The importance of Thinking Holistically When Caring for Head and Neck Patients

Dr Kumar Prabhash

Prof, HOD Medical Onoclogy

Tata Memorial Hospital, Mumbai

- CTRT IN HEAD AND NECK CANCER
- NACT IN HEAD AND NECK CANCER
- PALLIATIVE SYSTEMIC THERAPY –
- Expectation
- metronomic
- triple metronomic
- Low dose immunotherapy

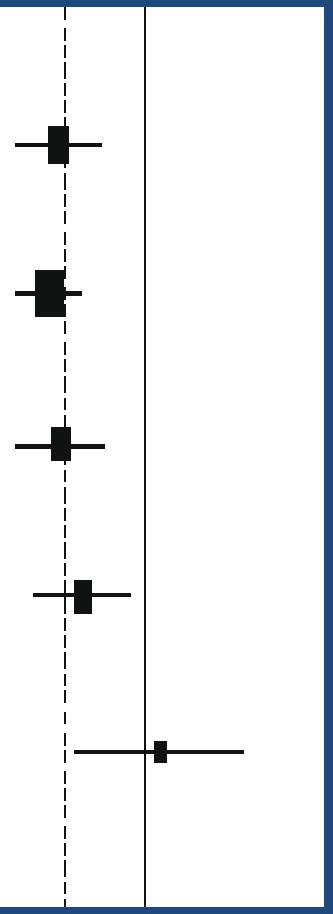
Effects of Chemotherapy on Survival at 5 Years: From the Meta-Analysis

Trial Category	No. of Trials	No. Patients	Absolute Benefit at 5 years	*P* value
All trials	**65**	**10850**	**+4**	**<0.0001**
Adjuvant	8	1854	+1	0.74
Induction	31	5269	+2	0.10
PF	**15**	**2487**	**+5**	**0.01**
Other Chemo	16	2782	0	0.91
Concomitant	**26**	**3727**	**+8**	**<0.0001**

Monnerat, et al. Annals of Oncology, *13:* 995-1006, 2002.
Pignon/Lancet2000

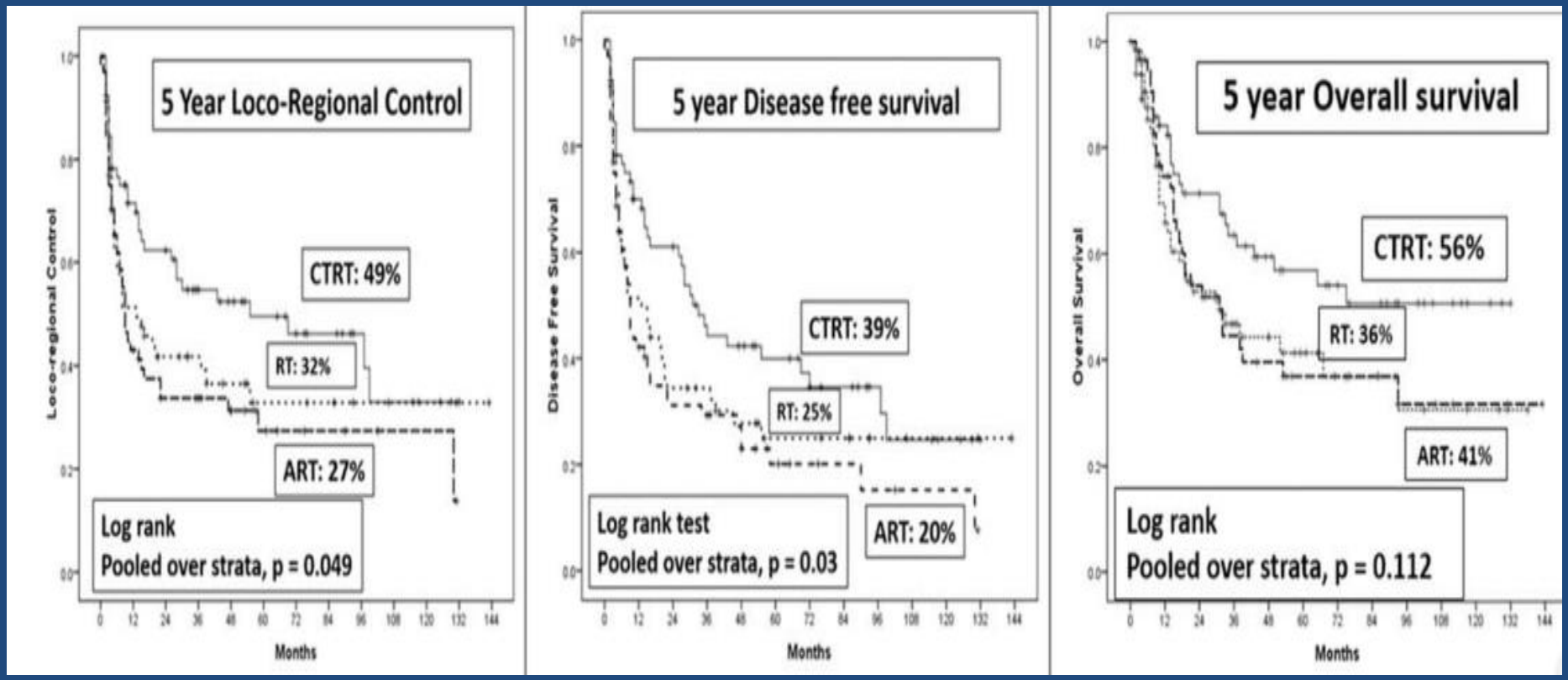
Site wise outcomes

Site				
Oral cavity	680/997	754/1020	-72.8	327.7
Oropharynx	1123/1723	1219/1681	-138.3	559.3
Larynx	607/1013	644/1012	-64.0	294.5
Hypopharynx	546/760	563/757	-40.5	252.6
Others	187/264	183/256	3.2	83.4



- **CISPLATIN ELIGIBLE PATIENTS**

Chemoradiation benefit in OS – 30 mg/m2



Ghosh-Laskar et al. Head Neck. 2016 Feb;38(2):202-7

DOES WEEKLY CISPLATIN IMRPOVE OUTCOME

Oral Cavity Adjuvant Therapy (OCAT)
Phase III, Randomized Controlled Trial of Surgery followed by Conventional RT (5 fr/wk) vs Concurrent CT-RT vs Accelerated RT (6fr/wk) in Locally Advanced, Resectable, Squamous Cell Carcinoma of Oral Cavity NCT00193843

Sarbani Ghosh-Laskar (PI)

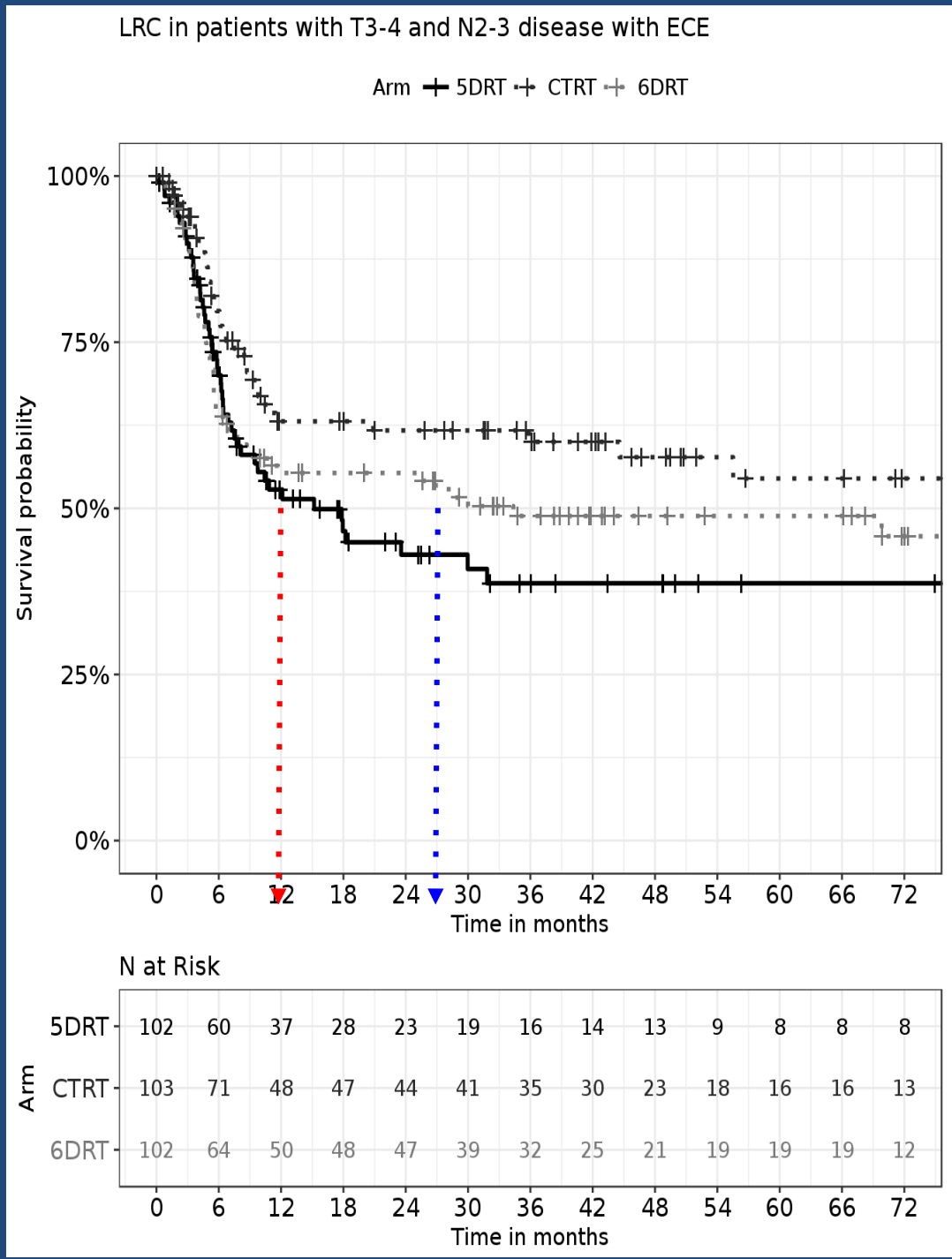
Devendra Chaukar (Co-PI), Mandar Deshpande, Abhishek Chatterjee, Rohini Hawaldar, Santam Chakraborty, Shilpi Sharma, Jai Prakash Agarwal, Tejpal Gupta, Ashwini Budrukkar, Vedang Murthy, P. S. Pai, Pankaj Chaturvedi, Gouri Pantvaidya, Anuja Deshmukh, Deepa Nair, Sudhir Nair, Kumar Prabhash, Amit Joshi, Anil D'Cruz

Tata Memorial Centre, Mumbai, India

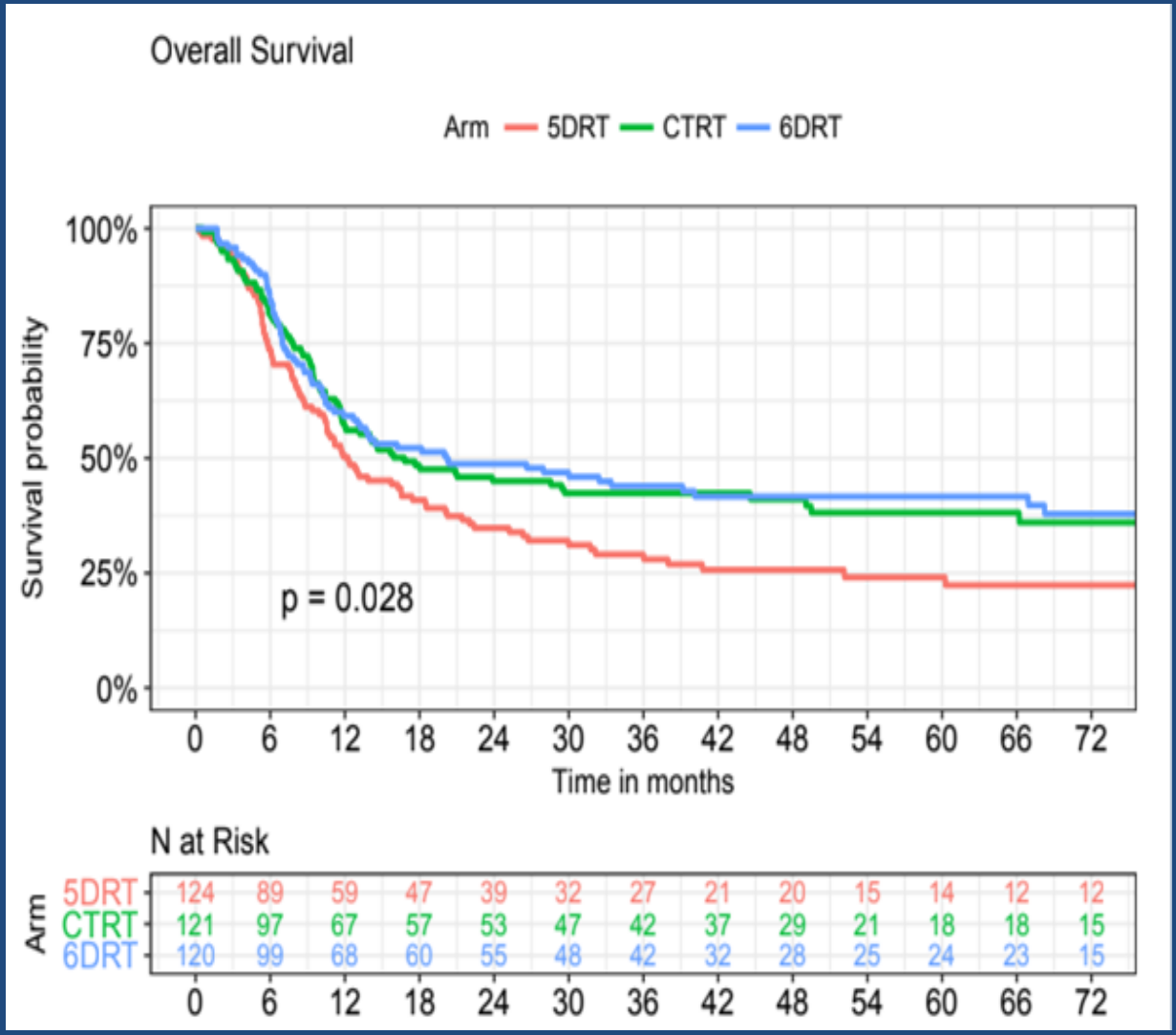
ASCO, 2016

OCAT data (high risk)

1. **5 yr LRC** – **55% VS 39%** , CTRT vs 5DRT (HR =0.61 , 95% CI-0.40-0.92,p=0.02)
2. **5 yr OS**- **38% VS 16%**, CTRT vs 5DRT (HR =0.61 , 95% CI-0.40-0.92,p=0.02)



T3-T4 with N2-N3 LN (OCAT data)



Laskar et al JCO.2016.34.15_suppl.6004

IS 3 WEEKLY CISPLATIN BETTER THAN WEEKLY CISPLATIN

Once-a-Week Versus Once-Every-3-Weeks Cisplatin Chemoradiation for Locally Advanced Head and Neck Cancer: A Phase III Randomized Noninferiority Trial

Vanita Noronha, Amit Joshi, Vijay Maruti Patil, Jaiprakash Agarwal, Sarbani Ghosh-Laskar, Ashwini Budrukkar, Vedang Murthy, Tejpal Gupta, Anil K. D'Cruz, Shripad Banavali, Prathamesh S. Pai, Pankaj Chaturvedi, Devendra Chaukar, Nikhil Pande, Arun Chandrasekharan, Vikas Talreja, Dilip Harindran Vallathol, Vijayalakshmi Mathrudev, Aparna Manjrekar, Kamesh Maske, Arati Sanjay Bhelekar, Kavita Nawale, Sadhana Kannan, Vikram Gota, Atanu Bhattacharjee, Shubhada Kane, Shashikant L. Juvekar, and Kumar Prabhash

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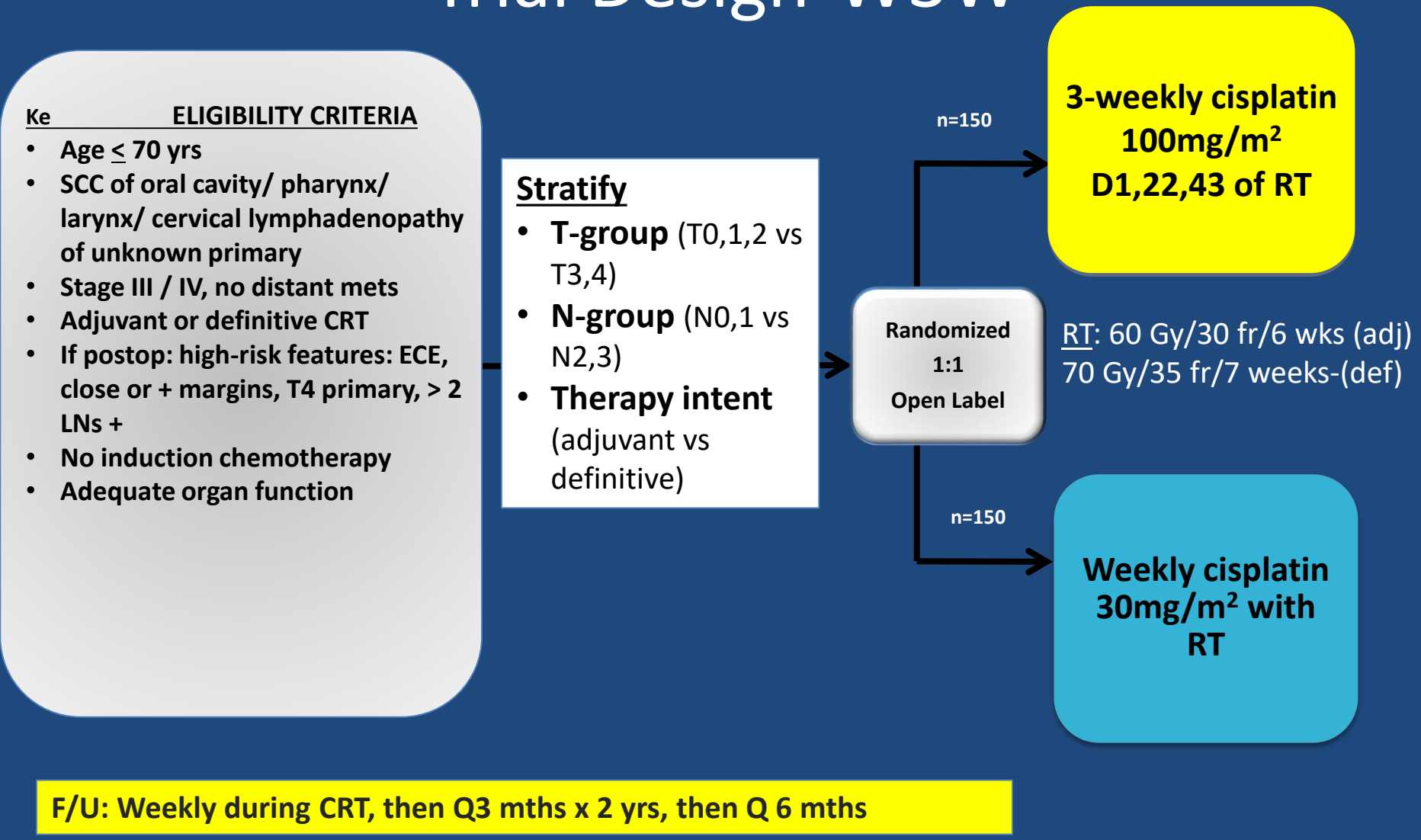
JOURNAL OF CLINICAL ONCOLOGY

