

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

JOURNEE RENCONTRE CANCEROLOGIE 2023 BFC

NOUVEAUTES EN CHIRURGIE 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

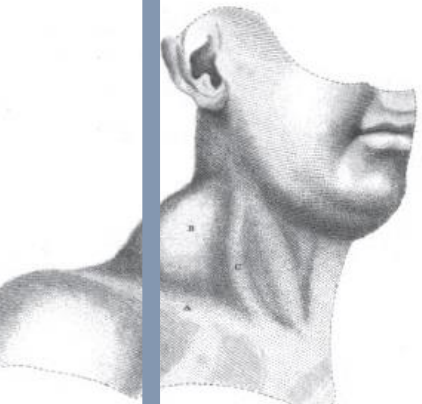
FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

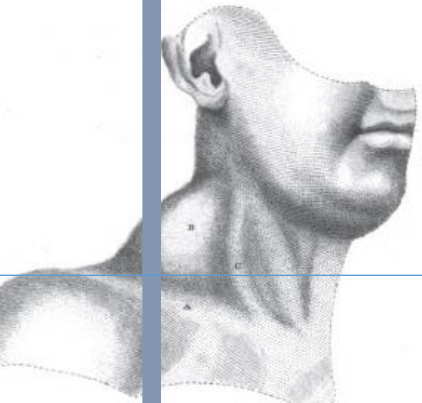
Dr MAUVAIS Olivier
ORL et chirurgie cervico-faciale



FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

CANCER CAVITE ORALE

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023
FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023
FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023
FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023



NOUVEAUTES 2023 EN CHIRURGIE

ASCO® Educational Book

HEAD AND NECK CANCER

Current Treatment Strategies and Risk Stratification for Oral Carcinoma

Issa Mohamad, MD¹; Mica D.E. Glaun, MD²; Kumar Prabhash, MD³; Ahmed Busheri, MD⁴; Stephen Y. Lai, MD, PhD^{2,5,6}; Vanita Noronha, MBBS, MD, DM³; and Ali Hosni, MBBCh, MSc, PhD⁷

NOUVEAUTES 2023 EN CHIRURGIE

• PRESERVATION MANDIBULAIRE PAR CHIMIOOTHERAPIE D'INDUCTION ?

TABLE 1. Studies Evaluating the Role of Induction Chemotherapy for Mandibular Preservation in Patients With Locally Advanced Oral Cavity Carcinomas

