

Influència pronòstica del HPV al carcinoma d'orofaringe

I Jornada del Grup de Treball en Oncologia de Cap i Coll de la SCORL

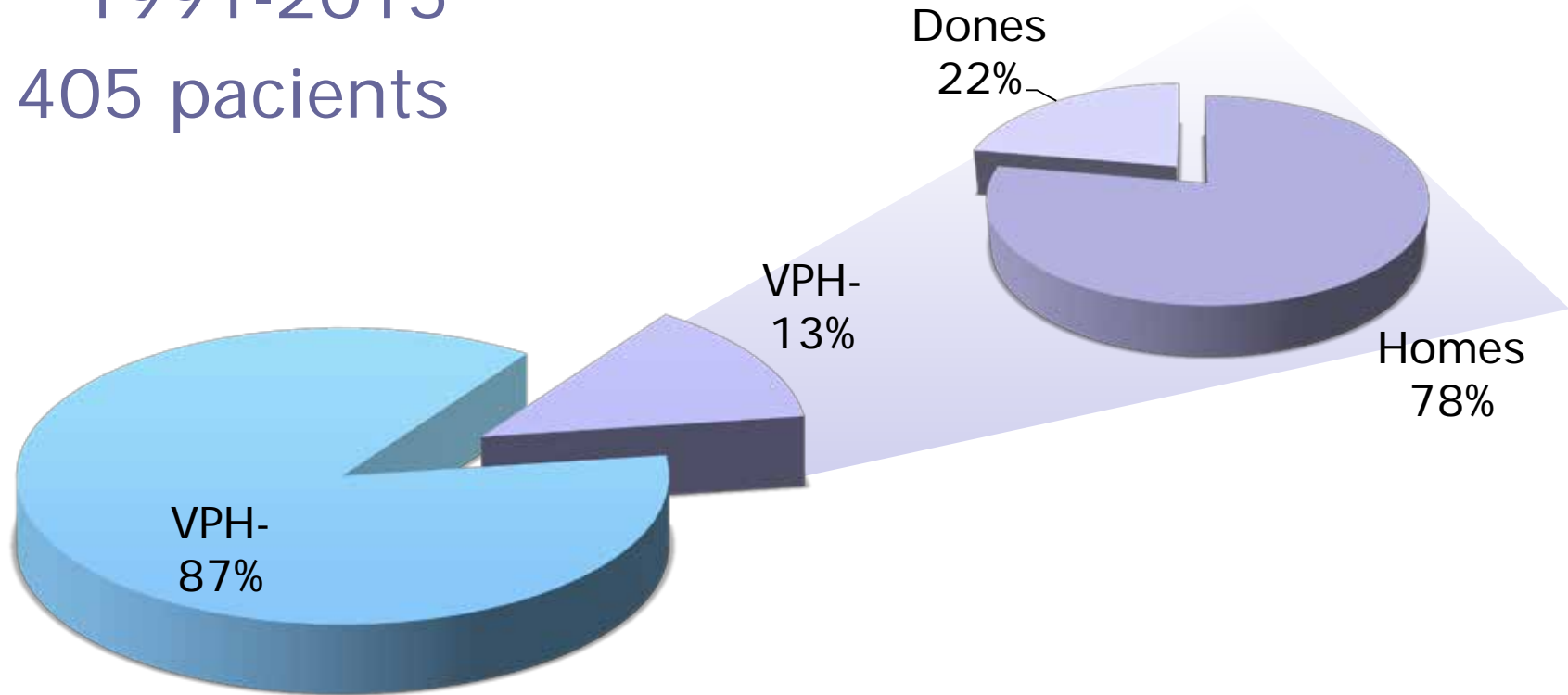
HPV en el càncer de cap i coll

