

0:00:00 -> 0:00:03.276 Support for Yale Cancer Answers comes from
0:00:03.276 -> 0:00:05.72 AstraZeneca, committed to researching
0:00:05.72 -> 0:00:07.648 innovative treatments to address
0:00:07.648 -> 0:00:10.809 unmet needs in head and neck cancer.
0:00:10.81 -> 0:00:14.45 Learn more at astrazeneca-us.com.
0:00:14.45 -> 0:00:15.818 Welcome to Yale Cancer
0:00:15.818 -> 0:00:17.186 Answers with your host
0:00:17.19 -> 0:00:18.91 Doctor Anees Chagpar.
0:00:18.91 -> 0:00:20.74 Yale Cancer Answers features the
0:00:20.74 -> 0:00:22.988 latest information on cancer care by
0:00:22.988 -> 0:00:24.428 welcoming oncologists and specialists
0:00:24.428 -> 0:00:26.844 who are on the forefront of the
0:00:26.844 -> 0:00:28.506 battle to fight cancer. This week
0:00:28.51 -> 0:00:30.743 it's a conversation about head and neck
0:00:30.743 -> 0:00:32.629 cancers with Doctor Benjamin Judson.
0:00:32.63 -> 0:00:34.736 Doctor Judson is a professor of
0:00:34.736 -> 0:00:36.833 surgery in Otolaryngology and the chief
0:00:36.833 -> 0:00:38.413 of the division of Otolaryngology
0:00:38.413 -> 0:00:40.518 at the Yale School of Medicine,
0:00:40.52 -> 0:00:43.244 where doctor Chagpar is a
0:00:43.244 -> 0:00:45.06 professor of surgical oncology.
0:00:46.8 -> 0:00:49.245 I always think about head
0:00:49.245 -> 0:00:51.69 and neck cancers as this
0:00:51.69 -> 0:00:53.64 very large bucket
0:00:53.64 -> 0:00:54.81 of heterogeneous diseases.
0:00:54.81 -> 0:00:57.096 Can you talk a little bit
0:00:57.096 -> 0:00:59.1 about how you classify them,
0:00:59.1 -> 0:01:01.05 how you think about them?
0:01:02.22 -> 0:01:04.95 Well your impression is actually on target. Head
0:01:04.95 -> 0:01:08.07 and neck cancers make up about four to
0:01:08.07 -> 0:01:10.8 5% of cancers in the United States,

0:01:10.8 -> 0:01:13.92 but when you really zone in on them,
0:01:13.92 -> 0:01:16.65 they are not common,
0:01:16.65 -> 0:01:18.6 but they're not rare either.
0:01:18.6 -> 0:01:20.94 And then when you really begin
0:01:20.94 -> 0:01:22.99 to look more closely, they
0:01:22.99 -> 0:01:25.426 are made up of a lot of different
0:01:25.426 -> 0:01:27.868 cancers in the mouth throat area.
0:01:27.87 -> 0:01:29.966 One of the phrases we use to describe
0:01:29.966 -> 0:01:32.049 it in the medical lingo is it's
0:01:32.049 -> 0:01:34.291 between the dura and the pleura, so
0:01:34.291 -> 0:01:36.349 any cancer that's not brain cancer,
0:01:36.35 -> 0:01:38.168 but it's above the lung
0:01:39.38 -> 0:01:42.107 falls into that bucket of being a head and neck cancer.
0:01:44.296 -> 0:01:46.116 Are there things that
0:01:46.116 -> 0:01:48.09 kind of make these similar?
0:01:48.09 -> 0:01:50.81 So when we think about risk factors for
0:01:50.81 -> 0:01:53.339 example of getting head neck cancers,
0:01:53.34 -> 0:01:55.59 granted that all of these cancers
0:01:55.59 -> 0:01:57.53 are a little bit different,
0:01:57.53 -> 0:02:00.085 but do they share some of
0:02:00.09 -> 0:02:01.454 the same risk factors?
0:02:01.454 -> 0:02:04.57 Some of them do and some of them don't.
0:02:04.57 -> 0:02:07.099 Some of the cancers we see in this area
0:02:07.099 -> 0:02:09.81 just don't have strong risk factors,
0:02:11.114 -> 0:02:12.744 They are uncommon,
0:02:12.75 -> 0:02:15.358 but they they can happen out of the
0:02:15.358 -> 0:02:17.51 blue without any sort of exposure.
0:02:17.51 -> 0:02:18.826 That's probably a minority
0:02:18.826 -> 0:02:20.8 of the cancers in this area.
0:02:20.8 -> 0:02:21.128 Historically,
0:02:21.128 -> 0:02:23.424 the biggest risk factor has been smoking,

0:02:23.43 -> 0:02:24.309 and you know,
0:02:24.309 -> 0:02:26.067 with the decrease in smoking rates
0:02:26.067 -> 0:02:28.319 in the United States since World War
0:02:28.319 -> 0:02:30.769 Two we're beginning to see some slight
0:02:30.769 -> 0:02:32.639 decrease in smoking related cancers.
0:02:32.64 -> 0:02:35.056 But the big sort of change or
0:02:35.056 -> 0:02:37.508 the big story in this area
0:02:37.508 -> 0:02:40.26 is the rise of cancers in the throat
0:02:40.26 -> 0:02:42.504 that are a result of infection
0:02:42.51 -> 0:02:44.16 with the human papilloma virus.
0:02:45.15 -> 0:02:49.09 I want to dig into HPV in a minute,
0:02:49.09 -> 0:02:51.13 but I want to talk about
0:02:51.13 -> 0:02:54.676 a couple of other things before we get there.
0:02:54.68 -> 0:02:57.824 One is a little bit about alcohol.
0:02:57.83 -> 0:03:00.822 Is alcohol a major risk factor
0:03:00.822 -> 0:03:04.018 for head and neck cancers, and if so,
0:03:04.018 -> 0:03:07.28 is there a quote safe amount of alcohol?
0:03:07.95 -> 0:03:10.164 It's a great question and I'm
0:03:10.164 -> 0:03:12.918 saying a little because we don't
0:03:12.92 -> 0:03:15.838 know some of this,
0:03:15.838 -> 0:03:18.612 but what we do know about
0:03:18.612 -> 0:03:21.636 the role of alcohol is that it has a
0:03:21.722 -> 0:03:24.458 synergistic role with tobacco so that
0:03:24.458 -> 0:03:27.754 if alcohol is a risk factor,
0:03:27.754 -> 0:03:29.95 a low risk factor for developing
0:03:30.028 -> 0:03:31.249 head neck cancer,
0:03:31.25 -> 0:03:34.306 smoking is a larger risk factor,
0:03:34.31 -> 0:03:36.494 but if someone smokes and drinks
0:03:36.494 -> 0:03:38.51 it isn't an additive effect,
0:03:38.51 -> 0:03:39.97 it's a multiplicative effect.
0:03:42.552 -> 0:03:44.157 So if you smoke and drink,

