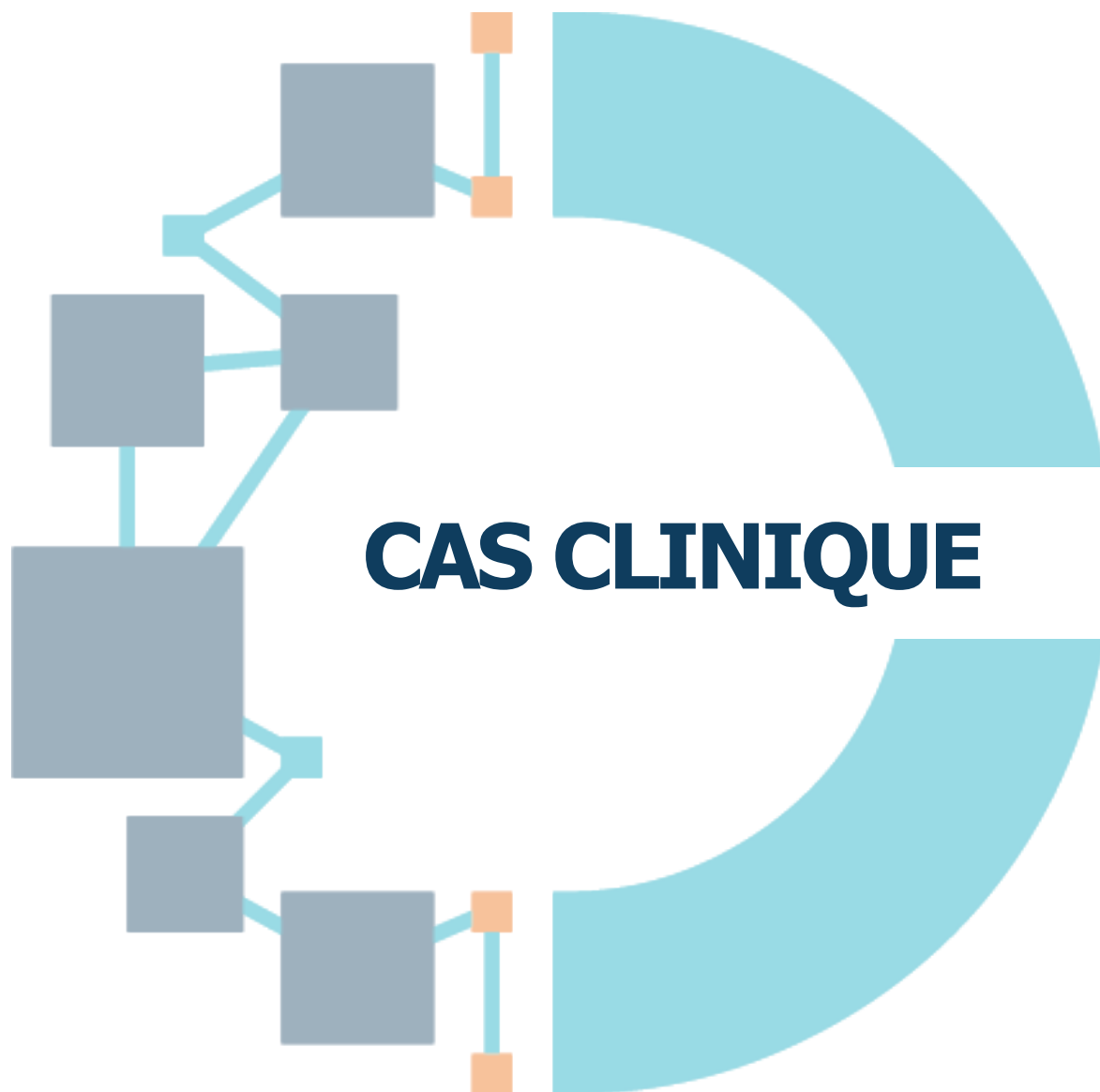




CAS CLINIQUE

10 octobre 2025

Mercure d'Angoulême

RAMIN Lionel CHU Limoges

5^e Rencontre d'Oncologie Tête et Cou en Nouvelle-Aquitaine



Cas Clinique 1

Patient de 23 ans

Pas de tabagisme

Pas d'atcd

Apparition lésion depuis 3 semaines

Endoscopie: Lésion langue mobile gauche de 3 cm avec adénopathie homolatérale gauche 1b de 2cm

Anapath : Carcinome épidermoïde

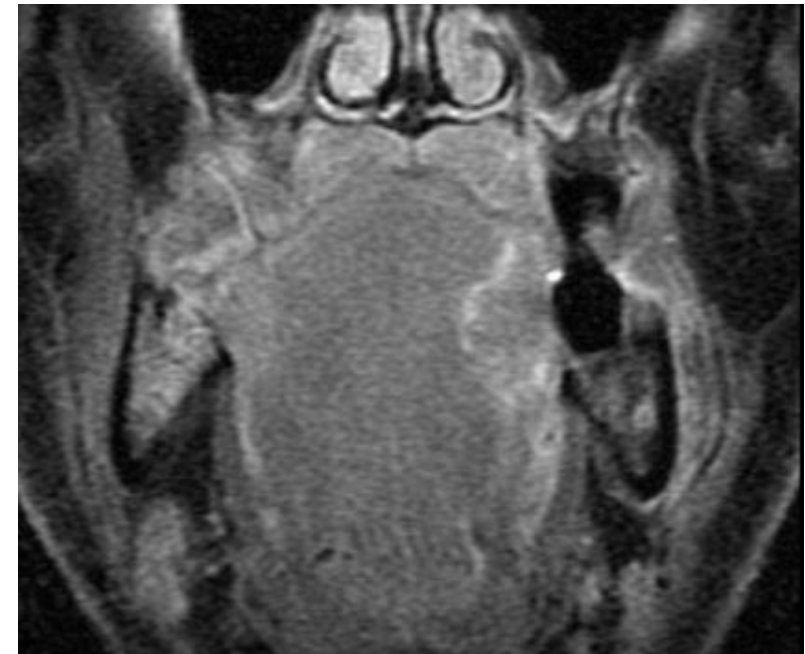
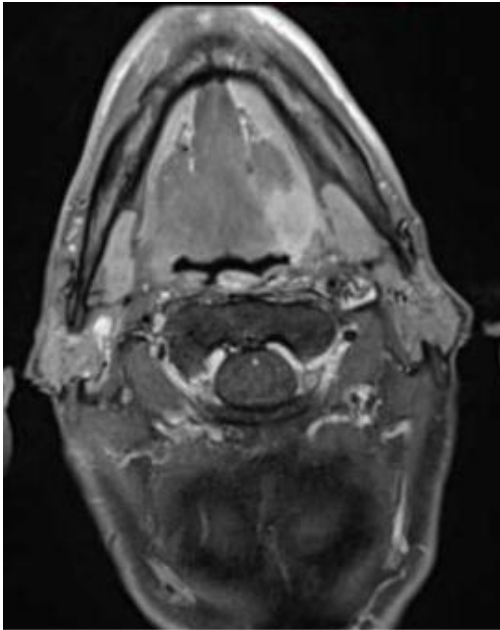