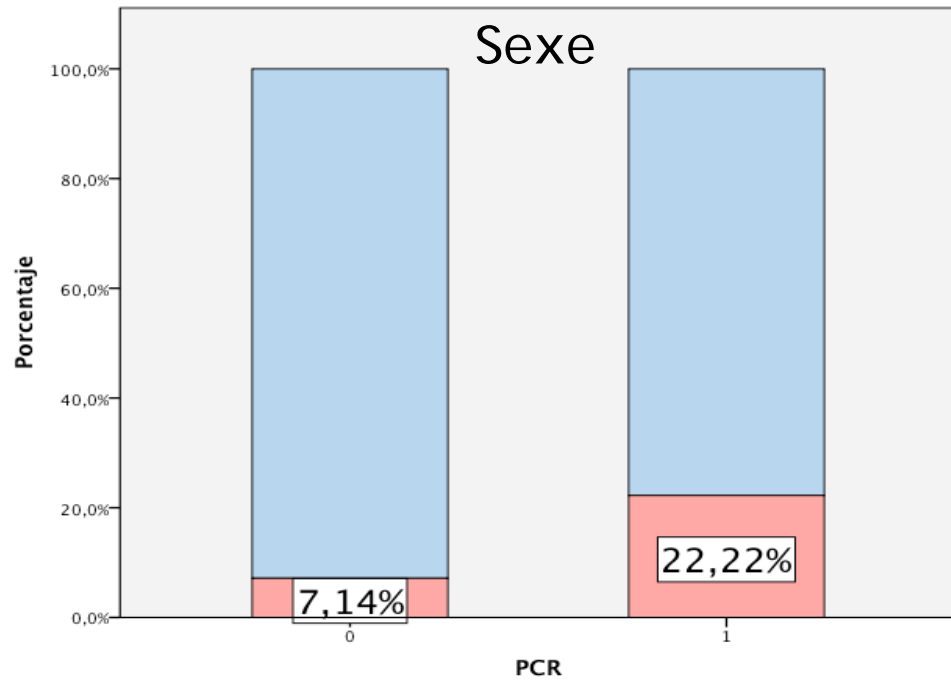
J. García
H. Sant Pau



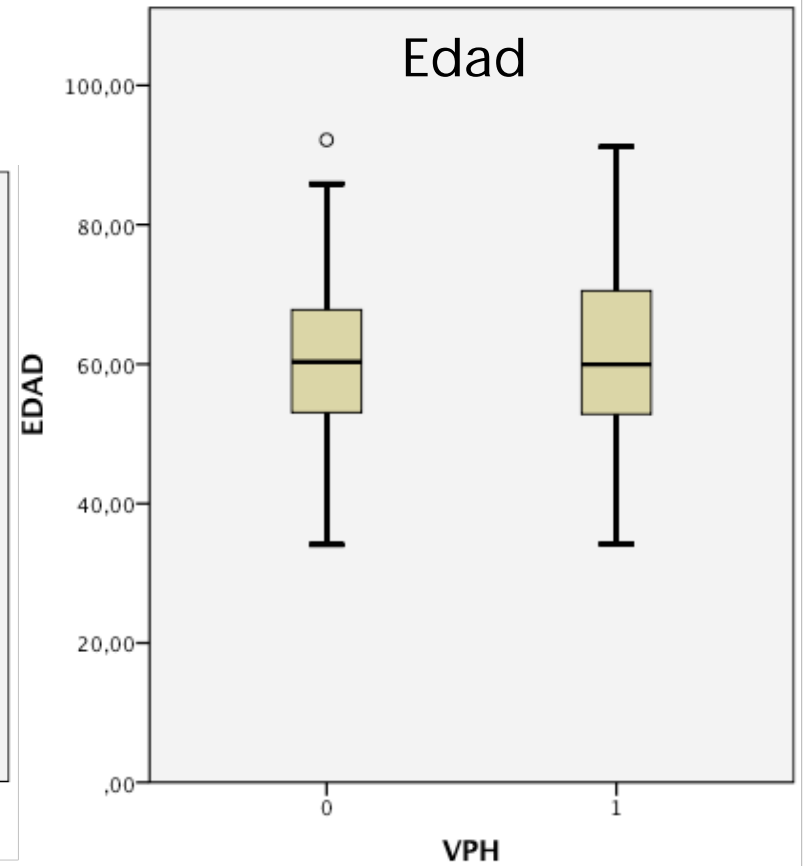
ORL
Sant Pau

1991-2015
405 pacients

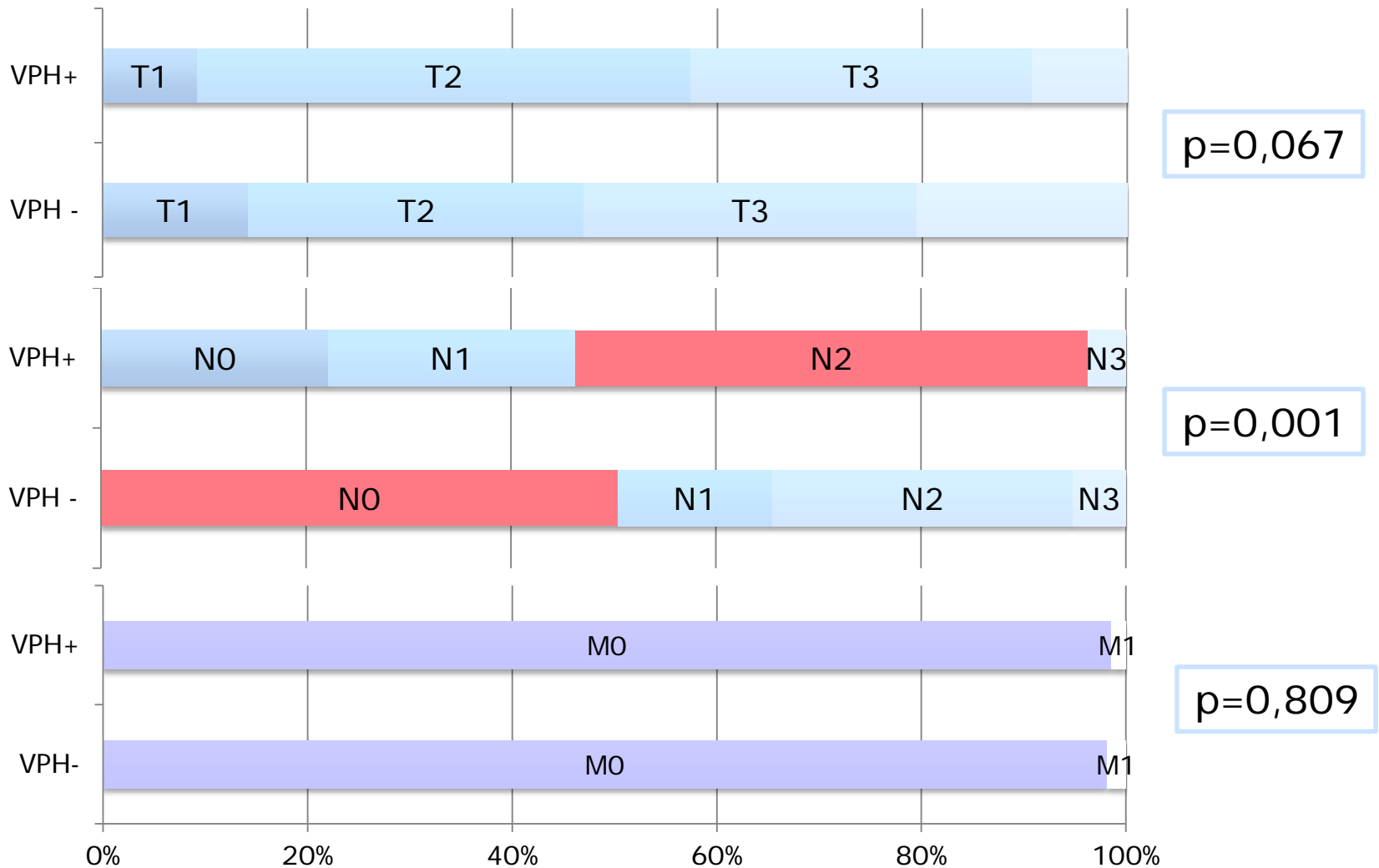


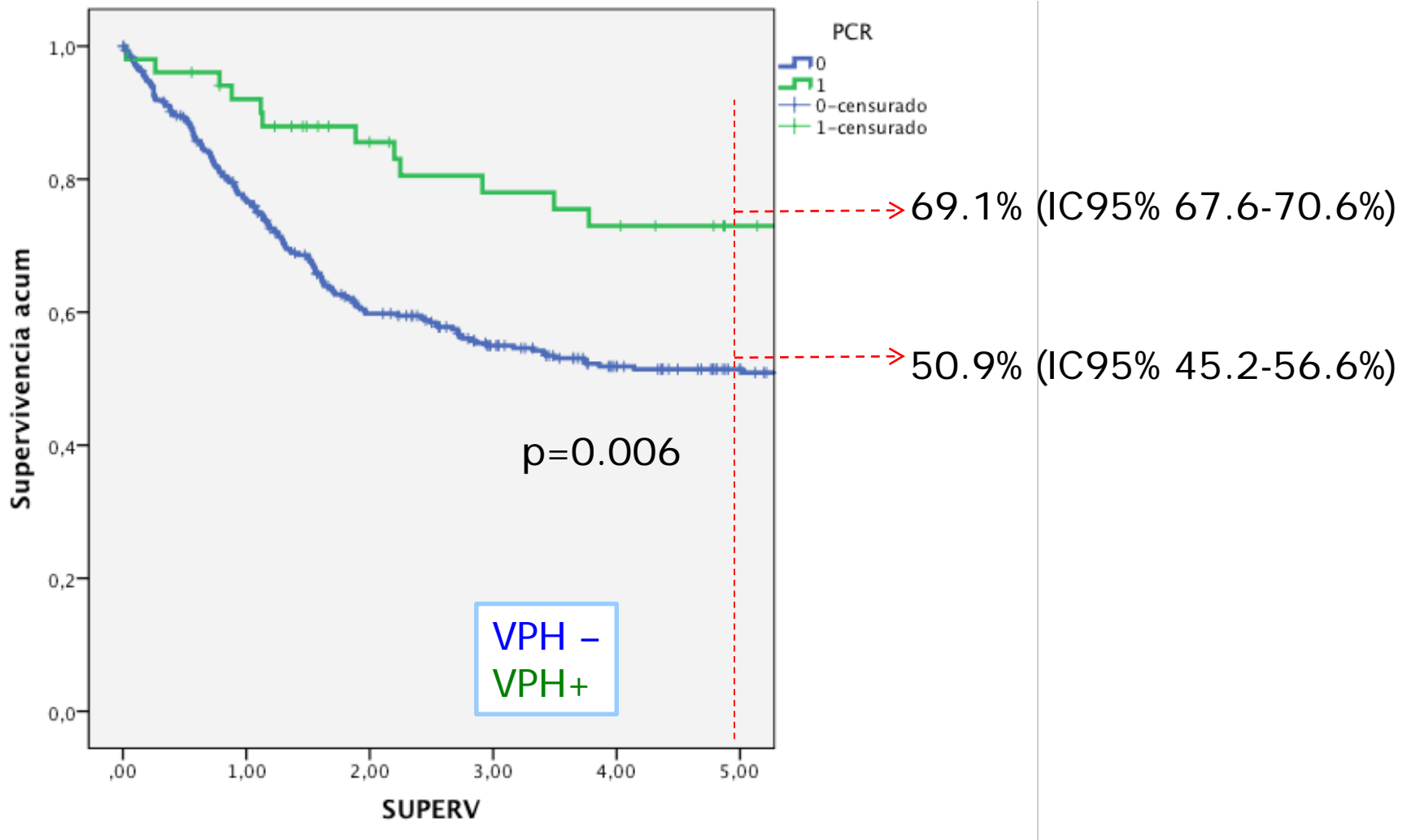


