




## Authors' response letter: Quality of life in oropharyngeal cancer: a structured review of the literature

Evelyne Roets<sup>1</sup> · Karina Tukanova<sup>1</sup> · Anouk Govarts<sup>1</sup> · Pol Specenier<sup>1,2</sup> 

Received: 7 January 2019 / Accepted: 5 February 2019 / Published online: 14 February 2019  
© Springer-Verlag GmbH Germany, part of Springer Nature 2019

Dear Miriam Allein Zago Marcolino and Rafaela Soares Rech  
We thank you for your valuable comments on our structured review [1]. Oropharyngeal cancer is associated with significant morbidity and Quality of Life (QoL) analysis is of extreme importance in this patient group.

We fully agree the criteria for a systematic review are not fulfilled and therefore used the term structured review. In accordance with your recommendation, we extended our systematic review by using the Cochrane Central database. This resulted in two additionally included articles [1, 2]. After analyzing these articles, we still believe that the conclusions of our review remain valid. Rishi et al. [3] randomly assigned 216 patients with histologically proven Stage III–IVA oropharyngeal cancer to receive either chemoradiation (CRT) with concurrent cisplatin or accelerated radiotherapy with concomitant boost (CBRT) on the primary tumor and enlarged lymph nodes. Assessment of quality of life was done with the UW-QOL at randomization, at completion of treatment, at 6 weeks, and at 6 months. QoL scores were then compared with the baseline (pre-treatment) QoL score. For both groups, a decline in composite QoL score was seen post treatment. However, scores immediately post treatment and at 6 weeks were significantly worse in the CRT group and stayed below baseline level at 6 months. Late toxicities, i.e., grade 2/3 xerostomia and dysphagia, were significantly higher in the CRT group. Al-Mamgani et al. [2] also reported that patients receiving radiotherapy alone showed a superior swallowing function 18 months after treatment compared to patients receiving CRT.

In a retrospective study, Kim et al. [4] took QoL questionnaires from 81 oropharyngeal cancer patients treated either by surgery or by radiotherapy. For the surgery-based group,

better EORTC QLQ-C30 scores were seen for global health status/QoL, cognitive functioning, social functioning, nausea and vomiting, and financial difficulties, whereas the RT-based group did not have a better score than the surgery-based group for any QoL item. In H&N35, better scores were observed for the surgery-based group for dry mouth, painkillers, and weight gain. As mentioned in our systematic review, non-surgical interventions commonly demonstrate a higher incidence of clinically significant worsening of QoL scores. This could possibly be caused by differences in patient populations and by the higher radiation dose associated with non-surgical treatment.

### Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Publisher's note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

### References

1. Roets E, Tukanova K, Govarts A, Specenier P (2018) Quality of life in oropharyngeal cancer: a structured review of the literature. *Support Care Cancer*. 26(8):2511–2518
2. Al-Mamgani A, van Rooij P, Tans L, Verduijn GM, Sewnaik A, Baatenburg de Jong RJA (2013) A prospective evaluation of patient-reported quality-of-life after (chemo)radiation for oropharyngeal cancer: which patients are at risk of significant quality-of-life deterioration? *Radiother Oncol* 106(3):359–363
3. Rishi A, Ghoshal S, Verma R, Oinam AS, Patil VM, Mohinder R et al (2013) Comparison of concomitant boost radiotherapy against concurrent chemoradiation in locally advanced oropharyngeal cancers: a phase III randomised trial. *Radiother Oncol*. 107(3):317–324
4. Kim TW, Youm HY, Byun H, Son YI, Baek CH (2010) Treatment outcomes and quality of life in oropharyngeal cancer after surgery-based versus radiation-based treatment. *Clin Exp Otorhinolaryngol*. 3(3):153–160

✉ Pol Specenier  
pol.specenier@uza.be

<sup>1</sup> University of Antwerp, Universiteitsplein, 12610 Wilrijk, Belgium

<sup>2</sup> Antwerp University Hospital, Wilrijkstraat 10,  
2650 Edegem, Belgium