Larynx and Base of Tongue 2024

NAACCR Monthly Webinar October 3, 2024

Case #1

71-year-old Caucasian male with history of hypertension, hyperlipidemia, diabetes mellitus, who presented with a four-week period of worsening dysphonia and hoarseness. Patient was a smoker until five years ago (1 PPD x 25 years). Social etoh (wine with dinner). Father diagnosed with prostate cancer at age 74.

On exam, no palpable masses or tenderness on neck. No palpable lymphadenopathy. Fiberoptic exam revealed a left vocal cord white lesion. No other lesions noted. Biopsy recommended.

Imaging:

3/25/24 @ ABC Hospital: CT Neck= No definite true vocal cords, laryngeal or paralaryngeal lesions. No neck mass lesion or enlarged lymph nodes.

3/28/24 @ ABC Hospital: PET/CT= FDG avid left true vocal cord mass extending to the anterior commissure, SUV max 10.8. No other sites of abnormal FDG uptake.

Pathology:

4/3/24 @ ABC Hospital: Left true vocal cord biopsy= squamous cell carcinoma, moderately differentiated.

Treatment:

RT Completion Summary @ ABC Hospital:

Txt Site	Energy	Dose/fx	# of fx	Total dose (cGy)	Start date	End date
Glottis	6X/IMRT	2.25	28	6300	4/21/24	6/2/24

CASE 1

Tumor De	escripti	on				Grad	de						
Primary Site	C	32.0	C	linic	cal			2		or Siz mary	е	999	
Laterality		0	P	atho	ologi	ical		9					
Histology	8	8070	P	ost	Ther	apy (y	/c)						
Behavior		3	P	ost ⁻	Ther	apy (y	/p)						
			'		AJ	ICC S	tagin	g Items					
Clinical T	cT1a	Path	ologi	ical	Т		ycl	7			урТ		
cT Suffix		pT S	uffix	yc yc			ycl	Suffix			ypT Sı	uffix	
Clinical N	cN0	Path	ologi	ical N ycl			ycl	1			ypN		
cN Suffix		pN S	uffix	yc			ycl	N Suffix			ypN S	uffix	
Clinical M	сМ0	Path	ologi	gical M yo			ус	1		урМ			
Stage Group	1	Stag	e Gro	Froup 99 S				ge Group	Stage			Group	
					S	S201	8/EC	D					
Summary Stage 2018 1													
					Ext	ent of	Dise	ease					
EOD Primary	Гumor		1	00	EOD Regional Nodes 000) E	EOD Mets 00		
Regional Node			98										
Regional Nodes	s Exami	ned	00										
SSDI ENE Clinical			7	IN	Sizo	of Me	atc	0.0					
ENE Pathologic	al		X.9	LIA	3120	OI IVIC	-13	0.0					
		rgery (Codes	1					Sy	stemi	Therapy	Codes	
Diagnostic Stag	ing Pro	cedure	•			02		Chemo	therap	У		00	
Surgical Proced	lure of I	Primar	y Site	:		A000		Hormo	ne The	rapy		00	
Scope of RLN N	lode Sui	rgery				0		Immun	othera	ру		00	
						Ra	diati	on			I		
Phase					1	2	3				1	2	
Primary Treatn	nent Vo	lume			23	00		Dose Pe	er frac	tion	225		
Draining LN					00			Fraction	ns		028		
Modality					02			Total Do	ose		006300		
		<u> </u>											

Case #2

67-year-old female with h/o CKD, hypertension, hyperlipidemia, who presented to her primary care physician with a palpable right neck mass. Patients also report neck discomfort and swelling. Patient is a current 1PPD smoker. Negative family history. Social etoh (beer on weekends).

Imaging:

1/8/24 @ XYZ Hospital: CT neck/soft tissue= Enlarged 3.0 cm right level IIA lymph node concerning for metastatic adenopathy. No other enlarged lymph nodes. No abnormal nodular or mass like enhancement within the visualized aerodigestive tract.

