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The authors report that they do not have any potential conflicts of interest.

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Authors' Response to Palliative Management of Stridor in a Head and Neck Cancer Patient With Noninvasive Ventilation: Is It Safe?

Dear Editor:

We like to thank Obi et al.[1] for their response to our article "The use of continuous positive airway pressure ventilation in the palliative management of stridor in a head and neck cancer patient."[2] We are delighted that she has taken interest in the letter, and we appreciate the time and effort she has put into formulating key principles to aid in the usage of noninvasive ventilation, especially in this vulnerable group of palliative care patients.

We summarize the key areas of consideration she has pointed out:

1. Interface-related complications (pressure-induced ulcers and pain from masks, barotrauma, and bloating).
2. Upper airway obstruction because of lower jaw retropulsion.
3. Barrierlimited meaningful communication with loved ones.

We had proposed mitigating measures to overcome the aforementioned limitations that included the following:

1. The use of barrier creams to reduce interface-related complications.
2. Intermittent breaks from continuous positive airway pressure (CPAP) mask, which may allow time for perfusion of at-risk skin.
3. Ensuring proper mask fitting to reduce leaks and eye irritation.
4. Head and neck positioning while on CPAP (sniffing the morning air position).
5. Using the minimum pressure required for alleviation of symptoms.

Nonetheless, should patients started on CPAP be found unsuitable for continuation of therapy because of unbearable side effects or unacceptable risks, therapy should be ceased immediately.

Ultimately, we recognize that there are many limitations regarding the usage of CPAP ventilation. The patient who initially inspired the first letter benefitted from the use of CPAP after having failed mainstream management strategies of terminal asphyxiation such as the use of opioids and sedatives. Palliative ventilation intervention should be considered only if patients fail conventional therapy and its use is in line with the goals of patients and their family.

Overall, additional studies are needed to further explore the safety of noninvasive ventilation in patients with head and neck cancers at the end of life.

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