

Radiotherapy Guideline for Hypopharyngeal/ Laryngeal Cancer

修訂日期

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本版與上一版的差異：

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檢閱後無異動	

RT indication

- Definitive RT/CCRT
 - Early stage for organ-preservation strategy; clinically inoperable status, including poor performance status(ECOG >2)/poor surgical candidate
 - Locally advanced or unresectable stage
 - After induction chemotherapy
- Adjuvant RT/CCRT
 - Radiotherapy alone: pT1-2 and one minor risk factor, such as perineural invasion, lymphovascular invasion, one positive lymph nodes, and close surgical margin(< 5mm)
 - CCRT : \geq T3, multiple positive lymph nodes, one major risk: ECS or positive surgical margin, two minor risk factors mentioned above

Simulation and immobilization

- CT-based simulation (preferring 1.5-3 mm slice thickness with contrast) is required.
- Patients may be simulated with a supine position
- Immobilization devices
 - Thermoplastic mask with headrest

Field design and treatment volume

- **3D-CRT/IMRT/VMAT/Tomotherapy/Radixact treatment planning, IGRT is preferred.**
 - Gross tumor volume (GTV, PTV-H): primary gross tumor and enlarged lymph nodes; or CTV-TB: primary and nodal tumor bed
 - Clinical target volume one (CTV, PTV-M/L): suspected subclinical spread

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area and nodal stations at risk

- For T1-2/N0 glottic cancer: RT alone to laryngeal box

Dose prescriptions

- GTV (PTV-H): 66 to 76 Gy in 2.0 to 2.2 Gy per fraction
- CTV-TB: 50-70 Gy in 2.0 to 2.2 Gy per fraction
- CTV (PTV-M/L): 45 to 64 Gy in 1.8 to 2.0 Gy per fraction
- For T1-2/N0 glottic cancer: 63 to 70 Gy in 1.8 to 2.25 Gy per fraction

Constraints for organ at risk

- Spinal cord: $D_{max} < 50$ Gy
- Brainstem: $D_{max} < 60$ Gy
- Inner ear/cochlea: $D_{max} < 45$ Gy
- Parotid gland(s): $D_{mean} < 30$ Gy
- TMJ: $D_{max} < 70$ Gy

Reference

- NCCN Practice Guidelines in Oncology, 2023
- Perez and Brady's : Principles and Practice of Radiation Oncology, 7th ed, 2018
- Eric K. Hansen, Handbook of Evidence-Based Radiation Oncology