Parotid carcinoma: A comprehensive clinical review from a single tertiary hospital in southern Malaysia

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ABSTRACT

Introduction: Parotid malignancies are relatively rare and comprise of 1-3 % of all head and neck cancers. The most common malignancy in parotid gland is the mucoepidermoid carcinoma. **Methods:** This study is a review of 22 patients with histologically confirmed parotid carcinoma treated in Otorhinolaryngology department, HSAJB from January 2012 till December 2018. The patient demographic data, presenting features, CT scan images for clinical staging, fine needle aspiration cytology (FNAC) reports, type of surgery performed, histopathological examination (HPE), post-operative radiation and recurrence were evaluated. **Results:** There were 12 males, 10 females, with mean age of 47.8. All patients presented with swelling at the parotid region with 5 of them having facial nerve involvement on the first visit. Fifth teen patients were reported to have atypical cell on FNAC, and 3 was reported as malignant. Total parotidectomy performed in 16 patients with or without neck dissection, superficial parotidectomy in 6 patients. Sixteen patients had post-operative radiotherapy. Three patients refused radiation after an oncology team assessment. The length of follow up of the patients with parotid carcinoma ranged from 2 months up to 70 months with a mean of 18.3 months. Recurrence was seen in 8 patients, as early as 5 months post-surgery. Among the recurrence cases, one case occurs to a patient who underwent superficial parotidectomy which developed local recurrence while she was pregnant which she underwent excision of local recurrence followed by post-operative radiation after delivery. **Conclusions:** Parotid malignancies should be treated intensively with surgical and combined post-operative radiation in high grade tumor to ensure local control and prevent local recurrence.

Prospective evaluation of radiation-induced late toxicities in head and neck cancers in University Malaya Medical Centre

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ABSTRACT

Introduction: Head and neck cancers require multimodality treatment, including radiotherapy (RT). We aimed to determine the incidence and severity of radiation-induced late toxicities, associated factors, and treatment outcomes for head and neck cancer patients treated at the Clinical Oncology Unit in University Malaya Medical Centre (UMMC). **Methods:** Patients who received radical primary or postoperative RT to the head and neck for carcinoma of the oropharynx, nasopharynx, larynx, hypopharynx, and oral cavity from December 2018 to October 2020 were included. Prospective assessment of late toxicities in the skin, subcutaneous tissue, mucous membrane, salivary glands, larynx, and esophagus was done 3-monthly from RT completion via Radiation Therapy Oncology Group (RTOG) Late Radiation Morbidity Scoring. Treatment outcomes were progression-free survival (PFS) and overall survival (OS). **Results:** Sixty-four patients were evaluable with a median follow-up of 12 months. The majority presented in advanced stages and the nasopharynx was the commonest site (40.6%). Ninety-eight percent of patients received intensity-modulated radiotherapy (IMRT) and 20.3% had surgery. Most toxicities were Grade 1-2. Xerostomia was the most reported late toxicity (89.1%) and cumulative improvement was observed at 1 year. Grade 3-4 toxicities were reported in the skin (1.6%), larynx (1.6%), and esophagus (12.5%). Associations were found between tumor site with toxicities of the larynx (p=0.005) and esophagus (p=0.007), surgery with subcutaneous tissue toxicities (p=0.02), and chemotherapy with oesophageal toxicities (p=0.036). Median PFS and OS were not reached. Seventy-four percent of patients remained progression-free and 79.7% were still alive. Distant metastasis was the major pattern of failure and the nasopharynx site had an impact on OS (HR 0.18, 95% CI 0.04–0.94; p=0.042). **Conclusion:** The highest incidence of late toxicity occurred in the salivary gland. Most toxicities were mild, as expected with IMRT treatment. A bigger sample size will allow for more conclusive correlations and a longer follow-up will better report on late toxicity events and treatment outcomes.