



***Due differenti modalità di trattamento in pazienti con  
Tumore avanzato della Laringe Sovraglottica:  
studio retrospettivo mono-istituzionale***

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Review

A systematic review of current and emerging approaches in the field of larynx preservation

Nerina Denaro<sup>a,\*</sup>, Elvio Grazioso Russi<sup>b</sup>, Jean Louis Lefebvre<sup>c</sup>, Marco Carlo Merlano<sup>a</sup>

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**Table 1**  
Phase II–III randomized clinical trials on larynx preservation.

Author (year)	N. pts	Site	Stage	Treatment	LP	P	OS
VALCSG [5]	332	Larynx	Stage III–IV	PF → RT vs. S → RT	64%	NA	68% at 2 y 68% at 2 y
EORTC 24891 [7]	202	Hypo pharynx	Stage II–IV	PF → RT vs. S → RT	22% at 5 y	NA	38% at 5 y; 13.1% at 10 y PFS at 10 y = 10.8% 33% at 5 y 13.8% at 10 y PFS at 10 y = 8.5%
GETTEC [14]	68	Larynx	Stage II–IV	PF → RT vs. S →	42% (median 8 y)	NA	69% at 2 y 84% at 2 y P = 0.006
RTOG 91-11 [8]	547	Larynx	Stage III and IV	PF vs. CR	71% at 5 y; 67.5% at 10 y	0.005	59% at 5 y 39% at 10 y
				RT	84% at 5 y; 82% at 10 y	<0.001	55% at 5 y 27.5% at 10 y
				PF vs. TP	66% at 5 y 64% at 10 y		54% at 5 y 31.5% at 10 y
GORTEC 2000-01 [13]	213	Larynx Hypo pharynx	Stage III and IV	PF vs. TP	57% at 3 y 70% at 3 y	0.03	60% at 3 y 60% at 3 y
EORTC 24954-22950 [50]	450	Larynx Hypo pharynx	Stage III and IV	PF → RT vs. aPF – RT for 6 weeks	48% at 5 y 52% at 5 y	0.12	53% at 5 y 60% at 5 y
Posner [15]	166	Larynx Hypo pharynx	Stage III/IV (74% resectable)	PF → CRT vs. TPF → CRT	32% LFS a 3 y 52% LFS a 3 y	0.07	40% at 3 y 57% at 3 y
TREMPLEIN [17]	153	Larynx Hypo pharynx	Stage III–IV	TPF → CRT vs. TPF → Cet + RT	93% a 3 months 96% in 3 months	NS	85% at 1.5 y 86% at 1.5 y
Prades [51]	71	Pyriiform sinus cancer	Stage III–IV	PF + 2 q 21 → S or RT vs. P-RT	68% for IC At 2 y 92% for CRT at 2 y	0.016	DFS 36% at 2 y DFS 41% at 2 y

Abbreviations: Y = Year; LP = larynx preservation; OS = overall survival; S = surgery; P = platinum 5FU = fluorouracil; PF = platinum-5FU; T = Taxotere; m = months; LFS = laryngectomy free survival; CRT = chemoradiation; aPF – RT = alternating Platinum-Fluorouracil and RT; Cet = Cetuximab; IC = induction chemotherapy; DFS = disease free survival; NA not applicable; NS = not significative.

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5-ys OS: 50%

“...IC followed by RT has been shown to allow laryngeal preservation in about two-thirds of pts with locally advanced laryngeal or hypopharyngeal cancer without compromising survival. IC is regarded as the landmark treatment of non-surgical larynx preservation approaches. Concomitant and alternating chemoradiotherapy treatments are also acceptable in larynx preservation”.

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## Obiettivo

Valutare l'**OUTCOME**  
in pz con Ca squamoso localmente  
avanzato  
della **Laringe Sovraglottica**  
trattati con  
**Radiochemioterapia o Chirurgia**

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***STUDIO RETROSPETTIVO***  
***2005-2013***

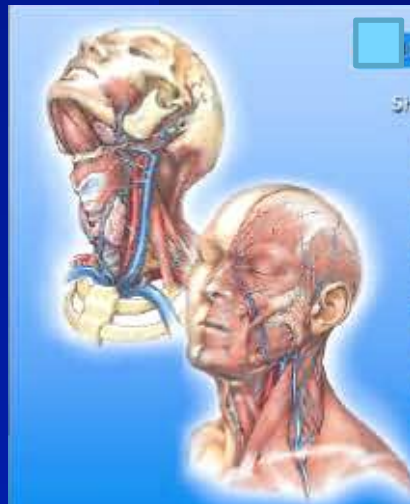
***Criteria di selezione:***

- Pz con ca squamoso laringe sovrageglottica (cT3-4N0-2cM0) ECOG 0***
- No precedente trattamenti per HNC***
- No secondi tumori primitivi***

