

The Effect of Chemotherapy and Radiation Therapy on Pain Levels In Head and Neck Cancer Patients

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Background

- Head and Neck Cancer
 - 8th most popular cancer in the United States
 - Types focused on :
 - Oral Cancer
 - Oropharyngeal cancer
 - Head and Neck Cancer usually managed with a multimodality treatment method^[2]
- Acute Pain induced by Radiation Treatment^[1]
 - Acute Mucositis
 - Oral Candidiasis
 - Xerostomia
- Patients who have undergone chemotherapy and radiotherapy will experience higher pain profiles through their radiation treatments.

Methods

- Used to collect data on each patients pain severity, treatment data (Dose, Fx/Dose, and duration), clinical features (type of cancer: oropharyngeal or oral, ECOG performance, and Karfonsky Performance Status) , pain assessment (intensity, score, location and orientation), and if the patient was having concurrent chemotherapy
- Took the collected data and used it to run an individual sample T-test to determine if concurrent chemotherapy is associated with higher pain scores compared to RT alone.

Methods (continued)

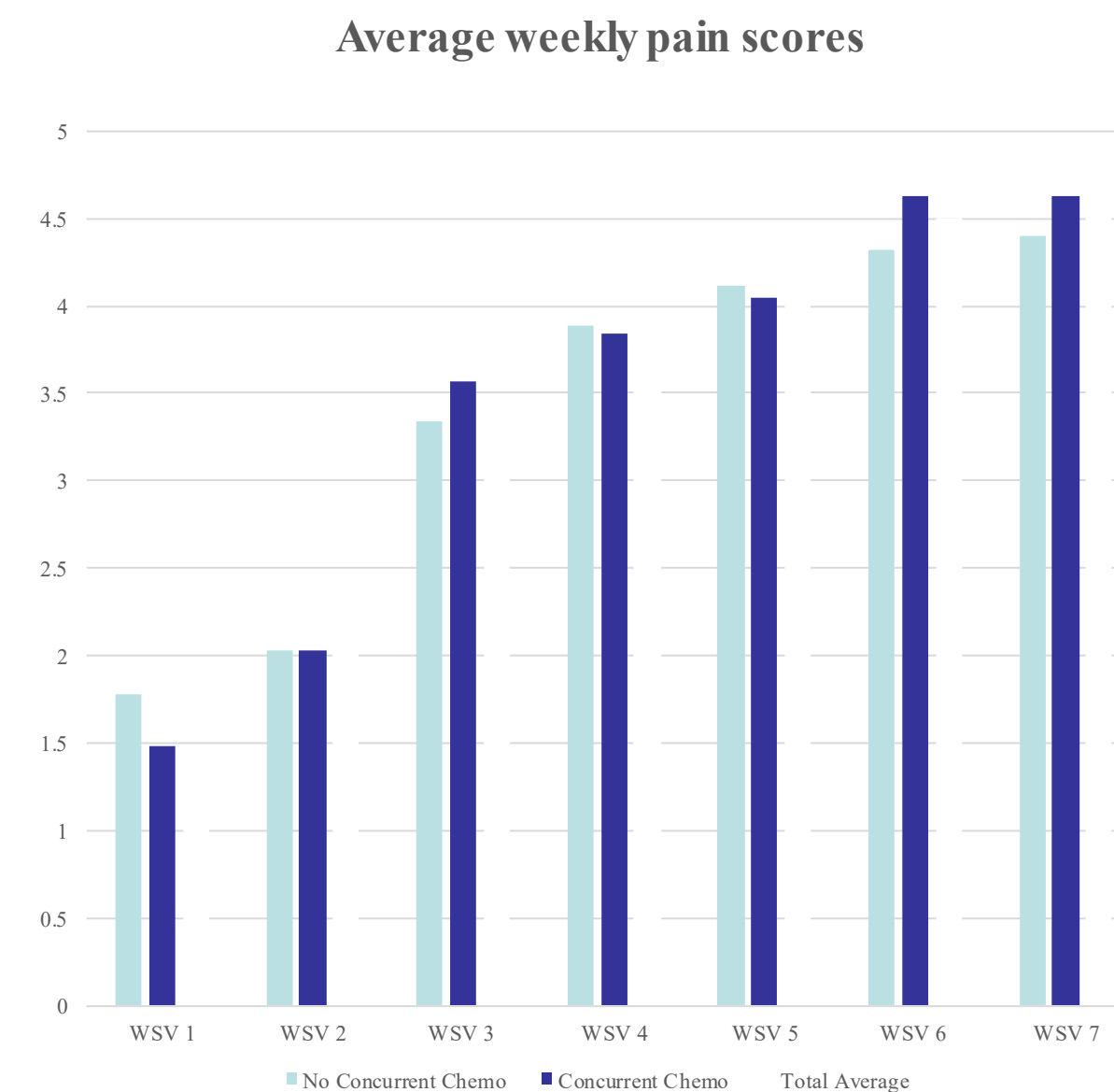
Variables/ Measures

- Independent Variable
 - Concurrent Chemotherapy (recorded in the survey as a bivariate)
- Pain Score Scale
 - Recorded on a scale from 0 -10 (0 = no pain , 10 = extreme pain)

Results

- The independent sample t-test determined that the p-value for these two factors <.001 which is way below .05. (df=138)

Figure 1. Average weekly pain scores



Results (continued)

Table 1. Demographics of Patient Cohorts

| Demographics | Number | Percentage |
|-------------------------|--------|------------|
| Gender | | |
| Female | 62 | 27.07% |
| Male | 167 | 72.93% |
| Age | | |
| 30-50 | 24 | 10.48% |
| 51-70 | 154 | 67.25% |
| 71-90 | 51 | 22.27% |
| Race | | |
| Caucasian | 197 | 86.03% |
| Black | 5 | 2.18% |
| Asian | 8 | 3.49% |
| American Indian | 1 | .44% |
| Other | 16 | 6.99% |
| N/A | 2 | .87% |
| Cancer Type | | |
| Oral Cancer | 100 | 43.67% |
| Oropharyngeal Cancer | 129 | 56.33% |
| Concurrent Chemotherapy | | |
| Yes | 144 | 62.88% |
| No | 85 | 37.12% |

Conclusion

- Overall , the results show that having concurrent chemotherapy or targeted therapy during radiotherapy does not cause a patient to have a higher level of pain throughout their radiotherapy.
- Concurrent Chemotherapy or targeted therapy with radiotherapy do not have a statically significant affect on a patients pain.
- A limitation of the study was some of the patients did not always take a pain survey during their weekly see visits, which resulted in having no data of their pain at certain points.

Future Directions:

- Data for this study was collected from mostly one source, so as more data is collected and tested it my cause the results to change

References

[1] Rosenthal, David I., et al. "Measuring Head and Neck CANCER Symptom Burden: The Development and Validation of the M. D. Anderson Symptom Inventory, Head and Neck Module." Wiley Online Library, John Wiley & Sons, Ltd, 14 Mar. 2007, onlinelibrary.wiley.com/doi/full/10.1002/hed.20602 .

[2] Epstein, J. B., & Miaskowski, C. (2019, August 19). Oral pain in the cancer patient. OUP Academic. <https://academic.oup.com/jncimono/article/2019/53/lgz003/5551353?login=true>.

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