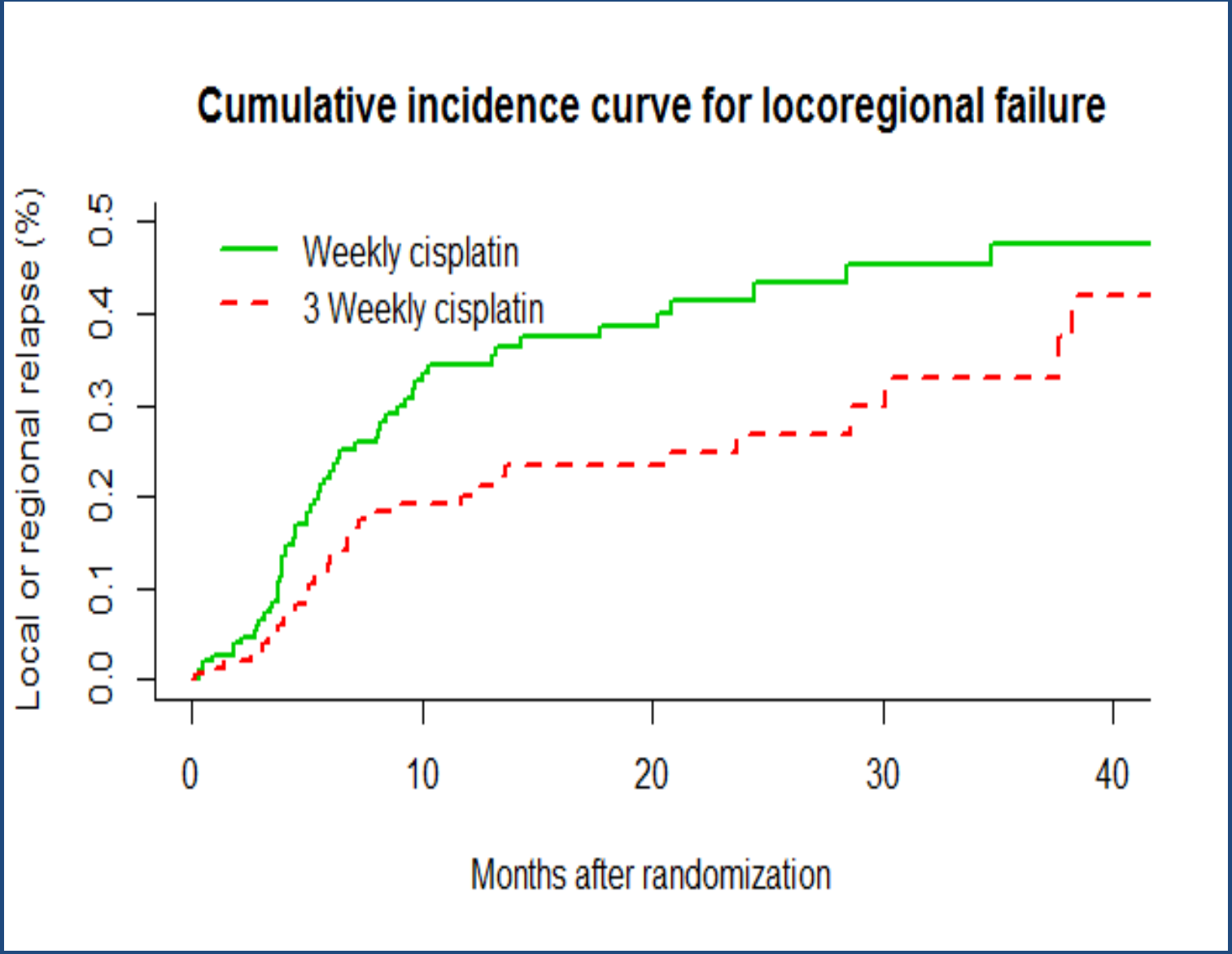
RAPID COMMUNICATION

Trial Design-W3W



F/U: Weekly during CRT, then Q3 mths x 2 yrs, then Q 6 mths

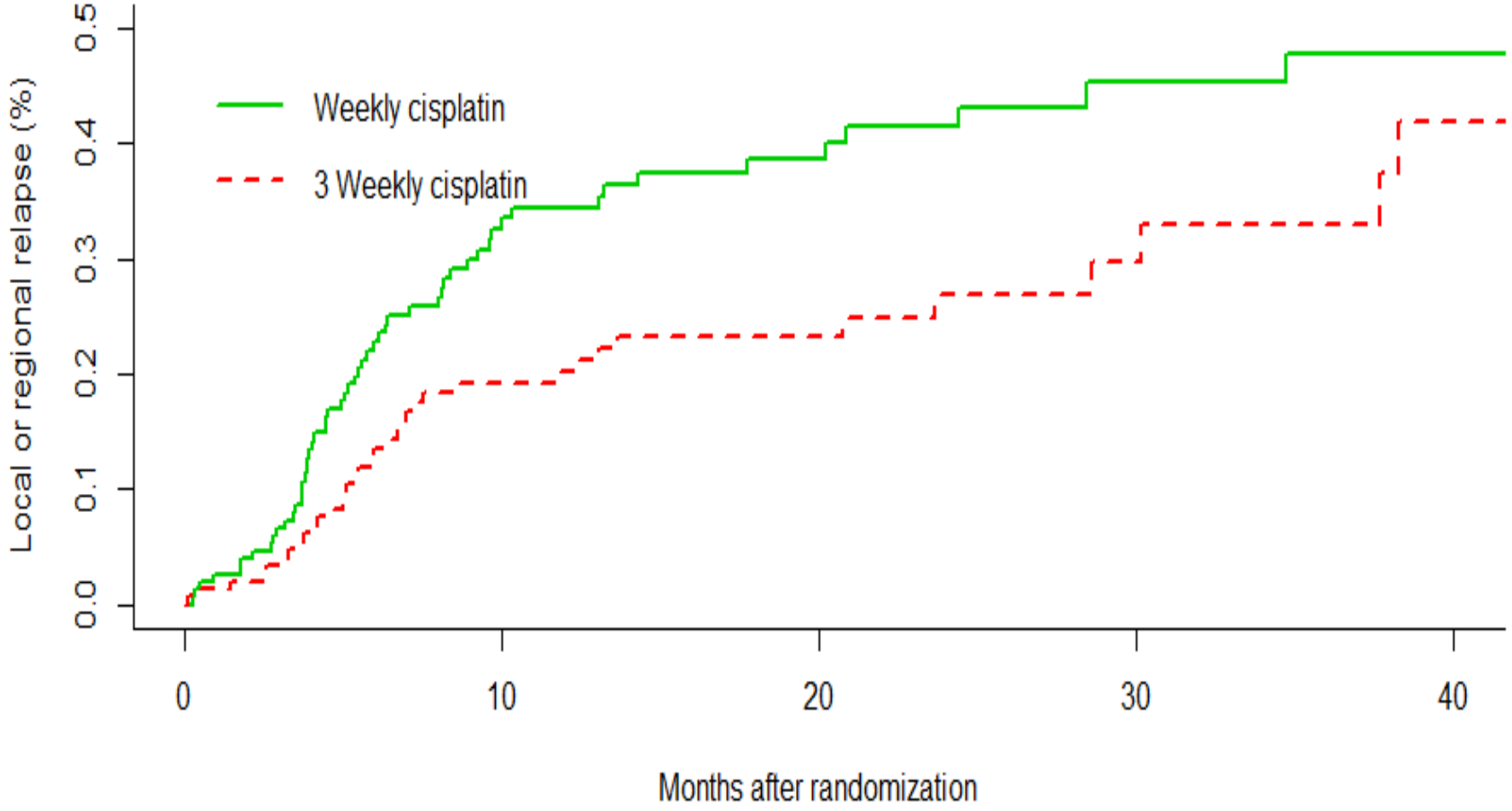
Presented by: Vanita Noronha, Tata Mem Hosp



Number at risk					
Weekly Cisplatin	150	75	45	24	15
3 weekly Cisplatin	150	84	54	22	10

Presented by: Vanita Noronha, Tata Mem Hosp

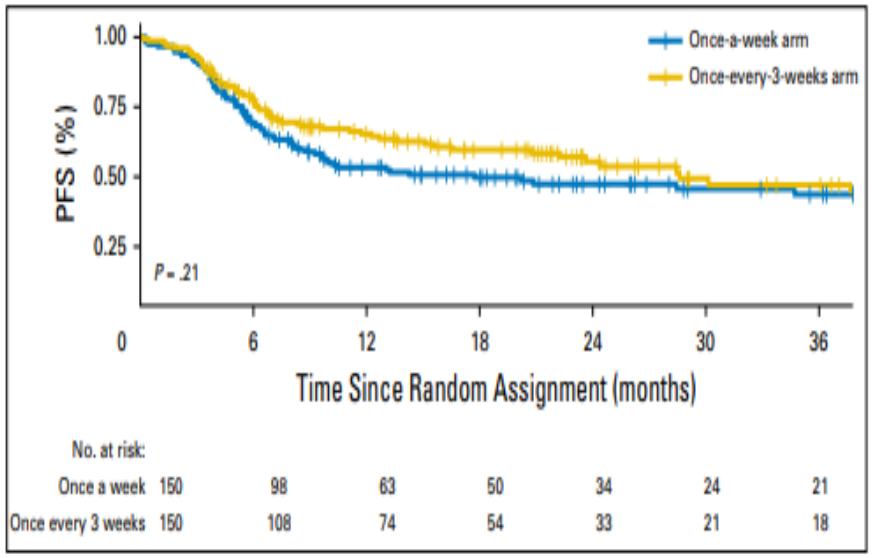
Cumulative incidence curve for locoregional failure with cisplatin > or = 200 mg/m2

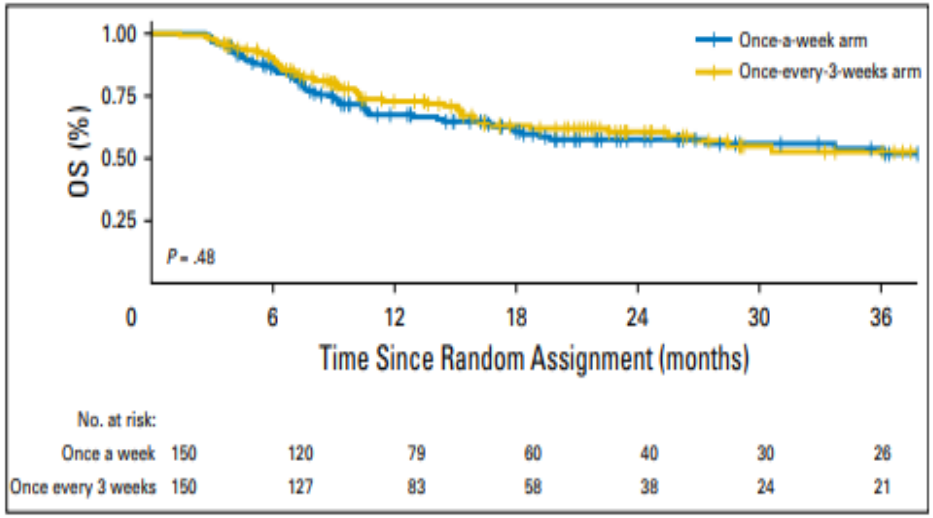


No at

Wkly Cisplatin	87	51	32	20	13
3 wkly Cisplatin	143	82	53	22	10

Presented by: Vanita Noronha, Tata Mem Hosp


1.00
0.75
0.50
0.25
PFS (%)
P = .21
Once-a-week arm
Once-every-3-weeks arm
0
6
12
18
24
30
36
Time Since Random Assignment (months)
No. at risk:
Once a week 150 98 63 50 34 24 21
Once every 3 weeks 150 108 74 54 33 21 18


1.00
0.75
0.50
0.25
OS (%)
P = .48
Once-a-week arm
Once-every-3-weeks arm
0
6
12
18
24
30
36
Time Since Random Assignment (months)
No. at risk:
Once a week 150 120 79 60 40 30 26
Once every 3 weeks 150 127 83 58 38 24 21

2022 ASCO ANNUAL MEETING

Abstract number 6004

Concurrent Chemotherapy and External Radiation Therapy (ConCERT): An Open Label Non-Inferiority Phase III Randomized Controlled Trial of Weekly Vs Three Weekly Cisplatin and Radical Radiotherapy in Locally Advanced Head and Neck Squamous Cell Carcinoma

On Behalf of All Investigators

Dr ATUL Sharma MD, DM

Professor of Medical Oncology

All India Institute of Medical Sciences

New Delhi. India,

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Survival data

Parameter	Standard arm No. (%) 133 (100)	Test arm No.(%) 133 (100)	P value
Median FU (surviving patients)	25.7 months		
LR failures	65 (48.9)	53 (39.9)	0.139
2 years LRC%	56.39%	60.90%	
Median OS (95% CI)	30 (20.4-39.7)	25.5 (13.3-37.5)	0.751
Median PFS	21.3	20.8	0.377
Median time to LRF	24.3	23	0.347
Mean OS (95% CI)	27.1 (23.9-30.4)	26.4 (23-29.7)	
Mean time to LRF (95% CI)	24.8 (21.6-28)	27.6 (24-31.1)	
RMST at 40 months	23.25	24.83	(95%CI:-1.86,5.02; p=0.449

CISPLATIN

- 30 MG/M2 IS BETTER THAN NONE
- 30 MG/M2 IS INFERIOR TO 100 MG/M2 FOR LRC
- 40MG/M2 IS SIMILAR TO 100 MG/M2 FOR LRC

Can we make it better beyond Cisplatin

Cancer

A randomized phase III trial comparing Nimotuzumab with Cisplatin Chemoradiotherapy versus Cisplatin Chemoradiotherapy alone in locally advanced head and neck cancer

DOI:10.1002/cncr.32179

Trial Design

ELIGIBILITY CRITERIA

- Age ≥ 18 years
- SCC of oral cavity/ oropharynx/ hypopharynx/ larynx
- Stage III / IV, no distant metastasis
- Definitive CRT
- Adequate organ function

Stratify

- T-group (T0,1,2 vs T3,4)
- N-group (N0,1 vs N2,3)
- Site (Oropharynx versus non oropharynx)
- Technique of radiation (conventional versus others)

Randomized 1:1 Open Label

n=268

Nimotuzumab (200mg) -weekly cisplatin 30mg/m^2 with of RT (NCRT)

