



The 10 best recent articles in the medical literature relating to head and neck cancers are reviewed here.

TEN BEST READINGS ON HEAD AND NECK CANCER

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Amdur RJ, Mendenhall WM, Stringer SP, et al. Organ preservation with radiotherapy for T1-T2 carcinoma of the pyriform sinus. *Head Neck*. 2001;23:353-362.

The authors reported on 101 patients with T1-T2 carcinoma of the pyriform sinus treated at the University of Florida with radiation therapy with or without a planned neck dissection for organ preservation. Radiation therapy alone or combined with a planned neck dissection resulted in local control with larynx preservation in a high proportion of patients.

Shoib T, Soutar DS, MacDonald DG, et al. The accuracy of head and neck carcinoma sentinel lymph node biopsy in the clinically N0 neck. *Cancer*. 2001;91:2077-2083.

Sentinel lymph node (SLN) biopsy was performed on 40 cases with clinically N0 necks. Twenty were pathologically clear of tumor, and 20 contained subclinical metastases. SLNs were found in 17 necks with pathologic disease and contained metastases in 16. The SLN was the only lymph node containing tumor in 12 of 16 cases. Thus, the SLN, in head and neck carcinomas accessible to injection without anesthesia, is an accurate reflector of the status of the regional lymph nodes when found in patients with early tumors. The lymph nodes may be found in clinically unpredictable sites, and SLN biopsy may aid in identifying the clinically N0 patient with early lymph node disease. If SLNs cannot be located in the neck, an elective lymph node dissection is considered.

Ambrosch P, Kron M, Pradier O, et al. Efficacy of selective neck dissection: a review of 503 cases of elective and therapeutic treatment of the neck in squamous cell carcinoma of the upper aerodigestive tract. *Otolaryngol Head Neck Surg*. 2001;124:180-187.

A retrospective review was undertaken to evaluate the efficacy of selective neck dissection for squamous cell carcinoma of the larynx, oral cavity, oropharynx, and hypopharynx. The results achieved with selective neck dissection compared favorably with the results reported for modified radical neck dissection. The application of selective neck dissection might be extended to more advanced neck disease.

Weymuller EA Jr, Yueh B, Deleyannis FW, et al. Quality of life in head and neck cancer. *Laryngoscope*. 2000;110:4-7.

Because treatments for patients with cancer of the head and neck can have major impact on physical, social, and psychological function, the quality-of-life data in this group of patients are informative. Data have been collected and analyzed on three subsets of cancer patients. Information learned from these patients is summarized, and strategies for future projects are outlined.

Piccirillo JF. Importance of comorbidity in head and neck cancer. *Laryngoscope*. 2000;110:593-602.

For cancers of the head and neck, lung, breast, and prostate, the prognostic significance of comorbidity remained even after control-

ling for other factors such as age and TNM stage. Valid instruments exist to measure and classify the overall severity of comorbidity. The scientific evaluation of treatment and the care of patients is impeded by a rigid adherence to a staging system based solely on morphological descriptions of the cancer while ignoring suitable descriptions of the patient.

Yuen AP, Wei WI, Wong YM, et al. Elective neck dissection versus observation in the treatment of early oral tongue carcinoma. *Head Neck*. 1997;19:583-588.

Regional recurrence was the most common cause of failure after surgical treatment of oral tongue carcinoma. Elective neck dissection significantly reduced mortality due to regional recurrence and also increased the overall survival. There was no significant difference between elective radical neck dissection and selective I, II, and III neck dissection in the improvement of treatment results.

Calais G, Alfonsi M, Bardet E, et al. Randomized trial of radiation therapy versus concomitant chemotherapy and radiation therapy for advanced-stage oropharynx carcinoma. *J Natl Cancer Inst*. 1999;91:2081-2086.

This randomized clinical trial tested whether the addition of three cycles of chemotherapy using carboplatin plus 5-fluorouracil during standard radiation therapy would improve disease-free survival in patients with stages III and IV (ie, advanced) oropharynx carcinoma. Three-year overall actuarial and disease-free survival

rates were 51% (95% CI, 39% to 68%) vs 31% (95% CI, 18% to 49%), respectively, and 42% (95% CI, 30% to 57%) vs 20% (95% CI, 10% to 33%), respectively, for patients treated with combined modality vs radiation therapy alone ($P=.02$ and $.04$, respectively). The locoregional control rate was improved in arm B (66%; 95% CI, 51% to 78%) vs arm A (42%; 95% CI, 31% to 56%). Improvement in overall survival supports the use of concomitant chemotherapy as an adjunct to radiotherapy in the management of carcinoma of the oropharynx.

Lazarus CL, Logemann JA, Pauloski BR, et al. Swallowing disorders in head and neck cancer patients treated with radiotherapy and adjuvant chemotherapy. *Laryngoscope*. 1996;106:1157-1166.

The nature of swallowing problems was examined in nine patients treated primarily with external-beam radiation and adjuvant chemotherapy for newly diagnosed head and neck tumors. All subjects underwent videofluorographic examination of their swallowing. Swallow motility disorders were observed in both the oral and pharyngeal stages, including reduced posterior tongue base movement toward the posterior pharyngeal wall and reduced laryngeal elevation during the swallow. Oropharyngeal swallow efficiency measures were significantly lower in the irradiated patients than in age-matched normal subjects. Although treatment of head and neck cancer with external-beam radiation is designed to provide cancer cure and preserve organ functioning, oral and pharyngeal

motility for swallowing can become compromised if external-beam radiation treatment is provided to either the larynx or tongue base region.

Al-Sarraf M, LeBlanc M, Giri PG, et al. Chemo-radiotherapy versus radiotherapy in patients with advanced nasopharyngeal cancer: phase III randomized Intergroup Study 0099. *J Clin Oncol*. 1998;16:1310-1317.

This SWOG-led Intergroup phase III study shows a clear-cut advantage for chemoradiotherapy over radiation alone in patients with advanced nasopharyngeal cancer. The 3-year survival rate for chemoradiation was 76% in contrast to 46% for radiation alone.

Posner MR, Glisson B, Frenette G, et al. Multicenter phase I-II trial of docetaxel, cisplatin, and fluorouracil induction chemotherapy for patients with locally advanced squamous cell cancer of the head and neck. *J Clin Oncol*. 2001;19:1096-1104.

This admittedly small study that added docetaxel to chemotherapy with cisplatin plus 5-fluorouracil demonstrated a high anti-tumor effect when used as induction therapy for advanced head and neck cancers, albeit at a cost of appreciable morbidity. It serves as an excellent base from which to identify equally effective but less toxic regimens.