# 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 Description			Grade								
Primary Site		Clinical					Tumor Size Summary				
Laterality		Pa	atholog	ical							
Histology		Po	ost The	rapy (	yc)						
Behavior		Post The			yp)						
			A.	JCC S	tagin	g Items					
Clinical T	Path	ologi	cal T		усТ	T			урТ		
cT Suffix	pT St	ıffix			yc1	ycT Suffix			ypT Sı	uffix	
Clinical N	Path	ologi	cal N		ycl	١			ypN		
cN Suffix	pN S	uffix			ycl	N Suffix			ypN S	uffix	
Clinical M	Path	ologi	ological M			ус М			урМ		
Stage Group	Stag	e Gro	up		Sta	ge Group			Stage	Group	
				SS201	8/EC	D					
Summary Stage	2018										
			Ext	ent of	Dise	ease					
EOD Primary Tu	imor		EO	EOD Regional Nodes					OD Mets	5	
Regional Nodes I											
Regional Nodes I	Examined										
ENE Clinical			LN Size	of Mo	ets						
ENE Pathological	<u> </u>										
	Surgery C	odes					S	ystemic	Therapy	Codes	
Diagnostic Stagir	ng Procedure	)				Chemo	thera	ру			
Surgical Procedu	re of Primar	y Site				Hormone Therapy					
Scope of RLN No	de Surgery				Immunotherapy						
				Ra	diati	on					
Phase			1	2	3				1	2	3
Primary Treatme	ent Volume					Dose Pe	er fra	ction			
Draining LN						Fractio	ns				
Modality						Total Do	ose				
<b>EB Planning Tech</b>	nnique										

## 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 @ XXX Hospital: Single agent cisplatin concurrent with EBRT.

# CASE 2

Tumor Descript	tion	Gr	rade				
Primary Site	Clini	cal			Tumor Size	Э	
aterality	Path	ological					
Histology	Post	Therapy (y	(c)				
Behavior	Post	Therapy (y	/p)				
Schema Discrimina	tor 2: Oropharyı	ngeal p16	•	1-p16 nega	tive		
	AJCC Staging	Items (cor	rect ar	swer to so	enario 2)		
Clinical T	Pathological	l <b>T</b>	усТ		УI	οT	
T Suffix	pT Suffix		ycT S	uffix	УI	oT Suffix	
Clinical N	Pathological	l <b>N</b>	ycN		yı	οN	
N Suffix	pN Suffix		ļ-	Suffix		oN Suffix	
Clinical M	Pathological		ус М			M	
Stage Group	Stage Group	Group St		age Group		Stage Group	
	E	xtent of Di	isease				
	Regional Nodes	EOD	Mets				
nanges to scenario a		AJCC Stag mor confine (histolog	ed to th	e base of th	ne tongue and	d IHC test n	
nical T	Pathological	-	ycT	,	y!	т	
Suffix	pT Suffix		ycT Suffix		У	oT Suffix	
nical N	Pathological	l N	ycN		У	N	
Suffix	pN Suffix		ycN S	Suffix	y:	oN Suffix	
nical M	Pathological M yc M				οM		
	Stage Group	Group Sta		Stage Group		tage Group	
age Group	Stage Group						
age Group	Stage Gloup	SS2018/E	OD				
age Group		SS2018/E					
age Group  GOD Primary			isease	DD Mets			

Changes to scer	nario	abov				Items	he base c	of the tongu	e p16+		
Clinical T	Clinical T Pathologi				yo			урТ			
cT Suffix	fix pT Suffix				yo	T Suffix		ypT S	uffix		
Clinical N	Pat	holo	gical N		yo	N		ypN			
cN Suffix	pΝ	Suffi	ix		yo	N Suffix		ypN S	uffix		
Clinical M	Pat	holo	gical M		yo	M		урМ			
Stage Group	Sta	ge G	roup		St	tage Group	<b>o</b>	Stage	Group		
				SS201	8/EO	D					
Summary Stage 2018											
			Ext	tent of	f Dise	ase					
<b>EOD Primary Tumor</b>	EOD Primary Tumor			OD Re	egiona	al Nodes		EOD			
Regional Nodes Positive								Mets			
Regional Nodes Examine	'd										
SSDI											
ENE Clinical			LN Size of Mets								
ENE Pathological			SEER S	SF 1							
Surge	ery Co	odes				Systemic Therapy Codes					
<b>Diagnostic Staging Proce</b>	dure				Chemotherapy						
Surgical Procedure of Pri Site	imary				Hormone Therapy						
Scope of RLN Node Surge	ery					Immunot	herapy				
				Ra	diatio	n					
Phase			1	2	3			1	2	3	
Primary Treatment Volu	me					Dose Per	fraction				
Draining LN						Fractions					
Modality						Total Dos	е				

**EB Planning Technique** 

# 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 Descr		Grade	9				
Primary Site		Clinical				mor Size mmary	
Laterality		Patholog	gical				
Histology		Post The	rapy (yc)				
Behavior		Post The	rapy (yp)				
		A	JCC Stag	ing Items			
Clinical T	Patho	logical T	y	усТ		урТ	
cT Suffix	pT Su	ffix	y	ycT Suffix		ypT S	uffix
Clinical N	Patho	logical N	y	ycN		ypN	
cN Suffix	pN Su	ffix	y	ycN Suffix		ypN S	Suffix
Clinical M	Patho	logical M	y	ус М		урМ	
Stage Group	Stage	Group	S	tage Group		Stage	Group
			SS2018/E	OD			
Summary Stage 2	2018						
		Ex	tent of Di	sease			

Regional Nodes Positive											
<b>Regional Nodes Examined</b>											
SSDI											
ENE Clinical		LN Size	of Me	ets							
ENE Pathological		SEER SSF 1									
Surgery Codes					Systemic Therapy Codes						
Diagnostic Staging Procedure				Chemotherapy							
Surgical Procedure of Primary				Hormone Therapy							
Scope of RLN Node Surgery					Immunotherapy						
			Ra	diatio	n						
Phase		1	2	3		1	2	3			
Primary Treatment Volume					Dose Per fraction						
Draining LN					Fractions						
Modality					Total Dose						
EB Planning Technique											
I .											