

PRE-OPERATIVE OF LARYNX NEOPLASMS: FUNCTIONAL ASPECTS AND QUALITY OF LIFE

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INTRODUCTION

Head and neck cancer is one of the six most prevalent neoplasms worldwide, with an estimated 900,000 new cases diagnosed annually. In Brazil, there is estimated 6,390 new cases of laryngeal cancer in men and 1,280 in women for the biennium 2018-2019. These oncological patients present deterioration of their basic functions and can report a negative impact on the quality of life.

This is a pilot study that aimed to analyze and describe the quality of life and the functional changes in the preoperative larynx cancer.

METHODOLOGY AND PRELIMINARY RESULTS

This is a cross-sectional observational pilot study to evaluate functional alterations in patients preoperative of laryngeal neoplasms; at the National Cancer Institute at HCI between March/2018 to June/2018.

Patients are predominantly male; aver the age of 60; with a history of cigarette smoking and alcoholism; presenting as the main complaint hoarseness for about 8.5 months. Most of the patients came to the service with advanced staging (T3 and T4) and underwent total laryngectomy (table 1).

On the evaluation of the quality of life with the University of Washington Quality of Life Assessment protocol (UW-QoL), it was observed that despite advanced staging, the hoarseness and dysphagia reported, the patients have a good quality-of-life (Table 2).

The previous protocol also showed the subdomain of speech as the main alteration in quality-of-life, consistent with the Vocal Disadvantage Index (IDV). Despite the total score within the normal range, it presents a value close to the standard value (Table 5).

By the MD Anderson Dysphagia Inventory (MDADI) most patients arrive with no reports of dysphagia, which is consistent with the clinical assessment, made though the ASHA National Outcomes Measurement System Scale, in that on no alteration was perceived for oral intake, or in some cases, patients simply had to avoid certain types of food or need more time to eat (Table 3 and Table 4).

Table 1 - Sociodemographic and Clinical Aspects

Patient	Gender	Age	Civil Status	Education	Smoker	Alcoholic	Complaints / Symptoms	Time in Months of Symptmos	TNM	Treatment
1	M	73	Single	1st grade incomplete	+	+	Hoarseness	5	T3N0M0	Total Laryngectomy
2	M	71	Widower	2nd grade complete	+	+	Hoarseness	9	T2N0M0	Total Laryngectomy
3	M	46	Single	1st grade complete	+	+	Hoarseness and dysphagia	6	TxN0M0	Total Laryngectomy
4	M	62	Separated	Graduated	+	+	Hoarseness	11	No information	Total Laryngectomy
5	M	62	Single	2nd grade complete	+	+	Hoarseness, dysphagia, dysphonia and dyspnea	24	T4NxMx	Total Laryngectomy
6	M	68	Single	Graduated	+	-	Dysphonia	No information	T3N0M0	Supratracheal Laryngectomy
7	M	54	Single	2nd grade complete	+	+	Dysphagia and sore throat	4	T4N2bM0	RxT + QT
8	F	55	Married	1st grade incomplete	+	-	Hoarseness and sore throat	3	T4aN1M0	Total Laryngectomy
10	M	57	Married	2nd grade complete	+	-	Hoarseness and shortness of breath	7	No information	Total Laryngectomy
9	F	59	Single	1st grade complete	+	+	Dysphagia and otalgia	8	T4aN1M0	Rxt + QT

Table 2 - Quality of Life Protocol UW-QOL

Patient	PA	AP	AC	RE	SW	CH	SP	SH	TA	SA	MO	AN	Total	Important Symptoms	GI 1	GI 2	GI 3
1	100	100	100	100	100	100	33	100	100	100	100	100	94	Speech	Very bad	Average	Average
2	100	75	100	100	100	100	67	100	100	100	75	0	84	Speech, Mood and Anxiety	A little worse	Good	Good
3	75	100	75	100	100	100	67	100	33	33	100	100	81	Speech, Taste and Saliva	More or less the same	Good	Good
4	100	100	100	100	100	100	100	100	100	100	100	67	97	-	More or less the same	Good	Average
5	75	75	50	25	67	50	0	100	67	100	75	100	65	Speech, Pain and Swallowing	Very bad	Very bad	Very bad
6	100	100	100	100	100	100	67	100	100	100	75	33	89	Speech and Anxiety	More or less the same	Good	Very good
7	75	100	25	50	67	50	100	100	33	100	0	100	66	Speech, Swallowing e Saliva	Very bad	Bad	Bad
8	75	75	100	100	67	100	67	100	100	100	50	0	77	Speech, Mood and Anxiety	Very bad	Average	Good
9	25	50	50	75	33	100	67	100	67	100	75	0	61	Pain, Swallowing and Anxiety	More or less the same	Very bad	Very bad
10	50	50	0	25	67	0	100	33	100	100	50	0	47	Pain, Appearance and Mood	Very bad	Average	Average
Average	77,5	82,5	70	77,5	80,1	80	66,8	93,3	80	93,3	70	50	76,1				

PA = Pain; AP = Appearance; AC = Activity; RE = Recreation; SW = Swallowing; CH = Chew; SP = Speech; SH = Shoulder; TA = Taste; SA = Saliva; MO = Mood; AN = Anxiety; GI = General Inquiries

Table 3 - Protocol MDADI

Patient	Emotional	Functional	Physical	Global	Total
1	100	100	90	100	97,5
2	100	100	90	100	97,5
3	100	76	87,5	100	90,88
4	100	84	90	100	93,5
5	20	20	50	20	27,5
6	100	100	90	100	97,5
7	70	60	67,5	100	74,38
8	83,33	88	57,5	40	67,21
9	46,67	40	35	40	40,42
10	50	60	32,5	80	55,62
Average	77	72,8	69	78	74,20

Table 4 - Protocol ASHA-NOMS

Patient	Level
1	7
2	7
3	7
4	7
5	5
6	7
7	6
8	6
9	5
10	4
Average	6,1

Table 5 - Protocol IDV

Patient	Functional			Total
	Aspect	Emotional	Organic	
1	20	30	40	30
2	22,5	12,5	50	28,3
3	37,5	2,5	45	28,3
4	22,5	45	22,5	30
5	97,5	80	57,5	78,3
6	20	17,5	37,5	25
7	70	20	50	46,7
8	25	25	35	28,3
9	100	85	77,5	87,5
10	27,5	70	62,5	53,3
Average	44,25	38,75	47,75	43,57

CONCLUSION

From the preliminary results, it was possible to verify that despite the complaints report, the patients' quality-of-life is not as affected as expected. Continuous study is needed to obtain more accurate results in patients with larynx cancer.

REFERENCES

GLOBOCAN 2012 (IARC). Section of Cancer Surveillance. Disponível em <http://globocan.iarc.fr/Pages/fact_sheets_population.aspx>. Acesso em 11 de Jul. 2018.

INSTITUTO NACIONAL DE CÂNCER JOSÉ ALENCAR GOMES DA SILVA. Estimativa da incidência de câncer no Brasil. Rio de Janeiro, 2018. Disponível em: <<http://www.inca.gov.br/estimativa/2018/estimativa-2018.pdf>>. Acesso em: 11 de Jul. 2018

Relacionada com a Saúde. Rev. bras. epidemiol., São Paulo, v. 15, n. 1, p. 38-48, Mar. 2012. Access on 11 July 2018. Disponível em: <http://dx.doi.org/10.1590/S1415-790X2012000100004>.