Videofluoroscopy for Head and Neck Cancer Patients Receiving Radiotherapy: Can Access make a Difference?

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Background:
Dysphagia is a significant symptom for head and neck cancer (HNC) patients receiving curative chemo-radiotherapy (CRT). Videofluoroscopy (VFU) is the gold standard for dysphagia assessment. We aimed to determine the outcomes of VFU undertaken with HNC patients referred for CRT to inform service development.

Methods:
HNC patients (n=12) treated with CRT requiring a pre-treat-VFU as per PRESERVE clinical trial protocol were identified. Electronic records were retrospectively reviewed. Data were collected on patient demographics, DIGEST grade and impact on patient care (FOIS).

Results:
12 VFUs reports were included in the data-analysis (8males; mean 69 years, range 50-79), 92% were outpatients. All patients had resected oral cavity SCC with at least an ipsilateral selective neck dissection and referred for PO(C)RT. Upgrades in oral diet recommendations were established on 75% (N=9) of occasions. 25% (N=3) recommendations were unchanged. No patient's recommendations were downgraded.

Conclusion:
VFU contributed to change in SLT management in ¾ cases, with data used to guide dysphagia management and tailor swallowing recommendations. Utilising VFU for HNC patients receiving CRT facilitated responsive patient care. These findings highlight the importance of VFU access to HNC patients receiving CRT. Longer-term outcomes will be collated and analysed to inform future development of the SLT instrumental assessment service.