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### Förankrad lymfkörtelextirpation - en fallpresentation

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#### Bakgrund

ÖNH Karolinska gör årligen ca 200 lymfkörtelextirpationer. Hematologen behöver ofta hjälp vid lymfomutredningar för att ställa rätt diagnos. Om lymfkörteln sitter i huvud-halsregionen hjälper vi dem. En hel eller del av lymfkörteln extirperas och skickas för PAD.

Det kan vara svårt att hitta lymfkörteln på halsen, trots att den syns bra på ex CT. Oftast syns den bra på ultraljud, men kan ändå vara svårt att hitta vid själva extirpationen. Det kan ta lång tid och snittet kanske förlängs.

#### Material och metod

Det här är en fallpresentation av en medelålders man med knöl på halsen där man haft svårt att ställa diagnos. Pansköpi har inte visat något malignt. Cytologi av resistensen x 2, ena visat suspekt lateral halscysta, andra misstanke om lymfkörtelmetastas. HPV negativ. Lymfkörtel ej palpabel men önskas extirperas.

I narkos används ultraljud för att märka rätt lymfkörtel med ett ankare. Ankaret är fäst på en tunn vajer som man har som guide för att smidigare extirpera lymfkörteln. Lymfkörteln skickas för PAD.

Parametrar som beaktas är PAD – relevans, operationstid, incisionslängd, kirurgens upplevelse.

#### Resultat

Kirurgens upplevelse var att det gick smidigt att använda ankaret som hjälp vid lymfkörtelextirpation där man har svårt att palpera fram lymfkörteln. Incisionslängden behövde inte förlängas under op. Operationstiden var rimlig, det gick åt några extra minuter åt att använda ultraljud och kasta ankare men lymfkörtelextirpationen gick sedan smidigt. PAD har gett diagnos.

#### Slutsats

Att kasta ankare i svarpalpabla lymfkörtlar kan vara till hjälp vid lymfkörtelextirpation i huvud-halsområdet. Prospektiv studie planeras.

1972-A-1907

**Carcinoma of the mobile tongue – Results from a population based SweHNCR study of prognosis in relation to age and stage**

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**Background** From the 1980's an increase in the incidence of tongue cancer in young adults (< 40 yrs) have been reported. Whether young patients have better prognosis compared with older patients is debated and data conflicting. Some studies claim worse survival for young adults, other better survival than older patients.

This is a retrospective population based study reporting the outcome in relation to age and stage for patients with cancer of the mobile tongue treated with curative intent in Sweden.

**Material and method** The Swedish Head and Neck Cancer Register (SweHNCR) was used to identify patients. Patients diagnosed with squamous cell carcinoma (SCC) of the mobile tongue from 2008-01-01 to 2016-12-31 were included. Patients were followed until 2018-11-01. TNM classification/stage, performance status, planned and completed treatment and outcome were registered.

**Result** During this period, 1226 patients were treated with curative intent. Seventy-three patients (6%) were 0-39 years of age, 494 patients (40%) were 40-64 years old, 369 patients (30%) were 65-74 years old, and 290 patients (24%) were above 75 years of age. The relative 5-year overall survival was 77.5%, 70.2%, 63.5% and 65.7% respectively (Fig 1) The young adult cohort exhibited the best survival. This difference in survival in favour of the young adult cohort consisted when clinical stage was taken in consideration.

**Conclusion** The results demonstrate a better prognosis for young adults compared with older patients treated with curative intent for tongue cancer. Advanced stage of cancer correlated to lower survival figures independent of age group.

1926-A-1907

**Preoperative or postoperative radiotherapy - The ARTSCAN 2 randomized study of treatment of resectable oral cavity cancer**

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**Purpose or Objective**

A longstanding controversy in the combined modality treatment of resectable squamous cell carcinoma of the oral cavity is the timing of radiotherapy (RT), before or after surgery?

This trial aimed to challenge the question of pre- vs. postoperative RT.

