

Expanding Role of Systemic Therapy in Management of Squamous Cell Head and Neck Cancer

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Squamous cell head and neck cancer (SCHNC) is a highly heterogeneous disease with diverse factors affecting its prognosis. Due to the frequent co-existence of significant comorbidities and the elderly status of patients at presentation, hindrances to delivery of adequate treatment are common. As such, conducting clinical trials in these patients is challenging and can be difficult to complete. Many trials suffer from inadequate sample sizes and likely imbalance of important prognostic factors that are not taken into account, thereby affecting interpretation and robust conclusions. However despite these shortcomings, systemic treatment has been established as an important modality in the treatment of SCHNC. Integration of chemotherapy with radiation with/without surgery has resulted in improved survival outcome, and organ preservation in selected patients with locally advanced dis-

ease. Studies have largely concentrated on combining chemotherapy with radiotherapy to enhance locoregional control, organ preservation rate and overall survival. However controversies regarding the optimal way to sequence these 2 modalities still abound. More concerted efforts are needed to address many unanswered questions regarding the optimal management of this dreaded disease. Future trials should be carefully designed to provide the medical community clearer guidelines in its management and to avoid further controversies. In particular, the great heterogeneity and diverse independent prognostic factors must be taken into account in the planning of such studies. Given the difficulty in recruitment, it is important that the international community build up closer collaborative ties to develop such studies.