Letter to the Editor

In Reference to Combination of Panendoscopy and Positron Emission Tomography/Computed Tomography Increases Detection of Unknown Primary Head and Neck Carcinoma

Dear Editor:

Evaluation of the patient with head and neck squamous cell carcinoma of unknown primary (HNSCC-UP) is an evolving and important topic, especially given the emerging understanding of human papillomavirus–associated oropharyngeal squamous cell carcinoma.1 Studies have assessed the utility of various modalities, including fluorodeoxyglucose–positron emission tomography/computed tomography (PET/CT), panendoscopy, and lingual tonsillectomy (performed with transoral robotic surgery [TORS] or transoral laser microsurgery [TLM]).1,2 Sokoya et al.3 recently assessed the use of PET/CT and panendoscopy in identifying the primary site in patients with HNSCC-UP.

For patients with HNSCC-UP, Dr. Sokoya and colleagues reported the sensitivity, specificity, negative predictive value, and positive predictive value of PET/CT as 73%, 100%, 69%, and 100%, respectively. Use of these four statistical terms implies that there is a gold-standard test (i.e., a test that can serve as an accurate and reliable reference standard)4,5 for determining the primary site in HNSCC-UP, which does not currently exist. Therefore, presenting these statistical values is misleading. However, analytic strategies have been proposed in cases in which no gold standard exists.4 The more clinically useful value in this scenario would be identification rate, which has been reported by similar prior studies. However, the authors did not report the identification rate of PET/CT, but it can be calculated with their data to be 46% (87/190). Because sensitivity and detection rate are generally viewed as synonymous6 (when a gold standard exists), presenting a sensitivity of 73% could lead readers to falsely overestimate the utility of PET/CT.

The authors conclude that panendoscopy and PET/CT play an important role in evaluation of the patient with HNSCC-UP, with which I am in complete agreement. In addition to panendoscopy and PET/CT, it should be added that TORS or TLM lingual tonsillectomy can allow for identification of the primary site in 80% of cases.2

Clear reporting of data allows for a more informed readership and comparison to other studies in the literature. Statistical considerations and issues are not uncommon in articles submitted for publication in otolaryngology journals.7 Statistical reanalysis in these cases often does not change the overall conclusions, but serves to promote appropriate and accurate information,7 as is the case with the current study.

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BIBLIOGRAPHY