



Recurrent Oropharyngeal Cancer: Strategies for Management and Prognosis

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Introduction

Recurrent oropharyngeal cancer poses significant challenges in management and prognosis, requiring comprehensive strategies for effective treatment and care. Recurrence, often occurring months or years after initial treatment, demands a multidisciplinary approach to address both the physical and emotional aspects of the condition [1].

Identification of Recurrence: Close monitoring post-treatment is crucial for detecting recurrence. Regular follow-ups, imaging studies, and biopsies help identify the reappearance of cancer cells [2].

Factors Influencing Recurrence: Understanding the factors contributing to recurrence, such as incomplete initial treatment, high-risk features of the tumor, or the presence of persistent HPV infection, is vital in planning subsequent management strategies [3].

Treatment Approaches: Management options for recurrent oropharyngeal cancer include surgery, re-irradiation, chemotherapy, targeted therapy, and immunotherapy. The choice of treatment depends on various factors, including the extent of recurrence, previous treatments received, and the patient's overall health [4].

Surgical Intervention: Salvage surgery, despite its complexities and potential morbidity, might be considered in localized recurrent disease, aiming to remove the tumor and achieve disease control. **Re-Irradiation:** For select cases, re-irradiation using advanced techniques can be an option, although it comes with risks of cumulative toxicity to surrounding healthy tissues [5].

Chemotherapy and Targeted Therapy: Systemic treatments like chemotherapy or targeted therapies

(such as EGFR inhibitors) are used in combination with other modalities to manage recurrent oropharyngeal cancer [6].

Immunotherapy: Emerging as a promising treatment option, immunotherapy, particularly immune checkpoint inhibitors, has shown efficacy in some cases of recurrent oropharyngeal cancer [7].

Palliative Care: In instances where the cancer is not amenable to curative treatment, palliative care plays a vital role in managing symptoms, providing emotional support, and improving the patient's quality of life [8].

Clinical Trials: Participation in clinical trials exploring novel treatment approaches or investigational therapies offers hope for improved outcomes and contributes to advancing the field of recurrent oropharyngeal cancer management [9].

Psychological Support: Dealing with recurrent cancer is emotionally challenging. Psychological support and counseling for patients and their families help in coping with the distress and uncertainties associated with the recurrence. **Prognosis and Survivorship:** The prognosis for recurrent oropharyngeal cancer varies based on several factors, including the extent of recurrence, previous treatments, and overall health [10].

Conclusion

Managing recurrent oropharyngeal cancer necessitates a comprehensive and individualized approach, considering the patient's overall health, the extent of recurrence, and available treatment options. Collaboration among healthcare providers, utilization of advanced treatment modalities, and support from palliative and psychological care services are crucial in addressing the challenges posed by recurrent disease. Enhancing treatment

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efficacy while prioritizing the patient's quality of life remains paramount in the management of recurrent oropharyngeal cancer.

References

1. Cohan DM, Popat S, Kaplan SE, et al. Oropharyngeal cancer: current understanding and management. *Current opinion in otolaryngology & head and neck surgery*. 2009;17(2):88-94.
2. Mehanna H, Robinson M, Hartley A, et al. Radiotherapy plus cisplatin or cetuximab in low-risk human papillomavirus-positive oropharyngeal cancer (De-ESCALaTE HPV): an open-label randomised controlled phase 3 trial. *The Lancet*. 2019;393(10166):51-60.
3. Maxwell JH, Grandis JR, Ferris RL. HPV-associated head and neck cancer: unique features of epidemiology and clinical management. *Annual review of medicine*. 2016;67:91-101.
4. Bulsara VM, Worthington HV, Glenny AM, et al. Interventions for the treatment of oral and oropharyngeal cancers: surgical treatment. *Cochrane Database of Systematic Reviews*. 2018(12).
5. Chen WL, Yang ZH, Zhou B, et al. Salvage surgery for patients with recurrent oral and oropharyngeal squamous cell carcinoma involving the carotid artery. *Journal of Oral and Maxillofacial Surgery*. 2016;74(7):1483-93.
6. Fung N, Faraji F, Kang H, et al. The role of human papillomavirus on the prognosis and treatment of oropharyngeal carcinoma. *Cancer and Metastasis Reviews*. 2017;36:449-61.
7. Caponigro F, Longo F, Perri F, et al. Docetaxel in the management of head and neck cancer. *Anti-cancer drugs*. 2009;20(8):639-45.
8. Zenga J, Gross J, Fowler S, et al. Salvage of recurrence after surgery and adjuvant therapy: a systematic review. *American Journal of Otolaryngology*. 2018;39(2):223-7.
9. Meccariello G, Montevercchi F, D'AGOSTINO G, et al. Trans-oral robotic surgery for the management of oropharyngeal carcinomas: a 9-year institutional experience. *Acta Otorhinolaryngologica Italica*. 2019;39(2):75.
10. Chau NG, Rabinowits G, Haddad RI. Human papillomavirus-associated oropharynx cancer (HPV-OPC): treatment options. *Current treatment options in oncology*. 2014;15:595-610.