

Methods. We identified 381 patients with squamous cell HNCA treated between 1992 and 2011 at the University Hospital of Salamanca. We included demographic, clinical and tumor characteristics. We performed univariate and multivariate analysis to examine overall survival from five or more years from diagnosis. We used the nonparametric method of Kaplan–Meier and proportional hazards model of Cox (method: Forward stepwise). A *p* value less than or equal to 0.05 was considered statistically significant. The analysis was performed using SPSS 12.0.

Results. The 85.8% of the cases were male. The mean age was 64.14 years (S.D. = 12.27). 76% were advanced cases (stages III and IV). The most common site was the larynx with 39.1%. The median follow-up of the cohort was 19.6 months (interquartile range = 27.9). Patients considered long survivors were 28.7%. In univariate and multivariate analysis, the comorbidity of other vascular disease (HR = .142, *p* = .028), alcohol consumption (HR = .241, *p* = .020), the disease-free interval (HR = .903, *p* = .0001), initial treatment response (HR = 10.038, *p* = .010), local recurrence (HR = 5.436, *p* = .033) and the staging (HR = 2.754, *p* = .004) were associated with long-survivor status.

Conclusions. Most variables found in the univariate analysis associated with the state of surviving long follow-up, have been reported in other studies that have set up times of less than five years. The most significant variables in the multivariate model were time tracking disease free (protective factor) and response to initial treatment (risk factor).

<http://dx.doi.org/10.1016/j.rpor.2013.03.277>

Prior, synchronous and metachronous malignancies in patients with head and neck cancer

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Introduction. Malignant tumors of the head and neck are associated with second primary malignancies by common etiology (tobacco, alcohol, virus), usually in lung and upper aerodigestive tract and is published a frequency of up to 25% of patients.

Methods. We analyzed the incidence of other malignancies (either previous, synchronous or metachronous to cancer diagnosis of head and neck) in patients referred to our department from 2007 to 2011 for head and neck cancer treatment.

Results. During the period of five years, have been referred to our department, 352 patients with head and neck cancer diagnosis. Median follow-up of 32 months (9–72 months). 47 patients (13.16% of total) had experienced another previous tumor, the most common: ORL 36%, 12% basal cell carcinoma and 6% each of the following: lung, hematologic, colon, prostate and squamous cell carcinoma of skin. Synchronous tumors ORL cancer diagnosis in 8 patients (2.25%), in 6 cases of lung cancer and one case of cancer of the esophagus and thyroid. After treatment and cure of head and neck tumors, 19 patients (5.32%) developed a second malignancy. Median onset: 12 months (range 1–46 months). Lung tumor in 37% of cases, 2nd tumor ORL: 21%; esophagus 16% and the remaining of cases, only one patient (5.2%) each other: breast, sigma, kidney, colon and penis. We have only had three cases of emergence of a third tumor, two cases of ORL and one tumor of the esophagus. Time of onset of 8–35 months.

Conclusion. The development of second and third malignancies in patients diagnosed with cancer of head and neck cancer is a widely known fact. In our series, our results are somewhat lower than those published in the literature and currently do not reach the 3% annual 2nd tumors.

<http://dx.doi.org/10.1016/j.rpor.2013.03.278>

Radiotherapy as part of the treatment of squamous cell carcinoma of the middle ear

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The malignant tumor of the external auditory duct and middle ear is a low incidence disease so literature review of these tumors is quite complicated due to heterogeneity in therapeutic strategies proposed. We report the case of a patient of 44 years old consulting with right otalgia and otorrhea for several months. On examination external auditory duct lesion whose biopsy was reported as squamous cell carcinoma. Seen on CT mass of 2.6 cm × 2 cm destroying alveolar process until the right maxillary sinus. No lymphadenopathy. In PET, hypermetabolic lesion in the right maxillary bone and infiltration of adjacent soft tissues with SUV of 8.9. Stage IE-A. Chemotherapy is discarded. Received 3D radiotherapy (RT) on tumor lesion reaching a total dose of 41.4 Gy fractionation of 1.8 Gy/session, 5 h/week by 6MV photon energy from the linear accelerator. Complete clinical response at the end of RT treatment with excellent tolerance (G2 mucositis). Squamous cell carcinoma is the most common tumor in this location and have a worse prognosis for rapid growth and tendency to regional metastases. It usually presents as a granulomatous area occupies part or whole canal, with areas of ulceration, otorrhagia, otorrhea and pain. Hearing loss, facial paralysis progressive, cervical lymphadenopathy and injury of cranial nerves are signs of locally advanced disease and poor prognosis. The combination of surgery and RT is the treatment most likely to be offered within the survival prognosis with these tumors. Radiation therapy