Definitive radiotherapy for T2 glottic carcinoma: Experience in our institution
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Introduction. There is a wide range of locoregional control described in the literature regarding T2 glottic carcinoma treated with definitive radiotherapy. Identification of prognostic factors is needed to increase the therapeutic index of these tumours.

Purpose. To report our experience of definitive radiotherapy for T2 glottic carcinoma referred to our center between March 2005 and December 2012. Prognostic factors for locoregional recurrence are analyzed.

Method. We retrospectively reviewed the medical records of 37 consecutive patients with T2 glottic carcinoma treated with Radiotherapy in our Department. Clinical outcome in terms of locoregional control (LRC), disease free survival (DFS) and site of relapse were evaluated. The prognostic significance of different clinical characteristics was analyzed.

Results. 20 patients presented a T2a and 17 a T2b stage. 25 patients were treated with 70 Gy/2 Gy, 12 patients were treated with 65.25 Gy/2.25 Gy. Treatment volume included cervical nodes (II–IV) in 7 patients. After a median follow up period of 76 months, the 5-year DFS was 76.4%. 30% of patients presented a locoregional recurrence (6 local and 1 regional). There was no significant difference in relapse between T2a and T2b. A non significant increase in survival was observed in treatment with fractions >2 Gy. In 67.6% of cases the voice quality improved or remained the same after treatment. Acute or chronic toxicity was none or mild in all cases (only 1 patient had chronic laryngeal edema).

Conclusion. Our results are consistent with the literature. Only 1 regional recurrence was observed. Acute side effects were tolerable and only 1 patient present chronic laryngeal edema. More patients need to be included to identify significant prognostic factors.

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Experience in the radiotherapy treatment of head and neck cancer patients (HNCP) using gastrostomy
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Introduction. The use of gastrostomy as a feeding support in the multimodal management of HNCP receiving radiotherapy remains controversial.

Objective. Assess treatment interruption according to the use of gastrostomy.

Methods. Analysis of 210 HNCP that have been irradiated at our Institution with adjuvant or radical radiotherapy between November 2007 and November 2012.

Results. According to location, there were 12 (5.7%) nasal cavity and sinuses tumors, 42 (20%) oral cavity tumors, 64 (30.6%) pharyngeal tumors, 17(8%) salivary gland tumors and 75 (35.7%) laryngeal tumors. Gastrostomy was not used in 55 patients with nasal cavity and sinuses tumors, early laryngeal tumors, salivary gland tumors and patients treated with radiotherapy alone. From the 130 remaining patients gastrostomy was used in 65.4% (85/130) and refused mainly by the patient in the 34.6% (45/130).

From the 85 patients with gastrostomy, 87.1% (74/85) completed treatment with no interruptions, 10.6% (9/85) completed with interruptions and 2.4% (2/85) did not complete it. The 15.3% (13/85) required hospitalization. From the remaining 45 patients without gastrostomy, 77.8% (35/45) completed without interruptions, 13.3% (6/45) completed with interruptions and 8.9% (4/45) did not complete. The 20% (9/45) required hospitalization.

Conclusion. We could not find any statistical differences in the number of interruptions between both groups due to the samples were not balanced. We recommend gastrostomy in QF-RT radical treatments in pharyngeal, oral cavity and locally advanced laryngeal cancer patients with very low interruptions and hospitalizations.

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External radiotherapy for extramedullary plasmocytoma of the nasal cavity
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Resumen

Introducción. Extramedullary plasmocytoma (EMP) is a rare plasmatic cell neoplasia described in soft tissue outside the bone marrow. The locations more often involved are the submucous and lymphoid tissue of the nose and the paranasal sinuses. It represents <1% of all the malignant neoplasms of head and neck. When suspected, it must be differentiated from multiple myeloma. This, sometimes, is difficult, because some of them are associated later on with the development of multiple myeloma.

Objetivo. We describe two cases of EMP in the nasal cavity. We discuss and review the literature.