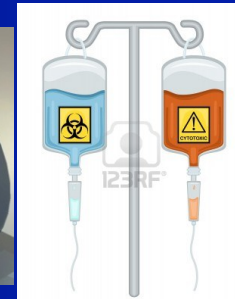
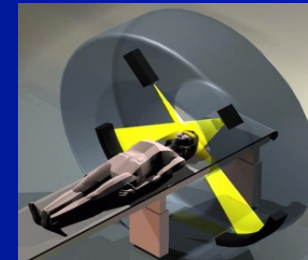
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**STUDIO RETROSPETTIVO**  
2005-2013



**78 PZ**



**29**

**CHIRURGIA**

**46**

**RTCT**

**3**

**RT**

# MATERIALI E METODI: CHIRURGIA



29 PAZIENTI

26PZ:  
LARINGECTOMIA  
TOTALE

2 PZ:  
LARINGECTOMIA  
SOPRAGLOTTICA ORIZZONTALE  
ENDOSCOPICA

1 PZ:  
CRICOIOIDOPESSIA

RT  
POSTOP

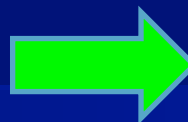


Elective-Selective Neck Dissection → se cN0  
Modified Radical Neck Dissection  
→ se cN+ o persistenza di N+ dopo RTCT

# MATERIALI E METODI: RADIOCHEMIOTERAPIA

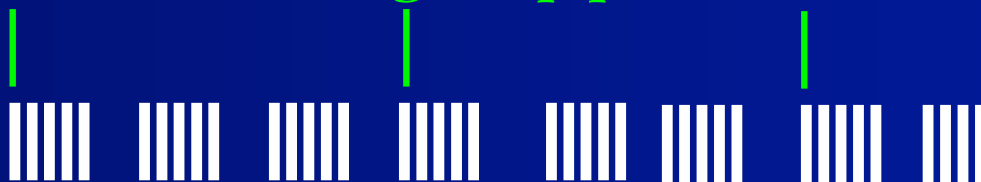


46 PAZIENTI



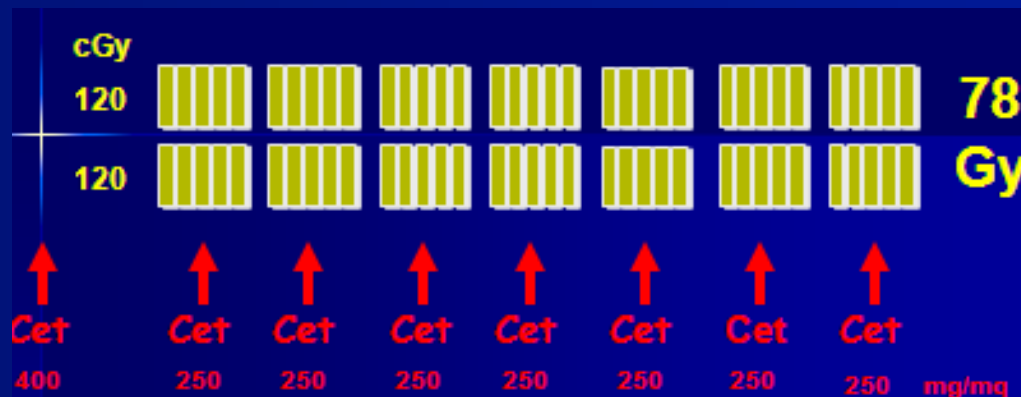
RTCT

CDDP 100 Mg/Mq q21



Radioterapia: 70.2 Gy  
(180 cGy)