| Study | Trial Design | Patients Enrolled | Sample Size | Induction Chemotherapy Regimen | Response Rate to Induction Chemotherapy | Mandible Preservation Rate | Adjuvant Therapy | Oncological Outcomes |
|-----------------------------|---|---|-------------|---|---|--|---|---|
| Licitra et al ⁹⁰ | Phase III RCT comparing induction chemotherapy followed by surgery versus surgery alone | Untreated locally advanced resectable oral cavity squamous cell carcinoma; T2-T4 (>3 cm), NO-2 | 195 | CF x 3 cycles: cisplatin 100 mg/m ² + 5FU 1000 mg/m ² as a 120-hour infusion once every 21 days | 82% -CR: 28 (33%) -PR: 42 (49%) | 21%; 95% CI, 7-34 (segmental mandibulectomy performed in 31% in the induction chemotherapy arm v 52% in the up-front surgery arm) | Adjuvant RT administered for high-risk patients. Criteria for high risk: -Positive surgical margins -Invasion of soft tissues of the face (cheek, chin) -Involvement of > 3 lymph nodes -Extracapsular tumor spread 32 (33%) in induction chemotherapy arm v 45 (46%) in the up-front surgery arm 13% difference; 95% CI, 0-27 | 5-yr EFS: induction chemotherapy arm 57% (95% CI, 46 to 67) v up-front surgery arm: 46% (95% CI, 36-57); P = .499 5-yr OS: induction chemotherapy: 55% (95% CI, 45 to- 66), and up-front surgery: 55% (95% CI, 44 to 65); P = .767 |
| Chaukar et al ⁹¹ | Phase II RCT comparing induction chemotherapy, followed by mandibular preservation surgery versus up-front surgery followed by adjuvant therapy | Untreated cT2-T4 and NO/N1, MO oral squamous cell carcinoma, which required mandibular resection for paramandibular disease, with no clinicoradiologic bone erosion | 68 | DCF x three cycles: Docetaxel 75 mg/m ² on day 1 + cisplatin 75 mg/m ² on day 1 + 5FU 750 mg/m ² on days 1-5; once every 21 days | 38.2% CR: 1 (2.9%) PR: 12 (35.2%) SD: 16 (47.3%) PD: 2 (5.8%) | 47% (95% CI, 31.49 to 63.24) Induction chemotherapy arm (n = 34): 14 (41.1%) underwent segmental mandibulectomy, 15 (44.1%) underwent marginal mandibulectomy, and 5 (14.8%) no surgery In up-front surgery arm, all 34 (100%) patients underwent segmental mandibulectomy | All patients in both arms received adjuvant RT with or without chemotherapy In induction chemotherapy arm: 26 (76.4%) received adjuvant CRT (weekly cisplatin 30 mg/m ²) and 3 (8.8%) received RT alone In up-front surgery arm, 16 (47%) received adjuvant CRT (weekly cisplatin 30 mg/m ²), 16 (47%) received adjuvant RT alone, and 2 (5.8%) were observed | Median DFS: Induction chemotherapy arm: 3.8 years (range, 0.04-9.38) and up-front surgery arm: 3.4 years (range, 0.13-8.74); HR 0.911 (95% CI, 0.516 to 1.607); P = .715 Median OS: Induction chemotherapy arm: 4.1 years (0.12-9.38) and up-front surgery arm: 3.4 years (range, 0.29-8.74); HR, 0.899 (95% CI, 0.510 to 1.587); P = .747 |

Abbreviations: CF, cisplatin + fluorouracil; CR, complete remission; CRT, chemoradiation; DCF, docetaxel + cisplatin + fluorouracil; DFS, disease-free survival; EFS, event-free survival; FU, fluorouracil; HR, hazard ratio; OS, overall survival; PD, progressive disease; PR, partial remission; RCT, randomized controlled trial; RT, radiation; SD, stable disease.

INDUCTION CHEMOTHERAPY FOR MANDIBLE SPARING

The role of induction chemotherapy for organ preservation in advanced laryngeal and hypopharyngeal carcinomas is well-established.^{90,91} Somewhat more controversial is the role of induction chemotherapy for organ preservation in advanced OSCC.^{92,93} In OSCC that invades or abuts the mandible, surgical management has traditionally involved a mandibulectomy. However, mandibular resection is associated with long-term morbidities even after sophisticated reconstruction techniques, including impairment in speech and swallowing, cosmesis, body image, and QOL.⁹⁴⁻⁹⁶ Preservation of the native mandible thus represents a worthwhile endeavor. Induction chemotherapy is one of the strategies used to shrink the tumor preoperatively and facilitate mandibular preservation.

NOUVEAUTES 2023 EN CHIRURGIE

• PRESERVATION MANDIBULAIRE PAR CHIMIOOTHERAPIE D'INDUCTION ?

TABLE 1. Studies Evaluating the Role of Induction Chemotherapy for Mandibular Preservation in Patients With Locally Advanced Oral Cavity Carcinomas

