Response to comments HN-20-1003 “Induction chemotherapy followed by radiotherapy for N3 head and neck squamous cell carcinoma: useful treatment option with a caveat”

Dear Editor,

Thank you for your comments on our study. We agree with you that the management options of N3 neck nodes in patients with head and neck squamous cell carcinoma depend on not only the response to chemotherapy but also other important factors, such as the primary site and T stage of primary disease and the resectability. A total of 33 (27.5%) patients received upfront neck dissection (UFND) after induction chemotherapy (ICT) but before radiotherapy. The outcomes of patients treated with UFND before radiotherapy was superior to those not receiving UFND in terms of overall survival (42.4% vs 21.7%, \( P = .038 \)) and relapse-free survival (64.2% vs 39.6%, \( P = .02 \)). Thus, UFND is an effective treatment of N3 patients. However, the difference of outcomes with or without UFND was observed only in patients who did not respond to ICT. This could be explained by the fact that the responders to neoadjuvant are more likely to obtain a complete response to radiotherapy and better disease control compared with nonresponders. Furthermore, positron emission tomography-CT-guided surveillance was confirmed to be noninferior to planned neck dissection, and surveillance resulted in considerably fewer operations and it was more cost effective.1

We agree that it is important to make an attempt to use those radiological criteria such as gross extracapsular spread, extensive soft tissue involvement, and encasement of the carotid artery (>180°) to define resectability of bulky neck nodes. However, we know that the resectability criteria may considerably vary from one site/region to another one and even from one surgeon to another. It is especially difficult in retrospective study. It is true that for oral cavity carcinoma, the surgical management is the first choice of primary tumor when resectable. Considering relatively small number patients in the subgroup analysis and in our study most of the primary disease originated from nonoral cavity, with only 9.2% from oral cavity, these results need to be validated in an independent cohort based on the primary site.

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