

What to Know About Head and Neck Cancer

Colorado University Cancer Center member Alice Weaver, MD, PhD, talks about how head and neck cancers typically present, as well as advances in research and treatment.

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What are the best ways to reduce your chances of getting [head and neck cancer](#), such as oral, tongue, and sinus cancer? Stop using (or don't start using) tobacco products, and make sure you are vaccinated against the human papillomavirus (HPV).

That's advice from University of Colorado Cancer Center member [Alice Weaver](#), MD, PhD, assistant professor of [medical oncology](#) in the [CU School of Medicine](#), whose clinical practice focuses on head and neck cancers.

Seeing as April is Head and Neck Cancer Awareness Month, we spoke with Weaver about how head and neck cancers present, how they're treated, and the best ways to protect yourself from getting them.

What exactly is head and neck cancer?

Head and neck cancer is a loose term that involves any cancer that's below the brain and above the lungs. When people say head and neck cancer, they usually mean head and neck squamous cell cancers, which are things like mouth, or oral cavity cancer, throat, or pharyngeal cancer, or larynx cancer in the voice box.

Is there a big difference among those cancers in terms of the way they're treated, or are they all treated in a similar way?

Within the squamous cell cancer group, there are some differences. If we're talking about nonmetastatic (cancer that has not spread) disease in the head and neck area, the options are usually surgery first, followed by chemotherapy and radiation, or chemotherapy and radiation on their own. For cancers that start in the mouth, we usually recommend the surgery-first approach. For cancers that start in the throat, we oftentimes recommend chemotherapy with radiation on their own. For metastatic head and neck cancers, we usually do a combination of chemotherapy and immunotherapy.

What is the surgery people typically get?

It depends where it's located. If the cancer is in the tongue, the surgery is typically either a partial or a full glossectomy — or removal of the tongue. Sometimes the tongue has to be reconstructed.

If it's elsewhere in the mouth, then it's a resection (surgical removal) of as much as is required. Sometimes they have to take part of the jawbone, and usually they're also removing the lymph nodes, at least on the side of the neck where the tumor is. Sometimes they remove the lymph nodes on both sides of the neck, depending on what the scans look like, how close it is to the center of the of the mouth, and how risky it looks in general.

What type of surgeon performs surgery for head and neck cancer?

There's a subset of ear, nose, and throat (ENT) surgeons who have specialty training in head and neck cancer resection. Usually, the patients are referred to the ENT surgeons first, so that's the point at which they enter the oncology group, then they are discussed. We have a weekly case conference where we discuss most of our new patients to decide if upfront surgery makes the most sense, or if they need to talk to the medical oncologist or the radiation oncologist.

Sometimes I meet with patients who have already had a surgery and need to talk about additional treatment afterward. Sometimes I'm meeting with people where we're on the fence as to whether surgery is needed or not, and talking with them about what the other options are and which choice might make the most sense. But usually, they're coming in through the surgery group, because that's where the referral goes to first.

Do people go through physical therapy or occupational therapy following surgery?

There are specialized speech and swallow therapists that most patients follow up with to restore any loss in their speech and swallow function. Most of them also follow closely with a dietitian, because eating patterns change quite dramatically as they go through treatment. Then we have a branch of physical medicine rehab, a group of doctors that, after treatment is finished, work on any stiffness in the neck or stiffness in the jaw that has an impact of quality of life.

What are some of the early symptoms of head and neck cancers?

If it's cancer in the mouth, sometimes those are visible. People will notice they have an ulcer or a mass on their tongue or in the bottom of their mouth or around the gums. If it's further back in the throat, what we call the oropharynx, then that can show up as swallowing difficulties or pain. If it's further down, like in the larynx, then it gets harder for people to talk. In extreme cases, they can get very short of breath because of a tumor that's blocking off the airway. These cancers tend to spread into the lymph nodes in the neck, so some people will notice that first — they have a bump in their neck that's getting bigger, and we have to find where it came from, using an exam or a CT scan.

Are there any risk factors for head and neck cancers that people should be aware of?

For cancers in the mouth, heavy smoking history and chewing tobacco are big risk factors. For cancers in the oropharynx, infection with human papillomavirus, or HPV, is something that in the past 20 years or so we've recognized is an important risk factor. But many people get these cancers and they don't have any risk factors at all.

Is there anything new in treatment for head and neck cancers?

We are trying to figure out how to use immune therapy more effectively in this type of cancer. Immune therapy is beneficial in most types of cancers, but in head and neck cancer, we haven't seen the same kind of spectacular results that we've seen in melanoma, for instance.

We use immune therapy in disease that is metastatic, or has spread to other parts of the body, but when we've studied immune therapy around the time of surgery or during or after radiation, we haven't seen a group of patients that benefits from that when the disease is more local. A lot of the studies right now are trying to figure out if there is a role for immune therapy in disease that has not spread to other parts of the body, and who the patients are that might benefit most from that.

The other target that's of interest for head neck cancer research is a protein called EGFR, or epidermal growth factor receptor. It's a growth-signaling molecule that is found in greater concentration in head and neck cancers than in the surrounding healthy tissue, and researchers are trying to design a drug that targets EGFR effectively. We have one approved drug called cetuximab, but it doesn't work very well for most patients. There are several new drugs in development linking the EGFR target with other types of therapies to see if we can make it work better.

What recommendations do you have for prevention of head and neck cancer?

The biggest is don't use tobacco. If you do use tobacco, stop by any means necessary. There are lots of resources to help with that. Also make sure you are following primary care guidelines in terms of alcoholic drinks per week. We know that heavy alcohol use increases the risk of this cancer, as well as other cancers. Finally, we recommend HPV vaccination for anybody who's eligible. People in their 40s are still eligible for HPV vaccines. Vaccinating children against HPV is very important to preventing the oropharynx type of head and neck cancer.

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