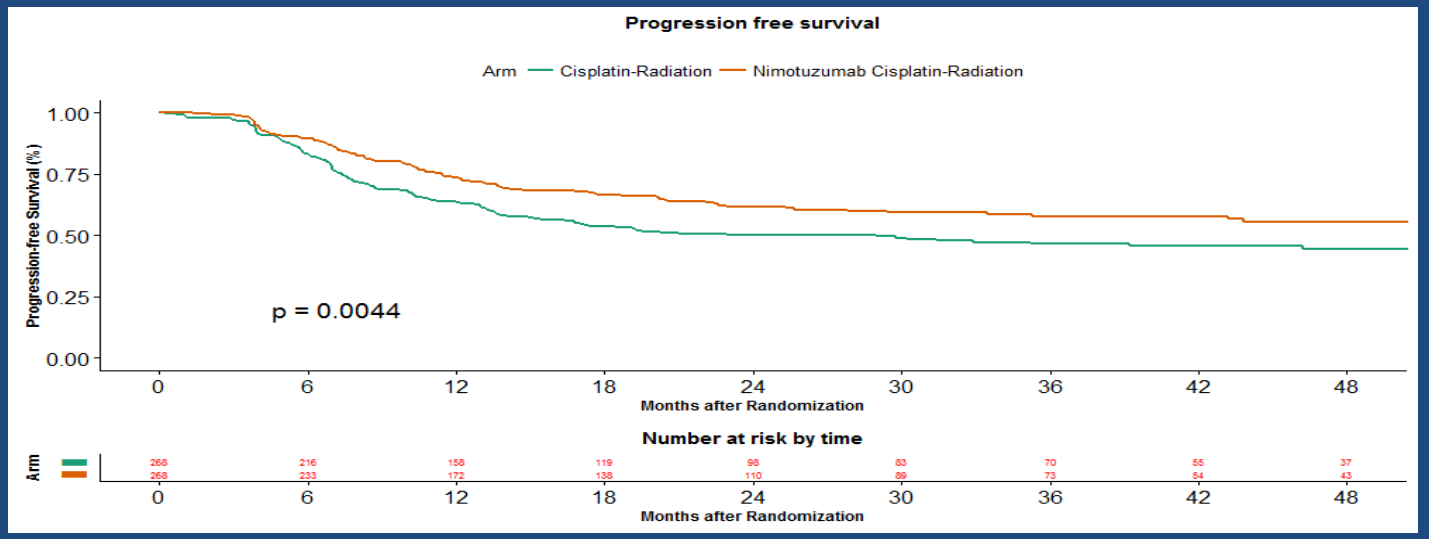
RT: 70 Gy/35 #/-7 weeks

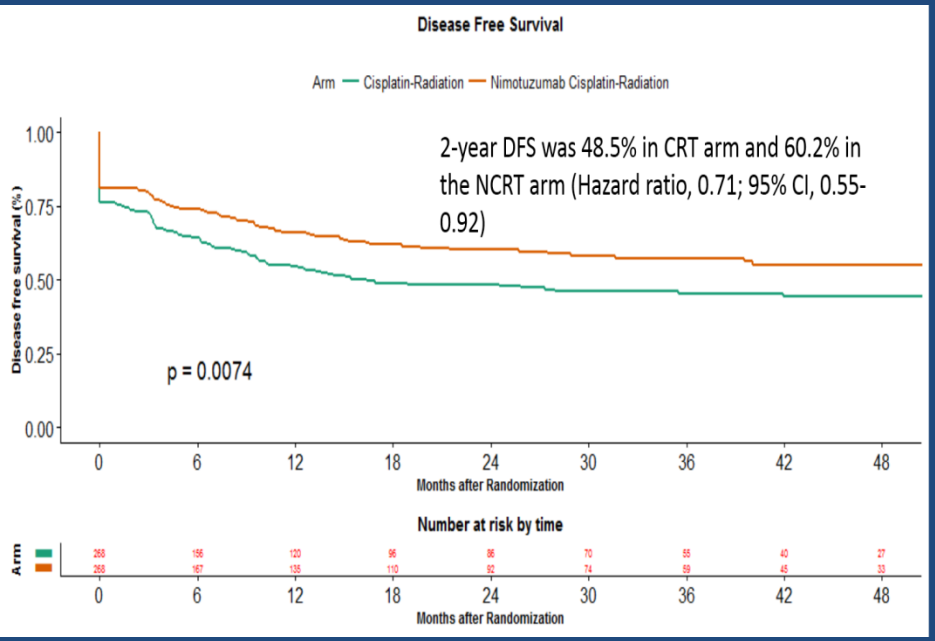
n=268

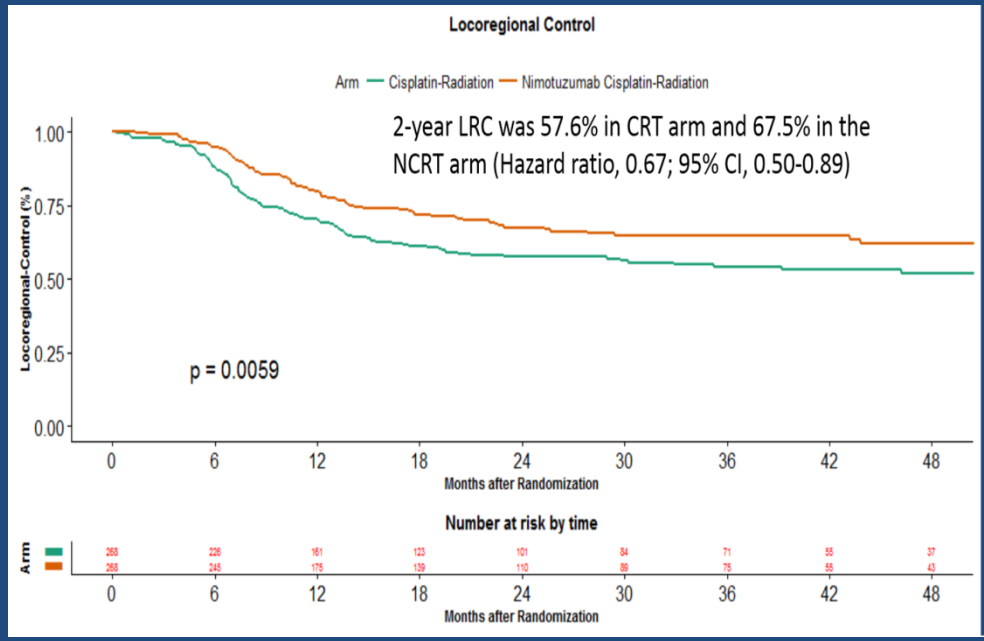
Weekly cisplatin 30mg/m^2 with RT (CRT)

Follow-up: Weekly during CRT, then Q3 months x 2 years, then Q6 monthly

IMPROVES PFS, DFS, LRC







Oncotarget
Open Access Impact Journal

Oncotarget. 2020 Jan 28; 11(4): 399–408.
Published online 2020 Jan 28. doi: 10.18632/oncotarget.27443

PMCID: PMC6996911
PMID: 32064043

Nimotuzumab-cisplatin-radiation versus cisplatin-radiation in HPV negative oropharyngeal cancer

Vanita Noronha,[1,*] Vijay Maruti Patil,[1,*] Amit Joshi,[1] Manoj Mahimkar,[2] Usha Patel,[2] Manish Kumar Pandey,[2] Arun Chandrasekharan,[1] Hollis Dsouza,[1] Atanu Bhattacharjee,[3] Abhishek Mahajan,[1] Nilesh Sabale,[1] Jai Prakash Agarwal,[4] Sarbani Ghosh-Laskar,[4] Ashwini Budrukkar,[4] Anil K. D'Cruz,[5] Pankaj Chaturvedi,[5] Prathamesh S. Pai,[5] Devendra Chaukar,[5] Sudhir Nair,[5] Shivakumar Thiagarajan,[5] Shripad Banavali,[1] and Kumar Prabhash[1]

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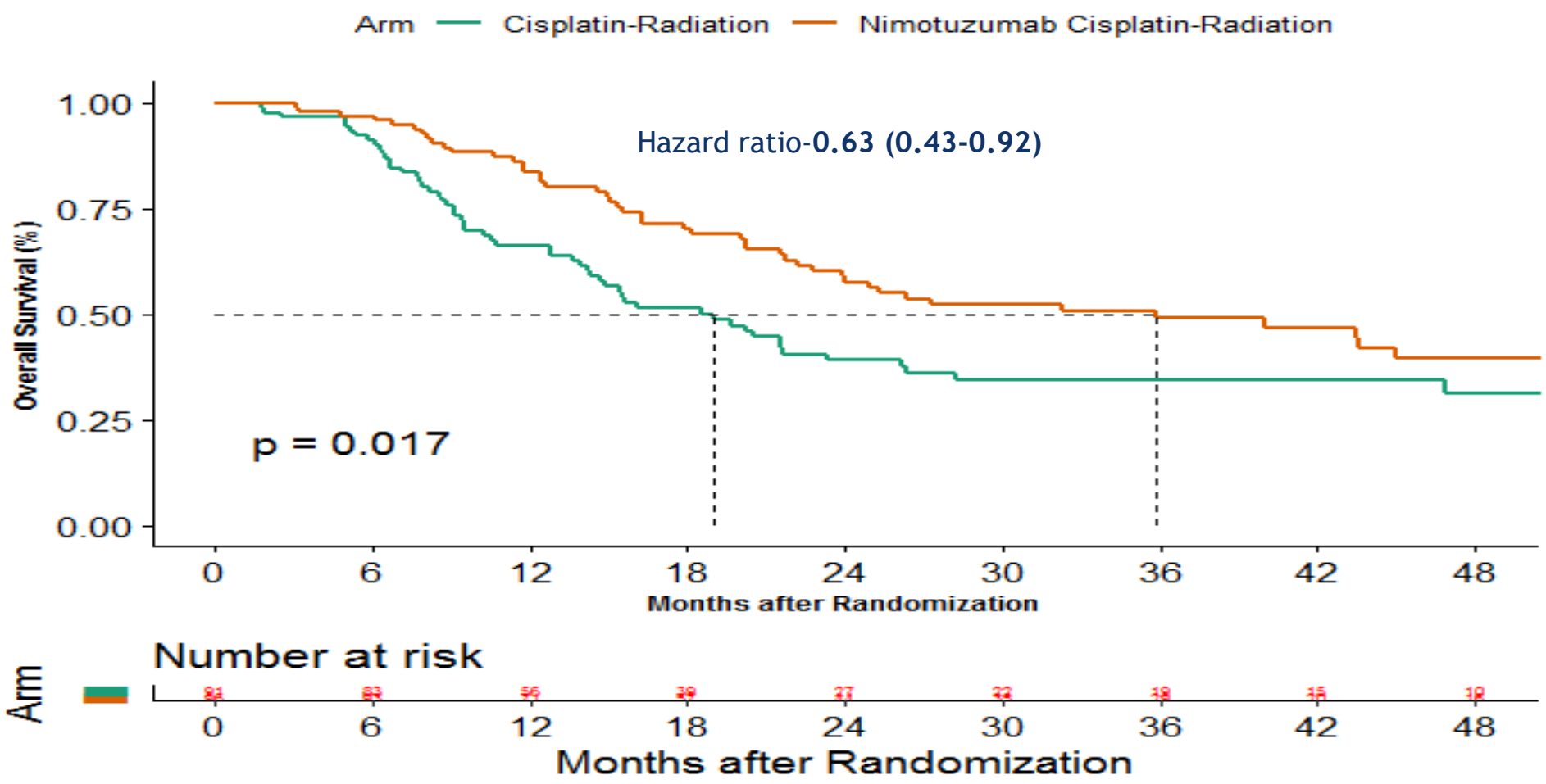
HPV-Negative oropharyngeal cancers


Arm
Cisplatin-Radiation
Nimotuzumab Cisplatin-Radiation
Hazard ratio-0.63 (0.43-0.92)
p = 0.017
Overall Survival (%)
1.00
0.75
0.50
0.25
0.00
0
6
12
18
24
30
36
42
48
Months after Randomization
Number at risk
Arm
91
83
56
39
27
22
18
15
10
0
6
12
18
24
30
36
42
48
Months after Randomization

European Journal of Surgical Oncology
Available online 15 January 2020
In Press, Corrected Proof

Salvage surgery in head and neck cancer: Does it improve outcomes?

Vijay Maruti Patil [a, 1], Vanita Noronha [a, 1], Shivakumar Thiagarajan [b, 1], Amit Joshi [a], Arun Chandrasekharan [a], Vikas Talreja [a], Jaiprakash Agarwal [c], Sarbani Ghosh-Laskar [c], Ashwini Budrukkar [c], Shashikant Juvekar [d], Abhishek Mahajan [d], Archi Agarwal [e], Nilendu Purandare [e], Atanu Bhattacharjee [f], Anil K. D'Cruz [b], Pankaj Chaturvedi [b], Prathamesh S. Pai [b], Devendra Chaukar [b], Kumar Prabhash [a]

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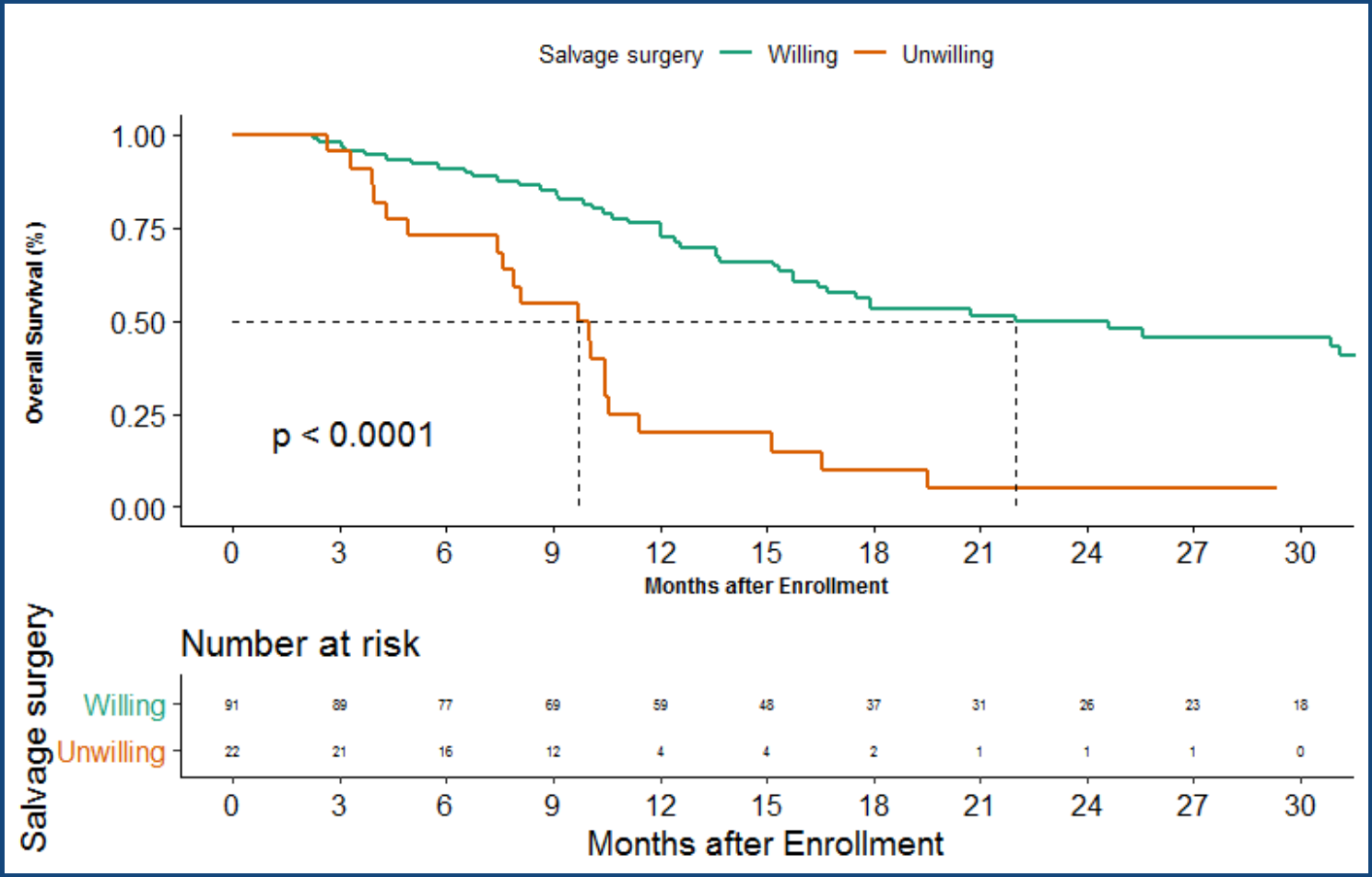
Salvage Surgery


Salvage surgery
Willing
Unwilling
Overall Survival (%)
1.00
0.75
0.50
0.25
0.00
p < 0.0001
0
3
6
9
12
15
18
21
24
27
30
Months after Enrollment
Number at risk
Salvage surgery
Willing
Unwilling
91
89
77
69
59
48
37
31
26
23
18
22
21
16
12
4
4
2
1
1
1
0
Months after Enrollment

- NIMOTUZUMAB WITH WEEKLY CISPLATIN IS AN OPTION FOR TREATMENT FOR LOCALLY ADVANCED HEAD AND NECK CANCER WITH RT

- CISPLATIN INELIGIBLE

OFFICIALLY LICENSED BEST OF ASCO 2022 ANNUAL MEETING

Results of phase 3 randomized trial for use of docetaxel as a radiosensitizer in patients with head and neck cancer unsuitable for cisplatin-based chemoradiation

Presenter at BOA India 2022: Dr Vijay Patil

Professor Vanita Noronha

(on behalf of Prof Vijay Patil and Prof Kumar Prabhash)

Behalf of Department of Medical Oncology

Head and Neck Disease Management Group

2022 ASCO ANNUAL MEETING #ASCO22

PRESENTED BY:
Professor Vanita Noronha; Tata Memorial Hospital, India
@VanitaNoronha

ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

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Stratification

- Site of the tumour (oral cavity vs oropharynx vs larynx vs hypopharynx)
- Type of radiation (conventional vs altered fractionation)
- T grouping (T1-2 vs T3 vs T4)
- N grouping (N0-N1 vs N2-N3)
- Indication (radical vs adjuvant)

Selection criteria

1. Adult (≥18 years)
2. ECOG PS 0-2
3. LAHNSCC
4. CTRT indicated
   a. Adjuvant
   b. Definitive
5. Cisplatin unsuitable*

Arm A: Radiation

1:1 Randomisation

Arm B: Docetaxel + Radiation

Endpoints

1. 2-year disease free survival
2. 2-year overall survival
3. Quality of life
4. Adverse events

Docetaxel 15 mg/m^2 weekly intravenously
RT dose- 60 Gy in adjuvant & 66-70 Gy in definitive settings respectively
FACT H&N version 4.0- QOL recording

PRESENTED BY:
Professor Vanita Noronha; Tata Memorial Hospital, India
@VanitaNoronha

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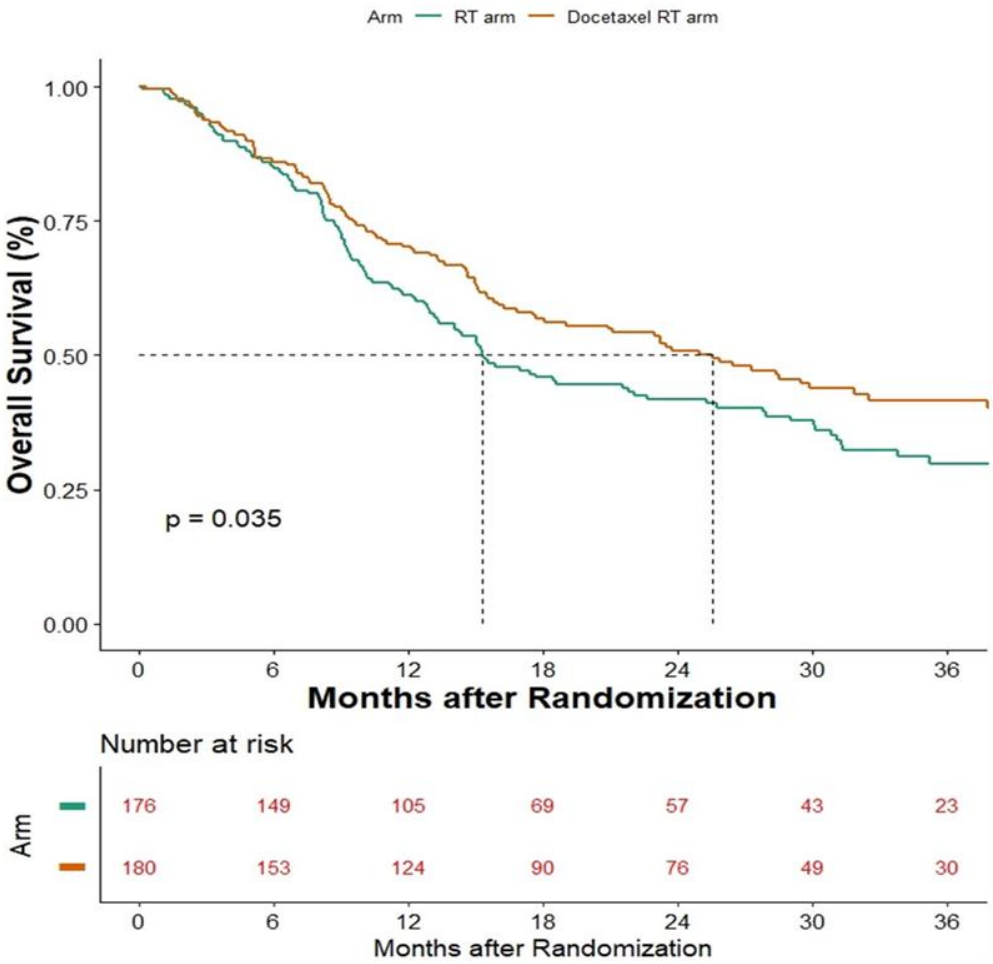

- **The 2 year OS were 41.7% (95% CI 34.1-49.1) versus 50.8% (95% CI 43.1-58.1) in the RT and Docetaxel-RT arms respectively**
- **The addition of docetaxel led to a decrement in the hazard ratio to 0.747 (95% CI 0.569-0.98; P-value=0.035)**

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- In cisplatin ineligible patients docetaxel with RT is an option

ELSEVIER

RMAC study: A randomized study for evaluation of metronomic adjuvant chemotherapy in recurrent head and neck cancers post salvage surgical resection in those who are ineligible for re-irradiation

Vijay Patil [a], Vanita Noronha [a], Amit Joshi [a], Nandini Menon [a], Vijayalakshmi Mathrudev [a], Atanu Bhattacharjee [b], Arun Chandrasekharan [a], Dilip Vallathol [a], Hollis Dsouza [a], Sujay Srinivas [a], Tanmay Mandal [a], Pankaj Chaturvedi [c], Devendra Chaukar [c], Prathamesh Pai [c], Sudhir Nair [c], Shiva Thiagrajan [c], Sarbani Laskar [d], Kavita Nawale [a] ... Kumar Prabhash [a]

Results

At a median follow up of 30.2 months (95% confidence interval (CI), 25.3 to 35.1) the 1 year and 2-year DFS were 57.4% (95% CI, 42.8–69.5) and 37.6% (95% CI, 24.1–51) in MAC arm whereas the corresponding numbers were 62.3% (95% CI, 47.8 to 73.8) and 54.2%(95% CI, 39.8 to 66.5) in observation arm, respectively (hazard ratio for progression, 1.45; 95% CI, 0.87 to 2.47; P = 0.15). In the MAC arm, the 1 and 2 year OS was 78.7% (95% CI, 64.9 to 87.6) and 48% (95% CI, 34.1 to 62).The corresponding figures in the observation arm were 79.2% (95% CI, 65.7 to 87.9) and 65.5% (95% CI, 50.9 to 76.7) (hazard ratio for death, 1.7, 95% CI, 0.94 to 3.08; P = 0.08).

