


Response to Somay et al. Letter to the Editor Regarding “Trismus Occurrence and Link With Radiotherapy Doses in Head and Neck Cancer Patients Treated With Chemoradiotherapy”

Integrative Cancer Therapies
Volume 22: 1–2
© The Author(s) 2023
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/15347354231167367
journals.sagepub.com/home/ict


Kerstin Faravel, PT, MSc¹ , Marta Jarlier, MSc¹, Pierre Senesse, MD, PhD^{1,2}, Marie-Eve Huteau, MSc¹, Chloé Janiszewski, MSc¹, Anne Stoebner, MD^{1,2}, and Pierre Boisselier, MD¹

Submitted March 14, 2023; accepted March 17, 2023

Dear Editor,

We thank Somay et al for their interest and insightful comments, and we appreciate the continued opportunity to discuss our article “Trismus Occurrence and Link with Radiotherapy Doses in Head and Neck Cancer Patients Treated with Chemoradiotherapy.”¹

The main objective of the OPEN trial (NCT03979924) is to assess the impact of preventive physiotherapy combined with patient education on trismus prevalence in head and neck cancer (HNC) patients treated with chemoradiotherapy (CRT). However, data regarding trismus prevalence are highly heterogeneous. Multiple factors can explain these variations, such as a wide discrepancy in study populations, especially regarding tumor location and HNC treatment modalities (radiotherapy, chemotherapy, or surgery, alone or in combination). In addition, different measurement methods and time points, not always comparable, were used to determine trismus prevalence.^{2,3} Therefore, we first conducted an observational step to evaluate trismus occurrence and its link with radiotherapy dose, in 45 HNC patients 10 weeks after completed CRT with or without previous surgery.¹

Firstly, Somay et al stressed that some patient characteristics known to be associated with a higher prevalence of trismus are not reported in our article. Although we included many of them in our manuscript (eg, tobacco and alcohol consumption, tumor location), we agree that information regarding tumor stages would bring additional value to our article. Therefore, Table 1 provides full details on T and N stages but also TNM stages, for the overall cohort. Author also pointed out we did not provide information about surgical margins. While this information may be interesting, it was not considered relevant to our study as only 33% of patients had previously undergone surgery.

Secondly, Somay et al stated that no information about the temporomandibular joint is provided. Please note that all information regarding the temporomandibular joint is available in Table 3, but also Figures 2 and 3, of the original article. This includes, but is not limited to, the radiation doses and the mean radiation dose in patients with or without trismus at various time points. In addition, we chose not to report the total radiation dose delivered to the masticatory apparatus. Indeed, there is no consensus regarding the link between trismus and radiation doses to the masticatory apparatus as a combined block, and about the role of each muscle in the system. Moreover, we reported the median radiation dose, which, from our perspective, gives the most accurate estimate of the delivered dose for each structure. On the contrary, the maximum dose only provides information about the radiation dose at a specific point or for a limited volume. Thus, the dose delivered to 50% of the volume reflects more accurately the degree of irradiation of the associated structure, as well as possible secondary malfunctions. In our study, we considered the use of the receiver operating characteristic curve analysis as irrelevant because of the relative small size of our cohort and its heterogeneity.

¹Cancer Institute of Montpellier, University of Montpellier, Montpellier, France

²University of Montpellier INSERM, IRCM, IDESP, UMR 1302, Montpellier, France

Corresponding Author:

Kerstin Faravel, Department of Supportive Care, Physiotherapy Unit, Cancer Institute of Montpellier (ICM), 208 Avenue des Apothicaires, Montpellier 34298, France.

Email: kerstin.faravel@icm.unicancer.fr



Table 1. Clinical Features of Included Patients at Baseline.

Feature	N	N=45
		%
Tumor localization		
Oropharynx	33	73.3
Oral cavity	9	20.0
Cavum	3	6.7
Previous surgery	15	33.3
cT Stage		
T1	4	8.89
T2	16	35.56
T3	9	20.00
T4	15	33.33
TX	1	2.22
cN Stage		
N0	2	4.44
N1	9	20.00
N2	32	71.11
N3	1	2.22
NX	1	2.22
TNM Stage		
Stage I	4	8.89
Stage II	16	35.56
Stage III	14	31.11
Stage IV	2	4.44
Stage IVa	9	20

Thirdly, we only made conclusions on the trismus occurrence, but not the overall incidence, because the relatively small size of our cohort (45 HNC patients). We included 24.4% of patients with initial trismus, but this is not discordant with other studies. Indeed, in their meta-analysis, Watters et al reported 17.3% of patients presented with initial trismus.³ Furthermore, we included these patients only when trismus was a HNC-related condition.

Multiple approaches are used in trismus management, including passive and/or active rehabilitation, with various degrees of efficacy.^{4,5} In the ongoing OPEN study, we will assess the benefits of a preventive physiotherapy associated with patient education in a total of 195 patients. Our aim is to identify new approaches to provide a protocol, not too burdensome but still effective, to prevent and manage trismus. In addition, our observational study provided us with

an opportunity to validate not only patients' inclusion criteria but also the methodology to evaluate trismus. As a result, in the current step of the study, we assess the impact of our preventive physiotherapy program in patients with a specific tumor location, and we use a defined schedule combined with precise trismus measurements.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This ongoing study is financially supported by the French Health Ministry, Direction générale de l'offre de soins (grant no PHRIP-15-0526) who did not contribute to design, data collection, interpretation and decision to publish.

ORCID iD

Kerstin Faravel  <https://orcid.org/0000-0003-1231-1108>

References

1. Faravel K, Jarlier M, Senesse P, et al. Trismus occurrence and link with radiotherapy doses in head and neck cancer patients treated with chemoradiotherapy. *Integr Cancer Ther.* 2023;22:15347354221147284. doi:10.1177/15347354221147283
2. van der Geer SJ, van Rijn PV, Kamstra JI, Langendijk JA, et al. Prevalence and prediction of trismus in patients with head and neck cancer: a cross-sectional study. *Head Neck.* 2019;41:64-71 doi:10.1002/hed.25369.
3. Watters AL, Cope S, Keller MN, Padilla M, Enciso R. Prevalence of trismus in patients with head and neck cancer: a systematic review with meta-analysis. *Head Neck.* 2019;41:3408-3421. doi:10.1002/hed.25836
4. Høgdal N, Juhl C, Aadahl M, Gluud C. Early preventive exercises versus usual care does not seem to reduce trismus in patients treated with radiotherapy for cancer in the oral cavity or oropharynx: a randomised clinical trial. *Acta Oncol.* 2015;54:80-87. doi:10.3109/0284186X.2014.954677
5. Karlsson O, Karlsson T, Pauli N, Andréll P, Finizia C. Jaw exercise therapy for the treatment of trismus in head and neck cancer: a prospective three-year follow-up study. *Support Care Cancer.* 2021;29:3793-3800. doi:10.1007/s00520-020-05517-7