Cas Clinique 1

TDM+IRM : Lésion de 30mm bien limitée pas d'envahissement de l'espace masticateur avec une adénopathie homolatérale IB de 2cm

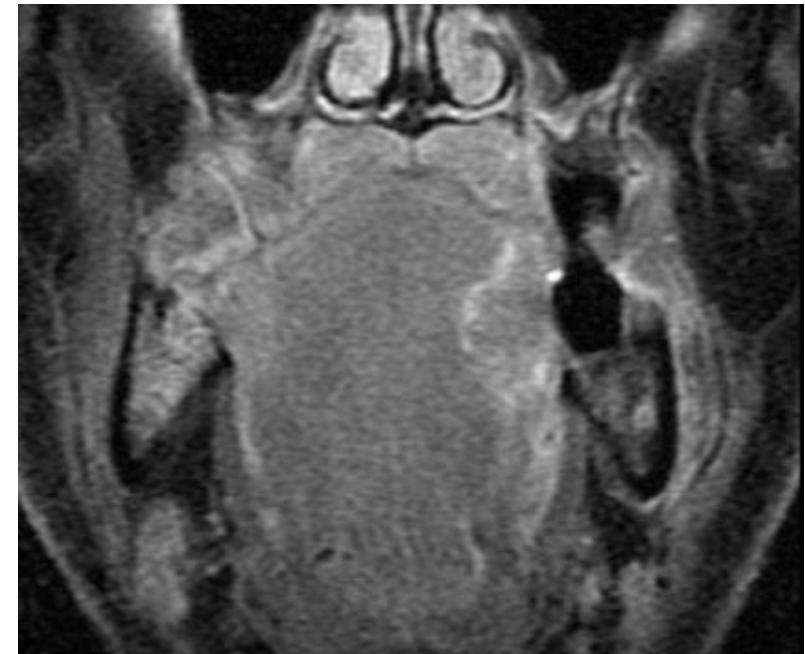
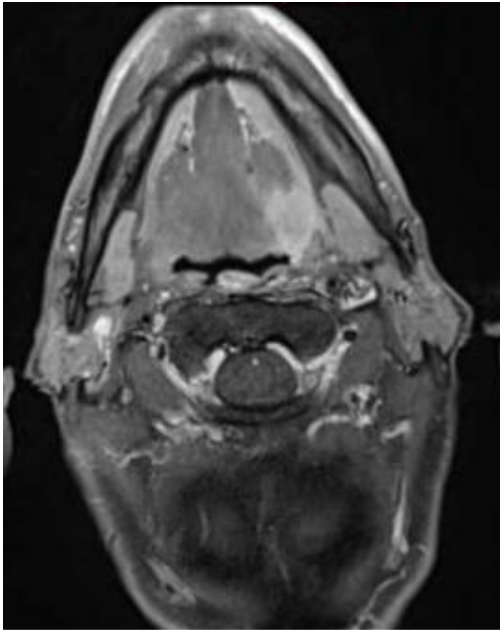
Pas d'atteinte osseuse





Cas Clinique 1

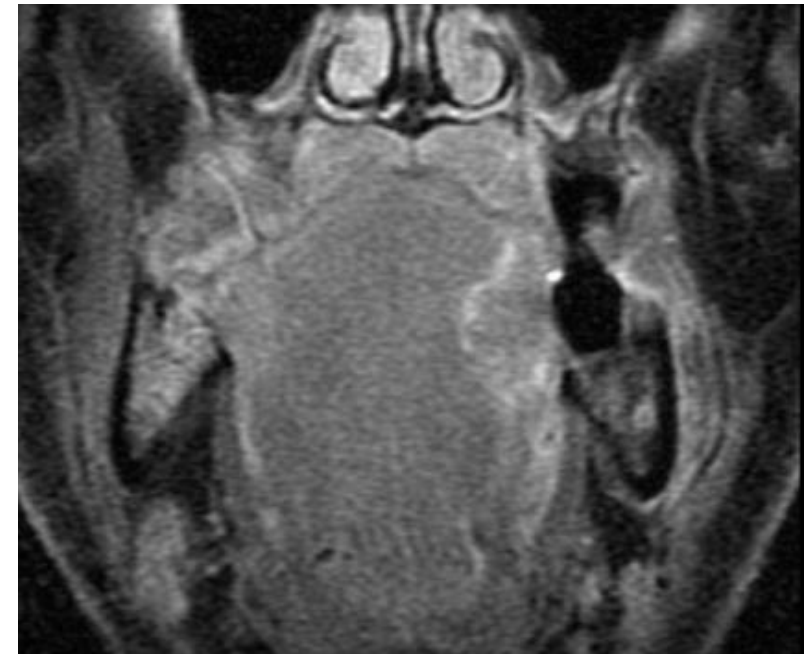
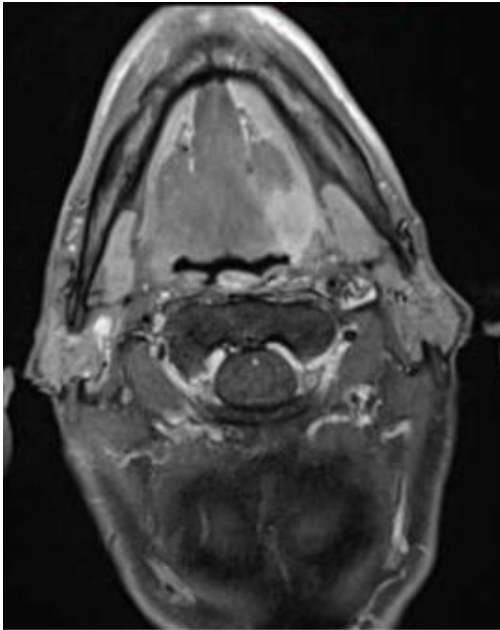
TNM ??





