

Dysphagia Management in Head & Neck Cancer

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Disclosures

Financial

- Teaching Assistant Professor, Department of Speech Pathology & Audiology, UNR Med
- Complimentary registration for this meeting

Non-Financial

- Board of Directors, Nevada Speech-Language Hearing Association

Objectives

- **Describe how cancer and cancer treatments affect swallowing function** across the continuum of care, including during active treatment and survivorship.
- **Recognize common signs and symptoms of dysphagia** in patients undergoing or recovering from cancer treatment that warrant referral to a speech-language pathologist.
- **Identify appropriate timing and pathways for referral** to speech-language pathology services, including pre-treatment, during treatment and post-treatment phases.
- **Understand the risks of untreated swallowing disorders**, including aspiration, malnutrition, dehydration and reduced quality of life.
- **Apply interdisciplinary best practices** for supporting patients with swallowing difficulties through coordinated care among oncology, nursing, rehabilitation and community health services.
- **Support patient education and self-management**, including strategies to promote adherence to swallowing exercises and safe eating practices.



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YANKEE STADIUM

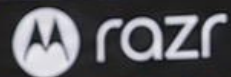
7TH INNING
STRETCH

*Take Me Out
to the Ball Game*



BASEBALL
TRADITION
ALWAYS
A GOOD IDEA

DELTA



F Mobile

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YANKEES

About Your Presenter



- Teaching Assistant Professor
- Head & Neck-focused Speech-Language Pathologist (SLP)
 - 18 years of clinical experience across adult medical settings



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What's an SLP (1) Doing HERE (2)?



Radiation Associated Dysphagia (RAD) Is the **most common side effect** in head and neck cancer treatment.

Review > [Curr Treat Options Oncol.](#) 2024 Jun;25(6):703-718.

doi: 10.1007/s11864-024-01198-0. Epub 2024 May 1.

Post-Radiotherapy Dysphagia in Head and Neck Cancer: Current Management by Speech-Language Pathologists

Roganie Govender¹, Nicky Gilbody², Gavriella Simson³, Rhiannon Haag⁴, Ceri Robertson⁵,
Emma Stuart⁶



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(Govender et al., 2024)

Clinician-Scientist With A Need To Know

The price to pay for
Surviving?



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Let's Talk About Head & Neck Cancer



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The Patient Population Has Changed



