

Many throat cancer patients can skip neck surgery

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A new study shows that patients with human papillomavirus (HPV) – the same virus associated with both cervical and head and neck cancer – positive oropharyngeal cancer see significantly higher rates of complete response on a post-radiation neck dissection than those with HPV-negative oropharyngeal cancer. Fox Chase Cancer Center researchers presented the findings at the American Society for Radiation Oncology's 56th Annual Meeting on Wednesday, September 17.

"For [patients](#) that achieve a complete response, [neck surgery](#) is probably unnecessary," says Thomas J. Galloway, MD, Attending Physician and Director of Clinical Research at Fox Chase and lead author on the study.

After radiation and chemotherapy to remove tumors from the tonsils or back of the tongue, many [head and neck cancer](#) patients still have persistent lumps in their neck, albeit perhaps smaller than when they were first diagnosed. "The question is: Do we need to remove those lumps, as well, or can we just let them dissolve on their own?" asks Dr. Galloway.

To investigate, he and his colleagues reviewed the medical records from 396 patients whose oropharyngeal tumors had spread to at least one lymph node. Within 180 days after completing radiation therapy, 146 patients underwent neck surgery. For 99 patients, their records indicated whether or not their tumors had likely been triggered by HPV.

Interestingly, patients with HPV often respond better to treatment for

their oropharyngeal tumors than those without. The researchers noted the same trend here – people who tested positive for HPV (measured by the presence of a protein called p16) were less likely to have a recurrence of their cancers, regardless of whether or not the tumors had completely disappeared following treatment. Indeed, patients' HPV status was the strongest predictor of whether or not they were alive at the end of the study.

Among the patients who underwent neck surgery, any lingering bumps were more likely to be benign if patients were infected with HPV. "The bump might have become a permanent scar, or in some cases, it would have eventually disappeared," says Dr. Galloway.

Currently, it is not routine to consider a patients' HPV status before making the decision to perform neck surgery (the decision is based on physical examination and imaging studies), which can cause problems in the shoulder and neck, including swallowing, says Dr. Galloway; these findings suggest they should. "There's good reason to avoid neck surgery if we can."

Provided by Fox Chase Cancer Center

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