P03.15
Abstract ID: 288

National multidisciplinary virtual tumor board for complex Head and Neck cancers

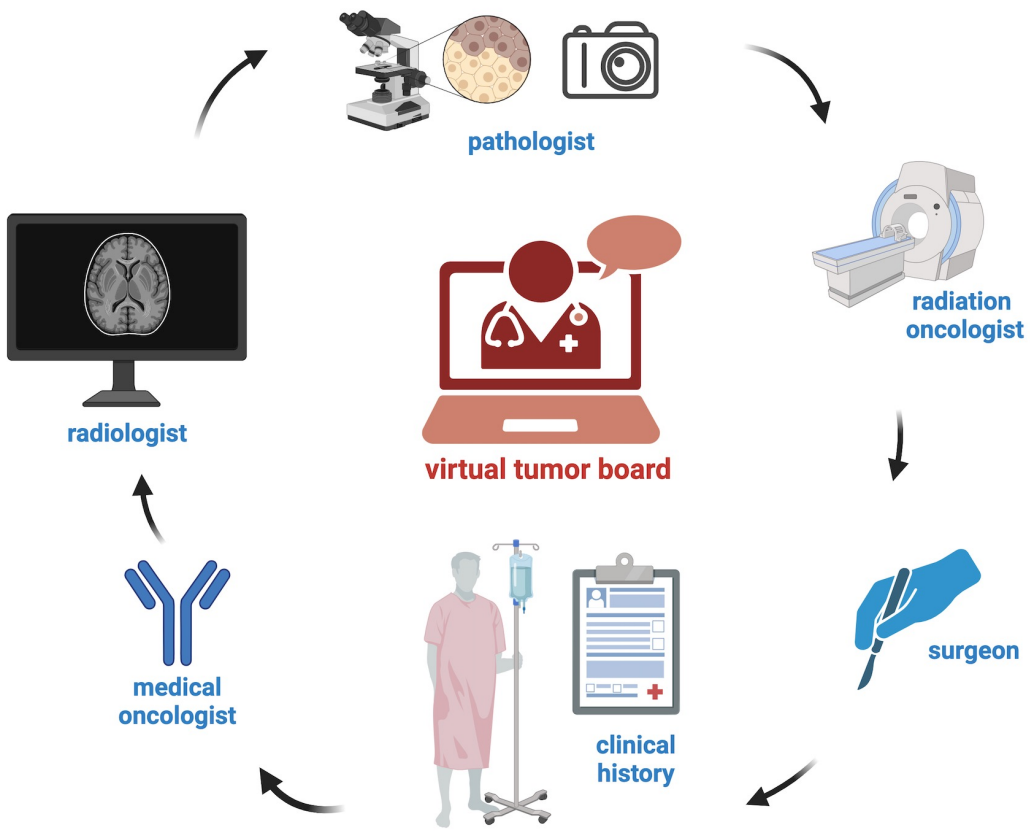
L.D. Locati[1,2], S. Demurtas[1,2], L. Preda[3,4], A.M. Camarda[5], B. Vischioni[5], S. Alfieri[6], M. Benazzo[7,8], G. Bertino[8], S. Mauramati[8], P. Morbini[9], E. Orlandi[5,7]

BACKGROUND

A multidisciplinary team (MDT) approach is mandatory to provide the best pathway for head and neck cancer (HNC) patients. Despite the benefits, MDT requires considerable time, effort and financial resources and it is more common in high-volume centers. In 2023 on behalf of the Italian Association of Head and Neck Oncology (AIOCC), we launched a second level, national, virtual MDT (vMDT) to discuss complex and rare HNC cases. We report preliminary results from 2 years of activity.

MATERIALS

vMDT has been planned every 2 weeks and included medical and radiation oncologists, radiologists, ENT surgeons and pathologist. Patients were required to sign an informed consent. Stage III-IV and high-risk stage I-II squamous cell carcinomas (SCC), nasopharynx, paranasal sinuses, salivary gland cancers and unknown primaries were admitted for discussion.



RESULTS

From January 2023 to September 2024, 69 cases (36 M/31 F) have been discussed in 29 sessions. Salivary gland (37%), paranasal sinuses (21%), and oral cavity (10%) were the most frequent tumor sites. Non-SCC histotypes were more common (78% versus 22% SCC). Discussion was focused on the histopathological diagnosis (23%), R1/R2 resection (36%) and/or treatment options (84%) for naïve patients (22%), locoregional recurrences (10%) or systemic disease (32%). Six out of 69 patients (9%) were candidate for clinical trials and 3 of them were successfully enrolled.

CONCLUSIONS

vMDT is feasible. Rare HNCs, as salivary gland and paranasal sinus cancers, are the most challenging and discussed cases. The questions raised during the tumor board discussion were diverse, highlighting the need for the participation of various clinical specialists. The vMDT serves as a valuable tool for recruiting patients into clinical trials.

AUTHOR AFFILIATIONS: 1. Department of Internal Medicine and Therapeutics, University of Pavia, Pavia, Italy; 2. Unit of Medical Oncology, IRCCS ICS Maugeri, Pavia, Italy; 3. Diagnostic Imaging and Radiotherapy Unit, Department of Clinical, Surgical, Diagnostic, and Pediatric Sciences, University of Pavia, Pavia, Italy; 4. Radiology Institute, IRCCS Policlinico San Matteo, Pavia, Italy; 5. Unit of Radiation Oncology, CNAO National Center for Oncological Hadrontherapy, Pavia, Italy; 6. Department of Head and Neck Medical Oncology, IRCCS Istituto Nazionale dei Tumori, Milan, Italy; 7. Department of Clinical, Surgical, Diagnostic, and Pediatric Sciences, University of Pavia, Pavia, Italy; 8. Department of Otolaryngology-Head and Neck Surgery, IRCCS Policlinico San Matteo, Pavia, Italy; 9. Unit of Pathology, E.O. Ospedali Galliera, Genoa, Italy