

*Attualità nella terapia integrata loco-regionale delle
neoplasie delle vie aeree digestive superiori*

Taranto, 12-14 gennaio 2012

Grand Hotel Delfino



***LA MULTIDISCIPLINARIETÀ
nei TUMORI del DISTRETTO
CERVICO-CEFALICO***

Giovanni SUCCO

**S.C.D.U. Otorinolaringoiatria
Ospedale S. Luigi Gonzaga - Martini
TORINO**

*La multidisciplinarietà
nei tumori
del distretto
cervico-cefalico*

Giovanni SUCCO





Caso clinico

- **C.M., sesso maschile, aa. 63**
 - **CO-MORBILITÀ:**
 - Forte fumatore (> 20 sigarette/die)
 - Bevitore (> 3 bicchieri/pasto)
 - **A.P.P.:**
 - **Dicembre 2011 → comparsa di disfonia**
+ **disfagia progressivamente ingravescente**
 - **diagnosi di SCC sovraglottico + II tumore 1/3 medio esofago**
- Staging:**
- **MRI collo**
 - **TC torace**
 - **videopanendoscopia (NBI)**
 - **PET total body**
 - **MLD + esofagoscopia in narcosi**
- **diagnosi di *SCC moderatamente differenziato della laringe* (cT3N0M0 sovraglottico) + *SCC 1/3 medio esofago* (cT2N2M1)**

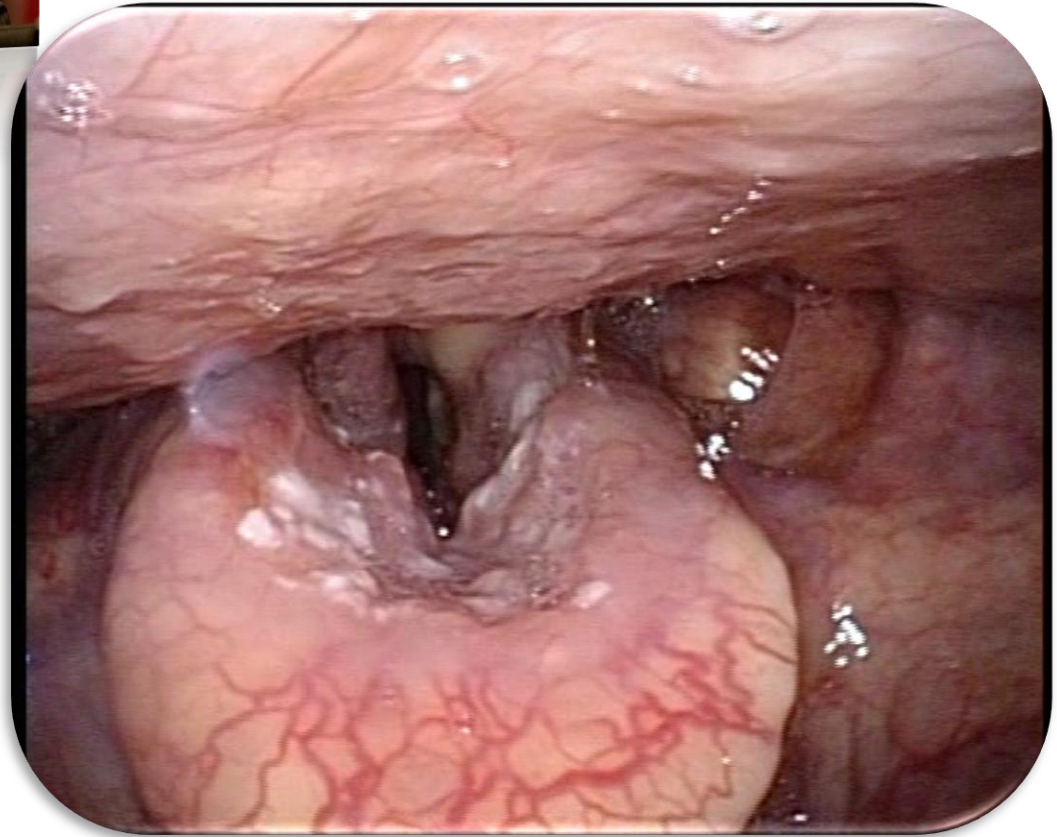
La multidisciplinarietà
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cervico-cefalico

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Caso clinico



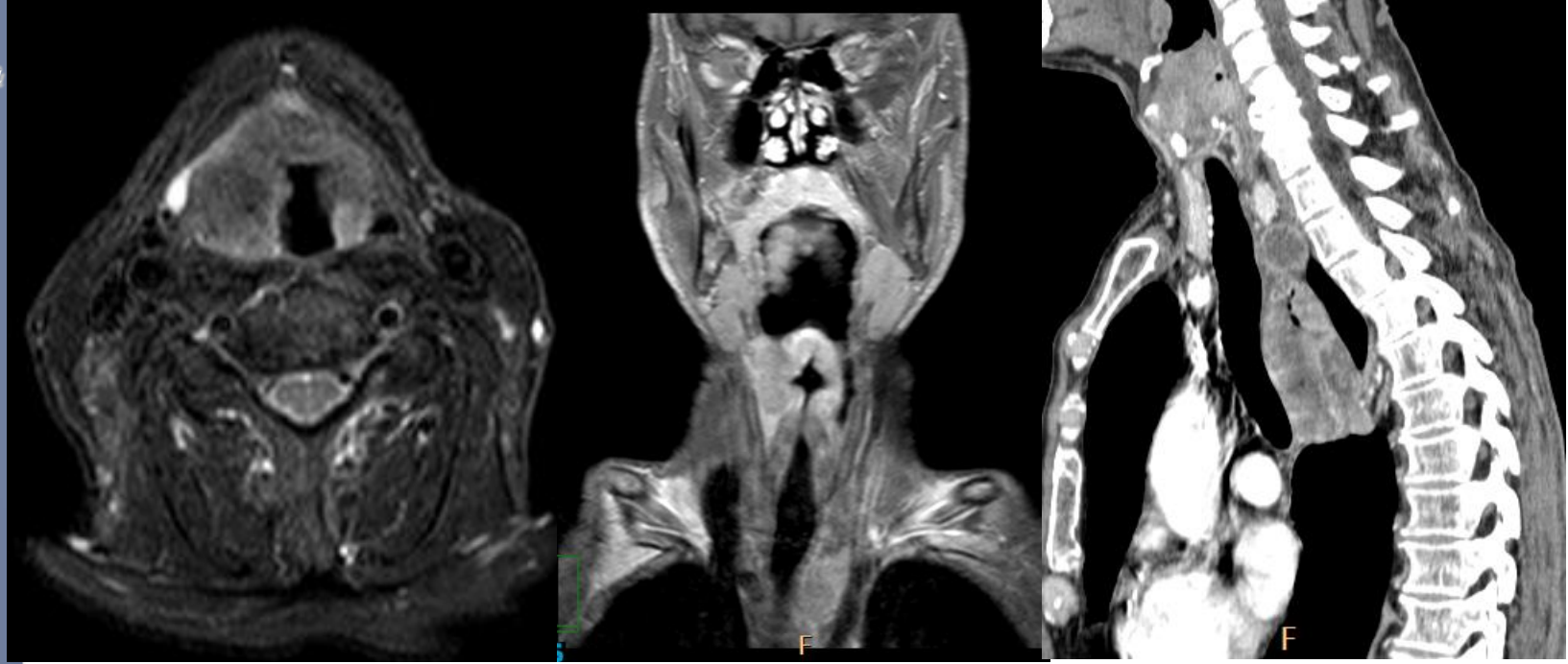
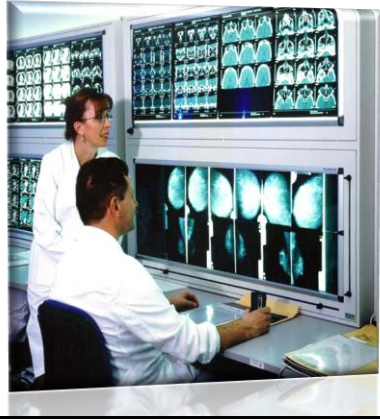
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Caso clinico



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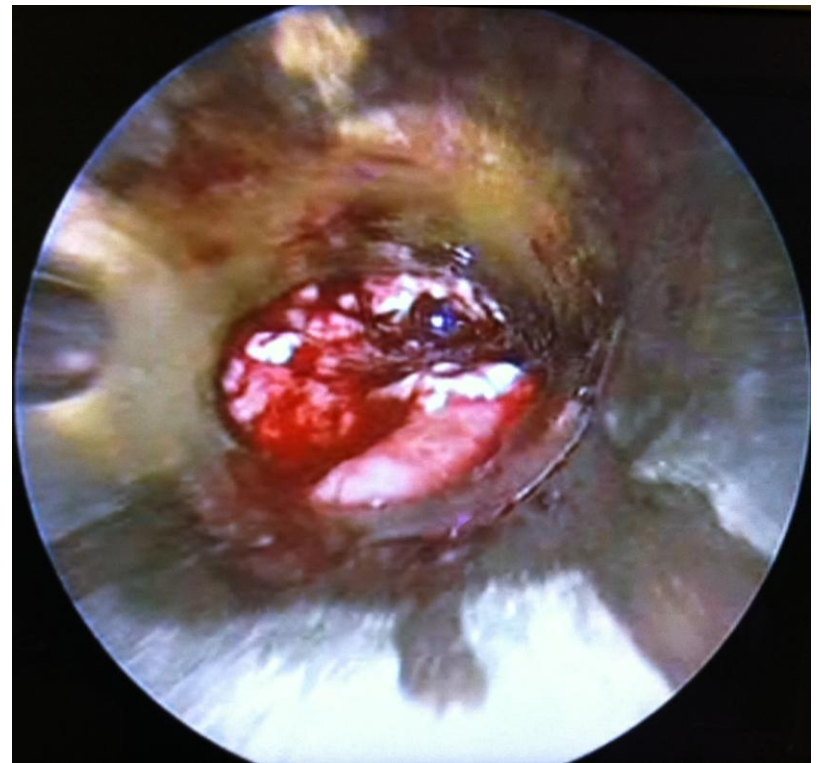




Caso clinico



**Microlaringoscopia diretta
+ esofagoscopia
+ tracheostomia chirurgica**

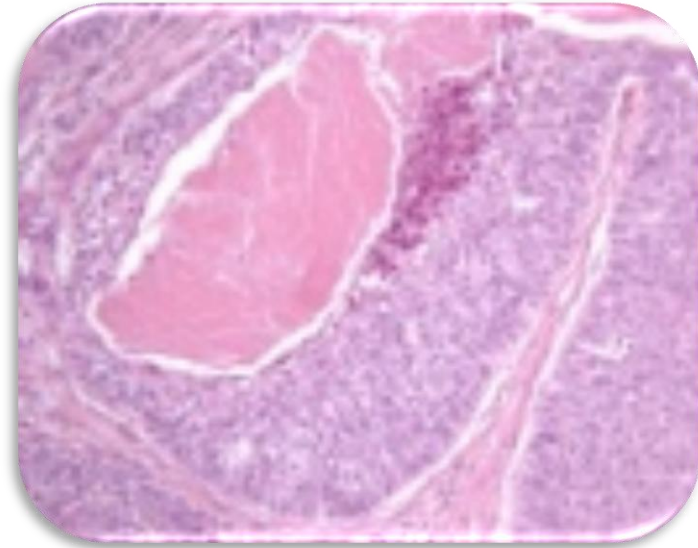


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Caso clinico



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***SCC moderatamente differenziato
della laringe
(cT3N0M0 sovraglottico)
+ SCC 1/3 medio esofago
(cT2N2M0)***



