



(MBSS) were used to evaluate swallows (c) comorbidities such as neurologic disorders, previous cancer or pre-existing swallowing or



consistent in this finding, the studies differed on significance regarding impact in the total volume of tissue resected. Because several of the authors who conducted the pilot study also published the 2004 study, outcomes may be more accurate in the latter research. The differences in results may be due to the structure/nature of the pilot study, the advancement of information in the field, or other limitations the authors noted. This included the acknowledgement of potential errors in the volume resection data.

The trajectory of swallowing function post-operatively in the reviewed studies, showed



Pauloski, B., Rademaker, A., Logemann, J., Stein, D., Beery, Q., Newman, L., Hanchett, C., Tusan, S. & MacCracken, E. (1999). Pretreatment swallowing function in patients with head and neck cancer. *Head & Neck*, 474-482.