Case Series

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A Case series of Head and Neck Cancer: A Conversation with Giants and Legends in Oncology

N Preethi Seshadri[a], Anita Ramesh[b], M.G. Rajanandh[c], Samuel Ignatious Bolledu[a], P Seenivasan[c]

Author's Affiliation: [a]Department of Pharmacy Practice, Hindu college of Pharmacy, Guntur, Andhra Pradesh 522002, India. [b]Department of Medical oncology, Saveetha Medical College and Research Center, Saveetha University, Chennai, Tamil Nadu 602105, India. [c]Department of Pharmacy Practice, Faculty of Pharmacy, Sri Ramachandra University, Porur, Chennai, Tamil Nadu 600116, India.

Corresponding Author: M.G. Rajanandh, Department of Pharmacy Practice, Faculty of Pharmacy, Sri Ramachandra University, Porur, Chennai, Tamil Nadu 600116, India.
E-mail: mgrpharm@gmail.com

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Abstract

Third International Meeting of Clinical Practice Guidelines in Oncology–2014 and Indian Perspectives was conducted on December 20th 2014. The conference was organized by the unit of medical oncology, Sri Ramachandra University and Hospital, Porur, Chennai, India. Eminent people like oncologists, pathologists, radiologists, pediatric oncologists, medical practitioners, surgeons and about 500 delegates from all over the India participated and worked together to discuss treatment guidelines for most cancers such as colorectal, central nervous system, gastric, lung, renal cell, hepatocellular carcinoma, breast sarcomas, pancreas, pediatric, gynecological, hematological malignancies and supportive care. Of which, the case studies of Head and Neck cancer is given in this paper.

Keywords: Oncology; Hepatocellular Carcinoma; Breast Sarcomas; Pancreas.

Introduction

Head and neck (HNC) is the eighth most common cause of cancer death worldwide. It is the commonest malignancy in India and globally, accounting for around 20% cancer burden in India (Siddiqui MSet al. 2012). HNC comprise of soft tissue neoplasm of oral cavity including lips, nasal cavity and paranasal sinuses (PNS), pharynx, larynx and salivary glands. In developing countries, awareness regarding disease outbreak and risk factors is very low or the most of the part comes under rural areas. In the case of HNC, mostly people affected in rural areas are commonly used the tobacco products either in the form of cigarette or bidi or smoker tobacco (Ahmed HG et al. 2012).

Most head and neck patients lose weight as a result of their disease, health behaviors and treatment related toxicities. Nutritional management is very important in head and neck cancer patients to improve outcomes and to minimize significant temporary or permanent treatment related complications. Most head and neck cancers are treated with surgery or radiotherapy or a combination of both. Chemotherapy alone is rarely appropriate for these forms of cancer, but chemotherapeutic agents are sometimes used to enhance the effects of radiotherapy; as per some research all patients receiving head and neck radiation therapy (H&NRT) has tendency to develop oral mucositis (MASCC guidelines 2014).

Treatment for most forms of head and neck cancer has permanent effects on organs essential for normal human activities like breathing, speaking, eating and drinking. Cetuximab in combination with radiotherapy is recommended as a possible treatment for people with locally advanced squamous cell cancer of the head and neck consequently, patients facing therapies of all kinds require expert support before, during and after their treatment. Many need rehabilitation over a sustained period, and despite the best care, some people experience long-term problems which necessitate continued access to services (NICE guidelines 2014)

Living with the effects of head and neck cancer can be difficult for both patients and care takers. These patients need to learn to communicate in a new way.

Such patients need specialized support from a variety of therapists, particularly specialist nurses, speech and language therapists, and dietitians, which comes under palliative, support and rehabilitation therapy (NCCN Guidelines 2013).

ESMO was the first major oncology organization to emphasize the centrality of palliative care as part of global cancer care. Since, many patients search for additional treatments besides evidence-based medicine. They may seek help from these alternative methods in the hope either of increasing the likelihood of controlling the disease or of improving their well-being. A major part of the under-treatment of physical and psychological symptoms relates to a failure of patients to report problems and a failure of clinicians to assess problems or a failure to respond to problems adequately. ESMO requires that clinicians have core competencies in palliative care and in the management of physical and psychological symptoms. These include Spiritual care, Guided imagery, Massage, Relaxation techniques, Yoga and Acupuncture.

The following case studies were discussed on head and neck cancer by the panel of doctors attended the conference.

Case Study - 1

A 52 year truck driver, lesion involving the right buccal mucosa and extensive infiltration and it is a loco regional disease - T4N1M0. No Distant metastases. No co-morbidities. Investigations were normal. Histopathology of squamous cell carcinoma. What is the plan of management for this patient?

The options are given below:

1. Neoadjuvant Chemotherapy
2. Palliative Chemotherapy
3. Palliative Radiotherapy
4. Best Supportive Care

The results are shown in the Figure 1.

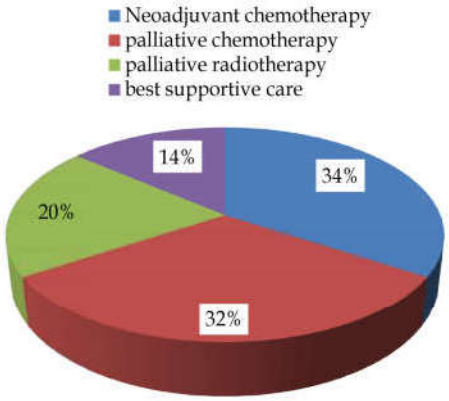

Fig. 1: Treatment options in head and neck cancer (Case study-I)

The majority of the audience opted for Neoadjuvant Chemotherapy (34%) followed by Palliative Radiotherapy (32%), Palliative Chemotherapy (20%) and Best Supportive Care (14%).