Caso clinico



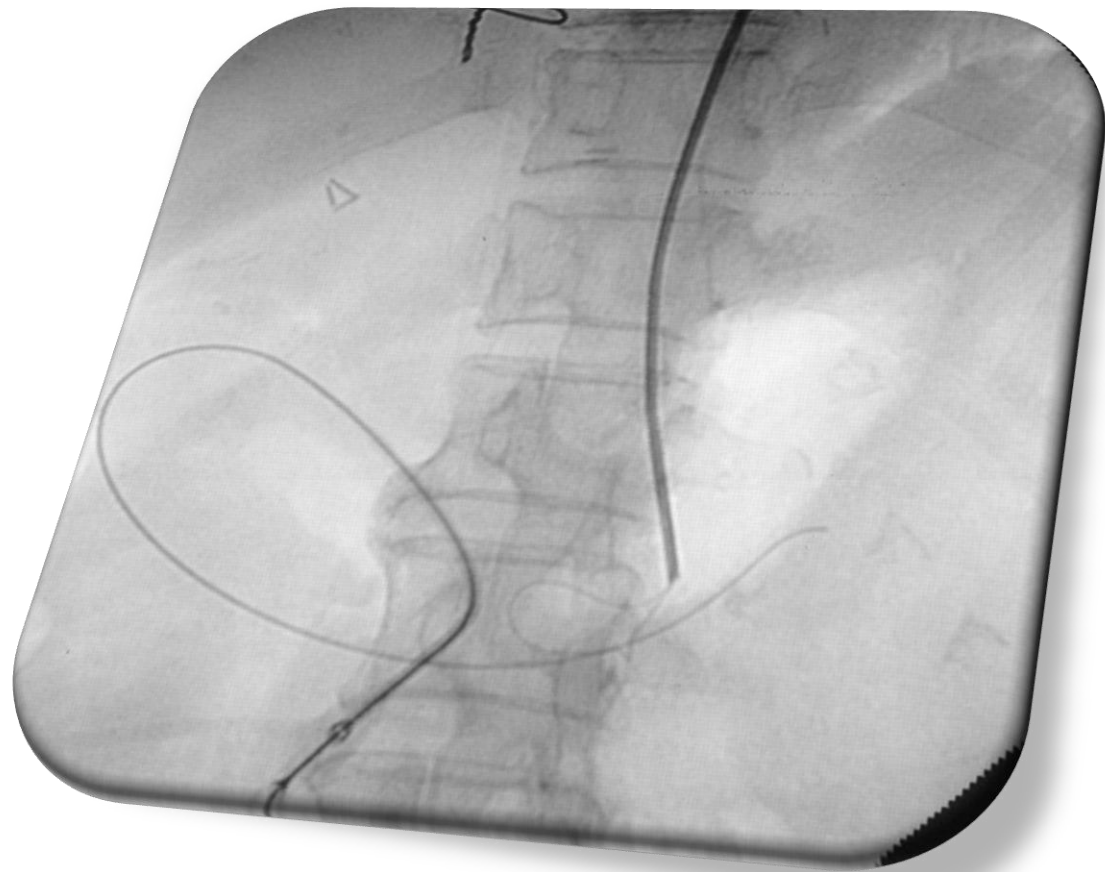
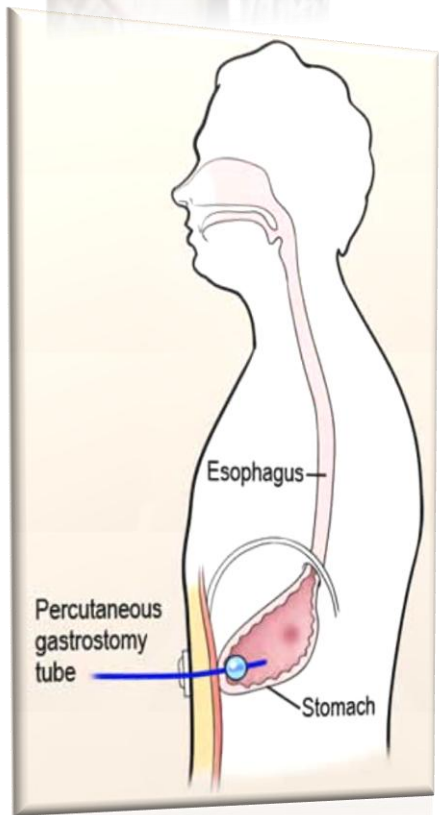
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Caso clinico



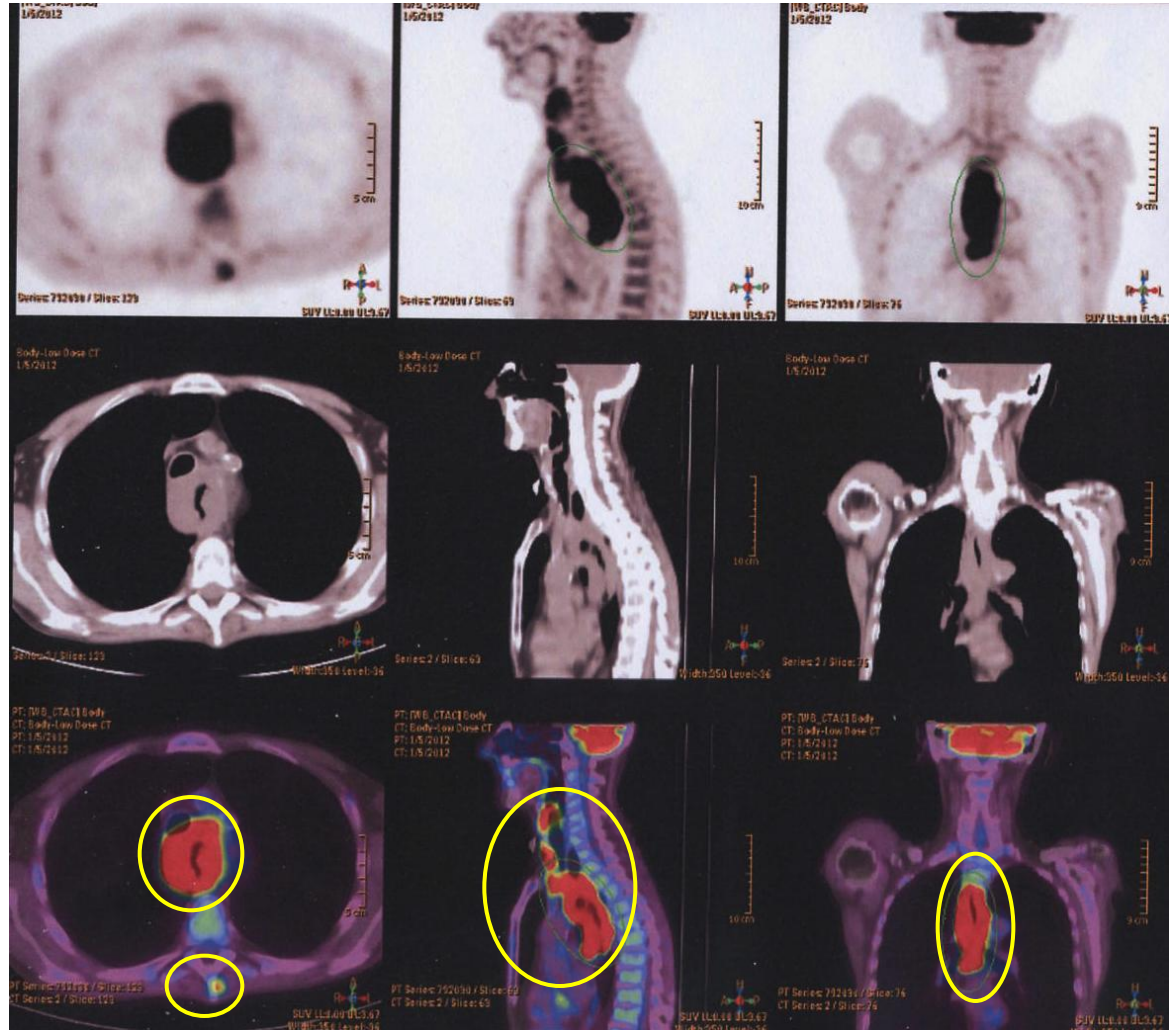
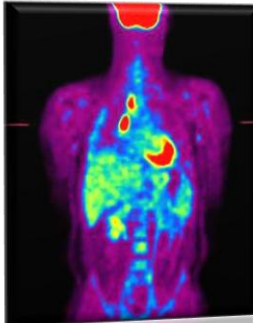
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Caso clinico



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Caso clinico



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Caso clinico



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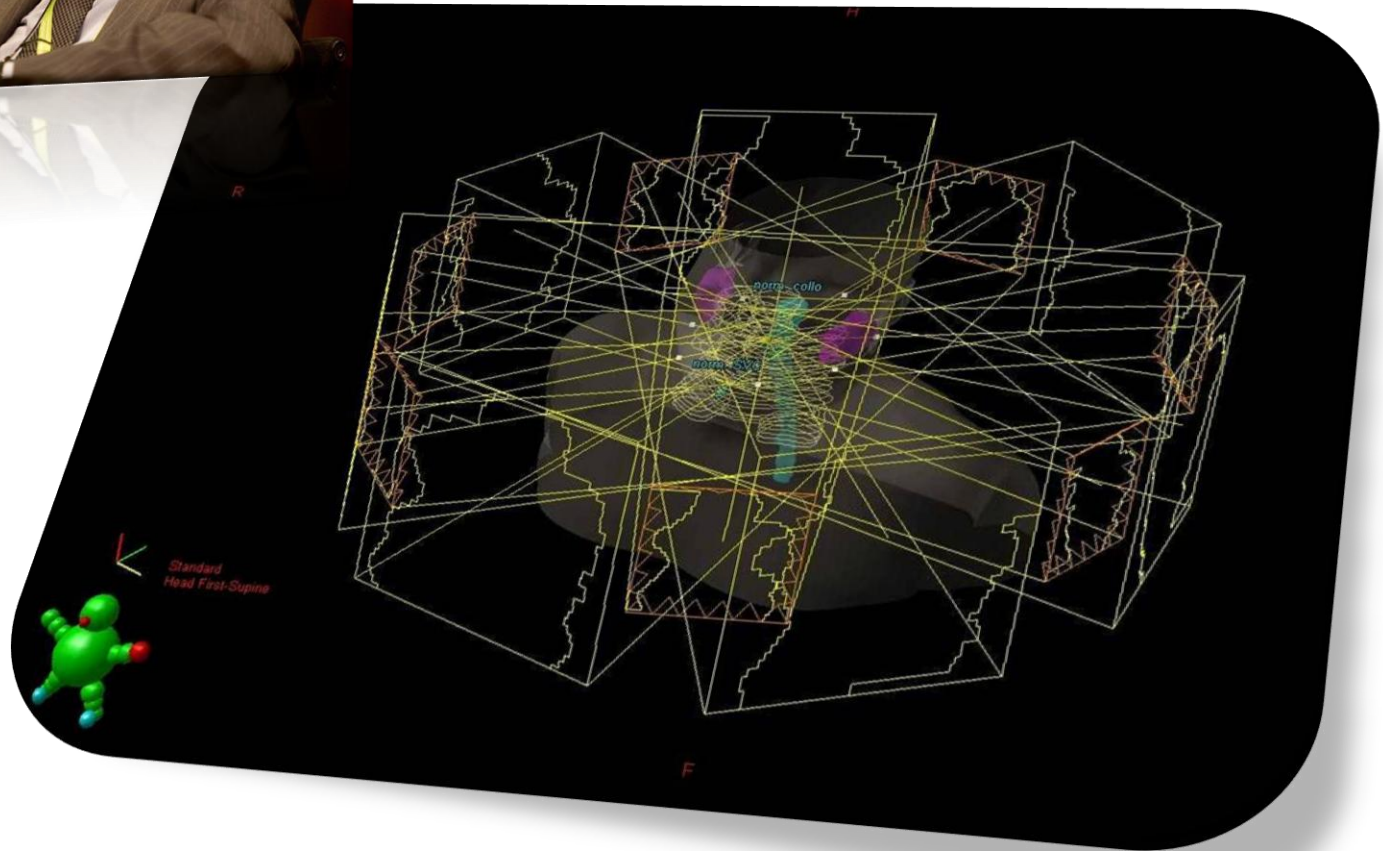


Caso clinico



*La multidisciplinarietà
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cervico-cefalico*

Giovanni SUCCO





Caso clinico

- **C.A., sesso maschile, aa. 72**
- **CO-MORBILITÀ:**
 - Forte fumatore (> 20 sigarette/die)
 - Nulla di rilevante in anamnesi
- **A.P.P.:**
 - **Ottobre 2006 → comparsa di disfonia**
 - **riscontro di *lesione vegetante 1/3 medio CV sinistra***
 - **Staging:**
 - **CT scan collo**
 - **multistep endoscopy (white light, stroboscopia, AF)**
 - **Rx-torace**
 - **biopsia in MLD**
 - **diagnosi di *SCC moderatamente differenziato della laringe (cT1aN0 glottico)***

La multidisciplinarietà
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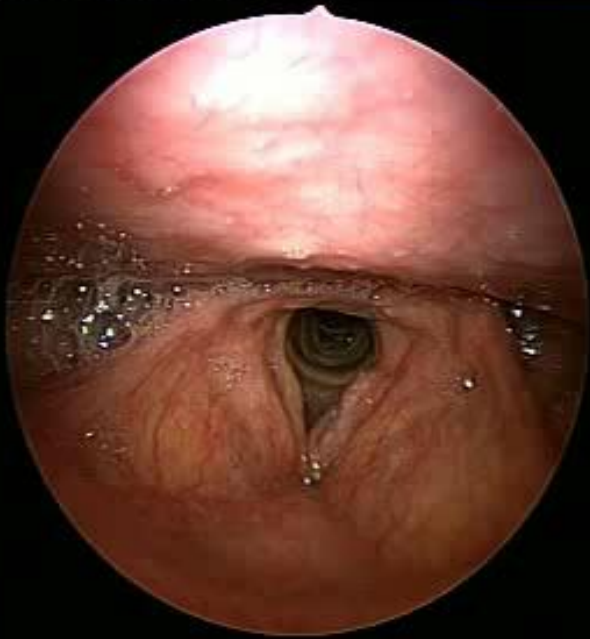




