Oropharyngeal Carcinoma
Carcinoma of oropharynx

• **Work-up procedure**
  • TNM staging
  • Primary treatment
  • Follow-up
  • Treatment of recurrent and/or metastatic disease
• References
## Clinical evaluation

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type C</td>
<td>Std.</td>
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<td>Type C</td>
<td>Std.</td>
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</tbody>
</table>

- complete history of the disease
- weight and weight loss
- performance status (Karnofsky / ECOG-WHO)
- fiberoptic examination of H&N mucosa
- neck examination
- drawing of any lesions
<table>
<thead>
<tr>
<th>Endoscopic evaluation</th>
<th>Evidence</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>• endoscopy under general anesthesia with biopsies of any suspicious site</td>
<td>Type C</td>
<td>Std.</td>
</tr>
</tbody>
</table>
### Advanced clinical evaluation

- dental examination by oral surgeon
- nutritional assessment
- others (if required)

<table>
<thead>
<tr>
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<tbody>
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<td>Type C</td>
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<tr>
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<td>Std.</td>
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<tr>
<td>Laboratory tests</td>
<td>Evidence</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>- hemogram, coagulation tests, liver enzymes, kidney function (including a creatinine clearance)</td>
<td>Type C</td>
</tr>
<tr>
<td>- thyroid function: TSH (if radiotherapy scheduled)</td>
<td>Type C</td>
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</tbody>
</table>
### Imaging

<table>
<thead>
<tr>
<th>Imaging</th>
<th>Evidence</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regional: CT scan (or MRI)¹</td>
<td>Type C</td>
<td>Std.</td>
</tr>
<tr>
<td>• Metastatic work-up: chest X-ray, thoracic spiral CT scan</td>
<td>Type C</td>
<td>Std.</td>
</tr>
<tr>
<td>• Additional examination depending on previous findings</td>
<td>Type C</td>
<td>Std.</td>
</tr>
<tr>
<td>• PET scan</td>
<td>Type 3</td>
<td>Invest.</td>
</tr>
</tbody>
</table>

¹See guidelines for loco-regional imaging
<table>
<thead>
<tr>
<th>Pathologic examination</th>
<th>Evidence</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards of the British Royal College of Pathologists (endorsed by EORTC)(^1)</td>
<td>Type C</td>
<td>Std.</td>
</tr>
</tbody>
</table>

\(^1\)See pathology guidelines
Carcinoma of oropharynx

• Work-up procedure
• **TNM staging**
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Staging

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<tbody>
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<tr>
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</tbody>
</table>

For oropharynx and hypopharynx, T4 is divided into T4A (resectable) and T4B (unresectable) leading to the division of stage IV into stage IVA, stage IVB, and stage IVC.

- **Stage IVA**  
  T4aN0M0, T4aN1M0, T1N2M0, T2N2M0, T3N2M0, T4aN2M0

- **Stage IVB**  
  T4b any N M0, any T N3 M0  
  any T N3 M0

- **Stage IVC**  
  any T any N M1
TNM/AJCC 1997 Staging

- **Tx**: primary tumor cannot be assessed
- **T0**: no evidence of primary tumor
- **T1**: Tumor limited to one subsite of hypopharynx and ≤ 2 cm
- **T2**: Tumor invades more than one subsites of hypopharynx or an adjacent site, or > 2cm and ≤ 4 cm without fixation of hemilarynx
- **T3**: > 4 cm or with fixation of hemilarynx
- **T4a**: invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, esophagus or central compartment soft tissue*
- **T4b**: invades prevertebral fascia, encases carotid artery, or invades mediastinal structures

* Includes prelaryngeal strap muscles and subcutaneous fat
TNM/AJCC 1997 Staging

- N0: no regional node metastasis
- Nx: regional nodes cannot be assessed
- N1: single ipsilateral node, ≤ 3 cm
- N2a: single ipsilateral node, > 3 cm and ≤ 6 cm
- N2b: multiple ipsilateral nodes, ≤ 6 cm
- N2c: contralateral or bilateral nodes, ≤ 6 cm
- N3: node > 6 cm
TNM/AJCC 1997 Staging

- Mx: Distant metastasis cannot be assessed
- M0: No distant metastasis
- M1: Distant metastasis
Carcinoma of oropharynx

