

ELETTROCHEMIOTERAPIA: QUALI INDICAZIONI NEL 2015?

RECIDIVE DEI TUMORI DEL DISTRETTO TESTA-COLLO: QUALE TRATTAMENTO ONCOLOGICO?

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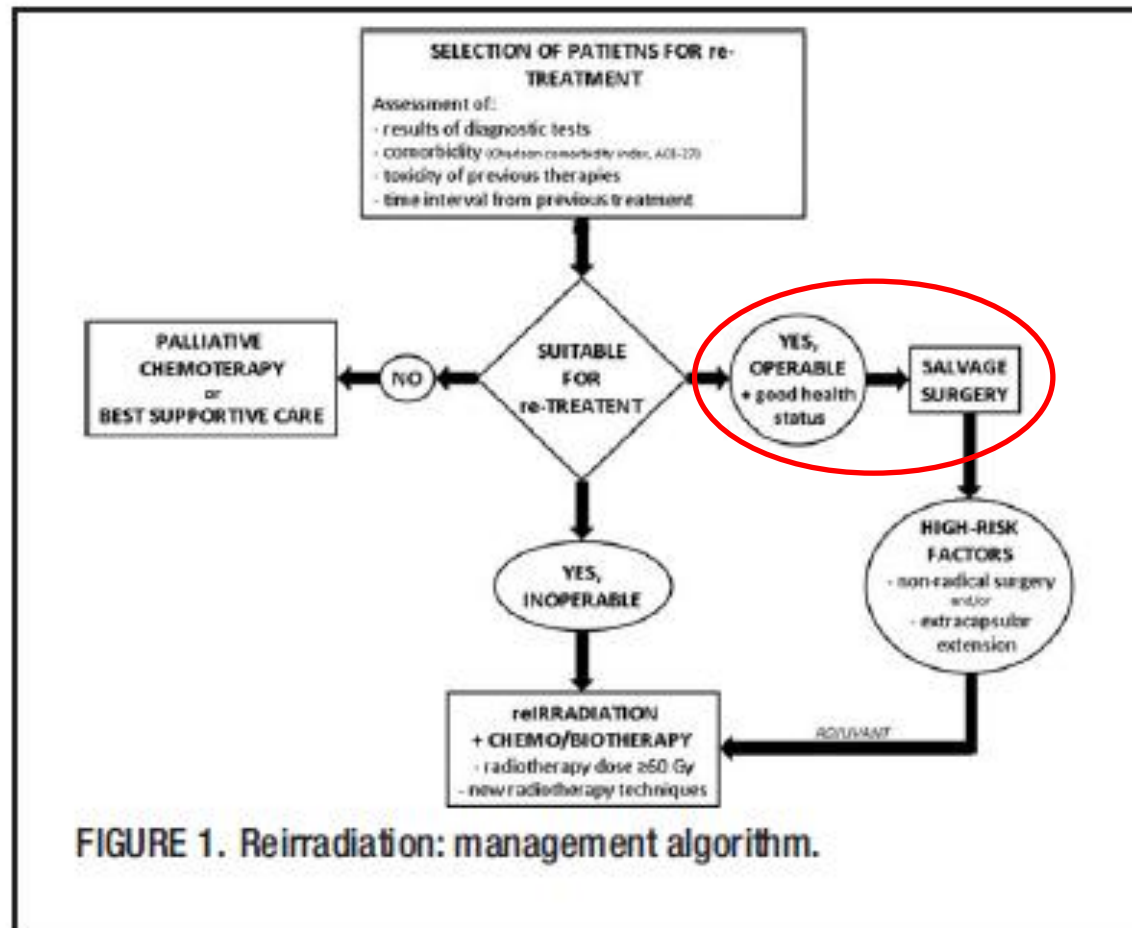
Negrar (VR)

Dimensione del problema

- Stadio I e II
 - 1/3 dei pazienti
 - Recidive: 20-30%
- Stadio III e IV (M0)
 - 2/3 dei pazienti
 - Recidive: 50-60%

 5000-6000 nuovi caso/anno/Italia

Recurrent and second primary squamous cell carcinoma of the head and neck: When and how to reirradiate



Chirurgia

- Sopravvivenza a 5 anni: 20-40%
- Stadio e sede
- Recidive: 60%
- RT o CT/RT postoperatoria