Caso clinico

*La multidisciplinarietà
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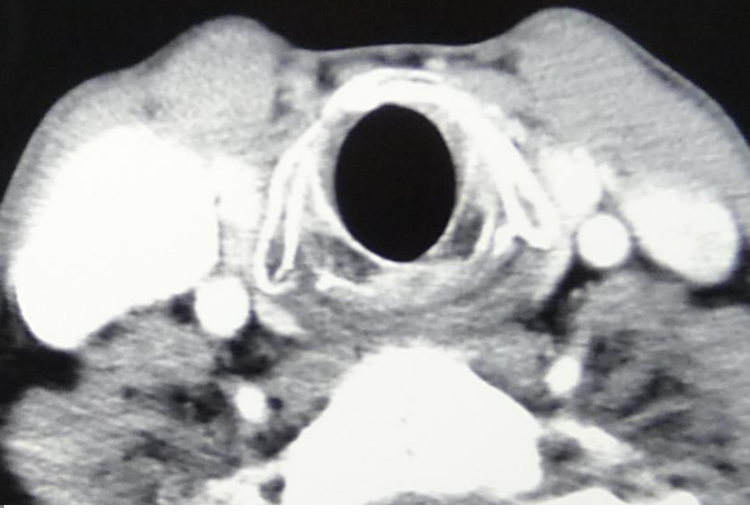
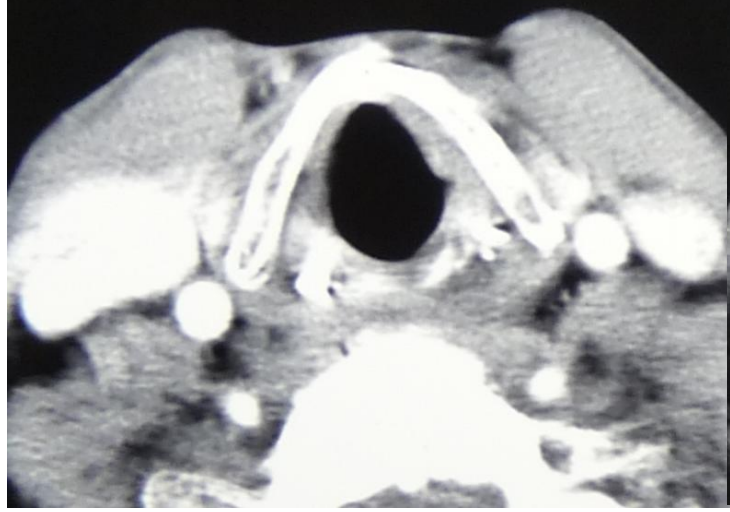
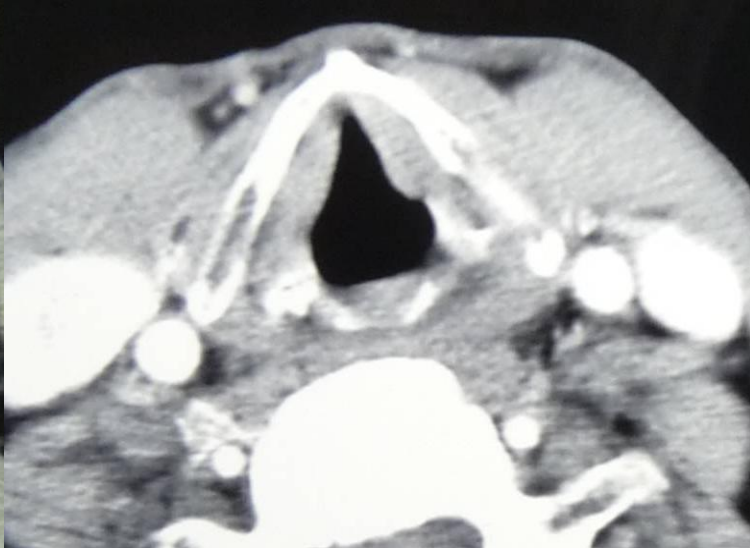
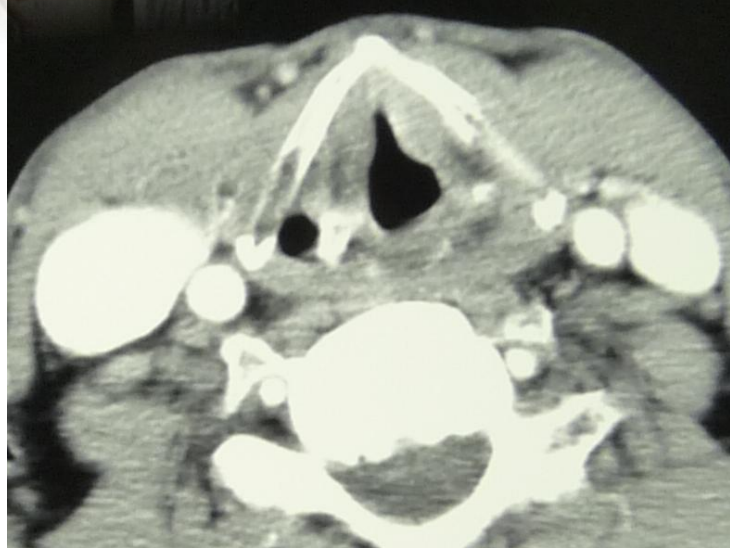
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PDD (CW)



Caso clinico



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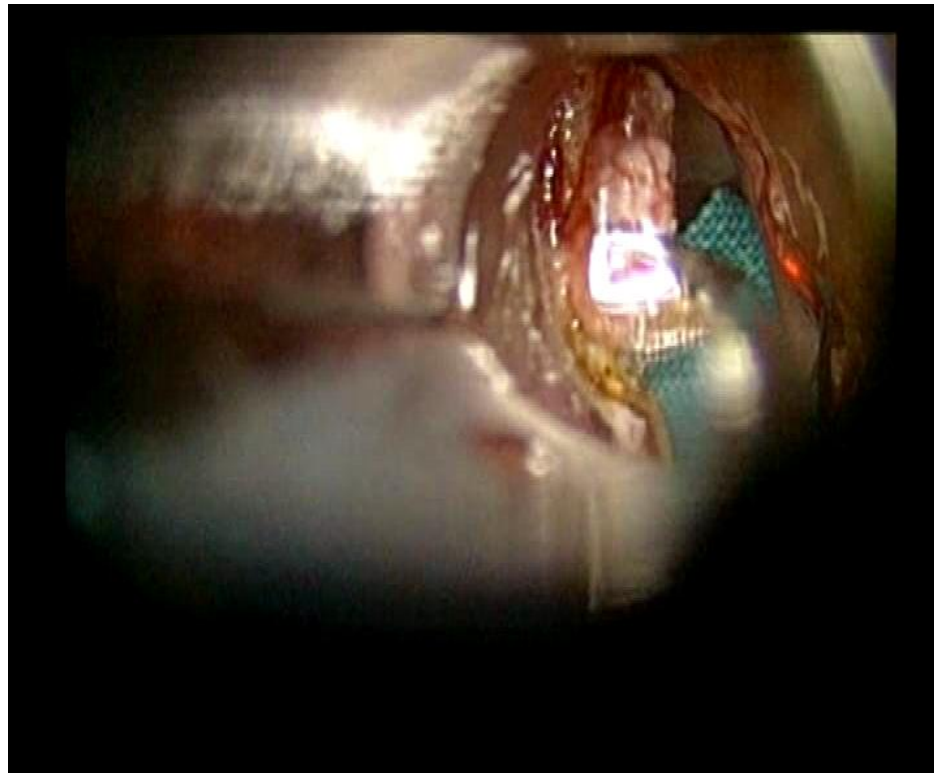
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Caso clinico

Intervento di *cordectomia laser tipo Va sinistra*



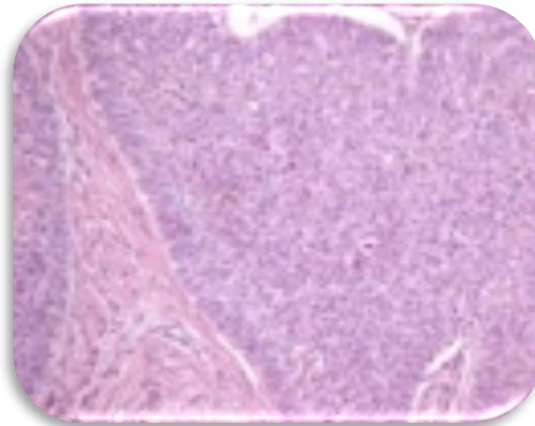
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Caso clinico



SCC
moderatamente differenziato
della laringe
(pT1aN0)



Caso clinico



RISULTATI



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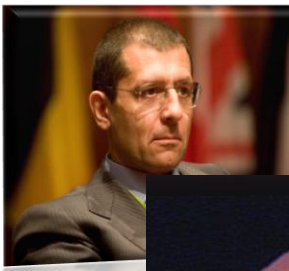
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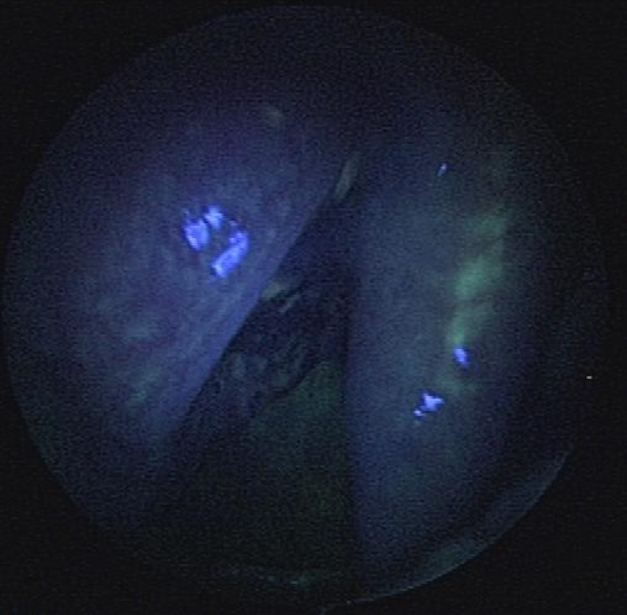
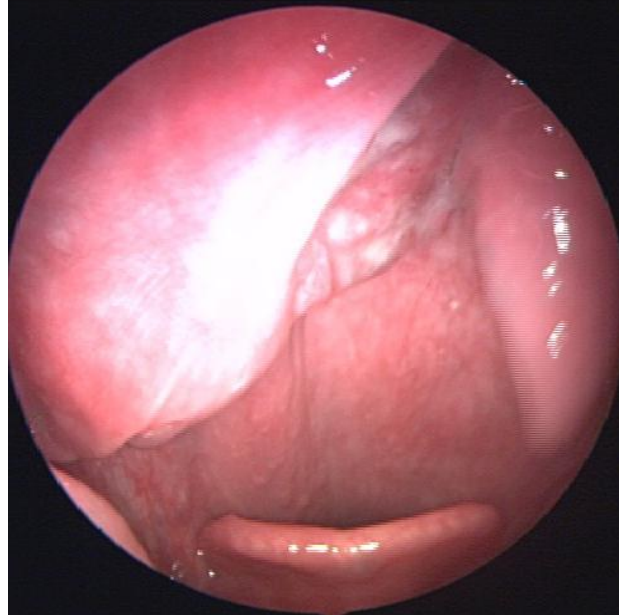
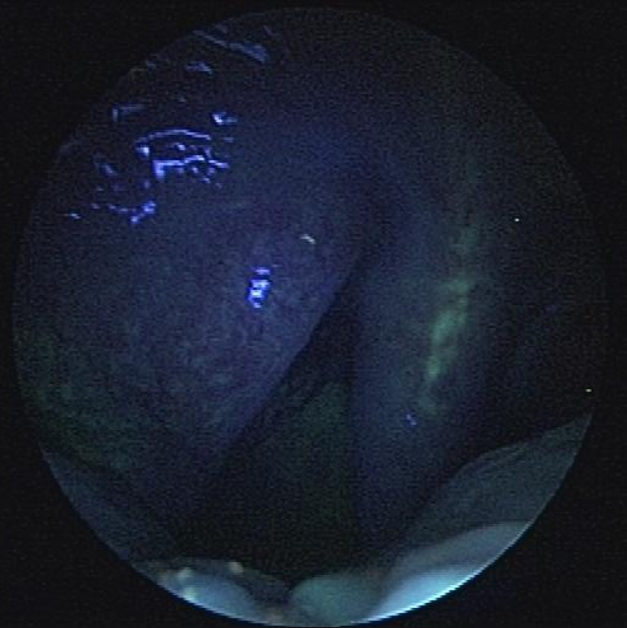
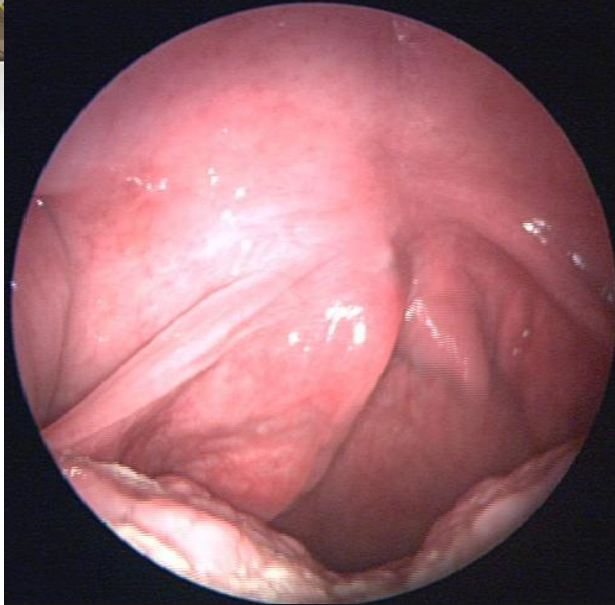


