imunizante. **Resultados:** Houve o surgimento de graus variados de hipermetabolismo glicolítico em linfonodos de drenagem regional após a vacinação contra a COVID-19, em 27,6 % dos pacientes, com relação inversa do SUVmax ao número de dias desde a imunização (rs= -0,590 e p-valor ≤ 0,001 para o sítio de injeção; rs = -0,416 e p-valor = 0,013 para o linfonodo axilar) e à idade do imunizado (rs= -0,376; p-valor = 0,024).; evidencia ainda que tais achados foram extremamente infrequentes após 4 semanas de imunização. Ademais, os resultados do estudo demonstram menor incidência de achados metabólicos pós-vacinais (6,3%), naqueles pacientes vacinados com o imunizante Coronavac, sem nenhum achado equívoco para natureza reacional inflamatória ou neoplásica, para este grupo. **Conclusão:** O presente estudo demonstrou o surgimento de achados metabólicos reacionais pós-vacinais em PET-CT com 18F-FDG em pacientes imunizados contra o SARS-CoV-2, com relação inversa à idade e ao número de dias desde a imunização, bem como é um dos únicos a demonstrar menor repercussão da vacinação com o imunizante Coronavac nos estudos de PET-CT, uma vez que não levou a nenhum achado metabólico equívoco entre natureza reacional inflamatória e metabólica. Por fim, o trabalho demonstrou que a análise conjunta dos dados clínicos com os aspectos morfometabólicos observados ao PET-CT com 18F-FDG permite otimizar o diagnóstico diferencial de achados de natureza reacional e secundária.

Palavras-chave: 18F-FDG PET/CT, COVID-19, Vacinação.

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INDUCTION CHEMOTHERAPY IN ADVANCED HEAD AND NECK SQUAMOUS CELL CARCINOMA: A REAL-WORLD DATA STUDY

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A B S T R A C T

Introduction/Justification: Approximately 60% of HNSCC patients are diagnosed at a locally or locoregionally advanced stage. Patients with locally or locoregionally advanced stage and not amenable to surgical resection receive chemoradiotherapy (CTRT) as definitive treatment, or induction chemotherapy (ICT) followed or not by CTR. In the last scenery, docetaxel plus cisplatin (TP) and docetaxel plus cisplatin plus 5-fluorouracil (TPF) followed by CTRT were first described as effective ICTs regimens with acceptable safety profile. Despite the superiority of TPF over TP in response rate, loco-regional control, and survival of patients with advanced HNSCC, unequivocal disadvantages have been attributed to the regimen, as grade 3 or above adverse events, and the need of infusion devices or inpatient beds for continuous 5-fluorouracil infusion, which clearly increases the costs of treatment. **Objectives:** The current study aimed to analyze patients with locoregionally advanced HNSCC treated with TPF or TP followed by CTRT at the General Hospital of the University of Campinas, with the purpose of developing an ICT protocol applicable to services with limited resources. **Materials and Methods:** Patients with HNSCC at stage III or IVA-B (T4 and/or N2b, N2c or N3) treated with ICT using TPF or TP followed by CTRT from January 14 th, 2015, to November 24 th, 2021, were included in the study. The choice between TPF and TP as induction chemotherapy (ICT) was based on the clinical judgment of the responsible oncologist, considering patient-specific factors such as performance status, comorbidities, and tolerance to intensive regimens. Additionally, the availability of a hospital bed for the continuous intravenous infusion of 5-fluorouracil was a practical determinant. Toxicity, response rate, and event-free survival (EFS) and overall survival (OS) were evaluated in patients of both groups. Event-free survival (EFS) and overall survival (OS) were assessed using the Kaplan-Meier curves and the log-rank test. The impact of clinicopathological characteristics on patients' survival was assessed through univariate and multivariate Cox regression. **Results:** Eighty-seven patients with HNSCC were treated with ICT, being 38 with TPF and 49 with TP. An excess of ECOG 0 or 1 was seen in TPF group and an excess of males in TP group, but no significant differences in age, smoking and alcohol intake, body mass index, tumor location, grade and TNM stage, toxicities grade 3 or above, treatment response, and cycles interval, were seen in patients treated with TPF and TP. The median follow-up time was 22.6 months (range: 1.2 to 93.8). The two-year and five-year EFS rates of patients of the total group were 33.8% and 25.3%, respectively. ICT regimens did not alter response to ICT, and patients' EFS and OS. Cox multivariate analysis identified stable or progressive disease (HR: 5.56) and interval between cycles ≥ 28 days (HR: 2.79) as predictors of lower EFS, and ECOG ≥ 1 (HR: 3.42), stable or progressive disease (HR: 4.67), and interval between cycles ≥ 28 days (HR: 2.73) as predictors of lower OS. **Conclusion:** Our findings indicate TP as a good treatment option for locoregionally advanced HNSCC, especially in socioeconomically limited settings.

Keywords: Head and neck squamous cell carcinoma (HNSCC), Induction chemotherapy, Response rate, Survival, Toxicity.

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PET/CT WITH 68GA-FAPI46 FOR THE DETECTION OF PRIMARY AND METASTATIC LESIONS IN PATIENTS WITH DIFFERENT TYPES OF CANCER. INITIAL EXPERIENCE

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