Randomized Trial of Postoperative Reirradiation Combined With Chemotherapy After Salvage Surgery Compared With Salvage Surgery Alone in Head and Neck Carcinoma

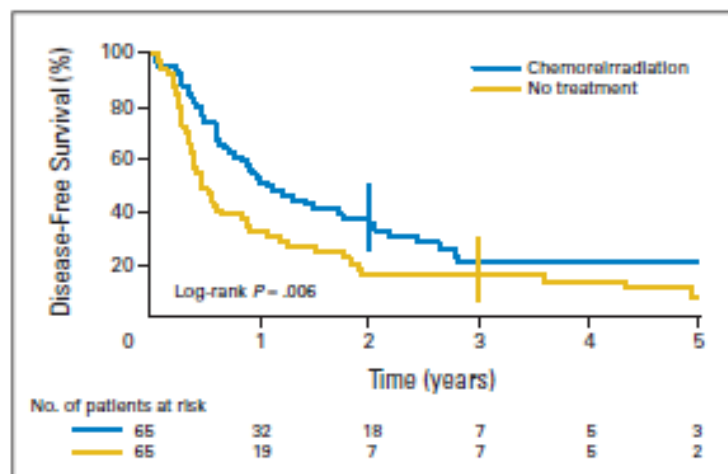


Fig 3. Disease-free survival. Large tick marks represent the 95% CI of the point estimates. Chemoreirradiation, reirradiation plus concomitant chemotherapy.

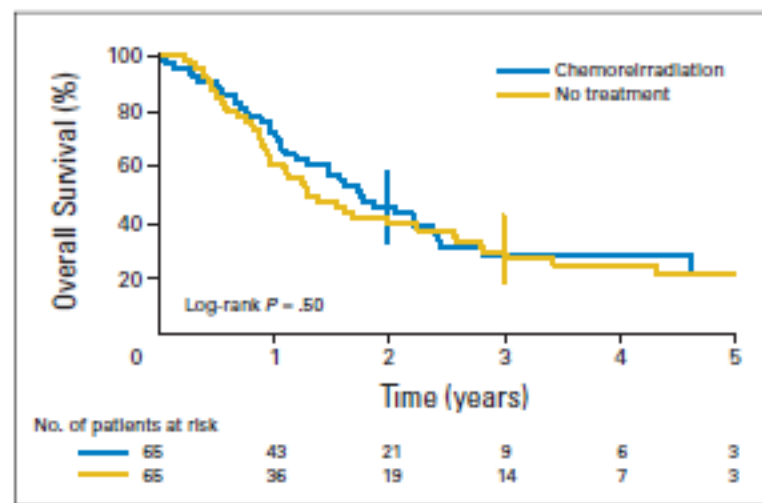


Fig 4. Overall survival. Large tick marks represent the 95% CI of the point estimates. Chemoreirradiation, reirradiation plus concomitant chemotherapy.