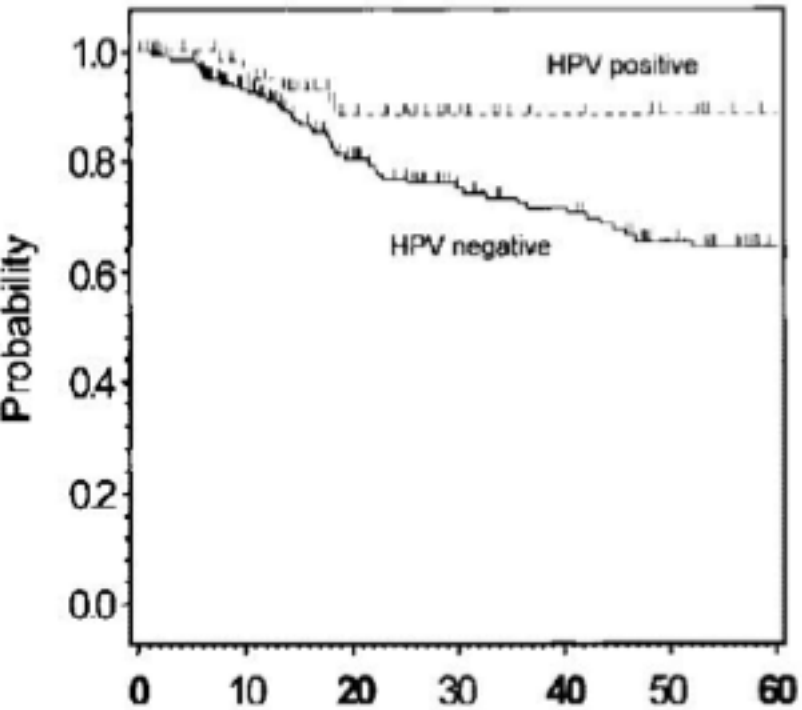
$P < 0.001$



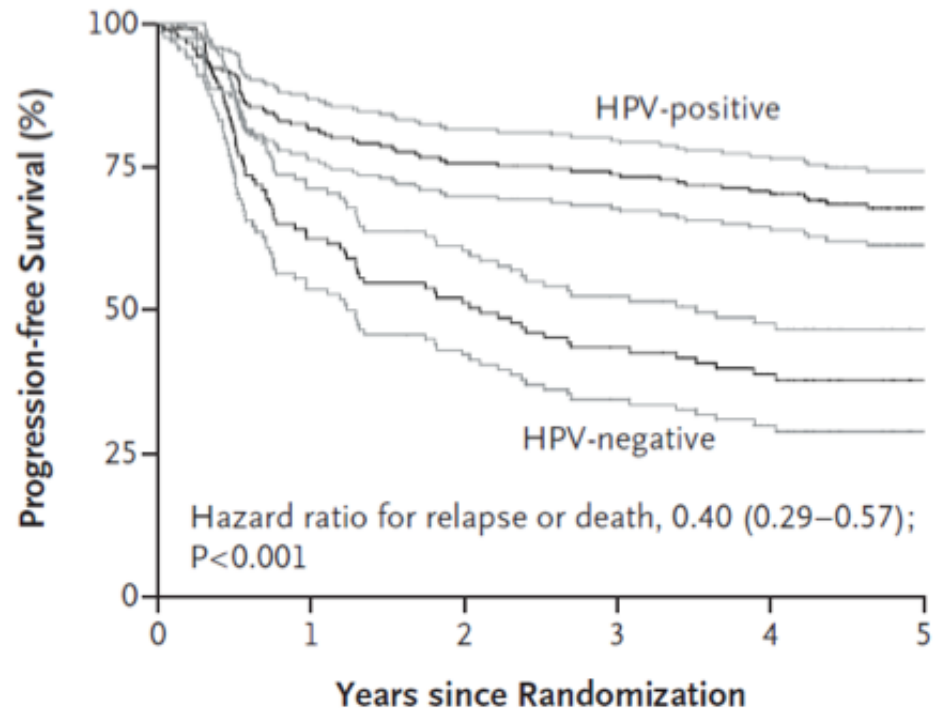
$P = 0.802$





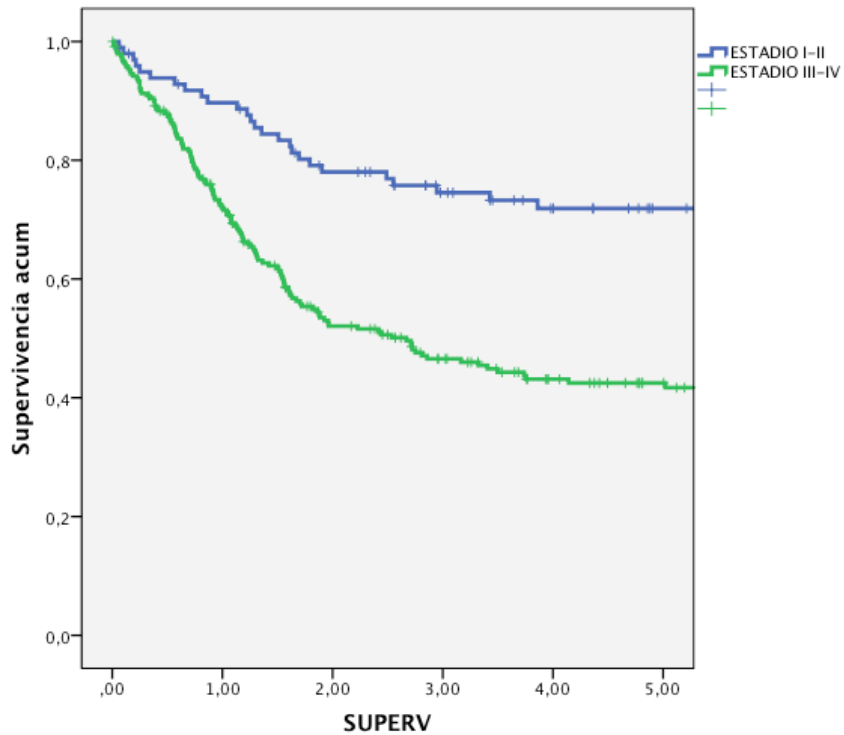


Gillison et al. J Natl Cancer Inst 2000

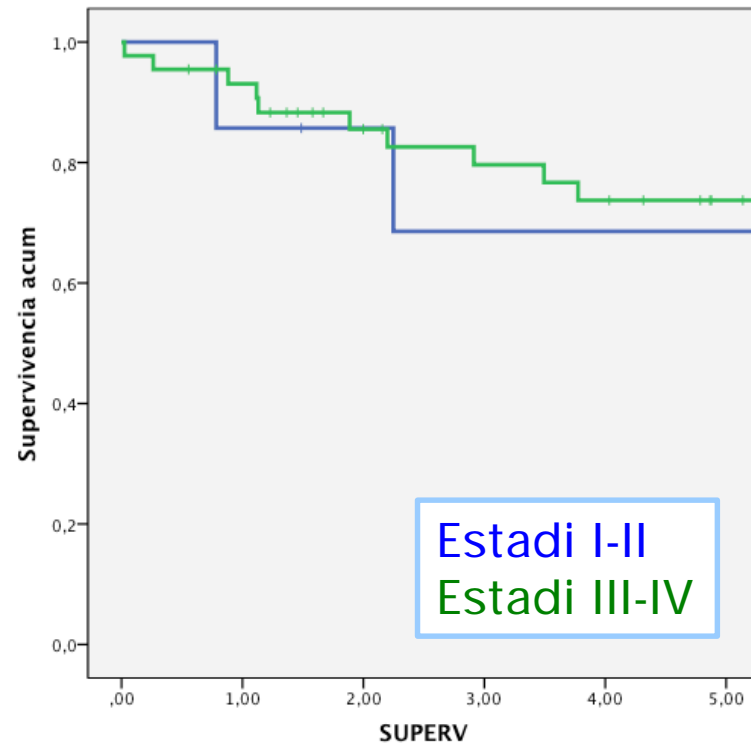