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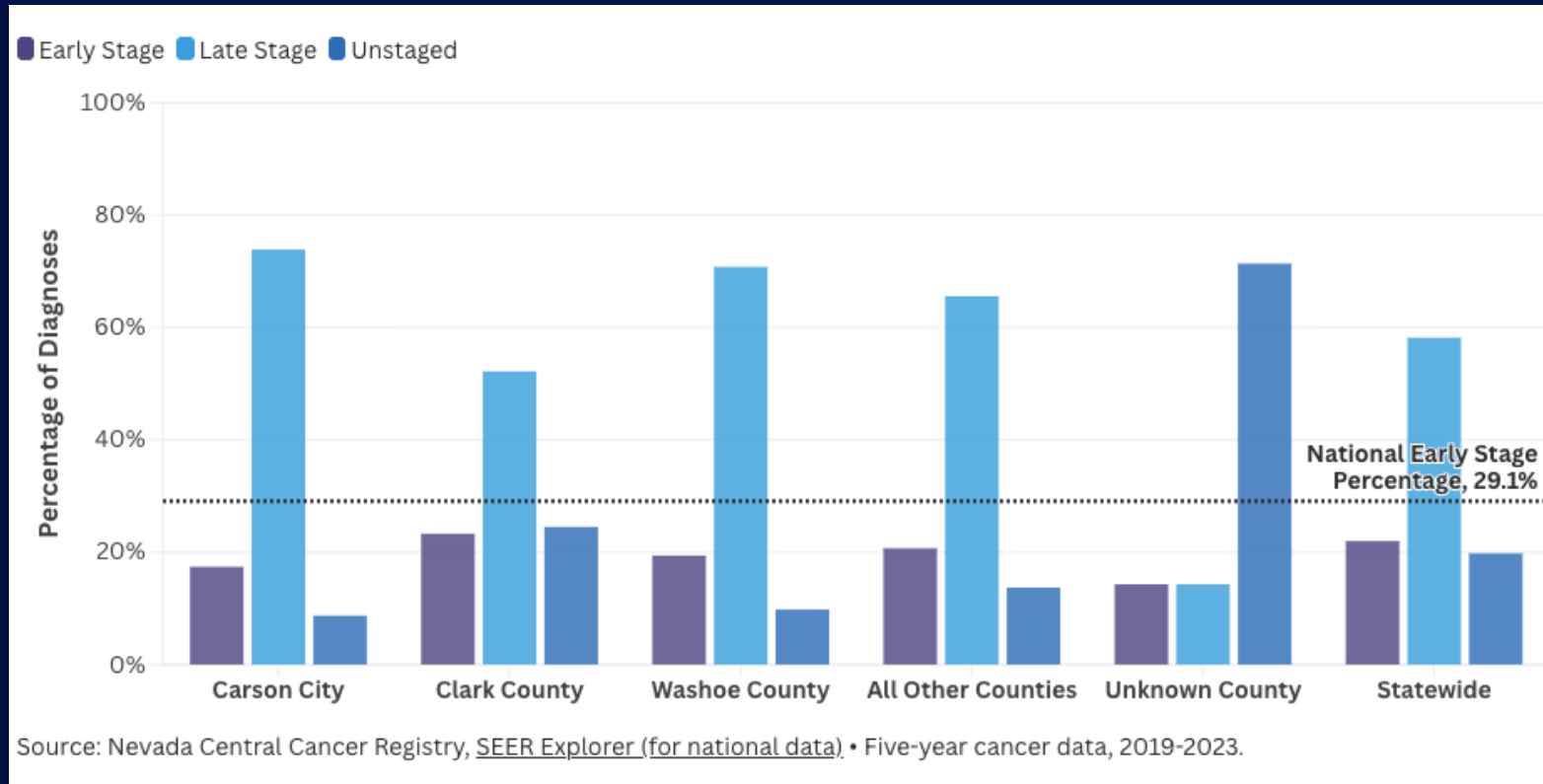
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Head & Neck Cancer Details

- Accounts for 4% of cancers
 - That's roughly 60,000 people
 - increasing
- Risk factors
 - HPV (attributed to 70% of cases)
 - Tobacco, ETOH
- Outpacing HPV-related cervical cancer



Percentage of Lip, Oral Cavity, and Pharynx Cancers by State at Diagnosis



- Most are diagnosed late, requiring more aggressive treatment

A Crash Course On Swallow Function



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Signs of Dysphagia

Subtle

- Poor oral intake
- Restricted diet items
- Lengthy meals
- Weight loss

Overt

- Coughing “choking” with oral intake
- Sensation of incomplete swallow clearance
- Post-prandial fever, congestion
- Unexplained pulmonary infections

Dysphagia Can Result In

- “Dehydration,
- malnutrition,
- aspiration pneumonia and other cardiorespiratory complications, and
- reduced quality of life

(Garand et al., 2020)



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Describing Dysphagia

Efficiency, Safety

Not just +/- ASPIRATION
Not just thickening liquids

Fact:

**Aspiration does not
equal aspiration
pneumonia**



Flexible Endoscopic Evaluation of Swallowing (FEES)



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(Woo, 2025)