Conclusion

The adjuvant 6-month metronomic schedule was ineffective in improving outcomes in recurrent head and neck cancers post salvage surgery who are ineligible for re-radiation.

Trial registration.

Clinical trial registry of India (CTRI)- CTRI/2016/04/006872 [Registered on 26/4/2016]

Journal of Clinical Oncology > List of Issues > Volume 40, Issue 16_suppl >

Meeting Abstract | 2022 ASCO Annual Meeting I

HEAD AND NECK CANCER

Phase III randomized control study evaluating adjuvant metronomic chemotherapy in locally advanced head and neck cancers post-radical chemoradiation (MACE-CTRT).

Sunil Ramdhan Chopade, Vijay Maruti Patil, Vanita Noronha, Nandini Sharrel Menon, Atanu Bhattacharjee, Kavita Prakash Nawale, ...

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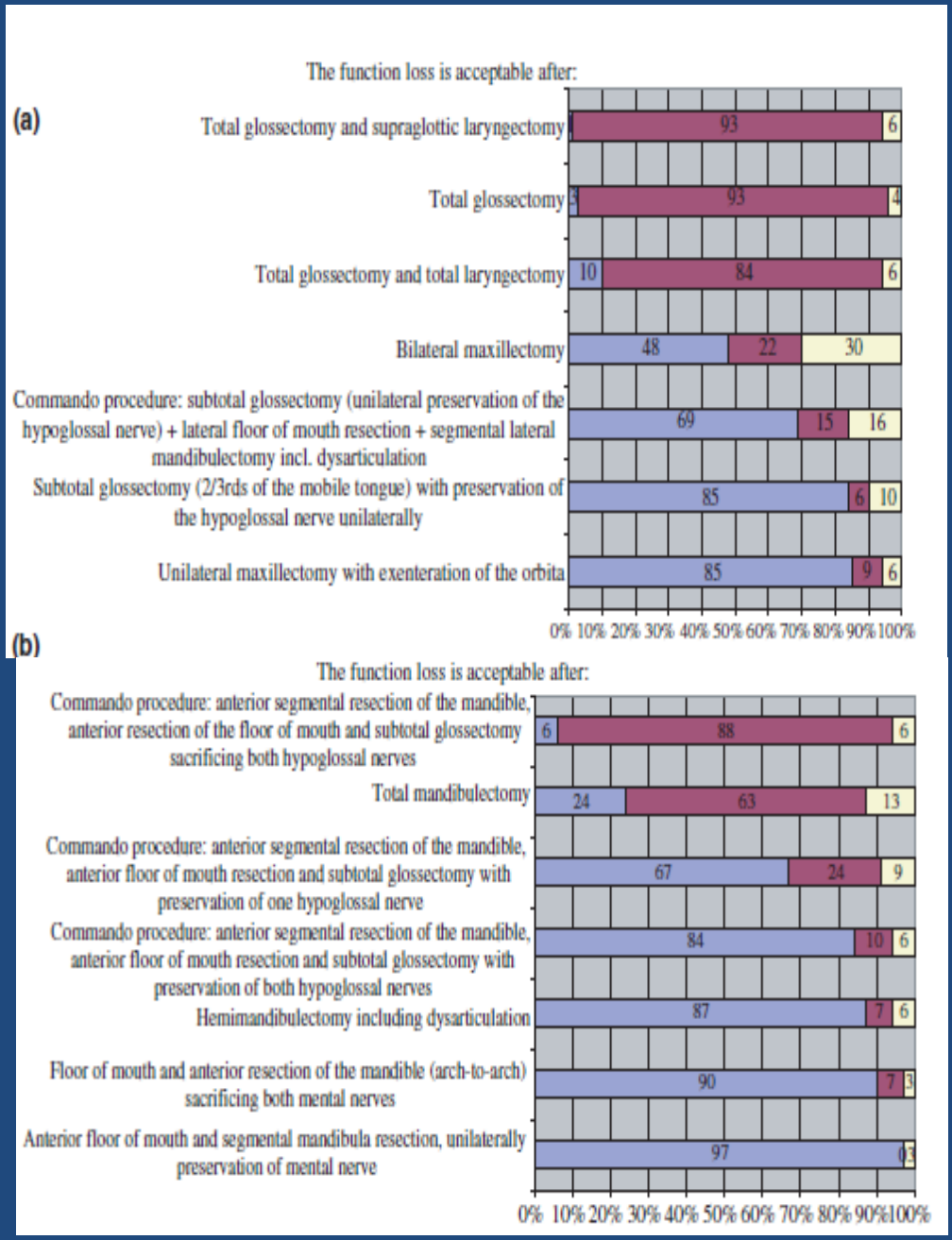
analyses for efficacy and futility. **Results:** 137 patients were recruited and an interim analysis was done. The 3 year PFS in the observation arm was 67.1% (95% CI 53.8-77.3) and the same in the MAC arm was 62.5%(95%CI 49.4-73.1). The corresponding hazard ratio was 1.402 (95% CI 0.7393-2.66, P-value = 0.3). The 3 year OS in the observation arm was 77.3% (95% CI 64.4-86) and the same in the MAC arm was 64.1% (95%CI 51-74.5). The corresponding hazard ratio was 1.588 (95% CI 0.8734-2.886, P-value = 0.1). Any grade mucositis was seen in 30 patients (45.5%) in the MAC arm and 20 patients (28.2%) in the observation arm (P-value = 0.05). The rate of grade 3 or above mucositis was 7.6%(n = 5) in the MAC arm and 1.4%(n = 1) in the observation arm (P-value = 0.106). **Conclusions:** Both arms had similar OS. Hence observation post complete response post radical chemoradiation remains the standard of care. Clinical trial information: CTRI/2016/09/007315.

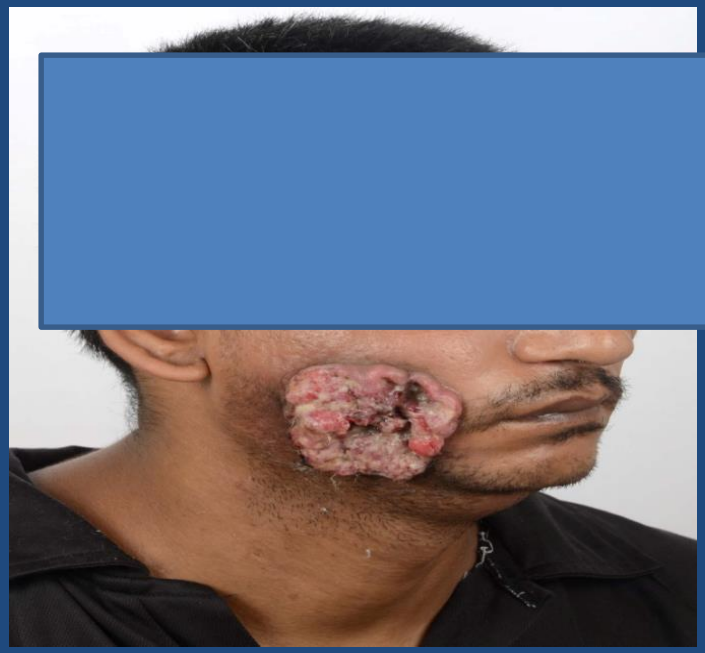
NACT IN ORAL CAVITY CANCER

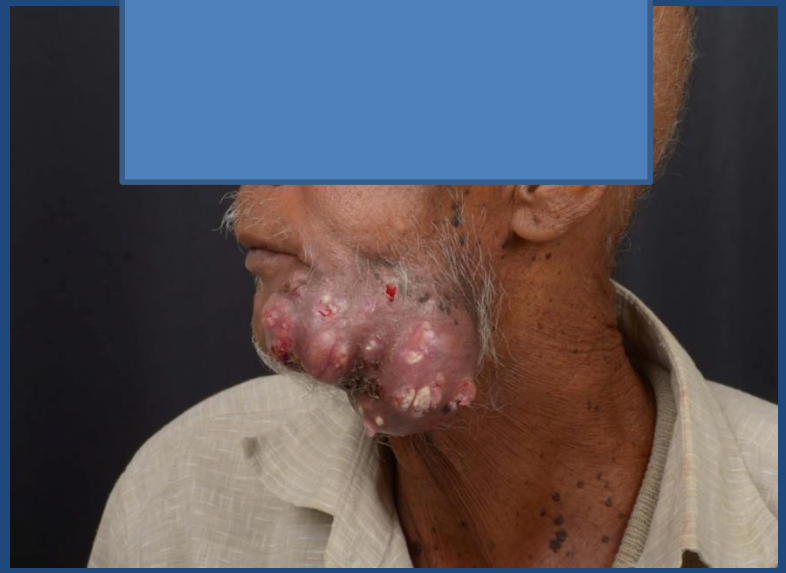
- What is resectable?

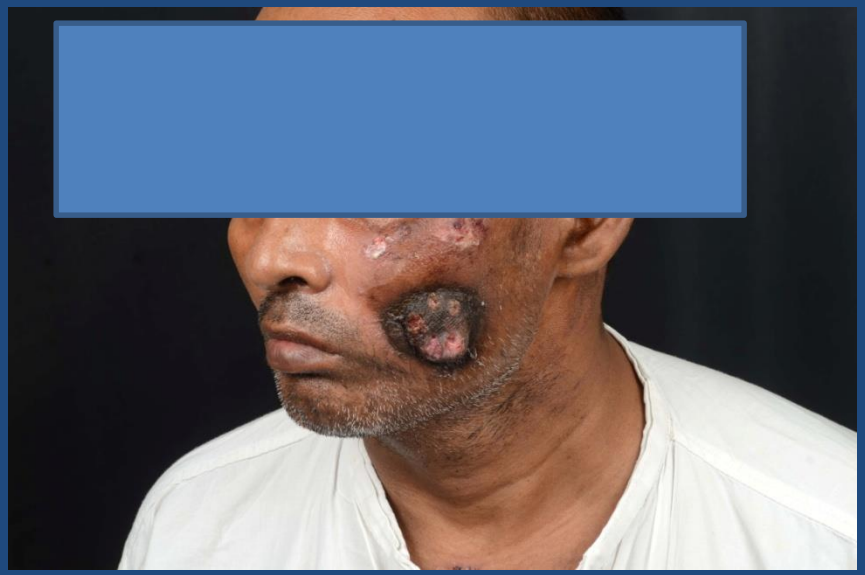
- Resectability in oral cancers
  - Balance of morbidity and prognosis
  - Subjective
  - Vary between institute to institute & between surgeons in same institute

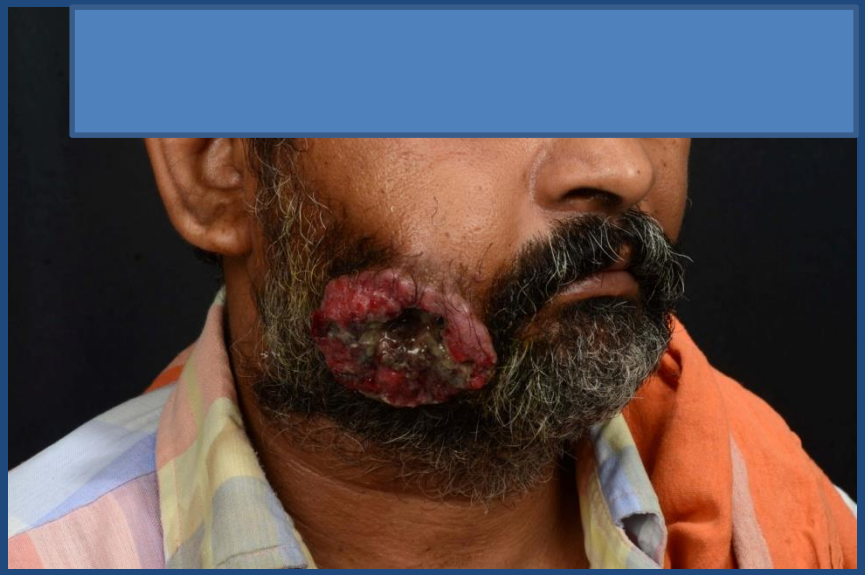


Kreeft et al. Clin. Otolaryngol. 2009, 34, 140–146









IS THERE ROLE IN TECHNICALLY UNRESECTABLE TUMORS

Oral Oncology 50 (2014) 1000–1004

Contents lists available at ScienceDirect

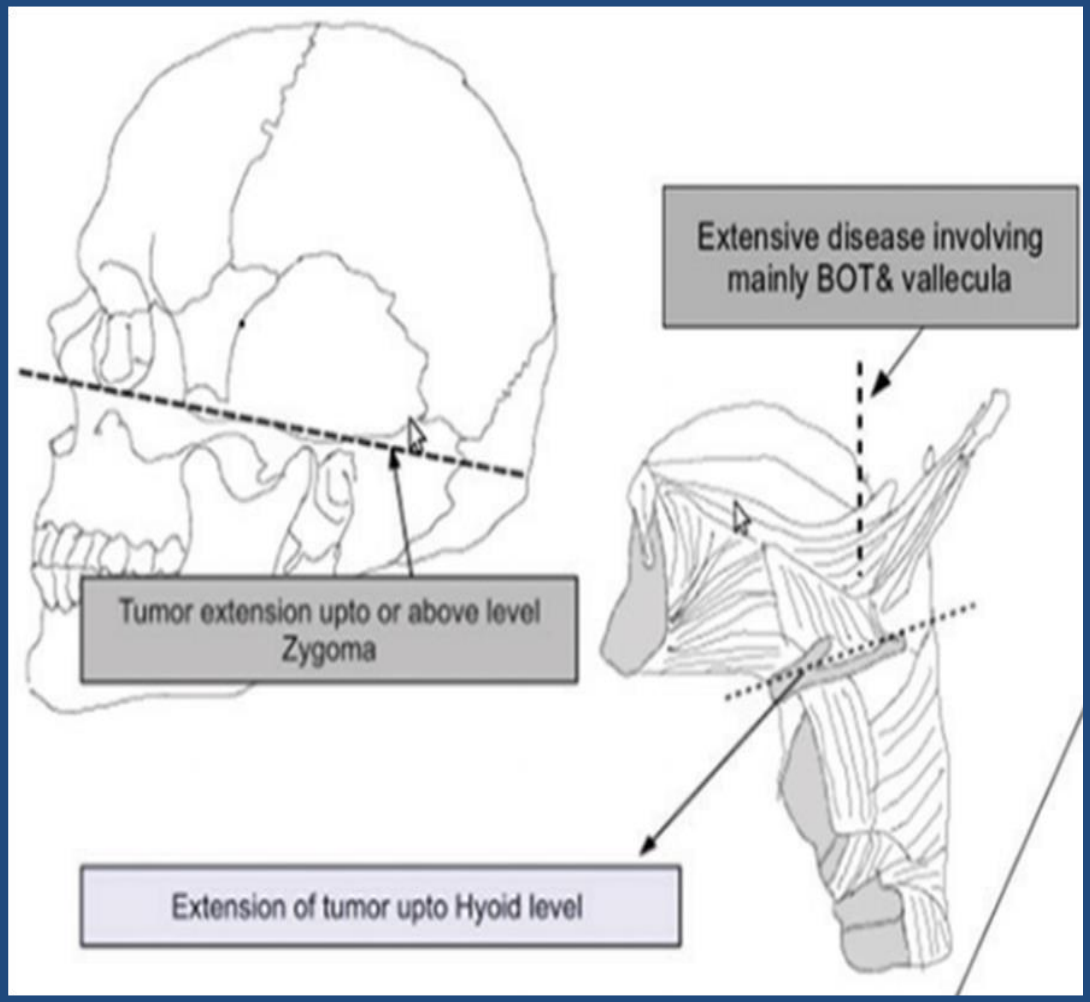
Oral Oncology

journal homepage: www.elsevier.com/locate/oraloncology

Neoadjuvant chemotherapy followed by surgery in very locally advanced technically unresectable oral cavity cancers