| Study | Trial Design | Patients Enrolled | Sample Size | Induction Chemotherapy Regimen | Response Rate to Induction Chemotherapy | Mandible Preservation Rate | Adjuvant Therapy | Oncological Outcomes |
|-----------------------------|---|---|-------------|---|---|--|---|--|
| Licitra et al ⁹⁸ | Phase III RCT comparing induction chemotherapy followed by surgery versus surgery alone | Untreated locally advanced resectable oral cavity squamous cell carcinoma; T2-T4 (>3 cm), NO-2 | 195 | CF x 3 cycles: cisplatin 100 mg/m ² + 5FU 1000 mg/m ² as a 120-hour infusion once every 21 days | 82% (95% CI, 73-91); PR: 28 (49%) | 21% (95% CI, 7-34) Mandibulectomy performed in 31% in the induction chemotherapy arm v 52% in the up-front surgery arm | Adjuvant RT administered for high-risk patients. Criteria for high risk: -Positive surgical margins -Invasion of soft tissues of the face (cheek, chin) -Involvement of > 3 lymph nodes -Extracapsular tumor spread | 5-yr EFS: Induction chemotherapy arm 57% (95% CI, 46 to 67) v up-front surgery arm: 46% (95% CI, 36-57); P = .499 5-yr OS: Induction chemotherapy: 55% (95% CI, 45 to- 66), and up-front surgery: 55% (95% CI, 44 to 65); P = .767 |
| Chaukar et al ¹³ | Phase II RCT comparing induction chemotherapy, followed by mandibular preservation surgery versus up-front surgery followed by adjuvant therapy | Untreated cT2-T4 and NO/N1, MO oral squamous cell carcinoma, which required mandibular resection for paramandibular disease, with no clinicoradiologic bone erosion | 68 | DCF x three cycles: Docetaxel 75 mg/m ² on day 1 + cisplatin 75 mg/m ² on day 1 + 5FU 750 mg/m ² on days 1-5; once every 21 days | 38.2% (95% CI, 29.2-47.2); CR: 1 (2.9%), PR: 12 (35.2%), SD: 16 (47.3%), PD: 2 (5.8%) | 47% (95% CI, 31.49 to 62.51) Induction chemotherapy arm (n = 34): 14 (41.1%) underwent segmental mandibulectomy, 15 (44.1%) underwent marginal mandibulectomy, and 5 (14.8%) no surgery In up-front surgery arm, all 34 (100%) patients underwent segmental mandibulectomy | All patients in both arms received adjuvant RT with or without chemotherapy In induction chemotherapy arm: 26 (76.4%) received adjuvant CRT (weekly cisplatin 30 mg/m ²) and 3 (8.8%) received RT alone In up-front surgery arm, 16 (47%) received adjuvant CRT (weekly cisplatin 30 mg/m ²), 16 (47%) received adjuvant RT alone, and 2 (5.8%) were observed | Median DFS: Induction chemotherapy arm: 3.8 years (range, 0.04-9.38) and up-front surgery arm: 3.4 years (range, 0.13-8.74); HR, 0.911 (95% CI, 0.516 to 1.607); P = .715 Median OS: Induction chemotherapy arm: 4.1 years (0.12-9.38) and up-front surgery arm: 3.4 years (range, 0.29-8.74); HR, 0.899 (95% CI, 0.510 to 1.587); P = .747 |

Abbreviations: CF, cisplatin + fluorouracil; CR, complete remission; CRT, chemoradiation; DCF, docetaxel + cisplatin + fluorouracil; DFS, disease-free survival; EFS, event-free survival; FU, fluorouracil; HR, hazard ratio; OS, overall survival; PD, progressive disease; PR, partial remission; RCT, randomized controlled trial; RT, radiation; SD, stable disease.

INDUCTION CHEMOTHERAPY FOR MANDIBLE SPARING

The role of induction chemotherapy for organ preservation in advanced laryngeal and hypopharyngeal carcinomas is well-established.^{90,91} Somewhat more controversial is the role of induction chemotherapy for organ preservation in advanced OSCC.^{92,93} In OSCC that invades or abuts the mandible, surgical management has traditionally involved a mandibulectomy. However, mandibular resection is associated with long-term morbidities even after sophisticated reconstruction techniques, including impairment in speech and swallowing, cosmesis, body image, and QOL.⁹⁴⁻⁹⁶ Preservation of the native mandible thus represents a worthwhile endeavor. Induction chemotherapy is one of the strategies used to shrink the tumor preoperatively and facilitate mandibular preservation.