0:03:44.16 -> 0:03:45.87 your risk is significantly higher.
0:03:45.87 -> 0:03:48.182 So I guess the biggest role of alcohol
0:03:48.182 -> 0:03:50.77 is in people who smoke because it
0:03:50.77 -> 0:03:52.71 amplifies that risk of smoking.
0:03:53.446 -> 0:03:56.022 I think that although we say that
0:03:56.022 -> 0:03:58.311 alcohol is a risk factor for
0:03:58.311 -> 0:04:00.151 developing a head neck cancer
0:04:00.16 -> 0:04:02.09 A low level of alcohol.
0:04:02.09 -> 0:04:04.02 The risk of developing head
0:04:04.02 -> 0:04:05.56 neck cancer with that
0:04:05.56 -> 0:04:08.648 is quite low. OK, an my next question.
0:04:08.65 -> 0:04:11.738 It has to do with race and ethnicity.
0:04:11.74 -> 0:04:13.745 Are there particular racial and
0:04:13.745 -> 0:04:16.369 ethnic groups that are more at risk?
0:04:16.37 -> 0:04:21.25 I know that I have sent you in the last year.
0:04:21.25 -> 0:04:24.242 At least a number of people that I
0:04:24.242 -> 0:04:27.217 can think of off the top of my head
0:04:27.217 -> 0:04:29.918 who are of South Asian descent,
0:04:29.92 -> 0:04:33.097 which is which is a racial and ethnic group
0:04:33.097 -> 0:04:36.33 that we rarely think about in this country.
0:04:36.33 -> 0:04:38.592 We usually think about race in
0:04:38.592 -> 0:04:40.1 terms of African Americans,
0:04:40.1 -> 0:04:41.985 and we think about ethnicity
0:04:41.985 -> 0:04:43.87 in terms of Hispanic people,
0:04:43.87 -> 0:04:45.76 but if we think globally,
0:04:45.76 -> 0:04:47.72 are there particular racial and
0:04:47.72 -> 0:04:50.28 ethnic groups that are more at risk?
0:05:03.35 -> 0:05:05.3 Head and neck cancer is significantly
0:05:05.3 -> 0:05:08.169 more common in the rest of the world,
0:05:08.17 -> 0:05:10.396 and that probably has to do
0:05:10.396 -> 0:05:11.88 with tobacco and alcohol

0:05:11.88 -> 0:05:13.364 and betel nut exposure,
0:05:13.364 -> 0:05:14.848 which are higher elsewhere,
0:05:14.85 -> 0:05:15.966 especially in Asia.
0:05:15.966 -> 0:05:18.198 The other thing that's at play
0:05:18.198 -> 0:05:20.465 is that there is a particular
0:05:20.465 -> 0:05:22.29 type of head neck cancer
0:05:22.29 -> 0:05:23.854 called nasopharyngeal cancer that
0:05:23.854 -> 0:05:26.602 is much more prevalent in parts of
0:05:26.602 -> 0:05:28.624 Asia and it's related to Epstein
0:05:28.624 -> 0:05:30.48 Barr virus infection and
0:05:30.48 -> 0:05:32.888 we see when individuals from that part
0:05:32.888 -> 0:05:35.82 of the world move to the United States,
0:05:35.82 -> 0:05:37.595 their risk of developing those
0:05:37.595 -> 0:05:39.015 cancers goes down significantly,
0:05:39.02 -> 0:05:41.156 but not to the same level,
0:05:41.16 -> 0:05:44.355 and so we're sort of figuring out why that is.
0:05:44.36 -> 0:05:46.14 It is unclear exactly how
0:05:46.14 -> 0:05:47.564 the risk factors work,
0:05:47.57 -> 0:05:49.901 but we do see different types of
0:05:49.901 -> 0:05:51.722 head neck cancer more frequently
0:05:51.722 -> 0:05:53.966 in other parts of the world, like in
0:05:54.69 -> 0:05:57.014 Asia.
0:05:57.014 -> 0:05:59.32 And that brings me to this whole virus phenomenon,
0:05:59.32 -> 0:06:01.636 because now you've mentioned two viruses,
0:06:01.64 -> 0:06:04.188 both of which are risk factors for
0:06:04.188 -> 0:06:06.28 various head and neck cancers.
0:06:06.28 -> 0:06:08.602 One being HPV and one
0:06:08.602 -> 0:06:10.15 being Epstein Barr virus,
0:06:10.15 -> 0:06:12.478 and certainly right now,
0:06:12.48 -> 0:06:15.175 in the midst of a global pandemic,
0:06:15.18 -> 0:06:19.09 a lot of us have got viruses on the brain.

0:06:19.09 -> 0:06:23.661 Talk a little bit about the differences
0:06:23.661 -> 0:06:26.833 between different viruses and
0:06:26.833 -> 0:06:29.598 how exactly these viruses cause
0:06:29.598 -> 0:06:33.269 cancer and what we can do about it.
0:06:35.56 -> 0:06:38.28 I think what we're seeing the
0:06:38.28 -> 0:06:40.929 most in the United States by far
0:06:40.93 -> 0:06:42.856 is the rise in throat cancers
0:06:42.856 -> 0:06:44.62 that are caused by exposure
0:06:44.62 -> 0:06:46.655 to the human papilloma virus,
0:06:46.66 -> 0:06:49.341 and it's been happening
0:06:49.341 -> 0:06:51.669 over the last 15 or 20 years,
0:06:51.67 -> 0:06:53.818 and it's still an emerging story.
0:06:53.82 -> 0:06:56.466 We're still learning more about
0:06:56.466 -> 0:06:58.829 what's happening and how this works,
0:06:58.83 -> 0:07:00.978 but we certainly know a lot,
0:07:00.98 -> 0:07:02.858 and one of the key takeaways
0:07:02.858 -> 0:07:05 is that these are preventable
0:07:05 -> 0:07:06.42 cancers, and they're preventable
0:07:06.42 -> 0:07:08.91 if an individual is vaccinated against the
0:07:08.91 -> 0:07:11.024 human papilloma virus when they were younger.
0:07:11.03 -> 0:07:13.55 It's going to take 10
0:07:13.55 -> 0:07:16.386 to 20 years for that to play out.
0:07:16.39 -> 0:07:18.394 Teens today are
0:07:18.394 -> 0:07:20.08 getting vaccinated many of them,
0:07:20.08 -> 0:07:22.173 but not probably as many as we'd
0:07:22.173 -> 0:07:24.1 like in the United States,
0:07:24.1 -> 0:07:26.11 and that's going to prevent these
0:07:26.11 -> 0:07:27.45 cancers in those individuals
0:07:27.45 -> 0:07:30.714 15-20-30 years down the road.
0:07:31.19 -> 0:07:35.305 When we think about HPV,
0:07:35.305 -> 0:07:38.465 I think that many of our listeners may

