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6th Annual Review on Head & Neck Cancers

26th - 27th August, 2023

2022

VIRTUAL MEETING

2023

Organizing Chairpersons

Dr. Murad Lala
Dr. V Kannan

Organizing Secretaries

Dr. Vijay Patil
Dr. Nandini Menon
Dr. Suparna Rao
Dr. Rakesh Katna
Dr. Mandar Deshpande
Dr. Kaustav Talapatra

Scientific Committee Chair

Dr. B. K. Smruti
Dr. Kumar Prabhash
Dr. Vanita Noronha
Dr. Rahul Kulkarni
Dr. Sachin Almel

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Welcome Address

On behalf of the organizing committee and Mumbai Oncology Association, we are pleased to invite you to the "6th Annual Review on Head and Neck Cancers Conference". The conference will take place Virtually on the 26th and 27th of August 2023.

The 6th Annual Review on Head and Neck Cancers Conference 2023 will provide practitioners an update in head and neck cancers with a comprehensive overview of the current standard of care practices as well as review of evolving and innovative treatment approaches. Management recommendations are rapidly evolving in this era of immune oncology and will receive particular attention, including a discussion of de-escalation and the current randomised trials evaluating de-escalation protocols.

The focus of this conference will be on latest in multidisciplinary approach to head and neck treatment, novel treatment breakthroughs and leading research publications and current best practices in supportive and survivorship care.

Distinguished faculty from Mumbai as well as from prominent National faculty will present a series of recent important publications followed by open panels which cover the management of malignancies in critical subsites within the head and neck such as the oral cavity, oropharynx, larynx, thyroid, and others. We will also cover important publications on rare subjects in head and neck cancers.

Open interaction between faculty and participants will be encouraged throughout the sessions. Participants are encouraged to pre-submit important problem statements needing Indian consensus.

We look forward to your active participation.

Regards

Organising Team

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26th August, 2023 — Day 1

08:00 am - 9:00 am REGISTRATION

09:00 am - 10:20 am **SESSION 1: KEY PUBLICATION ON ORAL CANCER**

CHAIRPERSONS: Dr. Murad Lala

09:00 am - 09:10 am **Reviewer: Dr. Shilpi Sharma**

Stratification of surgical margin distances by the millimeter on local recurrence in oral cavity cancer: A systematic review and meta-analysis.

Author: Kurtis Young BS

Citation: Head Neck. 2023 May;45(5):1305-1314.

Marginal versus Segmental Mandibulectomy in the Treatment of Oral Cavity Cancer: A Systematic Review and Meta-analysis.

Author: Carlos Miguel Chiesa-Estomba

Citation: Int Arch Otorhinolaryngol. 2023 April

09:10 am - 09:25 am **Reviewer: Dr. Dodul Mondal**

Brachytherapy and osteoradionecrosis in patients with base of tongue cancer.

Author: Daniel Danielsson

Citation: Acta Otolaryngol. 2023 Jan;143(1):77-84.

A Phase II Study of Volume and Dose De-Intensification Following Transoral Robotic Surgery (TORS) and Neck Dissection for p16+ Oropharyngeal Squamous Cell Carcinoma.

Author: J.N. Lukens

Citation: International Journal of Radiation Oncology, Biology, Physics. Oral scientific session.138, 114(3), S24-S25, NOVEMBER 01, 2022

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26th August, 2023 — Day 1

Oral cavity adjuvant therapy (OCAT) -a phase III, randomized controlled trial of surgery followed by conventional RT (5 fr/wk) versus concurrent CT-RT versus accelerated RT (6fr/wk) in locally advanced, resectable, squamous cell carcinoma of oral cavity.
Author: Sarbani G. Laskar
Citation: Eur J Cancer. 2023 Mar;181:179-187.

09:25 am - 09:35 am

Reviewer: Dr. Sunil Chopade

Association of Neoadjuvant Pembrolizumab for Oral Cavity Squamous Cell Carcinoma With Adverse Events After Surgery in Treatment-Naive Patients.
Author: Alice L Tang
Citation: JAMA Otolaryngol Head Neck Surg. 2022 Oct 1;148(10):935-939

The optimal number of examined lymph nodes for accurate nodal staging and favorable prognosis of oral tongue squamous cell carcinoma.