1/12/24 @ XYZ Hospital: PET/CT= FDG uptake co-registering with the enlarged RT level IIA lymph node (SUV max 20.2) noted on previous CT scan. Asymmetric FDG uptake at right root of tongue. No other sites of FDG uptake to suggest metastatic disease.

Pathology:

1/15/24 @ XXX Hospital: FNA of right neck level II lymph node= metastatic squamous cell carcinoma.

HPV in situ hybridization: HPV low risk (6/11) negative. HPV high risk (16/18/33) positive.

EBER ISH probe negative.

P16 Patchy expression of p16 by immunohistochemistry.

Treatment:

RT Completion Summary @ XXX Hospital:

Txt Site	Energy	Dose/fx	# of fx	Total dose (cGy)	Start date	End date
BOT/H&N	6X/Arc	200	35	7,000	2/1/24	3/20/24

2/1/24 (a) XXX Hospital: Single agent cisplatin concurrent with EBRT.

CASE 2

Tumor De	escrip	tion		Gra	ade				
Primary Site		C01.9	Clinical			9		nor Size nmary	999
Laterality		0	Pathologic	al		9			
Histology		8085	Post Thera	ру (у	c)				
Behavior		3	Post Thera	ру (у	p)				
Schema Disc	rimin	ator 2: Or	opharyngeal	l p16		1-p16 neg	ative		
		AJCC S	Staging Item	s (co	rrect	answer to	scena	rio 2)	
Clinical T	88	Pathol	ogical T	88	усТ			урТ	
cT Suffix	88	pT Suf	fix 88		ycT:	Suffix		урТ	Suffix
Clinical N	88	Pathol	ogical N	88	ycN			урN	
cN Suffix	8	pN Su	ffix			Suffix		урN	Suffix
Clinical M	88	Pathol	ogical M 88 yc N			M		урМ	
Stage Group	88	Stage	Group					Stag	ge Group
			SS2	018/	EOD				
Regional to Ly	mph	Nodes							
			Extent	of D	iseas	е			
999		Regional Nodes	. 300	EOD	Mets	00			
Changes to sce	nario (above: 1.5	cm tumor c	onfin	ging I ed to a gy 80	the base of	the to	ngue and l	HC test not o
linical T	cT1	Pathol	ogical T		ycT			урТ	
Γ Suffix		pT Suf	fix		усТ	Suffix		урТ	Suffix
linical N	cN1	Pathol	ogical N		ycN			ypN	
N Suffix	(f)	pN Su	ffix		ycN	Suffix		ypN	Suffix
linical M	сМС	Pathol	ogical M		ус М	<u> </u>		урМ	
tage Group	3	Stage	·			ge Group		Stag	ge Group
			SS2	018/1	EOD				
Regional to Ly	mph	Nodes							
			Extent	of D					
OD Primary Tumor			EOD egional Nodes	300	E	OD Mets	00		
0.1					ging l		. 1-		
Change	s to s	cenario al	oove: 1.5 cm	tumo	or con	tined to the	base	of the ton	gue p16+

Clinical T	cT1	Pathological T	88	усТ	урТ
cT Suffix		pT Suffix	88	ycT Suffix	ypT Suffix
Clinical N	cN1	Pathological N	88	ycN	ypN
cN Suffix	(f)	pN Suffix	8	ycN Suffix	ypN Suffix
Clinical M	сМ0	Pathological M	88	ус М	урМ
Stage Group	1	Stage Group	88	Stage Group	Stage Group

Stage Group		-		, 0.10	. 80 0.00.p		Otago (о. о с. р		
			SS201	8/EOI)					
Summary Stage 2018	3 Re	gional	to Lym _l	ph No	des					
		Ex	tent of	Dise	ase					
EOD Primary Tumor	1	00 E	OD Reg	gional	Nodes	300	EOD Mets	00		
Regional Nodes Positive	95					'				
Regional Nodes Examined	95									
SSDI										
ENE Clinical	0	LN Siz	e of Me	ets	30.0					
ENE Pathological	X.9	SEER S	SSF 1		71-HPV status reported in medical records as				rds as	
					positive,		ype is unknov			
Surger	y Codes					System	ic Therapy Co	odes		
Diagnostic Staging Proced	ure		00		Chemotherapy			02		
Surgical Procedure of Prin Site	nary		00		Hormone	Therapy	00			
Scope of RLN Node Surger	у	1 Bx o	or aspira	ation	Immunotherapy 0			00	00	
		<u>'</u>	Ra	diatio	n					
Phase		1	2	3			1	2	3	
Primary Treatment Volum	ie	22	00		Dose Per	fraction	00200			
Draining LN	ning LN 01				Fractions		035			
Modality	Modality 02 Total Dose 0				007000					
EB Planning Technique		05								