0:07:38.465 -> 0:07:42.297 think about HPV and think about it being
0:07:42.297 -> 0:07:45.056 really primarily for women for cervical
0:07:45.056 -> 0:07:47.5 cancer being sexually transmitted.
0:07:47.5 -> 0:07:50.755 They don't think about it as much or
0:07:50.76 -> 0:07:53.556 perhaps at all for people of both
0:07:53.556 -> 0:07:55.42 genders in throat cancer.
0:07:55.42 -> 0:07:58.675 Talk a little bit about that.
0:07:58.68 -> 0:08:01.935 I mean, is this the same virus?
0:08:01.94 -> 0:08:04.29 Is it a different virus?
0:08:04.29 -> 0:08:06.725 Is it spread through sexual
0:08:06.725 -> 0:08:09.16 means or other means?
0:08:09.16 -> 0:08:12.736 And what do you say to the people
0:08:12.736 -> 0:08:16.877 who say, my child won't
0:08:16.877 -> 0:08:20.018 engage in oral sex and therefore
0:08:20.018 -> 0:08:24.257 will not be at risk of HPV in their
0:08:24.257 -> 0:08:27.179 throat and therefore if not female,
0:08:27.18 -> 0:08:29.61 does not need to be
0:08:29.61 -> 0:08:32.065 vaccinated?
0:08:32.065 -> 0:08:34.99 That is a question that people ask for sure
0:08:34.99 -> 0:08:37.594 and what we know is
0:08:37.594 -> 0:08:39.33 that human papilloma virus,
0:08:39.33 -> 0:08:42.706 the type of HPV that causes
0:08:42.706 -> 0:08:45.998 throat cancer is the same type that
0:08:45.998 -> 0:08:49.01 can cause cervical cancer in women.
0:08:49.01 -> 0:08:50.626 And in the throat
0:08:50.626 -> 0:08:53.05 it predominantly causes cancer in men
0:08:53.127 -> 0:08:55.919 and we don't know why that's the case.
0:08:55.92 -> 0:08:58.326 What we've learned is that the
0:08:58.326 -> 0:09:00.362 vast majority of Americans are
0:09:00.362 -> 0:09:02.826 exposed to this virus at some point.
0:09:02.83 -> 0:09:06.276 Estimates put it in the 80 to 90% range.

0:09:06.276 -> 0:09:08.838 So almost all of us get exposed
0:09:08.838 -> 0:09:11.277 to the virus at some point.
0:09:11.28 -> 0:09:13.968 Usually our bodies clear the virus.
0:09:13.97 -> 0:09:15.122 For some people,
0:09:15.122 -> 0:09:17.426 the virus hides out in the
0:09:17.426 -> 0:09:19.02 back of the throat.
0:09:19.02 -> 0:09:20.436 And it's it's there,
0:09:20.436 -> 0:09:22.206 sort of evading our immune
0:09:22.206 -> 0:09:23.42 system for decades.
0:09:23.42 -> 0:09:25.46 And it's that exposure of sitting
0:09:25.46 -> 0:09:28.072 there that is a risk factor for
0:09:28.072 -> 0:09:30.027 developing a cancer later on.
0:09:32.6 -> 0:09:34.742 There is some evidence that suggests
0:09:34.742 -> 0:09:36.999 that people who are more active,
0:09:37 -> 0:09:39.106 more sexually active are at higher
0:09:39.106 -> 0:09:41.04 risk for developing these cancers.
0:09:41.04 -> 0:09:43.976 But I think anyone just the vast majority,
0:09:43.98 -> 0:09:45.444 almost all Americans are
0:09:45.444 -> 0:09:46.908 exposed at some point,
0:09:46.91 -> 0:09:49.846 and so we do see these cancers in
0:09:49.85 -> 0:09:50.48 everyone.
0:09:51.4 -> 0:09:54.949 And so this opens the
0:09:54.949 -> 0:09:57.759 question of vaccination and as
0:09:57.76 -> 0:10:02.152 we sit here in 2020,
0:10:02.16 -> 0:10:05.576 the remarkable year that it has been,
0:10:05.58 -> 0:10:08.514 it really does bring to light
0:10:08.514 -> 0:10:10.47 the question of vaccination.
0:10:10.47 -> 0:10:14.152 And historically there have been
0:10:14.152 -> 0:10:18.177 people in this country who have been what
0:10:18.177 -> 0:10:21.81 have been called anti-vaxers who have
0:10:21.81 -> 0:10:24.967 concerns about autism due to vaccination and

0:10:24.97 -> 0:10:28.106 perhaps there are more people who worry
0:10:28.106 -> 0:10:30.871 about how vaccines actually get approved
0:10:30.871 -> 0:10:34.47 in this country and whether they are safe.
0:10:37.18 -> 0:10:40.246 Can you speak to that and really
0:10:40.246 -> 0:10:42.15 allay our listeners fears?
0:10:42.15 -> 0:10:44.904 Because right now people might have
0:10:44.904 -> 0:10:47.69 all kinds of concerns with regards
0:10:47.69 -> 0:10:50.288 to not just the Covid vaccine,
0:10:50.29 -> 0:10:52.058 but vaccines in general.
0:10:52.5 -> 0:10:54.894 I think with
0:10:54.894 -> 0:10:58.174 HPV we have the benefit of this
0:10:58.174 -> 0:11:00.97 not being a new vaccine.
0:11:00.97 -> 0:11:03.358 Over 120 million doses have been
0:11:03.358 -> 0:11:06.18 given in the United States and I
0:11:06.18 -> 0:11:08.861 think it's now over 300 million doses
0:11:08.938 -> 0:11:11.85 across the world over the last decade.
0:11:11.85 -> 0:11:15.468 and this is a safe vaccine.
0:11:15.47 -> 0:11:17.888 It also is an effective vaccine.
0:11:17.89 -> 0:11:20.704 It eliminates 90 to 100%
0:11:20.71 -> 0:11:22.75 of the infections and cancers
0:11:22.75 -> 0:11:24.79 that this virus can cause down the road.
0:11:33.88 -> 0:11:36.01 It's safe and
0:11:36.01 -> 0:11:37.89 it's effective and you know,
0:11:37.89 -> 0:11:40.032 in the past the rationale for
0:11:40.032 -> 0:11:42.269 getting the vaccine was sometimes
0:11:42.269 -> 0:11:44.489 it was described as to avoid
0:11:44.489 -> 0:11:46.65 genital warts or things like that,
0:11:46.65 -> 0:11:49.476 and I think that there's not as great a
0:11:49.476 -> 0:11:51.495 perception or understanding that this
0:11:51.495 -> 0:11:53.949 is really a cancer prevention vaccine,
0:11:53.95 -> 0:11:56.032 and so there's new survey