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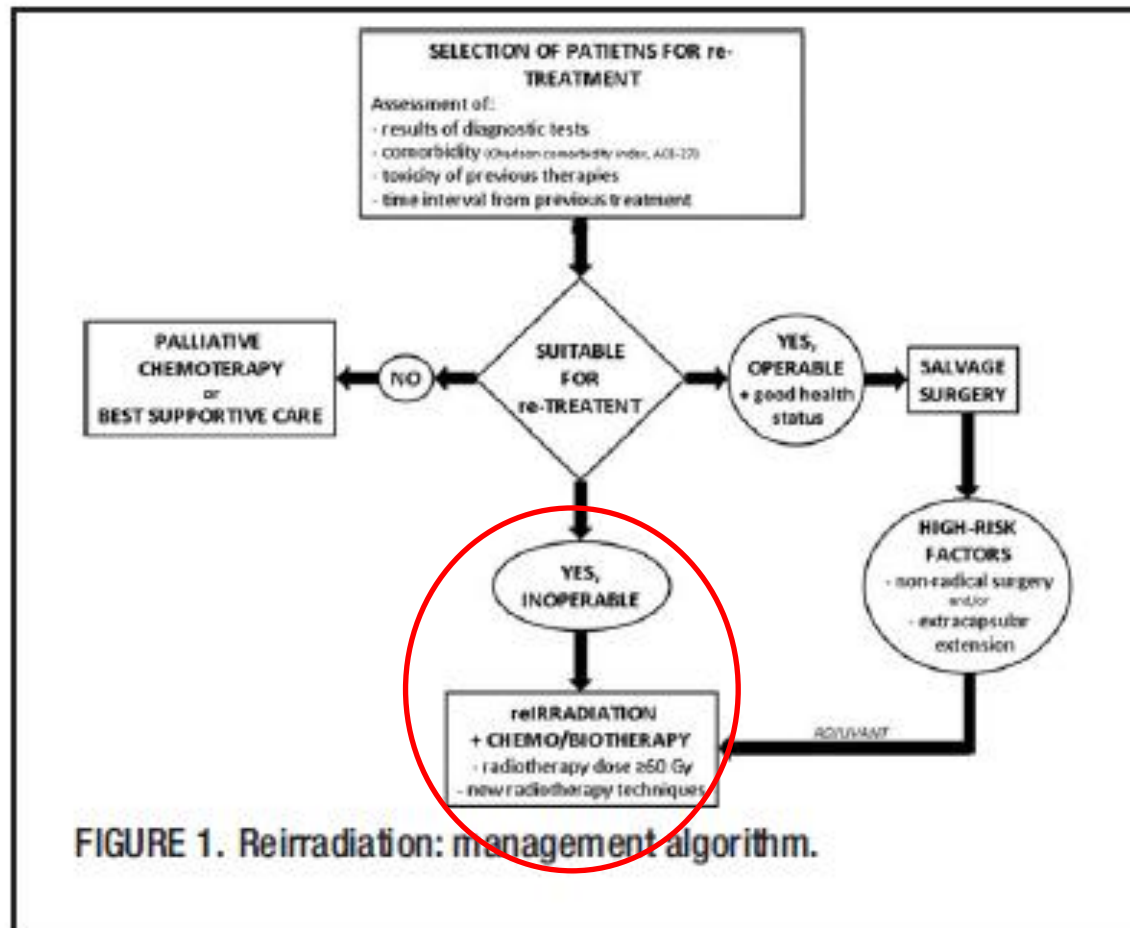
Table 3. Late Toxicity at 1 and 2 Years After Random Assignment

Toxicity	RT Arm (n = 42; 1 missing)		WS Arm (n = 33; 3 missing)	
	No.	%	No.	%
Toxicity at 12 and 12.5 months after random assignment, RTOG grade ≥ 3				
Mucositis	4	10	1	3
Skin	0	0	0	0
Subcutaneous tissues	6	14	3	9
Larynx	0	0	0	0
Osteoradionecrosis	1	2		
Trismus	3	7	2	6
Pharyngeal stenosis	1	2	0	0
No. of patients	11	26	3	9
Toxicity at 24 months after random assignment, RTOG grade $\geq 3^*$				
Mucositis	1	6	0	0
Skin	1	6	0	0
Subcutaneous tissues	4	22	1	5
Larynx	1	6	0	0
Trismus	5	28	2	10
Osteoradionecrosis	3	17	0	0
Pharyngeal stenosis	1	5.5	0	0
No. of patients	7	39	2	11

Abbreviations: RT, full-dose reirradiation combined with chemotherapy; WS, "wait and see" approach; RTOG, Radiation Therapy Oncology Group.

*At 24 months after random assignment, n = 18 (three missing) for RT arm and n = 19 for WS arm.

Recurrent and second primary squamous cell carcinoma of the head and neck: When and how to reirradiate



Phase III randomised trial

Randomized phase III trial (GORTEC 98-03) comparing re-irradiation plus chemotherapy versus methotrexate in patients with recurrent or a second primary head and neck squamous cell carcinoma, treated with a palliative intent

