

## **REPORT ON PHARYNGEAL CANCER PATIENTS TREATED AT CAPE FEAR VALLEY HEALTH SYSTEM IN 2017**

Pharyngeal cancer is the eighth most common cancer diagnosed in men in the United States, representing 4% of malignancies. In women, it is outside of the top 10 most commonly diagnosed malignancies. There were an estimated 3000 deaths in 2017 in the United States from pharyngeal cancer. For the year 2017, there are 541 projected new cases in North Carolina according to the North Carolina Central Cancer Registry.

At Cape Fear Valley Health System, there were 16 cases of pharyngeal cancer diagnosed in the year 2017. Three patients (19%) were between the ages of 40-49, 4 (25%) between the ages of 50-59, 6 (37%) between the ages of 60-69, and 3 (19%) between the ages of 70-79. There were 11 males (69%) and 5 females (31%). Eleven (69%) of the patients were white, 4 (25%) were black, and 6% were other. Cumberland County accounted for 15(94%) of the patients, with 6% the patients coming from Harnett County.

Of all pharyngeal patients 2 (12%) were base of tongue subsite, 8 (50%) were tonsil, and there was one patient each (6% of each) for vallecula, oropharynx NOS, nasopharynx NOS, hypopharynx posterior wall. There are also 2 patients (12%) with hypopharyngeal cancer, overlapping sites.

All patients had squamous cell cancer pathology, with some variance. There were 6 (37%) patients with squamous cell carcinoma, NOS; there were 5 (31%) patients with squamous cell carcinoma, keratinizing, NOS; there were 3 patients (19%) with squamous cell carcinoma, non-keratinizing; and there were 2 patients (12%) who had the basaloid variant of squamous cell carcinoma.

The stages of pharyngeal cancer diagnosed at Cape Fear Valley Health System in 2017 were: 2 patients (12%) with stage II, 4 patients (25%) with stage III, 9 patients (56%) with stage IV, and one patient (6%) with unknown stage.

First course of treatment was radiotherapy in 4 patients (25%), radiotherapy and chemotherapy in 6 patients (37%), surgery/radiotherapy/chemotherapy in 3 patients (19%), and 1 patient each (6% each) received radiotherapy/immunotherapy; surgery/radiotherapy; surgery/radiotherapy/chemotherapy/immunotherapy; respectively.

There were 7 patients (44%) who had moderately differentiated histology, and 4 patients (25%) showed poorly differentiated histology. No patient had well-differentiated histology.

Each patient's chart was individually accessed and analyzed by this author. Treatment of each patient was compared to nationally accepted recommendations for that particular stage (based on National Comprehensive Cancer Network guidelines). According to the NCCN guidelines, head and neck cancers can be treated with surgery, or radiation, or concurrent chemoradiation, or some combination of these modalities. It was found that each patient's treatment corresponded to the appropriate treatment guideline without exception.

Based on these findings, the treatment of patients with a diagnosis of pharyngeal cancer was within guidelines, and no recommendations are made to modify the treatment approach in Cape Fear Valley Health System.

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