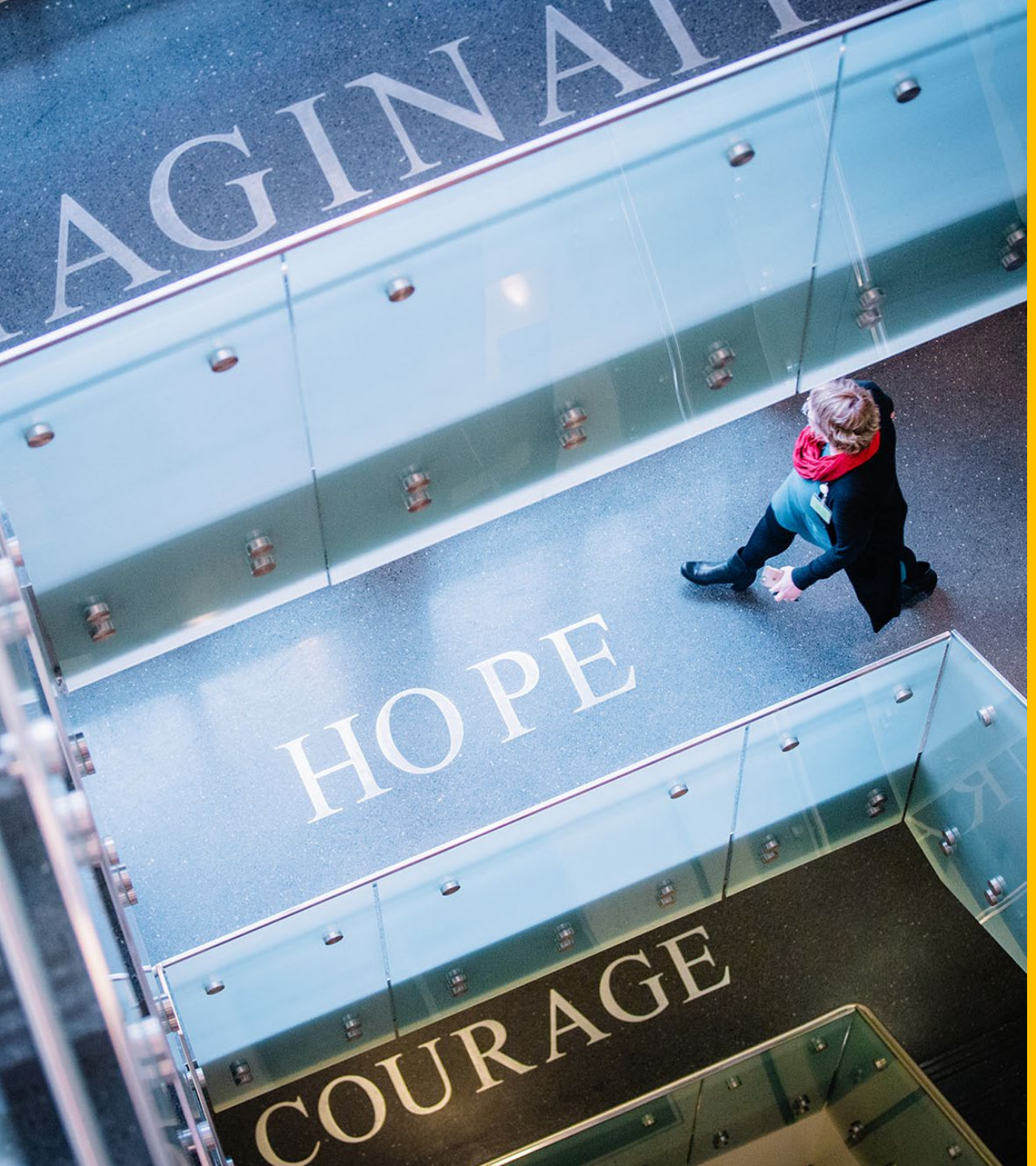


Patient-Based Panel Discussion Head & Neck

All Speakers: Drs. Saba, El-Deiry, Stokes

Case presented by Emory University Heme-Onc fellow: Sarah J. Wood, MD

July 20th, 2023

EMORY WINSHIP CANCER INSTITUTE
National Cancer Institute Designated Comprehensive Cancer Center

NCI Designated Comprehensive Cancer Center

Case Presentation

- Mr. JL is a 56 yo M w/ PMHx of T2DM, CAD, former tobacco use (1/2 pack for 10 years, 5 pack-year history) who presents to Multi Disciplinary Clinic for new diagnosis of oropharyngeal cancer.

- He initially presented to ENT after palpating a mass on the left side of his neck. The mass was first appreciated 2 months prior. He felt like it decreased, but then increased again, prompting ENT evaluation.