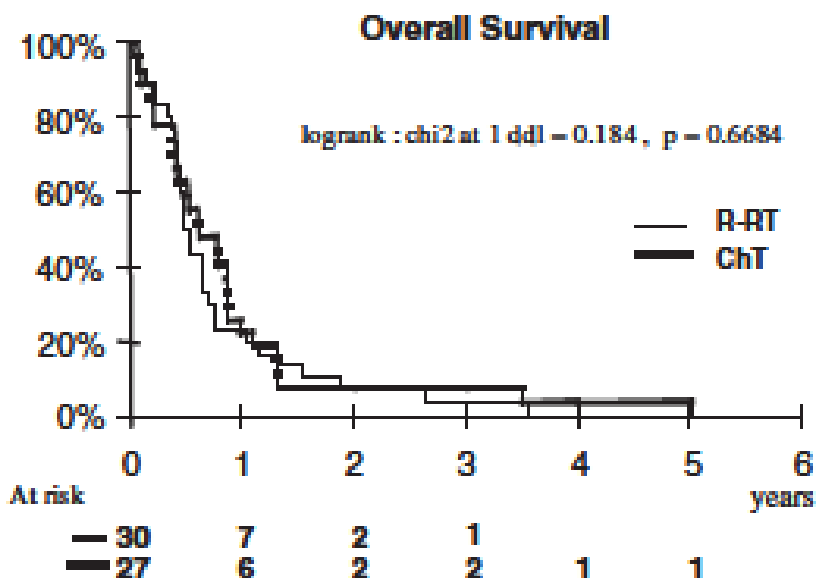


Fig. 1. Overall survival of two arms: re-irradiation and methotrexate.

Phase II Study of Low-Dose Paclitaxel and Cisplatin in Combination With Split-Course Concomitant Twice-Daily Reirradiation in Recurrent Squamous Cell Carcinoma of the Head and Neck: Results of Radiation Therapy Oncology Group Protocol 9911

Corey J. Langer, Jonathan Harris, Eric M. Horwitz, Nicos Nicolaou, Merrill Kies, Walter Curran, Stuart Wong, and Kian Ang

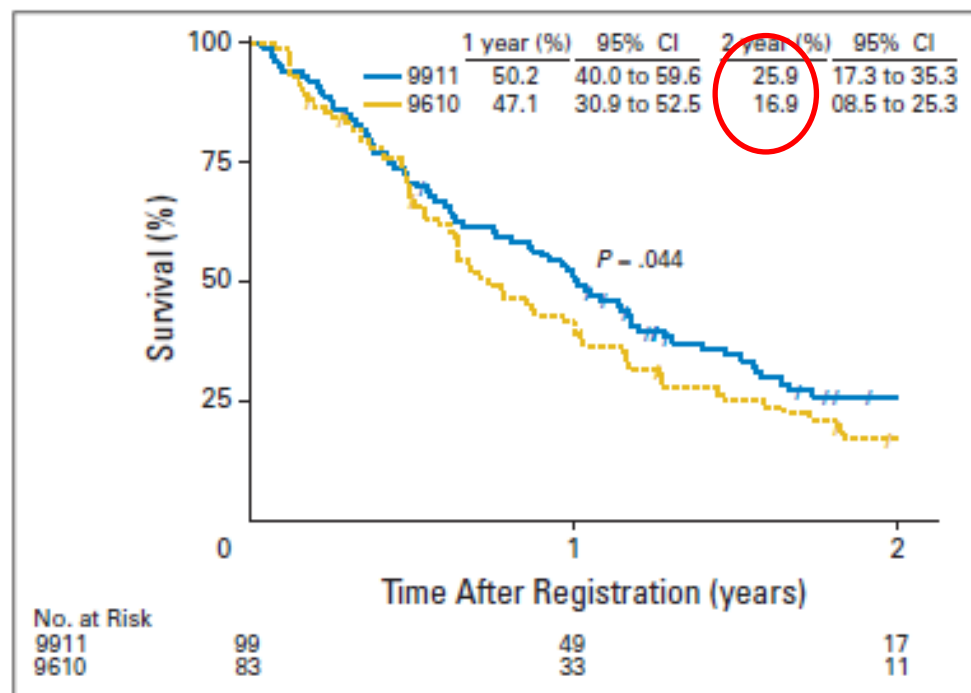


Fig 2. Kaplan-Meier estimates of overall survival for Radiation Therapy Oncology Group protocols 9911 and 9610.

Re-irradiation

A nomogram to predict loco-regional control after re-irradiation for head and neck cancer[☆]



Table 3

Overall survival univariate and multivariate analysis.