Author: Lingdun Zhuge
Citation: Oral Oncol. 2023 May;140:106368.

09:35 am - 09:50 am

Reviewer: Dr. Rakesh Neve

Definitive Surgery after Neoadjuvant Chemotherapy for Locally Advanced Oral Cavity Cancers: Experience from a Tertiary Care Center.
Author: Mansi Agrawal
Citation: South Asian J Cancer 2023;00(00):00-00

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Use of Intraoperative Frozen Section to Assess Final Tumor Margin Status in Patients Undergoing Surgery for Oral Cavity Squamous Cell Carcinoma.

Author: Sallie M Long

Citation: JAMA Otolaryngol Head Neck Surg. 2022 Oct 1;148(10):911-917.

Optimized decision support for selection of transoral robotic surgery or (chemo)radiation therapy based on posttreatment swallowing toxicity.

Author: Mehdi Hemmati

Citation: Cancer Med. 2023 Feb;12(4):5088-5098.

09:50 am - 10:20 am

PANEL DISCUSSION ON LOCALLY ADVANCED ORAL CAVITY CANCER

CHAIRPERSONS: Dr. Deepak Parikh

MODERATOR: Dr. Arvind Krishnamurthy

PANELISTS: Dr. Ashwini Budrukkar, Dr. Mandar Deshpande, Dr. Krishnakumar T, Dr. Shilpi Sharma, Dr. Dodul Mondal, Dr. Sunil Chopade, Dr. Rakesh Neve, Dr. Riddhi Trivedi

10:20 am - 10:40 am

BREAK

10:40 am - 12:05 pm

SESSION 2: Key Publications on Oropharyngeal cancer

CHAIRPERSON: Dr. Sandeep De, Dr. Sudeep Sarkar, Dr. Yogesh Dabolkar

10:40 am - 10:45 am

Reviewer: Dr. Nandini Menon

Prognostic implications of p16 and HPV discordance in oropharyngeal cancer (HNCIG-EPIC-OPC): a multicentre, multinational, individual patient data analysis.

Author: Prof Hisham Mehanna, FRCS

Citation: Lancet Oncol. 2023 Mar;24(3):239-251.

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26th August, 2023 — Day 1

10:45 am - 10:55 am

Reviewer: Dr. Monali Swain

Similar long-term swallowing outcomes for accelerated, mildly-hypofractionated radiotherapy compared to conventional fractionation in oropharyngeal cancer: A multi-centre study.

Author: James M Price

Citation: Radiother Oncol. 2022 Jul;172:111-117

Patient Reported Outcomes (PROs) in MC1675, De-Escalated Adjuvant Radiation Therapy (DART) vs. Standard of Care Adjuvant Radiation Therapy (SOC) for HPV Associated Oropharyngeal Squamous Cell Carcinoma.

Author: D.M. Routman

Citation: International Journal of Radiation Oncology, Biology, Physics. Oral scientific session. S25. Abstract 139.

10:55 am - 11:05 am

Reviewer: Dr. Shwetabh Sinha

Long-Term Toxic Effects, Swallow Function, and Quality of Life on MC1273: A Phase 2 Study of Dose De-escalation for Adjuvant Chemoradiation in Human Papillomavirus-Positive Oropharyngeal Cancer.

Author: Katharine Price

Citation: Int J Radiat Oncol Biol Phys. 2022 Oct 1;114(2):256-265.

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26th August, 2023 — Day 1

Toxicity Profiles and Survival Outcomes Among Patients With Nonmetastatic Oropharyngeal Carcinoma Treated With Intensity-Modulated Proton Therapy vs Intensity-Modulated Radiation Therapy.
Author: Irini Youssef
Citation: JAMA Netw Open. 2022 Nov 1;5(11):e2241538.

11:05 am - 11:15 am

Reviewer: **Dr. Shivakumar Thiagarajan**

The Impact of Surgical Resectability on Outcomes for Patients Undergoing Primary Radiation Treatment for Human Papillomavirus-Related Oropharyngeal Cancer.
Author: Naif Fnais, MD
Citation: Int J Radiat Oncol Biol Phys. 2022 Jul 1;113(3):521-529.