Chemioterapia:  
CDDP 100 mg/mq q21

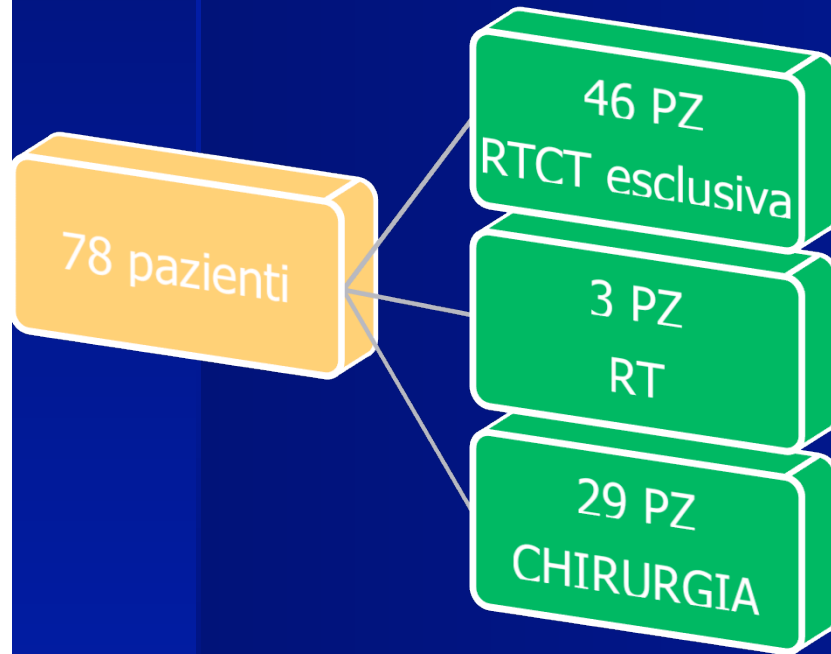


Radioterapia: 78 Gy  
(120 cGy x 2 vv/die)

Chemioterapia:  
CTX (Test 20 mg, Carico 400 mg/mq, Sett. 250 mg/mq)



# RISULTATI



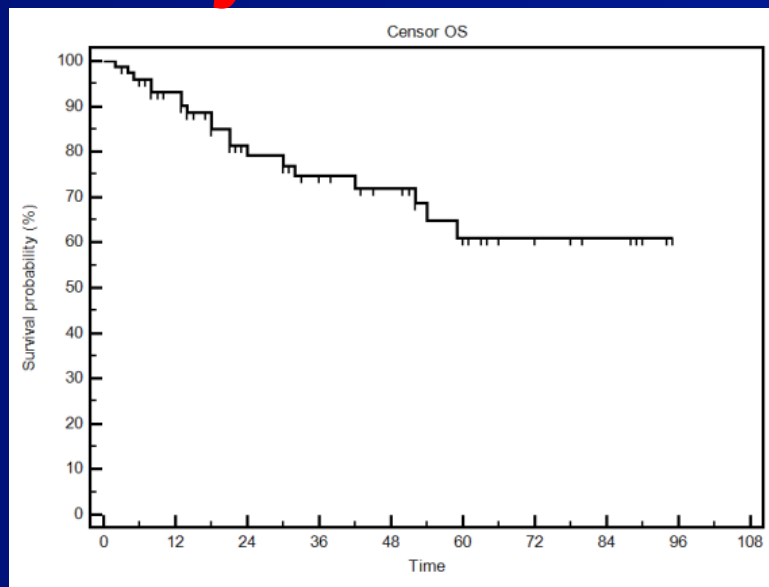
CARATTERISTICHE	Radiotherapy (n=49)	Surgery (n=29)
<b>Età</b>		
<b>Mediana</b>	<b>65</b>	<b>69</b>
<b>Range</b>	<b>(41-85)</b>	<b>(46-48)</b>
<b>Sesso</b>		
<b>M</b>	<b>44</b>	<b>25</b>
<b>F</b>	<b>5</b>	<b>4</b>
<b>ECOG</b>	<b>0-2</b>	<b>0-2</b>
<b>AJCC</b>		
<b>III</b>	<b>20</b>	<b>9</b>
<b>IV</b>	<b>29</b>	<b>20</b>
<b>Locally advanced (cT4 N0-1)</b>	<b>10</b>	<b>13</b>
<b>cT</b>		
<b>2</b>	<b>12</b>	<b>1</b>
<b>3</b>	<b>23</b>	<b>13</b>
<b>4</b>	<b>14</b>	<b>15</b>
<b>cN</b>		
<b>0</b>	<b>22</b>	<b>16</b>
<b>1</b>	<b>8</b>	<b>2</b>
<b>2a</b>	<b>1</b>	<b>0</b>
<b>2b</b>	<b>9</b>	<b>4</b>
<b>2c</b>	<b>9</b>	<b>7</b>
<b>3</b>	<b>1</b>	<b>0</b>