Cas Clinique 1

cT3N1



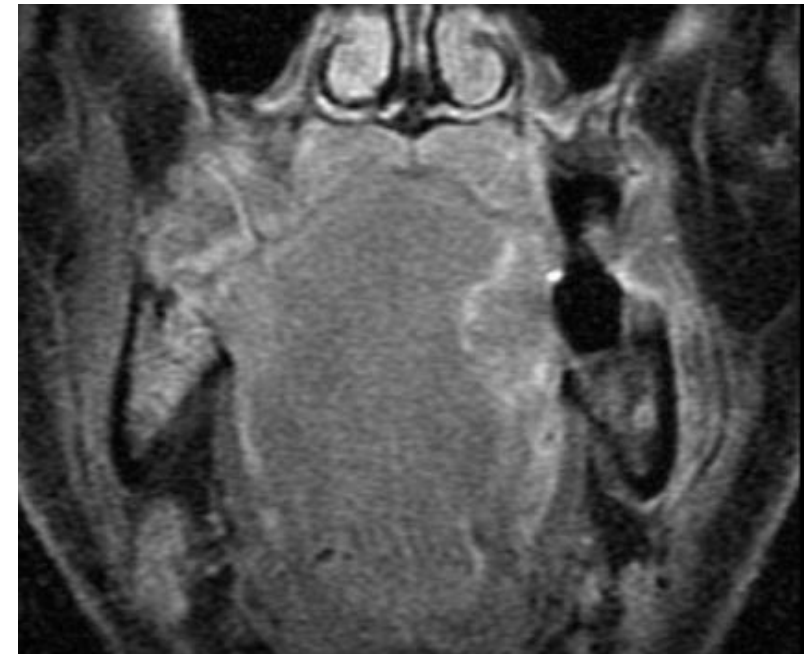
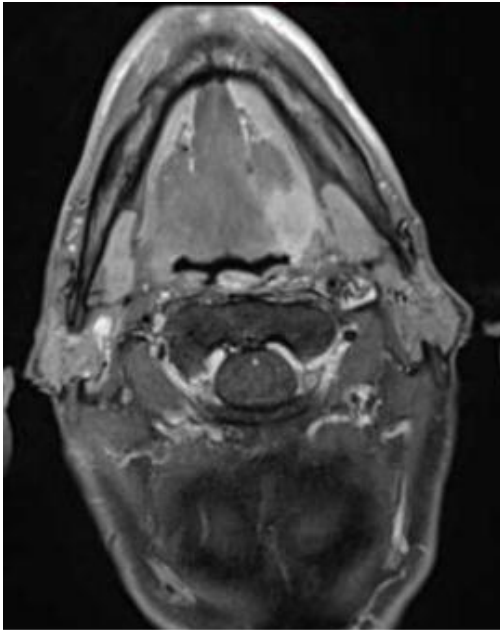


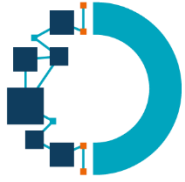
Cas Clinique 1

Quel traitement proposez vous

A) Chirurgie première

B) RTCT



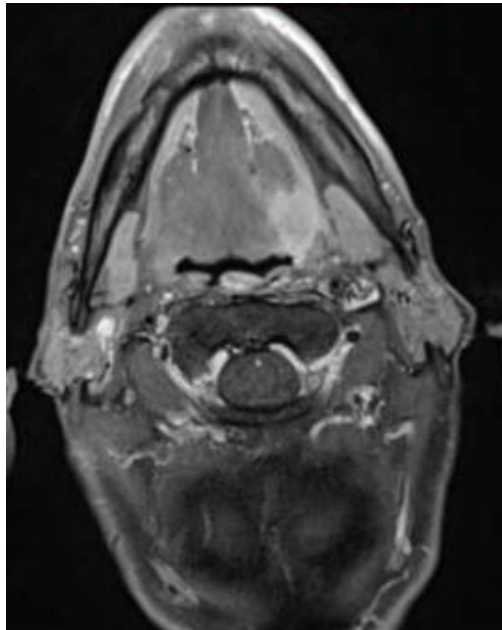


Cas Clinique 1

Quel traitement proposez vous

A) Chirurgie première

B) RTCT



Augmentation survie globale et survie spécifiques

Gore SM, Crombie AK, Batstone MD, Clark JR.

Concurrent chemoradiotherapy compared with surgery and adjuvant radiotherapy for oral cavity squamous cell carcinoma: Surgery Plus Radiotherapy vs Concurrent Chemoradiotherapy for Oral Cavity SCC. Head & Neck. 2015;37:518-23.

