

Reducing Tx may harm safety in early HPV+ oropharyngeal cancer

December 27 2017



(HealthDay)—For patients with human papillomavirus (HPV)+ stage I

or II oropharyngeal cancer, deintensification of treatment from chemoradiotherapy to one modality may compromise safety, according to a study published online Dec. 15 in *Cancer*.

Shayan Cheraghlou, from the Yale School of Medicine in New Haven, Conn., and colleagues conducted a retrospective study involving 4,443 patients with HPV+ oropharyngeal cancer. Patients were stratified according to disease stage groups of the American Joint Committee on Cancer (AJCC) eighth edition.

The researchers found that treatment with definitive radiotherapy was correlated with decreased survival versus chemotherapy, surgery with adjuvant radiotherapy, or surgery with adjuvant chemoradiotherapy (hazard ratios, 1.798, 2.563, and 2.427, respectively) among patients with stage I disease. Compared with treatment with chemoradiotherapy, patients with stage II disease treated with a single modality had poorer survival (hazard ratio for surgery or radiotherapy, 2.539 and 2.2, respectively). Compared with chemoradiotherapy, triple-modality therapy was associated with improved survival among patients with stage III disease (hazard ratio, 0.518).

"Deintensification of [treatment](#) from chemoradiotherapy to radiotherapy or [surgery](#) alone in cases of HPV+ AJCC eighth edition stage I or stage II disease may compromise patient safety," the authors write. "Treatment intensification to triple-modality therapy for [patients](#) with stage III disease may improve survival in this group."

Two authors disclosed financial ties to the pharmaceutical and medical device industries. The study was partially funded by DePuy Synthes.

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Citation: Reducing Tx may harm safety in early HPV+ oropharyngeal cancer (2017, December 27) retrieved 27 April 2024 from <https://medicalxpress.com/news/2017-12-tx-safety-early-hpv-oropharyngeal.html>

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