Cancer Treatment & Swallow Changes

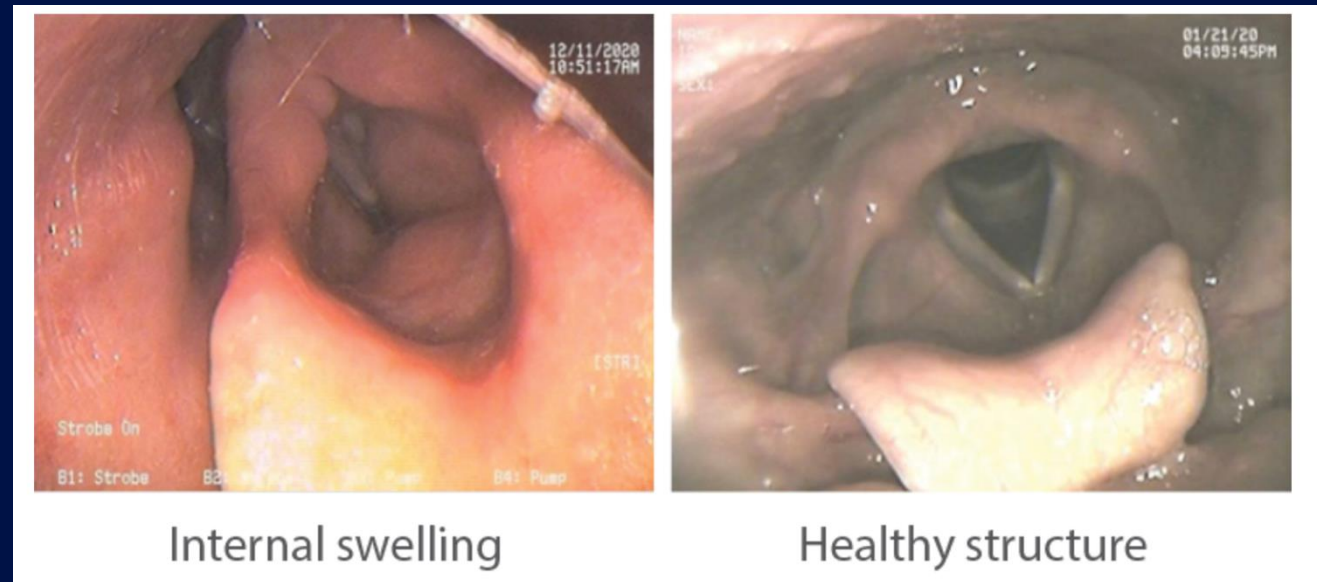


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Acute side effects of radiation treatment

- Dysgeusia
- Odynophagia
- Mucositis
- Xerostomia
- Lymphedema
(internal, external)



Note. Head and neck lymphedema illustration from Tactile Medical (2025).

During Cancer Treatment: RAD

- Unavoidable normal tissue injury in the radiated field
 - Dose 60-70 Gy = dysphagia during/immediately after RT
 - Severity of RAD amplified by concurrent interventions (prior surgery, concurrent chemo)
- Most patients begin with normal swallowing, but 30-50% require feeding tube placement at the end of radiation
 - Swallowing is unpleasant and difficult
 - Almost all have stopped eating solids.
 - Disuse atrophy d/t restricted or absent eating during RT--> exacerbates unavoidable normal tissue injury

Prophylactic (pGT) vs Reactive (rGT) G Tube

► Adv Radiat Oncol. 2025 Oct 25;11(2):101930. doi: [10.1016/j.adro.2025.101930](https://doi.org/10.1016/j.adro.2025.101930) 

Optimizing Selection of Reactive versus Prophylactic Gastrostomy Tube Placement in Patients Treated with Radiation Therapy for Head and Neck Cancer

[Nicholas A Gallardo](#)^a, [Niema B Razavian](#)^{a,b}, [Claire M Lanier](#)^a, [Sydney Smith](#)^c, [Ralph B D'Agostino Jr](#)^c, [Rachel F Shenker](#)^{a,d}, [Ji H Lee](#)^a, [Ankitha M Iyer](#)^a, [Bart A Frizzell](#)^a, [Ryan T Hughes](#)^{a,*}

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PMCID: PMC12805019 PMID: [41550206](https://pubmed.ncbi.nlm.nih.gov/41550206/)

pGT

Advanced tumor stage

Lower FOIS

B neck RT

Concurrent chemotherapy

Higher mean pharynx RT dose



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Radiation Associated Dysphagia (RAD)

(+/- Pre-treatment Dysphagia)

Treatment side effects →

restricted (or absent) eating →

swallow muscle loss (disuse atrophy) →

prolonged and worsening RAD intensity

Weakness from reduced swallow use **worsens the unavoidable radiation tissue damage**