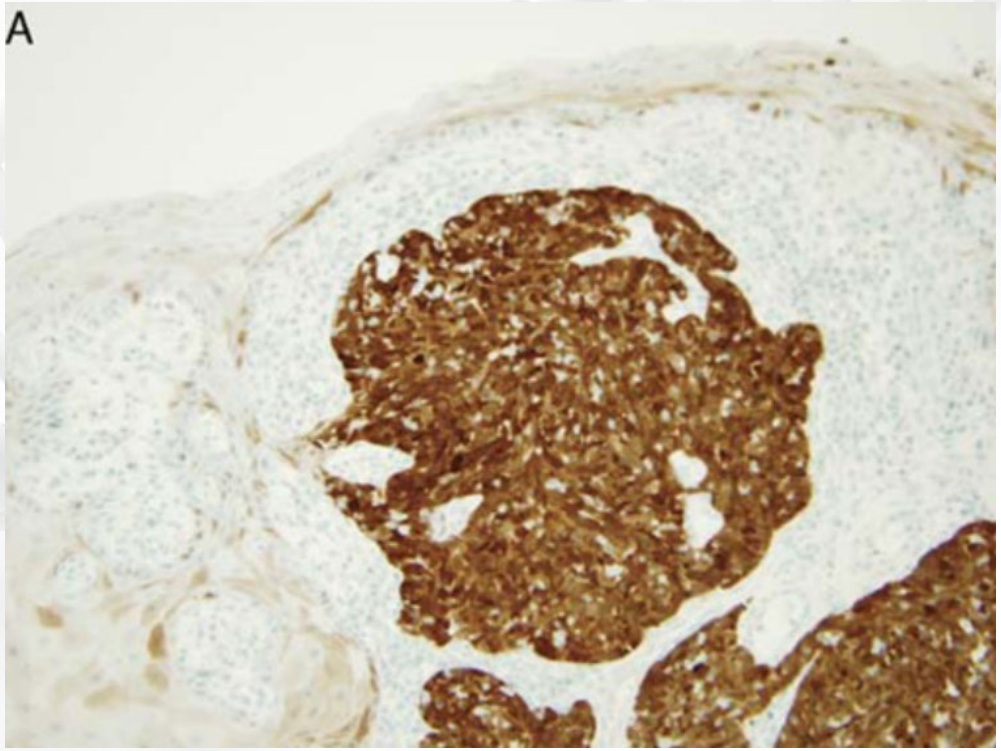
- Physical exam was notable for a left neck mass, matted, approximately 4 x 5 cm. Oropharyngeal exam notable for left tonsillar mass with mild oropharyngeal exudate and erythema present. The remainder of physical examination was unrevealing.

- ENT performed FNA biopsy of the neck lymph node and oropharyngeal mass

Pathology

- Left lymph node biopsy FNA with ‘metastatic keratinzing squamous cell carcinoma with necrosis.

- Left oropharyngeal mass biopsy with at ‘least squamous cell carcinoma in situ with papillary features.’ **P16 positive, with diffuse and strong nuclear and cytoplasmic staining in neoplastic cells**

