

ACUTE DYSPHAGIA TOXICITY DURING VMAT RADIOTHERAPY FOR LUNG CANCER

Janupreya Malliah Cancer Centre, Sunway Medical Centre, Malaysia



Radiation-induced dysphagia is a common and distressing side effect of radiotherapy for lung cancer. It can cause treatment interruptions and compromise tumor control. Symptoms include pain while swallowing, difficulty swallowing, and a sensation of food sticking in the throat or chest.



OBJECTIVES

This study aims to investigate the incidence, underlying mechanisms, and management strategies of acute dysphagia in patients undergoing radiotherapy for lung cancer.



METHODS

A prospective study was conducted on sample involving lung cancer patients who undergoing 30 fractions of VMAT radiotherapy. Patient demographics, cancer staging, radiation dose and clinical assessment, including the development of acute dysphagia were analyzed. Dysphagia Toxicity was categorized according to the **National Cancer Institute (NCI) grading**.



RESULTS

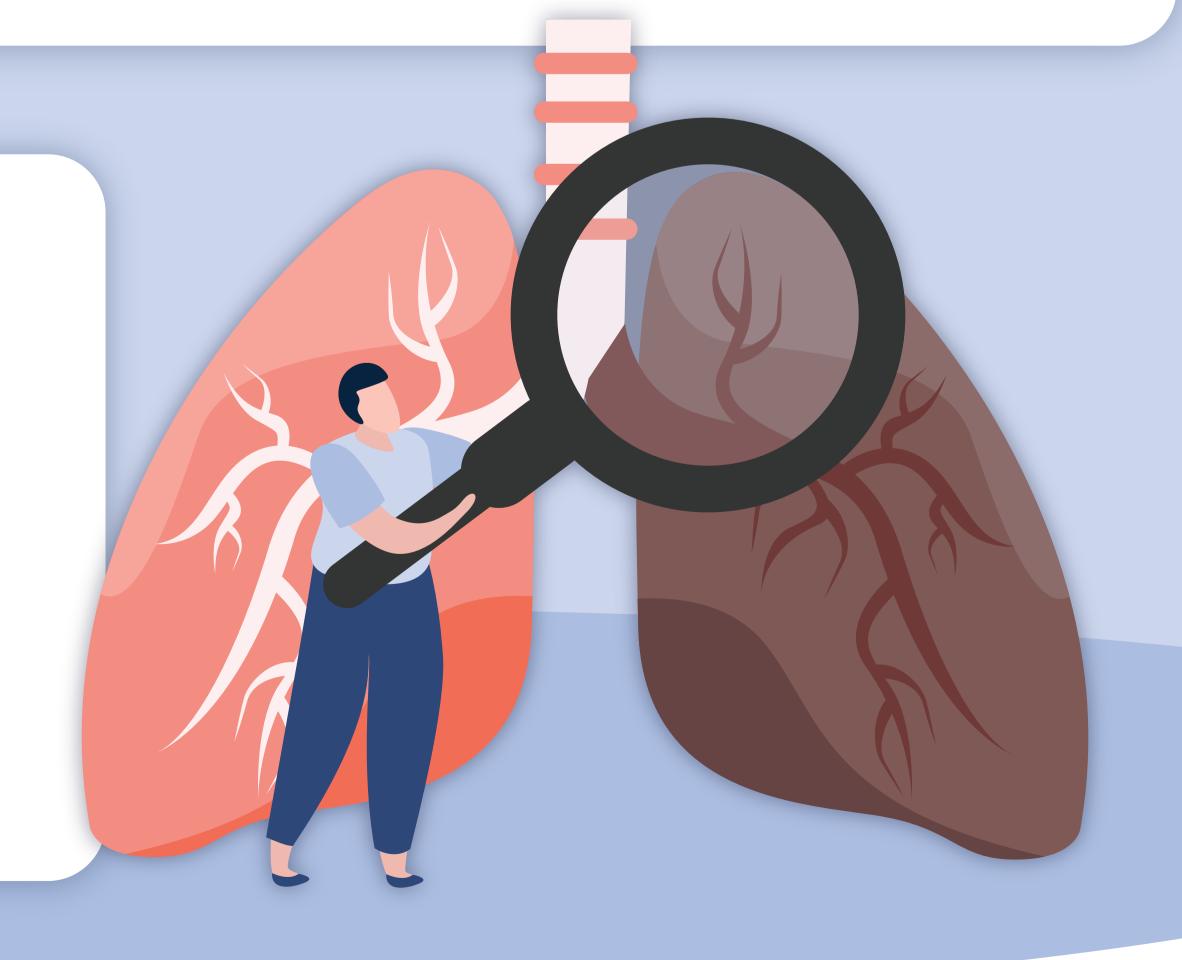
- The study included 30 lung cancer patients treated with 30 fractions of VMAT (60 Gy) between 2023 and 2024.
- Median age: 55–60 years.
- 75% developed acute dysphagia during treatment.
- A significant correlation was observed between a **mean esophageal dose <34 Gy** and the development of dysphagia symptoms.
- Most cases were managed conservatively with dietary modifications and symptomatic relief.
- A smaller percentage required additional interventions, such as analgesics.
- Most patients experienced resolution of symptoms within 2 weeks post-treatment.
- Patients receiving concurrent chemotherapy exhibited a higher incidence of swallowing difficulties.



CONCLUSIONS

Acute dysphagia is a significant toxicity during radiotherapy for lung cancer with multiple factors. Prevention strategies, including careful radiation planning to minimize the dose to critical structures, and early intervention are essential for improving patient outcomes.

Prophylactic measures and regular monitoring for early signs of dysphagia is essential and can help mitigate symptoms as soon as they arise.



REFERENCES

- 1.Zhang J, Yu XL, Zheng GF, et al. Intensity-modulated radiotherapy and volumetric-modulated arc therapy have distinct clinical advantages in non-small cell lung cancer treatment. Med Oncol 2015;32:94. 10.1007/s12032-015-0546-6
- 2. Jaksic N, Chajon E, Bellec J, et al. Optimized radiotherapy to improve clinical outcomes for locally advanced lung cancer. Radiat Oncol 2018;13:147. 10.1186/s13014-018-1094-y