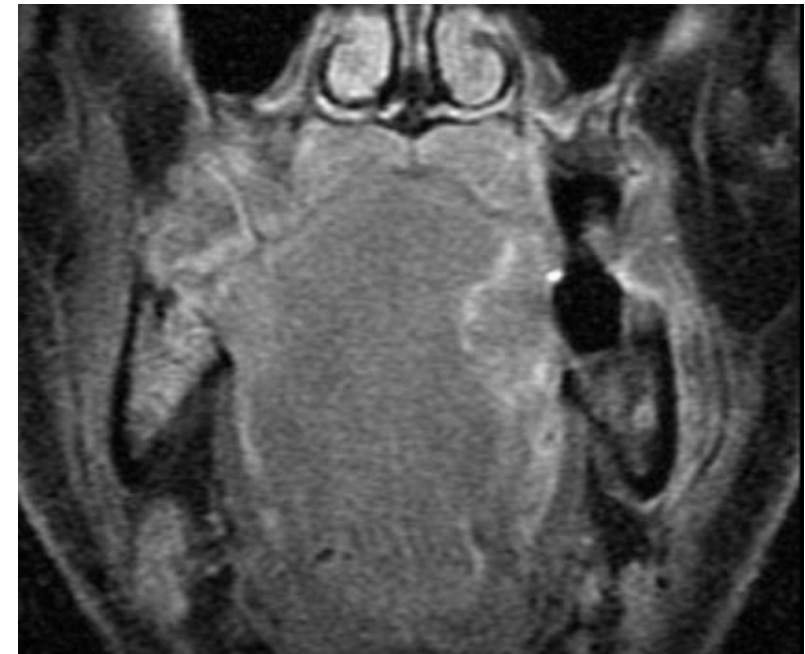
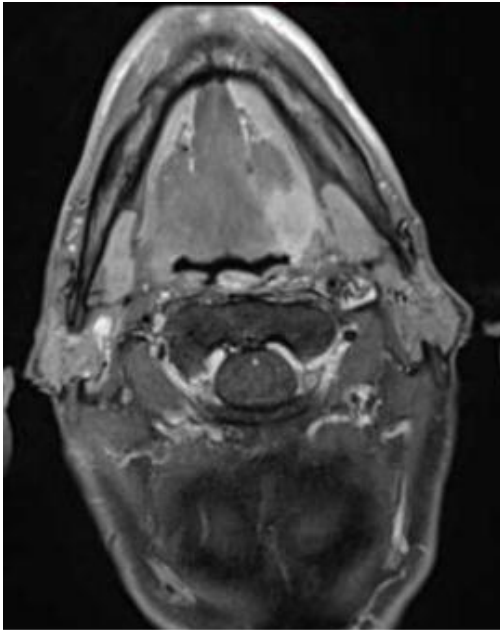
Robertson AG, Soutar DS, Paul J et al.

Early closure of a randomized trial: surgery and postoperative radiotherapy versus radiotherapy in the management of intra-oral tumours. Clin Oncol (R Coll Radiol) 1998 ; 10:155-60.



Cas Clinique 1

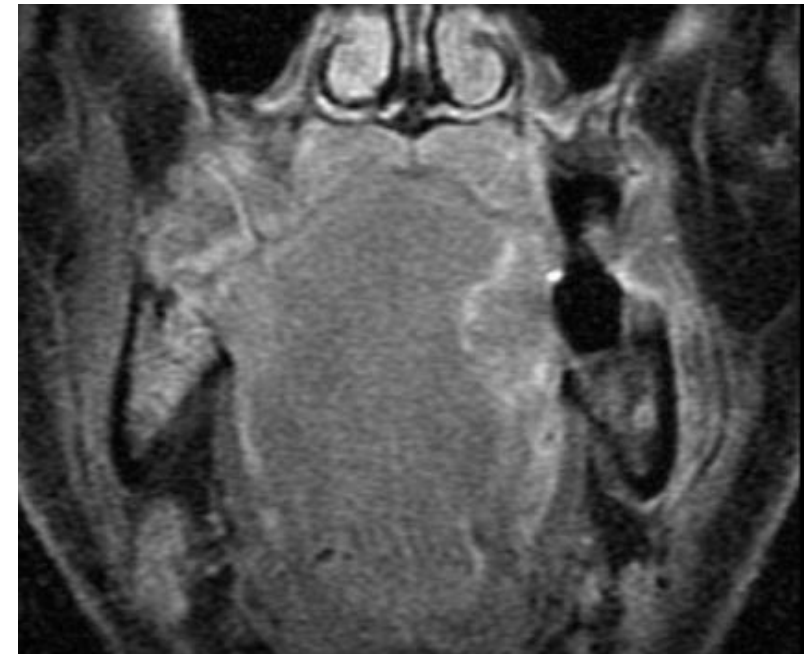
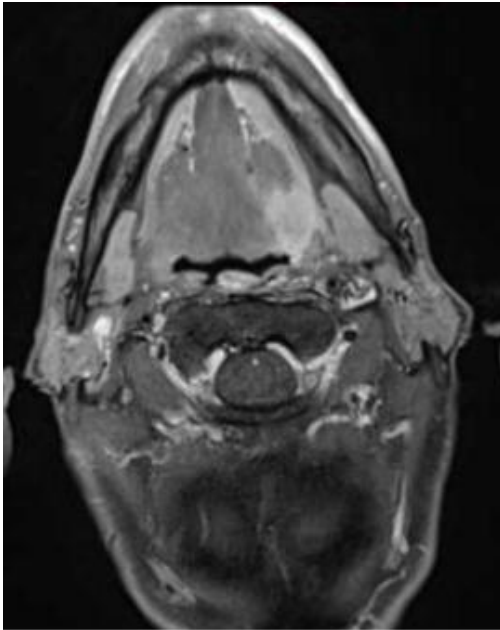
Curage uni ou bilatéral??





Cas Clinique 1

Si le patient avait eu 76ans sans comorbidités ??





