How are head and neck cancers diagnosed?

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If you have symptoms that could be due to a head or neck cancer, your GP can do initial tests but will then refer you to a specialist for further tests. Depending on your symptoms, you may have one or more of the following tests which include physical and visual examinations, tissue sampling (biopsy) and imaging tests. You will probably also have blood tests.

Physical and visual examinations

Used for all head and neck cancers, your doctor will examine your mouth, tonsils and soft palate (oropharynx), neck, ears and eyes. A spatula may be used to see inside the mouth more clearly. The doctor may also insert a gloved finger into your mouth to feel areas that are difficult to see and will check your lymph nodes (lymph glands) by gently feeling the sides of your neck.

To see other locations, such as the nasopharynx, tongue base and pharynx, the doctor will use viewing equipment. This is because the head and neck cavities are difficult to see. The doctors may take a tissue sample (biopsy) at this time.

Nasendoscopy

Used for nasal, pharyngeal and laryngeal cancers, a nasendoscopy is an examination of the nose and throat using a flexible fibre-optic tube with a light and camera on the end of it (endoscope). A local anaesthetic spray is squirted gently into the nose to numb the back of your nose and throat. You may find the spray tastes bitter.

The doctor will insert the endoscope into your nose to look at your nasal cavity, nasopharynx, oropharynx, hypopharynx and larynx. Images from the endoscope may be projected onto a screen.

The test is not painful as the tube is soft and flexible. However it can feel unusual. You will be asked to breathe lightly through your nose and mouth. You may be asked to swallow and to make some vocal noises. The doctor may also take some tissue samples.

The test takes five to fifteen minutes. Afterwards, you can’t eat or drink for about thirty minutes, but you can go home straightaway.

Laryngoscopy

Used for pharyngeal and laryngeal cancers, a laryngoscopy is a procedure that allows a doctor to examine your larynx and pharynx, and take a tissue sample from your voice box. A tube with a light and camera on it (laryngoscope) is inserted into your mouth and throat and shows the area on a screen.
The procedure is done under a general anaesthetic so you don’t feel anything. It will take ten to forty minutes and you can go home when you’ve recovered from the anaesthesia. Afterwards you may have a sore throat for a couple of days.

**Tissue sampling (biopsy)**
Used for all head and neck cancers, a biopsy is when the doctor removes a small amount of tissue for examination under a microscope. It shows whether cancer cells are present and what type of cancer it is. A biopsy can often be done during a physical or visual examination. You will have either a local or general anaesthetic so you do not feel the procedure. Biopsy results are usually available in about a week.

**Imaging tests**

**CT scan**
Used for all head and neck cancers, a computerised tomography (CT) scan is a procedure that uses x-ray beams to take pictures of the body. Before the scan you may have dye called contrast solution injected into your veins to show the blood vessels and make the pictures clearer. You can go home when the scan is complete.

**MRI scan**
Used for many head and neck cancers, magnetic resonance imaging (MRI) uses magnetism and radio waves to build up detailed cross-section pictures of the body. If you have a pacemaker that isn’t compatible with an MRI, or if you have another iron-based metallic object in your body, you can’t have an MRI scan due to the effect of the magnet.

As with a CT scan a dye may be injected into your veins before the scan to make the pictures clearer. The pictures are taken while you lie on a table that slides into a narrow metal cylinder – a large magnet – that is open at both ends.

The test takes about an hour and you can go home once it’s over. If you’ve had medication ask someone to drive or accompany you home.

**PET scan**
Used for many head and neck cancers, a positron emission tomography (PET) scan produces a three dimensional colour image that shows where some cancers are in the body. It is sometimes recommended to help diagnose oral, pharyngeal or laryngeal cancer, or to see if the cancer has spread. It is only available at some hospitals.

**Ultrasound scan**
Used for many head and neck cancers, an ultrasound is a painless scan that uses soundwaves to create a picture of part of your body. It is sometimes used to diagnose pharyngeal cancer or to see if another type of cancer has spread (metastasised).

**X-rays**
You may need x-rays of your head and neck to check for tumours or damage to the bones. The x-rays are quick and painless. There are different types of x-rays which include:

- **Orthopantomogram (OPG)** – This is used to examine the jaw and teeth of people with mouth cancer.
- **Chest x-ray** – This is sometimes done for people with mouth, pharyngeal or laryngeal cancer to check their general health and see whether the cancer has spread to the lungs.
- **X-ray of facial bones** – If you have a nasal or paranasal sinus cancer, the bones in your face will be checked for signs of cancer spreading.
What health professionals will I see?

Your GP will arrange the first tests to assess your symptoms. If these tests don’t rule out cancer, you will be referred to a specialist (also called a physician) who will arrange further tests, make a diagnosis and advise you about treatment options. The specialist consults with a team of health professionals involved in your care (multidisciplinary team). People you may see are listed below.

<table>
<thead>
<tr>
<th>Health Professional</th>
<th>Description</th>
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<tbody>
<tr>
<td>ENT specialist</td>
<td>Treats disorders of the ear, nose and throat</td>
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<tr>
<td>Head and neck surgeon</td>
<td>An ear, nose and throat surgeon or a general surgeon with further training to operate on cancer in the head and neck</td>
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<tr>
<td>Oral (maxillofacial) surgeon</td>
<td>Has qualifications in medicine, dentistry and surgery, and specialises in surgery to the face and jaws</td>
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<tr>
<td>Dentist or oral medicine specialist</td>
<td>Evaluates and treats the mouth and teeth</td>
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<tr>
<td>Prosthodontist</td>
<td>A dentist who specialises in replacing any missing teeth</td>
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<tr>
<td>Reconstructive surgeon</td>
<td>Restores, repairs or reconstructs the body’s appearance and function using surgery</td>
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<tr>
<td>Medical oncologist</td>
<td>Prescribes and coordinates the course ofchemotherapy</td>
</tr>
<tr>
<td>Radiation oncologist</td>
<td>Prescribes and coordinates the course ofradiotherapy</td>
</tr>
<tr>
<td>Gastroenterologist</td>
<td>Specialises in disorders of the digestive system, and inserts a feeding tube if required</td>
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<tr>
<td>Ophthalmologist</td>
<td>Deals with surgery affecting the eyes</td>
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<tr>
<td>Cancer nurse coordinator or clinical nurse consultant</td>
<td>Coordinates your care and supports you throughout treatment</td>
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<tr>
<td>Dietitian</td>
<td>Supports and educates patients about nutrition, diet and tube feeding</td>
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<tr>
<td>Audiologist</td>
<td>Diagnoses and treats hearing problems</td>
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<tr>
<td>Social worker, psychologist and counsellor</td>
<td>Link you to support services and help you with any emotional, financial or practical problems</td>
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<tr>
<td>Speech pathologist</td>
<td>Assesses and helps people with communication and swallowing difficulties using rehabilitation techniques.</td>
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