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Primary treatment: general strategy: base of tongue

<table>
<thead>
<tr>
<th>Evidence</th>
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</thead>
</table>

- T1, N0, M0
  - RxTh (T+N bilateral)
  - RxTh (T+N bilateral) + brachyth (T)
  - surgery (T+N bilateral) ± RxTh: young patient, infiltrative tumor, lateral tumor
  - bilateral ND ± RxTh (T±N) ± brachyth (T)

- T1, N1,M0
  - RxTh (T+N bilateral)
  - surgery (T+N bilateral) ± RxTh: young patient, infiltrative tumor, lateral tumor
  - bilateral ND ± RxTh (T±N) ± brachyth (T)

\(^1\) see guidelines for post-operative radiotherapy
### Primary treatment: general strategy: base of tongue

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<td>Type 3</td>
<td>Std.</td>
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</tbody>
</table>

- **T2, N0-N1, M0**
  - "moderately advanced" RxTh protocol (T+N)\(^1\) ± ND\(^2\)
  - surgery (T+N bilateral) ± RxTh\(^3\): young patient, infiltrative tumor, lateral tumor

- **T1-T4, N2a-N3, M0**
  - "locally advanced" RxTh protocol (T+N)\(^1\) + ND\(^2\)
  - surgery (T) + bilateral ND + RxTh\(^3\)
  - unilateral (bilateral) ND + RxTh (T+N): e.g. T1-T2.N3

---

1. see guidelines for RxTh regimen
2. see guidelines for post radiotherapy ND (slide 33)
3. see guidelines for post-operative radiotherapy
Catholic University of Louvain, St - Luc University Hospital
Head and Neck Oncology Programme

Primary treatment: general strategy: vallecula

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<td>Std.</td>
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</tbody>
</table>

- **T1, N0, M0**
  - surgery (T+N bilateral) ± RxTh\(^1\), if medically fitted
  - RxTh (T+N bilateral)
  - RxTh (T+N bilateral) + brachyth (T)
  - bilateral ND ± RxTh (T±N)± brachyth (T)
- **T1, N1,M0**
  - surgery (T+N bilateral) ± RxTh\(^1\), if medically fitted
  - RxTh (T+N bilateral)
  - bilateral ND ± RxTh (T±N) ± brachyth (T)

\(^1\) see guidelines for post-operative radiotherapy
Primary treatment: general strategy: vallecula

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<th>Option</th>
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</thead>
<tbody>
<tr>
<td>Type 3</td>
<td>Std.</td>
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</tbody>
</table>

- T2, N0-N1, M0
  - surgery (T+N bilateral) ± RxTh, if medically fitted
  - "moderately advanced" RxTh protocol" (T+N)\(^1\)±ND\(^2\)

- T1-T4, N2a-N3, M0
  - "locally advanced" RxTh protocol (T+N)\(^1\) + ND\(^2\)
  - surgery (T) + bilateral ND ± RxTh\(^3\)
  - unilateral (bilateral) ND + RxTh (T+N): e.g. T1-T2.N3

1 see guidelines for RxTh regimen
2 see guidelines for post radiotherapy ND (slide 33)
3 see guidelines for post-operative radiotherapy
Primary treatment: general strategy: tonsillar Fossa

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<tr>
<th>Evidence</th>
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<tr>
<td>Type 3</td>
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<tr>
<td>Type 3</td>
<td>Std.</td>
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</tbody>
</table>

- T1, N0, M0
  - surgery (T+N unilateral) ± RxTh
  - RxTh (T+N unilateral)
  - RxTh (T+N unilateral) ± brachytherapy (T)
  - unilateral ND ± RxTh (T±N) ± brachytherapy (T)

- T1, N1, M0
  - surgery (T+N unilateral) ± RxTh
  - RxTh (T+N unilateral)
  - unilateral ND ± RxTh (T±N) ± brachytherapy (T)

¹ see guidelines for post-operative radiotherapy
Primary treatment: general strategy: Tonsillar fossa

<table>
<thead>
<tr>
<th>Evidence</th>
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<tbody>
<tr>
<td>Type 3</td>
<td>Std.</td>
</tr>
</tbody>
</table>

- **T2, N0-N1, M0:**
  - surgery (T+N unilateral) ± RxTh\(^1\), if medically fitted
  - "moderately advanced" RxTh protocol" (T+N unilateral)\(^2\)±ND\(^3\)