Outcomes by time to adjuvant therapy in E3311, a phase II trial of transoral surgery (TOS) followed by pathology-based adjuvant treatment in HPV-associated (HPV+) oropharynx cancer (OPC): A trial of the ECOG-ACRIN Cancer Research Group.
Author: Robert L. Ferris MD, PhD
Citation: ASCO Annual Meeting 2023: Abstract 6036

11:15 am - 11:25 am

Reviewer: **Dr. Nikhil Kalyani**

Reduced Aspiration Rates for 50 Gy Postoperative Radiation in HPV-Associated Oropharynx Cancer in E3311: A Trial of the ECOG-ACRIN Cancer Research Group.
Author: K.A. Hutcheson
Citation: International Journal of Radiation Oncology, Biology, Physics. Oral scientific session: S27. Abstracts 142.

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26th August, 2023 — Day 1

Treatment of oropharyngeal squamous cell carcinoma: Is swallowing quality better after TORS or RT?

Author: Flaminia Campo

Citation: Radiother Oncol. 2023 Feb 20;183:109547.

11:25 am - 11:35 am

Reviewer: Dr. Pranav Chadha

Clinical outcomes of ipsilateral versus bilateral neck irradiation for unilateral tonsillar cancer.

Author: E. Yang

Citation: ESTRO 2023:PO-1174

A Prospective study of mucosal sparing radiation therapy in resected oropharyngeal cancer patients.

Author: Justin D Anderson

Citation: Int J Radiat Oncol Biol Phys. 2023 Jan 1;115(1):192-201.

11:35 am - 12:05 pm

**PANEL DISCUSSION ON
HPV -VE OROPHARYNGEAL CANCER**

CHAIRPERSONS: Dr. Shishir Shetty,
Dr. Sharmila Agarwal

MODERATOR: Dr. Atul Sharma

PANELISTS: Dr. Rohit Malde, Dr. Poonam Joshi,
Dr. Sudhir Nair, Dr. Trinanjan Basu, Dr. Nandini Menon,
Dr. Monali Swain, Dr. Shwetabh Sinha,
Dr. Shivakumar Thiagarajan, Dr. Nikhil Kalyani,
Dr. Pranav Chadha

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26th August, 2023 — Day 1

12:05 pm - 01:10 pm **SESSION 3: Key Publications on Laryngeal & Hypopharyngeal cancer**

CHAIRPERSON: Dr. Sarbani Ghosh Laskar

12:05 pm - 12:20 pm

Reviewer: Dr. Samir Batham

Hypofractionated (2.75 Gy per fraction) versus Conventionally Fractionated Primary Radiotherapy for T2N0M0 Carcinoma of the Glottis.

Author: Josef Kovarik

Citation: Int Arch Otorhinolaryngol 2023;27(1):e16-e23.

Association of Primary Tumor Volume With Survival in Patients With T3 Glottic Cancer Treated With Radiotherapy: A Study of the Canadian Head & Neck Collaborative Research Initiative.

Author: Nauman H Malik

Citation: JAMA Otolaryngol Head Neck Surg. 2023 Feb 1;149(2):103-109.

Predictors for laryngo-esophageal function preservation after radiotherapy for hypopharyngeal cancer.

Author: A. Nakajima

Citation: ESTRO 2023:PO-1186

12:20 pm - 12:30 pm

Reviewer: Dr. Vidisha T

Pharyngocutaneous Fistula Following Primary Total Laryngectomy: a Meta-analysis.

Author: Karthik Nagaraja Rao

Citation: Indian J Surg Oncol. 2022 Dec;13(4):797-808.

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26th August, 2023 — Day 1

Survival and Quality of Life (QoL) Enhancing Effect of Surgery in Larynx and Hypopharynx Cancers.

Author: Bipin T Varghese

Citation: Indian J Surg Oncol. 2022 Dec;13(4):888-889.

12:30 pm - 12:40 pm

Reviewer: Dr. Rakesh Taran

Identification of a seven-lncRNAs panel that serves as a prognosis predictor and contributes to the malignant progression of laryngeal squamous cell carcinoma.

Author: Xiwang Zheng

Citation: Front. Oncol. 13:1106249.