Caso clinico

- **C.S., sesso maschile, aa 73**
- **CO-MORBILITÀ:**
 - **ex-fumatore**
 - **NIDDIM**
 - **ipertensione arteriosa**
- **A.P.P:**
 - **Novembre 2011:**
 - **riscontro di lesione infiltrante interessante la loggia tonsillare dx + emipalato molle omolaterale**
 - **Staging:**
 - **MRI massiccio-facciale + collo**
 - **videopanendoscopia**
 - **PET total body**
 - **biopsia in A.L.**
- **diagnosi di SCC moderatamente differenziato dell'orofaringe (cT2N2c)**



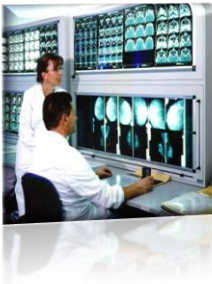
Caso clinico



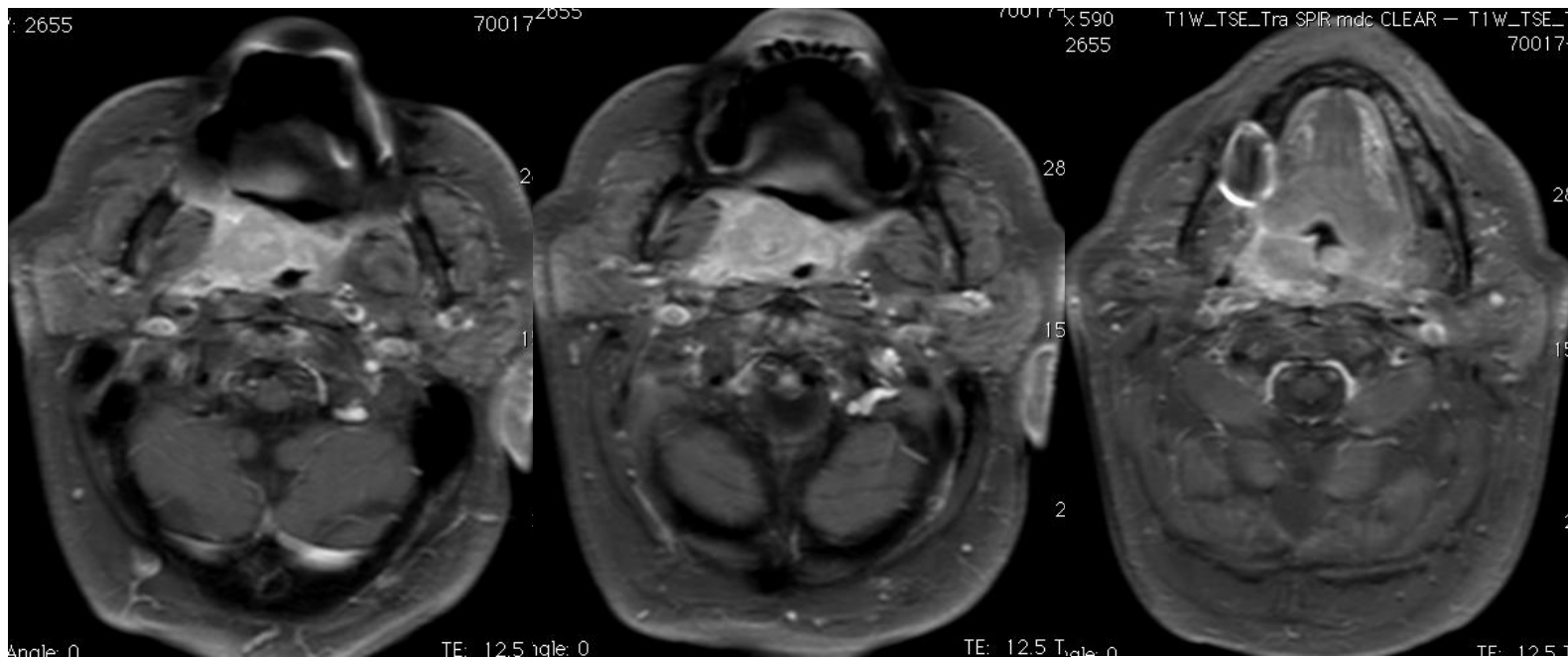
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Caso clinico



T1 with enhancement

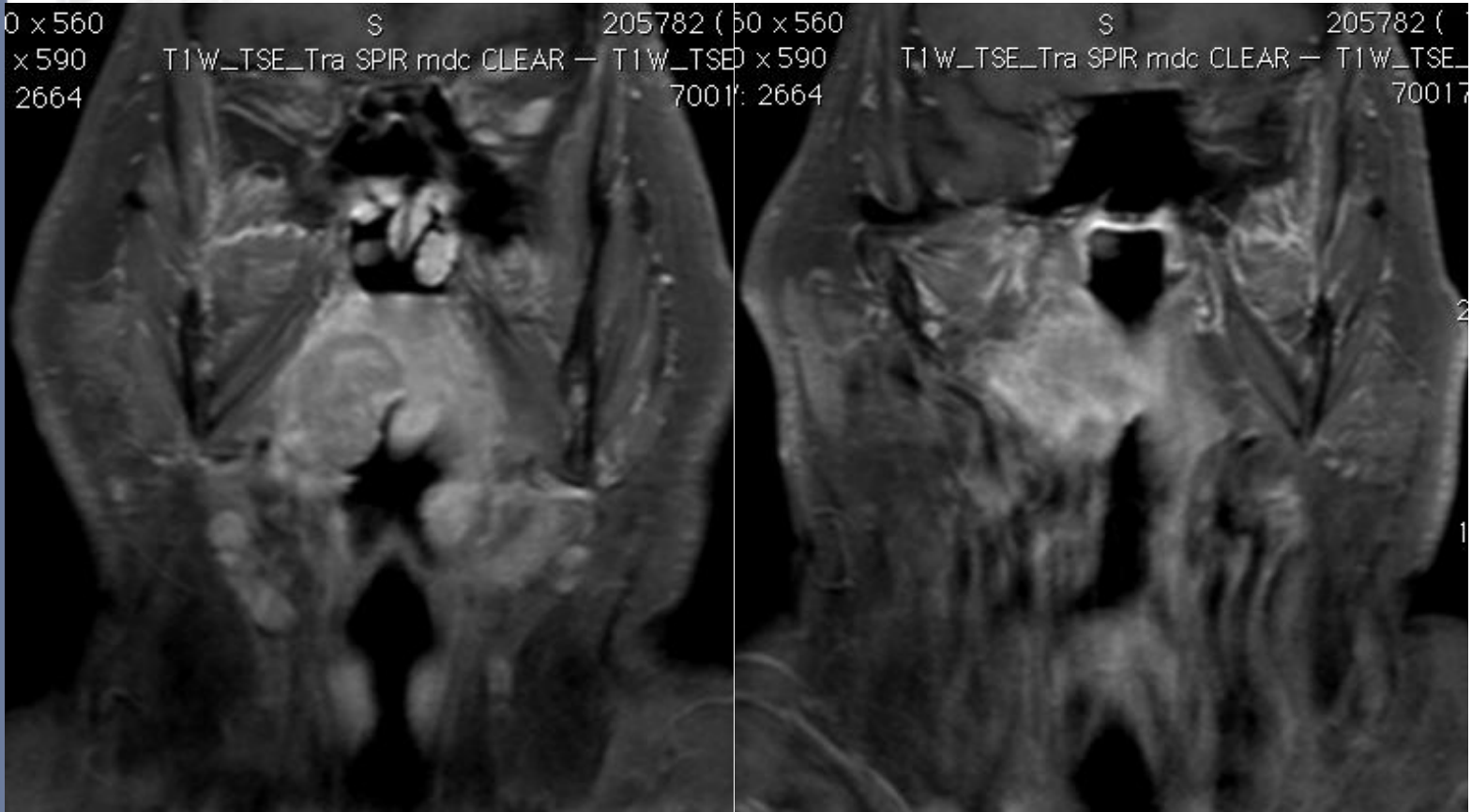
La multidisciplinarietà nei tumori del distretto cervico-cefalico

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Caso clinico



T1 with enhancement

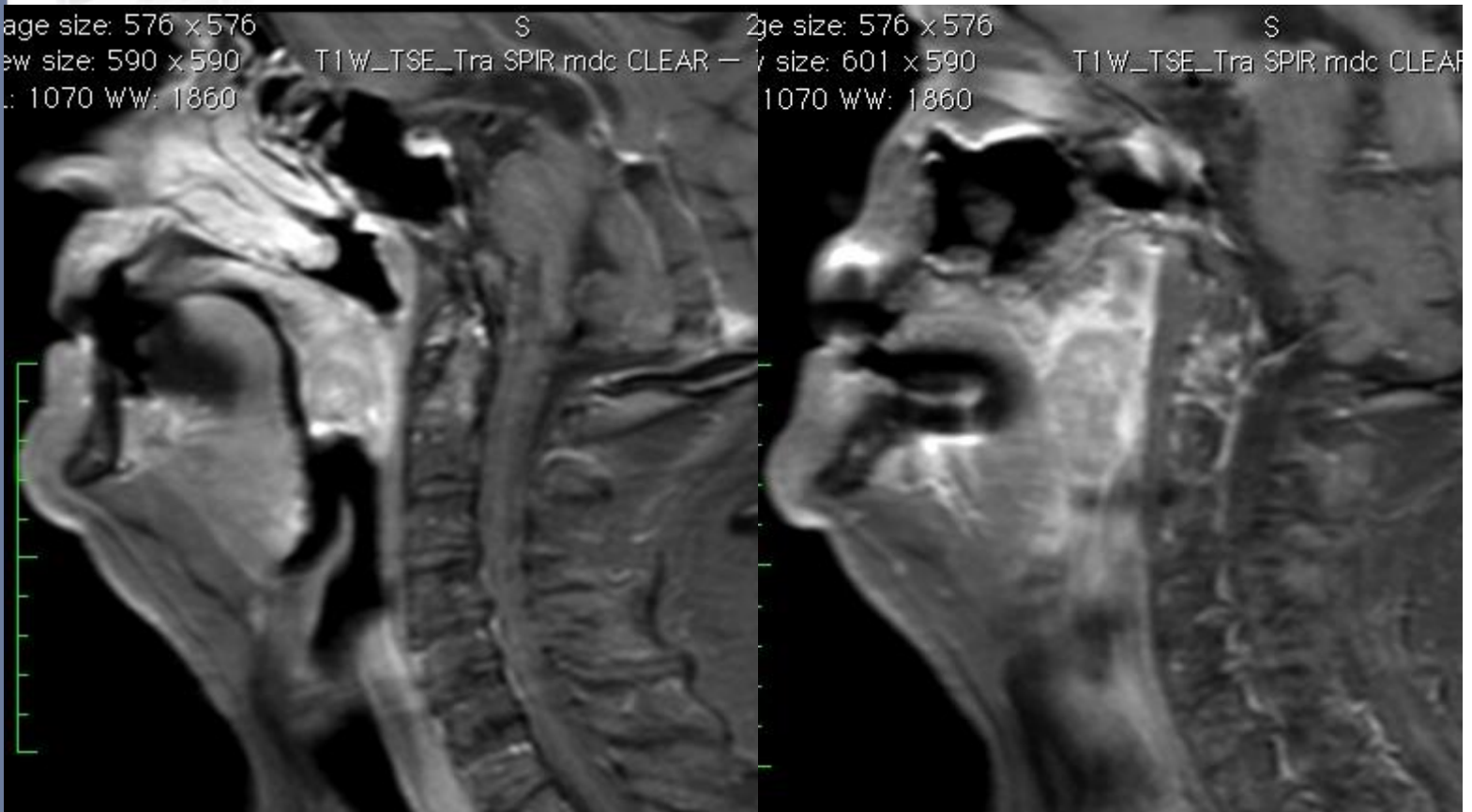
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Caso clinico