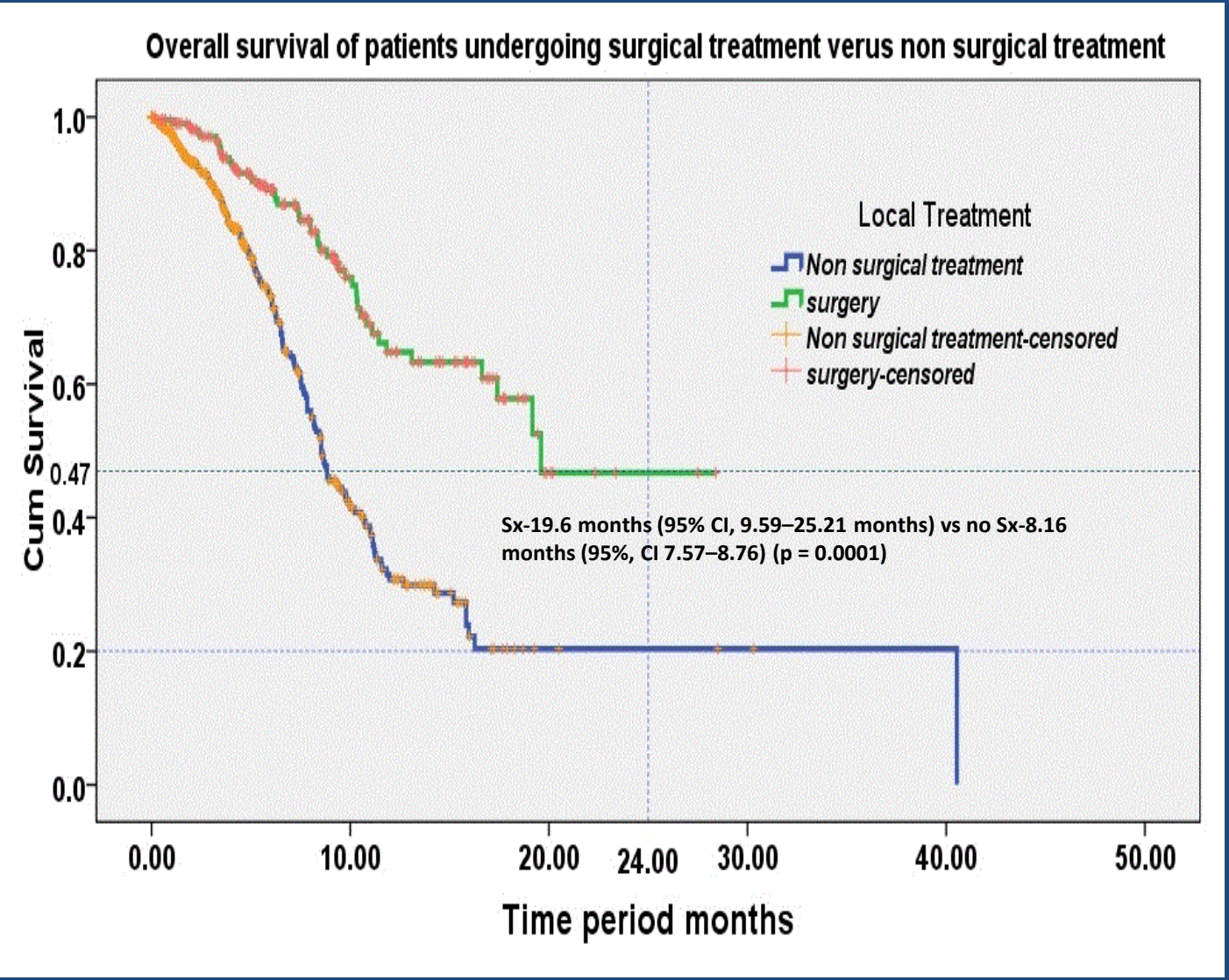
V.M. Patil [a], K. Prabhash [a,*], V. Noronha [a], A. Joshi [a], V. Muddu [a], S. Dhumal [a], S. Arya [b], S. Juvekar [b], P. Chaturvedi [d], D. Chaukar [d], P. Pai [d], S. Kane [e], A. Patil [e], J.P. Agarwal [c], S. Ghosh-Lashkar [c], A. Dcruz [d]

Our Criteria for technical unresectability



Patil et al.Indian J Cancer 2014 Apr-Jun;51(2):100-3.
Patil et al .Oral Oncology 50 (2014) 1000–1004

OS (Sx vs no Sx)



40% pts resected

Patil et al .Oral Oncology 50 (2014) 1000–1004

Neoadjuvant chemotherapy and surgical margin in technically unresectable buccal mucosa cancers

Table 2
Distribution of important post surgery pathological tumor parameters between the 2 groups.

	Upfront surgery ($n = 215$)	NACT → Surgery ($n = 215$)	p value
Positive margin	3 (1.4%)	0 (0.0%)	0.212**
Positive + Close margin	11 (5.1%)	07 (3.3%)	0.335**
Lymphovascular invasion	3 (1.4%)	3 (1.4%)	0.995**
Perineural invasion	50 (23.3%)	19 (7.4%)	**0.000****

p value in bold signifies statistical significance.
** Comparison done by chi-square test.

OO 3306

22 October 2015

Comparison of postoperative complications in advanced head and neck cancer patients receiving neoadjuvant chemotherapy followed by surgery versus surgery alone

Table 3: Complication details

Complications	Surgery $n = 153$ (%)	Neoadjuvant chemotherapy $n = 52$ (%)	*P*
Major complications	30 (19.6)	6 (11.5)	0.424
Minor complications	28 (18.3)	10 (19.2)	
None	95 (62.09)	36 (69.2)	
Major			
PMMC flap/free flap/neck skin necrosis	12	5	
OCF	8		
Hematoma evacuation	6	1	
Preoperative spinal accessory nerve/facial nerve injury	2		
Arrhythmia	1		
DVT	1		
Minor			
Seroma	6	3	
Chyle leak	4	1	
Salivary fistula	7	4	
Marginal nerve paresis	5	1	
Wound erythema/dehiscence	2		
Hypotension per operatively	1		
Hypocalcemia/hyponatremia	2	1	
Fever	1		
Infection			
Yes	27 (17.6)	5 (9.4)	0.08
No	126 (82.4)	48 (90.6)	
Change of antibiotics			
Yes	24 (16.6)	5 (10.4)	0.27
No	129 (83.4)	47 (89.6)	

Preoperative chemotherapy in advanced resectable OCSCC: long-term results of a randomized phase III trial

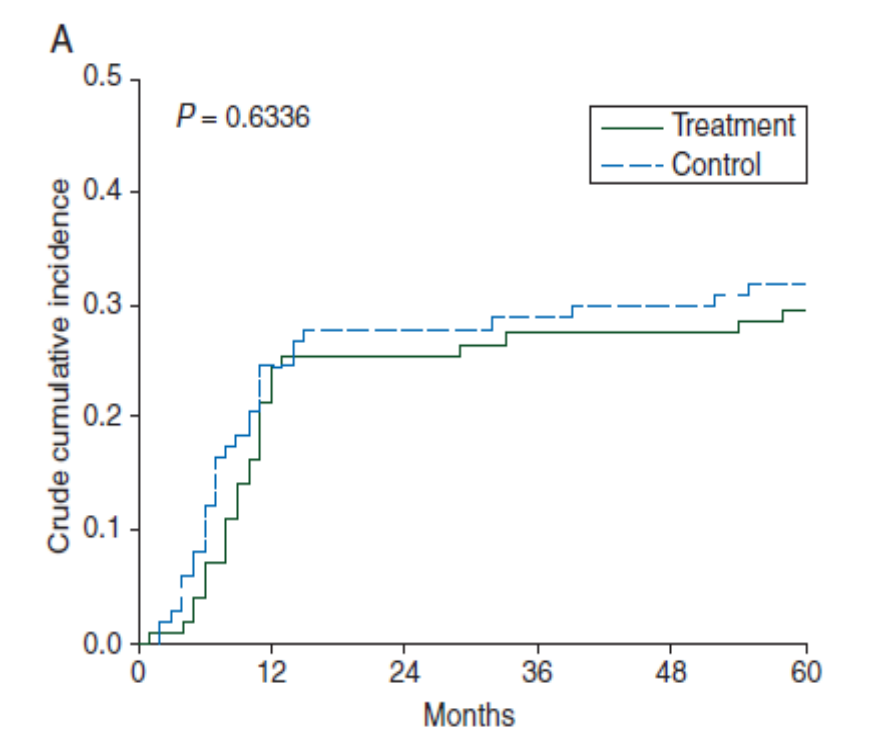


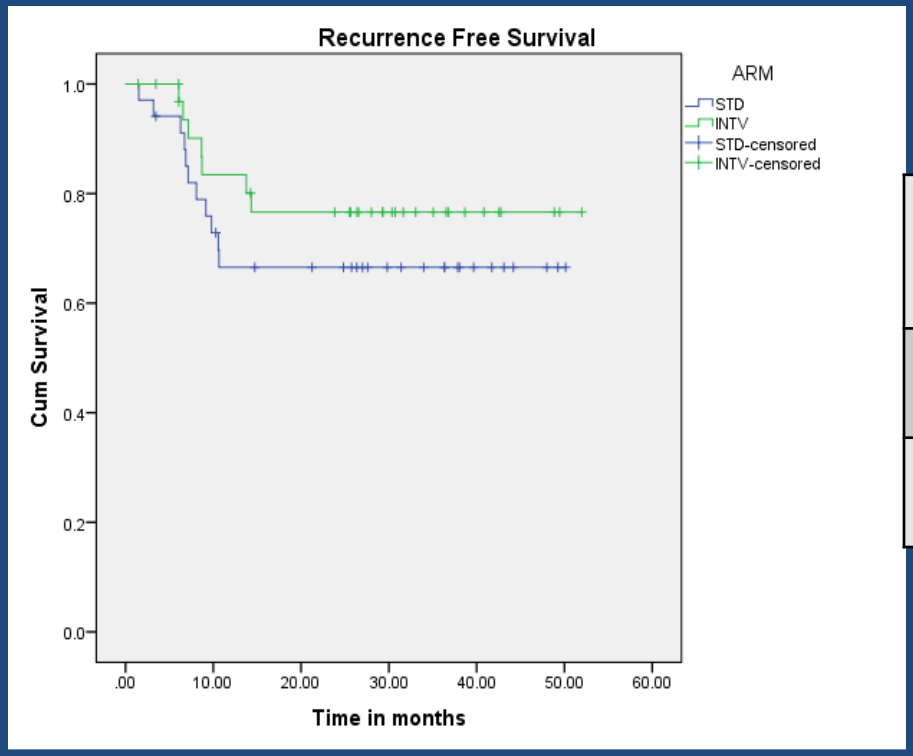
Figure 1. Incidence of locoregional relapse

Annals of Oncology 25: 462–466, 2014

MANDIBULAR PRESERVATION STUDY

Disease Free Survival

Median Follow up Period - 26.5 Months



Arm	Mean (Months)	At 24 Months	p value (Log Rank Test)
Standard	35.81	66.5 %	0.39
Intervention	40.01	76.6 %	

PI-Dr Devendra Chaukar

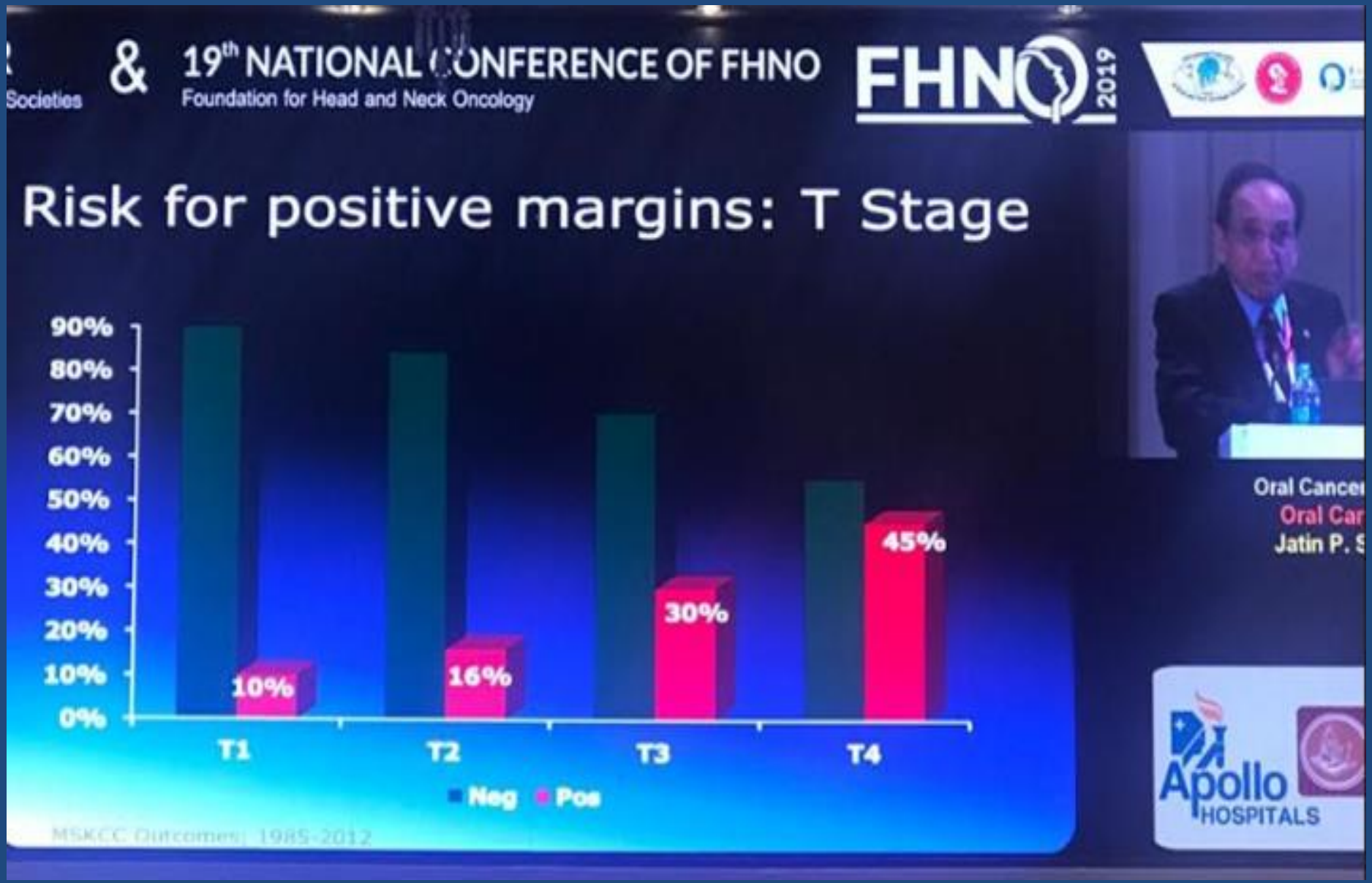
CLINICOPATHOLOGIC DETERMINANTS OF OUTCOME IN PATHOLOGIC T4a (pT4a) SQUAMOUS CELL CARCINOMA OF THE GINGIVO-BUCCAL SUBSITE OF THE ORAL CAVITY.

DR. PRATEEK JAIN

TATA MEDICAL CENTER

TABLE 1: FACTORS AFFECTING DFS AND OS (UNIVARIATE ANALYSIS, N=121)

Factor	Number of patients (%)	Number of recurrences (%)	Number of deaths (%)	P value	
				DFS	OS
DIFFERENTIATION					
WELL	7 (5.78)	0 (0)	1 (14.28)	0.430	0.240
MODERATE	99 (81.81)	22 (22.22)	31 (31.31)		
POOR	15 (12.39)	3 (20)	7 (46.67)		
MARGIN					
FREE	86 (71.07)	22 (25.58)	26 (30.23)	0.103	0.509
CLOSE	24 (19.83)	1 (4.16)	9 (37.5)		
INVOLVED	11 (9.09)	2 (18.19)	4 (36.37)		


Societies
&
19th NATIONAL CONFERENCE OF FHNO
Foundation for Head and Neck Oncology
FHNO 2019
Risk for positive margins: T Stage
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
10%
16%
30%
45%
T1
T2
T3
T4
Neg
Pos
MSKCC Outcomes, 1985-2012
Oral Cancer
Oral Can
Jatin P. S
Apollo
HOSPITALS

VERY ADVANCED AND BORDERLINE TREATABLE ORAL CANCERS: EARLY ONCOLOGICAL OUTCOME AFTER COMPARTMENT SURGERY.

PRESENTING AUTHOR-DR. SMIT A. DESAI

Department of head and neck cancer surgery and skull base surgery, Shankus medicity hospitals, mehsana, Gujarat, India

ABSTRACT- ID - 115

STUDY OF 106 PATIENTS




Methods:

This is a retrospective study for all cases done from July 2016 to December 2017.

Inclusion category was based on published literature about borderline head and neck cancers, which is **divided in 8 category** -

1 T4b Buccal Mucosa
2 Gross Skin Involvement +Oedema Upto Zygoma
3 Skin Infiltration >5 Cm
4 Large N3 Node
5 V.Advance Tongue Reaching Upto <= Hyoid
6 Maxilla + Skull Base + Itf
7 Salvage Surgery-previously Incomplete Treatment
8 Salvage Surgery-previously Complete Treatment

Exclusion criteria were- Carotid encasement, intra-cranial extension, pre-vertebral fascia involvement and distant metastasis. All patients were offered compartment surgery with appropriate adjuvant therapy.