Variable	Univariate analysis		Multivariate analysis	
	Hazard ratio	P value	Hazard ratio	P value
T stage (4 vs. 1–3)	1.17 (0.87–1.58)	0.31		
N stage (2–3 vs. 0–1)	1.39 (1.02–1.90)	0.04		
Overall stage (4 vs. 1–3)	1.32 (0.98–1.78)	0.07	1.72 (1.24–2.39)	0.001
Initial site				
Other	(reference)		(reference)	
Nasopharynx	0.50 (0.32–0.79)	0.003	0.50 (0.30–0.81)	0.005
Oral cavity	1.54 (1.07–2.20)	0.02	1.81 (1.22–2.68)	0.003
Histology (SCC vs. other)	1.48 (0.99–2.18)	0.05		
Number of recurrences (1 vs. ≥2)	0.71 (0.53–0.95)	0.02		
Time since first radiation therapy	0.90 (0.81–0.99)	0.04		
Gender (male vs. female)	0.93 (0.69–1.27)	0.65		
Age (>70 vs. <70)	1.17 (0.83–1.63)	0.37		
KPS (≥30 vs. <30)	0.38 (0.26–0.56)	<0.001	0.41 (0.27–0.63)	<0.001
Organ dysfunction	2.19 (1.57–3.06)	<0.001	1.89 (1.31–2.75)	<0.001
Charlson score (>2 vs. ≤1)	1.00 (0.67–1.48)	0.98		
Surgery	0.57 (0.43–0.77)	<0.001	0.37 (0.27–0.52)	<0.001
Concurrent chemotherapy	1.20 (0.88–1.62)	0.26		
Radiation type (IMRT vs. other)	0.72 (0.52–1.00)	0.05		
Radiation dose (>50 Gy vs. ≤50 Gy)	0.72 (0.52–0.98)	0.04	0.65 (0.47–0.92)	0.01

IMRT, image-guided radiation therapy; KPS, Karnofsky performance status; SCC, squamous cell cancer.

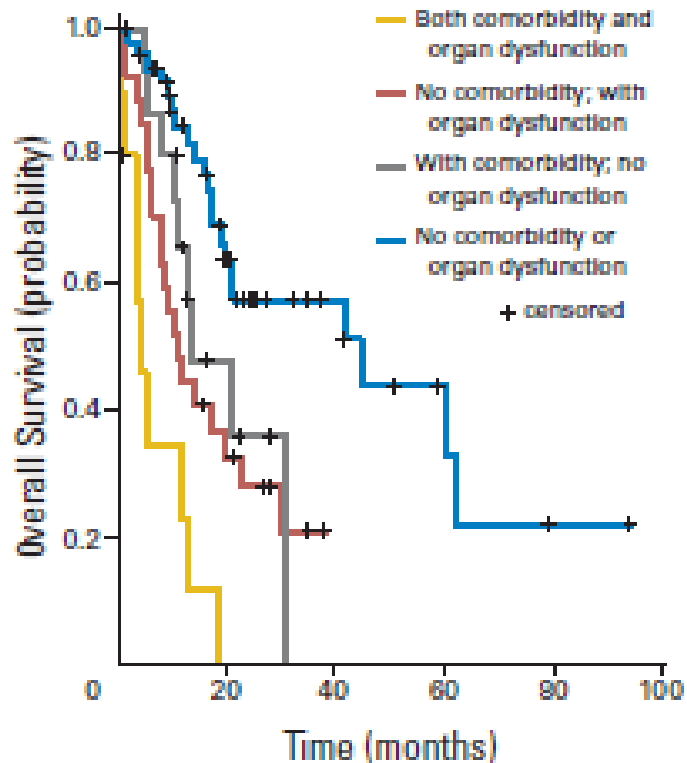
Prognostic Factors for Survival After Salvage Reirradiation of Head and Neck Cancer

Tawee Tanvetyanon, Tapan Padhya, Judith McCaffrey, Weiwei Zhu, David Boulware, Ronald DeConti, and Andrea Trotti

- Comorbidità
- Disfunzione d'organo
- Intervallo dalla prima radioterapia
- Stadio
- Volume recidiva
- Dose reirradiazione