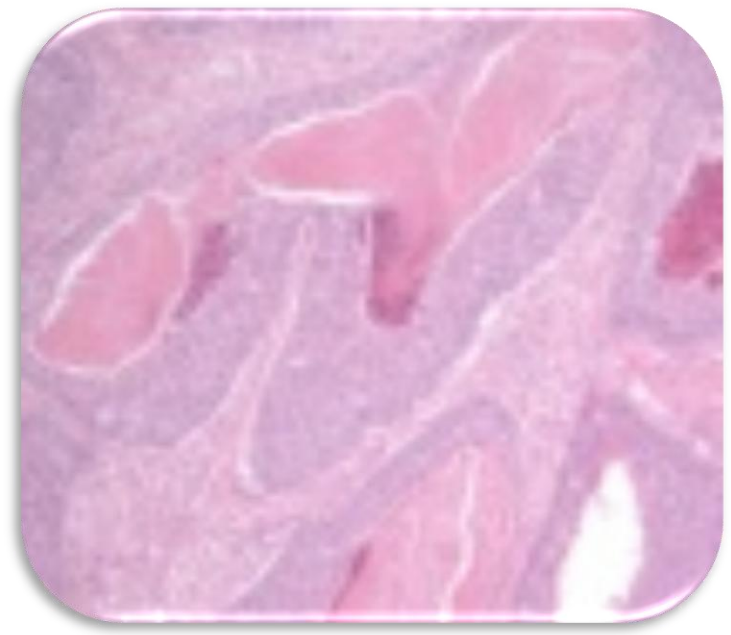
T1 with enhancement

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Caso clinico



La multidisciplinarietà
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*SCC moderatamente differenziato
della loggia tonsillare destra*

HPV-



Caso clinico



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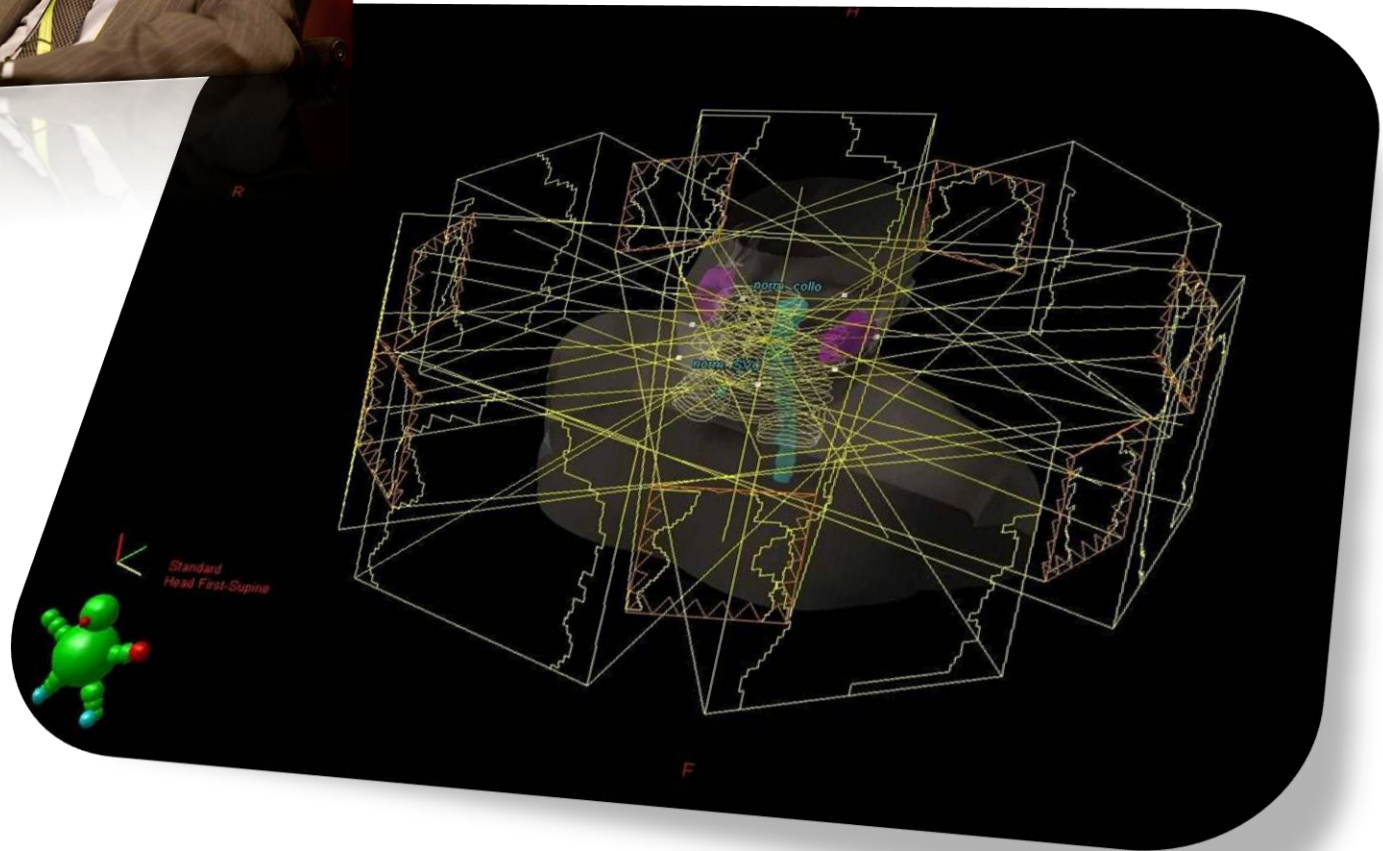


Caso clinico



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Caso clinico



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Caso clinico



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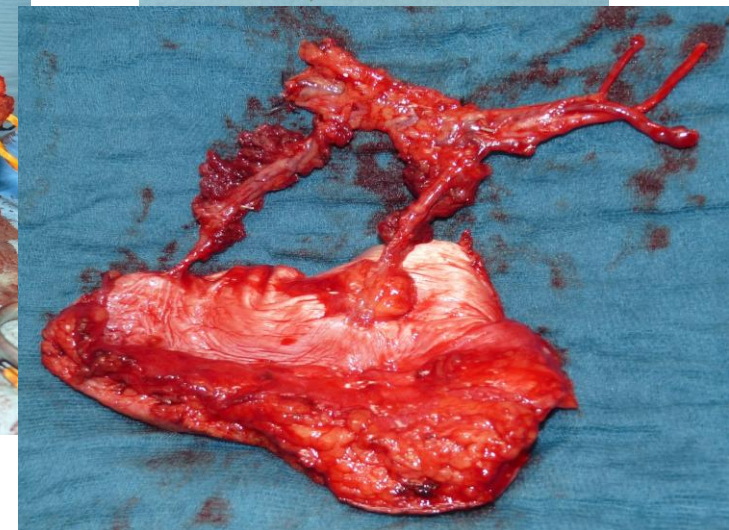


Caso clinico

**Buccofaringectomia destra per via transmandibolare conservativa
+ SND dx (I-IV livello) + SND sin (II-IV)
+ ricostruzione con ALT**

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cervico-cefalico*

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Caso clinico

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7° giorno post-op.



Caso clinico



*La multidisciplinarietà
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cervico-cefalico*

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***La multidisciplinarietà in
oncologia cervico-cefalica***



***Una realtà da gestire
con attenzione***

*La multidisciplinarietà
nei tumori
del distretto
cervico-cefalico*

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La multidisciplinarietà in oncologia cervico-cefalica



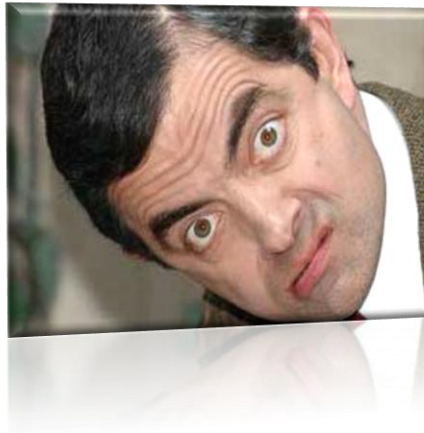
La multidisciplinarietà nei tumori del distretto cervico-cefalico

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La multidisciplinarietà in oncologia cervico-cefalica



La multidisciplinarietà nei tumori del distretto cervico-cefalico

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Anno
2012



*Le «conquiste»
della multidisciplinarietà*

La multidisciplinarietà
nei tumori
del distretto
cervico-cefalico

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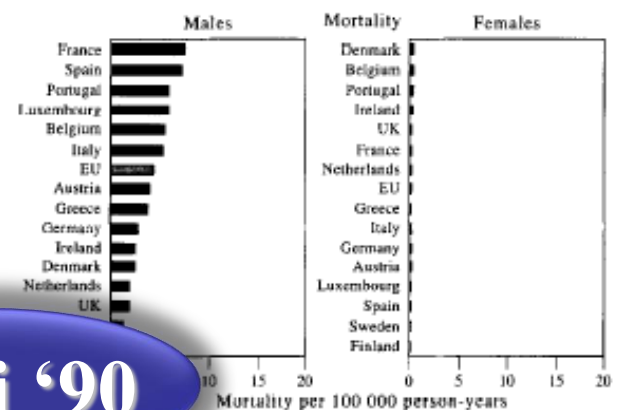
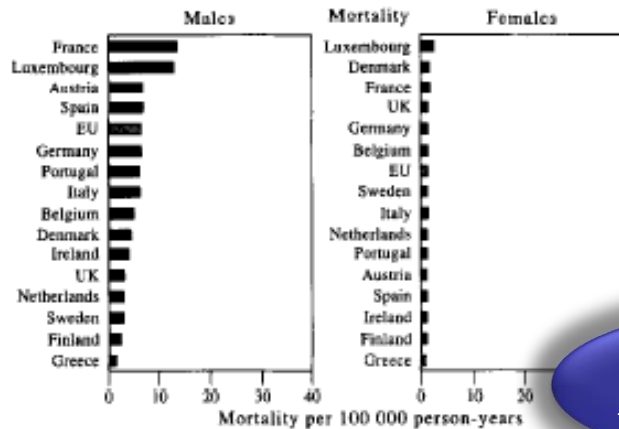
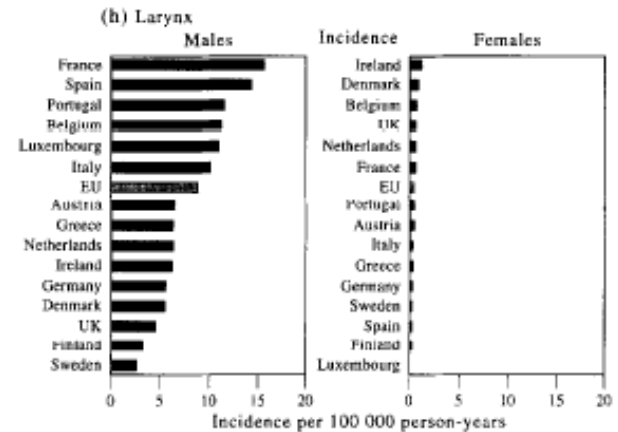
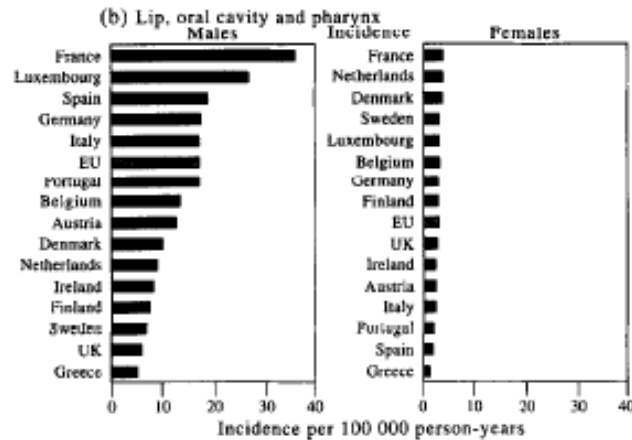