0:11:56.032 -> 0:11:58.251 data and studies going on that
0:11:58.251 -> 0:12:00.531 really shows that if more
0:12:00.531 -> 0:12:02.408 people appreciate that this
0:12:02.41 -> 0:12:04.594 vaccine has the potential
0:12:04.594 -> 0:12:07.199 and the ability to prevent cancers,
0:12:07.2 -> 0:12:09.594 those people are more likely to
0:12:09.594 -> 0:12:11.19 have their children vaccinated,
0:12:11.19 -> 0:12:13.703 so I think that there is some
0:12:13.703 -> 0:12:17.055 work to do in this area to explain
0:12:17.055 -> 0:12:18.366 the benefits of
0:12:18.37 -> 0:12:21.156 the vaccine.
0:12:21.16 -> 0:12:23.995 The other point that comes up is
0:12:24 -> 0:12:26.562 the fact that this cancer
0:12:26.562 -> 0:12:28.27 is not terribly common.
0:12:28.27 -> 0:12:31.259 As you said, it's not terribly rare,
0:12:31.26 -> 0:12:33.39 but it's not terribly common,
0:12:33.39 -> 0:12:36.162 and so I'm playing Devil's advocate
0:12:36.162 -> 0:12:39.368 here for the benefit of our listeners,
0:12:39.37 -> 0:12:41.51 who may have similar concerns.
0:12:41.51 -> 0:12:44.604 To really think about the risks of
0:12:44.604 -> 0:12:47.29 the vaccine versus the benefit in
0:12:47.29 -> 0:12:49.415 preventing a cancer that occurs
0:12:49.415 -> 0:12:51.952 in 4 to 5% of the population,
0:12:51.952 -> 0:12:54.316 can you speak to the data
0:12:54.316 -> 0:12:56.248 with regards to autism,
0:12:56.25 -> 0:12:58.56 which is something that
0:12:58.56 -> 0:13:00.578 Jenny McCarthy and other
0:13:00.578 -> 0:13:02.972 figures active in the anti vax
0:13:02.972 -> 0:13:05.09 movement have really promulgated.
0:13:05.09 -> 0:13:07.61 Is there any truth to that?
0:13:07.61 -> 0:13:10.978 I know certainly not with the HPV vaccine.

0:13:10.98 -> 0:13:13.578 There's really been no
0:13:13.58 -> 0:13:15.295 signs whatsoever over hundreds
0:13:15.295 -> 0:13:17.398 of millions of people that
0:13:17.398 -> 0:13:19.36 there is any association like that.
0:13:19.36 -> 0:13:21.624 The data that
0:13:21.624 -> 0:13:24.082 led to some of those claims has
0:13:24.082 -> 0:13:26.341 really been debunked as false data
0:13:26.341 -> 0:13:28.537 at this point for other vaccines.
0:13:28.54 -> 0:13:30.871 So I think that that's
0:13:30.871 -> 0:13:32.625 not really up-to-date
0:13:32.625 -> 0:13:34.998 with where we are in terms of
0:13:35 -> 0:13:36.36 understanding the side effects.
0:13:38.028 -> 0:13:40.423 I think that given its safety and
0:13:40.423 -> 0:13:42.698 the fact that it's been around for
0:13:42.698 -> 0:13:45.228 a long time and seems to almost
0:13:45.23 -> 0:13:46.427 completely eliminate cancer,
0:13:46.427 -> 0:13:48.023 whether it's cervical cancer
0:13:48.023 -> 0:13:50.219 for girls, head and neck cancers
0:13:50.22 -> 0:13:52.824 for both genders, it reduces the risk.
0:13:52.824 -> 0:13:55.209 general towards for what that's worth.
0:13:58.285 -> 0:14:00.21 Vaccine is really important.
0:14:00.21 -> 0:14:02.37 We're going to take a short
0:14:02.37 -> 0:14:04.43 break for a medical minute,
0:14:04.43 -> 0:14:05.958 and when we return,
0:14:05.958 -> 0:14:07.868 we'll talk more about treatment
0:14:07.868 -> 0:14:10.266 and diagnosis for head and neck
0:14:10.266 -> 0:14:12.49 cancers with my guest doctor Ben
0:14:12.49 -> 0:14:14.45 Judson.
0:14:14.45 -> 0:14:16.018 Support for Yale Cancer Answers comes from As-
traZeneca,
0:14:16.02 -> 0:14:17.553 a biopharmaceutical business

0:14:17.553 -> 0:14:20.619 with a deep rooted heritage in
0:14:20.619 -> 0:14:24.18 oncology and a commitment to
0:14:24.18 -> 0:14:27.152 developing cancer medicines for
0:14:27.152 -> 0:14:27.895 patients. Learn more at astrazeneca-us.com.
0:14:29.99 -> 0:14:33.749 This is a medical minute about survivorship.
0:14:33.75 -> 0:14:35.438 Completing treatment for cancer
0:14:35.438 -> 0:14:37.548 is a very exciting milestone,
0:14:37.55 -> 0:14:40.772 but cancer and its treatment can be a life
0:14:40.772 -> 0:14:43.457 changing experience for cancer survivors.
0:14:43.46 -> 0:14:45.992 The return to normal activities and
0:14:45.992 -> 0:14:48.138 relationships can be difficult and
0:14:48.138 -> 0:14:50.478 some survivors face long term side
0:14:50.478 -> 0:14:52.74 effects resulting from their treatment,
0:14:52.74 -> 0:14:54.003 including heart problems,
0:14:54.003 -> 0:14:55.266 osteoporosis, fertility issues,
0:14:55.27 -> 0:14:58.224 and an increased risk of 2nd cancers.
0:14:58.23 -> 0:15:00.42 Resources are available to help
0:15:00.42 -> 0:15:02.172 keep cancer survivors well and
0:15:02.172 -> 0:15:03.858 focused on healthy living.
0:15:03.86 -> 0:15:05.94 More information is available
0:15:05.94 -> 0:15:06.98 at yalecancercenter.org.
0:15:06.98 -> 0:15:10.1 You're listening to Connecticut public radio.
0:15:11.21 -> 0:15:13.37 Welcome back to Yale Cancer Answers.
0:15:13.37 -> 0:15:16.42 This is doctor Anees Chagpar and I am
0:15:16.498 -> 0:15:19.85 joined tonight by my guest doctor Ben Judson.
0:15:19.85 -> 0:15:21.855 We're talking about patients with
0:15:21.855 -> 0:15:24.667 head and neck cancer and right before
0:15:24.667 -> 0:15:27.229 the break we were talking about the
0:15:27.229 -> 0:15:29.752 fact that HPV is actually
0:15:29.752 -> 0:15:31.846 causing a lot of throat cancers
0:15:31.846 -> 0:15:34.147 that we see and this is entirely

