

## CONCLUSIONS & RECOMMENDATIONS

### Conclusions

- In Alexandria clinical oncology and nuclear medicine department, oral, oropharyngeal, and hypopharyngeal cancers constitute nearly 29.2% of head and neck cancers excluding thyroid cancer, and about 1.22% of all body tumors.
- Males were slightly more affected than females, possibly suggesting different patterns of exposure to risk factors.
- The most frequent presenting signs and symptoms were regional LNs enlargement, dysphagia, ulcer, pain, and weight loss.
- Majority of patients were presented to our hospital at advanced stage disease. 90.3% of hypopharyngeal cancer patients and 71.3% of oral and oropharyngeal cancer patients were at stage III, IV disease at presentation.
- Earlier T-stage (T1, T2 relative to T3 or T4) and earlier N-stage (N0, N1 relative to N2 or N3) were significantly associated with better OS for oral, oropharyngeal, and hypopharyngeal cancer patients.
- Combined treatment approach (surgery followed by adjuvant treatment) was associated with statistically significant better OS and DFS compared to surgery or radiotherapy alone in oral and oropharyngeal cancer patients. While in hypopharyngeal cancer patients, type of administered treatment was not a statistically significant factor affecting either OS or DFS.

### Recommendations

- Establishment of national cancer registry is mandatory to stand on cancer incidence in the whole country and to identify possible risk factors.
- Enhancing awareness of the early signs and symptoms of head and neck cancers at primary health care level will help early detection of malignancies and result in better prognosis and quality of life.
- A multidisciplinary team should be involved in treatment decisions to achieve optimal oncological and functional outcomes.
- Patients should be encouraged to maintain regular post treatment follow up visits.
- More efforts are required to fight smoking habits and raise public awareness about smoking associated health hazards and cancer risks.

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## المخلص العربي

تعتبر سرطانات الفم و البلعوم و البلعوم السفلي من الأورام الخبيثة الغير شائعة نسبيا حيث تشكل ما يقرب من ٣٪ من جميع حالات السرطان في جميع انحاء العالم. و يمثل سرطان الخلايا الحرشفية الناشئ في تجويف الفم الورم الأكثر شيوعا في الرأس و الرقبة حيث يضم ما يقرب من ٣٠٪ من جميع الأورام الخبيثة في هذه المنطقة. بينما يعتبر سرطان البلعوم السفلي من اكثر انواع اورام الرأس و الرقبة ندرة ولكنه يعتبر اسوأها في معدلات البقاء على قيد الحياة. اجريت هذه الدراسة بهدف مراجعة السجلات الطبية لجميع المرضى الذين تم تشخيصهم بسرطان الفم أو البلعوم أو البلعوم السفلي والتعرف على نسبة حدوث هذه حالات في المستشفى الجامعي الرئيسي بالإسكندرية ، والوقوف على طرق العلاج المطبقة و نسب البقاء على قيد الحياة بعد العلاج.

لتحقيق هذا الهدف تضمنت هذه الدراسة ٢٥٥ مريضا تم تشخيصهم بسرطان الفم أو سرطان البلعوم أو سرطان البلعوم السفلي و عرضهم على قسم علاج الاورام و الطب النووي بمستشفيات جامعة الاسكندرية في الفترة بين يناير ٢٠٠٣ و ديسمبر ٢٠١٢. وقد تمت مراجعة السجلات الطبية لهؤلاء المرضى و إستخلاص البيانات الوبائية و الاكلينيكية بالإضافة الى تفاصيل نظم العلاج المستخدمه و قد تم عرض هذه المعلومات في جداول احصائية. وقد تم حساب نسب البقاء على قيد الحياة و البقاء بدون المرض باستخدام طريقة كابلان ماير .

في هذه الدراسة شكلت سرطانات الفم و البلعوم و البلعوم السفلي حوالي ٢٩.٢٪ من سرطانات الرأس و العنق باستثناء سرطان الغدة الدرقية و حوالي ١.٢٢٪ من جميع أورام الجسم. و قد تم تشخيص ١٠٤ مريضا ( ٤٠.٨٪ من المرضى الخاضعين للدراسة ) بسرطان البلعوم السفلي و ٥٣ مريضا ( ٢٠.٨٪ من المرضى الخاضعين للدراسة ) بسرطان البلعوم و ٩٨ مريضا ( ٣٨.٤٪ من المرضى الخاضعين للدراسة ) بسرطان تجويف الفم. وكانت منطقتي خلف الغضروف الحلقى و اللسان الاكثر شيوعا كمناطق اوليه للإصابة.

وأوضحت الدراسة ان متوسط اعمار المرضى عند التشخيص كان حوالي  $٥٢.٩١ \pm ١٣.٢٣$  لمرضى سرطان البلعوم السفلي و حوالي  $٥٤.٤٠ \pm ١٢.٦٦$  لمرضى سرطان الفم و البلعوم. و قد بلغت نسبة الإناث حوالي ٥٤.٨٪ من مرضى سرطان البلعوم السفلي و حوالي ٤٣.٠٪ من مرضى سرطان الفم و البلعوم و قد كان ٤٠٪ من جميع المرضى من المدخنين. و قد كانت اعراض المرض الاكثر شيوعا هي تضخم الغدد الليمفاوية و صعوبة البلع و قرح الفم بالإضافة إلى الألم و نقص الوزن. كان سرطان الخلايا الحرشفية هو نوعا الانسجة الأكثر شيوعا بين جميع المرضى الخاضعين للدراسة حيث شكل نحو ٩٢.٦٪. و تضمنت أنواع أخرى مثل سرطان الغدد الليمفاوية و الغديه.