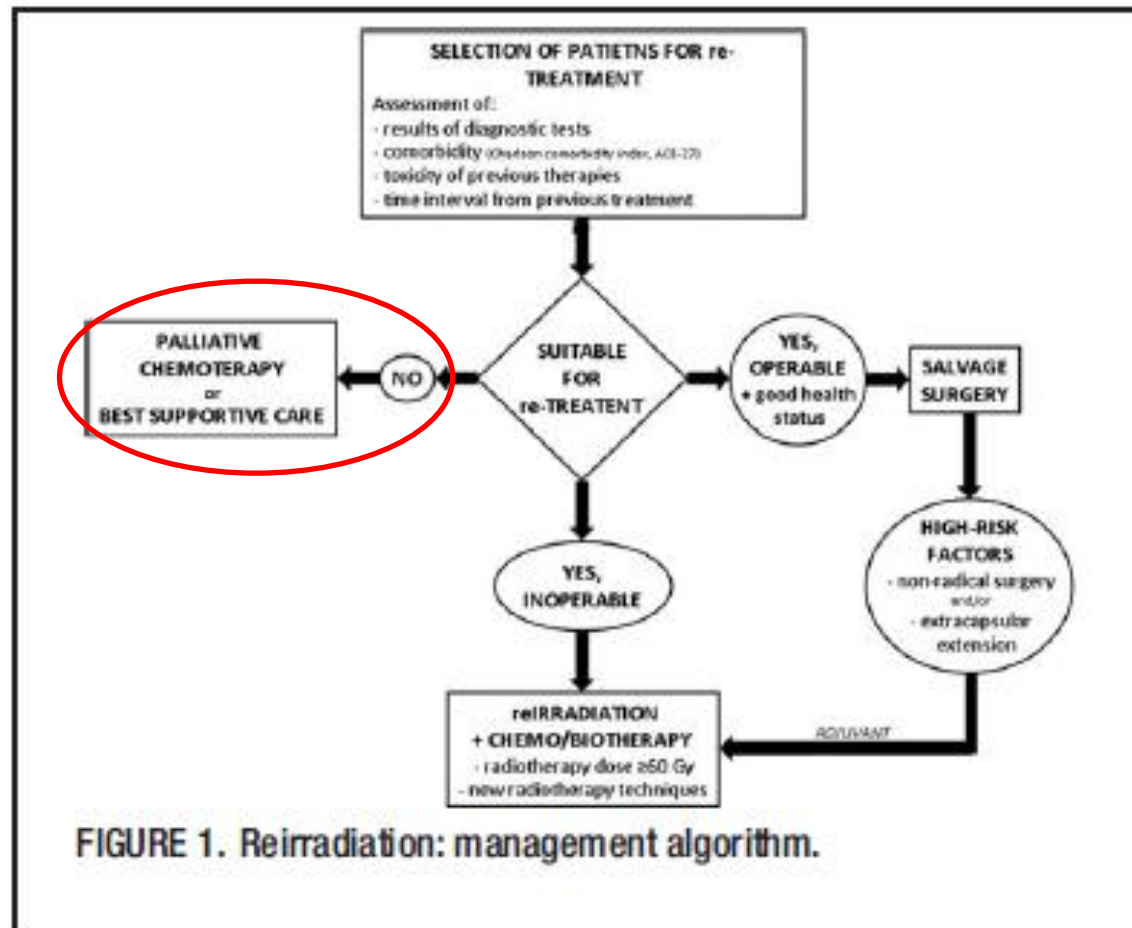
Prognostic Factors for Survival After Salvage Reirradiation of Head and Neck Cancer

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For those with both comorbidity and organ dysfunction reirradiation largely serves as a palliative therapy.

Recurrent and second primary squamous cell carcinoma of the head and neck: When and how to reirradiate