Ang et al. N Engl J Med. 2010

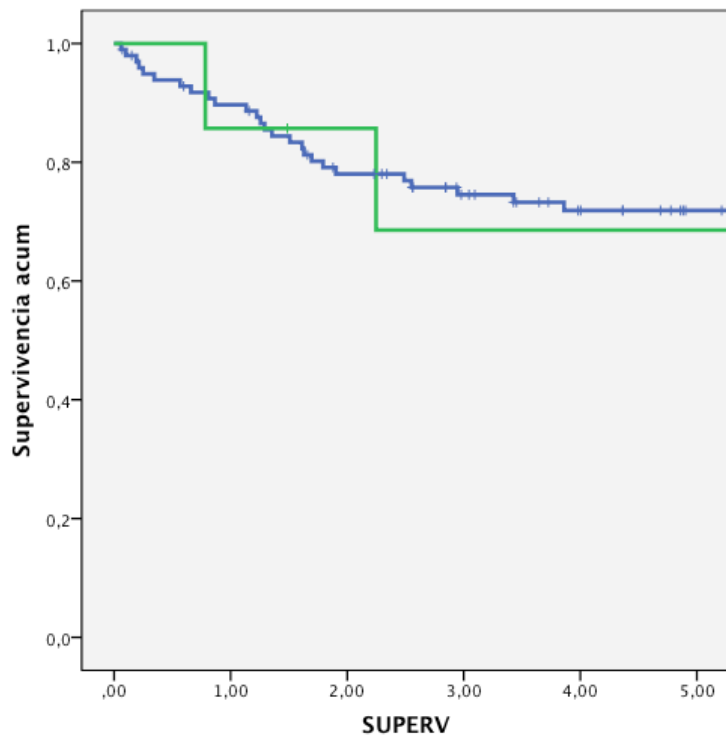
VPH -



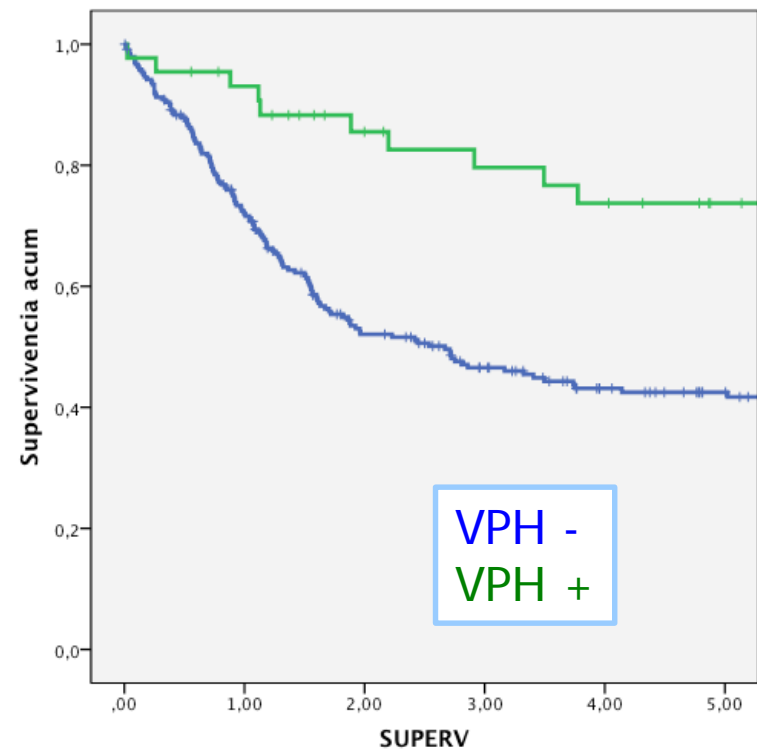
VPH+

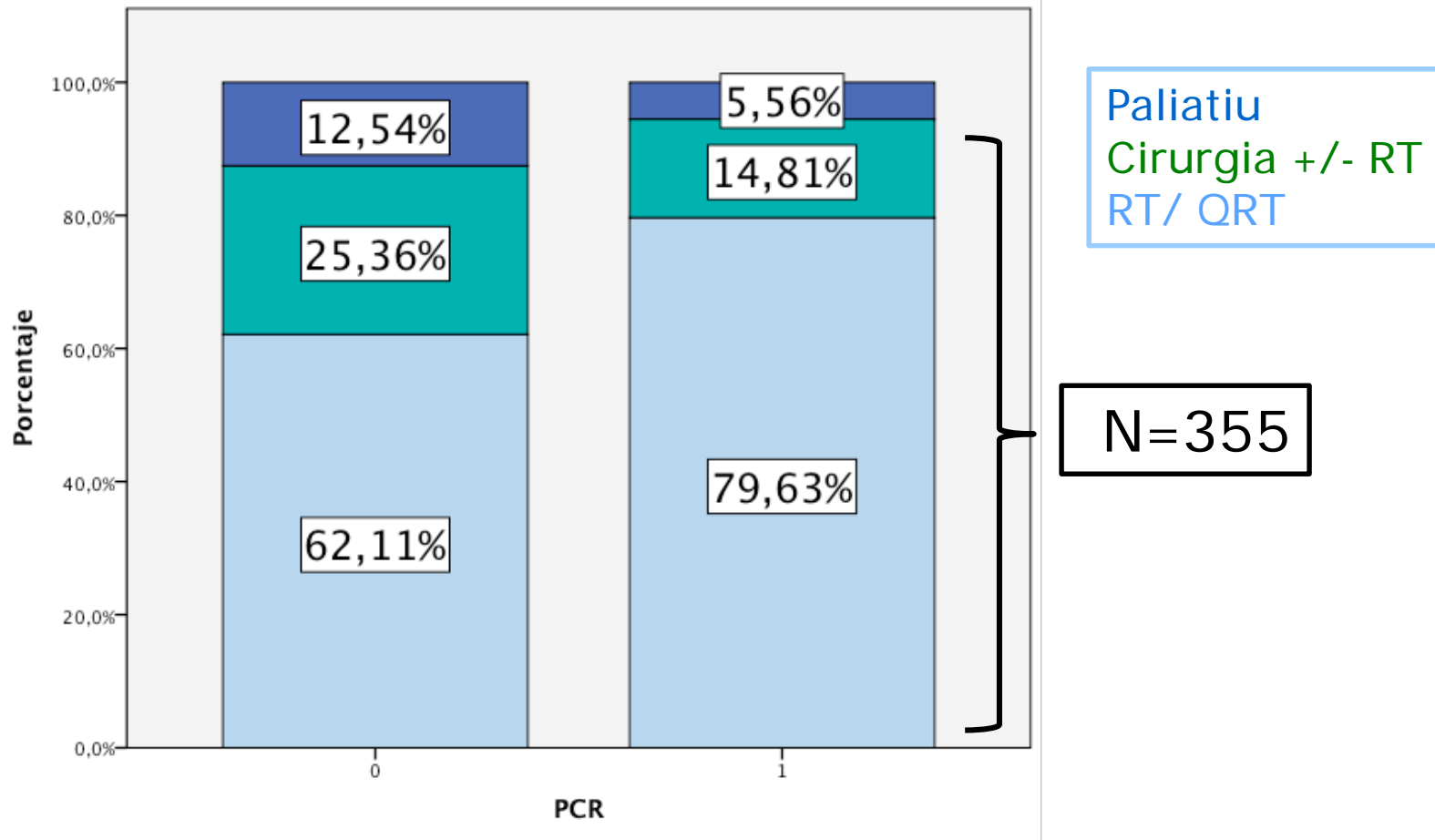


Estadis I-II



