

Pediatric Oncology Abstract Categories Survivorship and Late side effects

OP 28

LONG-TERM EVALUATION RESULTS OF OUR PATIENTS DIAGNOSED WITH NASOPHARYNGEAL CARCINOMA: A SINGLE CENTER EXPERIENCE

Aytül Temuroglu¹, Candan Abakay²,
Betül Sevinç^{1,3}

¹Uludağ University

²Uludağ University Pediatric Oncology

³Uludağ University Radiation Oncology

Objective INTRODUCTION: Nasopharyngeal carcinoma represents less than 1% of all childhood cancers. It is most common between 10-20 years with male predominance. Patients most often come with complaints of sizeable cervical lymph nodes, epistaxis, and headache. Since it is unsuitable for surgery due to its anatomical localization, the diagnosis can be made with tru-cut or lymph node excisional biopsy. The most common type of undifferentiated is seen in childhood. It is the type most closely associated with the Epstein-Barr virus. The mainstay of treatment is radiotherapy and chemotherapy. Survival rates are over 75%. However, surviving patients have to cope with the side effects of long-term radiotherapy and chemotherapy. Therefore, studies are ongoing to reduce treatment-related toxicities. **OBJECTIVE:** In this study, our aim was to examine the demographic data, long-term survival results, and late treatment-related side effects of our patients with nasopharyngeal carcinoma. **Methodology:** The data of patients diagnosed with nasopharyngeal carcinoma who were treated at Uludağ University Faculty of Medicine, Department of Pediatric Oncology were analyzed retrospectively. **Results:** Twenty-four cases admitted to the pediatric

oncology outpatient clinic between 2003 and 2023 were included in the study. The female/male ratio of the cases was 11/13. The mean age at diagnosis was 14.4±1.7. The most common complaints at admission were cervical lymphadenopathy and headache. Two of the cases were sibling cases diagnosed in different years. One patient was diagnosed with papillary adenocarcinoma and received only surgical treatment. Other 23 cases were diagnosed as non-keratinized undifferentiated carcinoma and received radiotherapy and chemotherapy. The patients were given a protocol consisting of bleomycin, epirubicin, and cisplatin. ICE protocol consisting of ifosfamide, etoposide, and carboplatin was given to relapsed cases. Radiotherapy was given after 3 cycles of chemotherapy. In the follow-up of the cases, one case died due to refractory disease, three cases due to relapse, and one case due to sepsis. The cases were followed up for an average of 5.8 years (min: 1 year, max: 19 years). The survival of our cases was 79.2% in the 20-year follow-up. The most common long-term side effects developing secondary to treatment were xerostomia (n=12), dysphagia (n=12), and malnutrition developing secondary to these. Six cases had hypothyroidism and one case had hyperthyroidism. Fibrosis secondary to radiotherapy was seen in 10/24 patients. Apart from these side effects, seven cases had hearing loss, recurrent otitis, and nascent speech. **Conclusion:** Nasopharyngeal carcinoma is a rare tumor in childhood. Because it is rare, treatment approaches have been created based on adult patients. Depending on the doses of radiotherapy, and chemotherapy taken at an early age, many side effects that reduce the quality of life are seen in patients who live for a long time. Studies are needed to reduce these side effects. We wanted to contribute to the literature by publishing the long-term results of our cases.

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