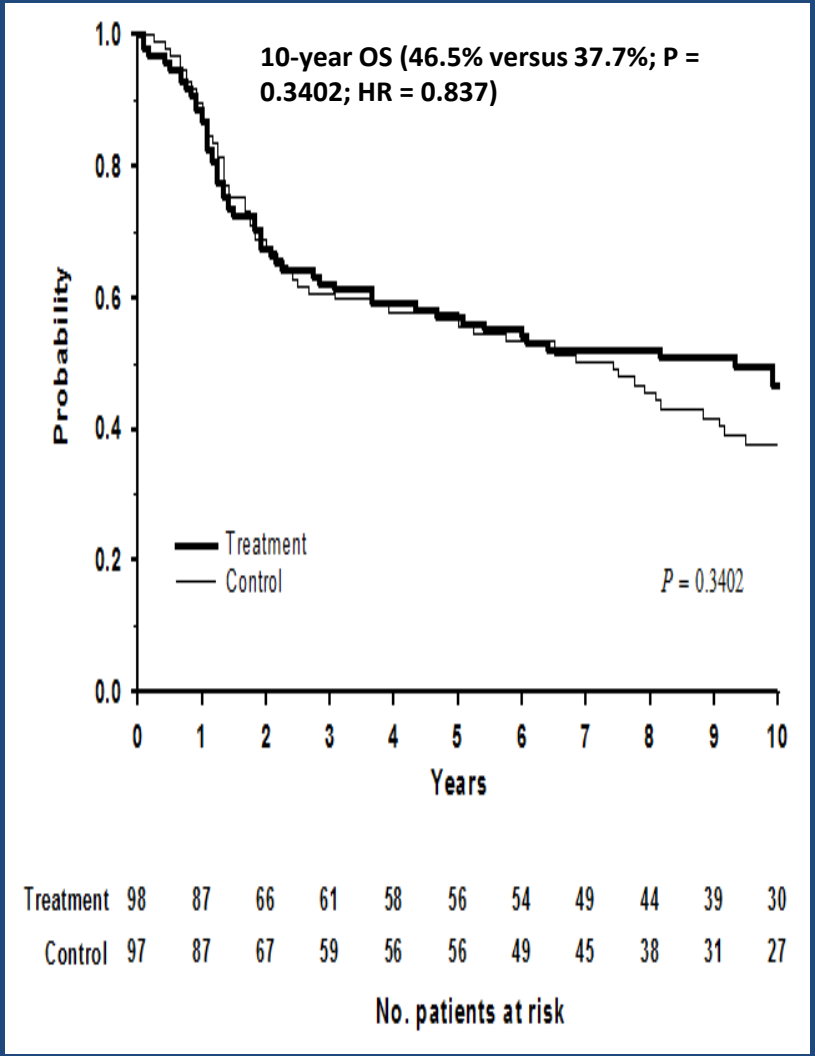

Results:

Median Follow Up Time-15 Months(Avg-10 To 24 Months)

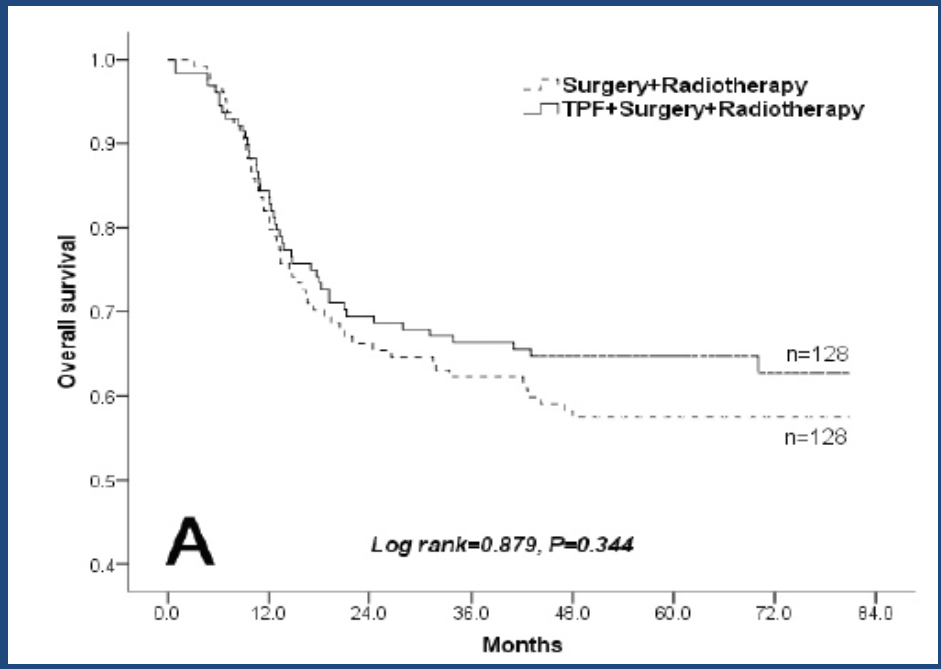
Category	Category Description	No of Pts	Alive	Alive with Disease	Alive without Disease	Total Dead	Dead due to other causes	Dead due to disease	Lost to Follow up	Mean Follow up time	LR	RR	DM	Disease Recurance	Avg time of recurance
1	T4B BUCCAL MUCOSA	22	8 (36%)	1 (5%)	7 (32%)	8 (36%)	2 (9%)	6 (27%)	6 (27%)	15 Months	1 (5%)	3 (14%)	4 (18%)	8 (36%)	6 Months
2	GROSS SKIN INVOLVEMENT +OEDEMA UPTO ZYGOMA	19	6 (32%)	2 (11%)	4 (21%)	6 (32%)	2 (11%)	4 (21%)	7 (37%)	15 Months	1 (5%)	4 (21%)	3 (16%)	8 (42%)	6 Months
3	SKIN INFILTRATION >5 CM	5	3 (60%)	0 (0%)	3 (60%)	2 (40%)	1 (20%)	1 (20%)	0 (0%)	14 Months	0 (0%)	0 (0%)	2 (40%)	2 (40%)	5 Months
4	LARGE N3 NODE	13	5 (38%)	0 (0%)	5 (38%)	3 (23%)	1 (8%)	2 (15%)	5 (38%)	13 Months	0 (0%)	0 (0%)	2 (15%)	2 (15%)	2 Months
5	V.ADVANCE TONGUE REACHING UPTO <= HYOID	16	8 (50%)	0 (0%)	8 (50%)	6 (38%)	2 (13%)	4 (25%)	2 (13%)	14 Months	0 (0%)	3 (19%)	3 (19%)	6 (38%)	5 Months
6	MAXILLA + SKULL BASE + ITF	7	5 (71%)	1 (14%)	4 (57%)	1 (14%)	0 (0%)	1 (14%)	1 (14%)	15 Months	1 (14%)	0 (0%)	0 (0%)	1 (14%)	6 Months
7	SALVAGE SURGERY-PREVIOUSLY INCOMPLETE TREATMENT	17	10 (59%)	0 (0%)	10 (59%)	4 (24%)	1 (6%)	3 (18%)	3 (18%)	14 Months	0 (0%)	3 (18%)	0 (0%)	3 (18%)	4 Months
8	SALVAGE SURGERY-PREVIOUSLY COMPLETE TREATMENT	7	3 (43%)	1 (14%)	2 (29%)	3 (43%)	1 (14%)	2 (29%)	1 (14%)	15 Months	2 (29%)	2 (29%)	0 (0%)	4 (57%)	6 Months

- **Resectable Disease**

Preoperative chemo : OS



Bocci et al. Ann Oncol. 2014 Feb;25(2):462-6.



Lai-ping Zhong et al. JCO 2013;31:744-751

ORGAN PRESERVATION

The Role of Neo-adjuvant Chemotherapy for Mandibular Preservation in Locally Advanced Operable Squamous Cell Carcinoma of the Oral Cavity- A RANDOMIZED TRIAL

Devendra Chaukar

Trial Design

Randomization

Standard Arm

Segmental Mandibulectomy

+

Appropriate

Adjuvant RT/ CTRT

Intervention Arm

NACT (2 Cycles)

T - Docetaxel – 75mg/m2 – Day -1
P - Cisplatin – 75mg/m2 – Day -1
F - 5 FU – 750mg/m2 – day 1-5

Reassess

Surgery

+

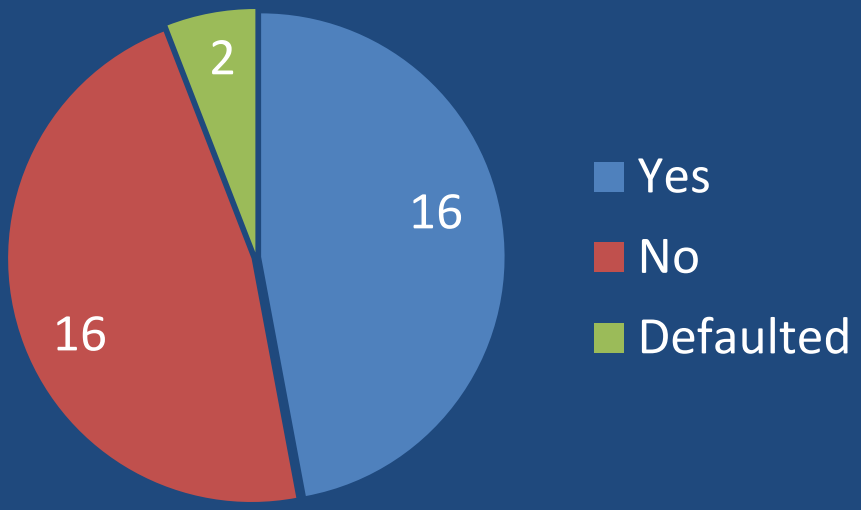
Adjuvant CTRT

Mandible Preservation

- **Intervention Arm**

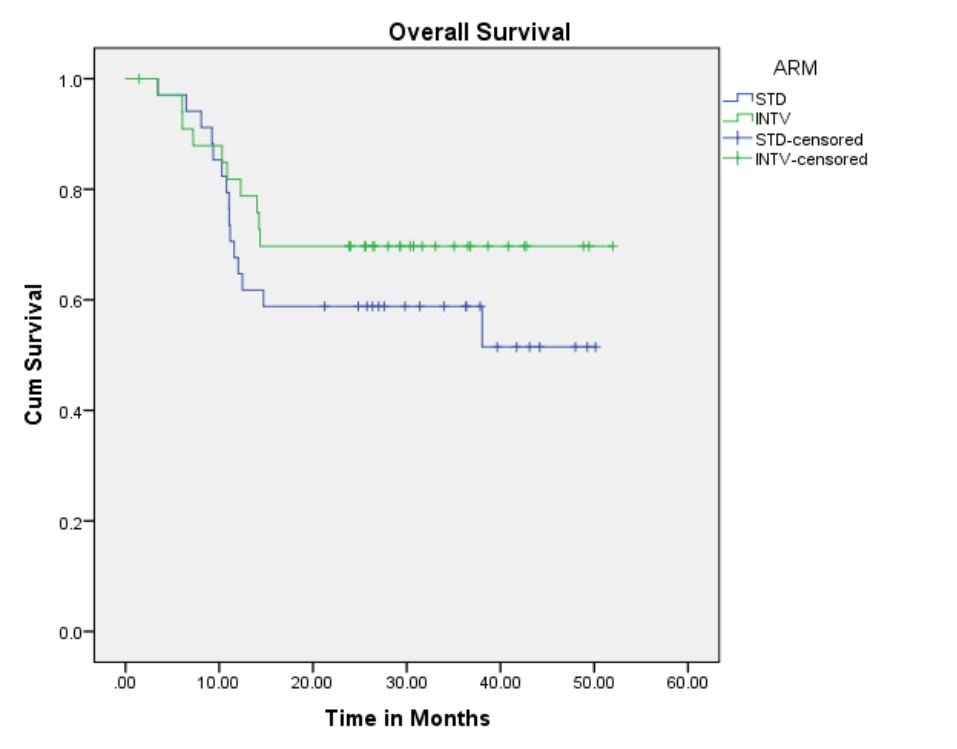
48 % (16 / 34)

Mandible Preservation



Overall Survival

Median Follow up Period - 26.5 Months



Arm	Mean (Months)	At 24 Months	p value (Log Rank Test)
Standard	37.22	58.8 %	0.27
Intervention	39.22	69.7 %	

ASCO
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
ASSOCIATION FOR CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

Abstract #380418

Phase 3 randomized study comparing docetaxel-platinum with docetaxel-platinum-5 fluorouracil as neoadjuvant chemotherapy in technically unresectable oral cancer.

Ajaykumar Singh, Vijay Maruti Patil, Vanita Noronha, Nandini Sharrel Menon, Pankaj Chaturvedi, Vijayalakshmi Mathrudev, Atanu Bhattacharjee, Sunil Ramdhan Chopade, Sujay Srinivas, Somnath Roy, Tanmoy Mondal, Hollis D'souza, Devendra A Chaukar, P. S. Pai, Sudhir Vasudevan Nair, Shivakumar Thiagarajan, Sarbani Laskar, Kavita Prakash Nawale, Sachin Babanrao Dhumal, Kumar Prabhash; Tata Memorial Centre, Mumbai, India; Department of Head and Neck Surgical Oncology, Tata Memorial Hospital, Mumbai, India, Mumbai, India; Tata Memorial Hospital, Mumbai, India; Tata Memorial, Mumbai, India; Tata Medical Center, Kolkata, India; Netaji Subhash Chandra Bose Hospital, Kolkata, India; Clinical Research Centre, Advanced Centre for Treatment, Research and Education in Cancer(ACTREC),Tata Memorial Centre, Kharghar,Navi Mumbai, India

Results:

495 patients were randomized in this study, 250 patients in arm A and 245 in arm B. At a median follow-up of 39.5 months. The 2-year OS was 29.1% in the DCF and 23.5% in the DC arm respectively (HR=0.81; 95%CI 0.66-0.99, P-value= 0.043). Grade 3 or above adverse events were higher in the DCF arm - oral mucositis (10.6% versus 1.2%), diarrhea (13.6% versus 9.6%), febrile neutropenia (23.2% versus 2.6%), hyponatremia (40.8% versus 20.8%), and hypokalemia (17.9% versus 1.6%).

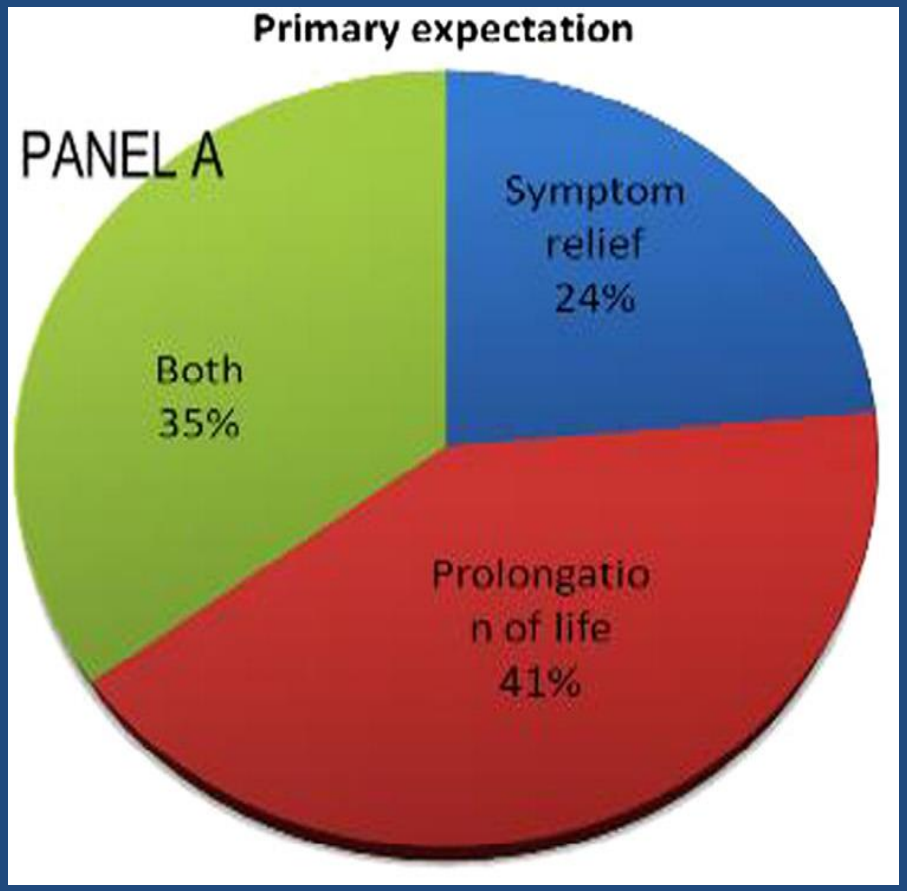
Conclusions:

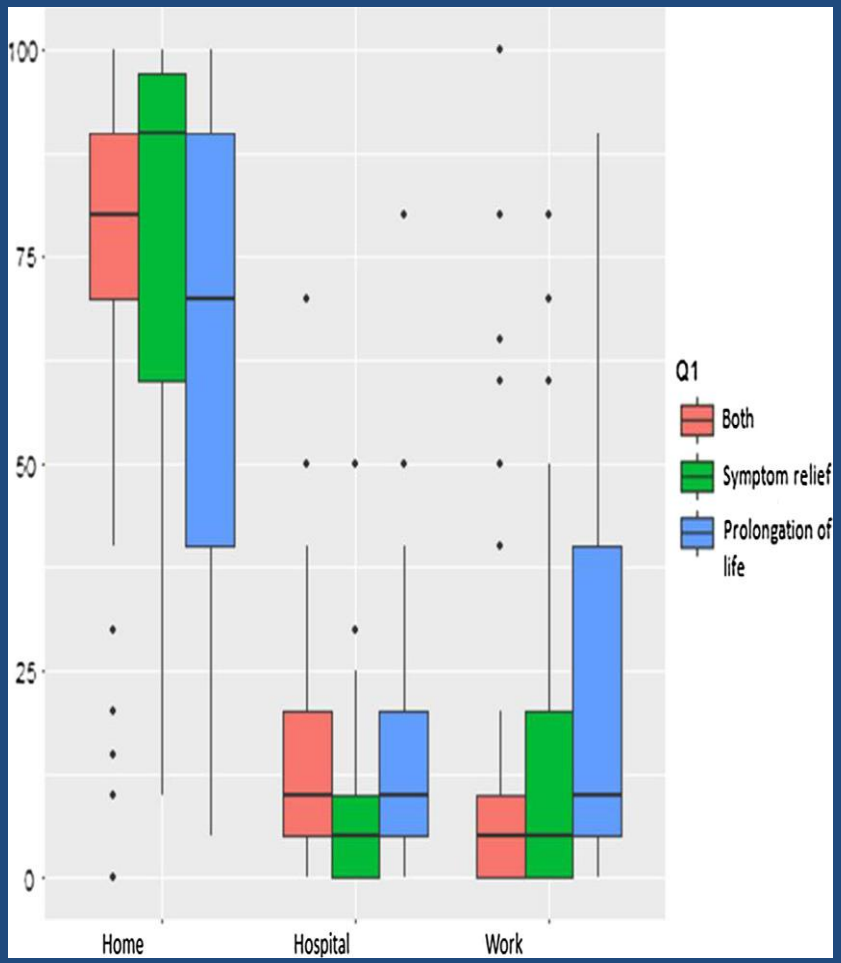
NACT with DCF has a survival benefit over DC in oral cancers but it comes at the cost of an increment in acute adverse events.

- **PALLIATIVE SYSTEMIC THERAPY**

- What patients want?

Expectation & preference





Oral Oncol. 2016 Dec;63:10-15.