Cas Clinique 2

Patient de 42 ans

Pas de tabagisme

Pas d'atcd

Douleur pharyngée droite depuis 3 semaines

Endoscopie: Lésion amygdalienne droite prenant toute la loge prenant le pilier ant et remontant très légèrement sur le voile

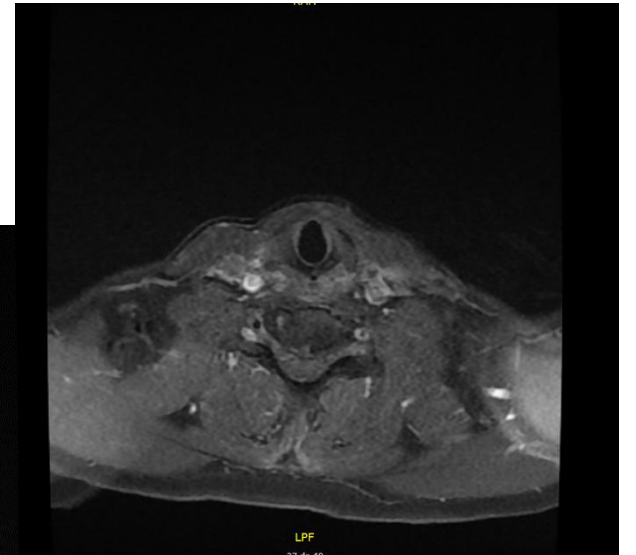
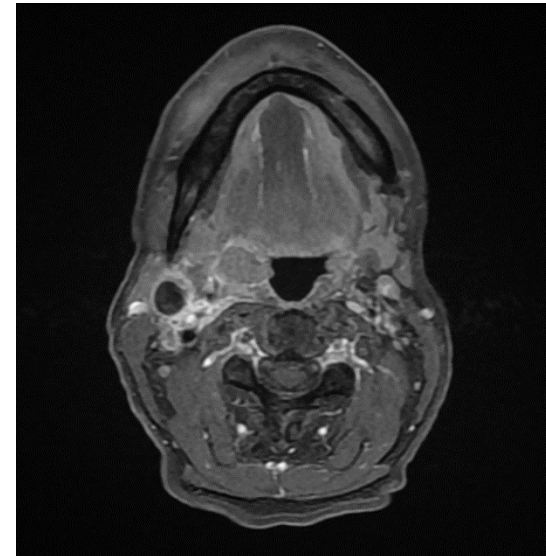
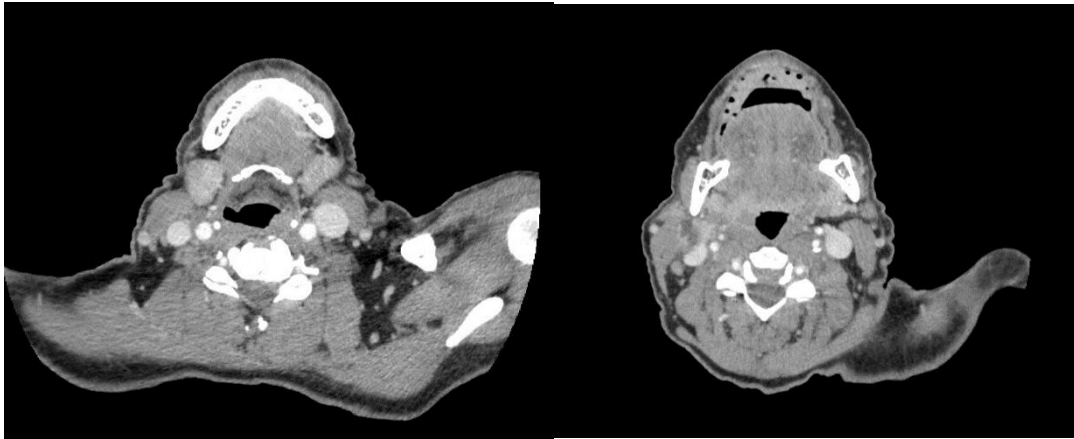
Anapath : Carcinome épidermoïde p16+





Cas Clinique 2

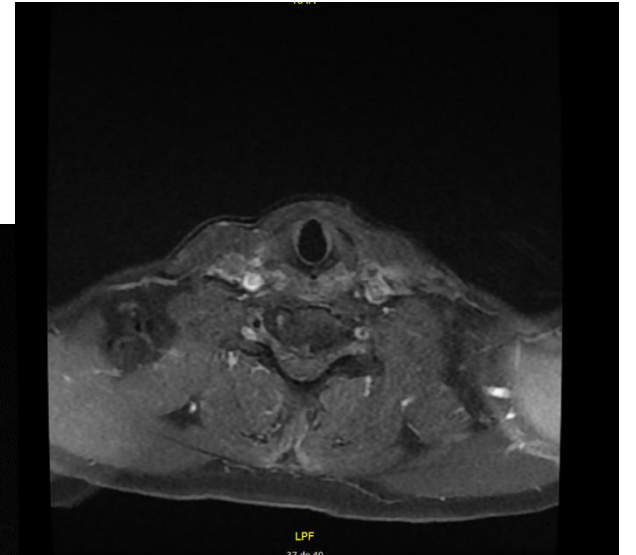
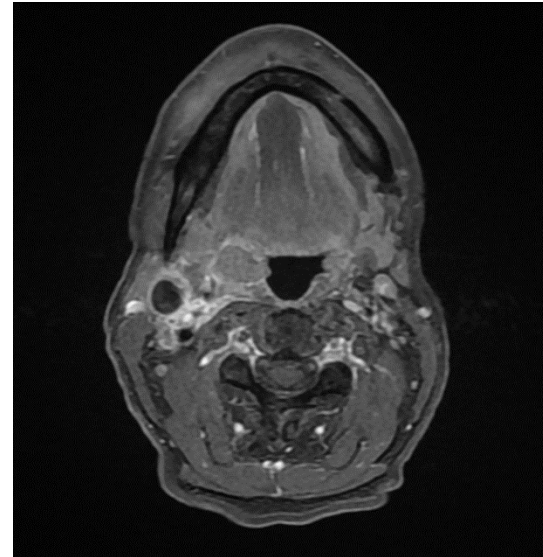
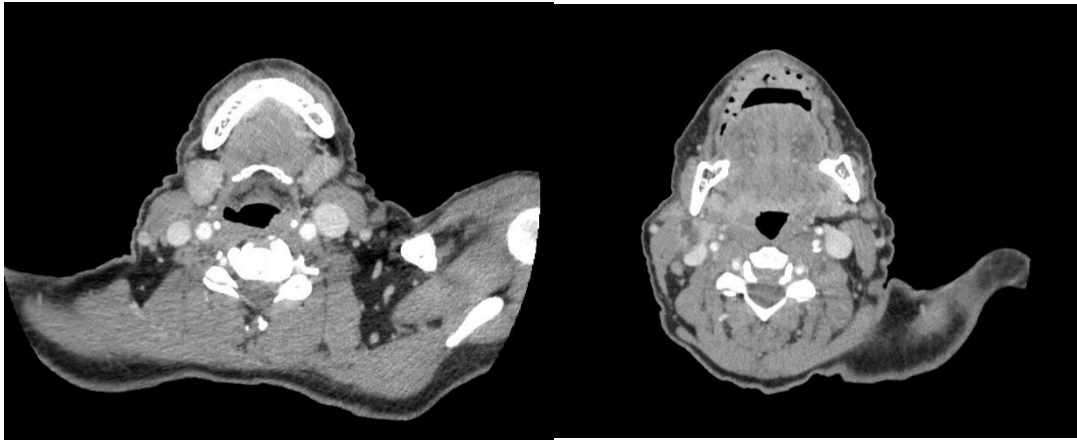
TDM+IRM : Lesion de 42mm bien limitée oropharyngée droite avec multiples adenopathies homolatérales





