

Trends and current information

Voice prosthesis and quality of life

Summers L. Social and quality of life impact using a voice prosthesis after laryngectomy. *Curr Opin Otolaryngol Head Neck Surg.* 2017 Jun;25(3):188-94.

This review aims to update the reader on the key developments in the field of psychological consequences following laryngectomy, including quality of life (QoL). Recent qualitative research on the lived experience and social impact of using voice prosthesis is presented. One of the key points discussed is the social support provided by the healthcare professionals and the voluntary sector (e.g. family and friends). Formal training for speech language therapists (SLTs) in the psychological aspect of adjustment and

copied in oncology is vital in order to manage the long-term disease burden for the patients. Integrating the voluntary sector and health sector, would help to increase public awareness and reduce the social stigma associated with laryngectomy. The authors conclude that collaboration and appropriate interventions are needed for enhancing communication, participation and QoL after laryngectomy.

Physical activity and quality of life

Sammut L, Fraser LR, Ward MJ, Singh T, Patel NN. Participation in sport and physical activity in head and neck cancer survivors: associations with quality of life. *Clin Otolaryngol.* 2016 Jun;41(3):241-8.



The authors aimed to determine the prevalence of physical activity (PA) and the association of PA with quality of life (QoL), in head and neck cancer patients. Data were collected pre- and post-treatment via a questionnaire-based survey of patients from the Head and Neck Cancer Clinic at University Hospital Southampton. PA was scored as metabolic equivalent task (MET), depending on duration and type of activity. The authors observed a statistical significant decrease in MET-minutes/week after completion of treatment, in patients with cancer of facial bones, larynx, oral, oropharynx and salivary glands. Almost two-thirds of the patients (59.9%) reported to be completely sedentary after completion of their treatment. For those patients that were performing higher levels of PA post-treatment, a positive correlation with improved QoL was observed. The authors conclude that PA may improve QoL following treatment for head and neck cancer.

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Free Jejunal reconstruction and tracheoesophageal speech

Fukushima H, Kanazawa T, Kawabata K, Mitani H, Yonekawa H, Sasaki T, Shimbashi W, Seto A, Kamiyama R, Misawa K, Asakage T. Indwelling voice prosthesis insertion after total pharyngolaryngectomy with free jejunal reconstruction. *Laryngoscope Investigative Otolaryngology*. 2017 Jan 24;2(1):30-35.

The authors aimed to determine the features and complications associated with secondary insertion of indwelling voice prosthesis (Provox2 and Provox Vega) after total pharyngo-laryngectomy (TPL) with free jejunal reconstruction. Communication outcomes and complications associated with the site of insertion (jejunal or esophageal) and adjuvant irradiation were retrospectively analyzed in 130 TPL patients. Positive communication outcomes were reported in 78.4% of the cases (n=102). For patients receiving free jejunal insertion, lower complication rate and a significantly

shorter hospitalization duration was observed compared to those patients receiving esophageal insertion. In cases where Provox Vega was used, the complication rate was significantly decreased to zero. Acknowledging that further studies comparing the communication outcomes and complication rates between primary and secondary insertions are needed, the authors conclude that the secondary insertion of voice prosthesis should be considered the standard therapy for voice restoration after TPL with free jejunal reconstruction.

Chemoradiotherapy or Total laryngectomy?

Hamilton DW, Pedersen A, Blanchford H, Bins JE, McMeekin P, Thomson R, Paleri V, Wilson JA. A comparison of attitudes to laryngeal cancer treatment outcomes: A time trade-off study. *Clin Otolaryngol*. 2017 May 19. [Epub ahead of print]

The authors aimed to investigate the favored health state associated with laryngeal cancer treatment in head and neck patients and members of the head and neck cancer multidisciplinary team. Study participants (49 patients and 73 health professionals) were recruited from two head and neck cancer clinics in the north-east of England. In a time trade-off experiment they were asked to rank favorable outcome scenarios after chemoradiotherapy (CRT) and total laryngectomy (TL), depending on the priorities placed on their appearance, voice or swallow function. CRT with complications was the significant least favored treatment

of choice for advanced laryngeal cancer in both groups (55% of patients and 70% of staff members). The health professionals rated the health states associated with laryngeal cancer treatment higher than patients did, being particularly evident when considering the poorer outcomes. A significant proportion of head and neck cancer patients and staff members would not choose CRT to manage locally advanced laryngeal cancer. Based on these findings, it is suggested by the authors that the head and neck cancer community should develop methods of practice and decision-making that incorporate patient values.

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A new peristomal adhesive: Provox StabiliBase OptiDerm

Lansaat L, de Kleijn B, Hilgers F, van der Laan B, van den Brekel M. Comparative Study Between Peristomal Patches in Patients with Definitive Tracheostomy. *Int Arch Otorhinolaryngol (EFirst)* [published Online First: 16.06.2017]

Provox StabiliBase OptiDerm (SBO) is a skin friendly adhesive developed for laryngectomized patients with experience of skin irritation. SBO consists of a stable base, similar to that of Provox StabiliBase, with a hydrocolloid adhesive, similar to Provox OptiDerm. The authors investigated the adhesive in a 2 x 2 crossover study with patient preference being the primary outcome measure. The participating 32 laryngectomized patients were asked to compare SBO with OptiDerm (OD) and the adhesive they normally used. Most patients (60%) preferred their normally used adhesive, but there was also a subgroup

(23%) that preferred SBO. When comparing SBO to OD, 43% of patients preferred SBO, 40% OD and 17% had no preference. The authors conclude that Provox StabiliBase OptiDerm seems to be a valuable addition to the existing peristomal attachment options.



Tracheostoma morphology variation

Leemans M, van Alphen MJA, van den Brekel MWM, Hekman EEG. Analysis of tracheostoma morphology. *Acta Otolaryngol.* 2017 Sep;137(9):997-1001.

To enable the ultimate hands-free speech with the use of an automatic speaking valve, improvements are required in user comfort, strength of fixation and proper airtight sealing. Designing or customizing an airtight intratracheal fixation requires quantitative data and insight in the tracheostoma geometry. Computerized tomography (CT) scans of 20 laryngectomized patients were used to define a "golden standard" for new intratracheal fixation devices. The data outcomes showed significant variation between the study participants, particularly in stoma depth and neck opening at skin

level. The mean transverse and sagittal diameters of the stoma at the peristomal lip were 19.2mm (SD 5.3mm) and 17.6mm (SD 7mm), respectively. The mean stoma depth was determined to 14.0mm (SD 6.4mm) and the mean tracheoesophageal (TE) valve and peristomal lip distance was 13.5mm (SD 7.0mm). The authors state that the "average tracheostoma morphology" could not be defined due to differences in surgical procedures or in patient's neck geometry. Providing an airtight fixation in each patient will require a large range of different sizes, customization or new approaches.