Treatments for these cancers can dramatically affect function and put patients in the distressing position of learning to talk, eat, swallow or even breathe in new ways. In addition to the physical struggle, many patients must navigate a swath of psychological, social, emotional and employment challenges.

That, says Olshan, is why understanding cause and prevention is critical. Olshan leads the Carolina Head and Neck Cancer Study (CHANCE), funded by the National Cancer Institute. The study, being conducted in 46 counties in central and eastern North Carolina, has accrued data from 8,500 women with invasive breast cancer, with information from the National Death Index.

Researchers will follow the women for two years after diagnosis, which Mary Beth Bell, MPH, project manager for the Lucas study, says “will give us a really good picture of their treatments and how they are doing.”

Using newly diagnosed cancer cases reported to the North Carolina Central Cancer Registry as a starting point, the four-year enrollment period began on May 1, 2008, and continues through April 30, 2012. The goal is to enroll 1,000 black women with newly diagnosed cases of invasive breast cancer – half under the age of 50 and half aged 50 and older – and a similar number and distribution of white women with breast cancer.

Initially, the women will be interviewed by a nurse about breast cancer risk factors, such as family history, medical history and physical and emotional well-being, and asked for a DNA blood sample. Then, every six months for the next two years, researchers will touch base with the women, updating records and gathering information about their treatment and general health.

“In other studies, we weren’t really able to go back and reconstruct their medical treatment histories, so this will allow us to examine any disparities in treatment and access to care,” Bell says.

— By Kim Gazella
nearly 1,400 cases of head and neck cancer to date, making it the largest study of head and neck cancer ever conducted in the U.S.

So far, it has confirmed not only that people who smoke tobacco and/or drink alcohol are more likely than others to develop head and neck cancer, but also that the risk from smoking and drinking appears to be higher for African-Americans. These are critical links to understanding ways to prevent the disease.

Now, with a grant from LIVESTRONG™, Olshan and his team already are building on the CHANCE study and discovering more about how treatments might affect patients’ overall quality of life.

“By studying the experiences of head and neck cancer survivors, we hope to help health professionals effectively manage the impact of treatment on a patient’s social, family and work roles,” says Olshan, chair of the Department of Epidemiology in the UNC Gillings School of Global Public Health and research professor, Department of Otolaryngology/Head and Neck Surgery, UNC School of Medicine.

This new study—in its fourth and final year of enrolling patients— zeroes in on the experiences of African-American survivors, to see whether factors influencing their quality of life are different from those of white survivors.

“This study focuses on an under-investigated aspect of health disparities in North Carolina,” Olshan says. “Do African Americans surviving with this cancer have a different experience than white patients? If so, what are the reasons?”

The information can be valuable to surgeons, including Mark C. Weissler, MD, J.P. Riddle Distinguished Professor of Otolaryngology-Head and Neck Surgery at UNC, who collaborates with Olshan.

“In this era of evidence-based medicine and comparative effectiveness research, studies such as this are necessary to ferret out what are really the best treatment strategies,” Dr. Weissler says. “Strategies may differ between different patient populations, and that is important to know.”

Head and neck cancer includes oral, pharyngeal, and laryngeal cancer—cancers of the mouth, tongue, throat and other sites. More than 48,000 Americans will develop cancer of the head and neck in 2009, and nearly 11,260 will die from it, according to the American Cancer Society. The cancer strikes blacks more often than whites, and survival rates are notably poorer for blacks than whites.

For the LIVESTRONG project, researchers are interviewing head and neck cancer survivors one year and three years after their diagnosis, using interview instruments designed specifically to gauge their quality of life from several aspects: physical, social/family, emotional and functional well-being.

“If we can identify any disparities and determine strong predictors, then greater attention can be given to recognizing these factors, and people who treat cancer can take them into account when considering a patient’s treatment course and quality of life afterward,” Olshan says. —By Kim Gazella

For more information, visit:
The American Academy of Otolaryngology-Head and Neck Surgery: www.entnet.org
American Cancer Society: www.cancer.org