

Online decision aid to improve medical counseling for treatment in larynx cancer

Petersen JF, Berlanga A, Stuver MM, Hamming-Vrieze O, Hoebbers F, Lambin P, van den Brekel MWM. Improving Decision Making in Larynx Cancer by Developing a Decision Aid: A Mixed Methods Approach. *Laryngoscope*. 2019 Jan 21. [Epub ahead of print]

The authors aimed to develop a comprehensible and easy-to-use patient decision aid (PDA) for patients diagnosed with advanced larynx cancer. The International Patient Decision Aid Standards (IDPAS) were used as a guideline. Patients and clinicians were invited to participate in several semi-structured interviews during three different phases of development to evaluate (1) the decision needs, (2) the comprehensibility and usability of the PDA, and (3) the feasibility of the PDA. A major revision was conducted after the first phase of evaluation where participants indicated that the PDA had to be simplified. The final version of the PDA includes therefore mostly animated videos explaining the different treatment options of advanced larynx cancer and interviews with patients describing their



decisional process, the treatment they received and their quality of life. Both clinicians and patients evaluating the final version of the PDA indicated that it would make a great contribution to improve the regular counseling process. A multicenter trial evaluating the PDA in clinical practice is ongoing. Results are expected in 2020.

Long-term QoL and satisfaction with tracheoesophageal speech

Galli A, Giordano L, Biafora M, Tulli M, Di Santo D, Bussi M. Voice prosthesis rehabilitation after total laryngectomy: are satisfaction and quality of life maintained over time? *Acta Otorhinolaryngol Ital*. 2019 Jun;39(3):162-168.

Giordano et al. demonstrated the effect of voice prosthesis rehabilitation on a patients' quality of life (QoL) in a study published in 2011. The aim of the current study was to investigate whether the satisfaction is maintained over time within the same cohort and evaluate the long-term effects of tracheoesophageal speech (TES). Fifteen patients from the original cohort consisting of 24 laryngectomized patients were included in the study (six patients had died, three were lost to follow-up). All patients had at least a 12-year follow-up period after their first voice prosthesis placement. Patients were

asked to fill in the Short Form 36-Item Health Survey (SF-36) for QoL assessment and the study-specific structured questionnaire for TES used in the 2011 study. In comparison with the 2011 result, a significant improvement in terms of QoL was found in areas related to physical, emotional, social function and bodily pain. The long-term degree of satisfaction related to TES was not significantly different. The authors concluded that the positive effects of TES on QoL may substantially improve and satisfaction of voice prosthesis rehabilitation maintain stable over time.

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Suggestions and requests to: clinicalaffairs@atosmedical.com

Clinical and functional outcomes following surgical intervention

Perdoni CJ, Santarelli GD, Koo EY, Karakla DW, Bak MJ. Clinical and functional outcomes after total laryngectomy and laryngopharyngectomy: Analysis by tumor subsite, salvage status, and extent of resection. *Head Neck*. 2019 May 18. [Epub ahead of print]

This retrospective study aimed to determine factors influencing clinical and functional outcomes after total laryngectomy (TL) and laryngopharyngectomy. Medical records were collected for 107 patients with advanced (stage III/IV) laryngeal and hypopharyngeal squamous cell carcinomas treated with definitive surgical intervention between 2009 and 2016. Patients were stratified across multiple subgroups based upon primary tumor subsite, surgical intervention, complication rates, and functional outcomes. Hypopharyngeal primary tumors and total laryngopharyngectomy treatment were significantly associated with

poorer speech and swallow outcomes compared to the laryngeal cohorts. Patients previously treated with radiation had a higher pharyngocutaneous fistula (PCF) rate compared to those who did not (29.9% vs 10%, $P = .02$). In salvage TL, free flap reconstruction was found to have a protective effect on fistula formation (10% vs 37%, $P = .04$). The authors concluded that the poorer outcomes after salvage TL requests for prospective studies to compare functional outcomes between organ preservation and surgical treatment protocols.

Reimbursement of voice prostheses and HMEs in EU

Beck ACC, Retèl VP, van den Brekel MWM, van Harten WH. Patient access to voice prostheses and heat and moisture exchangers: Factors influencing physician's prescription and reimbursement in eight European countries. *Oral Oncol*. 2019 Apr;91:56-64.

An online survey was conducted to explore patient access to voice prosthesis and heat and moisture exchanger (HME) in Europe. The aim of the study was to evaluate factors influencing physician's prescription and reimbursement of these devices and to identify barriers of and facilitators to effective patient access. Head and neck surgeons and medical device representatives from eight European countries took part in the survey. Access to voice prosthesis was established through (indirect) funding and prescription by all the responding surgeons. Due to lack of reimbursement of HMEs, four of the surgeons in Italy and Poland don't prescribe the device to patients. Lower device utilization was identified in countries with decentralized healthcare systems. Apart from reimbursement, lack of physician's and patient's education, increased

workload and the use of esophageal speech as standard care were reported as factors associated with non-prescription. The authors recommend nationwide reimbursement and guideline implementation on voice prosthesis and HME, as well as providing rehabilitation teams to support physicians in healthcare provision.



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Talking-related effort in tracheoesophageal speech

Searl J. Sense of Effort and Articulatory Contact Pressure Associated with Talking by Individuals Using Tracheoesophageal Speech. *Folia Phoniatr Logop.* 2019 Apr 17:1-10.

The aim of this study was to identify specific locations in the body where patients using tracheoesophageal speech (TES) experience talking-related effort and to compare with ratings of laryngeal speakers. This study included 16 individuals using TES and 10 adults without a laryngectomy matched by gender and age distribution. Participants were asked to rate talking effort on a visual analog scale (VAS) and then rate the degree of effort experienced in the lungs, throat, oral cavity, brain (cognitive) and arm/shoulder. Articulatory contact pressure (ACP) during talking was also measured using a pressure sensor

on the alveolar ridge. All participants using TES reported increased talking related effort in all body regions, including regions outside of voicing (i.e. arm/shoulder). TES participants generated significantly stronger pressure (ACP) between the tongue and palate compared to the control group. ACP and overall talking related effort was found to be significantly associated. The authors concluded that the cognitive and physical effort to speak increases after total laryngectomy, and is not limited to the voicing process.

Physical activity improves HRQoL in HNC-survivors

van Nieuwenhuizen AJ, Buffart LM, van Uden-Kraan CF, van der Velden LA, Lacko M, Brug J, Leemans CR, Verdonck-de Leeuw IM. Patient-reported physical activity and the association with health-related quality of life in head and neck cancer survivors. *Support Care Cancer.* 2018 Apr;26(4):1087-1095.

This cross-sectional study aimed to evaluate the health-related quality of life (HRQoL) associating with self-reported levels of physical activity in head and neck cancer (HNC) survivors. A survey on physical activity and HRQoL were completed by 116 HNC survivors. Demographic, lifestyle-related and clinical factors were collected from medical records of the patients. The physical activity reported by patients mainly consisted of household activities (54%). The portion of physical activity consisting of leisure-time and occupational activities were 34% and 12% respectively. Younger patients reported higher levels of physical activities. Furthermore, higher levels of physical activity were significantly associated with a higher HRQoL. No association between physical activity and demographic, lifestyle-related or clinical factors could be found. The authors concluded that it is important to promote interventions of physical

activity in HNC survivors, particularly in elderly patients that are at risk for functional decline after cancer diagnosis.



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