

Unmet needs for supportive care after TL

Jansen F, Eerenstein SEJ, Lissenberg-Witte BI, van Uden-Kraan CF, Leemans CR, Leeuw IMV. Unmet supportive care needs in patients treated with total laryngectomy and its associated factors. *Head Neck*. 2018 Dec;40(12):2633-2641.

This study aimed to provide insight into unmet supportive care needs in patients treated with total laryngectomy (TL). Secondary aim was to identify sociodemographic, clinical and lifestyle factors associating with the unmet needs. Data from 283 laryngectomized patients was collected using the Supportive Care Needs Survey (SCNS). More than 70% of the patients reported at least 1 low, moderate or high unmet supportive care need. Unmet needs were highest for factors associated with head- and neck cancer (HNC)-specific functioning (53%), followed by factors associated with psychological support (39%) and physical and daily living (37%). Eight of the 10 most prevalent unmet needs were HNC or TL-specific, such as problems with social eating, difficulty speaking and shortness of

breath. The authors concluded that it is important to provide personalized supportive care to patients who undergo TL, since regular care may not always fit the needs of the individual patient.



Long-term impact and burden of HNC-treatment

Nilsen ML, Mady LJ, Hodges J, Wasserman-Wincko T, Johnson JT. Burden of treatment: Reported outcomes in a head and neck cancer survivorship clinic. *Laryngoscope*. 2019 Jan 15. [Epub ahead of print]

The aim of this article was to determine the prevalence and predictors of late and long-term treatment-related sequelae among head and neck cancer (HNC) survivors. A retrospective cross-sectional analysis of patient-reported outcomes was conducted. Primary outcomes included quality of life (QOL), symptoms of anxiety and depression and swallowing dysfunction. Data from 228 patients were analyzed. A majority of patients (56%) reported experience of at least three treatment-related factors that impacted their QOL. A higher physical QOL was found to be associated with male gender, tumor sites

in the oropharynx and larynx, longer time since treatment, and treatment with surgery alone. Nonoperative treatment or surgery together with adjuvant treatment were associated with a lower QOL. In addition, patients who had their treatment more than 6 years ago reported worse swallowing dysfunction. The authors conclude that new approaches are needed to optimize QOL and limit the symptom burden of late and long-term treatment effects in HNC survivors.

Provox Luna

Ratnayake CBB, Fles R, Tan IB, Baijens LWJ, Pilz W, Meeuwis CA, Janssen-van Det PHE, van Son R, Van den Brekel MWM. Multicenter Randomized Crossover Trial Evaluating the Provox Luna in Laryngectomized Subjects. *Laryngoscope*. 2019 Feb 20. [Epub ahead of print]

The aim of this multicenter randomized crossover study was to evaluate the effect on compliance of HME use when Provox Luna system is added to a patient's usual care. Secondary outcome measures were associated changes to patient reported symptoms, including pulmonary and dermatological effects. Enrolled patients were randomly divided into two groups, beginning with the use of Provox Luna system during the night or with their usual care for 28 days. Patients were then crossed over for a second period of 28 days. Data from 46 patients were analyzed. A significant improvement in the number of compliant patients was found during the period Provox Luna was used (Luna n=43 of 45 (96%); usual care n=35 of 46 (76%); $p=0.02$). Patients reported a significant increase in hours of HME use/day, as well as a significant increase in total number of compliant days with Provox Luna.



Furthermore a significant skin improvement overnight was observed. The authors concluded that the nighttime system Provox Luna is a useful supplement to a patient's usual care, especially in improving HME compliance and providing dermatological relief overnight.

Voice prosthesis and occupational status

Costa JM, López M, García J, León X, Quer M. Impact of Total Laryngectomy on Return to Work. *Acta Otorrinolaringol Esp*. 2018 Mar - Apr;69(2):74-79.

The aim of this cross-sectional study was to determine the impact of total laryngectomy (TL) on return to work. A survey on employment situation before and after surgery was sent out to a cohort of 116 laryngectomized patients who were disease-free and had a minimum follow-up of 2 years after TL. At the time of surgery, 53% of the cohort were working, 35% were retired and 14% were in a situation of disability. Around 50% of the patients with employments returned to work after TL. Analysis of the subgroup showed that patients with high to intermediate profes-

sional qualifications were significantly more likely to return to work than those with low professional qualifications. Furthermore, voice rehabilitation with a voice prosthesis was significantly associated with higher rates of patients returning to work compared to rehabilitation with oesophageal voice, 70% vs 31%. The authors concluded that maintaining work after TL is influenced by the level of professional qualification and method of vocal rehabilitation after surgery.

Physical activity in HNC survivors

Buffart LM, de Bree R, Altena M, van der Werff S, Drossaert CHC, Speksnijder CM, van den Brekel MW, Jager-Wittenaar H, Aaronson NK, Stuiver MM. Demographic, clinical, lifestyle-related, and social-cognitive correlates of physical activity in head and neck cancer survivors. *Support Care Cancer*. 2018 May;26(5):1447-1456.

The aim of this study was to identify social-cognitive factors correlating with physical activity (PA) in head and neck cancer (HNC) survivors. The theory of planned behavior (TPB), suggesting that intention is the determining factor of a behavior, was used to identify demographic, clinical, lifestyle-related and social-cognitive correlates of PA. Data was pooled from two cross-sectional studies that had measured PA in HNC survivors via self-reported surveys. In total, data from 416 HNC survivors was obtained. PA intention was found to be significantly higher in patients with a history of exercising. In addition, positive attitude towards PA, subjective norm (perceived social pressure) and perceived behavioral control was associated with higher PA intention. PA behavior was found to be significantly higher in patients with high PA intention, lower age and without uninten-

tional weight loss or comorbidities. The authors concluded that it may be important to develop better promotion programs to improve PA in this population, particularly for the elderly.



Rehabilitation after TL in Germany

Singer S, Vogel HJ, Guntinas-Lichius O, Erdmann-Reusch B, Fuchs M, Taylor K, Meyer A, Keszte J. Multicenter prospective study on the use and outcome of rehabilitation after total laryngectomy in Germany. *Head Neck*. 2019 Apr;41(4):1070-1079.

Patient use of the health care systems following total laryngectomy (TL) was studied to evaluate the effect and outcome of the available rehabilitation programs in Germany. A total of 309 patients were followed for 3 years after surgery. Sociodemographic data and use of rehabilitation programs were collected through interviews. Rehabilitation was received by 86% of the patients. According to a majority of the patients (71%), the most important aspect of rehabilitation was speech therapy. Patient-reported reasons for not using the rehabilitation programs

were primarily ongoing oncologic treatment and poor health state. Patients receiving rehabilitation were found to be 4 times more likely to attain the ability to speak compared to those who did not. The authors concluded that post-TL patients are usually very interested in attending rehabilitation, especially to improve their speech capacity.