Cas Clinique 2

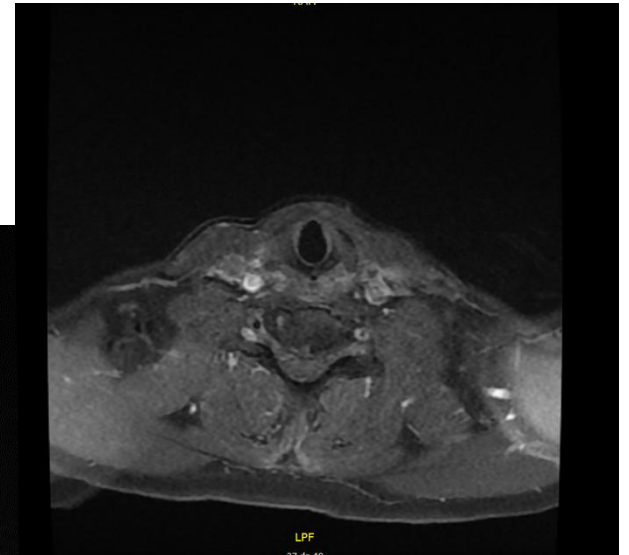
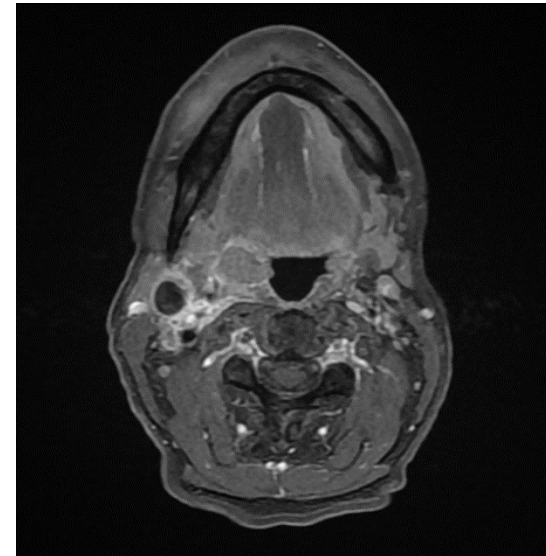
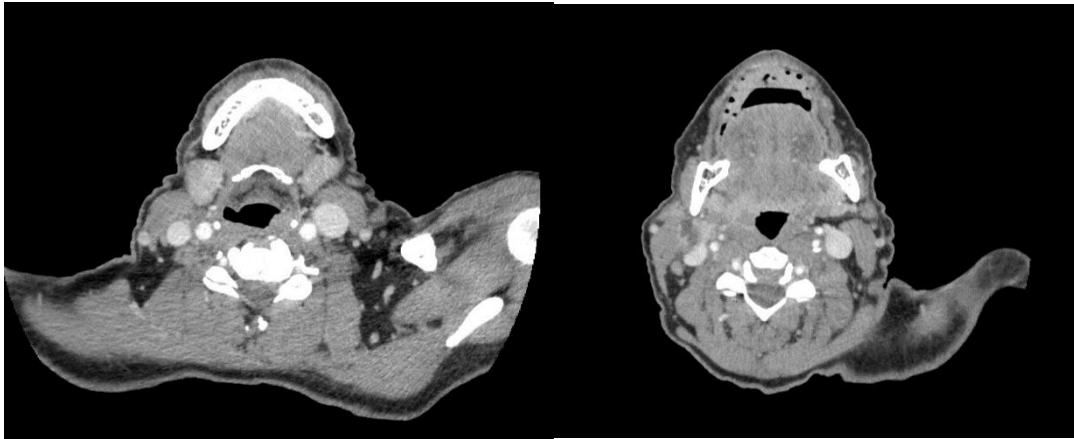
TNM ??





