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The change of paradigm in initial therapy of head neck cancer

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Introduction: Due to advances in surgical techniques, radiotherapy and chemotherapy, there has been constant changes in the initial management of early and advanced head and neck cancer.

Objective: To evaluate paradigm changes along the time.

Data Synthesis: Surgery evolved rapidly from the improvement in anesthetic techniques, antibiotics, blood replacement, new reconstruction procedures, management strategies of neck metastasis and laryngeal cancer. Recognized as an effective staging and therapeutic procedure, elective neck dissection diminished functional and aesthetic sequelae. Partial laryngectomies and endoscopic transoral laser resection could keep the function of speech and swallowing without definitive tracheostomy. Advances in creating algorithms calculation and distribution of more accurate dose enabled the development of dosimetry and quality control in radiotherapy, providing a more conservative approach. The radiotherapy with intensity modulation has high precision with better protection of organs at risk. Altered fractionation schemes can reduce the late toxicity with survival benefit. Tomotherapy, volumetric modulated archotherapy, stereotactic radiotherapy and FDG-PET CT are recent approaches. Induction and sequential chemotherapy is a key component in the treatment of locally advanced head and neck cancer. The receiver of Epidermal Growth Factor IgG1 monoclonal antibody (EGFR) showed significant clinical benefits in the treatment of locally advanced, recurrent and/or metastatic cancer.

Conclusion: Thus, the treatment of head and neck cancer patients should be multidisciplinary and advances in strategies have improved the outcome.

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