- Distress evaluation

Distress in Palliative head and neck cancer

Problems	Numbers (%)200	Problems	Numbers (%)
Practical problems	133 (66.5%)	Physical problems	143 (71.5%)
Child care	59 (29.5%)	Appearance	83 (41.5%)
Housing	71 (35.5%)	Bathing/dressing	20 (10.0%)
Insurance/Finance	116 (58.8%)	Breathing	07 (3.5%)
Transport	74 (37.0%)	Changes in urination	02 (1.0%)
Work/school	14 (7.0%)	Constipation	10 (5.0%)
Family problems	58 (29.0%)	Diarrhea	-
Dealing with children	41 (20.5%)	Eating	62 (31.0%)
Dealing with partner	29 (14.5%)	Fatigue	56 (28.0%)
Dealing with close	27 (13.5%)	Feeling swollen	27 (13.5%)
Friend/relative	36 (18.0%)	Fevers	01 (0.5%)
Emotional problems	136 (68.0%)	Getting around	-
Depression	117(58.5%)	Indigestion	-
Fears	109 (54.5%)	Memory/concentration	4 (2.0%)
Nervousness	109 (54.5%)	Mouth sores	5 (2.5%)
Sadness	117 (58.5%)	Nausea	2 (1.0%)
Worry	112 (56.0%)	Nose dry/congested	1 (0.5%)
Loss of interest in usual activities	49 (24.5%)	Pain	130 (65.0%)
		Sexual	3 (1.5%)
		Skin dry itchy	2 (1.0%)
		Sleep	61 (30.5%)
		Tingling in hands and feets	12 (6.0%)
Spiritual/religious concerns	9 (4.5%)		

Distress relief

	Compliant	Incompliant	Total
Baseline (n=200)			
Low distress	86	25	111
High distress	66	23	89
After clinician lead counseling (n=88)			
Low distress	39	13	52
High distress	26	10	36
After psychologist lead counseling (n=32)			
Low distress	20	04	24
High distress	05	03	08

Distress counselling by clinicians relives distress in 2/3rd of patients

Platinum-Based Chemotherapy plus Cetuximab in Head and Neck Cancer

N ENGL J MED 359;11 WWW.NEJM.ORG SEPTEMBER 11, 2008

Pembrolizumab and Nivolumab in R/M SCCHN

- ONLY 1-2% OUR PTS CAN TAKE IT

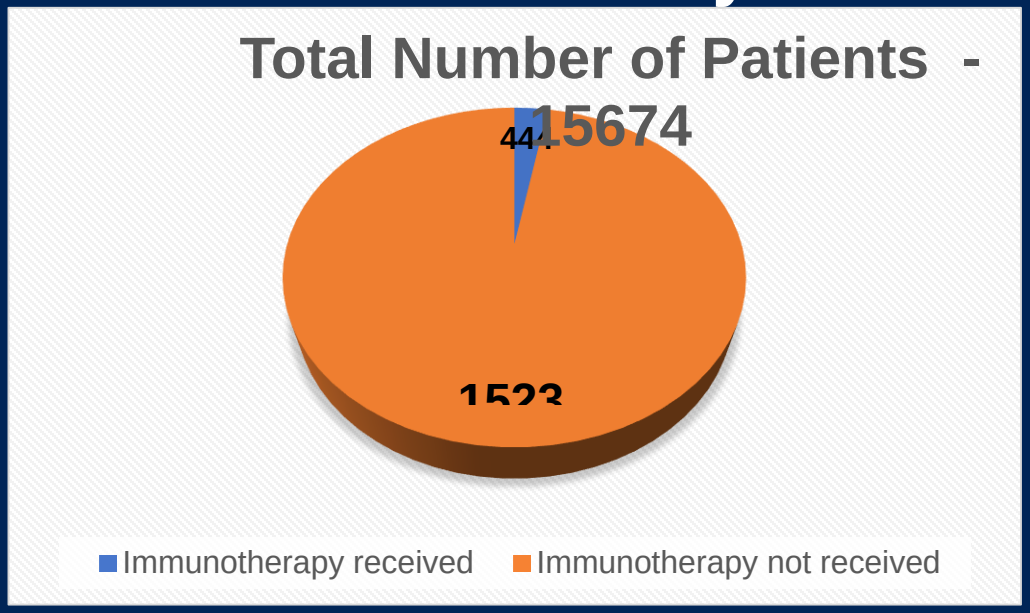
2022 ASCO® ANNUAL MEETING

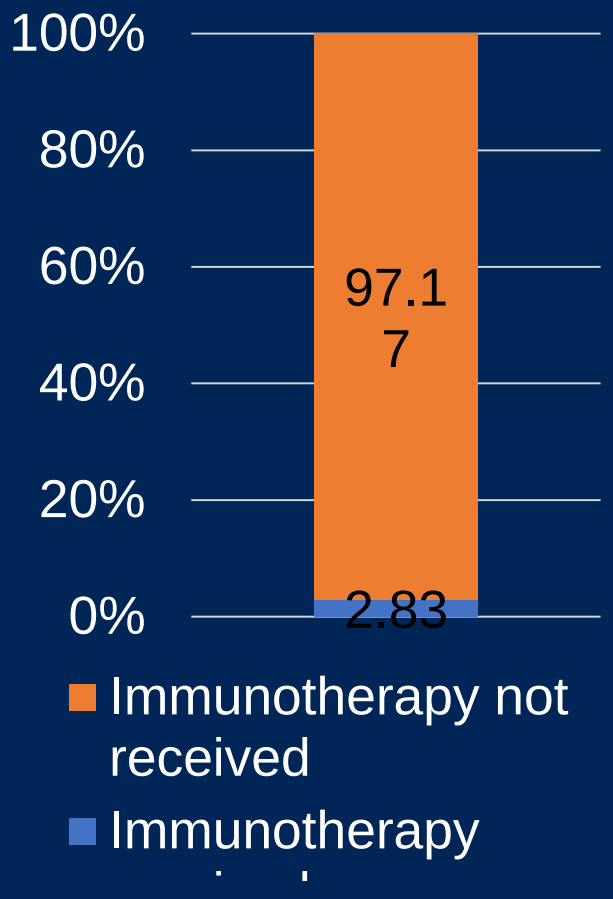
Checkpoint inhibitor accessibility in 15,000+ Indian patients.

Madala Ravikrishna, Vijay Patil, George Abraham, Atanu Bhattacharjee, Vanita Noronha, Nandini Menon, Jyoti Bajpai, Kumar Prabhash

Department of Medical Oncology

Results-Accessibility





A total of 15,674 patients were identified who required immunotherapy; of them only 444 received it

IO accessibility= 2.83% (95%CI 2.58-3.1)

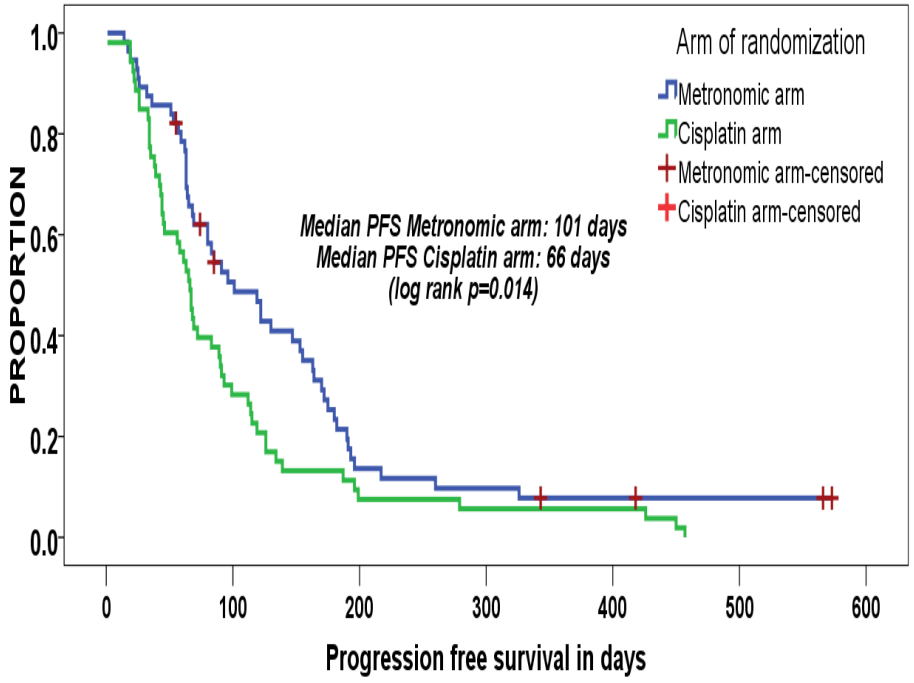
Oral Oncology
Volume 51, Issue 3, March 2015, Pages 279–286

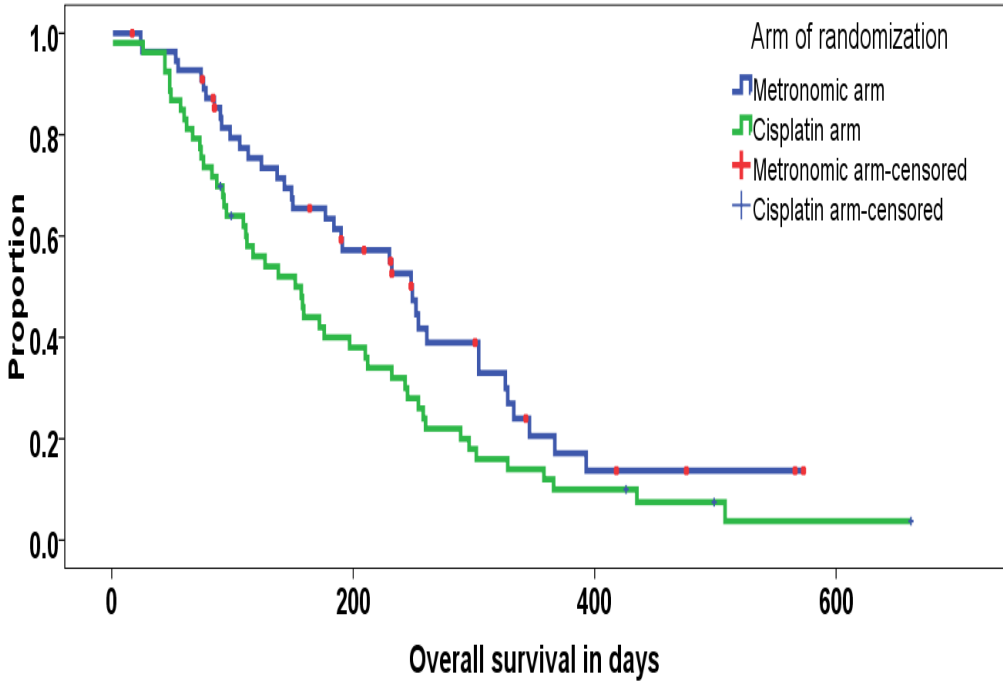
A prospective randomized phase II study comparing metronomic chemotherapy with chemotherapy (single agent cisplatin), in patients with metastatic, relapsed or inoperable squamous cell carcinoma of head and neck

Vijay Maruti Patil[a], Vanita Noronha[a], Amit Joshi[a], Vamshi Krishna Muddu[a], Sachin Dhumal[a], Bharatsingh Bhosale[a], Supreeta Arya[b], Shashikant Juvekar[b], Shripad Banavali[a], Anil D'Cruz[c], Atanu Bhattacharjee[d], Kumar Prabhash[a]

Show more

doi:10.1016/j.oraloncology.2014.12.002





Low-cost oral metronomic chemotherapy versus intravenous cisplatin in patients with recurrent, metastatic, inoperable head and neck carcinoma: an open-label, parallel-group, non-inferiority, randomised, phase 3 trial

Vijay Patil, Vanita Noronha, Sachin Babanrao Dhumal, Amit Joshi, Nandini Menon, Atanu Bhattacharjee, Suyash Kulkarni, Suman Kumar Ankathi, Abhishek Mahajan, Nilesh Sable, Kavita Nawale, Arti Bhelekar, Sadaf Mukadam, Arun Chandrasekharan, Sudeep Das, Dilip Vallathol, Hollis D'Souza, Amit Kumar, Amit Agrawal, Satvik Khaddar, Narmadha Rathnasamy, Ramnath Shenoy, Lakhan Kashyap, Rahul Kumar Rai, George Abraham, Saswata Saha, Swaratika Majumdar, Naveen Karuvandan, Vijai Simha, Vasu Babu, Prahalad Elamarthi, Annu Rajpurohit, Kanteti Aditya Pavan Kumar, Anne Srikanth, Rahul Ravind, Shripad Banavali, Kumar Prabhash

Summary

Background Regimens for palliation in patients with head and neck cancer recommended by the US National Comprehensive Cancer Network (NCCN) have low applicability (less than 1–3%) in low-income and middle-income countries (LMICs) because of their cost. In a previous phase 2 study, patients with head and neck cancer who

Lancet Glob Health 2020; 8: e1213–22

For a Hindi translation of the abstract see Online for

Low-cost oral metronomic versus intravenous chemotherapy in recurrent, inoperable & metastatic head & neck cancer: Phase III Metro-CIS study

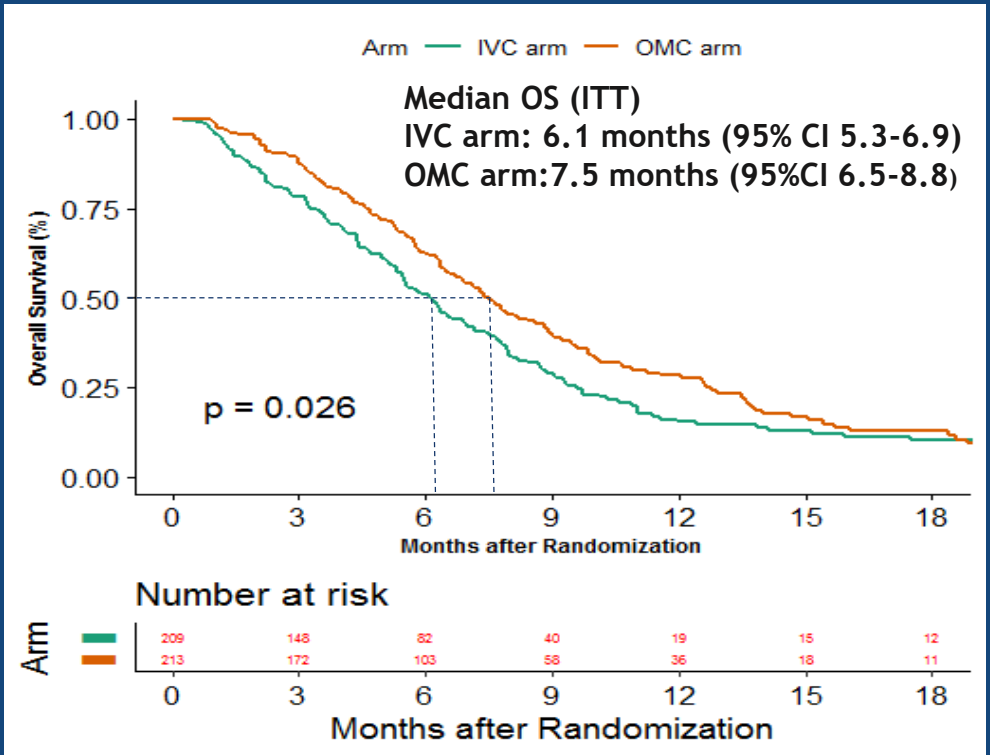
Nandini Menon on behalf of the

Department of Medical Oncology

Head and Neck Disease Management Group

Tata Memorial Hospital, HBNI, Mumbai, India

Overall Survival (OS)



OVERALL SURVIVAL IN THE INTENTION TO TREAT POPULATION

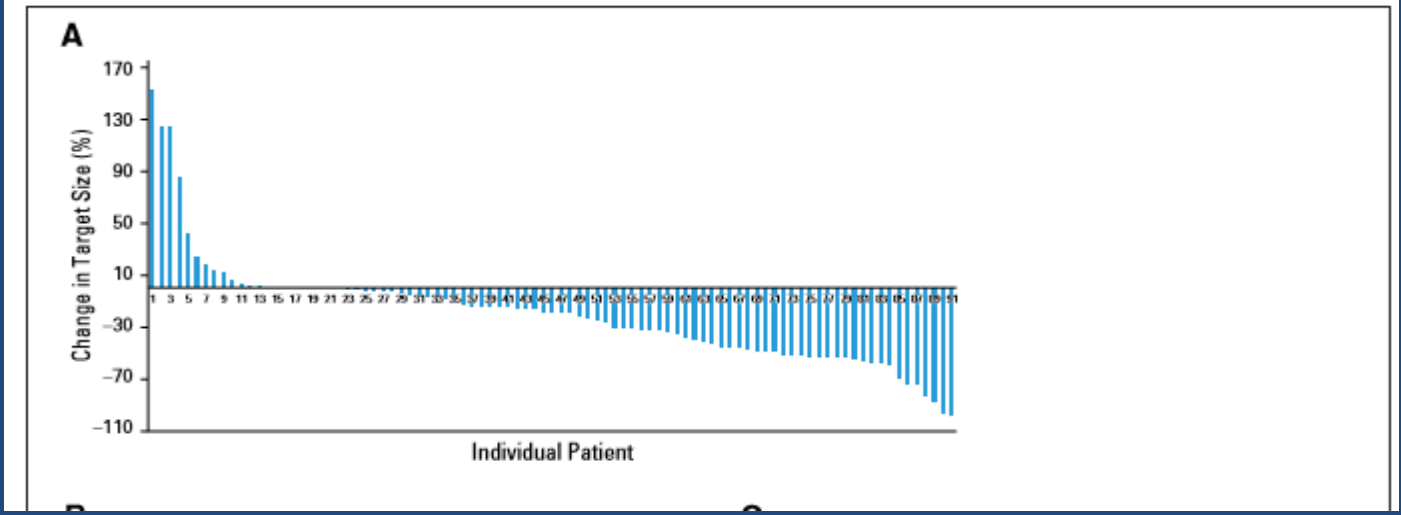
- **Six-months OS (ITT)**
  - **IVC arm: 50.89%**
    (95%CI 43.3-57.97)
  - **OMC arm: 62.26%**
    (95%CI 54.72-68.9)
  - **Difference: -11.37%**
    (95%CI: -20.77 to -0.97)
  - **Non-inferiority P<0.001**
  - **Superiority P=0.026**