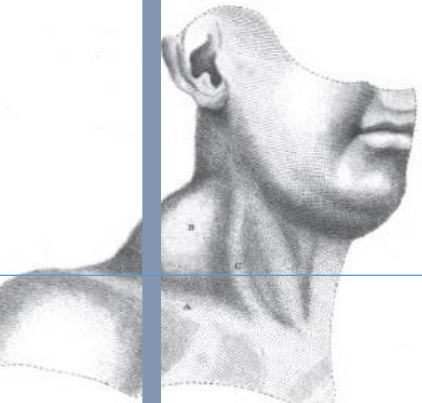
FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

LOCALEMENT AVANCE

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

RL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023 -



NOUVEAUTES 2023 EN CHIRURGIE

- 10 patients
- Localement avancé résecable
- Neoadjuvant
 - cemiplimab +
 - platinum-doublet chemotherapy
 - Cetuximab
- Adjuvant
 - RT +/- CT
 - Cemiplimab
- Résultats
 - 60% de réponse majeure - 40% de réponse complète
 - Epargne mandibulaire 6/8pts
 - Lambeau libre 7/10pts
 - DFS 100% à 16mois

Meeting Abstract | 2023 ASCO Annual Meeting I

HEAD AND NECK CANCER

Neoadjuvant cemiplimab with platinum-doublet chemotherapy and cetuximab to de-escalate surgery and omit adjuvant radiation in locoregionally advanced head & neck squamous cell carcinoma (HNSCC).

 Check for updates





[Winston Wong, Jennifer R. Cracchiolo, Nadeem Riaz, Ian Ganly, Eric Jeffrey Sherman, Alan Loh Ho, ...](#)

[Show More](#)

[Abstract Disclosures](#)

Abstract PDF

6019

 [Export Citation](#)
 [Track Citation](#)
 [Add To Favorites](#)
 [Rights & Permissions](#)



Downloaded 16 times

COMPANION ARTICLES

No companion articles

ARTICLE CITATION

DOI: 10.1200/JCO.2023.41.16_suppl.6019
Journal of Clinical Oncology 41, no. 16_suppl
(June 01, 2023) 6019-6019.

Published online May 31, 2023.

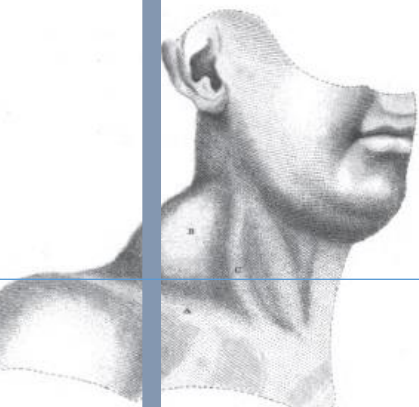
FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

CANCER LARYNX CHIRURGIE EN 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

RL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023 -



NOUVEAUTES 2023 EN CHIRURGIE

Received: 9 September 2022 | Revised: 27 April 2023 | Accepted: 9 May 2023
DOI: 10.1002/cnr2.1837

REVIEW

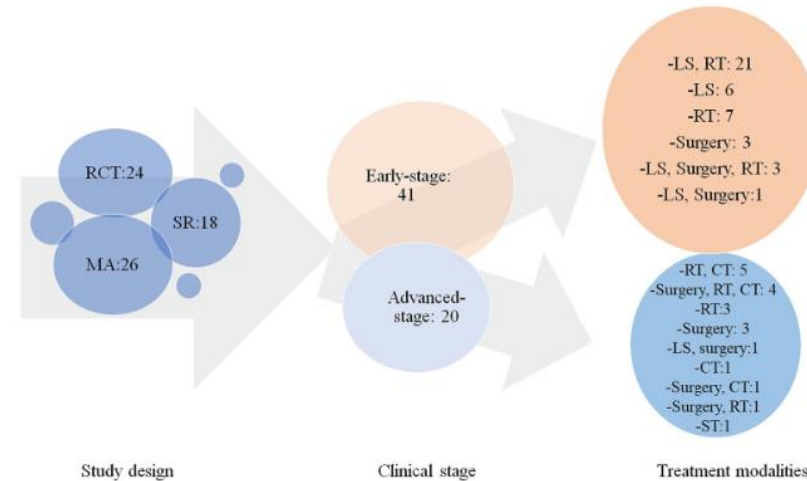
Cancer Reports WILEY

Overview of glottic laryngeal cancer treatment recommendation changes in the NCCN guidelines from 2011 to 2022

ARBOLEDA ET AL.