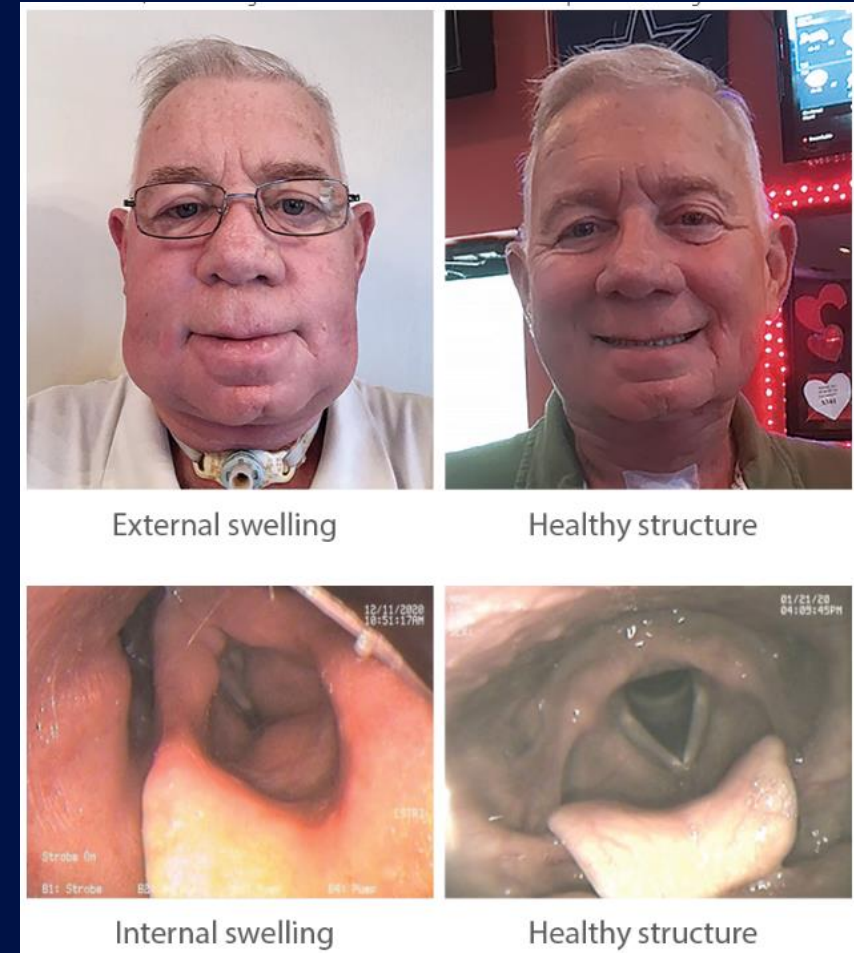
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Hutcheson & Martino, 2025

Lingering Side Effects

- Taste
- Dry mouth
- Painful swallowing
- Lymphedema
- Fibrosis
- Dental issues



Healing Timeline Basics

- Treatment side effects may continue to INCREASE in the first few weeks after completing treatment.
- Start to improve after 2-3 weeks
 - Depends on total radiation dose
- May not just 'go away' with watchful waiting



AI-generated image: OpenAI, 2026.

Staying Proactive Matters

The Importance Of Keeping
Muscles Active:
Use It or Lose It



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Why Staying Proactive Matters

Pretreatment swallowing exercises have been shown to **improve swallowing outcomes** for HNC patients undergoing primary chemoradiation

Adherence to an aggressive swallowing regimen may

- reduce long-term dependence on enteral nutrition and
- limit the rate of g-tube placement overall.

(Hutcheson et al., 2013)

How Do We EXERCISE a Swallow?

Timing

Proactive (before swallowing problem occurs) vs
Reactive (wait and see approach)

Intensity

Eating +/- minus swallowing exercise



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Eat All Through Radiation Therapy (EAT-RT)