Le conquiste della multidisciplinarietà



Cancer control rate



Anni '90

La multidisciplinarietà nei tumori del distretto cervico-cefalico

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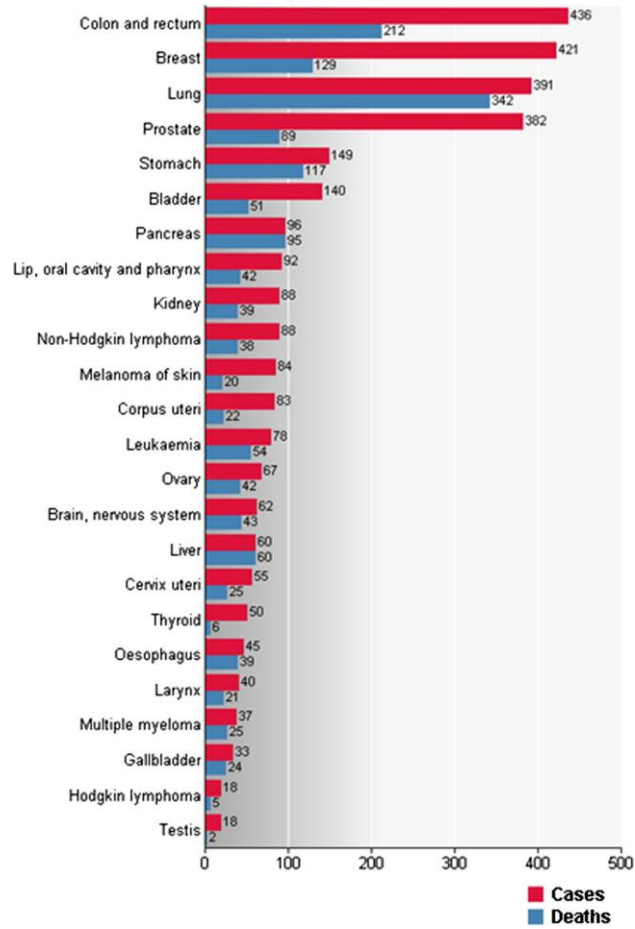


Le conquiste della multidisciplinarietà



Cancer control rate

Anno 2008



La multidisciplinarietà nei tumori del distretto cervico-cefalico

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Le conquiste della multidisciplinarietà




Guidelines

La multidisciplinarietà nei tumori del distretto cervico-cefalico

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Title	Duration (Minutes)	Expiration Date	Event/Category
NCCN Head and Neck Cancers Guidelines Update 2011 Webcast	10	6/1/2012	NCCN 16th Annual Conference
Oncology Care Today Webcast	160	2/4/2012	NCCN Oncology Case Management Program

* Please see individual task force report for more information on CME/CE credits.

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Le conquiste della multidisciplinarietà

A prospective study of the clinical impact of a multidisciplinary head and neck tumor board

Stephen A. Wheless, BS, Kibwei A. McKinney, MD, and Adam M. Zanation, MD
Department of Otolaryngology-Head & Neck Surgery, University of North Carolina Hospitals,
Chapel Hill, North Carolina, U.S.A.

RESULTS—The study population was comprised of 120 patients with new presentations of head and neck tumors - 84 malignancies and 36 benign tumors. Approximately 27% of patients had some change in tumor diagnosis, stage, or treatment plan. Change in treatment was significantly more common in cases of malignancy, occurring in 24% of patients versus 6% of benign tumors ($p = 0.0199$). Changes in treatment were also noted to be largely escalations in management ($p = 0.0084$), adding multi-modality care.

La multidisciplinarietà
nei tumori
del distretto
cervico-cefalico

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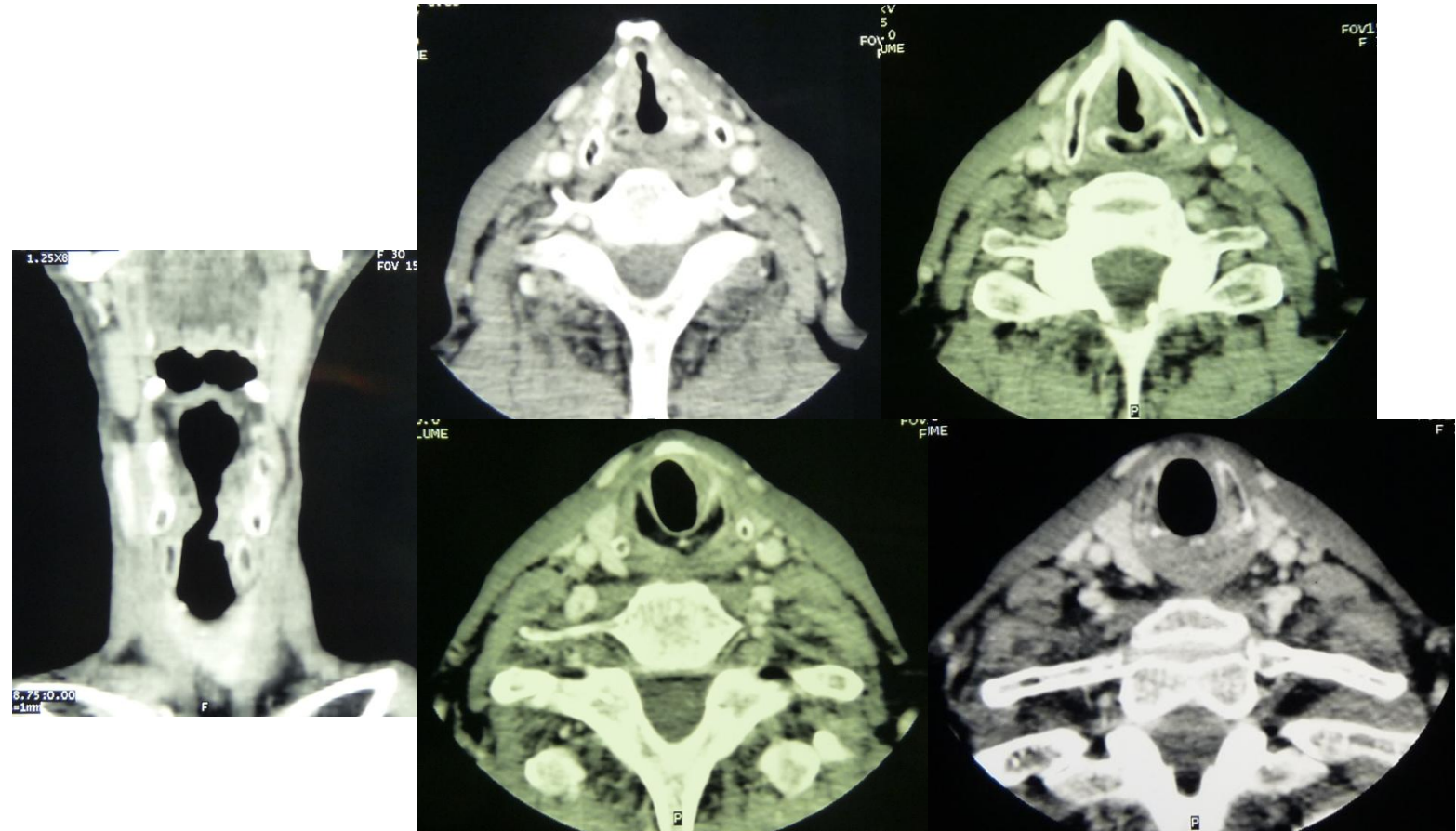
Le conquiste della multidisciplinarietà



Organ(function) sparing protocols

La multidisciplinarietà nei tumori del distretto cervico-cefalico

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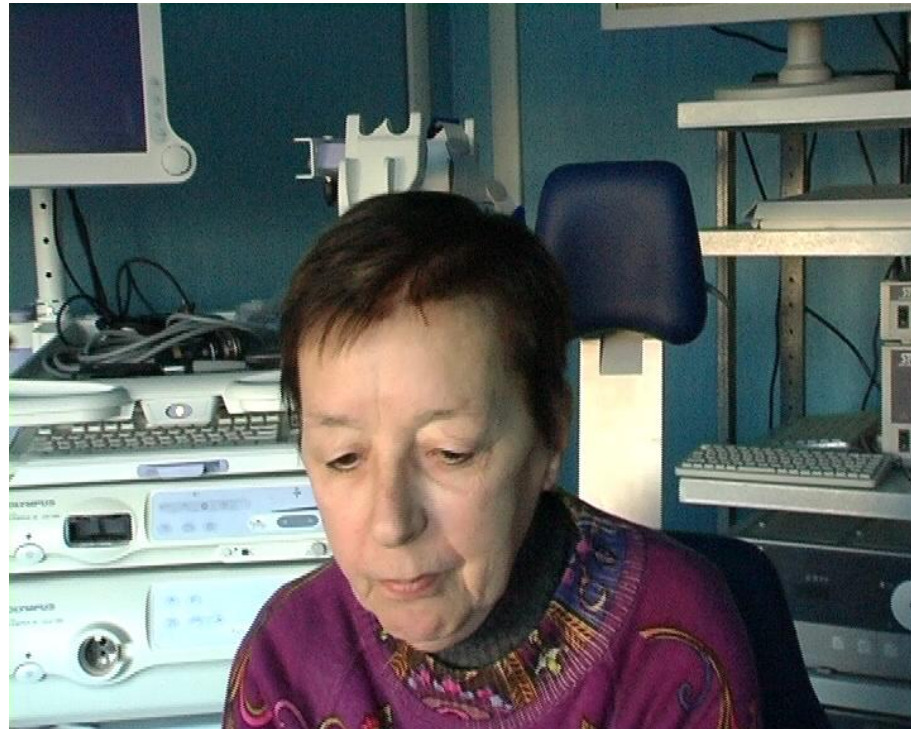




Le conquiste della multidisciplinarietà



Organ sparing protocols



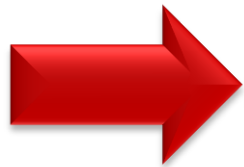
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Le conquiste della multidisciplinarietà



**Salvage
surgery**

*La multidisciplinarietà
nei tumori
del distretto
cervico-cefalico*

Giovanni SUCCO



Salvage surgery

➤ **C.B., sesso maschile, aa. 63**

➤ **CO-MORBILITÀ:**

- Forte fumatore (> 20 sigarette/die)
- Bevitore (> 1 bicchieri/pasto)
- Nulla di rilevante in anamnesi

➤ **A.P.P.:**

- Maggio 2007 → comparsa di disfonia
→ diagnosi di SCC glottico (non disponibile cTNM)
→ *RT esclusiva (70 Gy)*
- Dicembre 2008 → recidiva di malattia

Staging:

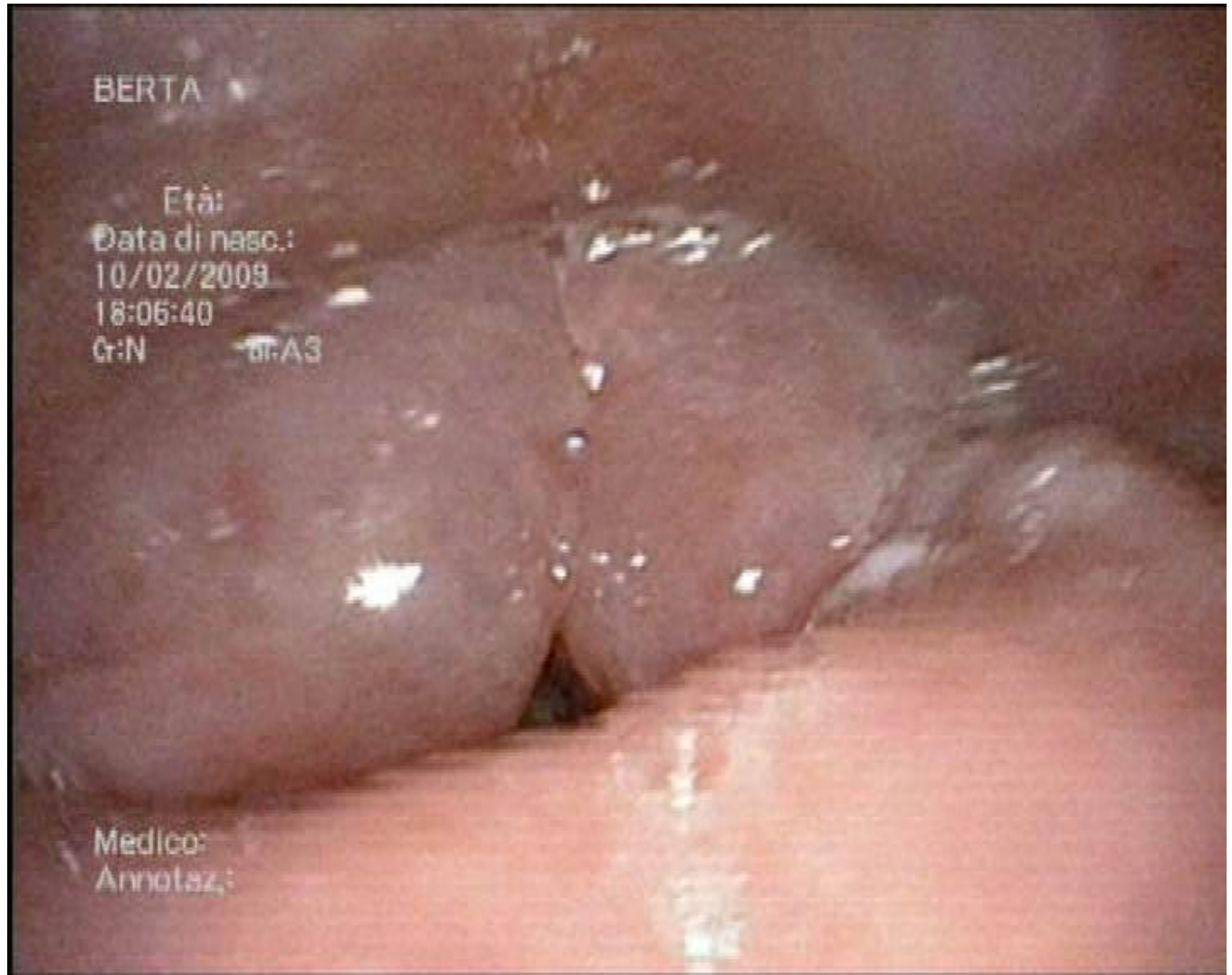
- CT scan collo + torace
- videopanendoscopia (NBI)
- ecografia addome superiore
- PET