**Material and Methods**

ARTSCAN 2 is a multicentre RCT aimed to evaluate loco-regional tumour control (LRC), overall survival (OS) and QoL in patients with oral cancer with combined modality treatment. Patients were randomized 1:1 between the two trial arms: AF RT (68 Gy in 4.5 weeks) prior to surgery vs. surgical resection followed by CF RT (60 Gy to histopathological low risk patients and 66 Gy + weekly cisplatin to high risk patients).

**Results**

250 patients were randomized, whereof 240 were eligible for analysis. LRC at two years was 83% for preop AF RT and 79% for postop CF RT ( $p=0.80$ ; logrank). OS at 2 years was 73 % for preop AF RT and 78 % for post op CF RT ( $p=0.12$ ; logrank).

Acute mucosal side-effects were more pronounced in the preop AF RT group. Late side-effects were slightly worse for some QoL parameters in patients treated with preoperative AF RT.

**Conclusion**

This study does not support that preop AF improves outcome in oral cavity cancer compared with the "gold standard", postoperative CF RT. The intense treatment schedule and the higher dose increased the severity of acute side effects. In the choice between treatment options not only survival, but also QoL and health economics must be considered.

**PATTERN RECOGNITION RECEPTOR EXPRESSION AND MATURATION PROFILE OF DENDRITIC CELL SUBTYPES IN TONSILS AND LYMPH NODES**David Askmyr<sup>1</sup>, Milad Abolhalaj<sup>2</sup>, Lennart Greiff<sup>1</sup>, Malin Lindstedt<sup>3</sup>, Kristina Lundberg<sup>3</sup>.<sup>1</sup>Department of ORL, Head & Neck Surgery, Skåne University Hospital, Lund, Sweden.<sup>3</sup>Department of Immunotechnology, Lund University, Lund, Sweden.

**Background** Dendritic cells (DCs) with a capacity of antigen cross-presentation are of key interest for immunotherapy against cancer as these cells can induce antigen-specific cytotoxic T lymphocyte (CTL) responses. This study describes the frequencies of DC subtypes in human tonsils and lymph nodes, and their phenotypic aspects that may be targeted by adjuvant measures.

**Methods** From human tonsils and neck lymph nodes, DCs were identified through flow cytometry, and subset frequencies of CD123<sup>+</sup> plasmacytoid DCs (pDCs) as well as CD11c<sup>+</sup> myeloid DCs (mDCs) were investigated. Their maturity statuses were assessed, and selected surface receptors were explored focusing on such that may promote CTL responses, including C-type lectin receptors (CLR), Toll-like receptors (TLR), and chemokine receptor XCR1.

**Results** pDCs as well as CD1c<sup>+</sup>, CD141<sup>+</sup>, and CD1c<sup>-</sup>CD141<sup>-</sup> mDCs were detected in tonsils and lymph nodes. Both sites featured a similar presence of DC subsets, with pDCs being dominant and CD141<sup>+</sup> mDCs least frequent. All DC subtypes featured a low degree of maturation based on CD80 and CD86 expression. Expression of pattern recognition receptors (PRRs) CD206, CD207, DC-SIGN, TLR2, TLR4, and the chemokine receptor XCR1 indicated DC subset-specific receptor profiles. CD1c<sup>+</sup> mDCs selectively presented high levels of CD206 and CD207. Significantly higher levels of TLR4 were observed for DC subsets in lymph nodes *c.f.* tonsils.

**Conclusions** Tonsils and lymph nodes share common features in terms of DC subset frequency and maturation as well as PRR and XCR1 expression pattern. Our work suggests the possibility that tonsils as well as lymph nodes may be viewed as vaccine deposition sites in DC-mediated immunotherapy.

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POSTER

**TRANSORAL ROBOTIC SURGERY IN THE MANAGEMENT OF NECK NODE  
SQUAMOUS CELL CANCER WITH UNKNOWN PRIMARY**

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**Background** Transoral robotic surgical (TORS) for base of tongue (BOT) resection has been suggested as part of the work-up for neck node squamous cell cancer with unknown primary (CUP). Success rates vary with regard to identification of primary lesions, and cases with likely such lesions may have been included in previous reports.

**Methods** In this study, involving 13 patients with CUP, we performed thorough work-ups including PET-scans. Only in circumstances where primary lesions were still not identified, BOT resections were carried out according to the principles of TORS.