Eating food

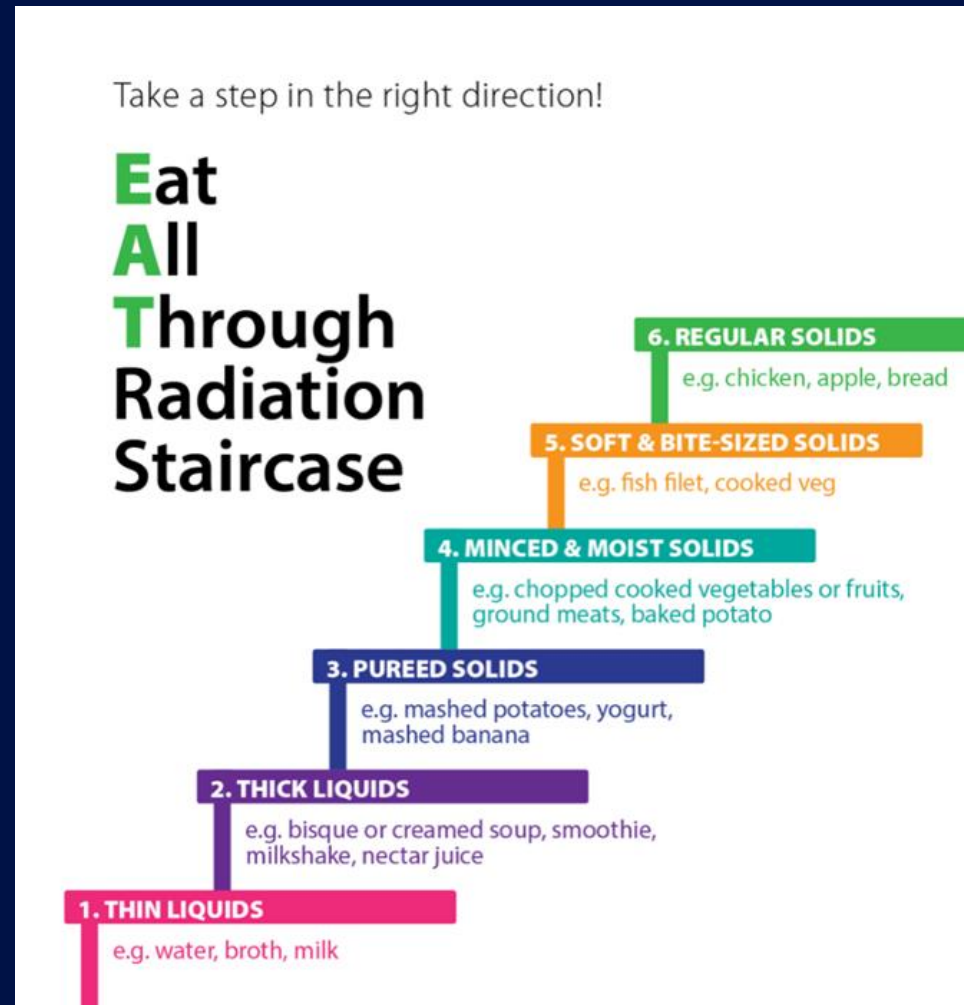
(heaviest possible safe consistency)

+

Completing swallow exercises

=

Lower muscle loss, swelling, and muscle stiffening



Eat All Through Radiation Therapy (EAT-RT): HOW

- Dysgeusia
- Odynophagia
- Mucositis
- Xerostomia
- Lymphedema

EAT Mealtime Routine

Use these tips to help you keep Eating All through Treatment (EAT):

1. Food Selection and Meal Preparation

- Use the EAT Staircase to guide your selection of the most challenging level of food. Choose what is comfortable based on your current level of radiation treatment side effects.

2. Pain Medicine

- Take prescribed pain medicines 30 to 40 minutes before you plan to eat.

3. Mouth Care (before you eat)

- About 5 minutes before mealtime, use your oral rinse solution (baking soda gargle, flat club soda, or salt water rinse) to cleanse any mucus. Then, clear the mucus from your throat.
- Next, swish and spit any topical pain rinse to help numb the mouth, if prescribed by your doctor.

4) Tips to Manage Taste Changes

- Taste changes occur for most patients during radiation treatment. These changes are different for each person. As you use the EAT Staircase to set goals to eat, talk with your care team about any taste issues so they can help find solutions that best meet your needs.

5) Tips for Swallowing

- You may feel solid foods stick abnormally in your throat while you eat. Although you may want to grab a drink to wash the food through the throat, try a hard, fast swallow instead to help clear the food. Repeat this several times, or swallow 2 to 3 times per mouthful, if needed. It may help to add extra sauces and gravies to your solid foods.

6) Mouth Care (after you eat)

- Clean your mouth well after you eat. Use an oral rinse and tooth brush, as tolerated.

