**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 Karnofsky 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.

**Results**

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

**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 may cause the results to change.

**References**


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