Clinical Discussion

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• 47/M/smoker
• Hopkins: Trans-glottic lesion
• No cartilage infiltration but sclerosis
• Left vocal cord fixed
• No nodes palpable

Glottic Ca - T3 N0 MO
Q1 - VOTING Options

1. Surgery -
   A. Open partial Laryngectomy
   B. Laser cordectomy

2. Concurrent Cisplatin + RT

3. Neo adjuvant Chemotherapy

4. Cetuximab + RT

5. Radiotherapy Alone
T3 N0 MO Glottic Carcinoma

Total Laryngectomy  TEP  PORT
Is there a role of RT alone? YES or NO

Radiotherapy for Stage 3 / 4 larynx cancers

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>T3 5yr LC</th>
<th>T4 5yr LC</th>
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<tbody>
<tr>
<td>Mendenhall et al</td>
<td>1996</td>
<td>68%</td>
<td>56%</td>
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<td>Daugaard et al</td>
<td>1998</td>
<td>38%</td>
<td>29%</td>
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<td>Santos et al</td>
<td>1998</td>
<td>12% (OS)</td>
<td>14% (OS)</td>
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<td>Sykes et al</td>
<td>2000</td>
<td>67%</td>
<td>73%</td>
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<tr>
<td>Hinerman et al</td>
<td>2002</td>
<td>62%</td>
<td>62%</td>
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Does NACT still have a role?
Yes / No

Concurrent Chemotherapy and Radiotherapy for Organ Preservation in Advanced Laryngeal Cancer
Is there a role of Cetuximab +RT

Review of 158,426 cases of larynx cancer between 1985-2001

Trend toward decreasing survival from the mid-1980s to mid-1990s

Patterns of initial management across this same period: ↑CTRT and ↓Surgery

Survival outcome of T3N0M0 laryngeal cancer in 1994-96 period: Poor 5Yr OS with CTRT (59.2%) and RT alone (42.7%) compared to Sx+RT (65.2%) or Sx alone (63.3%)

The decreased survival recorded for patients with laryngeal cancer in the mid-1990s may be related to changes in patterns of management.
• 47/M/Chronic smoker
• Hoarseness
• Hopkins: Pyriform
• Cartilage not involved
• Left vocal cord fixed
• No nodes palpable
Q2 - Voting Options

1. Surgery Followed by CT/RT
2. Concurrent Chemo Radiotherapy
3. Neo-adjuvant Chemotherapy
4. Targeted Therapy with RT
5. Radiotherapy alone
45 yrs young man – Stage 4 a
Q3 - Voting Options

1. Surgery Followed by CT/RT
2. Concurrent Chemo Radiotherapy
3. Neo-adjuvant Chemotherapy
Role of Induction chemotherapy in resectable oral cancers?

- Resectable, stage T2-T4(>3 cm), N0-N2 SCC of oral cavity
- PF followed by surgery vs surgery with or without radiotherapy
- No difference in overall survival

Role of Induction chemotherapy in resectable oral cancers

- Resectable stage III or IVA OSCC
- The control and experimental arms did not differ significantly in locoregional recurrence rates.
- Estimated 2-year OS and DFS was same

Randomized Phase III Trial of ICT with Docetaxel, Cisplatin and FU Followed by Surgery Versus Up-Front Surgery in Locally Advanced Resectable OSCC J Clin Oncol. 2012 Nov 5; L Zhong et al
NACT – Does it help?

Induction chemotherapy was effective in converting technically unresectable oral cavity cancers to operable disease in approximately 40% of patients and was associated with significantly improved overall survival in comparison to nonsurgical treatment.

Stage 4B

- 52 year Truck Driver
- Lesion involving right Buccal Mcosa and extensive infiltration
- No distant metastases
Q3 - Voting Options

1. Neo adjuvant Chemotherapy
2. Palliative Chemotherapy
3. Palliative Radiotherapy
4. Best Supportive Care
• 56 yrs male, underwent Surgery for Stage 4 Carcinoma Buccal Mucosa with PORT with Chemotherapy

• At first follow up at 4 months diagnosed with recurrence
  • PET Scan – local recurrence alone
Q 4 - VOTING Options

1. Symptomatic Treatment
2. Palliative Chemotherapy
3. Targeted Therapy
4. Surgery if Resectable
Recurrent/ Metastatic HNSCC

Cetuximab + Platin + Flurouracil  Vs  Platin + Flurouracil

About 20% oral cavity patients

Better outcome in cetuximab arm
  – 2.7 mo median OS improvement (10.1 mo Vs 7.4 mo)
  – 2.3 mo median PFS improvement (5.6 mo Vs 3.3 mo)
• Palliative chemotherapy is the standard option for most patients with recurrent or metastatic HNSCC
  – First line option should be combination of cetuximab with platin and flurouracil

Cetuximab has a definitive role as a first line therapy along with platin and flurouracil for recurrent and metastatic oral cancer
Cost-Effectiveness of Adding Cetuximab to Platinum-Based Chemotherapy for First-Line Treatment of Recurrent or Metastatic Head and Neck Cancer

Malek B. Hannouf¹, Chander Sehgal², Jeffrey Q. Cao²,³, Joseph D. Mocanu², Eric Winquist⁴, Gregory S. Zaric¹,²*

• Result
  – QALY increased: 0.093
  – Cost increased: $36,000 per person
  – Incremental cost effectiveness ratio of $386,000 per QALY gained.
Metronomic Therapy


Comparison of DFS between the oral metronomic scheduling of anticancer therapy and control groups
• 3x3cm ulcer Rt. lateral border of tongue
• Not crossing midline / FOM - normal.
• T2N1M0
Q5 - Voting Options

- Wide Excision alone
- Wide Excision with Neck Dissection
- Neo adjuvant CT
- Radiotherapy alone
Management issues

- Imaging
- Surgery or Radiotherapy
- Margins
- Neck node management
- Sentinel Node Biopsy?
- Reconstruction
- Should we do HPV testing?
• 61/M
• Tobacco chewer
• Presented with Right sided neck mass 2.5 months.
• O/E- Right neck, Level II palpable node 5x4 cm. (N2a)
• PET CT – Nodal Mets only

Carcinoma of Unknown Origin
Q 6 - VOTING Options

1. Surgery followed by CT RT
2. Concurrent CT and RT

Other issues –
1. HPV
2. Bilateral Mucosal Radiation
3. Tonsillectomy
• 38/F
• Left Parotid lesion operated 1 month back
• Details of surgery not available.
• Facial nerve intact
• HPR – Mucoepidermoid carcinoma (intermediate grade) - 3 cm
• Margin status unknown
Question

- Repeat Surgery
- Adjuvant RT
• 45/F
• Presented with Left Thyroid swelling since 4 years
• FNAC – Bethesda 2
• USG – Benign lesion left lobe. Right lobe normal
• Left Hemi thyroidectomy done
• HPR – Well Diff Pap Ca, 3 cm no ETS, uni-focal

What next?
Question

• Observation alone
• Observation + Thyroid suppression
• Molecular Markers for decision making
• Completion thyroidectomy alone
• Completion thyroidectomy with bilateral CCND
• Lobar ablation with RAI
The International Federation of Head and Neck Oncologic Societies invites you to observe

July 27th World Head & Neck Cancer Day

together with

51 Head and Neck Societies
53 Countries
Several Government Agencies
and
The UICC
by organizing programs of

Awareness | Risk Factors
Cessation | Prevention
Public Education | Screening
Early Diagnosis
Physician Education
Outcomes | Survivorship

www.ifhmos.org/world-cancer-day