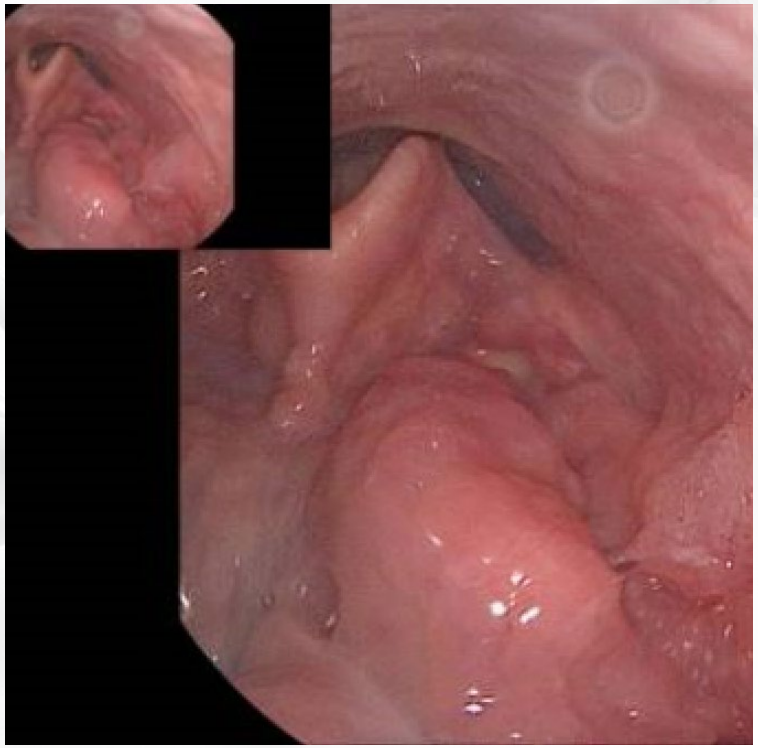


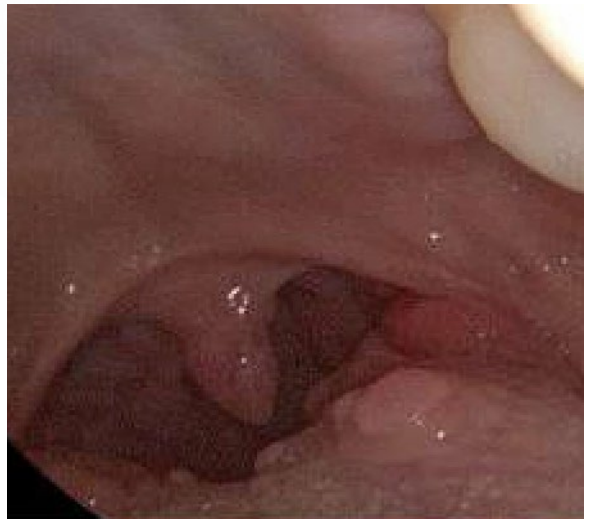
Example of p16 **positive:** IHC staining showing strong and diffuse nuclear and cytoplasmic expression in the tumor with minimal, patchy staining of normal surface mucosa (200 magnification)

-Lewis et al. Am J Surg Path, 2013

Multi-D Evaluation

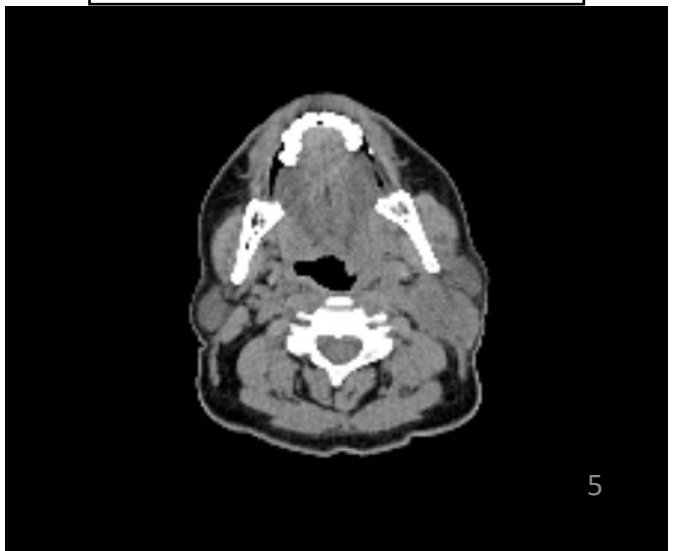
- ENT subsequently referred to Winship MDC for further evaluation.
- Direct laryngoscopy revealed left oropharyngeal mass with extension into posterior aspect of left base of tongue (BOT).
- The nasopharynx, hypopharynx, and larynx were normal.
- PET was ordered to complete staging.





PET-CT

- In the head and neck, left base of tongue lesion extending from the left glossotonsillar sulcus to the left vallecula, measuring 2.2 x 1.6 x 4 cm with focal FDG uptake, SUV max 8.8 (CT image 106).
- There are at least 4 FDG avid left level 2 and 3 cervical lymph nodes.
- For reference: Level IIb lymph node measuring 1.9 x 1.1 cm with SUV max 7.2, Level IIa lymph node measuring 1.8 x 1.1 cm with SUV max 6.7. Level III lymph node measuring 0.9 cm with SUV max 6.7. There is no FDG avid right cervical lymphadenopathy.



Assessment & Plan

- 56 yo M w/ Stage II (T3N1) p16+ oropharyngeal squamous cell carcinoma presenting to MDC for initial visit.

- Pt was deemed not a candidate for Trans Oral Robotic Surgery (TORS) given the involvement of the anterior sulcus of the tongue, and thus recommended to proceed with definitive chemoRT, w/ weekly Cisplatin 40 mg/m2 x7.

Panel Case Discussion / Q&A

- What treatment approach would you have considered in this case – concurrent chemoradiation in the definitive setting versus surgery followed by adjuvant chemoradiation (if adverse features)?

- Patients with HPV(+) OPSCC are often younger with better prognosis and survival outcomes compared to HPV(-) OPSCC patients. Given this, they often must live with treatment-related toxicities. There are a number trials investigating de-escalation in this population. What are your thoughts on de-escalation in this population and where do you think we are headed?