

LETTER TO EDITOR ΓΡΑΜΜΑ ΠΡΟΣ ΤΟΝ ΕΚΔΟΤΗ

ARCHIVES OF HELLENIC MEDICINE 2019, 36(6):843–844
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2019, 36(6):843–844

Is high grade basaloid squamous cell carcinoma of the head and neck an indication for radiotherapy?

Basaloid squamous cell carcinoma (BSCC) is a rare, aggressive tumor, mostly localized in the head and neck region. The tumor is more common in the 6th decade of life and in males. It usually originates from the epiglottis, piriform sinus or the base of tongue, and is diagnosed at an advanced stage when distant metastasis has already occurred.¹⁻³

The various treatment alternatives for patients diagnosed with BSCC include neoadjuvant chemotherapy, surgery and radiotherapy (RT), which is administered either simultaneously with other treatment or alone. RT is one of the major weapons in the treatment of BSCC.^{1,3,4} Thariat and colleagues administered induction chemotherapy alone or with simultaneous RT for lymph node involvement in patients with head and neck tumors and reported that, although both the 5-year overall survive (OS) and disease free survive (DFS) were shorter in the BSCC histopathological type than in the SCC type, the differences were not statistically significant.⁴ Tutar and colleagues found the BSCC type in 6.6% of 198 patients with laryngeal cancer, and reported that 84.6% of patients with BSCC were diagnosed at an advanced stage, with 3-year overall survival and disease-free survival rates of 63% and 53%, respectively.³ Fritsch and colleagues, examining a total of 1,083 cases of BSCC and 66,929 cases of conventional type SCC, found BSCC most commonly in the oropharynx. Despite being diagnosed at an advanced stage, tumors localized in the oropharynx had better PFS

than those localized in the larynx. The authors attributed better OS of the tumors in the oropharynx to their association with human papillomavirus (HPV) infection.⁴ In the study of Linton and colleagues, T stage, N stage, size, lymph node dissection, and age were found to be associated with OS in SCC (n=33,554) and BSCC (n=642) localized in the oropharynx, larynx and hypopharynx. The OS of BSCC localized in the oral cavity, larynx and hypopharynx was similar to that of the SCC histological type. In conclusion, it was reported that the histological type BSCC was not an independent prognostic factor in patients with head and neck tumors.¹ Although the literature reports show variation, the clinical behaviour of BSCC has been seen to be the same as that of SCC. In BSCC, if chemotherapy and or RT is not administered following surgery in patients undergoing tumor excision and lymph node dissection, then local, regional and distant metastases will be seen at a high rate.

Today, it is a general rule to administer RT for local control of BSCC of the head and neck, but the indications are seen to change over time. Although the general principles are valid, the treatment plan may be based specifically on the anatomic localization of BSCC. Surgical treatment alone may be adequate in patients with oropharyngeal BSCC, and may have a role in those who are HPV positive, non-smokers, non alcohol users, women and those with an advanced tumor stage that could not be determined. Categorization of patients with BSCC of the head and neck according to the grade, stage, pre-treatment HPV infection, smoking, alcohol consumption, gender, age and prognostic factors will help to clarify the indications for RT and to evaluate its effectiveness.

Y.B. Cihan

*Kayseri Education and Research Hospital,
Department of Radiation Oncology, Kayseri, Turkey*

ΠΕΡΙΛΗΨΗ

Το βασικοκυτταρικό πλακώδες καρκίνωμα κεφαλής-τραχήλου έχει ένδειξη ακτινοθεραπείας;

Υ.Β. CİHAN

Kayseri Education and Research Hospital, Department of Radiation Oncology, Kayseri, Τουρκία

Αρχεία Ελληνικής Ιατρικής 2019, 36(6):843–844

Λέξεις ευρητηρίου: Ακτινοθεραπεία, Καρκίνος κεφαλής-τραχήλου

References

1. LINTON OR, MOORE MG, BRIGANCE JS, GORDON CA, SUMMERLIN DJ, McDONALD MW. Prognostic significance of basaloid squamous cell carcinoma in head and neck cancer. *JAMA Otolaryngol Head Neck Surg* 2013, 139:1306–1311
2. FRITSCH VA, LENTSCH EJ. Basaloid squamous cell carcinoma of the larynx: Analysis of 145 cases with comparison to conventional squamous cell carcinoma. *Head Neck* 2014, 36:164–170
3. TUTAR H, AYDIL U, EKINCI O, BAKKAL FK, TUTARVB, KIZILY ET AL. The basaloid variant of squamous cell carcinoma of the larynx. *Braz J Otorhinolaryngol* 2014, 80:245–250
4. FRITSCH VA, LENTSCH EJ. Basaloid squamous cell carcinoma of the head and neck: Location means everything. *J Surg Oncol* 2014, 109:616–622
5. THARIAT J, AHAMAD A, EL-NAGGAR AK, WILLIAMS MD, HOLSINGER FC, GLISSON BS ET AL. Outcomes after radiotherapy for basaloid squamous cell carcinoma of the head and neck: A case-control study. *Cancer* 2008, 112:2698–2709

Corresponding author:

Υ.Β. Cihan, Kayseri Education and Research Hospital, Department of Radiation Oncology, 38010 Kayseri, Turkey
e-mail: cihany@erciyes.edu.tr