Survival analyses of different treatment modalities and clinical stage for hypopharyngeal carcinoma.

Author: Tian-Yun Lin

Citation: Front Oncol. 2023; 13: 1109417.

12:40 pm - 01:10 pm

PANEL DISCUSSION ON LARYNGEAL & HYPOPHYRYNGEAL CANCER

CHAIRPERSON: Dr. Sarbani Ghosh Laskar

MODERATOR: Dr. Deepak Balasubramanian

PANELISTS: Dr. Kaustav Talapatra, Dr. Devang Bhavsar, Dr. Vidisha T, Dr. Minit Shah, Dr. Samir Batham, Dr. Rakesh Taran, Dr. Arjun

01:10 pm - 02:10 pm

BREAK

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26th August, 2023 — Day 1

02:10 pm - 03:45 pm **SESSION 4: Key Publications on
Nasopharyngeal Cancer**

CHAIRPERSONS: Dr. Kumar Prabhash

02:10 pm - 02:20 pm

Reviewer: Dr. Minit Shah

Induction chemotherapy regimen of docetaxel plus cisplatin versus docetaxel, cisplatin plus fluorouracil followed by concurrent chemoradiotherapy in locoregionally advanced nasopharyngeal carcinoma: Preliminary results of an open-label, noninferiority, multicentre, randomised, controlled phase 3 trial.

Author: Yan Wang

Citation: EClinicalMedicine. 2022 Aug 27;53:101625.

Final Overall Survival Analysis of Gemcitabine and Cisplatin Induction Chemotherapy in Nasopharyngeal Carcinoma: A Multicenter, Randomized Phase III Trial.

Author: Yuan Zhang

Citation: J Clin Oncol. 2022 Aug 1;40(22):2420-2425.

02:20 pm - 02:30 pm

Reviewer: Dr. Shreyas Shelke

TIRA study: A phase III, multicenter, randomized controlled study of toripalimab plus radical chemoradiotherapy with or without concurrent cisplatin in patients with high-risk locoregionally advanced nasopharyngeal carcinoma.

Author: Cheng Xu

Citation: ASCO Annual Meeting 2022.

Abstract TPS 6101.

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| | <p>Pembrolizumab monotherapy versus chemotherapy in platinum-pretreated, recurrent or metastatic nasopharyngeal cancer (KEYNOTE-122): an open-label, randomized, phase III trial. Author: A T C Chan Citation: Ann Oncol. 2023 Mar;34(3):251-261.</p> |
| 02:30 pm - 02:40 pm | <p>Reviewer: Dr. Anbarasan S Impact of induction chemotherapy with concurrent chemoradiotherapy on nasopharyngeal carcinoma: A meta-analysis of randomized controlled trials. Author: Ting-Chieh Huang Citation: Front Oncol. 2022; 12: 965719.</p> |
| | <p>Effect of Induction Chemotherapy With Paclitaxel, Cisplatin, and Capecitabine vs Cisplatin and Fluorouracil on Failure-Free Survival for Patients With Stage IVA to IVB Nasopharyngeal Carcinoma: A Multicenter Phase 3 Randomized Clinical Trial. Author: Wang-Zhong Li Citation: JAMA Oncol. 2022 May 1;8(5):706-714.</p> |
| 02:40 pm - 02:50 pm | <p>Reviewer: Dr. Bhavesh Poladia Adjuvant Capecitabine Following Concurrent Chemoradiotherapy in Locoregionally Advanced Nasopharyngeal Carcinoma: A Randomized Clinical Trial. Author: Jingjing Miao Citation: JAMA Oncol. 2022 Oct 13;8(12):1776-1785.</p> |