- **T1-T4, N2a-N3, M0**
  - "locally advanced" RxTh protocol (T+N) + ND\(^3\)
  - surgery (T) + unilateral (bilateral) ND ± RxTh\(^1\)
  - unilateral (bilateral) ND + RxTh (T+N): e.g. T1-T2, N3

---

\(^{1}\) see guidelines for post-operative radiotherapy
\(^{2}\) see guidelines for RxTh regimen
\(^{3}\) see guidelines for post radiotherapy ND (slide 33)
Primary treatment: general strategy: soft palate / uvula

<table>
<thead>
<tr>
<th>Evidence</th>
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</thead>
<tbody>
<tr>
<td>Type 3</td>
<td>Std.</td>
</tr>
</tbody>
</table>

- **T1, N0, M0**
  - surgery (T+N bilateral) ± RxTh
  - RxTh (T+N bilateral)
  - RxTh (T+N bilateral) + brachytherapy (T)
  - bilateral ND ± RxTh (T±N) ± brachytherapy (T)

- **T1, N1, M0**
  - surgery (T+N bilateral) ± RxTh
  - RxTh (T+N bilateral)
  - RxTh (T+N bilateral) + brachytherapy (T)
  - bilateral ND ± RxTh (T±N) ± brachytherapy (T)

---

1 see guidelines for post-operative radiotherapy
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## Treatment: general strategy: soft palate / uvula

<table>
<thead>
<tr>
<th>Evidence</th>
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<tbody>
<tr>
<td>Type 3</td>
<td>Std.</td>
</tr>
<tr>
<td>Type 3</td>
<td>Ind.</td>
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</tbody>
</table>

- **T2, N0-N1, M0:**
  - "moderately advanced" RxTh protocol (T+N bilateral)\(^1\) ± ND\(^2\)
  - surgery (T+N bilateral) ± RxTh\(^3\)
- **T1-T4, ≥ N2a, M0**
  - "locally advanced" RxTh protocol (T+N bilateral)\(^1\) + ND\(^2\)
  - surgery (T) + bilateral ND ± RxTh\(^3\)
  - unilateral (bilateral) ND + RxTh (T+N): e.g. T1-T2, N3

---

\(^1\)see guidelines for RxTh regimen  
\(^2\)see guidelines for post radiotherapy ND (slide 33)  
\(^3\)see guidelines for post-operative radiotherapy
Primary treatment: general strategy: posterior pharyngeal wall

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Option</th>
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<tbody>
<tr>
<td>Type 3</td>
<td>Std.</td>
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<td>Type 3</td>
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<tr>
<td>Type 3</td>
<td>Std.</td>
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<tr>
<td>Type 3</td>
<td>Std.</td>
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</tbody>
</table>

- **T1, N0, M0**
  - surgery (T+N bilateral) + RxTh\(^1\)
  - RxTh (T+N bilateral)

- **T1, N1,M0**
  - surgery (T+N bilateral) + RxTh\(^1\)
  - RxTh (T+N bilateral) ± ND\(^2\)

---

\(^1\) see guidelines for post-operative radiotherapy

\(^2\) see guidelines for post radiotherapy ND (slide 33)
### Treatment: general strategy: posterior pharyngeal wall

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Option</th>
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<tbody>
<tr>
<td>Type 3</td>
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<td>Type 3</td>
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<td>Type 3</td>
<td>Std.</td>
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</table>

- **T2, N0-N1, M0:**
  - "moderately advanced" RxTh protocol" (T+N bilateral)\(^1\) + ND\(^2\)
  - surgery (T+N bilateral) + RxTh\(^3\)

- **T1-T4, N2a-N3, M0**
  - "locally advanced" RxTh protocol (T+N bilateral) + ND\(^2\)
  - surgery (T) + bilateral ND + RxTh\(^3\)
  - unilateral (bilateral) ND + RxTh (T+N): e.g. T1-T2, N3

---

\(^1\)see guidelines for RxTh regimen

\(^2\)see guidelines for post radiotherapy ND (slide 33)

\(^3\)see guidelines for post-operative radiotherapy
Primary treatment: surgical procedure of the “T” site: base of tongue

