

Multidisciplinary approach in head and neck cancer

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The state of the art in the management of the Head and Neck cancer is the multidisciplinary approach (MDA), preferably in a Tumor Board setting including not only Medical Doctors of several specialties (Head and Neck Surgeons, Otolaryngologists, Plastic Surgeons, Clinical and Radiation Oncologists, Radiologists and Pathologists, Endocrinologists and Nuclear Medicine Specialists, among others), but other health professionals (Speech Therapists, Nurses, Physical Therapists and Psychologists, among others) as well.⁽¹⁾ However, it is important to emphasize that, in some less favored environments, there are some socioeconomic logistic restrains which may impair in real life the effective establishment of a truly MDA.⁽²⁾

The initial impact of the coordinated MDA is evident from the initial steps of the diagnosis. It is highly recommended to have a dedicated Head and Neck Radiology team, to offer the Health team a thorough imaging evaluation,⁽³⁾ especially when a salvage procedure is required.^(4,5)

Recently, the importance of the MDA in a Tumor Board setting has become very clear in the proper therapeutic decision process in some specific Head and Neck cancers. Following, there are some very eloquent examples of these tumors.

The therapeutic decisions of patients with HPV+ oropharyngeal cancers have been influenced by peculiarities of these tumors, very prevalent during the last 2 to 3 decades, especially in USA and Europe. Due to their marked chemoradiotherapy sensitivity, as well as to the development of less invasive transoral surgical approaches, like transoral laser microsurgery (TLM) and transoral robotic surgery (TORS), there has been a trend to decrease the impact of the treatment morbidity, preserving the high levels of disease-free survival with good quality of life.⁽⁶⁻¹⁰⁾ Another potential tool for the initial staging⁽¹¹⁾ and post-treatment surveillance⁽¹²⁾ is the dosage of human

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papillomavirus circulating tumor DNA in patients with HPV+ oropharyngeal cancers.

Another very important advancement offered by the MDA is the treatment of anaplastic thyroid cancer. This is one of the most lethal human malignant tumors, and the patient's survival rarely exceeded one year. However, MDA in some referral centers in Europe and USA have opened a new therapeutic perspective for V600E+ undifferentiated thyroid carcinomas, offering a 2-year disease-free survival rate over 80% of the cases.⁽¹³⁻¹⁶⁾

Finally, patients with very advanced cutaneous squamous cell carcinoma of the Head and Neck present with a formidable therapeutic challenge, due to the involvement of vital parts of the central nervous system and of the orbit. The conventional surgical treatment usually leads to disfiguring craniofacial defects, reconstructed by complex free flaps, with significant morbidity and mortality.⁽¹⁷⁾ Recently, MDA incorporating immunotherapy has added improved cure rates, decreased the surgical morbidity, and even obtaining long-term local control in patients previously considered inoperable.⁽¹⁸⁻²¹⁾

In summary, the increasing tendency of managing advanced cancers of the Head and Neck with MDA, usually in Tumor Boards, has resulted in improved disease-free survival results, with best functional outcomes and less aggressive operations.

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