Nandini Menon

original report

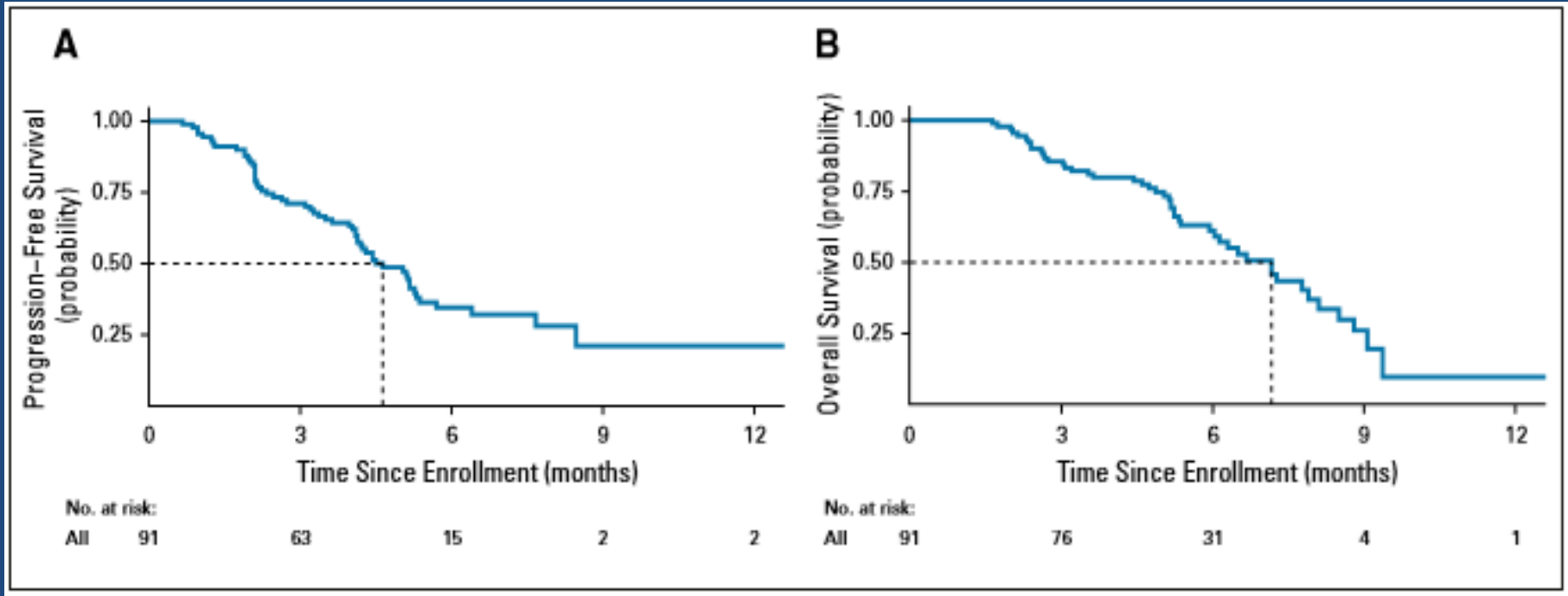
Phase I/II Study of Palliative Triple Metronomic Chemotherapy in Platinum-Refractory/ Early-Failure Oral Cancer

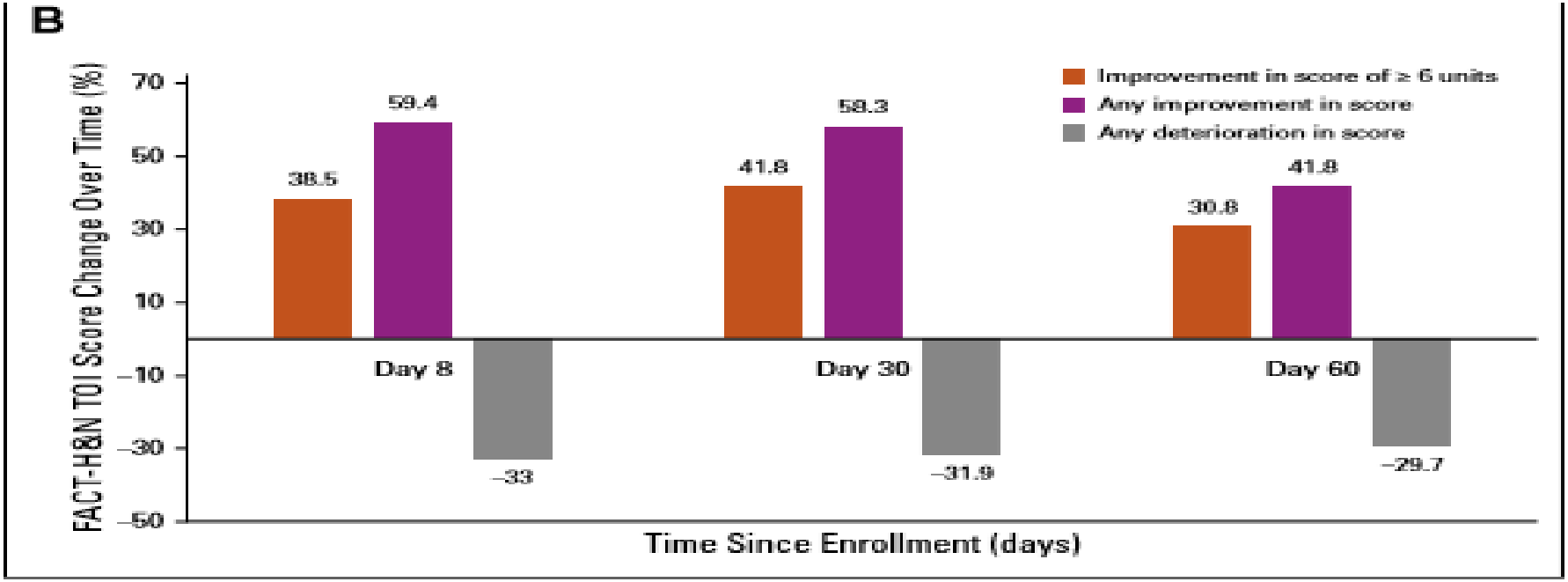
Vijay M. Patil, MBBS, MD, DM[1]; Vanita Noronha, MBBS, MD, DM[1]; Amit Joshi, MBBS, MD, DM[1]; Sachin Dhumal, MSc[1]; Manoj Mahimkar, PhD[1]; Atanu Bhattacharjee, PhD[1]; Vikram Gota, MBBS, MD[1]; Manish Pandey, MScv[1]; Nandini Menon, MBBS, MD, DNB[1]; Abhishek Mahajan, MBBS, MD[1]; Nilesh Sable, MBBS, MD[1]; Suman Kumar, MBBS, MD[1]; Kavita Nawale, MBA[1]; Sadaf Mukadam, MSc[1]; Bhavin Solanki, BMS[1]; Sudeep Das, MBBS, MD[1]; Vijai Simha, MBBS, MD[1]; George Abraham, MBBS, MD[1]; Arun Chandrasekharan, MBBS, MD, DM[1]; Vikas Talreja, MBBS, MD, DM[1]; Hollis DSouza, MBBS, MD[1]; Sujay Srinivas, MBBS, MD[1]; Lakhan Kashyap, MBBS, MD[1]; Shripad Banavali, MBBS, MD[1]; and Kumar Prabhash, MBBS, MD, DM[1]



- RR-43%

Journal of Clinical Oncology


A
Progression–Free Survival (probability)
1.00
0.75
0.50
0.25
0
3
6
9
12
Time Since Enrollment (months)
No. at risk:
All 91 63 15 2 2
B
Overall Survival (probability)
1.00
0.75
0.50
0.25
0
3
6
9
12
Time Since Enrollment (months)
No. at risk:
All 91 76 31 4 1


B
FACT-H&N TOI Score Change Over Time (%)
70
50
30
10
–10
–30
–50
Improvement in score of ≥ 6 units
Any improvement in score
Any deterioration in score
38.5
59.4
–33
41.8
58.3
–31.9
30.8
41.8
–29.7
Day 8
Day 30
Day 60
Time Since Enrollment (days)

2022 ASCO ANNUAL MEETING

Phase 3 randomized study evaluating the role of low dose nivolumab to palliative chemotherapy in head and neck cancer

Professor Vijay Maruti Patil

On behalf of Department of Medical Oncology

Head and Neck DMG

Tata Memorial Centre, Mumbai

TRIAL SCHEMA

1. Adult (>=18years)
2. HNSCC
3. Planned for palliative therapy
4. ECOG 0-1

Palliative Chemotherapy

Randomisation 1:1

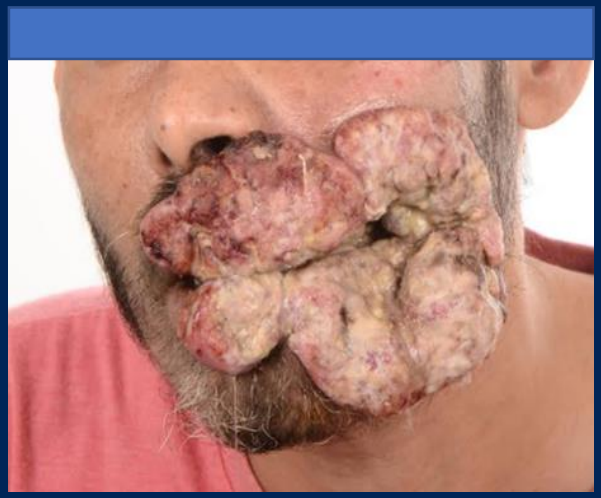
Stratification factors:
- **Site**
- **Previous treatment**
- **Time to failure**

Palliative Chemotherapy + Nivolumab 20 mg

- ✓ **Primary endpoint**
- ➢ OS
- ✓ **Secondary endpoints**
- ➢ PFS
- ➢ QOL
- ➢ Adverse events

- Palliative chemotherapy- Triple oral metronomic regimen = Tablet Methotrexate 9 mg/m^2 weekly, tablet Erlotinib 150 mg daily and capsule Celecoxib 200 mg twice daily Nivolumab 20 mg intravenously every 3 weeks
- Response assessed every 2 monthly with axial imaging (RECIST version 1.1)
- Adverse events assessed on every visit recorded in accordance with CTCAE version 4.03

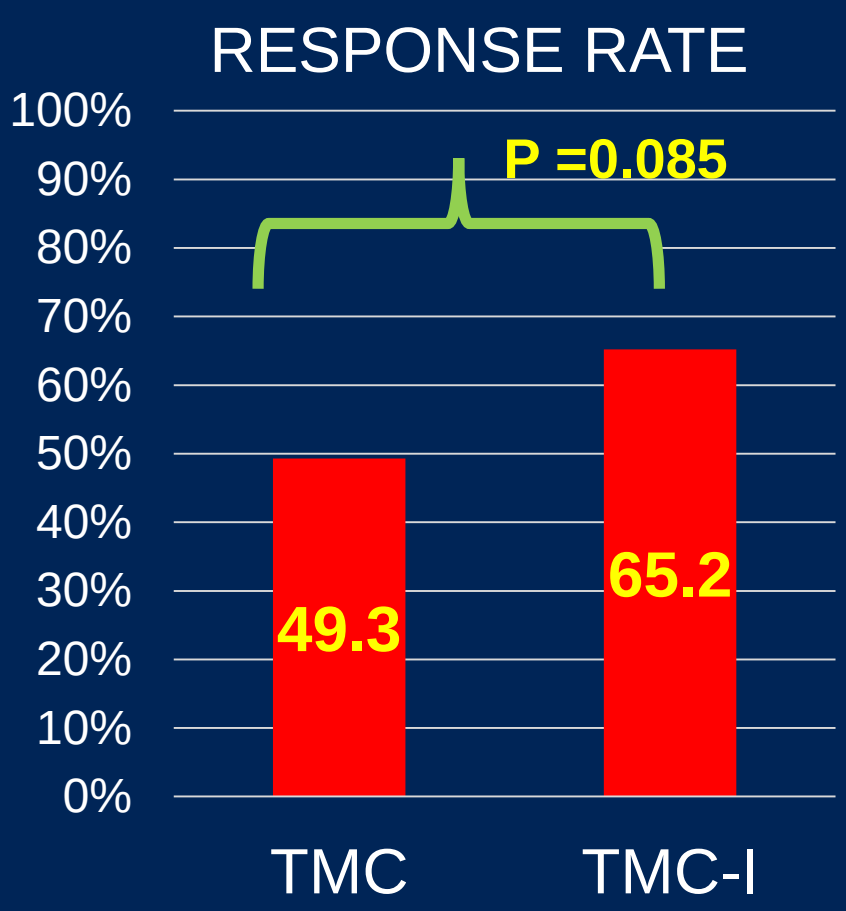
PRESENTED BY: Professor Vijay M Patil

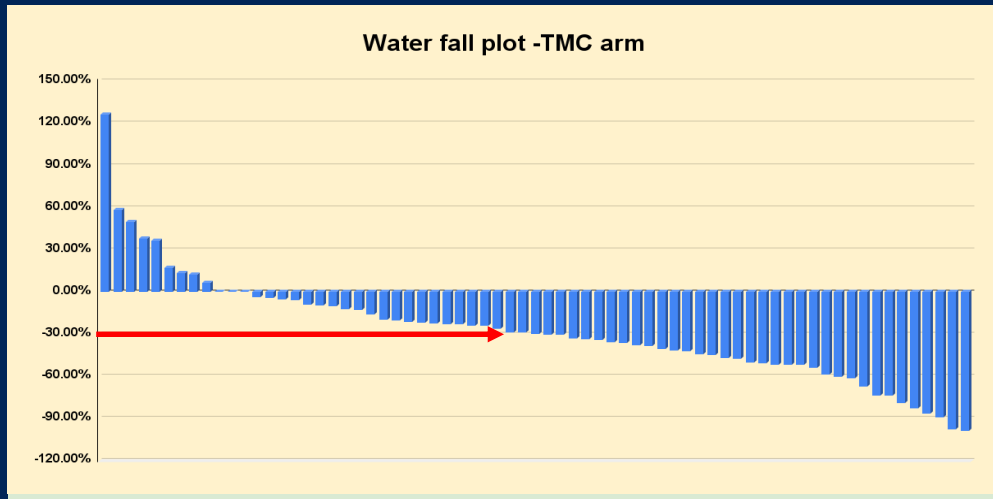


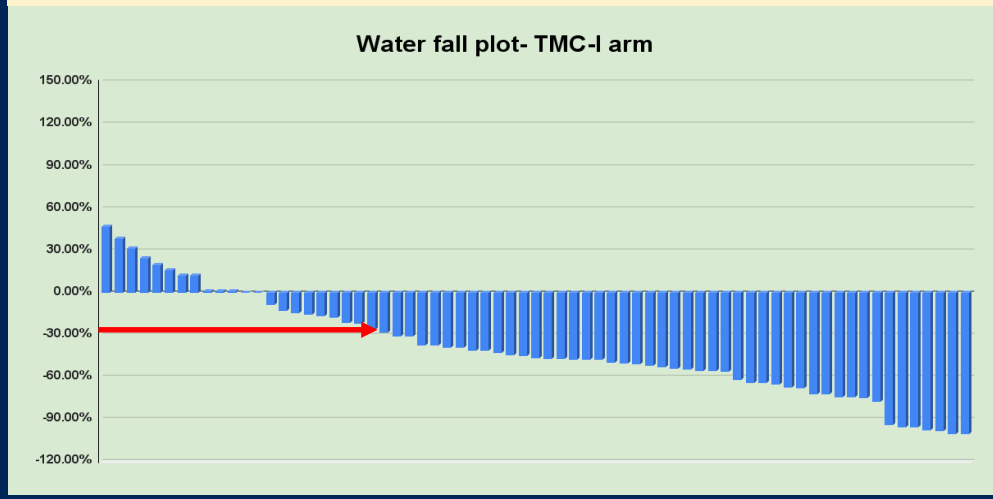
Baseline

1 month

2 month

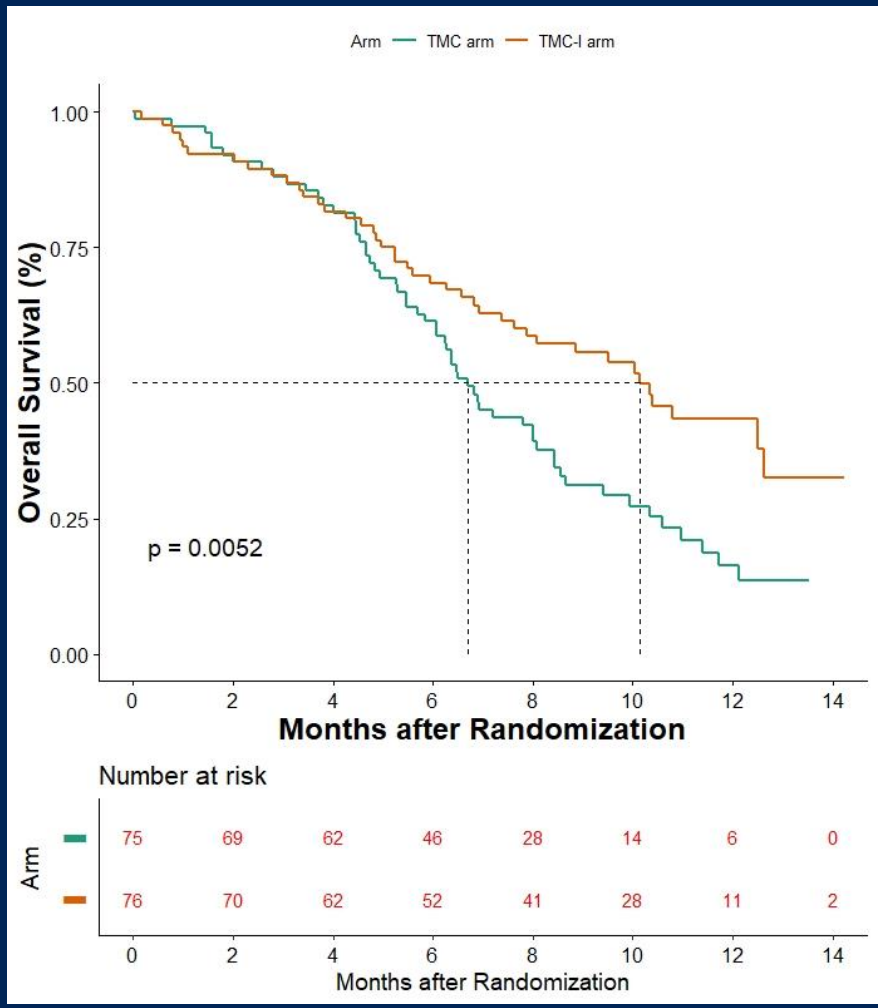






Overall survival

- The median overall survival in TMC and TMC-I arms was 6.7 months (95% CI 5.83 -8.07) and 10.1 months (95% CI 7.37-12.63) respectively
- Hazard ratio-0.545; 95% CI 0.362-0.82; P=0.00358
- 1 year OS improved from 16.3% to 43.4%



Conclusions

- Systemic therapy improves survival in adjuvant setting
- Systemic therapy helps select pts for surgery in technically un-resectable head and neck cancer and add life to patients
- Systemic therapy improves survival and also leads to good palliation in advanced disease

- **MOST IMPORTANT – CAN TRY TO LOOK BEYOND NCCN**





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