→ diagnosi di *SCC moderatamente differenziato della laringe*
(rT4N0 glottico)





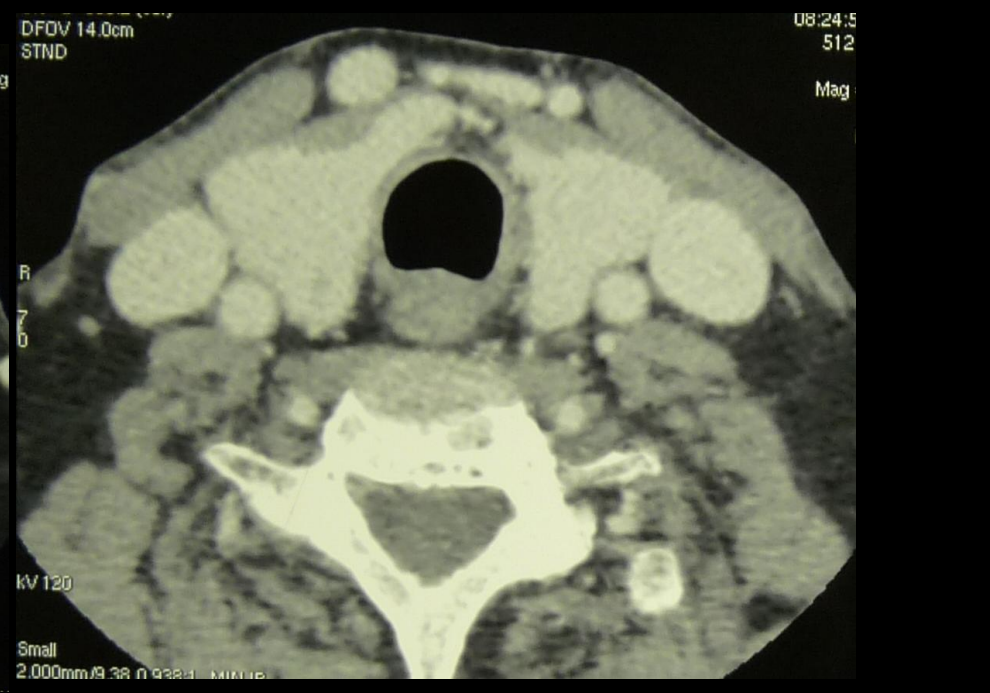
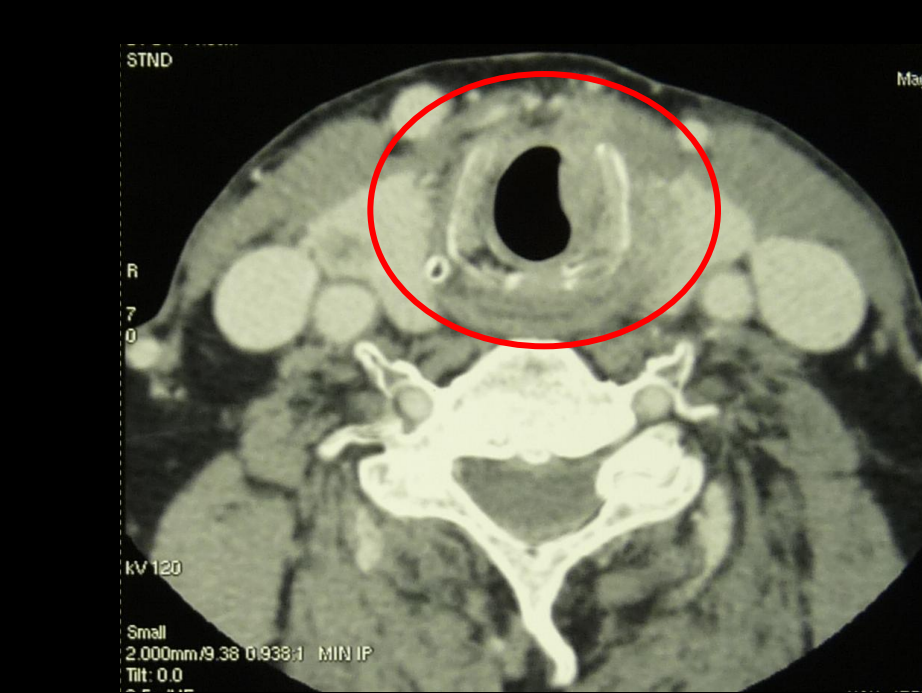
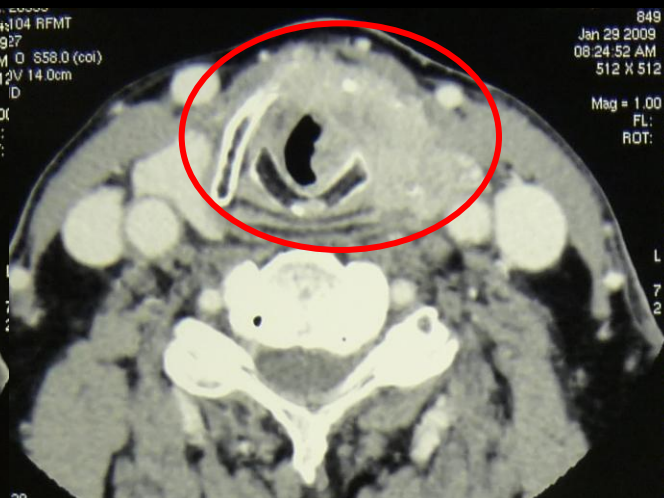
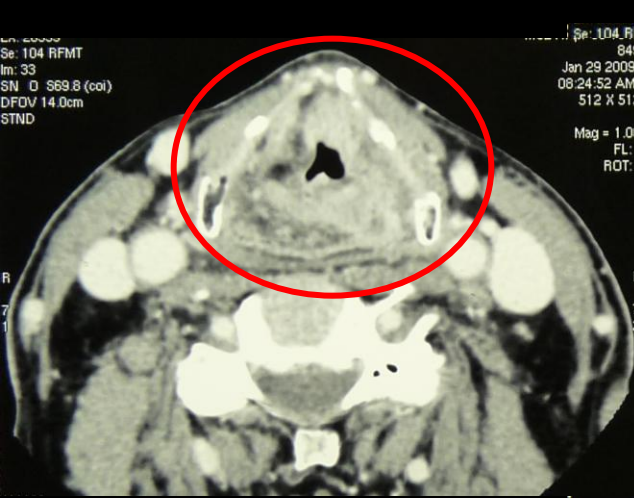
Salvage surgery



*La multidisciplinariet 
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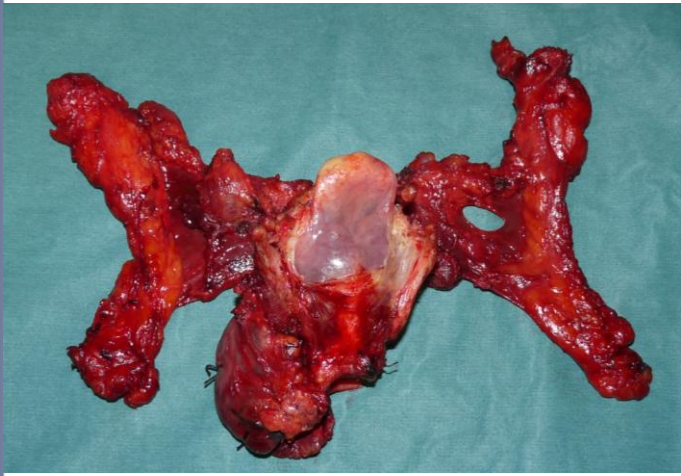
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Salvage surgery



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Le conquiste della multidisciplinarietà



Support care

*La multidisciplinarietà
nei tumori
del distretto
cervico-cefalico*

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Nursing





Le conquiste della multidisciplinarietà



Support care

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PEG / PRG





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**PAIN
CONTROL**





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**Dental
prophylaxis**





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**Speech
therapy**





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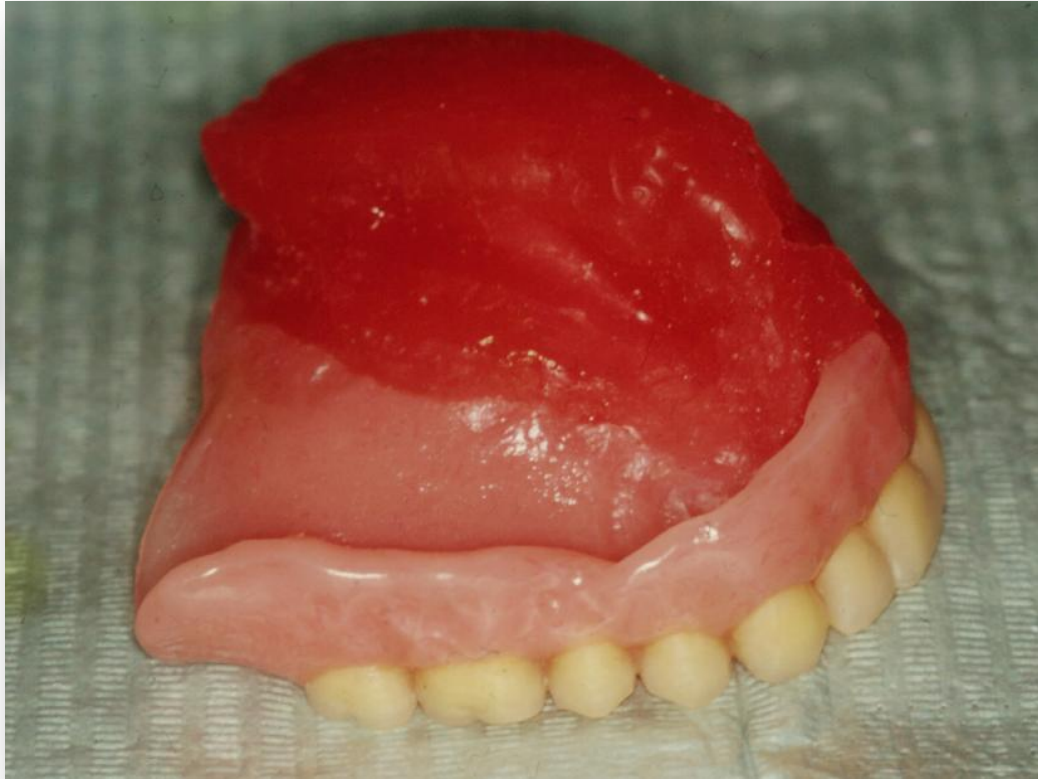


Support care

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Prosthesis





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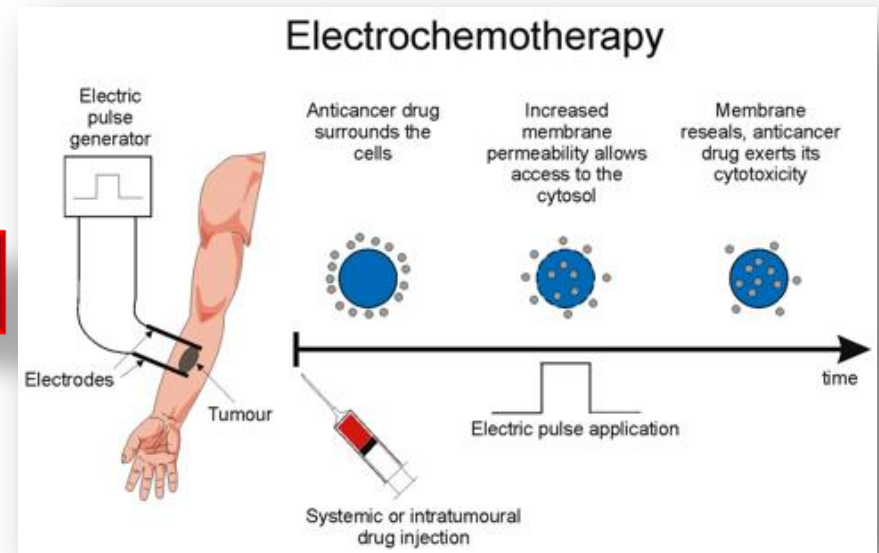


