

Swallowing outcomes following treatment for oropharyngeal squamous cell carcinoma

Deborah Ganderton Highly Specialist Speech and Language Therapist in Head and Neck Oncology

Email: d.ganderton@yahoo.co.uk

Twitter: @DebGandertonSLT

Produced systematic review protocol for swallowing outcomes following primary surgery with free-flap reconstruction for oropharyngeal squamous cell carcinoma

Swallowing outcomes following primary surgical resection with free flap reconstruction for oropharyngeal squamous cell carcinomas: a systematic review protocol

Background

Head and neck squamous cell carcinomas are cancers which originate in the mucosal linings of the upper aerodigestive tract (the oral cavity, nasopharynx, oropharynx, larynx or hypopharynx). Head and neck squamous cell carcinoma is the sixth leading cancer by incidence, with 600,000 new cases diagnosed per annum worldwide [1].

Oropharyngeal squamous cell carcinoma (OPSCC) is the most common type of head and neck cancer, and now accounts for almost 50% of newly diagnosed cases [2]. The oropharynx is comprised of the soft palate, base (or posterior one-third) of the tongue, palatine tonsils, palatoglossal folds, and posterior pharyngeal wall, and plays an essential role in speech, swallowing, and protecting the airway as it is situated at the bifurcation of the respiratory and digestive tracts [3]. In the UK there are approximately 12,200 new head and neck cancer diagnoses per annum, with around 5,500 of these being OPSCC [1]. The incidence of oropharyngeal cancer in the UK is 3 times higher in men than in women [4].

Historically the main risk factors for OPSCC were alcohol and tobacco use; however, in recent years there has been an increasing incidence of OPSCC caused by the human papilloma virus (HPV) [5]. In the UK, 70% of all newly diagnosed OPSCC are now related to the HPV virus, and these cancers tend to occur in a younger, generally healthier patient population. [6, 7]. 5-year survival for HPV positive OPSCC is around 75%, and with early diagnosis and treatment this increases to almost 90%, in comparison to the 40–50% mortality rate seen in other head and neck cancers [1].

Contributed to update of Cochrane Review

I contributed to the data extraction and quality appraisal of primary studies in an updated Cochrane Review. I was acknowledged in the paper for my work on the review.

Negative pressure wound therapy for surgical wounds healing by primary closure, 2021.

[Gill Norman](#), [En Lin Goh](#), [Jo C Dumville](#), [Chunhu Shi](#), [Zhenmi Liu](#), [Laura Chiverton](#), [Monica Stankiewicz](#), [Adam Reid](#)

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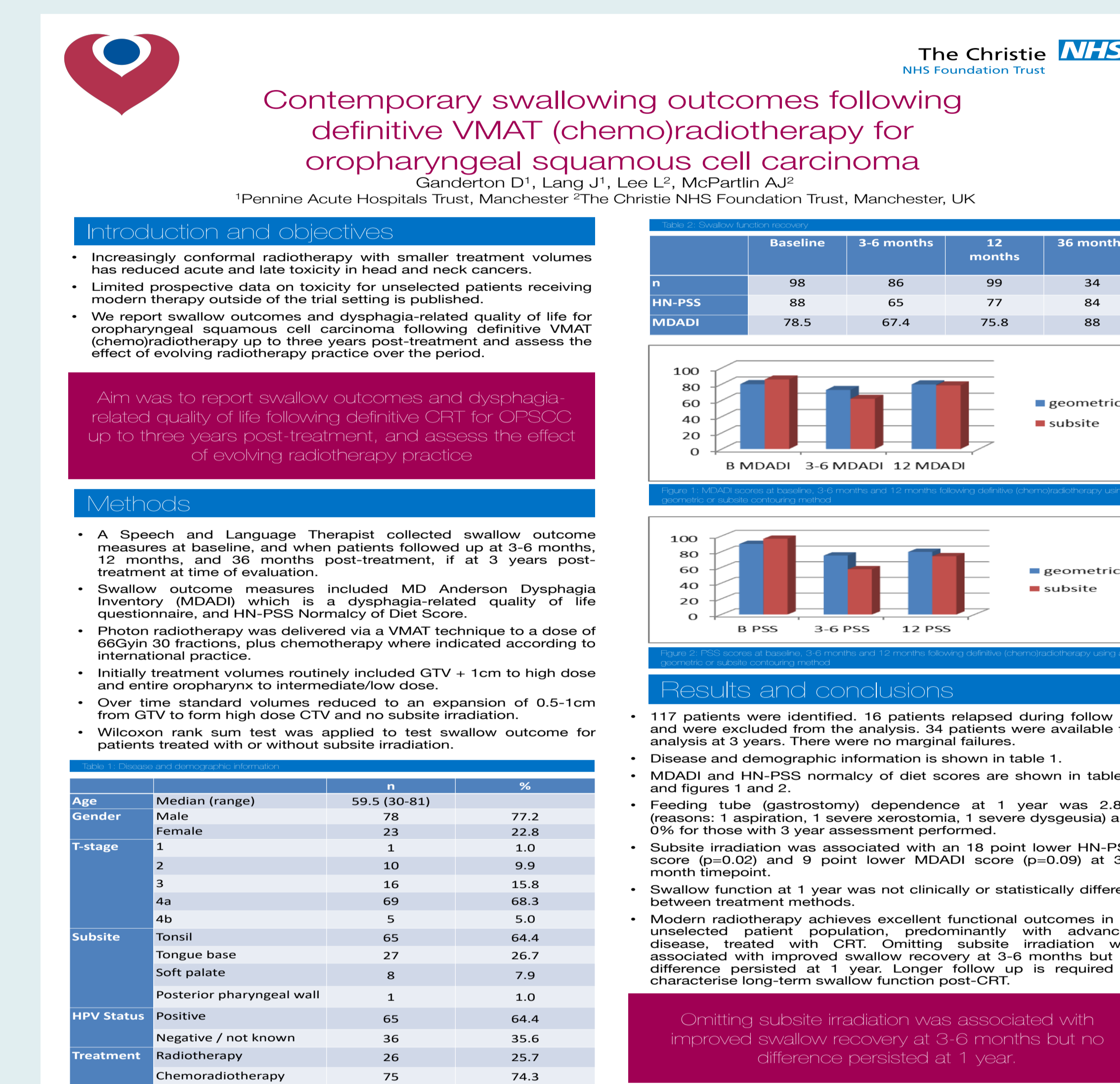


Pre-doctoral fellowship award

Re: NIHR Applied Research Collaboration Greater Manchester (ARC-GM) Pre-Doctoral Fellowship Programme 2021

We are delighted to inform you that you have been successfully awarded funding to undertake your pre-doctoral fellowship with the NIHR ARC-GM starting in September 2021.

Abstract accepted and poster produced for presentation at European Oncology Conference



New post!!

Following the internship I applied and successfully interviewed for a research-focused Speech and Language Therapist post with The Christie NHS Foundation Trust.

Application status: **Offer**

Job title: **Consultant Speech & Language Therapist**

Employer name: **The Christie NHS Foundation Trust**

Thank you to my supervisor Dr Gill Norman for all your guidance, enthusiasm and patience during the internship. It has been a pleasure to work with you.