Cas Clinique 2

cT3N1

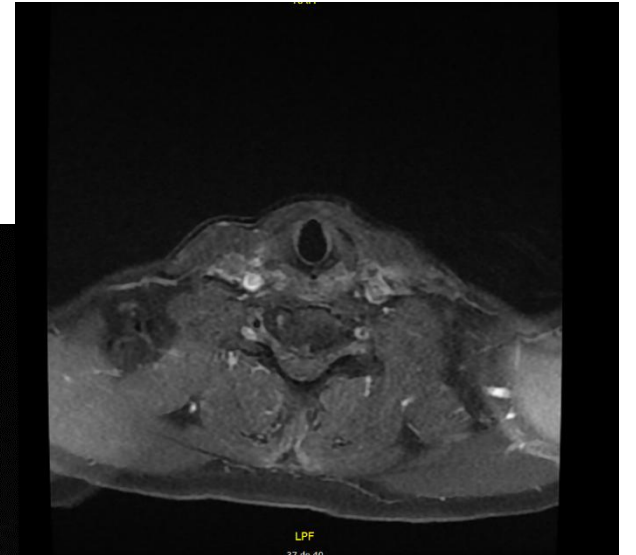
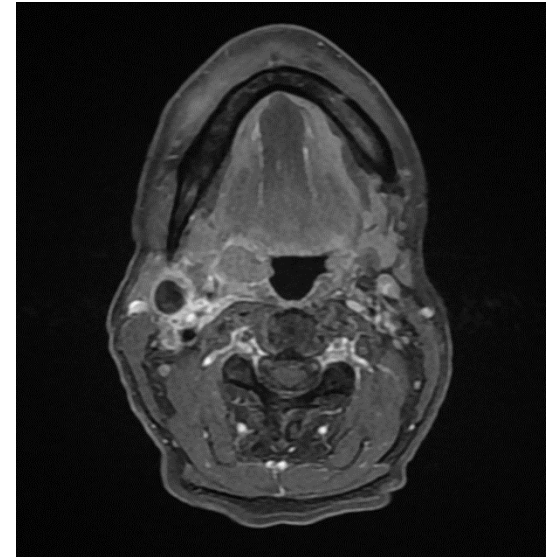
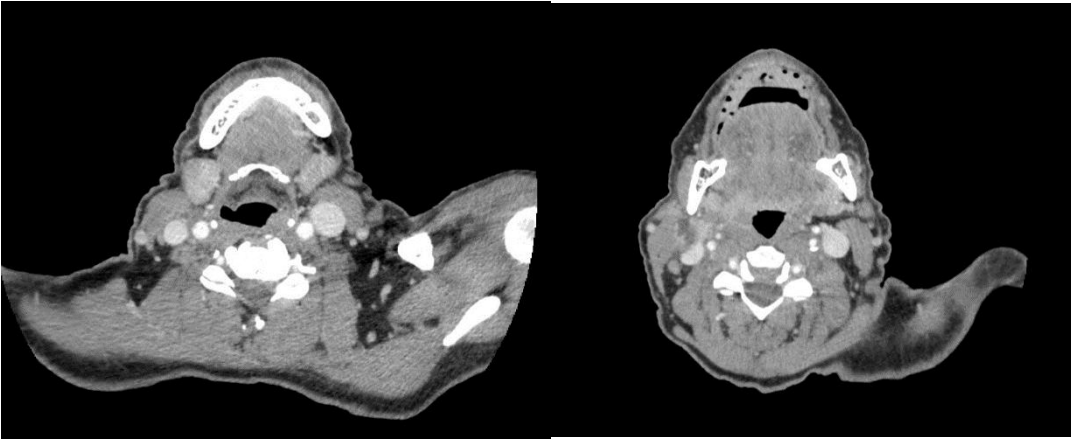


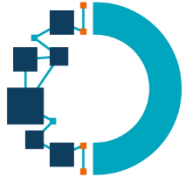


Cas Clinique 2

Quel traitement proposez vous

- A) Chirurgie+ radiot adj +/- chimio
- B) RTCT





Cas Clinique 2

EVITER le Traitement trimodal

Pas de supériorité carcinologique d'une stratégie

Upfront surgery or definitive radiotherapy for p16+ oropharyngeal cancer. A GETTEC multicentric study

European Journal of Surgical Oncology 47 (2021) 1389–1397

D. Culié, R. Schiappa, A. Modesto et al.

Discussion avec le patient+++

RTCT

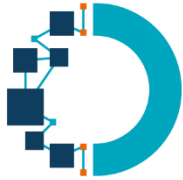
Impact of HPV-associated p16-expression and other clinical factors on therapeutic decision-making in patients with oropharyngeal cancer: A GETTEC multicentric study

Dorian Culié^a, Renaud Garrel^b, Julien Viotti^c, Renaud Schiappa^c, Emmanuel Chamorey^c, Nicolas Fakhry^d, Benjamin Lallemand^e, Sébastien Vergez^f, Agnès Dupret-Bories^f, Olivier Dassonville^a, Gilles Poissonnet^a, José Santini^a, Frédéric Peyrade^g, Karen Benezery^h, Anne Sudakaⁱ, Florence Jourdan-Soulier^j, Françoise Chapel^j, Bruno Guelfucci^k, Alexandre Bozec^{a,*}

Table 2
Factors influencing the therapeutic strategy for the overall patient population.

Clinical characteristics	Surgical strategy (n = 223)	Non-surgical strategy (n = 253)	P-values UA	P-values MA
Gender: men/women	167 (75)/56 (25)	187 (74)/66 (26)	0.89	—
Age: mean age ± SD	60.4 ± 9.0	61.7 ± 9.3	0.80	—
ASA score: < 3/≥ 3	175 (78)/48 (22)	185 (73)/68 (27)	0.11	—
KFI score: < 2/≥ 2	182 (82)/41 (18)	194 (77)/59 (23)	0.23	—
Smoking status: < 10 PY/≥ 10 PY	68 (30)/155 (70)	89 (35)/164 (65)	0.32	—
T-stage: < 3/≥ 3	153 (69)/70 (31)	103 (41)/150 (59)	<0.001	<0.001
N-stage: < 2a/≥ 2a	116 (52)/107 (48)	90 (36)/163 (64)	<0.001	0.02
Tumor site: BT/LPW/ GTS/PPW/SP	77 (35)/152 (68)/ 103 (46)/12 (5)/63 (28)	101 (40)/166 (66)/ 89 (35)/15 (6)/73 (29)	0.26/0.62/ 0.02/0.95/0.96	—/—/ 0.002/—/—
Tumor extension to: OC/HL	28 (13)/13 (6)	12 (5)/18 (7)	0.004/0.70	0.009/—
P16-status: positive/negative	105 (47)/118 (53)	139 (55)/114 (45)	0.10	—
Centre of care	—	—	<0.001	<0.001

SD: standard deviation; KFI: Kaplan-Feinstein index; PY: pack-year; BT: base of tongue, LPW: lateral pharyngeal wall, GTS: glosso tonsillar sulcus, PPW: posterior pharyngeal wall, SP: soft palate (some tumors invaded more than 1 tumor site); OC: oral cavity, HL: hypopharynx or larynx; P-values: comparison between the surgical and non-surgical strategies in univariate analysis (UA) and multivariate analysis (MA).



