

4.9 Advanced, Unresectable, Recurrent and Metastatic Head and Neck Cancer

Introduction

Following radical treatment, five-year survival rates for patients with advanced (stage III-IV) head and neck cancers range from 30-50 percent.

Local failure remains a significant problem for patients with locoregionally advanced disease. At least 50% of patients who die from head and neck cancers have local and/or regional disease as the sole site of failure. Furthermore, nearly 90% of patients who develop distant metastases also have persistent local or regional disease. These data support the view that locally persistent or recurrent disease contributes to the majority of head and neck cancer-related death.

In addition to local failure, there is a significant annual risk (approximately 3% per year) of second primary tumour development for patients treated for an initial head and neck cancer.

For patients who present with locally recurrent disease or a second primary tumour in a previously irradiated area, therapeutic options are limited. The initial step in the evaluation of patients with recurrent head and neck cancer is to identify those who are potentially curable versus those who will benefit only from palliation. Patients presenting with isolated locoregional recurrences should be viewed as potentially curable, and aggressive local therapy should be considered.

See Appendix II for discussion on resectable versus unresectable disease.

Prognostic factors

- Second primary tumours tend to fare better than recurrent tumours
- A longer time interval to recurrence affords a better prognosis
- Recurrent laryngeal and nasopharyngeal tumours tend to have a more favorable prognosis compared to other sites
- Recurrences in the neck tend to fare poorly as compared to primary site recurrences

Management

1. Surgical Resection of recurrent disease

When the volume and location of recurrent disease are amenable to resection, and the patient is medically fit, surgical salvage is the preferred option for care and provides an opportunity for cure. Five year survival rates after surgical salvage are between 15-35%.

2. Radiation for recurrent disease

Radiation may be an option for some unresectable tumours.

Re-irradiation (with or without chemotherapy) is a possibility with the potential for long-term survival for patients who refuse surgery or for whom surgery is not possible. Re-irradiation does cause increased acute and late toxicity compared to palliative chemotherapy alone.

Re-irradiation provides local control rates of up to 50% and long term survival of 10-20%. Severe complications with re-irradiation are 15-25%. Due to the inherent toxicity of this approach with or without chemotherapy, it is usually not offered to patients who have wide-spread metastatic disease.

3. Palliative Chemotherapy

This may be an option of care for patients with unresectable locally advanced or metastatic disease. While

chemotherapy may promote some tumour response and symptom palliation, it remains palliative. Response rates range from 15-30% and prolongation in medium survival is two months.

Cisplatin with infusional 5FU is the most commonly used regimen in patients with good performance status who are medically fit. Methotrexate as a single agent is also commonly used in patients who are frailer.

Patients should be encouraged to participate in appropriate clinical trials.

Practice Pathway for the Management of Recurrent and/or Advanced/Metastatic Head and Neck Carcinoma