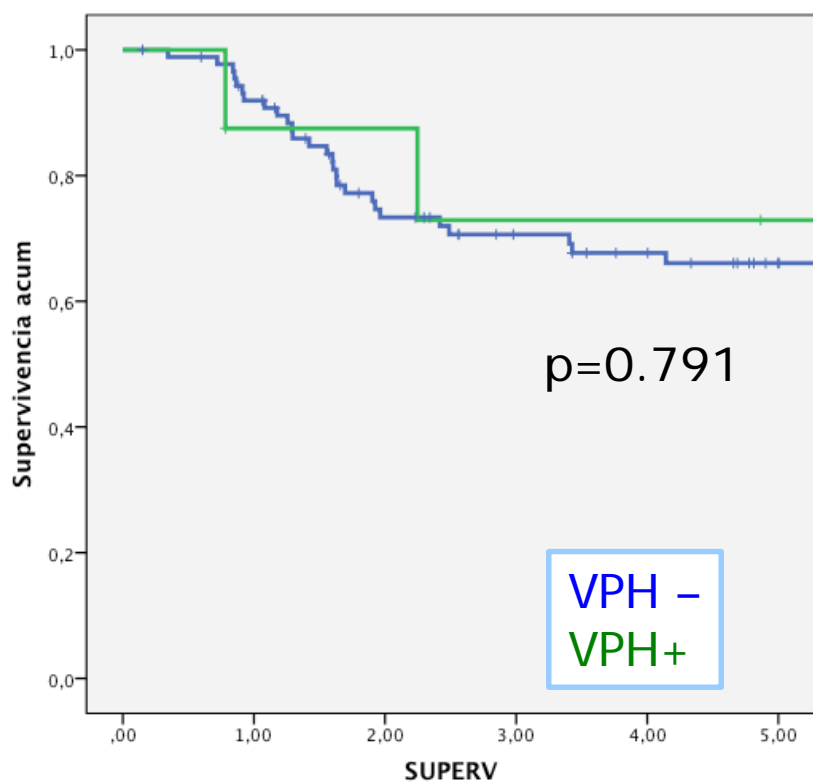
Estadis III-IV



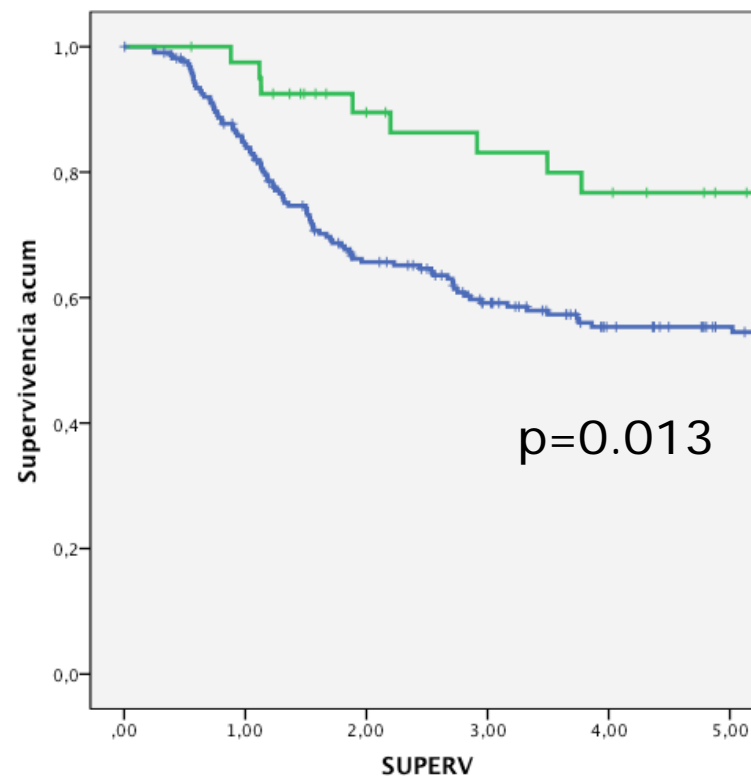




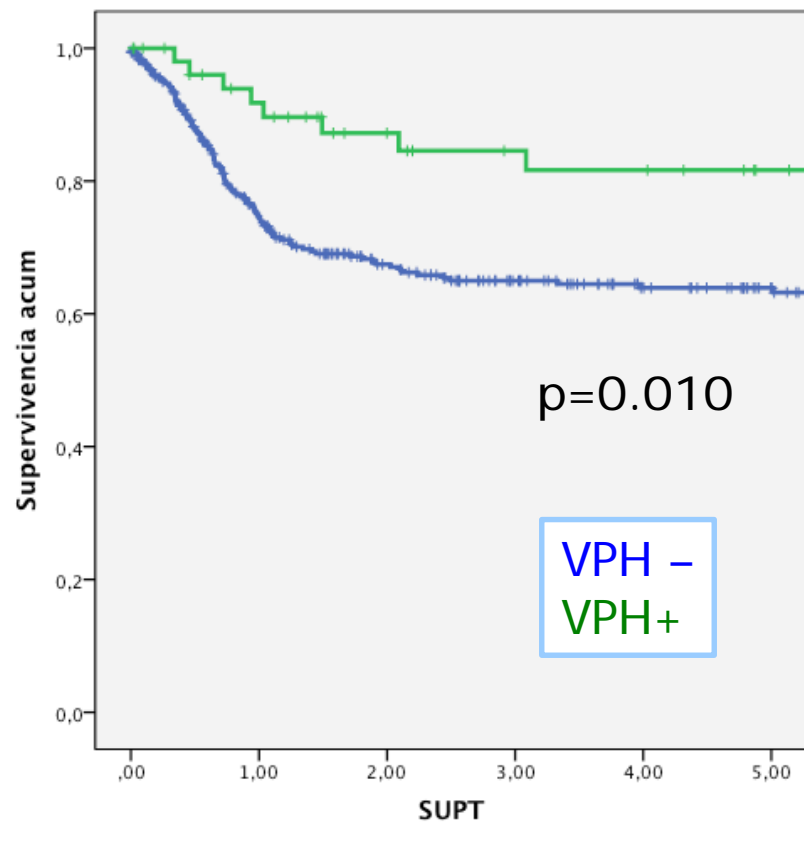
Cirurgia+/- RT



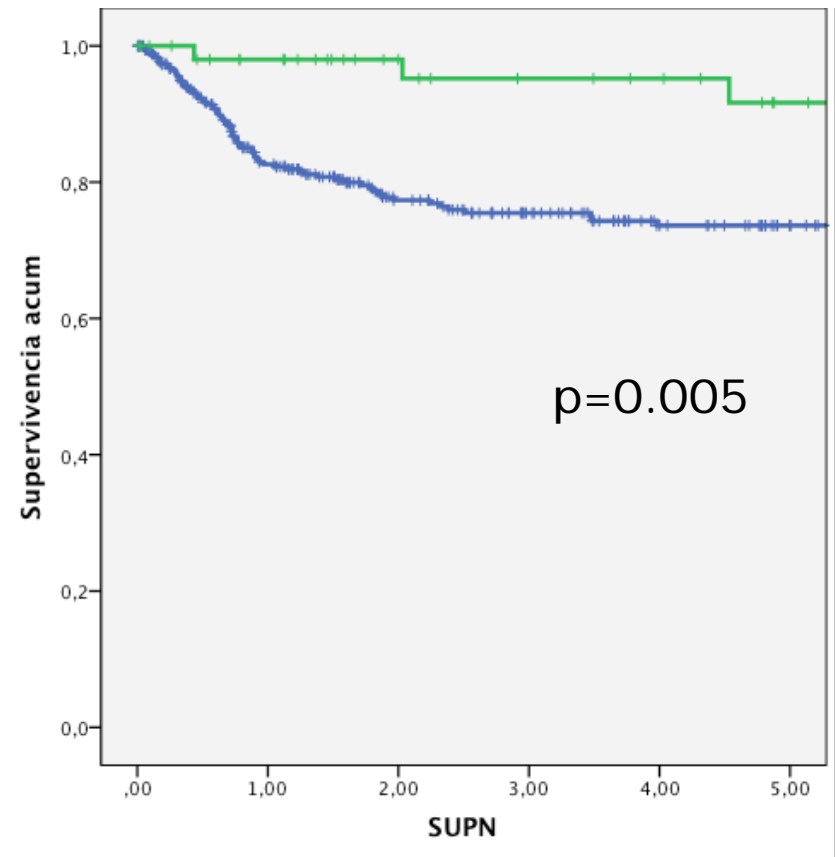
RT/QRT