7) Other Tips for EAT

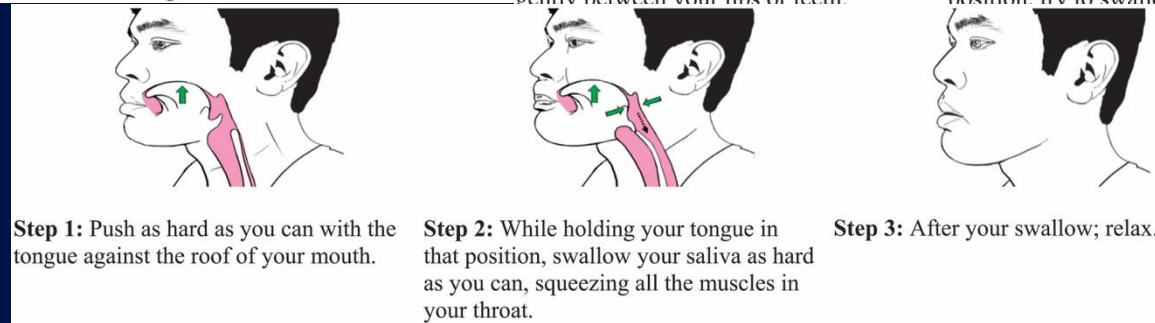
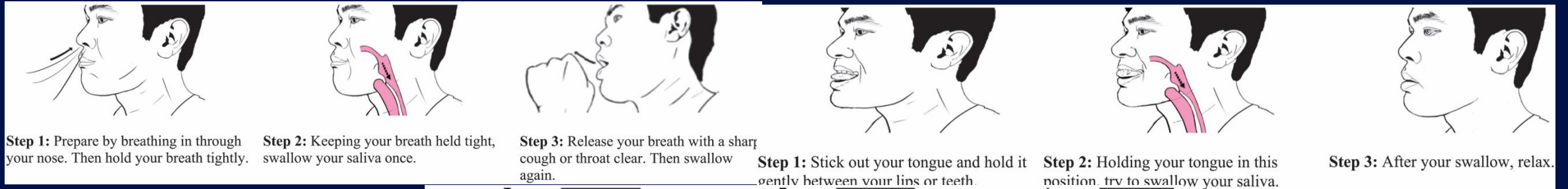
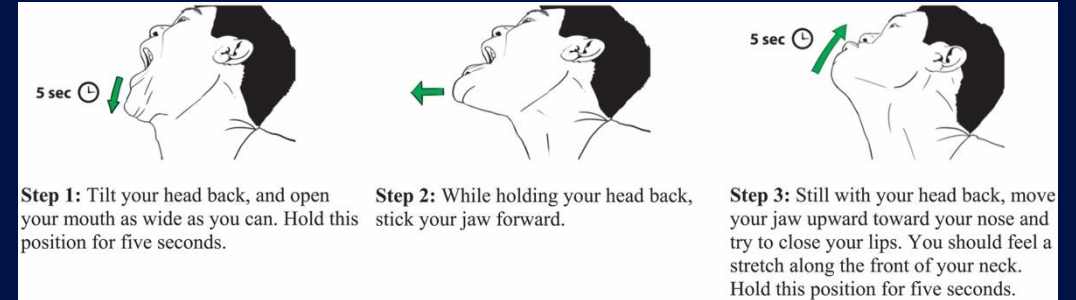
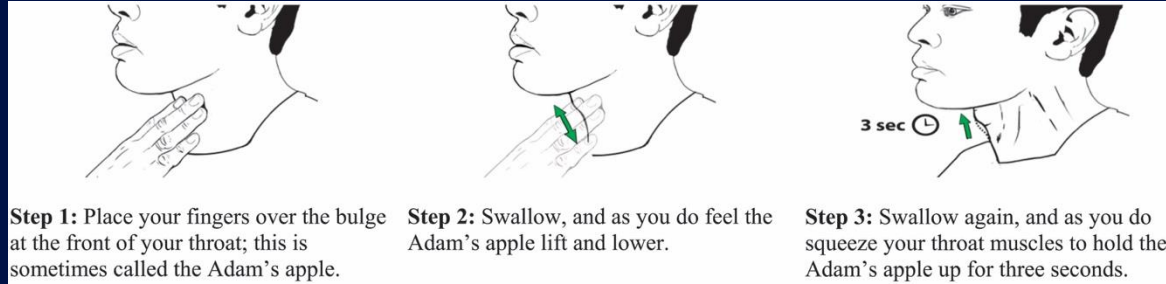
- If you have a feeding tube, eat first, then use the tube so you are hungry when trying to swallow.