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 3</td>
<td>Std. Indiv.</td>
</tr>
</tbody>
</table>

- **T1**: - partial basiglossectomy by mandibular osteotomy
  - endoscopic microexcision by oral approach
  only for small, well limited and well exposed tumor

- **T2-T4**: - partial vs subtotal basiglossectomy by mandibular ostetomy extended to upon tumor extension
  - Lateral pharyngectomy
  - Glossectomy (mobile tongue)
  - Laryngectomy

1 when the whole base of tongue need to be removed total laryngectomy should be considered in most cases for functional reasons
<table>
<thead>
<tr>
<th>Evidence</th>
<th>Option</th>
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<tbody>
<tr>
<td>Type 3</td>
<td>Std.</td>
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<tr>
<td>Type 3</td>
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<tr>
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<tr>
<td>Type 3</td>
<td>Std.</td>
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</table>

Primary treatment: surgical procedure of the “T” site: Vallecula

- **T1**: - extended supraglottic laryngectomy
  - endoscopic laser microexcision only for small well limited and well exposed tumor
- **T2**: - extended supraglottic laryngectomy
  - total laryngectomy: - for patient non suitable for partial laryngectomy for medical reasons
  - when large resection of base of tongue is required
- **T3-T4**: - total laryngectomy + basiglossectomy
**Primary treatment: surgical procedure of the “T” site:**

**Tonsila fossa**

<table>
<thead>
<tr>
<th>Evidence</th>
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<tbody>
<tr>
<td>Type 3</td>
<td>Std.</td>
</tr>
</tbody>
</table>

- T1: - partial pharyngectomy by oral approach (tonsillectomy, extended tonsillectomy)
- T2-T4: - partial pharyngectomy by oral approach (for very selected T2)
  - partial pharyngectomy by mandibular osteotomy extended to (upon tumor extension)
    1. Soft palate
    2. Basiglossectoly
    3. Glossectomy
    4. Rhino-pharyngectomy
Primary treatment: surgical procedure of the “T” site:

| T1: - local excision by oral approach     | Type 3 | Std.  |
| T2-T4: - partial pharyngectomy by oral approach (for very selected T2) | Type 3 | Indiv. |
| - partial pharyngectomy by mandibular osteotomy extended to (upon tumor extension) | Type 3 | Std.  |

1. Soft palate
2. Basiglossectoly
3. Glossectomy
4. Rhino-pharyngectomy
Primary treatment: surgical procedure of the “T” site: 
Posterior pharyngeal wall

<table>
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<tr>
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<tbody>
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</table>

- T1: - partial pharyngectomy by oral approach - laser microexcision
- T2: - oral approach: very selected T2 - pharyngectomy by mandibulotomy
- T3-T4: - total pharyngectomy + total laryngectomy (in most cases)
Primary treatment: surgical procedure of the « N » site

<table>
<thead>
<tr>
<th>N site: unilateral or bilateral ND according to T localisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>-N0: selective ND (II-IV or I-IV)(^1)</td>
</tr>
<tr>
<td>- N1-N3: radical modified / radical ND / extended RND</td>
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<tr>
<td>- Sentinel node biopsy</td>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Type C</td>
<td>Std.</td>
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<tr>
<td>Type C</td>
<td>Std.</td>
</tr>
<tr>
<td>Type 3</td>
<td>Invest.</td>
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</tbody>
</table>

\(^1\)See clinical target volume for the nodes (slide 32)
Primary treatment: RxTh regimen

<table>
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<tr>
<td>Type 3</td>
<td>Invest.</td>
</tr>
<tr>
<td>Type C</td>
<td>Std.</td>
</tr>
<tr>
<td>Type C</td>
<td>Std.</td>
</tr>
<tr>
<td>Type 1</td>
<td>Std.</td>
</tr>
<tr>
<td>Type 2</td>
<td>Std.</td>
</tr>
</tbody>
</table>

- **Target volumes**
  - T: CTV = GTV + 1.5-0.5 cm margin
  - N: see table on node levels according to T site

- **Technique**
  - conformal radiotherapy
  - IMRT radiotherapy

- **Dose / fractionation / treatment time**

- **Early stage:**
  - prophylactic dose: 50 Gy,
  - therapeutic dose: 66-70 Gy, 2 Gy daily