و قد لوحظ تقدم معظم المرضى للتشخيص و العلاج في مرحلة متقدمة من المرض حيث كان حوالي ٩٠.٣٪ من المرضى بسرطان البلعوم السفلي و ٧١.٣٪ من المرضى بسرطان الفم و البلعوم في المرحلة الثالثة أو الرابعة عندالمستشفى . ولقد استخدمت انواع علاج مختلفة في علاج المرضى المتضمنين في هذه الدراسة حيث استخدمت الجراحة يليها العلاج المساعد في علاج ٢٢ مريض بسرطان البلعوم السفلي و ٤٣ مريض بسرطان الفم و البلعوم ، بينما استخدم العلاج الكيماي الاشعاعي في علاج ٢٥ مريض بسرطان البلعوم السفلي و ٢١ مريض بسرطان الفم أو البلعوم.

وقد أدرج ٥٧ مريضا بسرطان البلعوم السفلي في تحليل نتائج البقاء على قيد الحياة و قد كان متوسط البقاء على قيد الحياة لمرضى سرطان البلعوم السفلي حوالي ١٨ شهرا، بينما كان متوسط البقاء بدون المرض حوالي ٦.٥ شهر. وكلاهما كان أفضل في المرحلة المبكرة من المرض مقارنة بالمرحل المتقدمة، ولكن لم يكن هذا ذو أهمية إحصائية. و قد كشف التحليل الإحصائي ان عمر المرضى الاقل من ٥٠ عاما كان مرتبطا بشكل كبير بنسب أفضل للبقاء على قيد الحياة، ولكن لم يكن مرتبطا إحصائيا بنسب أفضل للبقاء بدون مرض. قد ظهر أيضا ان سرطان الخلايا الحرشفية جيدة التباين لم ترتبط بشكل كبير مع نسبة بقاء أفضل بشكل عام مقارنة بالأورام ذات التباين المتوسط والسيئ ولكن كان الارتباط ذو أهمية إحصائية مع نسب أفضل للبقاء بدون مرض. و قد وجد ارتباط إحصائي كبير بين كل من مرحلة الورم الاولى و مرحله الورم المنتشر للغدد الليمفاوية و نسب البقاء على قيد الحياة. ولم يكن نوع العلاج المستخدم في علاج مرضى سرطان البلعوم السفلي ذو تأثير إحصائي يذكر على نسب البقاء.

وفيما يتعلق بمرضى سرطان الفم و البلعوم ، قد تم أدرج ٨٦ مريض في التحليل الإحصائي للبقاء على قيد الحياة . وكان متوسط البقاء على قيد الحياة و البقاء بدون مرض حوالي ٣٧ شهرا و ١٣٩ في الشهر على التوالي، بينما

كان معدل البقاء على قيد الحياة لمدة خمس سنوات حوالي ٣٦ ٪ و معدل البقاء بدون مرض لمدة خمس سنوات حوالي ٥٢.٢ ٪. و قد ارتبطت المراحل المبكرة للمرض مع معدلات افضل للبقاء.

و قد تبين ان عمر المرضى ونسبة تباين الورم بالإضافة الى مرحلة الورم الاولى ومرحلة الغدد الليمفاوية المصاحبة قد ارتبطت إحصائيا بشكل كبير بنسب البقاء على قيد الحياة. وقد وجد ايضا ان العلاج الجراحي متبوعا بالعلاج المساعد قد ارتبط إحصائيا بشكل كبير بنسب بقاء افضل مقارنة بطرق العلاج المنفرد مثل العلاج الإشعاعي أو الجراحة.



جامعة الإسكندرية  
كلية الطب  
قسم علاج الأورام والطب النووي

دراسة تحليلية ونتائج العلاج لحالات سرطان جوف الفم والبلعوم الفمى  
والبلعوم السفلى ( خبرة عشرة أعوام ٢٠٠٣ - ٢٠١٢ )

رسالة مقدمة

لقسم علاج الأورام والطب النووي - كلية الطب - جامعة الإسكندرية  
ضمن متطلبات درجة

الماجستير

فى

علاج الأورام والطب النووي

من

نهى طارق محمد فريد

بكالوريوس الطب والجراحة، ٢٠٠٨

كلية الطب، جامعة الإسكندرية

[٢٠١٥]



جامعة الإسكندرية  
كلية الطب  
قسم علاج الأورام والطب النووي

دراسة تحليلية ونتائج العلاج لحالات سرطان جوف الفم والبلعوم الفمى  
والبلعوم السفلى (خبرة عشرة أعوام ٢٠٠٣ - ٢٠١٢)

رسالة مقدمة من

نهى طارق محمد فريد

للحصول على درجة

الماجستير

فى

علاج الأورام والطب النووي

التوقيع

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لجنة المناقشة والحكم على الرسالة

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التاريخ / /

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