# RISULTATI

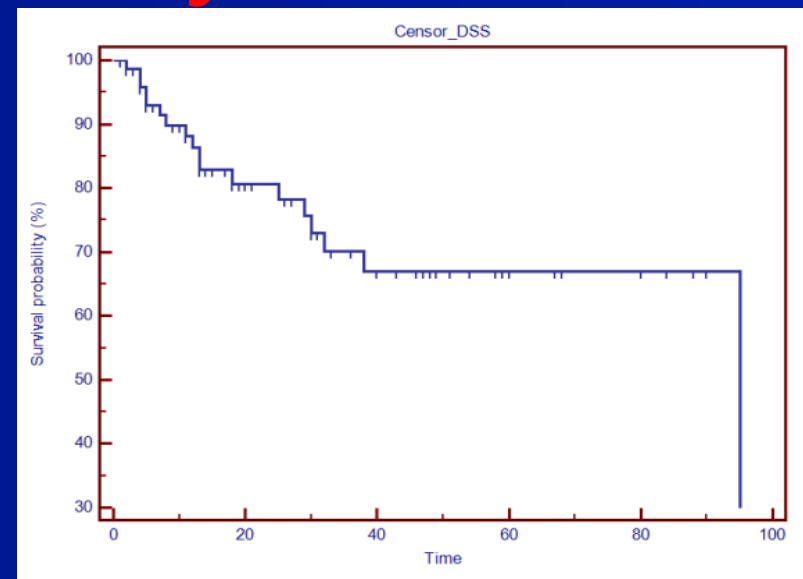


**FUP Mediano: 38 mesi**

**2ys OS: 72%**



**2ys DSS: 67%**



# ***RISULTATI***



ALL' ANALISI UNI-MULTIVARIATA:  
No impatto sulla prognosi di parametri  
clinici (T-N-ETA' -SESSO)

