Post-operative T1-2 N2b oropharyngeal squamous cell carcinoma : loco-regional control after ipsilateral or bilateral neck radiation

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Introduction

- No recommandations in the litterature concerning cervical unilateral radiotherapy after surgery for the T1-T2 N2b oropharyngeal cancer
- New population due to HPV+ cancer with younger and healthier patients

Primary endpoint : describe controlateral recurrence and toxicities in a serie of 21 T1-T2 N2b patients to guide the establishment of a large prospective study.

Materials and Methods

- Retrospective and unicentered study
- Population has been selected from january 2013 to june 2018
- Inclusion criteria : T1 or T2, nodal extension staged N2b, well lateralized as no involvement of the pharyngeal wall, posterior tonsillar pillar and not crossing midline and curative intent
- All patients were treated by surgery first with ipsilateral neck dissection. Then they received IMRT, uni or bilateral and with or without chemotherapy
- Statistical analysis : Wilcoxon Mann Whitney or Student test and for qualitative variable we used Chi2 test or Fisher test. Median follow-up is 5 years.

Results

- Population : 21 patients, 81% men, median age 66, 67% > 10 PA, 28,5% HPV+
- 6 were treated in ispilateral cervical radiotherapy after surgery
- None failed in controlateral neck during the period of our study
- Second endpoint is toxicity : statistical analyses to compare toxicities between unilateral and bilateral cervical radiotherapy after surgery showed hyposialia is significantly more frequent for patients treated with bilateral radiotherapy

Conclusion

In our population, any patient failed in the contralateral neck but our study was small. Prospective study with larger cohort needs to be planned to help to establish international recommandations and finally support an homogeneous management in contralateral neck treatment for patients with advanced nodal disease and especially N2b disease.