0:15:34.147 -> 0:15:36.769 preventable with the HPV vaccine now.
0:15:36.77 -> 0:15:39.486 We talked a little bit about risks
0:15:39.486 -> 0:15:42.248 and benefits and it seems to me that
0:15:42.25 -> 0:15:44.974 with millions and millions
0:15:44.974 -> 0:15:47.66 of doses being given over many,
0:15:47.66 -> 0:15:50.228 many years, we really do have
0:15:50.228 -> 0:15:52.973 the data that suggests that this
0:15:52.973 -> 0:15:55.328 vaccine is safe and effective.
0:15:55.33 -> 0:15:58.874 But I wanted to
0:15:58.874 -> 0:16:02.087 ask who should be
0:16:02.09 -> 0:16:03.398 vaccinated and when?
0:16:03.398 -> 0:16:05.542 Terrific question, so the guidelines
0:16:05.542 -> 0:16:08.985 now for males and females who are
0:16:08.985 -> 0:16:12.073 under the age of 26 to be vaccinated.
0:16:12.08 -> 0:16:13.796 Usually the recommendation is
0:16:13.796 -> 0:16:16.832 for the first dose to be given
0:16:16.832 -> 0:16:19.45 when someone is around 11 or 12
0:16:19.45 -> 0:16:21.95 years old with one second dose.
0:16:21.95 -> 0:16:24.452 And the thought for that timing is that
0:16:24.452 -> 0:16:26.567 the vaccination then has
0:16:26.567 -> 0:16:28.811 time to work before
0:16:28.811 -> 0:16:30.58 they are potentially exposed,
0:16:30.58 -> 0:16:32.63 likely years down the road.
0:16:32.63 -> 0:16:35.144 The change in this area has
0:16:35.144 -> 0:16:36.82 been that the CDC
0:16:36.82 -> 0:16:38.197 broadened the recommendation
0:16:38.197 -> 0:16:40.033 to consider vaccination for
0:16:40.033 -> 0:16:42.37 anyone up to 45 years old.
0:16:43.13 -> 0:16:46.226 I think that that's so important,
0:16:46.23 -> 0:16:48.778 but one of the
0:16:48.778 -> 0:16:51.279 issues that I always ask is,

0:16:51.28 -> 0:16:53.566 many of our listeners
0:16:53.566 -> 0:16:55.93 who may be hearing this show,
0:16:55.93 -> 0:16:58.646 may be saying, I'm 47,
0:16:58.646 -> 0:17:00.198 I'm 48, I'm 52.
0:17:00.2 -> 0:17:01.844 I'm outside that window,
0:17:01.844 -> 0:17:04.55 but I really want to
0:17:04.55 -> 0:17:06.43 get vaccinated because I'm not
0:17:06.505 -> 0:17:09.16 particularly keen on getting cancer.
0:17:09.16 -> 0:17:12.624 What do you do in that older population?
0:17:15.12 -> 0:17:17.367 We don't know for sure the benefit,
0:17:19.63 -> 0:17:21.912 I mean the benefit is
0:17:21.912 -> 0:17:23.876 overwhelming for those that are under
0:17:23.876 -> 0:17:26.025 26 in terms of preventing
0:17:26.091 -> 0:17:28.324 cancers and the issues
0:17:28.324 -> 0:17:30.22 or side effects from
0:17:30.22 -> 0:17:32.83 treatment as well as the risk of death.
0:17:32.83 -> 0:17:34.44 So that is for sure.
0:17:34.44 -> 0:17:37.66 I think in that group that are 27 to 45,
0:17:37.66 -> 0:17:39.532 there is a suggestion that
0:17:39.532 -> 0:17:41.2 there's a real benefit there.
0:17:41.2 -> 0:17:43.048 That's where we have this
0:17:43.048 -> 0:17:44.78 sort of soft recommendation
0:17:44.78 -> 0:17:46.89 to consider vaccination in that
0:17:46.89 -> 0:17:49.969 age group and we just don't know
0:17:49.969 -> 0:17:52.184 beyond that whether the size
0:17:52.19 -> 0:17:54.854 of the benefit to getting vaccination
0:17:54.854 -> 0:17:58.487 and is the reason why we've kind of
0:17:58.487 -> 0:18:01.151 looked at those particular age ranges
0:18:01.233 -> 0:18:04.054 as being the age ranges
0:18:04.054 -> 0:18:06.578 where people are most likely to
0:18:06.578 -> 0:18:09.63 be sexually active.

0:18:09.63 -> 0:18:12.138 So you would imagine that people
0:18:12.138 -> 0:18:15.246 who are in their 50s may have
0:18:15.246 -> 0:18:17.486 already come in contact with
0:18:17.49 -> 0:18:18.79 the virus and therefore
0:18:18.79 -> 0:18:20.415 vaccination may be less effective.
0:18:20.42 -> 0:18:21.389 That is absolutely
0:18:21.39 -> 0:18:23.328 right. The idea is to vaccinate
0:18:23.328 -> 0:18:25 people before they could possibly
0:18:25 -> 0:18:26.585 be exposed to the virus.
0:18:26.59 -> 0:18:29.026 That's why it's as young as the
0:18:29.026 -> 0:18:31.146 recommendations are
0:18:31.146 -> 0:18:33.156 for the initial vaccination and
0:18:33.156 -> 0:18:35.78 it's less known as we get
0:18:35.78 -> 0:18:37.97 older and we're more likely,
0:18:37.97 -> 0:18:40.57 as I mentioned, 80 to 90% of us
0:18:40.57 -> 0:18:42.52 have been exposed to the virus.
0:18:42.52 -> 0:18:44.145 The potential benefit of the
0:18:44.145 -> 0:18:45.77 vaccination later on is less
0:18:45.77 -> 0:18:47.72 understood or less known.
0:18:49.232 -> 0:18:52.801 I mean if you have people who have
0:18:52.801 -> 0:18:55.797 not been sexually active until their 50s
0:18:55.8 -> 0:18:58.621 for example, maybe they were
0:18:58.621 -> 0:19:00.967 for religious reasons or other reasons
0:19:00.967 -> 0:19:03.452 really did not engage but wanted to
0:19:03.526 -> 0:19:05.846 be vaccinated before they started.
0:19:05.85 -> 0:19:07.86 Whether that's something to consider.
0:19:07.86 -> 0:19:10.723 But it sounds like we're not there
0:19:10.723 -> 0:19:13.49 yet in terms of the data,
0:19:13.49 -> 0:19:15.098 it sounds very reasonable,
0:19:15.098 -> 0:19:17.51 but we just don't know yet
0:19:17.51 -> 0:19:19.118 based on the data.