Cas Clinique 2

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Tumor extension to: OC/HL	28 (13)/13 (6)	12 (5)/8 (7)	0.004/0.70	0.009/—
PLN status: positive/negative	105 (47)/118 (53)	139 (55)/114 (45)	0.10	—
Centre of care	—	—	<0.001	<0.001

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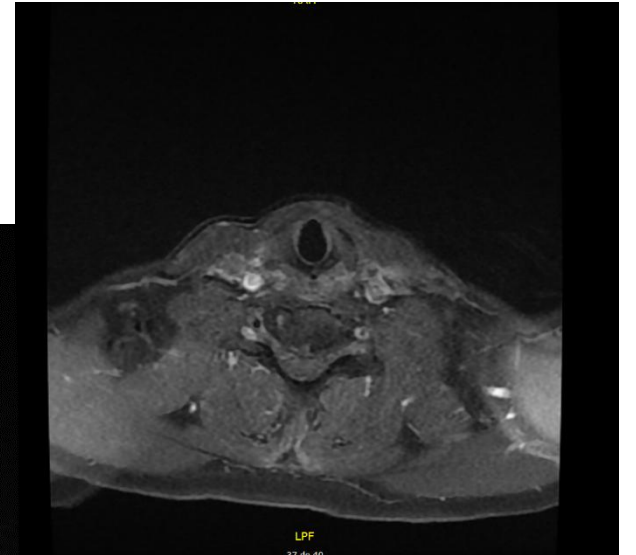
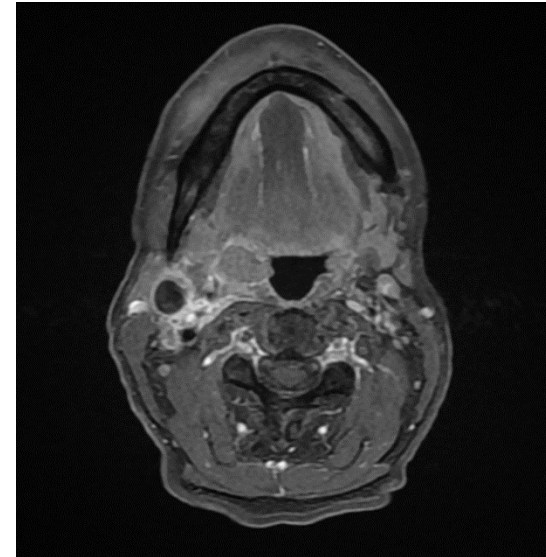
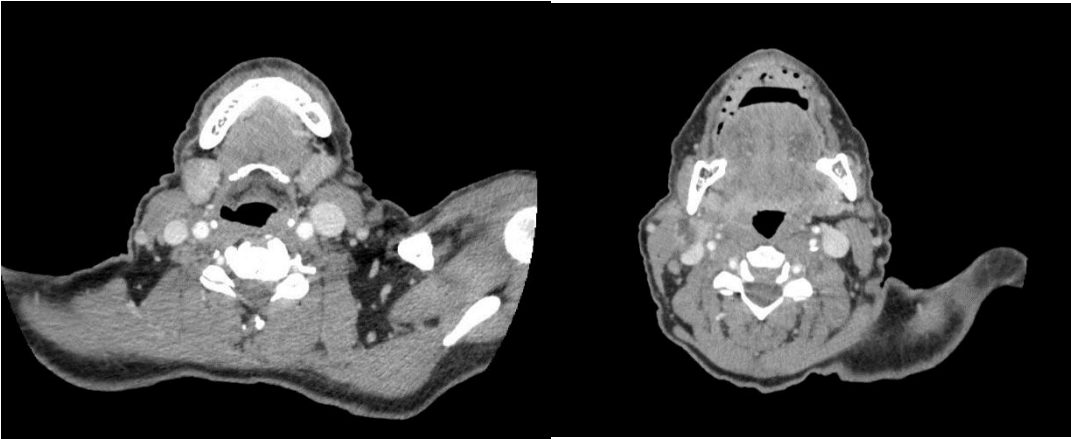


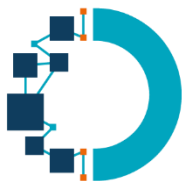
Cas Clinique 2

Si patient de 73 ans?

Si insuffisance rénale chronique?

Si P16 négatif?





Du changement?

KEYNOTE 689

Selected Inclusion Criteria¹

- Age ≥ 18 years
- Histologically confirmed new diagnosis of resectable, non-metastatic, squamous cell carcinoma that was either:
 - Stage III HPV-positive oropharyngeal (T4, N0-2, M0)^d
 - Stage III or IVA HPV-negative oropharyngeal^d
 - Stage III or IVA laryngeal/hypopharyngeal/oral cavity^d
- Eligible for primary surgery based on investigator decision and per local practice
- ECOG PS 0 or 1

Stratification Factors:

- Tumor PD-L1 status (TPS $\geq 50\%$ vs $<50\%$)
- Primary tumor site (oropharynx/oral cavity vs larynx vs hypopharynx)
- Tumor stage (stage III vs IVA)

