

BACKGROUND

- Incidence of OPSCC on the rise
 - Younger cohort without typical risk factors
- Most common subsites: Base of Tongue and Palatine tonsils
- ~90% recurrences occur within 24 months of treatment completion
- Primary treatment options:
 - Surgery +/- adjuvant therapy
 - XRT/CRT
- Two well established risk factors:
 - Smoking
 - HPV association/p16 status
- Prior work at our centre demonstrated patients with positive smoking status (> 10 PYH) and/or p16 negative status had worse survival outcomes when treated with CRT
 - 2016 implementation of institutional protocol to recommend primary CRT as 1st line for p16+ nonsmoker patients

OBJECTIVE

When evaluating patients following implementation of institutional HNTB protocol for treatment of OPSCC:

- Will there be a change in patients recommended to undergo primary CRT?
- Will patients treated with primary CRT demonstrate more favourable survival outcomes?

METHODS

STUDY DESIGN

- Prospectively evaluate patients discussed in HNTB rounds
 - Evaluated patients specifically diagnosed between 2016-2018 to delineate effects of new OPSCC treatment algorithm
 - Compare survival outcomes (i.e. OS, DSS, RFS)

STUDY ELIBILITY

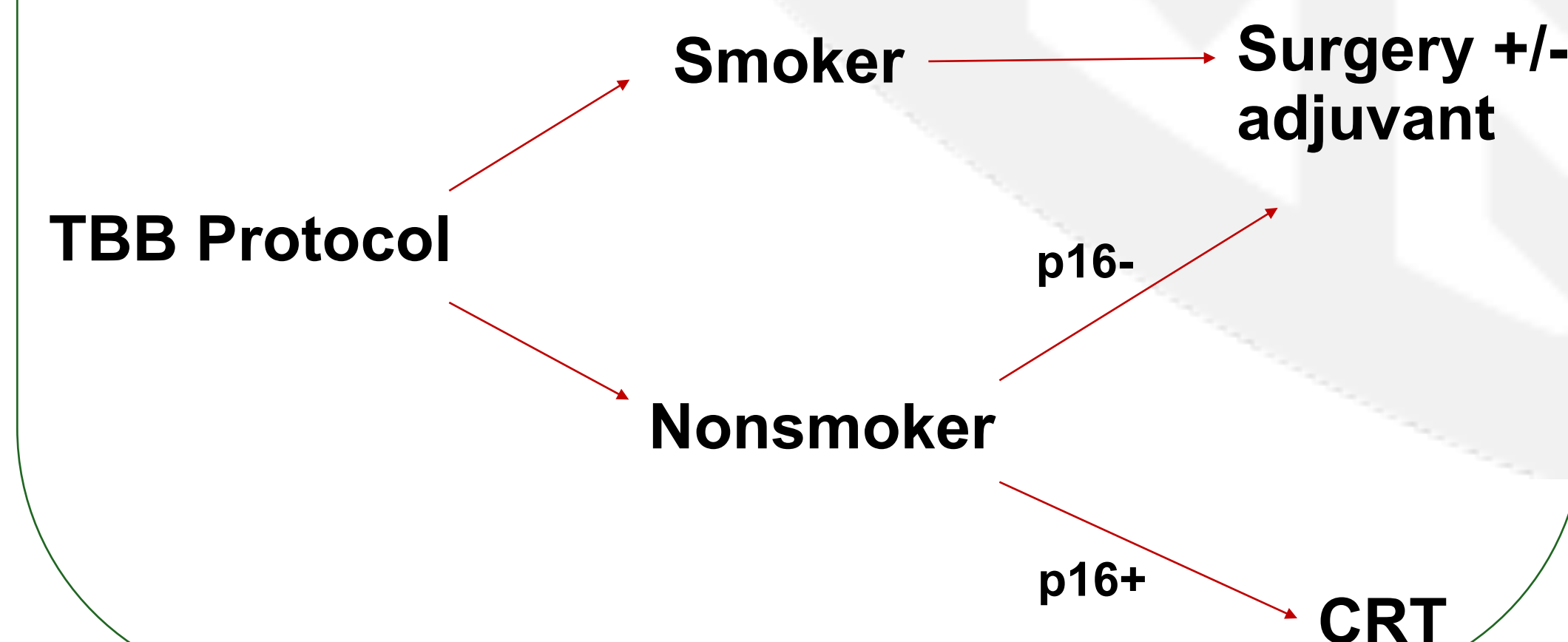
Inclusion Criteria

- Adults (age ≥ 18)
- Biopsy proven OPSCC
- Primary Surgery or CRT of curative intent