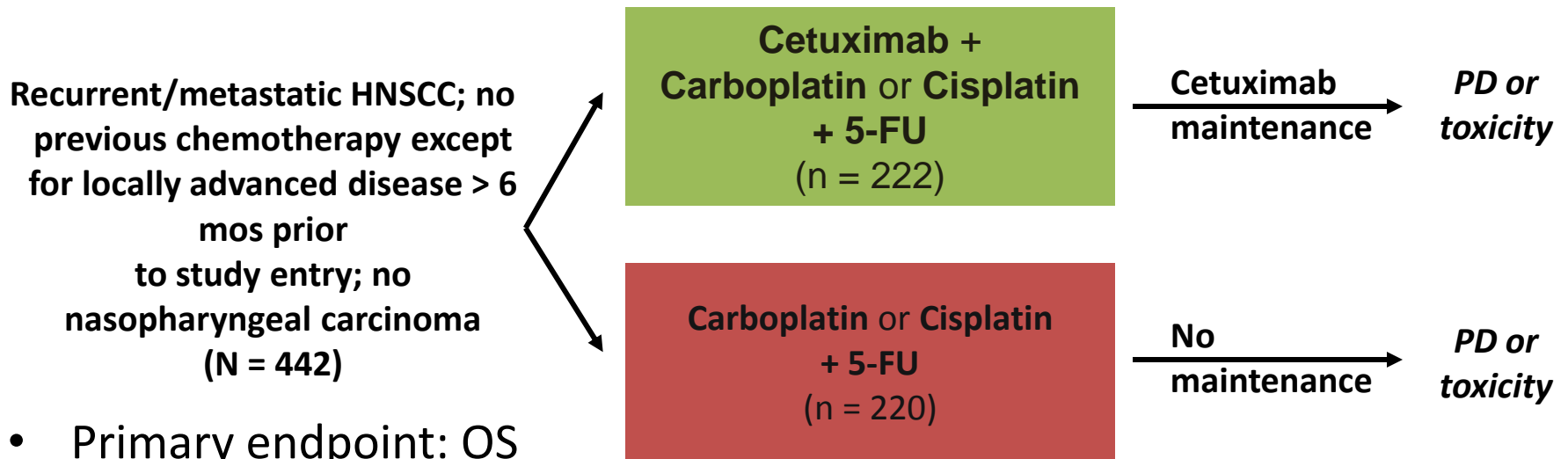


Recurrent/Metastatic HNSCC: Cytotoxic Agents

- First-line therapy
 - For patients with good PS: historically platinum-based doublet (eg, cisplatin/5-FU or carboplatin/paclitaxel)
 - ORR: 30% to 40%; median OS: 6-9 mos regardless of specific drugs
 - Cetuximab commonly added to current treatment regimens
 - For patients with poor PS: use single agent or cetuximab
- Second-line therapy: taxanes, methotrexate, cetuximab

