RISK STRATIFICATION IN HEAD AND NECK CARCINOMAS:

A STUDY OF

PRE TREATMENT FACTORS IN PREDICTING PROGNOSIS

ABSTRACT:

KEYWORDS: Head and neck cancers, risk stratification, prognostic factors.

INTRODUCTION

Head and neck cancers constitute 30% of all cancers in India. Most patients in India are diagnosed with locally advanced disease despite strong evidence that early diagnosis and treatment offers the best chance for cure. Early detection strategies are deficient and currently evolving, consequently to improve outcome a risk adapted treatment approach may improve survival outcomes. This approach requires the identification of adverse risk factors that can be incorporated into risk stratification schemes. The present study aims to cater to this scenario.

METHODS

The study was done between Nov 2012 – January 2015 in a tertiary care cancer center. All head and neck cancer patients attending the hospital and consenting for the study were enrolled. Stage appropriate evaluation and treatment was done as per standard recommendations. All patients were followed up till the end of the study as per study protocol and survival outcomes analyzed with pretreatment variables.

RESULTS

A total of 212 patients were enrolled and treated. The study cohort was typical of reports from standard cancer registries with oral cavity carcinomas and men predominating. An assortment of 15 variables were selected for univariate analysis with 8 returning significance. On multivariate analysis ECOS PS, stage IV, high grade,treatment interruption and treatment related weight loss of > 5kgs were found to significantly affect survival. A risk stratification scheme was designed and the cohort segregated into favorable, low and high risk groups. The survival outcomes were significant with P=0.001.
CONCLUSION

Risk stratification for head and neck carcinomas is feasible. ECOG PS, Stage IV, high grade disease along with treatment related weight loss of more than 5 kgs and treatment interruption are strong prognostic predictors in head and neck carcinomas. Further validation of these results is recommended before considering practical application.