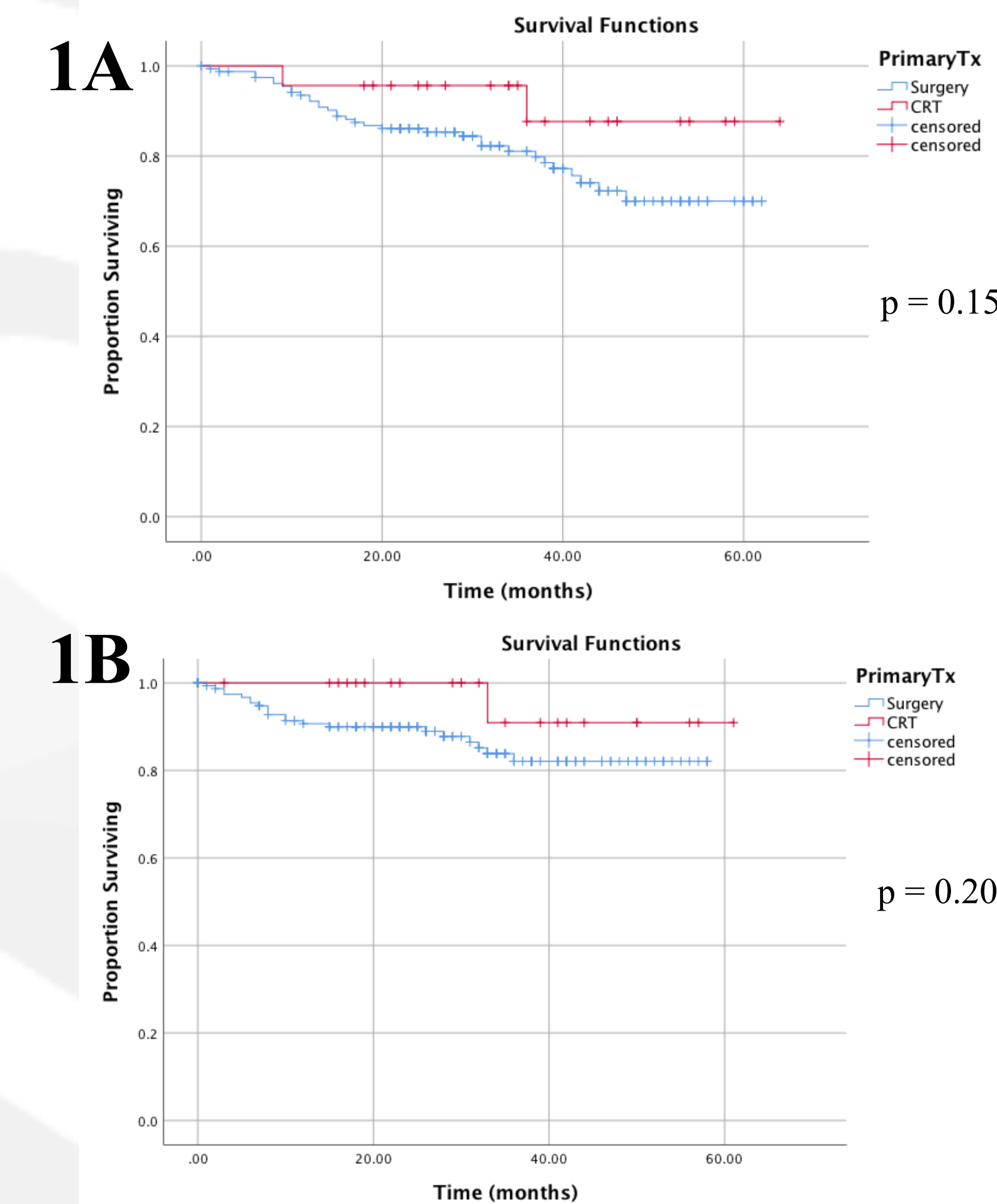
Exclusion Criteria

- Distant metastatic disease at diagnosis
- All other H&N cancers
- Concurrent 2nd primary
- Unknown p16 or smoking status

HNTB TREATMENT PROTOCOL



RESULTS



N=182	
Age (years)	60.1 (±8.6)
Sex (% male)	148 (81.3%)
Tumor subsite (%):	
Tonsil	124 (68.2%)
BoT	52 (28.6%)
Other	6 (3.2%)
TNM stage (%):	
Early (I-II)	133 (73%)
Late (III)	49 (27%)
P16 positive (%)	161 (88.5%)
Current smoker (%)	111 (61.0%)
ECOG (%)	
0	97 (53.3%)
1	65 (35.7%)
2+	20 (11%)
Primary treatment (%):	
Surgery	159 (86.8%)
XRT	4 (2.2%)
CRT	19 (10.8%)
Recurrence rate (%):	
Local	9 (21.1%)
Regional	13 (30.2%)
Distant	21 (48.7%)
Salvage treatment (%):	
Surgery	27 (14.7%)
XRT/CRT	11 (40.7%)
Surgery + XRT/CRT	5 (18.6%)