**Results** In 38% of the cases, primary lesions were identified and treatments adjusted. The procedure was not associated with any serious adverse events.

**Conclusion** In conclusion, addition of a BOT resection to the work-up of neck node positive CUP frequently identifies primary lesions and alters treatments.

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**COST OF ILLNESS FOR OROPHARYNGEAL CANCER WITH REFERENCE TO HUMAN PAPILLOMA VIRUS STATUS, CANCER STAGE AND SITE**

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**Background** The incidence of oropharyngeal cancer (OPC) is increasing and particularly so cases associated with human papilloma virus (HPV). The aim of this study was to specify total societal costs for OPC per HPV-status, cancer stage, and subsite using a bottom-up cost-of-illness approach.

**Methods** 121 consecutive patients with OPC from the Southern Health Care Region of Sweden from 2011-2014 were analysed. Direct costs for health care and indirect costs for disease-related morbidity and premature death, from one month prior to diagnosis to three years after treatment, were calculated using the human capital method.

**Results** The mean total cost per patient was €103 386 for HPV-positive and €120 244 for HPV-negative OPC. 81% of the patients were HPV-positive. Accordingly, HPV-positive cases represented 79% of the total cost for OPC. The mean total cost per patient regardless of HPV status for stage I, II, III, IVA, IVB, and IVC was €59 424, €57 000, €69 246, €115 770, €234 459, and €21 930, respectively, out of which indirect costs were €22 493 (37.8%), €14 754 (25.9%), €28 681 (41.4%), €67 107 (58%), €166 280 (70.9%) and €0. Tonsillar cancer represented 64% of the cases with OPC and produced a mean total cost of €117 512 per patient.

**Conclusion** The societal costs for OPC are substantial. HPV-associated OPC inflicts 79% of the cost. Direct as well as indirect costs increases with cancer stage. The data presented in this study may be used as important parameters in analytical models aiding decision makers visualize the potential value of gender-neutral HPV vaccinations.

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POSTER

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## Cancerrehabilitering för patienter med huvud- och halscancer

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### Bakgrund

I Sverige insjuknar årligen ca 1 500 patienter i huvud- och halscancer. Allt fler patienter blir botade från sjukdom och många lever med livslånga besvär efter genomgången behandling.

En cancerdiagnos och en cancerbehandling påverkar hela livet. Förutom fysiska problem som kan uppstå av sjukdom och behandling blir cancerdiagnosen ofta en svår upplevelse där patient och närstående konfronteras med ovisshet. Hela livet kan förändras och allt från relationer till ekonomisk situation kan påverkas.

Cancerrehabilitering innefattar åtgärder som syftar till att förebygga och minska fysiska, psykiska, sociala och existentiella följder av cancersjukdom och behandling. Rehabiliteringsinsatserna ska ge patient och närstående stöd och förutsättningar att ha ett så bra liv som möjligt - att bibehålla eller återfå livskvalitet under och efter behandling.

### Syfte

På ÖNH-kliniken finns en väl fungerande struktur för återbesök till läkare för cancerkontroll efter genomgången behandling. Dock saknades en systematisk struktur för cancerrehabilitering. Syftet med förbättringsarbetet var att erbjuda cancerrehabilitering till alla patienter med huvud- och halscancer som har Skånes universitetssjukhus som hemortssjukhus.

### Metod

Arbetet har gjorts som ett förbättringsarbete där personal, patienter och representanter från Mun- och halscancerförbundet har varit delaktiga. Arbetet har utgått från DMAICL.

### Resultat

Förbättringsarbetet har medfört att patienter med huvud- och halscancer, vid återbesök till läkare vid tre och sex månader efter avslutad behandling, erbjuds cancerrehabiliteringssamtal med kontaktsjuksköterska. Patienten fyller i en hälsoskattning och vid återbesöken utformas en individuell rehabiliteringsplan.

Samtliga patienter erhåller en nyskriven informationsbroschyr, innehållande vårdplan, information om behandling och effekter samt egenvårdsråd. Tre patientinformationsfilmer har spelats in om sväljningsträning, gapträning och axelrörlighetsträning.