessment

- OME
- PO trials

Education and Strategies

- Diet texture modifications
- Compensatory strategies
- Prophylactic Dysphagia Exercises

Instrumental Assessment

- Videofluoroscopic Swallowing Study (VFSS aka MBSS)
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

Follow-up Plan

- Professional consults
- Re-assess/progress
- Repeat steps as needed in light of clinical changes

Strength in Collaboration



Gastroenterologists
Assess Esophageal
phase of swallow
Dilation



Dental Professionals
Oral hygiene
Revision surgeries
Prosthetics



Dietitians
Optimize nutrition in light
of dysphagia



SLP

ENT
Visualize vocal folds &
tissues
Medialization Procedures



Support Groups
Lived experiences
Hope
Practical advice



Lymphadema Therapists
Reduce lymphadema
Optimize movement



SLP TID-BITS AND BITES

TUCKING YOUR CHIN IS NOT ALWAYS SAFE

THICKENING LIQUIDS IS NOT ALWAYS HELPFUL OR MORE “SAFE”

ASPIRATION ALONE USUALLY DOES NOT CAUSE PNA

STRONG INTERPLAY B/W ORAL-PHARYNGEAL AND ESOPHAGEAL PHASES OF SWALLOWING

SWALLOW MAINTENANCE THERAPY WILL BE LIFELONG IN THESE PATIENTS

MBSS IS NEVER PASS OR FAIL

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