



Contents lists available at ScienceDirect

Auris Nasus Larynx

journal homepage: [www.elsevier.com/locate/anl](http://www.elsevier.com/locate/anl)



## The treatment and outcome analysis of primary squamous cell carcinoma of the thyroid

Ryuji Yasumatsu\*, Masanobu Sato, Ryutaro Uchi, Takafumi Nakano, Kazuki Hashimoto, Ryunosuke Kogo, Masahiko Taura, Mioko Matsuo, Torahiko Nakashima, Takashi Nakagawa

Department of Otorhinolaryngology, Graduate school of Medical Sciences, Kyushu University, Fukuoka 812-8582, Japan

### ARTICLE INFO

#### Article history:

Received 23 April 2017  
Received in revised form 23 June 2017  
Accepted 11 July 2017  
Available online xxx

#### Keywords:

Squamous cell carcinoma  
Thyroid  
Lenvatinib

### ABSTRACT

**Objectives:** Primary squamous cell carcinoma (SCC) of the thyroid is a rare disease. It usually presents with locally advanced disease and has an overall poor prognosis. In this study, we investigated the characteristics and outcomes of patients with SCC of the thyroid, and reported our experience with chemotherapy with lenvatinib in the treatment of SCC of the thyroid.

**Methods:** The management outcome of 10 patients who had SCC of the thyroid between January 2000 and 2015 at Kyushu University Hospital or associated facilities was reviewed.

**Results:** There were 3 males and 7 females, ranging in age from 53 to 77 years. Extent of disease was staged as follows: stage IVA, 3 cases; stage IVB, 3 cases; stage IVC, 4 cases. Only tracheostomy was applied for 2 cases, surgical resection, such as total thyroidectomy and neck dissection, for the other 8 cases. Radiotherapy following surgical treatment was applied for 9 cases. Four patients started on oral lenvatinib due to recurrent or progressive SCC of the thyroid. The one year actuarial survival rate of patients was 22.7%. There was no 2-year survivor of all patients.

**Conclusions:** Treatment should primarily be targeted at surgical resection with negative margins in patients with resectable disease. Lenvatinib may show promise to potentially extend survival.

© 2017 Elsevier B.V.. All rights reserved.

## 1. Introduction

Primary squamous cell carcinoma (SCC) of the thyroid is a rare disease that accounts for approximately 0.2–1.1% of all thyroid cancers [1,2]. It usually presents as locally advanced disease. The clinical behavior has been reported resemble that of anaplastic carcinoma and patients tend to present at an advanced stage [3]. The diagnosis can be difficult because of the prevalence of squamous metaplasia in other primary thyroid cancers and direct intrathyroidal extension from locally

aggressive SCCs. Patients often present with bulky local disease or distant metastasis; thus, curative resection is not possible [4,5]. Due to the poor survival rates, it is important to develop effective treatment approaches for these patients. However, there are no standardized guidelines for the treatment of primary SCC of the thyroid. Radiation therapy and/or chemotherapy is the only option for the treatment of patients with unresectable SCC of the thyroid; however, the benefits of the provision of additional treatment after surgery were not evaluated precisely [6,7].

Lenvatinib is a multiple receptor tyrosine kinase inhibitor that selectively inhibits multiple angiogenic and oncogenic signaling pathways [8]. Recently, lenvatinib was approved in the USA and European Union for the treatment of radioiodine-refractory differentiated thyroid cancer and in Japan for the

\* Corresponding author at: Department of Otorhinolaryngology, Graduate School of Medical Sciences, Kyushu University, 3-1-1 Maidashi, Higashi-ku, Fukuoka 812-8582, Japan. Fax: +81 92 6425685.

E-mail address: [yasuryuj@gent.med.kyushu-u.ac.jp](mailto:yasuryuj@gent.med.kyushu-u.ac.jp) (R. Yasumatsu).

<http://dx.doi.org/10.1016/j.anl.2017.07.009>

0385-8146/© 2017 Elsevier B.V.. All rights reserved.

**Table 1**  
Detailed clinical and patient characteristics, treatment and outcome.

Patients	Sex/age	TNM stag	Histopathologic diagnosis	Treatment	Surgical procedure	Local surgical margin	Radiation dose, field chemotherapy agent	Radiation effect	Recurrence	Systemic chemotherapy agent	Chemotherapy effect, duration	Follow up periods	Prognosis	Cause of death
1	M/64	T4bN1bM1	SCC	O/R/C	PT+ tracheostomy	Positive	61.2 Gy, Neck CDDP	Locoregional—PR Lung—PD	Residual tumor (Locoregional, lung)	Lenvatinib	PD	7	DOD	Lung metastasis
2	M/57	T4aN1bM1	SCC + focal PC	O/R/C	TT + tracheostomy	Positive	61.2 Gy, Neck S1	Locoregional—CR	Residual tumor (Lung)	Lenvatinib	PD	7	DOD	Lung metastasis
3	F/67	T4bN1bM0	SCC	O/R	Tracheostomy	Positive	60 Gy, Neck S1	Locoregional—PR	Residual tumor (Locoregional)	–	–	10	DOD	Neck metastasis
4	F/66	T4bN0M0	SCC	O/R/C	Tracheostomy	Positive	60 Gy, Neck 5-FU	Locoregional—PR	Residual tumor (Locoregional)	–	–	8	DOD	Neck metastasis
5	F/73	T4aN1bM0	SCC	O/R	TT	Negative	50 Gy, Neck	Locoregional—CR	Locoregional recurrence	–	–	13	DOD	Neck metastasis
6	F/53	T4bN1bM0	SCC	O/R/C	TL + TT	Positive	61.2 Gy, Neck S1	Locoregional—PD	Residual tumor (Locoregional), Lung metastasis	–	–	8	DOD	Lung metastasis
7	F/77	T4aN1bM0	SCC	O/R/C	TT	Negative	61.2 Gy, Neck S1	Locoregional—CR	Lung metastasis	–	–	6	DOD	Lung metastasis
8	F/59	T4bN0M1	SCC	O	TT + tracheostomy	Positive	–	–	Residual tumor (Locoregional, Lung)	–	–	3	DOD	Brain, Lung metastasis
9	M/63	T4bN1bM1	SCC	O/R/C	PT + tracheostomy	Positive	60 Gy, Neck	Locoregional—PR	Residual tumor (Locoregional, Lung)	Lenvatinib	SD 5 months → PD	11	DOD	Lung metastasis
10	F/72	T4aN0M0	SCC + focal PC	O/R/C	TL + TT	Negative	50 Gy, Neck –	Locoregional—CR	Lung metastasis	Lenvatinib	PR 6 months → PD	23	DOD	Lung metastasis

TT: total thyroidectomy; PT: partial thyroidectomy; TL: total laryngectomy; O: operation; R: radiation; C: chemotherapy; DOD: died of disease.

Download English Version:

<https://daneshyari.com/en/article/8754772>

Download Persian Version:

<https://daneshyari.com/article/8754772>

[Daneshyari.com](https://daneshyari.com)