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PRO-ACTIVE: A Structured Exercise Program



Maintain Current Status: Preserve Flexibility & Function

- Radiation changes swallowing
 - Changes continue even after treatment is over.
- The goal becomes preventing (or minimizing) fibrosis of the muscles of the head and neck (includes swallow anatomy)
- Symptoms are often minimal and may go undetected until easily observable

Please, I'm BEGGING You

- Continue your swallow exercise program
- See your SLP every 12 months
- **EVEN IF YOU FEEL LIKE YOU DON'T NEED IT**



AI-generated image: OpenAI, 2026.



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Persisting Swallowing Difficulty (Dysphagia)

Swallowing difficulty can occur
years following
radiation therapy

Median latency is approximately
8–9 years after treatment

Higher radiation dose during treatment appeared to be a
significant predictor of subsequent long-term dysphagia.

Late Effects of Radiation



Progressive fibrosis and collagen deposition



Cranial neuropathies with mean latency ~5.8 years.



Leads to insidious, progressive dysphagia.



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Dysphagia from Head and Neck Cancer after Multiple Surgeries & Late-Effects of Radiation



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(Sheffler, 2020)

Taking Action

Where Do We Go From Here?



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Where Can We Go From Here: Prevention

Vaccination

- Improving rate per NV Cancer plan

Screening

- Early detection
 - 10% of HNCSCC patients with metastases upon diagnosis (Park et al., 2022; Pereira et al., 2022; Wang et al., 2023)
- Equitable
 - 9.4 % of the population in Nevada was uninsured in 2025. (Nevada Health Link)
- Comprehensive
 - Oral exam
 - Liquid-based biopsy → saliva screening?



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Interdisciplinary Care & Support: Best Practice

SLP services are an integrated component of multidisciplinary head and neck cancer care.

- Baseline/pre-treatment evaluation for patients with dysphagia (current, expected)
- Reassessment during and after treatment into survivorship
- Continue until reaching a stable post-treatment baseline
- Chronic speech/swallowing problems may require indefinite SLP care.



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Speech-Language Pathology (SLP) Services

Across the Head and Neck Cancer Care Continuum

Support. Preserve. Optimize. For Today and Tomorrow.

AT DIAGNOSIS

Early Involvement Matters



- Baseline assessment of speech, language, voice, and swallowing
- Education about expected changes and proactive strategies
- Establish goals and plan of care

DURING CHEMOTHERAPY AND/OR RADIATION THERAPY

Ongoing Support



- Monitor and manage treatment-related changes (e.g., mucositis, xerostomia, dysphagia, dysarthria)
- Provide therapeutic exercises and compensatory strategies
- Support nutritional intake and safe swallowing
- Collaborate with the oncology team

3 MONTHS POST TREATMENT

Reassess and Rebuild



- Comprehensive reassessment of function
- Address persistent or new changes in speech, swallowing, and voice
- Adjust therapy goals and interventions
- Support return to oral intake and communication in daily life

ANNUALLY (AND BEYOND)

Lifelong Support



- Annual assessment of speech, language, voice, and swallowing
- Monitor for late effects and functional changes
- Reinforce strategies and update home program
- Support long-term quality of life and survivorship



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AI-generated image: OpenAI, 2026

Where Can We Go From Here: Treatment

- Cancer Treatment
 - Continue deintensification efforts to minimize toxicity
- Dysphagia happens
 - Inevitable → treatable → severity management
 - Prophylactic programming
 - Critical window during treatment
 - G tube decisions

Include an Onc-informed SLP in your standard work

Is It Just The Cost Of Doing Business?



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MUCOSITIS

THE OP CRUSHER

STRIKES DURING
CANCER TREATMENT...
TURNING EATING,
DRINKING, AND
SPEAKING INTO
A CHALLENGE.

RED SKIN.
RAW TISSUES.
REAL PAIN.

MAKES
EATING HURT!

URNS SMALL
SIPS INTO BIG PAIN!

DISRUPTS
SPEAKING!

MUCOSITIS

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Thank You!



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