Cancer Reports WILEY 13 of 16

FIGURE 2 Characteristics of studies registered in the PubMed database (2011–2022). CT, chemotherapy; MA, meta-analysis; LS, laser surgery; RT, radiotherapy; RCT, randomized controlled trial; ST, systemic therapy; SR, systematic review.



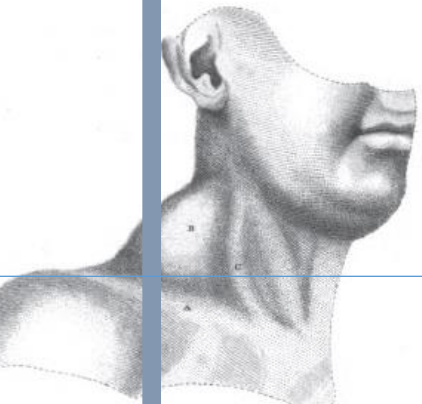
FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

TUMEURS RARES

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION ORL 16 SEPTEMBRE 2023

FORMATION ORL 16 SEPTEMBRE 2023 - FORMATION



TUMEURS RARES

• ADENOCARCINOME ETHMOIDAL

- 452 patients
- Resection endoscopique vs voie externe
- Marges positives 18,9%
- Récidive 24,6%
- Facteurs de risque de récurrence en multivarié :
 - Marges +
 - ADK avec cellules en bague à chaton



Contents lists available at [ScienceDirect](#)

European Journal of Surgical Oncology

journal homepage: www.ejso.com



Multicenter study to assess surgical treatments of 452 sinonasal intestinal-type adenocarcinomas: A REFCOR study

Ludovic de Gabory ^{a,b,*}, Alice Waubant ^a, Benjamin Verillaud ^c, Justin Michel ^d, Olivier Malard ^e, Cécile Rumeau ^f, Roger Jankowski ^f, Antoine Moya-Plana ^g, Sebastien Vergez ^h, Valentin Favier ⁱ, Geoffrey Mortuaire ^j, Christian Righini ^k, Vincent Patron ^l, Juliette Thariat ^m, Charles Dupin ⁿ, Julien Coelho ^o, Antoine Bénard ^o



