مقالات
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Aims

The frequency of lymph node metastasis (LNM) is higher in cutaneous squamous cell carcinoma (cSCC) of the ear than in other head and neck cSCCs. Nodal dissemination is associated with a significantly worse prognosis and disease-specific survival. The aim of this study was to establish a prediction model for LNM in patients with cSCC of the ear.

Materials and methods

Tumour characteristics of 353 patients with ear cSCC were analysed to assess differences between those with and without LNM and to calculate a prediction score for LNM occurrence.

Results

Regional LNM occurred in 10.5% of patients. Five-year disease-specific survival was significantly lower in the LNM group than in the control group (59% vs. 99%; p < 0.001). Recurrence number, invasion of cartilage, tumour depth, and tumour grading were the most important predictors for LNM, with correct prediction of LNM in 94.0% of cases. Our prediction score stratified patients into high and low risk groups (p < 0.001) with a
sensitivity of 89.2%, a specificity of 94.6%, and an overall accuracy of 94.1%.

Conclusion

Our new prediction model was able to accurately identify patients at high risk of LNM who may benefit from elective lymph node surgery.

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2. Postoperative management in laryngeal cancer with subglottic extension and histologically negative nodes: Which patients need adjuvant radiotherapy?

We conducted a study of 19 patients who had laryngeal cancer with subglottic extension (LCSE) and pathologically negative lymph nodes (pN0) following total laryngectomy and neck dissection (TLND). These patients had undergone surgery during a 17-year period from 1986 through 2002. Of this group, 9 did not receive postoperative radiotherapy (non-RT group) and 10 did (RT group). Adjuvant irradiation had been administered to those with additional histopathologic risk factors for recurrence. We found that recurrence rates in the neck were 44% in the non-RT group and 11% in the RT group (1 of 9 evaluable patients), and the corresponding 5-year disease-free survival rates were 51 and 89%. While both of these differences were clinically significant, neither was statistically significant (p = 0.29 and p = 0.14, respectively). The presence of LCSE was not known prior to or during TLND in 4 non-RT patients and in 7 RT patients; their corresponding neck recurrence rates were 50 and 0%. Two of 8 patients (25%) whose ipsilateral lobe of the thyroid gland was not removed experienced a stomal recurrence. We conclude that three factors can be used to identify patients with pN0 LCSE who may be candidates for adjuvant postoperative radiotherapy: (1) a failure to remove the ipsilateral thyroid gland lobe during TLND, (2) a failure to examine the level VI lymph node for metastatic disease status, and (3) unfavorable histopathologic findings.

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Objectives: (1) Measure axial and coronal parapharyngeal space area (PPSA) and parapharyngeal mucosal thickness (PMT) in patients who present with cancer of unknown primary (CUP). (2) Determine if PPSA and PMT differences between affected and unaffected sides of the oropharynx were found based on site of primary (tonsil vs base of tongue [BOT]) or body mass index (BMI).

Methods: Institutional review board–approved retrospective chart and preoperative computed tomography (CT) review of consecutive patients presenting between 2007-2013 with CUP to a tertiary university hospital. Subjects did not have an identified primary on clinical or imaging examinations including positron emission tomography/CT but did have an identified primary after surgery. Two blinded radiologists reviewed CT scans. Measurements of PPSA and PMT at defined levels in the axial and coronal planes and prediction of the primary site were made. Independent variables were primary tumor site and BMI. Comparisons were made using Student t test.

Results: There was no significant difference in PPSA or PMT between the affected and unaffected sides of the oropharynx for the entire group (n = 17, \( \Delta \)PPSA axial 0 mm2, \( P = .5 \); \( \Delta \)PPSA coronal 16 mm2, \( P = .2 \); \( \Delta \)PMT 0.3 mm, \( P = .2 \)) or for subgroups based on primary site (tonsil vs BOT) or BMI (\( \leq 25 \), >25). Blinded examiners correctly predicted the primary site in 7/17 (41%) of cases.

Conclusions: Differences in axial PPSA and PMT were not useful to predict the primary site in patients with CUP. Although not statistically significant, coronal PPSA in subjects with BMI >25 may be useful in identifying the primary tumor site.
A prospective 1-year follow-up study in ear, nose, and throat (ENT) cancer patients was carried out one year after radiotherapy to assess the effect of varying consumption of ω3 fatty acid according to whether they consumed more or less than the 50th percentile of ω3 fatty acids. Clinical, analytical, inflammatory (CRP and IL-6), and oxidative variables (TAC, GPx, GST, and SOD) were evaluated. The study comprised 31 patients (87.1% men), with a mean age of 61.3 ± 9.1 years. Hematological variables showed significant differences in the patients with a lower consumption of ω3 fatty acids. A lower mortality and longer survival were found in the group with ω3 fatty acid consumption ≥50th percentile but the differences were not significant. No significant difference was reached in toxicity, inflammation, and oxidative stress markers. The group with ω3 fatty acid consumption <50th percentile significantly experienced more hematological and immune changes.
Importance Human papillomavirus type 16 (HPV-16) is a major causative factor in oropharyngeal squamous cell carcinoma (OPSCC). The detection of primary OPSCC is often delayed owing to the challenging anatomy of the oropharynx.

Objective To investigate the feasibility of HPV-16 DNA detection in pretreatment and posttreatment plasma and saliva and its potential role as a marker of prognosis.

