

Improving access to Specialist Speech and Language Therapy (SLT) swallow rehabilitation for patients with late Radiation Induced Dysphagia (swallowing difficulties) resulting from head and neck cancer treatment

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Background: Increasing numbers of Head and Neck Cancer patients are returning to SLT services years post-discharge with worsening swallowing difficulties
Late Radiation Associated Dysphagia (Late-RAD) is difficult to treat, has a significant impact upon QOL and can result in increased healthcare costs (1)

Following insights from the 2023 national Head and Neck SLT Cancer Clinical Excellence Network conference and a 2022 literature review, it became clear that patients and other professionals often lacked knowledge on how to access specialist SLT support services to manage Late-RAD.

It was concluded a clinical pathway was needed to remedy this.

Conclusions:

Current clinical guidelines are not 'fit for purpose' in relation to Late – RAD. The evidence base is growing for the increasing need and potential impact upon QOL and healthcare (2) but there is little consensus as to how best for these people to access specialist services including SLT.

We needed a local pathway to:

- **Inform referrers such as ENT/ gastro/GP's as to Late –RAD and it's management**
- **Improve access to SLT**
- **Reduce time from presentation to assessment and treatment.**
- **Reduce unnecessary invasive tests such as Barium swallows**

Method:

Late –RAD is a developing field, a literature review was completed to ensure knowledge of research up to date.

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A critical review of current Clinical guidelines was carried out to assess if fit for purpose.

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Professional opinion was sought by both SLT and MDT colleagues regarding existing Late RAD management and pathways.

Outcomes:

The pathway was written!

The pathway has been agreed at a local level and is being used by the H&NC MDT.

The initial impact of the pathway has been positive and so far has achieved:

- Improved access to the correct specialist input Pt's with Late RAD require
- Reduction in unnecessary invasive tests - Any swallow investigations requested for Pt's with a previous H&N cancer sent to radiology are now 'Red flagged' for discussion in the H&N MDM, this allows for discussion of appropriate tests and avoids duplication.

Future plans:

- Complete the PDSA cycle to assess full impact of the clinical pathway – has it reduced time from presentation to treatment?
- Further development of our prototype 'late - RAD clinic' to enhance the SLT rehabilitation pathway
- Develop a rolling training program for healthcare professionals who may come across Late RAD.



References; 1 Govender R, Gilbody N, Simson G, Haag R, Robertson C, Stuart E, (2024) *Post-Radiotherapy Dysphagia in Head and Neck Cancer: Current Management by Speech-Language Pathologists*. *Current Treatment Options in Oncology* (2024) 25:703–718

2 Verdonck-de Leeuw, I.; Dawson, C.; Licitra, L.; Eriksen, J.G.; Hosal, S.; Singer, S.; Laverty, D.P.; Golusinski, W.; Machczynski, P.; Varges Gomes, A.; et al. (2022) *European Head and Neck Society recommendations for head and neck cancer survivorship care*. *Oral Oncol.* 2022, 133, 106047.