TUMEURS RARES

L. de Gabory, A. Waubant, B. Verillaud et al.

European Journal of Surgical Oncology 49 (2023) 39–46

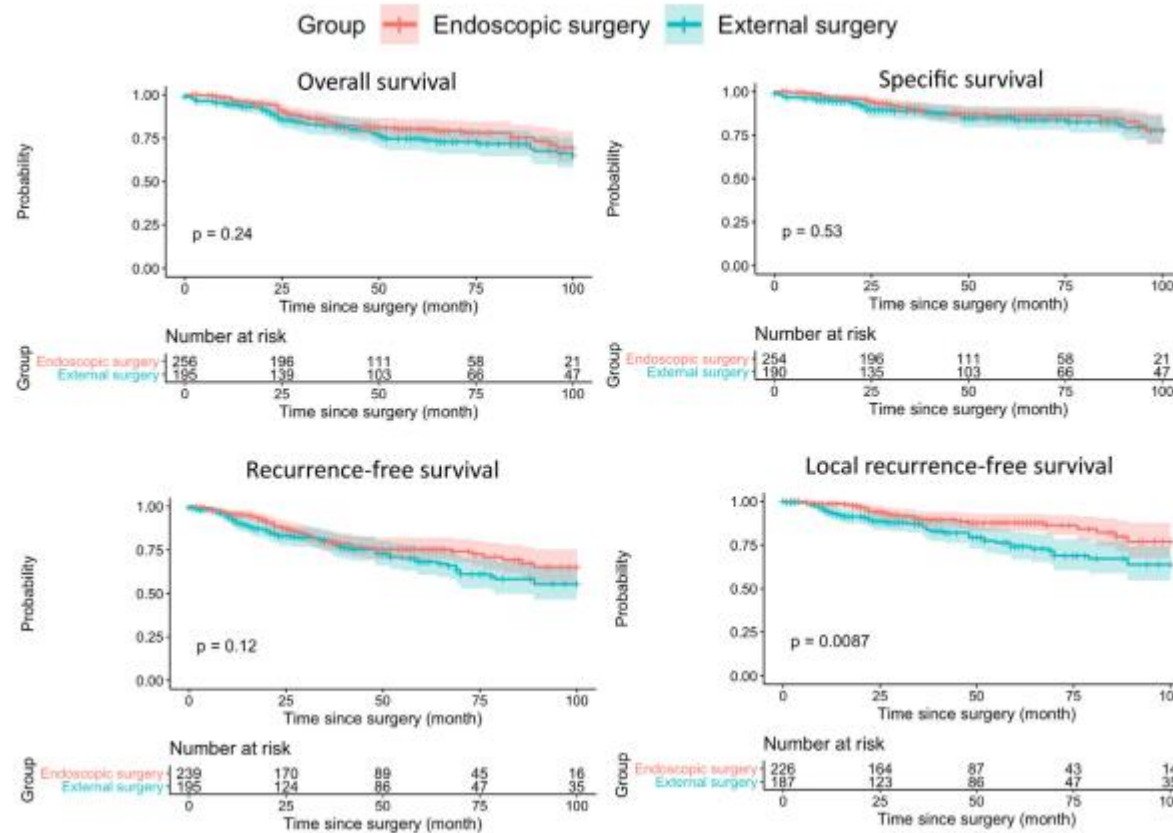


Fig. 1. Comparison of Kaplan-Meier survival curves between ENDO and EXT groups without adjustment.

TUMEURS RARES

• CARCINOME CANALAIRE SALIVAIRE

- 187 patients
- SSR à 5 et 10 ans : 92.8% and 91.1%
- Facteurs péjoratifs
 - male sex,
 - older age,
 - higher T and N status
 - high histological grade

European Journal of Cancer 185 (2023) 11–27



Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.ejcancer.com



Original Research

Survival outcomes, prognostic factors, and effect of adjuvant radiotherapy and prophylactic neck dissection in salivary acinic cell carcinoma: A prospective multicenter REFCOR study of 187 patients



Florian Chatelet ^{a,*}, François Régis Ferrand ^{b,c,1}, Sarah Atallah ^{d,e,1}, Juliette Thariat ^{f,g,h,1}, François Mouawad ^{i,j}, Nicolas Fakhry ^k, Olivier Malard ^l, Caroline Even ^m, Erwan de Monès ⁿ, Emmanuelle Uro-Coste ^o, Nazim Benzerdjeb ^{p,q}, Stéphane Hans ^r, Sylvie Testelin ^{s,t}, Olivier Mauvais ^u, Diane Evrard ^v, Vianney Bastit ^w, Sébastien Salas ^x, Florent Espitalier ^y, Marion Classe ^z, Laurence Digue ^{aa}, Mélanie Doré ^{ab}, Stéphanie Wong ^{ac}, Charles Dupin ^{ad}, France Nguyen ^{ae}, Jeremie Bettoni ^{af}, Ariane Lapiere ^{ag}, Emilien Colin ^{ah}, Pierre Philouze ^{ai}, Sébastien Vergez ^{aj}, Bertrand Baujat ^{ak}, Philippe Herman ^{al}, Benjamin Verillaud ^{am}, REFCOR members ²

TUMEURS RARES

- Long-term follow-up (> 5 years) should be considered in patients with AciCC
- Treatment by surgery alone could be an option in selected in
 - cN0 patients with AciCC without high-grade transformation
- Prophylactic ND may be considered preferentially in patients with T3–T4 status and/or intermediate/high histological grade