EXTREME: Platinum/5-FU With or Without Cetuximab in Recurrent/Metastatic HNSCC

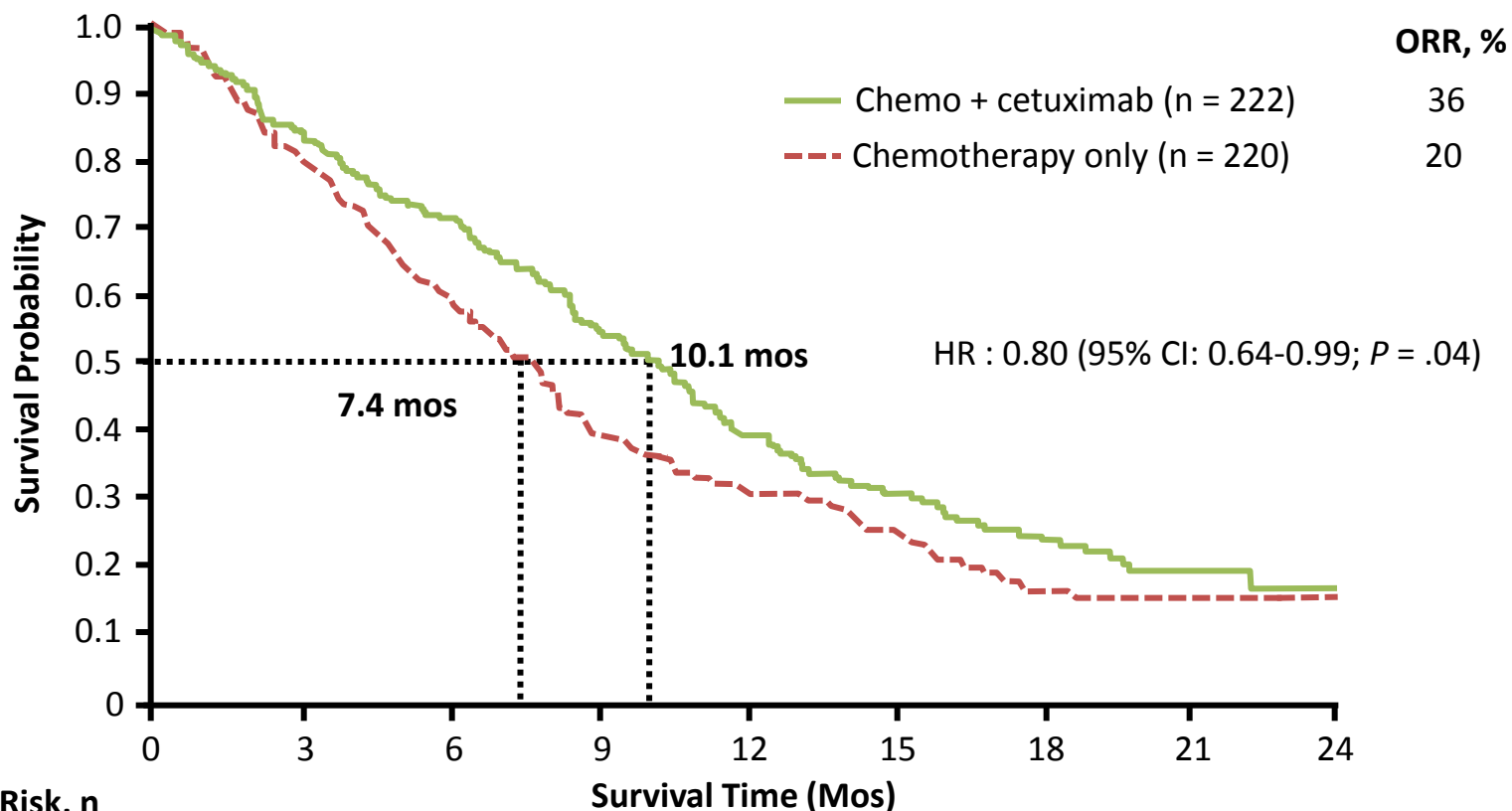
- Randomized phase III trial



- Primary endpoint: OS
- Secondary endpoints: PFS, ORR, DCR, TTF, DoR, QoL, safety

Up to 6 cycles: cetuximab 400 mg/m², then 250 mg/m²/wk until PD or unacceptable toxicity; carboplatin AUC 5 or cisplatin 100 mg/m² on Day 1; 5-FU 1000 mg/m² on Days 1-4 every 3 wks.

Cetuximab ± First-line Platinum in Recurrent or Metastatic HNSCC: OS



Pts at Risk, n		Survival Time (Mos)								
	0	3	6	9	12	15	18	21	24	
CTX only	220	173	127	83	65	47	19	8	1	
CET + CTX	222	184	153	118	82	57	30	15	3	

1.6 Indicazioni generali ai ritrattamenti con radioterapia

Qualità dell'evidenza SIGN	Raccomandazione	Forza della raccomandazione clinica
D*	Nelle neoplasie recidivate non più suscettibili di chirurgia il ritrattamento con radioterapia dovrebbe essere proposto solo a pazienti selezionati per grado di PS ed assenza di esiti indotti dal precedente trattamento e confinato alle aree di malattia [71-72-73-74-75-76-77-78]	Positiva debole

**opinione espressa dal panel*

1.7 Indicazioni generali ai ritrattamenti

Qualità dell'evidenza SIGN	Raccomandazione	Forza della raccomandazione clinica
D	Nelle neoplasie recidivate non più suscettibili di chirurgia il ritrattamento con chemio radioterapia non dovrebbe essere utilizzato se non all'interno di sperimentazioni cliniche.	Negativa debole

1.9.2 *Indicazioni generali alla terapia medica palliativa*

Qualità dell'evidenza SIGN	Raccomandazione	Forza della raccomandazione clinica
A	Il cetuximab aggiunto ad una chemioterapia contenente cisplatino o carboplatino + 5-fluorouracile, seguito da cetuximab di mantenimento in assenza di progressione deve essere considerato il trattamento di prima scelta nei pazienti con buon performance status e malattia recidivata e/o metastatica non più suscettibile di trattamenti con finalità radicali (85-86).	Positiva forte