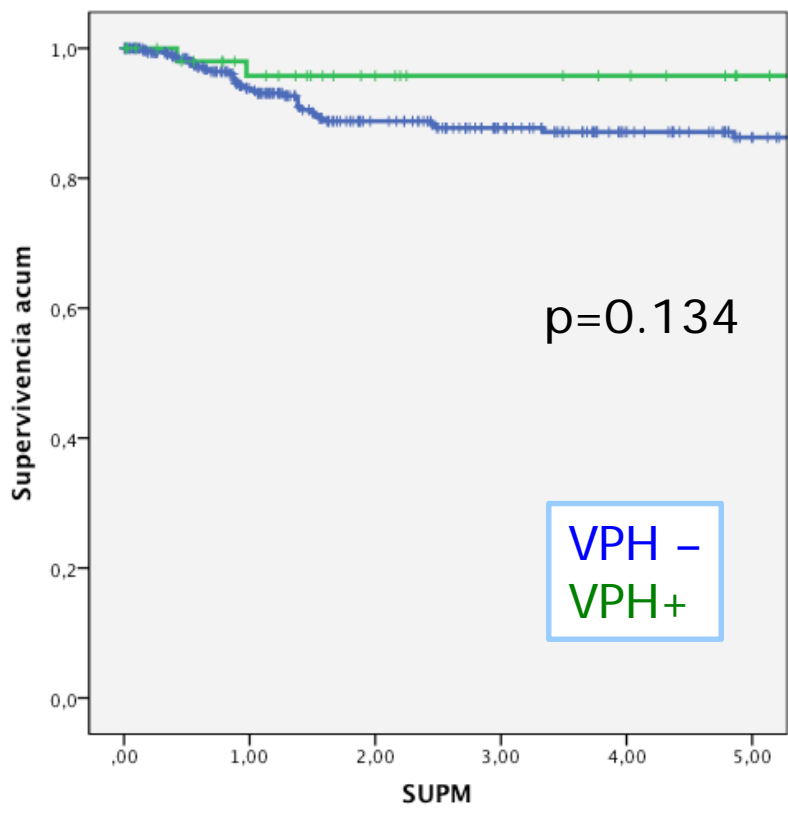
Recidiva local



Recidiva regional

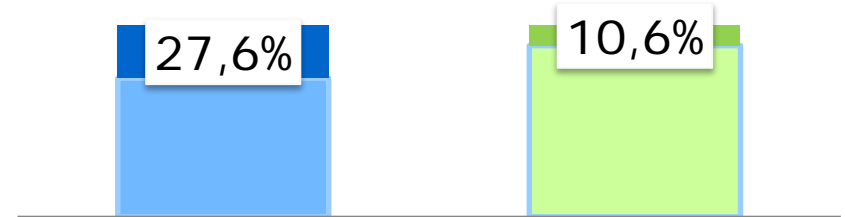


Metàstasis



Segones neoplàsies

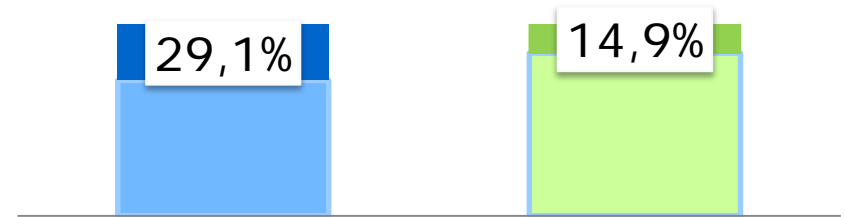
Neoplasia prèvia



VPH-

