

New insights into the diagnostic workup of oropharyngeal dysphagia in head and neck cancer patients

Citation for published version (APA):

Simon, S. R. (2024). *New insights into the diagnostic workup of oropharyngeal dysphagia in head and neck cancer patients: Integration of fiberoptic endoscopic evaluation of swallowing and patient-reported outcome measures for clinical decision making*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20240328ss>

Document status and date:

Published: 01/01/2024

DOI:

[10.26481/dis.20240328ss](https://doi.org/10.26481/dis.20240328ss)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Propositions
accompanying the PhD thesis

NEW INSIGHTS INTO THE DIAGNOSTIC WORKUP OF OROPHARYNGEAL DYSPHAGIA
IN HEAD AND NECK CANCER PATIENTS:

Integration of fiberoptic endoscopic evaluation of swallowing and
patient-reported outcome measures for clinical decision making

Sorina R. Simon

1. It is safe to use a small amount of methylene blue as food dye to enhance the visualization of the bolus during fiberoptic endoscopic evaluation of swallowing (FEES). (This thesis)
2. The integration of visuoperceptual measures within the same FEES exam can help to elucidate the underlying pathophysiological mechanisms of oropharyngeal dysphagia (OD) in head and neck cancer (HNC) patients and guide the choices of OD rehabilitation. (This thesis)
3. By integrating clinician-reported outcome measures (CROMs) and patient-reported outcome measures (PROMs) on swallowing, symptom burden, and OD-related consequences during the multidimensional diagnostic workup of OD, a more holistic view on the phenomenon of OD can be obtained. (This thesis)
4. Early screening and detection of coincident problems or OD-related consequences, such as malnutrition and symptoms of psychological distress, including anxiety and depression, is recommended in all HNC patients with OD, allowing appropriate integrated care for these patients. (This thesis)
5. Profound knowledge about swallowing will be useful for an interventional radiologist who will treat future acute ischemic stroke patients.
6. Despite recent advancements in medical treatments for acute ischemic stroke including reperfusion therapy such as endovascular treatment (EVT), future research should explore the effects of EVT on post-stroke swallowing.
7. Despite the high prevalence of OD, there is little high-quality evidence available on this topic.
8. It is likely that a transdisciplinary person-centered approach by dedicated health professionals, such as physicians and allied health professionals with expertise in both HNC and swallowing impairment, will result in better care of HNC patients with OD.
9. Good judgment comes from experience, and experience comes from bad judgment. (Kerr L White)