Long Term Follow up of Oropharyngeal Squamous Cell Carcinoma Patients with Neck Complete Response after Chemoradiotherapy

Sue Jean Mun¹, MD, Chang Myeon Song¹, MD, Woo-Jin Jeong², MD, Jeong-Hun Hah¹, MD, Tack-Kyun Kwon¹, MD, Myung-Whun Sung¹, MD, Kwang Hyun Kim¹, MD

¹Department of Otorhinolaryngology-Head & Neck Surgery, Seoul National University College of Medicine, Seoul, Korea
²Department of Otorhinolaryngology-Head & Neck Surgery, Seoul National University Bundang Hospital, Seoul, Korea

INTRODUCTION

Recently, chemotherapy (CTx) and radiotherapy (RTx) have been the mainstay in the treatment of oropharyngeal squamous cell carcinoma (OPSCC). However, there are some controversies in N2 or N3 patients with complete response after primary therapy in cancer, whether the planned neck dissection will be performed or not. We evaluated the necessity of planned neck dissection in patients with OPSCC with N2, N3 who have reached complete response (CR) after primary treatment.

METHODS

A retrospective study

N = 327

Inclusion : N = 64
Exclusion : N = 234

Treatment reaching neck CR with chemotherapy or radiotherapy & initial N2, N3
N = 64

Surgery as a primary treatment
N = 174

Treatment not reaching neck CR
N = 20

Follow up loss before primary treatment
N = 22

CR = Complete response
SCC = Squamous cell carcinoma

RESULTS

Recurrence

<table>
<thead>
<tr>
<th>Age/Sex</th>
<th>Primary Tumor</th>
<th>Staging</th>
<th>Initial Treatment</th>
<th>Recurrence Region</th>
<th>Recurrence Rate</th>
<th>Neck Level</th>
<th>Management</th>
<th>Final status</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/57</td>
<td>Tonsill</td>
<td>I</td>
<td>Induction CTx &amp; CCRT</td>
<td>Neck</td>
<td>3</td>
<td>III</td>
<td>Palliative CTx</td>
<td>DOD</td>
</tr>
<tr>
<td>M/56</td>
<td>Tonsill</td>
<td>II</td>
<td>CTx &amp; RT</td>
<td>Primary neck, Supraomohyoid</td>
<td>11</td>
<td>II</td>
<td>Palliative CTx</td>
<td>DOD</td>
</tr>
<tr>
<td>M/54</td>
<td>Tonsill</td>
<td>III</td>
<td>CTx &amp; RT</td>
<td>Primary neck</td>
<td>3</td>
<td>II</td>
<td>RND</td>
<td>DOD</td>
</tr>
<tr>
<td>M/56</td>
<td>Tonsill</td>
<td>III</td>
<td>CTx &amp; RT</td>
<td>Primary neck</td>
<td>17</td>
<td>II</td>
<td>RND</td>
<td>DOD</td>
</tr>
</tbody>
</table>

Survival according to Treatment Modality

<table>
<thead>
<tr>
<th>Age/Sex</th>
<th>Primary Tumor</th>
<th>Staging</th>
<th>Treatment</th>
<th>Period to Metastasis (months)</th>
<th>Metastasis Region</th>
<th>Management</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/51</td>
<td>Tonsill</td>
<td>I</td>
<td>CTx &amp; RT</td>
<td>11</td>
<td>Lung</td>
<td>Palliative CTx</td>
<td>Fu less</td>
</tr>
<tr>
<td>M/57</td>
<td>Tonsill</td>
<td>I</td>
<td>CTx &amp; RT</td>
<td>14</td>
<td>Lung</td>
<td>Palliative CTx</td>
<td>DOD</td>
</tr>
</tbody>
</table>

Metastasis

<table>
<thead>
<tr>
<th>Age/Sex</th>
<th>Primary Tumor</th>
<th>Staging</th>
<th>Treatment</th>
<th>Period to Metastasis (months)</th>
<th>Metastasis Region</th>
<th>Management</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/51</td>
<td>Tonsill</td>
<td>I</td>
<td>CTx &amp; RT</td>
<td>11</td>
<td>Lung</td>
<td>Palliative CTx</td>
<td>Fu less</td>
</tr>
</tbody>
</table>

CONCLUSION

5 YSR for patients with N2 and N3 OPSCC who had shown complete response to chemotherapy or radiotherapy was up to 80.0%. Neck metastasis in OPSCC is well treated with chemotherapy and radiotherapy resulting in low neck recurrence and high 5 YSR. Patients with OPSCC with complete cervical response to chemotherapy and radiotherapy can be safely observed without planned neck dissection.

REFERENCES