As defined by the World Health Organization, quality of life is an individual's perception of their position in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns; health related quality of life, a subset of quality of life, revolves around physical functioning, psychological functioning, social interaction, and disease and treatment related symptoms. Furthermore, OHRQoL reflects the previously stated aspects of life specifically with respect to one's oral health.

In the battle against cancer, physicians and patients aim to maximize chances of survival while ignoring potential consequences of treatment. All parties involved want those battling cancer to live another day. Not only do patients have to overcome a life-threatening disease but also must deal with an altered appearance and impairment of social interaction and emotional expression which can be detrimental to psychosocial and disease-related life. OHRQoL can be assessed through comparison of one's expectations and experiences.

In summary, while we currently do not have sufficient data to confirm our hypothesis, we were able to use various other studies to determine what our data might turn out like. This information includes deterioration of physical functioning, decreased emotional functioning with rebound as patients learn to cope, interference with social interactions and decreased oral function including chewing and swallowing as well as financial burden. Development of comprehensive OHRQoL assessments and efficient utilization of these tools is vital in caring for patients undergoing head and neck cancer therapies. This will allow for physicians not only to focus on the best chance for patient survival, but to also consider treatments that will result in the most predictable cure while limiting its effect on QoL and oral function.

**INTRODUCTION**

1. This study aims to focus on the changes in oral health related quality of life experienced by those that decide to undergo treatment for head and neck cancer. The overarching goal is to evaluate oral, oral pharyngeal, nasal pharyngeal, and laryngeal cancers and their treatments' effects on an individual's daily life. These life-threatening diseases display a range of effects due to their specific treatment modalities: oral cancer patients undergo surgery with or without radiation and/or chemotherapy (in late stages just radiation and chemotherapy), oral and nasal pharyngeal cancer patients are treated with radiation with or without chemotherapy, and laryngeal cancer patients are treated with radiation or removal in late stages.

**METHODS & RESULTS**

1. Upon entry to the University of Michigan Oral and Maxillofacial Clinic, patients with a history of head and neck cancer will be given an iPad which will administer a survey to assess Oral Health Related Quality of Life.
2. The survey begins with basic demographic information and asks the month and year in which the patients have completed their head and neck cancer treatment.
3. Patients are then asked to rank how much they agree with various statements as shown in the methods section to the left.

**BACKGROUND**

1. Neck region is essentially vital to everyday life. Structural and functional integrity of the head and neck region is essentially vital to everyday life.
2. Not only do patients have to overcome a life-threatening disease but also must deal with an altered appearance and impairment of social interaction and emotional expression which can be detrimental to psychosocial and disease-related life. OHRQoL can be assessed through comparison of one’s expectations and experiences.
3. Head and neck cancers compromise various fundamental life-providing functions of the human body including airway, digestion, and speech; thus, intervention is recommended and necessary in many cases. In the battle against cancer, physicians and patients aim to maximize chances of survival while ignoring potential consequences of treatment. All parties involved want those battling cancer to live another day. Not only do patients have to overcome a life-threatening disease but also must deal with an altered appearance and impairment of social interaction and emotional expression which can be detrimental to psychosocial and disease-related life. OHRQoL can be assessed through comparison of one’s expectations and experiences.

**DISCUSSION**

**SUMMARY**

- In summary, while we currently do not have sufficient data to confirm our hypothesis, we were able to use various other studies to determine what our data might turn out like. This information includes deterioration of physical functioning, decreased emotional functioning with rebound as patients learn to cope, interference with social interactions and decreased oral function including chewing and swallowing as well as financial burden. Development of comprehensive OHRQoL assessments and efficient utilization of these tools is vital in caring for patients undergoing head and neck cancer therapies. This will allow for physicians not only to focus on the best chance for patient survival, but to also consider treatments that will result in the most predictable cure while limiting its effect on QoL and oral function.

Head and neck cancer treatment: How does oral health related quality of life change following treatment?

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