Survival outcomes in Hypopharyngeal cancer in the West of Scotland Cancer Network

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Abstract

Aim Approximately 5% [1] of all mucosal head and neck (H&N) squamous cell cancers (SCC) arise from the hypopharynx. [1] Patients with hypopharyngeal SCC (HPSCC) tend to have a poor prognosis compared with other subsites with reported 5-year survival of 27% in the UK.[2] Most patients (80%) have stage III/IV disease at presentation.[3] There are very few HPSCC-specific studies and this subsite is not well represented in more general H&N SCC trials. Thus, deciding the best treatment plan is difficult and relies on the expertise of an experienced multi-disciplinary team (MDT).[4] Patient fitness for treatment complicates matters further. The incidence of H&N cancer increases with age and is closely correlated with deprivation.[1] The aim of this series was to review outcomes of patients with HPSCC in our cancer network. Method This retrospective study included all patients with a histological or radiological diagnosis of HPSCC made from August 2016 to August 2018. They were identified from the cancer network MDT database. Subsites included pyriform fossa, post cricoid and posterior pharyngeal wall. Data including patient demographics, treatment details, toxicity and disease control were extracted from case records. Results 118 patients were evaluable. 8 (6.7%) patients had a radiological diagnosis, the remainder were biopsy proven HPSCC. The probability of survival at 24 months was higher in patients of good performance status (PS 0-1: 41.7%, 95% CI 29.7-53.2% Vs. PS [?]2: 27.5%, 95% CI 13.9-43.0%). Patients aged >70 years had a lower probability of survival at 24 months compared to those <70 (<70yrs 44.5%, 95% CI 27.1 – 55.9% Vs [?]70yrs 24.4%, 95% CI 12.6 – 38.3). 57 (48.3%) of the 118 patients were treated with radical intent, of which 19 (33%) died at time of follow-up. 14 of these deaths were cancer related. The median time from primary surgery to adjuvant RT was 17 weeks. Conclusion Most patients with HPSCC present with locally advanced disease and are unsuitable for active anti-cancer treatment. For those treated radically the pattern of treatment failure is loco-regional. A multimodality approach for locally advanced disease with surgery and radiotherapy appears to be advantageous in terms of survival.

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