Panelist Discussion

- There is no randomized controlled trial to justify the best treatment option.
- Neoadjuvant chemotherapy can be given to this patient.
- Young patient can fit for TPF (Taxel Platinum 5-Fluorouracil) or DCF based Therapy.
- It is worth to try Neoadjuvant chemotherapy in younger patients.
- Definitely surgery is not possible.
- With Neoadjuvant chemotherapy in borderline cases, 10% becomes operable.
- Overall 5 years of survival is not promising.
- Palliative chemotherapy with cisplatin can be given to the patient
- Palliative radiotherapy can be given to this patient.
- Methotrexate as supportive care can be given to the patient.
- We have to individualize the therapy, according to the patient.
- Better care must be provided to this patient.
- With respect to cost analysis, palliative radiotherapy or palliative chemotherapy is preferred.

Case Study - 2

A 56 years old male, underwent surgery for stage 4 Carcinoma, Buccal mucosa with PORT (Post Operative Radiotherapy) with Concurrent Chemotherapy in the adjuvant setting. At first follow up at 4 months diagnosed with recurrence locally. Noco morbidities and investigations were found to be normal.

The options are given below:

1. Symptomatic Treatment
2. Palliative Chemotherapy
3. Targeted Therapy
4. Surgery if Resectable

The results are shown in Figure 2.

33% of the audience opted for symptomatic treatment followed by 26% of audience for palliative

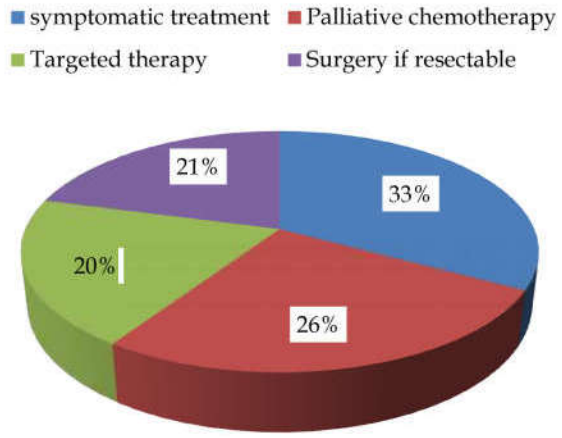

Fig. 2: Treatment options in head and neck cancer (Case study - 2)

chemotherapy, 20% of audience for targeted therapy followed by 21% for surgery if Resectable.

Panelist Discussion

- Symptomatic treatment can be given with best supportive care.
- Palliative chemotherapy can be given.
- Cetuximab is the only approved indication of the drug to the patient.
- With Cetuximab drug, cost is an issue.
- The rights of the patient to the choice of drug with Cetuximab must be considered.
- Cetuximab has got a progression free Survival of 2.7 months.
- Oral Tyrosine kinase inhibitors (TKIs) can be given. There is no survival benefit with a Geftinib.
- Methotrexate can be given to the patient.
- If it is Resectable disease, salvage surgery is preferred.

Case Study - 3

3X3 cm tumor right lateral border of tongue, anterior 2/3rd of the tongue. Not crossing midline – T2N1M0. Squamous cell carcinoma.

The options are given below:

1. Wide Excision alone
2. Wide Excision with Neck Dissection
3. Neoadjuvant Chemotherapy
4. Radiotherapy alone

The Results are shown in Figure 3.

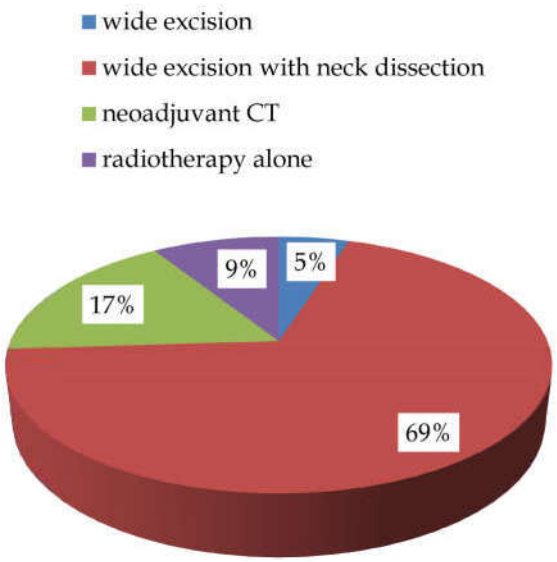

Fig. 3: Treatment options in head and neck cancer (Case study-3)

5% of the audience opted for wide excision alone, whereas 69% of the audience opted for wide excision with neck dissection followed by 17% for Neoadjuvant chemotherapy and finally 9% opted for radiotherapy alone.

Panelist Discussion

- If it is N1- no dissection.
- If it is N0- selective supra omohyoid neck dissection is preferred.
- Neoadjuvant therapy is a doubtful benefit. So, it is not recommended.

Brach therapy has got a role or small evidence.

Conclusion

By studying the cases of head and neck cancer in the conference the present Indian scenario of treatment is understood. By this study we came to know that working together to discuss treatment guidelines for most cancers, will improve the quality, effectiveness and efficiency of cancer care in the country. Most of the panelists opted for the palliative therapy and in some cases Neoadjuvant therapy due to the unavailability of Randomized controlled trails. In a developing country like Indian, all the guidelines could not be followed as such due to limited resources and limited access to health care. Affordability and other logistics play a crucial role in patient care.

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