Design, Setting, and Participants This is a retrospective analysis of a prospectively collected cohort. Among a cohort of patients with oropharyngeal and unknown primary squamous cell carcinoma with known HPV-16 tumor status from the Johns Hopkins Medical Institutions and Greater Baltimore Medical Center (from 1999 through 2010), 93 patients were identified with a complete set of pretreatment and posttreatment plasma or saliva samples, of which 81 patients had HPV-16–positive tumors and 12 patients had HPV-16–negative tumors. Real-time quantitative polymerase chain reaction was used to detect HPV-16 E6 and E7 DNA in saliva and plasma samples.

Main Outcomes and Measures Main outcomes included sensitivity, specificity, negative predictive value of combined saliva and plasma pretreatment HPV-16 DNA status for detecting tumor HPV-16 status, as well as the association of
Results The median follow-up time was 49 months (range, 0.9-181.0 months). The sensitivity, specificity, negative predictive value, and positive predictive value of combined saliva and plasma pretreatment HPV-16 DNA status for detecting tumor HPV-16 status were 76%, 100%, 42%, and 100%, respectively. The sensitivities of pretreatment saliva or plasma alone were 52.8% and 67.3%, respectively. In a multivariable analysis, positive posttreatment saliva HPV status was associated with higher risk of recurrence (hazard ratio [HR], 10.7; 95% CI, 2.36-48.50) (P = .002). Overall survival was reduced among those with posttreatment HPV-positive status in saliva (HR, 25.9; 95% CI, 3.23-208.00) (P = .002) and those with HPV-positive status in either saliva or plasma but not among patients with HPV-positive status in plasma alone. The combined saliva and plasma posttreatment HPV-16 DNA status was 90.7% specific and 69.5% sensitive in predicting recurrence within 3 years.

Conclusions and Relevance Using a combination of pretreatment plasma and saliva can increase the sensitivity of pretreatment HPV-16 status as a tool for screening patients with HPV-16–positive OPSCC. In addition, analysis of HPV-16 DNA in saliva and plasma after primary treatment may allow for early detection of recurrence in patients with HPV-16–positive OPSCC.
Aim: We investigated the etiological role of HPVs in patients with head and neck cancers and aimed to study its detection tumor tissues taken cancer patients. Methods: 100 patients with malignancies of buccal mucosa, tongue and right maxilla were included in the study. Tumor biopsy was taken for histopathology and molecular studies for by multiplex PCR. Results: Out of 100 head and neck cancers, 81% were males and 19% females, 69% belonged to age >50 yrs and 31% were <50 yrs, 58% were from urban area. Tobacco chewing is one of the contributory factor in the genesis of oral carcinomas and we noted that 35% were non-chewers and 65% chewers. 61% were smokers and 39% non-smokers. HPV genome was detected in 20% of the cases. High risk HPV-16 was detected in 35% and HPV 52 in 20%. Out of the 43 biopsies from buccal mucosa 7 cases had HPV, from 20 cases of carcinoma
tongue 9 cases had HPV positive (40%), one case of carcinoma thyroid had HPV positive, 3 cases of carcinoma maxilla had HPV positive. The oral cavity tumors like the buccal mucosa and tongue significantly had more HPV positive as compared to oropharynx. Other HPV types detected were HPV-33 (15%), HPV-39 (5%), HPV-45 (10%), HPV-52 (20%) and HPV-58 (15%). Conclusion: The SCC of Head and Neck had 20% of HPV types. Different HPV types were HPV 16, 33, 39, 45, 52 and 58. Though the biopsies were from carcinomas, our study did not show that there is 100% co-relation of HPV as a sole etiological agent in the genesis of the squamous cell carcinoma. Oral cancers occurred typically in > 50yrs of age and, old heavy drinkers and heavy smokers.

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7. Prognostic factors and survival in patients with squamous cell carcinoma lymph nodes metastases from an unknown primary to the head and neck

A higher magnification of the neoplastic infiltrate in the lymph node confirming metastatic squamous cell carcinoma.
Purpose. To analyze the clinicopathological characteristics, treatment modalities, and potential prognostic factors of cancer of unknown primary tumor (CUP) in a consecutive group cases. Methods. This retrospective study enrolled consecutive patients who were admitted to the Sun Yat-sen University Cancer Center between 1980 and 2011. Results. The key prognostic factors influencing the survival were the lymph nodes extracapsular extension (ECE), N classification, recurrence, emergence of primary tumor and treatment modalities. Multivariate analysis revealed that N classification and recurrence were independent risk factor for patient survival. Conclusions. N classification and recurrence were independent prognostic factor that influenced the treatment outcome. Our data indicate that combined surgery and postoperative radiotherapy for CUP offers the best chance for long-term survival.

Metastatic squamous cell carcinoma in the lymph node. The carcinoma nearly completely replaces the whole lymph node (arrow)

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Oral squamous cell carcinoma (OSCC) is the sixth most common cancer worldwide. OSCC falls into a larger category known as head and neck squamous cell carcinomas (HNSCCs). This collection constitutes all squamous cell carcinomas of the oral cavity, larynx, pharynx and oesophagus of which OSCC is the most common. Cancer cells involve morphological cellular transformation, dysregulation of apoptosis, uncontrolled cellular proliferation, invasion, angiogenesis, and metastasis. Also, one of the hallmarks of cancer is the elevated uptake of glucose even under normal oxygen conditions, known as aerobic glycolysis or the “Warburg effect”. The Warburg effect is the cellular phenomenon in which the tumor cells primarily use glycolysis for energy production instead of mitochondrial oxidative phosphorylation like normal cells. These cellular responses have been shown to cause distinct transformations like the upregulation of proteins such as hypoxia-inducible factor 1-α (HIF-1α) that help the tumor survive adverse conditions in which normal cells cannot persist. HIF-1α stimulates transcriptional induction of a series of genes that participate in iron metabolism, glucose metabolism, cell proliferation / survival and angiogenesis.
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