Throat cancer

Summary

- Throat cancer can originate in the oesophagus (gullet), larynx (voice box), thyroid gland or squamous cells lining the pharynx (throat).
- Risk factors for throat cancer include smoking and heavy alcohol consumption.
- Symptoms include voice changes, such as hoarseness, the sensation of something stuck in the throat, and persistent pain.

About 600 people in Victoria are diagnosed with cancer of the throat, mouth or nose each year. Throat cancer affects more men than women. It affects more people aged over 50 years than those aged under 50. Risk factors include smoking and heavy alcohol consumption. Smokers who drink heavily are at even greater risk.

Throat cancer can start in the oesophagus (food pipe), larynx (voice box), thyroid gland or cells lining the throat (squamous cells). The larynx is situated at the top of the windpipe (trachea).

Below the larynx is the butterfly-shaped thyroid gland, with its two lobes sitting on either side of the trachea. The thyroid gland regulates many metabolic processes, including growth and energy expenditure.

Symptoms of throat cancer

The symptoms of throat cancer can include:

- a swelling or lump in the throat
- a persistent cough
- blood-flecked phlegm
- the sensation of something permanently stuck in the throat
- voice changes, such as persistent hoarseness or huskiness
- throat pain
- referred pain into the ears
- swallowing difficulties
- breathing difficulties
- swollen lymph glands
- gastrointestinal disorders, such as excessive reflux, diarrhoea or constipation.

Throat cancer can spread

Throat cancer that originates in the squamous cells can invade deeper tissues including muscle. Some types of thyroid cancers can quickly invade nearby structures, such as the trachea. If it is not treated, the enlarging tumour can compress the trachea and cause breathing problems. Throat cancer may metastasise (spread) to other tissues or organs of the body such as the lung.

Risk factors of throat cancer

The exact cause of throat cancer is unknown, although tobacco products are thought to play a significant role in about 80 per cent of cases. Risk factors may include:

- smoking
- regular and heavy consumption of alcohol
- chronic goitre (enlargement of the thyroid gland)

- radiation exposure
- family history of cancer (a genetic predisposition).

Diagnosis of throat cancer

Throat cancer is diagnosed using a number of tests including:

- medical history
- physical examination, which may include using a mirror to examine the larynx (laryngoscopy)
- video-stroboscopy – a specialist test, where a small tube with a camera at the tip is passed through the nose and down the throat to view the larynx and record vocal cord movements onto videotape
- biopsy – a sample of suspect tissue is removed for examination in a laboratory
- x-rays
- ultrasound
- CT scan
- MRI (magnetic resonance imaging) scan
- PET (position emission tomography) scan
- blood tests
- thyroid scan – a special x-ray of the thyroid following an injection of radioactive material.

Treatment for throat cancer

Treatment depends on the size, type and location of the cancer and whether it has spread, but can include:

- **Surgery** – the tumour is surgically removed. This may require the partial or total removal of the thyroid, tissue or muscle, or the entire larynx (laryngectomy) or tongue (glossectomy), depending on the location and size of the tumour. Nearby lymph glands may also need to be taken out if the cancer has spread to these.
- **Radiation therapy** – small, precise doses of radiation target and destroy cancer cells.
- **Chemotherapy** – the use of cancer-killing drugs, often in combination with radiotherapy. Chemotherapy can be helpful in controlling cancers that have spread (metastases) because the whole body is treated.
- **Multi-modality or adjuvant treatments** - such as surgery followed by radiotherapy, or chemo-radiotherapy, especially in the case of large tumours.
- **Long term monitoring** – this may include regular examinations and x-rays to make sure the cancer hasn't come back.
- **Rehabilitation therapy** – this may include assistance from a dietitian, speech therapist and physiotherapist. Social workers, counsellors and clinical psychologists can help patients come to terms with the post-operative changes to their finances, social and professional lives, and appearance.

Side effects of cancer treatment

Depending on the size, type and location of the cancer, and the treatments used, side effects can include:

- **Nausea** – some of the many short-term side effects of chemotherapy include nausea, vomiting and hair loss.
- **Scarring and deformity** – depending on the type of surgery needed and the amount of tissue removed, the patient may have permanent scarring and some degree of deformity.
- **Speech problems** – throat surgery can temporarily or permanently affect speech. In some cases, the symptoms (such as a harsh or weak voice) will improve as the body heals while, in other cases, vocal changes are permanent. Voice therapy can help to improve these outcomes.
- **The need for speech aids** – in the case of a total laryngectomy to remove the larynx, communication techniques can include any or all of the following:
    - a removable silicone voice prosthesis, inserted to produce near-normal speech
    - the use of air from the oesophagus or gullet to produce speech
    - an artificial larynx (communication aid), either held against the neck or inside the mouth to assist with communication. Speech pathologists teach people to use all of these techniques.
- **Swallowing problems (dysphagia)** – a temporary tube may be needed for eating and drinking while the

throat heals. The types of tubes that may be used include: a nasogastric tube – a thin tube, threaded into the stomach via the nose and throat – or a percutaneous endoscopic gastrostomy (PEG) – a tube inserted surgically into the stomach via the abdomen. Sometimes the PEG is permanent. Where swallowing problems persist after treatment, speech pathologists can assist by giving rehabilitation exercises and suggestions for management.

- **Tracheostomy** – in some cases it is necessary to make a hole in the neck through to the trachea and insert a tube to provide a clear airway. Once the swelling subsides, the tube may be taken out and the incision closed. In the case of a total laryngectomy, there is a permanent surgically-made tracheostoma (or stoma) in the neck, but a tube is not usually used.
- **Hormone therapy** – in the case of thyroid cancer, patients need ongoing thyroid replacement therapy following surgery.

Palliative care

Sometimes, the cancer is too advanced and a cure isn't possible. Palliative care aims to manage pain and reduce the severity of symptoms. Some of the options may include:

- individually tailored pain management, developed in consultation with the person's doctors and palliative care experts.
- pain-relieving medication, such as paracetamol and opioid drugs, chosen to suit individuals and to minimise side effects.
- radiotherapy, surgery, hormone therapy and chemotherapy may also relieve pain if these treatments can reduce the tumour size.
- permanent nasogastric or percutaneous endoscopic gastrostomy tubes so the person can eat.
- psychological, spiritual and social counselling to help the person and family members come to terms with their terminal condition.
- palliative care can be offered at home.

Where to get help

- Your doctor
- **Cancer Council Victoria**, Cancer Information and Support Service Tel. **131 120**
- **Peter MacCallum Cancer Institute** Tel. **(03) 9656 1111**
- **Speech Pathology Association of Victoria** Tel. **(03) 9462 4899**

This page has been produced in consultation with and approved by:

Better Health Channel - (need new cp)