Méthod. (1) Male, 55 years old, with a 6 months history of epistaxis and rhinitis symptoms. The physical examination revealed a lesion in right nasal cavity, confirmed by scanner. The histopathologic diagnosis was EMP CD138+. He was treated with radiotherapy, 45Gy in 25 sessions. (2) Male, 68 years old, also with epistaxis. The physical examination revealed a tumour in nasal septum that was biopsied with the suspicion of granuloma. The histopathologic diagnosis was plasmocytoma, and the haematologic
studies confirmed an EMP. The adjuvant treatment was external radiotherapy, 36Gy in 18 sessions. (3) We have reviewed Pubmed articles found using the terms “extramedullary plasmacytoma” and “radiotherapy”, selecting those related to nasal location and limiting them to the last 10 years.

Results. (1) Both patients are free of disease one year after the end of the radiotherapy; (2) the articles reviewed showed rates of local control from 80 to 100% with radiotherapy.

Conclusion. Due to its high radiosensibility, radiotherapy is considered the treatment of choice in EMP.

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External radiotherapy for malignant paranglioma of the carotid body
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Introduction. Malignant parangliomas (PGs) represent rare tumors of neuroendocrine origin. Only a small percentage of patients ultimately develop metastatic disease. Rates of malignancy are believed to be 2–4% for jugular-tympanic tumors, 6% for carotid body tumors, and 16–19% for vagal tumors.

Objectives. We present a case of a paranglioma of the carotid body and we discuss and review the literature.

Method. A male of 68 years old presented to the emergency department for evaluation of intense chronic back pain and gradual onset of lower extremity weakness over one month. No history of bladder and bowel incontinence was reported. Aside from mild paresthesia in lower extremities, sensation in his upper extremities was intact. Radiographic studies on admission included a normal chest radiograph and a normal blood test. Magnetic resonance imaging (MRI) with gadolinium of his lumbar spine showed abnormal bone marrow signal enhancement with bony destruction at the level of L3 and L5. CT scans of his neck, thorax and abdomen identify a left cervical mass of 6 cm in maximum diameter. On examination, a pathological specimen obtained through CT-guided biopsy revealed the presence of a paranglioma. Then the patient was treated with radiation therapy to a total dose of 30 Gy in once-daily 3 Gy fraction over affected vertebra followed by the irradiation of the left lateral neck and the supraclavicular area to a total dose of 60 Gy in 2 Gy daily fractions.

Results. Ten months after finishing the treatment, the patient is free of back pain and a complete response of the left cervical mass was achieved.

Conclusions. Clinical benefit was derived from aggressive treatment. However, careful consideration of the risks of observation versus intensive therapy should be undertaken when managing these patients.

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Head and neck cancer in patients over 70
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Introduction. Head and neck cancer is a disease with an incidence of approximately 5–10% of tumor pathology. In elderly patients sometimes the treatment is different than young patients. We conducted a systematic review of head and neck cancer patients diagnosed in our department between January 2010 and December 2011. The aim is to describe the characteristics of our population and the treatment given.

Patients and methods. A retrospective review of patients newly diagnosed with head and neck cancer and who received active treatment for cancer, between January 2010 and December 2011. We found 18 new cases in that period with the following characteristics: 16 men and 2 women. The mean age was 76.45 years with an age range between 71 and 81 years.

Results. Tumor stage: IIA in 7 patients (38.9%), III in 5 patients (27.8%) and VAT in 6 patients (33.3%). Tumor site: oral cavity in 9 patients (50%), pharynx in 7 patients (38.9%), and larynx: 2 patients (11.1%). 10 patients underwent radical surgery, subsequently receiving adjuvant therapy. 8 patients received chemoradiotherapy as a radical treatment. Postoperative treatment was concurrent radiotherapy with cisplatin in 3 patients and radiotherapy with concomitant cetuximab in the other 7 patients. For the 8 patients not undergoing surgery, treatment scheme was radiotherapy with concomitant cisplatin in four patients, and concomitant radiotherapy with cetuximab in the other four. All patients completed treatment without severe complications and good tolerance.

Conclusions. The demographics of our population means that we find large number of patients over 70 years. The therapeutic approach should not be conditional on their age, being in most patients identical attitude subsidiary than younger patients. There is an increase of cetuximab use in combination with radiation therapy in place of cisplatin, because of lower toxicity and good results. We need a long-term monitoring to met survival results.

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