Palliative care

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Electrochemotherapy





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Palliative care

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PDT





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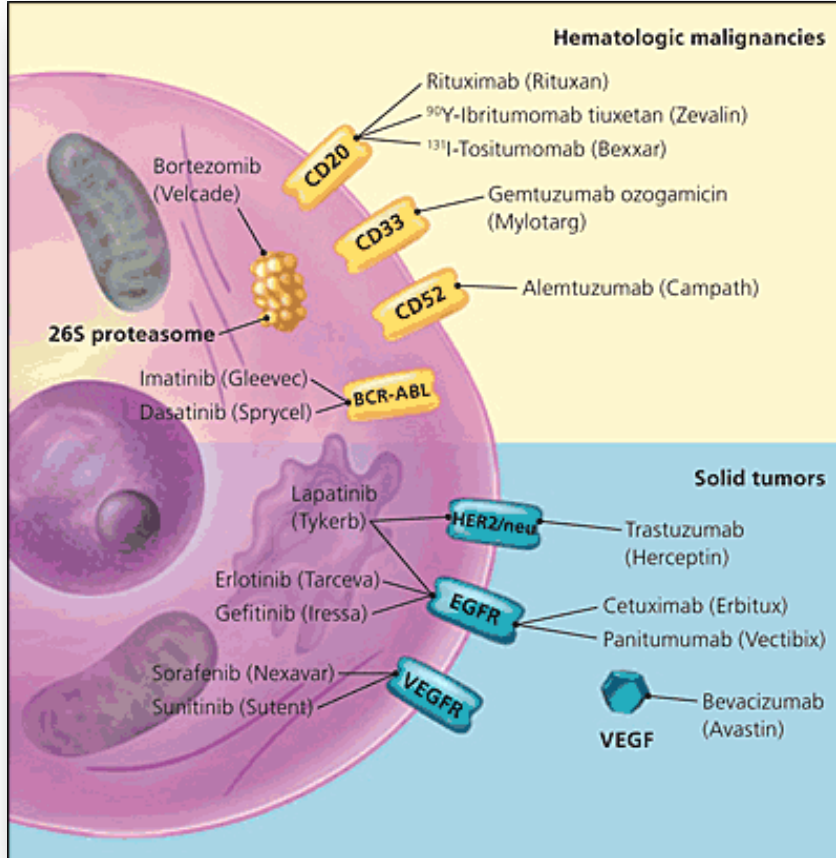


Palliative care

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Target therapy





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Management of complications



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Management of complications



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Management of complications



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Management of complications

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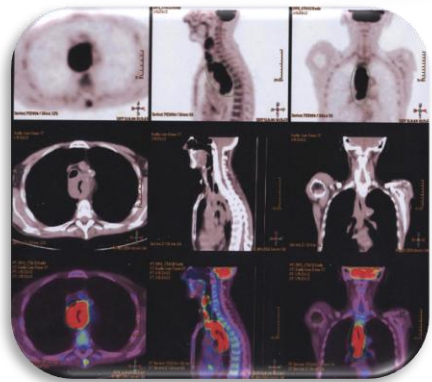
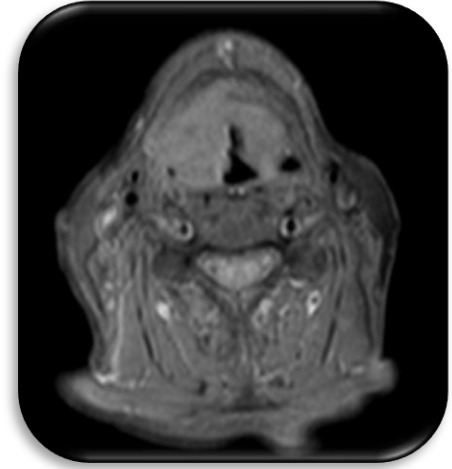




Le conquiste della multidisciplinarietà



Quality control



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Le conquiste **della multidisciplinarietà**



Legal coverage



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**Anno
2012**

***I «rischi»
della multidisciplinarietà***

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I rischi **della multidisciplinarietà**



Costs



1 h lavoro Dirigente Medico = 26,32€

**N° casi osservati/anno S.C.D.U. ORL
Ospedale S. Luigi – Martini
~ 240 / anno**

**mediamente 12 h di lavoro solo
nella fase di stadiazione /decisione terapeutica**

Totale ~ 72.000 €

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I rischi della multidisciplinarietà



Effetto «*Santa Inquisizione*»



La multidisciplinarietà nei tumori del distretto cervico-cefalico

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I rischi della multidisciplinarietà



«...Less can mean more...»

Intensity-Modulated Chemoradiotherapy Aiming to Reduce Dysphagia in Patients With Oropharyngeal Cancer: Clinical and Functional Results

Felix Y. Feng, Hyungjin M. Kim, Teresa H. Lyden, Marc J. Haxer, Francis P. Worden, Mary Feng, Jeffrey S. Moyer, Mark E. Prince, Thomas E. Carey, Gregory T. Wolf, Carol R. Bradford, Douglas B. Chepeha, and Avraham Eisbruch

A B S T R A C T

Purpose

To assess clinical and functional results of chemoradiotherapy for oropharyngeal cancer (OPC), utilizing intensity-modulated radiotherapy (IMRT) to spare the important swallowing structures to reduce post-therapy dysphagia.

Patients and Methods

This was a prospective study of weekly chemotherapy (carboplatin dosed at one times the area under the curve [AUC, AUC 1] and paclitaxel 30 mg/m²) concurrent with IMRT aiming to spare noninvolved parts of the swallowing structures: pharyngeal constrictors, glottic and supraglottic larynx, and esophagus as well as the oral cavity and major salivary glands. Swallowing was assessed by patient-reported Swallowing and Eating Domain scores, observer-rated scores, and videofluoroscopy (VF) before therapy and periodically after therapy through 2 years.

Results

Overall, 73 patients with stages III to IV OPC participated. At a median follow-up of 36 months, 3-year disease-free and locoregional recurrence-free survivals were 88% and 96%, respectively. All measures of dysphagia worsened soon after therapy; observer-rated and patient-reported scores recovered over time, but VF scores did not. At 1 year after therapy, observer-rated dysphagia was absent or minimal (scores 0 to 1) in all patients except four: one who was feeding-tube dependent and three who required soft diet. From pretherapy to 12 months post-therapy, the Swallowing and Eating Domain scores worsened on average (\pm standard deviation) by 10 ± 21 and 13 ± 19 , respectively (on scales of 0 to 100), and VF scores (on scale of 1 to 7) worsened from 2.9 ± 1.5 (mild dysphagia) to 4.1 ± 0.9 (mild/moderate dysphagia).

Conclusion

Chemoradiotherapy with IMRT aiming to reduce dysphagia can be performed safely for OPC and has high locoregional tumor control rates. On average, long-term patient-reported, observer-rated, and objective measures of swallowing were only slightly worse than pretherapy measures, representing potential improvement compared with previous studies.

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ORIGINAL ARTICLE

Surgical Wound Complications After Intensive Chemoradiotherapy for Advanced Squamous Cell Carcinoma of the Head and Neck

Justin E. Morgan, MD; Randall L. Breau, MD; James Y. Suen, MD; Ehab Y. Hanna, MD

Objective: To define the rate of complications from surgery following intensive chemoradiotherapy in patients with advanced squamous cell carcinoma of the head and neck.

Design: The medical records of 131 consecutive patients treated with a combination of chemotherapy and radiation therapy for head and neck squamous cell carcinoma from 1995 through 2002 were reviewed. Thirty-eight patients underwent 50 surgical procedures. Thirty-seven neck dissections were performed either for persistent disease, initial neck stage N2 or greater, recurrent disease, or electively as part of salvage surgery for the primary site. Thirteen salvage operations were performed for persistent or recurrent disease at the primary site.

Setting: Academic tertiary care referral center.

Patients: A total of 131 consecutive patients treated with a combination of chemotherapy and radiation therapy for head and neck squamous cell carcinoma (mean age at diagnosis, 53 years).

Main Outcome Measure: Rate of complications from surgery.

Results: Wound complications occurred in 4 (11%) of 38 patients and 5 (10%) of 50 procedures. Major wound complications occurred in 3 (8%) of 38 patients. Minor wound complications occurred in 2 patients (5%).

Conclusion: Surgery can be safely performed after intensive chemoradiotherapy.

Arch Otolaryngol Head Neck Surg. 2007;133:10-14

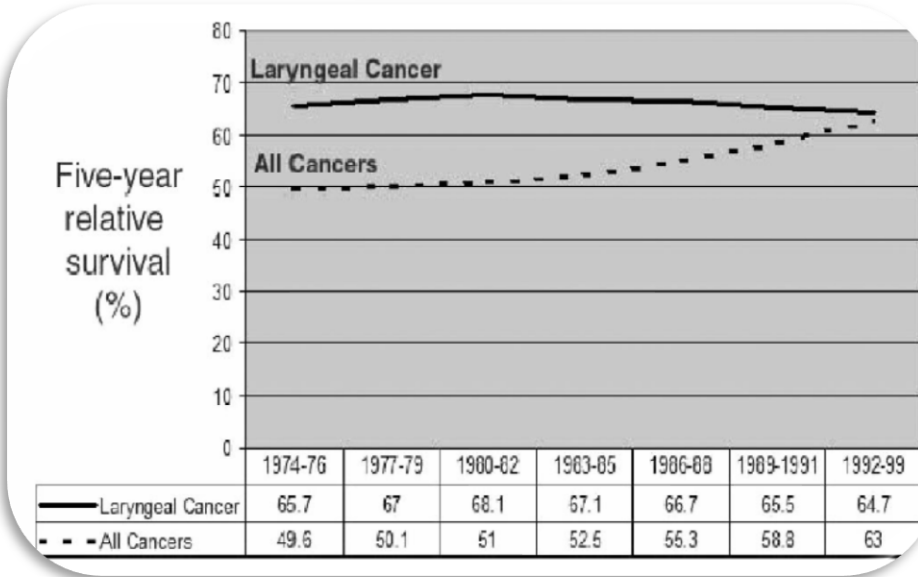




I rischi della multidisciplinarietà



«Parachute» effect



The Laryngoscope
 Lippincott Williams & Wilkins, Inc.
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 Rhinological and Otolaryngological Society, Inc.

Laryngeal Cancer in the United States: Changes in Demographics, Patterns of Care, and Survival

Henry T. Hoffman, MD, MS, FACS; Kimberly Porter, MPH; Lucy H. Karnell, PhD; Jay S. Cooper, MD;
 Randall S. Weber, MD; Corey J. Langer, MD; Kie-Kian Ang, MD, PhD; Greer Gay, PhD;
 Andrew Stewart, MA; Robert A. Robinson, MD, PhD

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La multidisciplinarietà in oncologia cervico-cefalica



Una scelta «ragionata»

La multidisciplinarietà nei tumori del distretto cervico-cefalico

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La multidisciplinarietà in oncologia cervico-cefalica

Adozione di protocolli condivisi e loro applicazione ai casi meno complessi

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Caro Collega,

il gruppo **AIRO testa collo** sta conducendo una **survey** per capire qual è il comportamento dei colleghi che operano in campo oncologico della testa collo di fronte ad una laringectomia conservativa su un caso che presenti patologicamente fattori di rischio.

Ad oggi non ci sono studi con forte evidenza in tale campo, per cui **la tua partecipazione a questa survey può aiutare a sensibilizzare la comunità scientifica** su questa problematica **ed aprire ad una riflessione multidisciplinare**.

A tal proposito ti prego di invitare a rispondere gli altri specialisti del tuo gruppo interdisciplinare:

Radioterapista, ORL, ed Oncologo. Puoi inoltrare loro questa email.

Clicca qui di seguito per accedere alla survey. Impiegherai 10 minuti in tutto.

https://www.surveymonkey.com/s/terapia_adjuvante_dopo_laringectomia

Grazie per il tuo contributo.

Data chiusura della Survey 10/2/2012

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Fausto Chiesa

Presidente AIICC

Giovanni Succo

Segretario Generale AIICC



La multidisciplinarietà in oncologia cervico-cefalica

Adeguata conoscenza del lavoro altrui



Controllo di qualità

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La multidisciplinarietà in oncologia cervico-cefalica

**Discutere solo i casi più complessi
in assenza del paziente**

**Raggiungere
il consenso**

**Un interlocutore
preferenziale**

**Discutere
con il paziente
ed i familiari**

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*La multidisciplinarietà in
oncologia cervico-cefalica*

**Analizzare
le *complicanze*
e gli *insuccessi***

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La multidisciplinarietà in oncologia cervico-cefalica

Informare *onestamente* il paziente circa le possibilità alternative o reperibili altrove

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**Partecipare a
*studi clinici controllati***

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Grazie