‘Stump the Faculty’
Case Management, Discussion & Debate

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Oropharyngeal Cancer

Who has Advanced Stage 4a Cancer?

39 Yrs old Non Smoker
T1N2 Tonsil

48 Yrs Old Smoker
T2N2b Tonsil

72 Yrs Ex Smoker
T3N2c Base of Tongue
<table>
<thead>
<tr>
<th>Year</th>
<th>Authors</th>
<th>Journal</th>
<th>Study Details</th>
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<tbody>
<tr>
<td>1995</td>
<td>Shindoh</td>
<td>Cancer</td>
<td>HPV identification</td>
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<tr>
<td>1999 &amp; 2004</td>
<td>GORTEC I/II</td>
<td>JNCI</td>
<td>OSCC-ChemoRt</td>
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<td>2004</td>
<td>Bernier / Cooper</td>
<td>NEJM</td>
<td>Adjuvant Chemo</td>
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<td>2006</td>
<td>Bonner Study</td>
<td>NEJM</td>
<td>Cetuximab</td>
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<td>2008</td>
<td>Worden Study</td>
<td>JCO</td>
<td>HPV stratification</td>
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<td>2009</td>
<td>Zafero</td>
<td>Cancer</td>
<td>Salvage Implications</td>
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<td>2009</td>
<td>Moore</td>
<td>Laryngoscope</td>
<td>TLM</td>
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<td>2010</td>
<td>Pignon MACH-NC</td>
<td>Lancet</td>
<td>Chemo Meta-analysis</td>
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• 2010 Ang RTOG 0129 \hspace{1cm} NEJM

• 2010 Weinstein TORS \hspace{1cm} Arch OT H&N

• 2011 Cohen TORS HPV \hspace{1cm} Head Neck

• 2011/12 Haughey TLM \hspace{1cm} Head Neck & Cancer & Laryngoscope
Using minimally invasive surgery we can reduce the risk of recurrence, improve survival, offer more directed radiotherapy and improve functionality....
The literature reflects that tumor HPV status is a strong and consistent determinant of superior survival, regardless of treatment strategy.

*Surgery alone, Concurrent ChemoRt, Rt, Surgery CRT, Surgery Rt, Induction Chemo + Concurrent ChemoRt*

Low Risk- De-escalate ? Can we spare multimodal therapy without compromising survival ? What about Intermediate & High risk ?

..With no international consensus, this debate is in its infancy..
History and examination

Investigations

Radiology, Panendoscopy

Treatment Options

*Surgery

*Rt alone

* Concurrent ChemoRt

*Surgery CRT

*Surgery Rt

* Induction Chemo + Concurrent ChemoRt
History and examination

Investigations

Radiology, Panendoscopy

Treatment Options

*Surgery
*Rt Alone
*Concurrent ChemoRt
*Surgery CRT
*Surgery Rt
*Induction Chemo + Concurrent ChemoRt

Case 2
48 Yrs Old Smoker
T2N2b Tonsil
History and examination

Investigations

Radiology, Panendoscopy

Treatment Options
*Surgery
*Rt Alone
*Concurrent ChemoRt
*Surgery CRT
*Surgery Rt
*Induction Chemo + Concurrent ChemoRt

Case 3 T3N2c Base of Tongue
74Yrs
Ex smoker
Good performance status
History and examination

Investigations

Radiology, Panendoscopy

Treatment Options

*Surgery
*Rt Alone
*Concurrent ChemoRt
*Surgery CRT
*Surgery Rt
*Induction Chemo + Concurrent ChemoRt
ECOG 3311 p16⁺ trial – Low Risk OPSCC: Personalized adjuvant therapy based on pathologic staging of surgically excised HPV⁺ oropharynx cancer

Assess Eligibility:
HPV (p16)⁺ SCC oropharynx
Stage III-IV: cT1-3, N1-2b (no T1N1)
Baseline Functional/QOL Assessment

LOW RISK:
T1-T2N0-N1 negative margins

RANDOMIZE

Observation

Radiation Therapy
IMRT 50Gy/25 Fx

INTERMEDIATE:
Clear margins ≤ 1mm ECS
2-3 metastatic LN
PNI
LVI

Evaluate for 2-year PFS
Local-Regional Recurrence, Functional Outcomes/QOL

High Risk:
Positive Margins
>1mm ECS or ≥4 metastatic LN

Radiation Therapy
IMRT 60 Gy/30 Fx +

Radiation Therapy
IMRT 66 Gy/33 Fx +
CDDP 40 mg/m² q3weekly

Transoral Resection (any approach) with neck dissection