0:19:24.356 -> 0:19:26.346 Let's suppose you weren't vaccinated.
0:19:26.35 -> 0:19:28.834 What are the signs and symptoms
0:19:28.834 -> 0:19:31.695 that you should look out for in
0:19:31.695 -> 0:19:33.927 terms of head and neck cancers?
0:19:33.93 -> 0:19:36.981 And I mean we talked at the
0:19:36.981 -> 0:19:39.937 top of the show about this being
0:19:39.937 -> 0:19:42.96 a basket of really heterogeneous
0:19:42.96 -> 0:19:45.52 diseases right?
0:19:45.52 -> 0:19:49.498 I would
0:19:49.498 -> 0:19:52.886 imagine that there are so many
0:19:52.886 -> 0:19:55.726 varied symptoms that could
0:19:55.836 -> 0:19:59.308 be signs of head and neck cancer.
0:19:59.84 -> 0:20:01.124 I think that's right.
0:20:03.93 -> 0:20:05.262 In some ways,
0:20:05.262 -> 0:20:07.26 one of the pitfalls that we've
0:20:07.338 -> 0:20:09.588 seen is that with HPV related
0:20:09.588 -> 0:20:11.663 cancers these cancers are arising
0:20:11.663 -> 0:20:14.163 in younger otherwise very healthy
0:20:14.163 -> 0:20:16.54 individuals without real risk factors.
0:20:16.54 -> 0:20:18.39 The vast majority of patients
0:20:18.39 -> 0:20:20.839 with an HPV related cancer
0:20:20.839 -> 0:20:23.509 present with a painless neck mass,
0:20:23.51 -> 0:20:26.813 a physical lump in the neck that they can
0:20:26.813 -> 0:20:30.444 see and feel and they otherwise feel fine,
0:20:30.45 -> 0:20:34.57 and so there's a little bit of a tendency to
0:20:34.57 -> 0:20:35.97 put that off like
0:20:35.97 -> 0:20:37.93 I feel fine and
0:20:41.01 -> 0:20:42.618 living my life and
0:20:42.618 -> 0:20:44.369 so they might not seek
0:20:45.49 -> 0:20:46.89 medical care early,
0:20:46.89 -> 0:20:48.773 but that is the

0:20:48.773 -> 0:20:50.249 leading presentation of this cancer.
0:20:50.25 -> 0:20:52.482 And so one of the
0:20:52.482 -> 0:20:54.356 recommendations is that
0:20:54.356 -> 0:20:56.689 someone who has a mass in the neck,
0:20:56.69 -> 0:20:58.226 even if you otherwise feel great
0:20:58.226 -> 0:20:59.77 and have no other symptoms,
0:20:59.77 -> 0:21:02.29 and if it's there for more than four weeks,
0:21:02.29 -> 0:21:04.006 you should see your
0:21:04.006 -> 0:21:05.37 physician about it.
0:21:05.37 -> 0:21:06.49 See someone about it.
0:21:06.6 -> 0:21:09.4 And what's the age range that
0:21:09.4 -> 0:21:11.638 we typically see these cancers in?
0:21:11.64 -> 0:21:14.28 You mentioned if you're
0:21:14.28 -> 0:21:16.318 an otherwise healthy young person,
0:21:16.32 -> 0:21:18.12 are young people really the
0:21:18.12 -> 0:21:19.56 ones getting this disease,
0:21:19.56 -> 0:21:21.864 or are they at lower risk and this
0:21:21.864 -> 0:21:23.833 is really something that people
0:21:23.833 -> 0:21:26.043 should worry about when they're
0:21:26.043 -> 0:21:28.56 pushing into their 70s and 80s?
0:21:28.56 -> 0:21:30.66 I think that the smoking drinking
0:21:30.66 -> 0:21:32.489 related head neck cancers that
0:21:32.489 -> 0:21:34.319 we see happen most frequently
0:21:34.32 -> 0:21:37.52 in people who are in their 60s,
0:21:37.52 -> 0:21:39.22 somewhat later in life,
0:21:41.83 -> 0:21:43.684 having a longer time
0:21:43.684 -> 0:21:46.193 of exposure to
0:21:46.193 -> 0:21:48.005 the risky effects of tobacco
0:21:48.077 -> 0:21:50.548 and alcohol. With HPV we're seeing
0:21:50.548 -> 0:21:52.278 these cancers younger and younger,
0:21:52.278 -> 0:21:55.33 and so the peak age of these cancers is

0:21:55.33 -> 0:21:58.096 actually in their 40s and we see it
0:21:58.096 -> 0:22:01.06 at all ages we can see younger and older,
0:22:01.06 -> 0:22:02.364 but it definitely isn't
0:22:02.364 -> 0:22:03.668 happening in younger patients,
0:22:03.67 -> 0:22:05.974 and I think that that's so critical for
0:22:05.974 -> 0:22:08.15 people to really understand because,
0:22:08.15 -> 0:22:11.813 being in my 40s, I can tell you that
0:22:11.813 -> 0:22:15.52 you do kind of feel invincible, right?
0:22:15.52 -> 0:22:17.32 You're healthy, you don't
0:22:17.32 -> 0:22:20.6 really need to go to the doctor.
0:22:20.6 -> 0:22:21.575 Everything is good.
0:22:21.575 -> 0:22:23.525 And you certainly don't think you're
0:22:23.525 -> 0:22:25.602 gonna get cancer, but it can occur.
0:22:25.602 -> 0:22:26.436 That's so true.
0:22:26.44 -> 0:22:28.4 And so often peoples in their
0:22:28.4 -> 0:22:30.068 40s are busy with life.
0:22:30.07 -> 0:22:32.572 You know they've got jobs and whatever it is,
0:22:32.58 -> 0:22:34.26 and so their time for cancer,
0:22:34.26 -> 0:22:36.464 they don't have time for this and
0:22:36.464 -> 0:22:38.496 they are less likely to go get it
0:22:38.496 -> 0:22:40.3 checked out 'cause they're just too busy.
0:22:47.14 -> 0:22:49.162 What are the other other symptoms
0:22:49.162 -> 0:22:50.81 that people should look for?
0:22:50.81 -> 0:22:53.322 I mean a painless lump in the neck
0:22:53.322 -> 0:22:55.057 is certainly something that
0:22:55.057 -> 0:22:57.486 should be a red flag for people,
0:22:57.49 -> 0:22:58.878 even though it's painless,
0:22:58.878 -> 0:23:00.96 and I think that's the other
0:23:01.024 -> 0:23:03.166 thing is that people say
0:23:03.17 -> 0:23:05.18 if it's not causing me pain,
0:23:05.18 -> 0:23:06.328 it can't be bad,

