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Predictive Value of Epidermal Growth Factor (EGF) and Laminin-5 for Clinicopathologic Oral Squamous Cell Carcinoma(OSCC) Staging and Grading in Iranian Population

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Background: Squamous cell carcinoma(SCC) constitutes the main oral malignancy. Parallel to better understanding of molecular and genetic patterns of tumour behavior, more precise crrelation of tumour markers such as Epidermal Growth Factor (EGF) and Laminin-5 are sought to estimate macroscopic and microscopic tumour status.
Methods and Material: We conducted a cross-sectional study collecting oral SCC samples during 2006–2007 from pathology Department of Sahid Beheshti Dental School. Immunohistochemical staining with antibodies against EGFR and laminin-5 along with staining degree were reported by two experienced pathologist including degree of staining (low, medium, high), and pathological grading and clinical staging obtained from medical records.
Results: Forty-two patients' paraffin blocks of SCC examined with mean age 58 years ranged between 21−88, female to male ratio of 1.33:1 was observed. The study analyses revealed a significant correlation between the expression of laminin-5 with tumour stage and grade ($P < 0.001$ $r = 0.547$ respectively), yet no significant correlation between expression of EGFR and tumour stage or grade ($P = 0.894$ $r = 0.018$ and $P = 0.543$ $r = 0.86$ respectively). Considering high degree of staining and stage IV; sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of 44%, 54%, 44%, and 78% calculated for EGFR and 55%, 78%, 58% and 86% for laminin-5 respectively.
Considering high degree of staining and grade 3; sensivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of 57%, 57%, 17% and 86% calculated for EGFR and 85%, 82%, 50% and 96% for laminin-5 respectively.
Conclusion: We concluded that laminin-5 has a better prediction for developing higher tumour stage and grade but further research needed for identifying the precise role of EGFR.

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Fluorouracil and Cisplatin With or Without Docetaxel as Induction Chemotherapy for Squamous Cell Carcinoma of the Paranasal Sinuses − Single Center Results of a 10 Year Experience

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Background: Induction chemotherapy for squamous cell carcinoma (SCC) of paranasal sinuses is not a standard of care but maybe an interesting approach for locally advanced tumours.
Patients and Methods: We retrospectively reviewed 28 consecutive patients with SCC of the paranasal sinuses primary treated with chemotherapy. Chemotherapy regimen included cisplatin and fluorouracil (FP) or cisplatin, fluorouracil and docetaxel (TPF) for more recent patients. Chemotherapy was started regardless of the resectable status of patients and followed by either surgery and radiation or by radiotherapy alone.
Results: Twenty two men and 6 women, median age 59 years old, represented the studied population. Sixteen patients, all with T4 tumour, had induction chemotherapy with TPF compared to 12 patients, among which 8 patients with T4, with FP regimen. Partial response according to RECIST criteria was observed in respectively 81% and 75% of patients. Hematological toxicity was the most limiting toxicity. Two patients were initially mis-staged and found to have pulmonary metastatic disease at the evaluation despite a local response, and were excluded of the survival study. Surgery, most of the time followed by radiotherapy, was performed in 18 patients, whereas concomitant chemo-radiotherapy was performed in others. We didn't find any pathological complete response among the resected patients, but for 3 of them a major pathological response with less than 10% of viable cells was obtained; none of these relapsed with more than 4 years follow up. For the 20 patients treated by induction more than 1 year ago, 18 month-disease free survival rate was 50% in patients treated with TPF ($n = 8$), and 75% in the 12 patients treated by FP. Eighteen month-overall survival rate in the whole T4 group ($n = 14$) was 69%, with an overall median survival of 2.7 years.
Conclusion: Induction chemotherapy with FP or TPF regimen is highly active and well tolerated in SCC of paranasal sinus cancer, and should be prospectively studied. Further trials are expected especially in the setting of advanced tumour to allow surgery in a curative intent.

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Toxicity of Cetuximab in Locally Advanced Head and Neck Squamous Cell Carcinoma Treatment

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Background: After the publication of the Bonner trial in 2006, cetuximab (CTX) plus high-dose radiotherapy (RT) became a treatment option for patients (pts) with locally advanced Head and Neck Squamous Cell Carcinoma (LAHNSCC). Although the trial concluded that concomitant high-dose RT plus CTX improved locoregional control and reduced mortality in these pts without increasing the common toxic effects associated with RT to the head and neck, recent reports have suggested a higher radio-induced acute toxicity profile with such combination.
Material and Methods: We retrospectively reviewed the LAHNSCC pts treated in our Institution with CTX (loading dose: 400 mg/m^2 1 week before RT; weekly infusions of 250 mg/m^2 during RT) plus RT (2 Gy/daily fraction, median total dose: 70 Gy) to determine the efficacy and acute toxicity of this treatment modality.
Results: Between May 2008 and December 2010, we treated 25 pts with LAHNSCC with concomitant CTX and RT. Most were men (84%), with heavy drinking and smoking habits; median age was 64 years old. All had stage III (24%) or IV (76%) disease, primary tumour site was mainly in the oropharynx (60%) and pts were not candidates for concomitant chemoradiation with cisplatin mostly due to co-morbidities. Compliance with concomitant CTX and RT treatment was good: 19 pts (76%) completed RT treatment with the full 70 Gy dose and 20 pts (80%) completed at least 5 infusions of CTX (although only 7 completed the 8 infusions). The major reason stopping CTX was cutaneous toxicity (56%; 10 pts). There were 3 toxic deaths during treatment (skin toxicity, infection, malnutrition) and 1 death two months after treatment (hemorrhagic complication). We identified mainly grade 3 adverse reactions: radiation skin dermatitis (80%), oral mucositis (36%) and skin rash (36%). Although 84% of pts had a prophylactic enteric feeding tube, weight loss was superior to 10% of initial body mass in 41.6% of pts. With a median follow-up (FU) of 8.2 months, 7 pts (28%) were in complete remission at last FU, 4 (16%) were alive with disease progression and 14 (56%) had died.
Conclusions: In our Institution, we found a high percentage of grade 3 adverse reactions in pts treated with concomitant RT and CTX therapy. There were 3 deaths due to treatment toxicity and important weight loss in 41.6% of pts. Thus, careful selection and monitoring of pts treated with this therapeutic modality are necessary.

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Primary Chemotherapy With FEP Regimen (Farmorubicin, Cisplatin, 5-fluorouracyl) Followed by Craniofacial Resection and Radiotherapy for Paranasal Adenocarcinoma − Single Center Results of a 10 Year Experience

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Background: To study retrospectively the activity of induction chemotherapy with cisplatin, fluorouracil and epirubicin (FEP) in patients with adenocarcinoma of the paranasal sinuses.
Patients and Methods: Twenty seven patients with localized adenocarcinoma of the paranasal sinuses referred to our institution between 1999 and 2010, received chemotherapy regardless of their resectable status followed by either surgery and radiation or by radiotherapy alone. FEP (farmorubicin 70 mg/m^2 on day 1, 5-FU 750 mg/m^2/day, for the first 5 days as a 120 h continuous infusion, and cisplatin 100 mg/m^2 day 2 q 3 weeks) was planned for three courses.
Results: Most of the patients were exposed to wood dust and had intestinal type adenocarcinoma. Thirteen patients (48%) presented initially with skull base invasion. Haematological toxicity was the most limiting toxicity. Partial response according to RECIST criteria was observed in sixteen patients (59%), Stable disease in 9 patients (33%) and progression in 2 patients (7%). In all patients except two, surgery followed by radiotherapy could