Chemotherapy for Incurable SCCHN

Is this patient really incurable?

The first question to ask when addressing incurable SCCHN is to be sure that the cancer really is incurable. When SCCHN recurs, it often recurs locally, at or near the site of the original cancer. For this reason, local salvage therapies such as surgery, radiation, chemoradiation or even repeat chemoradiation can sometimes elicit a cure for the patient with a local or local-regional recurrence. These topics are important and will likely be the subject of future posts on GRACE. The rest of this post will assume that the patient truly is incurable, either because local maneuvers are no longer possible, the cancer has spread to distant sites, or the patient has made a choice to not receive further surgeries or radiation.

Why Chemotherapy for Incurable Disease?

Every cancer therapy has two purposes: to improve duration of life, and to improve quality of life. Every other measure of chemotherapy success, such as response rate or progression-free-survival, is a surrogate to these two true goals.

For the patient with metastatic disease, chemotherapy is the most important treatment for achieving these two goals. “Incurable” is not the same as “untreatable.” Cure means eliminating every last cancer cell. Treatment means providing real benefit, in the form of achieving these two goals.

Cancer cells are microscopic. The tip of a pen is the size of more than ten billion cells. So, if a single cell has spread to a site, say, the lung, you won’t be able to see that cell on a CT or even the most sophisticated PET/CT. So, once you see the cancer having spread to distant sites, it becomes systemic in more sites than you can see; we call this “metastatic.” To achieve our two key goals, you need to knock down the cancer everywhere—the places that you can see and those you can’t. Chemo gets almost everywhere in the body and is therefore the best and most important way to do this for most patients with metastatic disease.

Chemotherapy’s effect on the quality of life question really is a balance. Chemotherapy can cause side effects, including nausea and fatigue. However, on the flip side, in addition to prolonging duration of life, chemotherapy also provides a quality of life benefit when successful. That’s because cancer causes symptoms that chemotherapy can delay or prevent. For example, many patients with SCCHN have pain and problems swallowing. When chemotherapy shrinks their cancer, such patients get pain relief and many start swallowing effectively again. When cancer spreads to bone, it can cause pain and fractures. When it presses on airways, it can cause shortness of breath and pneumonia. Cancer causes fatigue, organ failure, blood clots, and numerous other problems. When chemotherapy relieves or prevents more symptoms than it causes there is a net gain of quality of life.
For a description of the history of chemotherapy, I refer the curious to Chemotherapy Selection for 1st line Non-Small-Cell Lung Cancer (NSCLC) — The Importance of Getting it Right the First Time. This introduction to lung cancer contains a section called “What is cytotoxic Chemotherapy? A brief history of swords to plowshares” that is also applicable to SCCHN. You’ll also note that I self-plagiarized, with adaptation, much of the intro to this chapter—no need to reinvent the wheel!

Believe it or not, there were no positive phase III trials for incurable SCCHN until 2008!

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<th>Author</th>
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