TUMEURS RARES

ANNALS OF
ONCOLOGY
driving innovation in oncology



ABSTRACT | VOLUME 33, SUPPLEMENT 7, S860, SEPTEMBER 2022

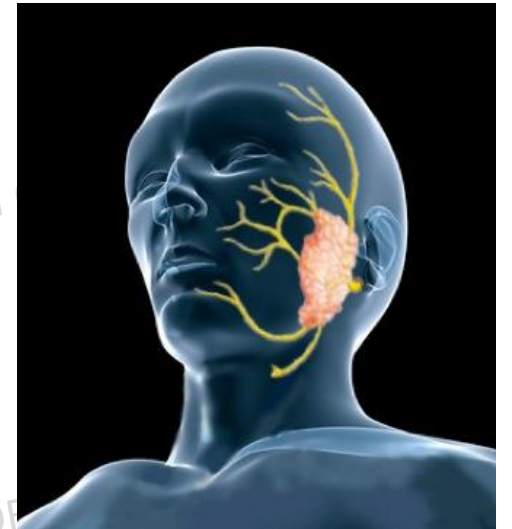
694P Prognostic impact of facial nerve resection in patients treated for a primary parotid cancer abutting the facial nerve without preoperative paralysis: A multicentric study of the REFCOR group with propensity score matching analysis

F. Chatelet • N. Fakhry • R. Garrel • E. de Monès • N. Saroul • F. Mouawad • J. Thariat • C. Even •
V. Costes Martineau • P. Herman • S. Chevret • B. Verillaud • Show less

DOI: <https://doi.org/10.1016/j.annonc.2022.07.818>

TUMEURS RARES

- 207 patients
 - 45% de résection nerf facial
 - DFS 40.3% sans RF and 56.4% avec RF
 - Après SP
 - no difference between groups en DFS ou OS
- Pas d'intérêt à la résection systématique du nerf facial



TUMEURS RARES

- Nouvelles recommandations 2023 du groupe REFCOR
 - Actualisation recommandations REFCOR, Tumeurs malignes primitives des glandes salivaires » (2009) – Argumentaire, N. Fakhry, S. Vergez

Recommandations
 Il est recommandé d'effectuer, lorsqu'elle est possible, une ponction cytologique à l'aiguille fine dans le bilan diagnostique d'une tumeur de glande salivaire principale suspecte de malignité (grade B) ou non typique à l'IRM d'un adénome pléomorphe ou d'un cystadénolymphome (accord professionnel) [proposition appropriée, accord relatif].
 Il est recommandé de pratiquer la cytoponction après l'IRM pour éviter les artéfacts d'interprétation (accord professionnel) [proposition appropriée, accord fort].

Recommandations
 L'analyse extemporanée est recommandée pour confirmer la nature maligne de la tumeur, adapter l'étendue de la résection tumorale et l'association d'un curage quand il est indiqué (grade C) [proposition appropriée, accord fort].
 Dans la mesure du possible, l'ensemble de la tumeur ainsi que le tissu salivaire ou péri-glandulaire adjacent doivent être envoyés en analyse extemporanée (accord professionnel).
 En cas d'englobement du nerf facial par la tumeur, une analyse extemporanée sur biopsie tumorale peut être envisagée pour en confirmer la nature maligne avant sacrifice nerveux (accord professionnel) [proposition appropriée, accord relatif].

| Situation clinique | Recommandation | Grade de recommandation | |
|--------------------------|---|--|---------------------------|
| Aires ganglionnaires cN+ | Curage des aires II, III, IV, +/- I et V | A | |
| Aires ganglionnaires cN0 | Tumeur à bas risque* de cN0pN+ (preuve histologique nécessaire) | Surveillance cervicale Cas particulier : Evidement systématique Ib pour un primitif submandibulaire, même de bas risque lymphophile | B |
| | Tumeur à haut risque* de cN0pN+ | Evidement des aires II, III, IV +/- I, V | B |
| | Haut risque* de cN0pN+ découvert sur l'analyse de la pièce opératoire | Evidement des aires II, III, IV +/- I, V OU Irradiation prophylactique des aires ganglionnaires | C Accord professionnel |

Tableau 7. Modalités de traitement des aires ganglionnaires
 * tumeurs à bas risque de métastase ganglionnaire = tumeurs T1 ou T2 de bas grade (hors carcinomes sécrétoires) et carcinomes adénoïdes kystiques T1 ou T2 n'envahissant pas la muqueuse buccale.
 tumeurs à haut risque de métastase ganglionnaire = toute tumeur ne répondant pas aux critères de bas risque ci-dessus.