- **“moderately advanced” / "locally advanced” stage**
  - on protocol: GORTEC 99-02 / IMCL CP02-9815
  - off protocol: moderately accelerated regimen (concomitant boost)

- **post-operative RxTh**
  - dose: 60-64 Gy, 2 Gy daily

---

1. T1 N0-N1
2. T2 N0-N1
3. any T N2a-N3
4. See guidelines for post-operative radiotherapy
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Head and Neck Oncology Programme

Target Volumes: oropharynx
Level of evidence : type 3 / option : standard

<table>
<thead>
<tr>
<th>Stage</th>
<th>Ipsilateral neck</th>
<th>Controlateral neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>N0-N1</td>
<td>(Ib(^1))-II-III-IV + RP for post. pharyngeal wall tumor</td>
<td>II-III-IV + RP for post. pharyngeal wall tumor</td>
</tr>
<tr>
<td>N2a-N2b</td>
<td>Ib-II-III-IV-V +RP</td>
<td>II-III-IV + RP for post. pharyngeal wall tumor</td>
</tr>
<tr>
<td>N2c</td>
<td>According to N stage on each side of the neck</td>
<td>According to N stage on each side of the neck</td>
</tr>
<tr>
<td>N3</td>
<td>I-II-III-IV-V +RP ± adjacent structures according to clinical and radiological data</td>
<td>II-III-IV + RP for post. pharyngeal wall tumor</td>
</tr>
</tbody>
</table>

\(^1\)Ib only if extension to oral cavity
### Primary treatment: neck dissection following a primary radiotherapy

- Planned ND (SND, RMND, RND or extended ND) 2-3 months after completion of RxTh in patients with a controlled primary site and in case of residual or suspected residual, resectable N disease irrespective of the initial N stage

<table>
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• Treatment of recurrent and/or metastatic disease
• References
Catholic University of Louvain, St - Luc University Hospital Head and Neck Oncology Programme

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>Evidence</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinical examination</td>
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<tr>
<td>- fiberoptic examination and neck palpation</td>
<td>Type C</td>
<td>Std.</td>
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<tr>
<td>every 2 months (first 2 years), every 6 months</td>
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<td>(3rd-5th year), then every year (&gt; 5 years)</td>
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<td></td>
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<tr>
<td>- dental examination every 6 months</td>
<td>Type C</td>
<td>Std.</td>
</tr>
<tr>
<td>• Imaging</td>
<td></td>
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<tr>
<td>- chest X-ray every year</td>
<td>Type C</td>
<td>Std.</td>
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<td>• Laboratory tests</td>
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<tr>
<td>- thyroid function (TSH) every year if radiotherapy delivered</td>
<td>Type C</td>
<td>Std.</td>
</tr>
<tr>
<td>• Evolution of late toxicity (EORTC/RTOG) scale</td>
<td>Type C</td>
<td>Std.</td>
</tr>
</tbody>
</table>
Carcinoma of oropharynx

- Work-up procedure
- TNM staging
- Primary treatment
- Follow-up

*Treatment of recurrent and/or metastatic disease*

- References
Salvage treatment for recurrent disease: general principle

Treatment will depend on:
- Site and extension (rTNM stage)
- Previous treatment(s)
- Performance status
- Patient wishes
Salvage treatment for recurrent disease

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Option</th>
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<tr>
<td>Type C</td>
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<td>Type C</td>
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<tr>
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</tbody>
</table>

- anyT-N0-M0
  - surgery ± RxTh¹
  - RxTh¹ / brachyth (T < 3 cm)
  - chemotherapy

- T0-anyN-M0
  - ND ± RxTh¹
  - RxTh¹
  - chemotherapy

- AnyT-anyN-M0
  - surgery ± RxTh¹
  - chemotherapy
  - best supportive care

- Metastasis
  - chemotherapy
  - best supportive care

¹depending on previous radiotherapy; see guidelines for post-operative radiotherapy
Carcinoma of oropharynx

• Work-up procedure
• TNM staging
• Primary treatment
• Follow-up
• Treatment of recurrent and/or metastatic disease
• **References**
Catholic University of Louvain, St - Luc University Hospital
Head and Neck Oncology Programme

References

References

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References

- Wong CS, Ang KK, Fletcher GH, Thames HD, Peters LJ, Byers RM, Oswald MJ.