0:23:06.328 -> 0:23:08.512 but we know that with so many
0:23:08.512 -> 0:23:10.846 cancers that simply is not the case.
0:23:11.39 -> 0:23:13.7 That's right, and
0:23:21.96 -> 0:23:23.886 one of the symptoms, potential
0:23:23.886 -> 0:23:26.456 symptoms, is a sore throat or pain
0:23:26.456 -> 0:23:28.076 or difficulty with swallowing.
0:23:28.08 -> 0:23:30.39 Obviously this happens to
0:23:30.39 -> 0:23:33.723 all of us as a result of an infection
0:23:33.723 -> 0:23:35.999 or tonsillitis or something like that,
0:23:36 -> 0:23:38.07 but if that persists for more
0:23:38.07 -> 0:23:39.96 than three to four weeks,
0:23:39.96 -> 0:23:42.48 that is another reason to
0:23:42.48 -> 0:23:44.28 seek medical attention.
0:23:44.28 -> 0:23:46.08 Similarly, hoarseness of voice again,
0:23:46.08 -> 0:23:47.115 usually not cancer.
0:23:47.115 -> 0:23:50.4 We all get that at one point or another,
0:23:50.4 -> 0:23:53.712 but if it persists for more than four weeks
0:23:53.72 -> 0:23:55.574 that probably makes sense to seek
0:23:55.574 -> 0:23:57.279 medical attention for that as well.
0:23:57.28 -> 0:23:58.18 Yeah, it seems
0:23:58.18 -> 0:24:00.364 like that four week mark is really
0:24:00.364 -> 0:24:02.039 when people should start saying,
0:24:02.04 -> 0:24:03.81 you know, something
0:24:03.81 -> 0:24:06.211 that you get out of the blue if
0:24:06.211 -> 0:24:07.682 it's been persistent, it's really
0:24:07.682 -> 0:24:09.754 something that you need to look for.
0:24:16 -> 0:24:19.073 I had a
0:24:19.073 -> 0:24:21.86 friend who had a nosebleed,
0:24:21.86 -> 0:24:24.788 really young guy, 20-22 years old.
0:24:24.79 -> 0:24:28.686 I think you may have heard about him
0:24:28.69 -> 0:24:32.322 because I sent him to you who

0:24:32.322 -> 0:24:34.55 presented with a nosebleed.
0:24:34.55 -> 0:24:37.478 So simple things like that,
0:24:37.48 -> 0:24:39.93 you think
0:24:39.93 -> 0:24:42.38 it's a nosebleed but
0:24:42.38 -> 0:24:44.73 things like that can happen.
0:24:47.24 -> 0:24:48.914 It goes back to what we
0:24:48.914 -> 0:24:50.03 were talking about before.
0:24:50.03 -> 0:24:51.997 It's the patients who are
0:24:51.997 -> 0:24:53.66 young and healthy and feel fine.
0:24:53.66 -> 0:24:55.055 They're more likely to
0:24:55.055 -> 0:24:56.45 blow off these things.
0:24:56.45 -> 0:24:58.396 And most likely
0:24:59.52 -> 0:25:01.192 99% of the time,
0:25:01.192 -> 0:25:01.748 it's nothing.
0:25:03.418 -> 0:25:04.252 But sometimes it's something,
0:25:04.26 -> 0:25:06.22 and so it is just a reminder,
0:25:06.22 -> 0:25:07.615 if something is not going
0:25:07.615 -> 0:25:09.01 away or not getting better,
0:25:09.568 -> 0:25:10.405 it's certainly worth
0:25:10.405 -> 0:25:11.8 having someone take a look.
0:25:11.8 -> 0:25:12.35 And sometimes
0:25:12.35 -> 0:25:14.03 there's some things that are really bad
0:25:14.03 -> 0:25:15.46 like what happened
0:25:15.46 -> 0:25:17.14 to my friend. so can you talk
0:25:17.14 -> 0:25:19.894 a little bit about the
0:25:19.894 -> 0:25:23.02 prognosis for head and neck cancers,
0:25:23.02 -> 0:25:26.219 and I realized that again it's a
0:25:26.219 -> 0:25:28.41 heterogeneous bucket of diseases,
0:25:28.41 -> 0:25:30.37 but in general, how
0:25:30.37 -> 0:25:31.462 do people fair?
0:25:31.462 -> 0:25:32.918 You mentioned it varies.

0:25:32.92 -> 0:25:34.796 You know it varies on the type,
0:25:34.8 -> 0:25:36.14 the specific type and the
0:25:36.14 -> 0:25:37.48 stage at which they present.
0:25:37.48 -> 0:25:39.622 So all the more reason to come in
0:25:39.622 -> 0:25:42.026 and get it checked out and found earlier.
0:25:43.68 -> 0:25:44.47 Interestingly
0:25:44.47 -> 0:25:47.235 the prognosis with HPV related cancers
0:25:47.235 -> 0:25:49.679 is much better than with the other
0:25:49.679 -> 0:25:52.39 types of head neck cancers that we see.
0:25:52.39 -> 0:25:53.479 Like for example,
0:25:53.479 -> 0:25:55.294 the smoking drinking related cancer.
0:25:55.3 -> 0:25:57.484 So the vast majority of patients
0:25:57.484 -> 0:25:59.65 with HPV related cancers are cured.
0:25:59.65 -> 0:26:02.938 Cure rates are in the 70 to 90% range.
0:26:02.938 -> 0:26:04.45 There are certainly side
0:26:04.45 -> 0:26:06.34 effects from treatment and so
0:26:06.406 -> 0:26:08.356 our goal is really
0:26:08.36 -> 0:26:10.18 to maximize that cure,
0:26:10.18 -> 0:26:12.478 but also try to
0:26:12.478 -> 0:26:14.539 minimize the side effects of any
0:26:14.54 -> 0:26:17.543 treatment.
0:26:17.543 -> 0:26:21.28 And the prognosis can be
0:26:21.28 -> 0:26:24.43 across the board, it can be varied.
0:26:24.43 -> 0:26:26.68 It can be very good.
0:26:26.68 -> 0:26:29.632 It can be not so good.
0:26:29.632 -> 0:26:32.079 Talk a little bit about treatments.
0:26:32.08 -> 0:26:34.59 Now, granted, treatments are going
0:26:34.59 -> 0:26:37.96 to vary based on whether this is
0:26:37.96 -> 0:26:40.641 found at an early stage or whether
0:26:40.641 -> 0:26:43.329 it is spread and metastatic.
0:26:43.33 -> 0:26:46.97 But on this show we frequently talk about