Table 1. Patient Demographics

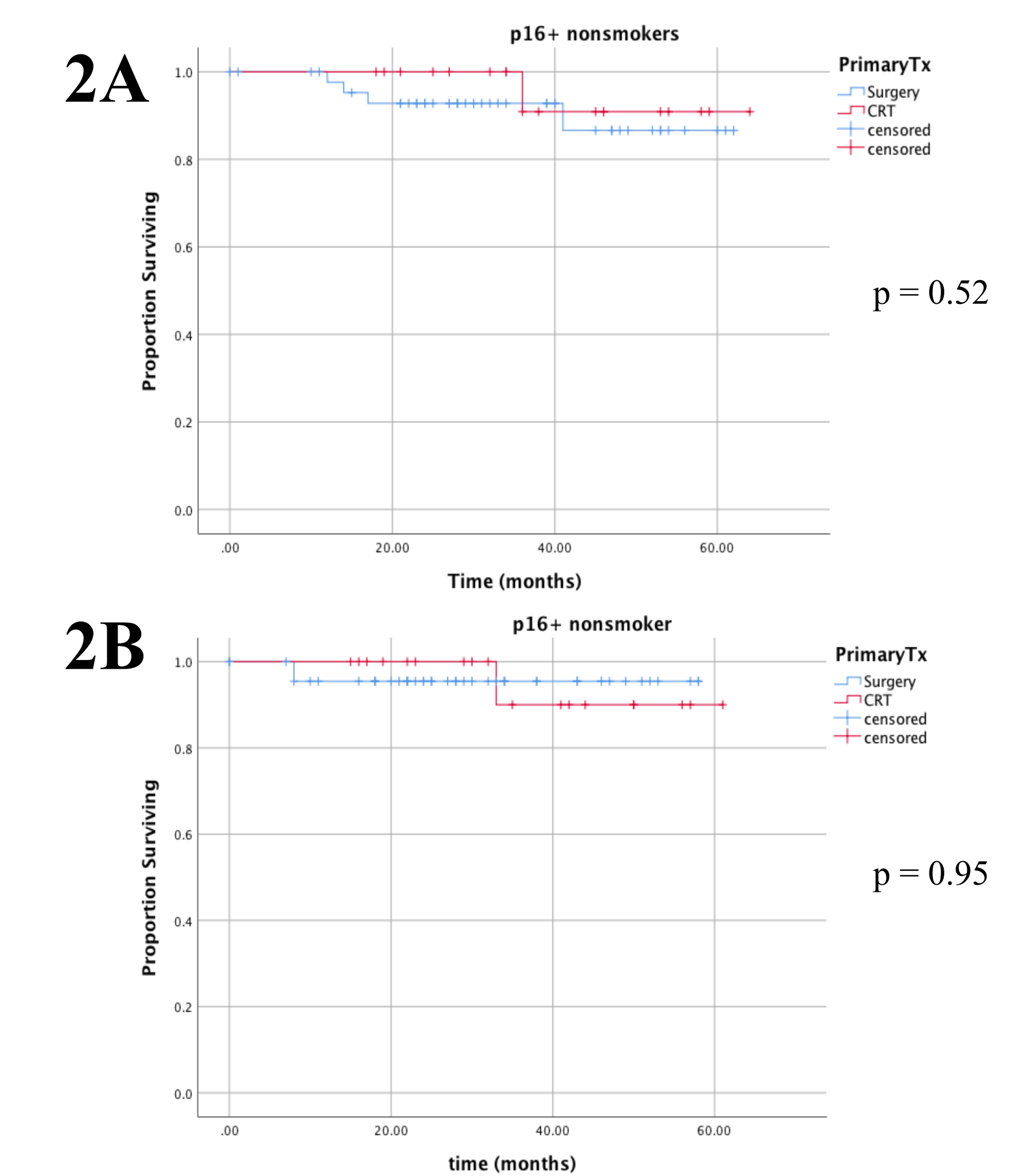


Figure 1. Kaplan-Meier OS (A) and DSS (B) curves stratified by primary treatment

Figure 2. Kaplan-Meier OS (A) and DSS (B) curves for p16+ nonsmokers stratified by primary treatment

	Primary Surgery	Primary CRT	p16+ / S- Surgery	p16+ / S- CRT
Mean OS [± SD] (months)	51.1 [±1.6]	59.4 [±3.1]	57.2 [±2.2]	61.5 [±2.4]
Mean DSS [± SD] (months)	50.8 ± [1.5]	58.5 ± [2.4]	55.7 [±1.6]	58.2 [±2.7]

Table 2. OS and DSS Survival outcomes

CONCLUSIONS

Our institutional HNTB protocol more systematically triages patients with p16+ IHC and nonsmoker status towards primary CRT

Our results are limited by fewer events and shorter follow up, ongoing comparison with pre-HNTB protocol cohorts are being performed