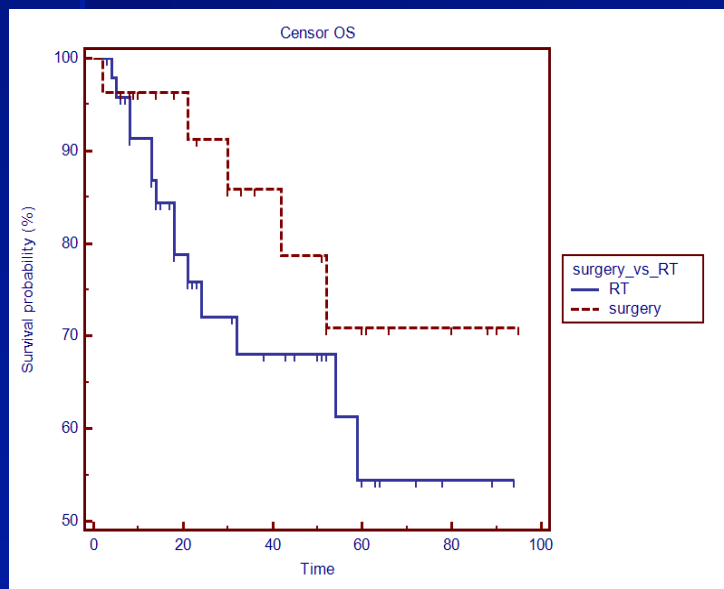
cN2-3 <<<cT4 N0-1



# RISULTATI

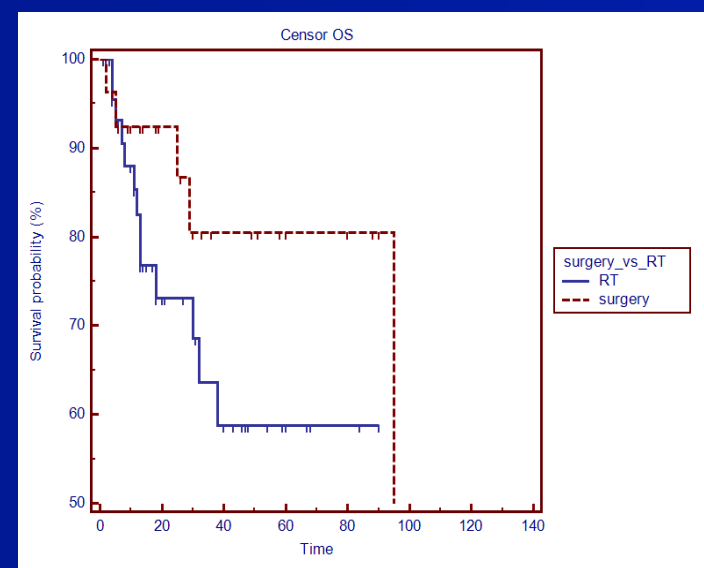
## RT VS CH

OS



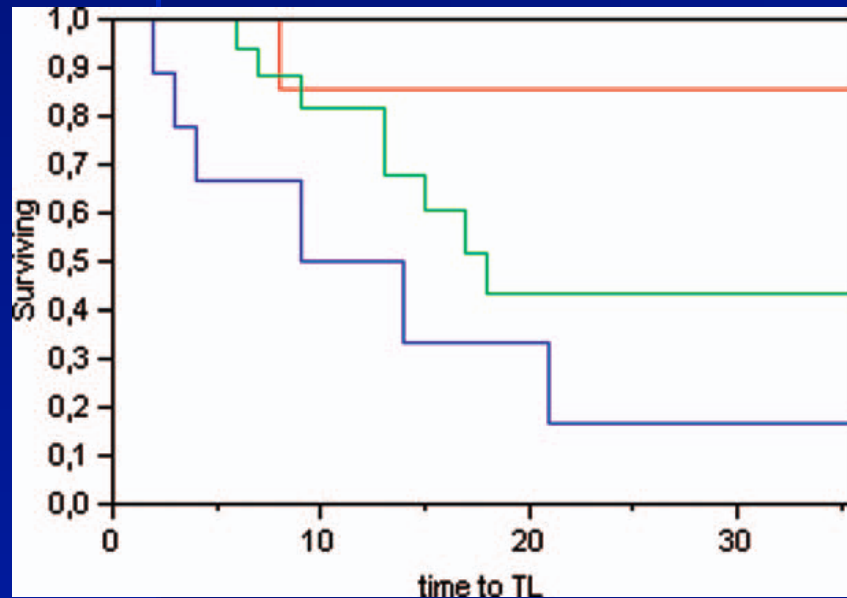
$p=0.2$

DSS



$p=0.14$

# RISULTATI



*2ys Preservazione d'organo:*

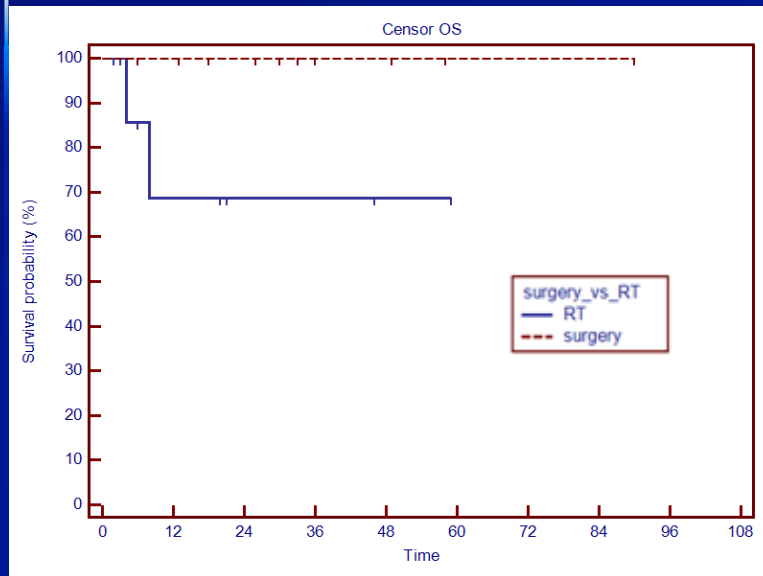
**cT2: 86%**

**cT3: 43%**

**cT4: 17%**

**P=0.03**

# RISULTATI



*DSS in cT4*  
2ys: 100% vs 60%

$P=0.04$

*Escludendo i cT4: N+ → RTCT >>> OS p=NS*  
*cT3 N0 → CH >>> OS p=NS*

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## Conclusioni

- ❑ Lo studio conferma l'indicazione chirurgica per i cT4
- ❑ Per i **T<4** la RTCT ha gli stessi tassi di SVV della CH → **PRESERVAZIONE D'ORGANO**