0:26:46.97 -> 0:26:48.742 personalized medicine about a
0:26:48.742 -> 0:26:50.071 multidisciplinary approach about
0:26:50.071 -> 0:26:52.626 all of the things that have
0:26:52.626 -> 0:26:54.566 evolved overtime that can improve
0:26:54.566 -> 0:26:56.499 treatment and patients outlooks.
0:26:56.5 -> 0:26:58.954 So how do you approach patients
0:26:58.954 -> 0:27:01.26 who have had neck cancer?
0:27:01.26 -> 0:27:03.42 Well, one part of this
0:27:03.42 -> 0:27:06.472 that I'm just passionate about is that
0:27:06.472 -> 0:27:10 it's so apparent to me working in this
0:27:10 -> 0:27:12.636 field that how patients do
0:27:12.636 -> 0:27:15.548 depends on the team that surround them.
0:27:15.55 -> 0:27:19.014 And so you know, I'm a surgeon and
0:27:19.02 -> 0:27:21.61 that's one potential treatment for a patient.
0:27:21.61 -> 0:27:23.09 Other treatments are chemotherapy
0:27:23.09 -> 0:27:24.476 or immunotherapy, or radiation.
0:27:24.476 -> 0:27:26.091 But it's critical
0:27:26.091 -> 0:27:27.9 to have a nutritionist, a
0:27:27.9 -> 0:27:29.38 speech language pathologist,
0:27:29.38 -> 0:27:30.49 physical therapists,
0:27:30.49 -> 0:27:32.34 a social worker,
0:27:32.34 -> 0:27:34.9 all part of the team and really
0:27:34.9 -> 0:27:37.629 how people do depends on
0:27:37.629 -> 0:27:40.091 having that whole team around the
0:27:40.091 -> 0:27:42.695 patient to help get them through it and
0:27:44.204 -> 0:27:47.878 having the team is key and then as you said,
0:27:47.88 -> 0:27:48.825 just carefully tailoring
0:27:48.825 -> 0:27:50.715 treatments for each patient
0:27:50.72 -> 0:27:52.912 based on the specifics of what's going on
0:27:52.912 -> 0:27:55.188 with them in their situation is just key.
0:27:55.87 -> 0:27:58.894 Talk a little bit about that.

0:27:58.9 -> 0:28:01.356 I mean we talk on this show
0:28:01.356 -> 0:28:04.272 a lot about how there have been
0:28:04.272 -> 0:28:06.497 advances in various tumor types.
0:28:08.62 -> 0:28:10.74 So in some cancers you
0:28:10.74 -> 0:28:12.86 know they they look at,
0:28:12.86 -> 0:28:15.17 panels of hundreds of
0:28:15.17 -> 0:28:17.52 of genetic and genomic mutations,
0:28:17.52 -> 0:28:19.64 and have targeted therapies
0:28:19.64 -> 0:28:21.336 for each of these.
0:28:21.34 -> 0:28:23.818 In others it's not quite so advanced
0:28:23.818 -> 0:28:26.429 in terms of tailoring therapies.
0:28:26.43 -> 0:28:28.838 The idea of course being that you
0:28:28.838 -> 0:28:31.328 know with a more targeted therapy
0:28:31.328 -> 0:28:33.623 you can potentially reduce some
0:28:33.623 -> 0:28:36.608 of the side effects of treatment.
0:28:36.61 -> 0:28:39.067 So given what you had said earlier
0:28:39.067 -> 0:28:41.559 about the side effects of therapy,
0:28:41.56 -> 0:28:44.199 where are we in terms of personalized
0:28:44.199 -> 0:28:46.518 medicine in head and neck cancer?
0:28:47.11 -> 0:28:48.96 It's so interesting
0:28:48.96 -> 0:28:51.55 and one of the areas where personalized
0:28:51.55 -> 0:28:53.105 medicine, really
0:28:53.105 -> 0:28:55.475 is common day-to-day in treating patients
0:28:55.475 -> 0:28:57.99 in this area is that patients with head
0:28:57.99 -> 0:29:00.977 with HPV related cancers are now being
0:29:00.977 -> 0:29:03.412 treated differently than the other cancers.
0:29:03.412 -> 0:29:05.764 We know that their responses and
0:29:05.764 -> 0:29:07.666 the prognosis is different and
0:29:07.666 -> 0:29:09.306 so now the
0:29:09.31 -> 0:29:11.53 treatments are different as well.
0:29:11.53 -> 0:29:14.074 And like so much in

0:29:14.074 -> 0:29:16.339 medicine there are constant advances.
0:29:16.34 -> 0:29:18.22 We're doing transoral
0:29:18.22 -> 0:29:20.1 robotic surgery and now patients
0:29:20.1 -> 0:29:22.278 have the potential to get immunotherapy,
0:29:22.28 -> 0:29:24.47 potentially as part of their treatment,
0:29:24.47 -> 0:29:25.922 and so there's
0:29:27.378 -> 0:29:29.198 more targeted radiation treatment,
0:29:29.2 -> 0:29:31.12 so it's constantly evolving
0:29:31.12 -> 0:29:33.311 and we're seeing
0:29:33.311 -> 0:29:35.015 an overall gradual improvement.
0:29:35.384 -> 0:29:37.568 Slow, but gradual improvement in prognosis,
0:29:37.57 -> 0:29:39.551 and I think it's a result of
0:29:39.551 -> 0:29:41.017 all these little incremental
0:29:41.017 -> 0:29:42.67 steps and improvements.
0:29:43.76 -> 0:29:45.944 Dr. Benjamin Judson is a professor
0:29:45.944 -> 0:29:47.4 of surgery in Otolaryngology,
0:29:47.4 -> 0:29:49.56 and the chief of the division
0:29:49.56 -> 0:29:51 of otolaryngology at the
0:29:51.069 -> 0:29:52.669 Yale School of Medicine.
0:29:52.67 -> 0:29:54.202 If you have questions,
0:29:54.202 -> 0:29:55.734 the address is canceranswers@yale.edu
0:29:55.734 -> 0:29:57.852 and past editions of the program
0:29:57.852 -> 0:29:59.784 are available in audio and written
0:29:59.847 -> 0:30:01.458 form at Yalecancercenter.org.
0:30:01.46 -> 0:30:04.02 We hope you'll join us next week to
0:30:04.02 -> 0:30:06.5 learn more about the fight against
0:30:06.5 -> 0:30:09.12 cancer here on Connecticut public radio.