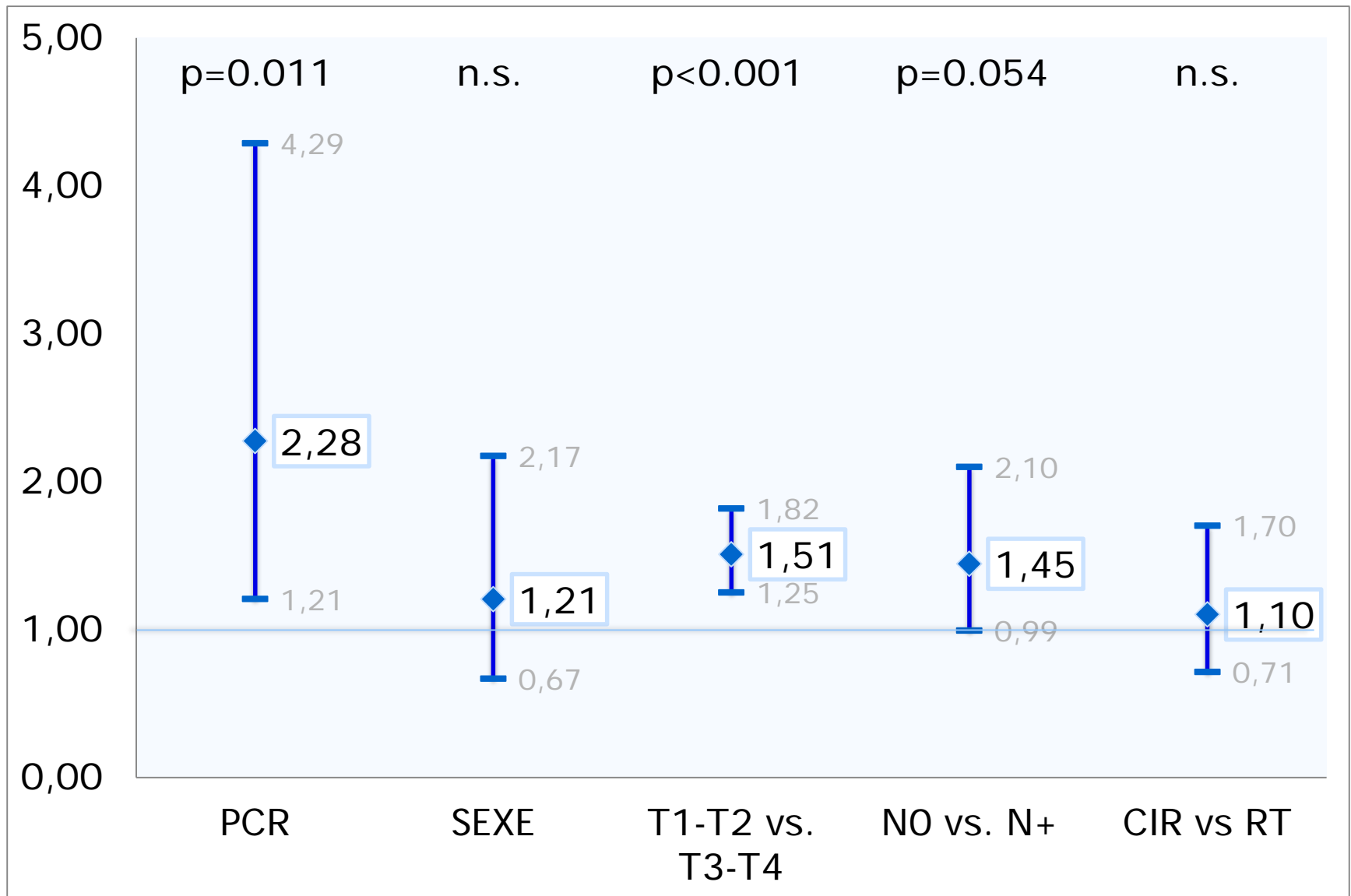
VPH+

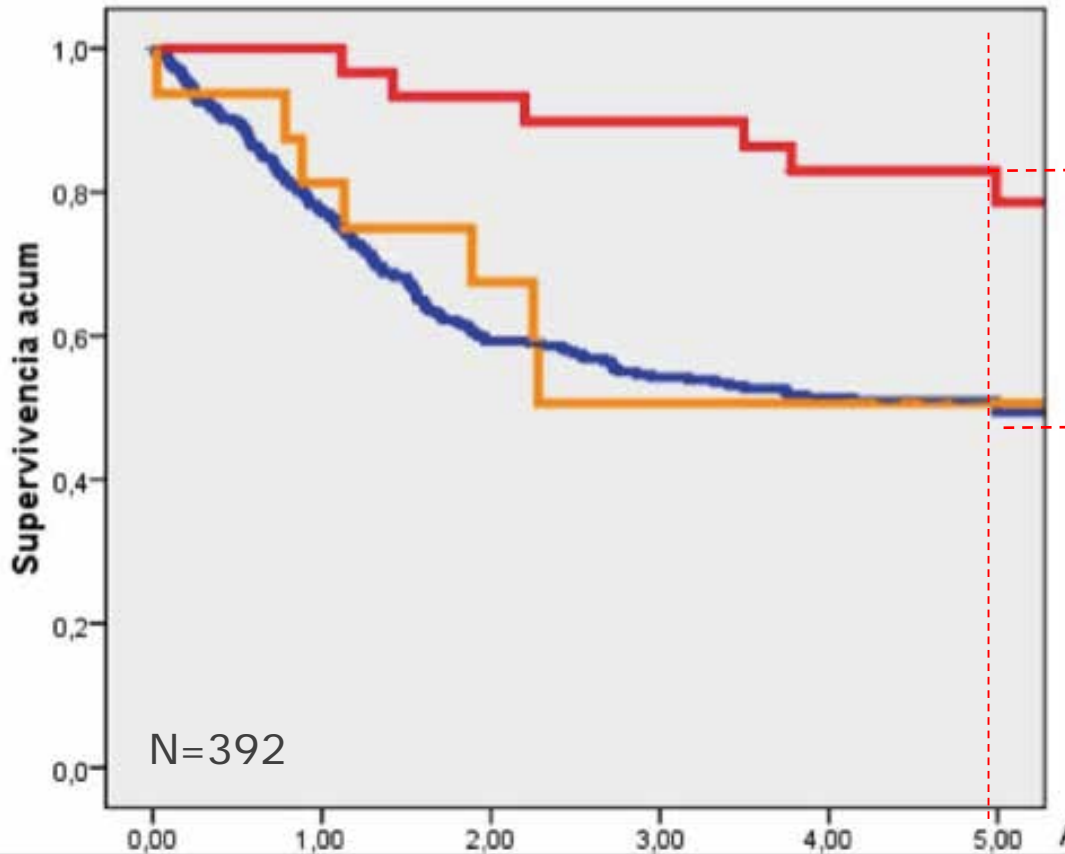
Neoplàsia metacrònica



VPH-

VPH+





HPV+/p16+

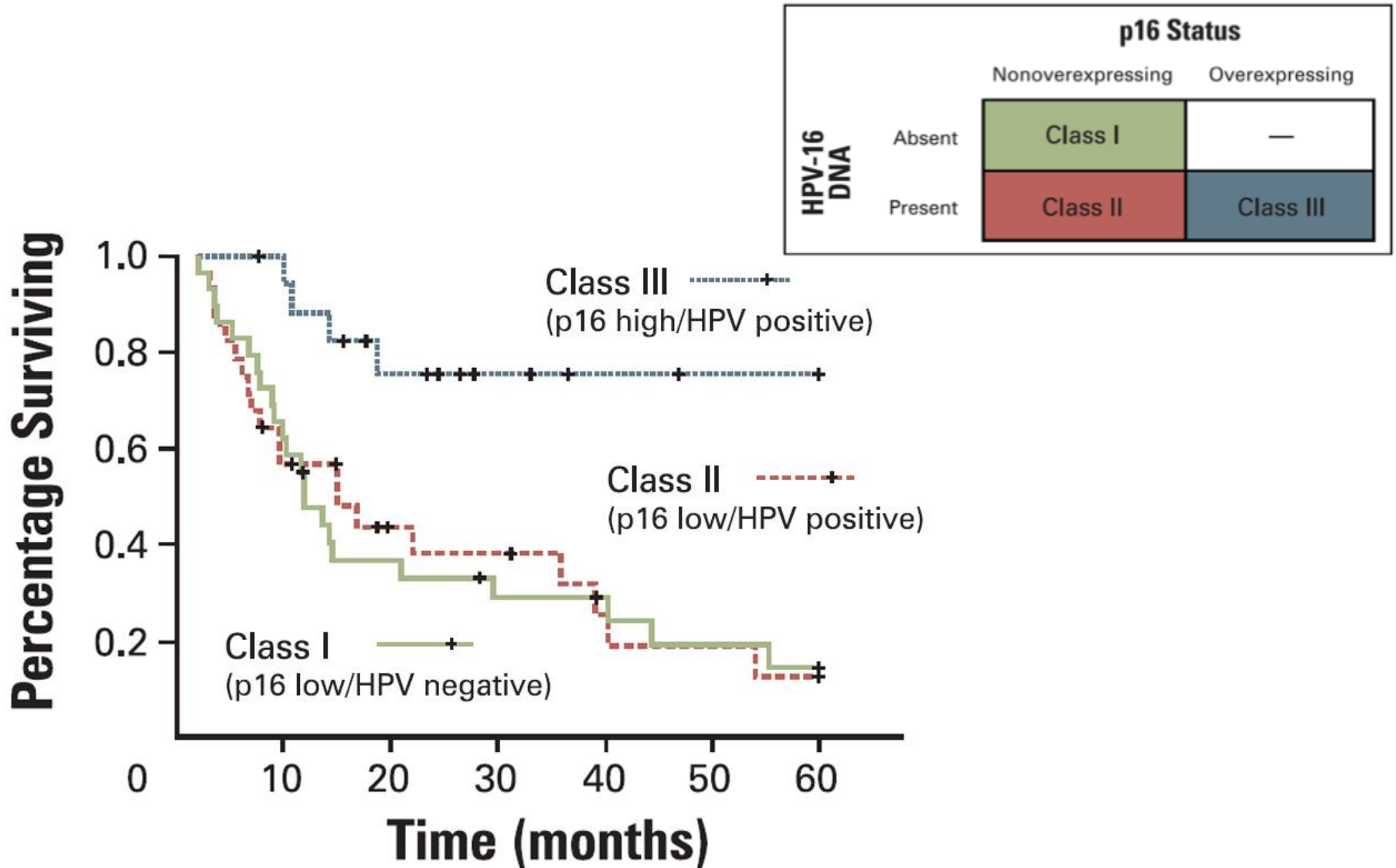
→ 78.6% (IC 95%: 63.4-93.8%)

HPV-

→ 49.4% (IC 95%: 43.8-55.0%)

HPV+/p16-

50.6% (IC 95% 23.8-77.4%)





- HPV factor pronòstic principal en orofaringe
 - Estadi avançat
- Tractament Conservador (RT/QRT)
 - Menor recidiva local i regional
 - Menor taxa segones neoplàsies