Case #3

69-year-old Caucasian male with h/o thyroid nodule, hypertension, GERD, who presented with a palpable "lump" at the angle of the jaw on the right side, with associated TMJ symptoms. Patient also reported intermittent difficulty with swallowing. Denies weight loss or SOB. Nonsmoker. No alcohol use. Father w/ non-melanoma skin cancer (BCC).

Imaging:

3/28/24 @ XXX Hospital: CT Neck/soft tissue= 1.5 cm lobulated enhancing RT base of tongue mass noted, consistent with neoplasm. Mass extends to the level of the vallecular. Bilateral cervical chain metastatic lymphadenopathy with prominent RT level II 1.9 cm nodal mass.

4/5/24 @ XXX Hospital: PET/CT= Abnormal hypermetabolic activity in RT tongue base mass (SUV max 20.1), consistent with biologic tumor activity. Conglomerate RT level II cervical lymph nodes (SUV max 21.2) and left cervical level II subcentimeter lymph nodes (SUV max 5.8). No other sites of abnormal FDG uptake.

Pathology:

4/2/24 @ XXX Hospital: Right-sided neck level II lymph node US-guided FNA= positive for malignant cells, necrotic neoplastic cells, consistent with metastatic squamous cell carcinoma.

Flow cytometry analysis non-contributory due to too few viables lymphocytes.

IHC stain for p16 strongly positive.

Treatment:

RT Completion Summary @ YYY Hospital

Txt Site	Energy	Dose/fx	# of fx	Total dose (cGy)	Start date	End date
Oropharynx/Neck	6X/VMAT	200	35	7,000	4/24/24	6/19/24

Cisplatin administered concurrently with EBRT @ YYY Hospital.

CASE 3

Tumor Des	cription	Grade					
Primary Site	C01.9	Clinical	9	Tumor Size Summary	015		
Laterality	0	Pathological	9				
Histology	8085	Post Therapy (yc)					
Behavior	3	Post Therapy (yp)					

AJCC Staging Items												
Clinical T	cT1	Pathological T		усТ	урТ							
cT Suffix		pT Suffix		ycT Suffix	ypT Suffix							
Clinical N	cN2	Pathological N		ycN	ypN							
cN Suffix	f	pN Suffix		ycN Suffix	ypN Suffix							
Clinical M	сМ0	Pathological M		ус М	урМ							
Stage Group	2	Stage Group	99	Stage Group	Stage Group							

SS2018/EOD											
Summary Stage 2018 4-Regional by Direct Extension and Regional Lymph Nodes											
		Extent of Disease									
EOD Primary Tumor	200	EOD Regional Nodes	400	EOD Mets	00						

Regional Nodes Positive	95									
Regional Nodes Examined	95									
SSDI										
ENE Clinical	0	LN Size	of Me	ets	19.0					
ENE Pathological	X.9	SEER SS	6F 1		11-HPV po	ositive by p	o16 test			
Surgery C	odes				Systemic Therapy Codes					
Diagnostic Staging Procedure		00		Chemoth	erapy	02				
Surgical Procedure of Primar		00		Hormone Therapy			00	00		
Scope of RLN Node Surgery			1		Immunot	herapy	00			
			Ra	diatio	n					
Phase		1	2	3			1	2	3	
Primary Treatment Volume		22			Dose Per	fraction	200			
Draining LN	01			Fractions		035				
Modality	Modality				Total Dos	e	007000			
EB Planning Technique		05								