2nd international conference on innovative approaches in head & neck oncology (ICHNO)

Highlights of the 2nd International Conference on Innovative Approaches in Head & Neck Oncology (ICHNO), 26th – 28th February 2009, Barcelona, Spain

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Summary

Jointly organised by the European Head & Neck Society (EHNS), the European Society for Medical Oncology (ESMO) and the European Society for Therapeutic Radiology and Oncology (ESTRO), the second International Conference on Innovative Approaches in Head & Neck Oncology (ICHNO) was a truly multidisciplinary meeting. Almost a thousand colleagues from all over Europe and from all disciplines involved in the treatment of head and neck cancer participated. A well-balanced selection of symposia by experts in the field, as well as 22 proffered papers and 113 posters made for an extremely interesting conference. All abstracts of the meeting are freely available on the ESTRO website: http://www.estro-events.org/ESTROevents/Pages/ICHNO.aspx.

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The second International Conference on Innovative Approaches in Head & Neck Oncology (ICHNO), jointly organised by the European Head & Neck Society (EHNS), the European Society for Medical Oncology (ESMO) and the European Society for Therapeutic Radiology and Oncology (ESTRO) in the beautiful city of Barcelona, was a truly multidisciplinary meeting focusing on innovative solutions to increase disease control while limiting treatment-induced toxicity for head & neck cancer (HNC). This year, the focus was on biological patient profiling and risk factors, functional outcome of multidisciplinary treatment, management of elderly patients, and recurrent or metastatic disease.

The meeting opened with some very interesting but rather disappointing late-breaking data from four randomized controlled trials. Firstly, the results from the Swedish *ARTSCAN study*, randomizing 750 patients to accelerated (68 Gy in 35 days) or conventional (68 Gy in 49 days) radiotherapy, showed almost identical locoregional control (LRC) and overall survival (OS) rates in both arms. The accelerated group had significantly worse acute reactions, while there was no significant increase in late effects. Secondly, a subsequent analysis of the multinational *HeadSTART trial*, initiated to evaluate the added value of the hypoxic cell cytotoxin tirapazamine, demonstrated the critical impact of radiotherapy protocol compliance and especially plan quality on outcome of combined-modality treatment. The results also clearly showed how the potential therapeutic advantage of a concurrently administered systemic agent can be masked by poor radiotherapy. Thirdly, a French *GORTEC trial*, randomizing 840 patients to 70 Gy in 7 weeks + concomitant chemotherapy (arm A), 70 Gy in 6 weeks + concomitant chemotherapy (arm B), or 64.8 Gy in 3.5 weeks without chemotherapy (arm C), demonstrated no apparent benefit of accelerated fractionation in a concomitant chemotherapy setting. Indeed, conventional radiotherapy combined with chemotherapy provided the best efficacy to tolerance ratio, as compared to the other 2 arms. Fourthly, results from an exploratory phase II trial showed that gefitinib, an EGFR tyrosine kinase inhibitor, given concomitantly with chemoradiotherapy and/or as maintenance was feasible and well-tolerated, but did not significantly improve 2-year LRC compared with placebo.

In the following symposium, a considerable Belgian de-

Key messages for clinical practice

1. A large randomized-controlled trial showed no apparent benefit of accelerated fractionation in a setting of concomitant chemotherapy. However, results from the Radiation Therapy Oncology Group (RTOG) 01-29 trial need to be awaited before definite conclusions can be drawn.

2. There is increasing evidence that HPV-positive and HPV-negative HNC should be considered as 2 seperate entities.

3. Radiotherapy for HNC in the elderly is justified and can be given safely.

legation, including R. Hermans (Radiology – Leuven), W. De Neve (Radiotherapy – Ghent) and J. Vermorken (Medical Oncology – Antwerp), introduced us to emerging tools and concepts in head & neck oncology, such as diffusion-weighted MRI, new tracers for PET imaging and the widened application of FDG-PET, biologically optimized radiotherapy and targeted therapy. From the proffered papers that afternoon, the excellent presentations by V. Vandecaveye from Leuven on the added value of diffusion-weighted MRI for nodal staging and radiotherapy planning, C. Nutting on improved LRC after dose-escalated radiotherapy for advanced larynx and hypopharynx cancer, and F. Duprez on the promising results with re-irradiation for second primary or recurrent HNC at the Ghent University Hospital, were particularly interesting. In the same session, we presented our own results regarding the determining factors of late dysphagia after chemoradiotherapy, concluding that both dosimetric (dose to the pharyngeal constrictor muscles, as well as the larynx) and clinical (the presence of pre-treatment swallowing problems) parameters play a role.

The opening symposium of the second day focused on the increasingly recognised role of Human Papilloma Virus (HPV) in the pathogenesis of some head & neck cancers, and the consequences this could have on prognosis and treatment. Several proffered papers also concerned HPV, suggesting that HPV-positive and HPV-negative HNC should be considered as 2 seperate entities, with different epidemiology (sexual behavior and marihuana use versus tobacco smoking, alcohol drinking and poor oral hygiene), prognosis (HPV appeared to be prognostically favourable) and treatment options (a potential benefit with accelerated radiotherapy in HPV-positive tumors was observed). Interestingly enough, a large study evaluating the prognostic significance of EGFR in 1,060 patients from consecutive *DAHANCA trials* could not confirm the results by Ang et al (Cancer Research 2002;62: 7350–56). The rest of the abstracts considered the treatment of elderly patients, confirming, as has been shown in other disease sites, the importance of using the "biological" age rather than the actual age to decide whether patients should receive radical treatment. Clearly, radiotherapy for HNC in the elderly is justified and can be given safely. The third and last day started with a symposium on the management of elderly patients, largely confirming the conclusions from the abstract session, and ended with a very interesting clinical case discussion, highlighting the absolute importance of multidisciplinary debate as well as treatment in clinical practice.

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