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| | <p>Induction chemotherapy regimen of docetaxel plus cisplatin versus docetaxel, cisplatin plus fluorouracil followed by concurrent chemoradiotherapy in locoregionally advanced nasopharyngeal carcinoma: Preliminary results of an open-label, noninferiority, multicentre, randomised, controlled phase 3 trial.</p> <p>Author: Yan Wang Citation: EClinicalMedicine. 2022 Aug 27;53:101625.</p> |
| 02:50 pm - 03:00 pm | <p>Reviewer: Dr. Vama Agarwal</p> <p>NEOSPACE trial: Neoadjuvant pembrolizumab-gemcitabine-cisplatin followed by concurrent pembrolizumab-chemoradiation and maintenance pembrolizumab for stage IVA nasopharyngeal cancer (NPC).</p> <p>Author: Edwin P. Hui Citation: ASCO Annual Meeting 2023: Abstract:6010</p> <p>Concurrent chemoradiotherapy followed by adjuvant cisplatin-gemcitabine versus cisplatin-5-fluorouracil chemotherapy for N2-3 nasopharyngeal carcinoma: A multicentre, open-label, randomised, controlled, phase 3 trial.</p> <p>Author: Lin-Quan Tang Phd Citation: ASCO Annual Meeting 2023: Abstract:6000</p> |
| 03:00 pm - 03:10 pm | <p>Reviewer: Dr. Vinay Babu</p> <p>Hyperfractionation compared with standard fractionation in intensity-modulated radiotherapy for patients with locally advanced recurrent nasopharyngeal carcinoma: a multicentre, randomised, open-label, phase 3 trial.</p> <p>Author: Rui You, MD Citation: Lancet Oncol. 2023 March;24(2):917-927.</p> |

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VIRTUAL MEETING

2023

26th August, 2023 — Day 1

Sparing Irradiation vs. Conventional Irradiation to the Medial Retropharyngeal Space in Patients with Nasopharyngeal Carcinoma: An Open-Label, Non-Inferiority, Multicenter, Randomized Phase III Trial.

Author: Y.P. Mao

Citation: International Journal of Radiation Oncology, Biology, Physics. Oral scientific session.S97. Abstract 279

03:10 pm - 03:15 pm

Reviewer: Dr. Apurva Garg

The MUSES*: a prognostic study on 1360 patients with sinonasal cancer undergoing endoscopic surgery-based treatment: *MULTI-institutional collaborative Study on Endoscopically treated Sinonasal cancers.

Author: Marco Ferrari

Citation: Eur J Cancer. 2022 Aug;171:161-182.

03:15 pm - 03:45 pm

**PANEL DISCUSSION ON
NASOPHARYNGEAL CANCER**

CHAIRPERSONS: Dr. Mehul Bhansali

MODERATOR: Dr. Sarbani Laskar Ghosh

PANELISTS: Dr. Bhavesh Poladia, Dr. Vinay Babu, Dr. Apurva Garg, Dr. Minit Shah, Dr. Kumar Prabhash, Dr. Vama Agarwal, Dr. Shreyas Shelke, Dr. Anbarasan S

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2023

26th August, 2023 — Day 1

03:45 pm - 04:40 pm

SESSION 5:
Key Publications on Salivary gland cancer

03:45 pm - 03:55 pm

CHAIRPERSONS: Dr. Bharat Parikh

Reviewer: Dr. Kunal Jobanputra

Phase II Study of Enzalutamide for Patients With Androgen Receptor-Positive Salivary Gland Cancers (Alliance A091404).

Author: Alan L Ho

Citation: J Clin Oncol. 2022 Dec 20;40(36):4240-4249.

Evaluation of pembrolizumab monotherapy in patients with previously treated advanced salivary gland carcinoma in the phase 2 KEYNOTE-158 study.

Author: Caroline Even

Citation: Eur J Cancer. 2022 Aug;171:259-268.

03:55 pm - 04:05 pm

Reviewer: Dr. Priya P Nayak

Phase II Clinical Trial of Axitinib and Avelumab in Patients With Recurrent/Metastatic Adenoid Cystic Carcinoma.

Author: Renata Ferrarotto

Citation: J Clin Oncol. 2023 Mar 10;JC02202221.

Updated results from a phase 2 study of the oral vascular endothelial growth factor receptor 2 (VEGFR2) inhibitor rivoceranib for recurrent or metastatic (R/M) adenoid cystic carcinoma (ACC).

Author: Hyunseok Kang

Citation: Journal of Clinical Oncology 41(16_suppl):6040-6040

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04:05 pm - 04:10 pm

Reviewer: Dr. Trinanjan Basu

Adjuvant radiotherapy in node-negative salivary malignancies of the parotid gland: A multi-institutional analysis.

Author: Jung Bin Park

Citation: Radiother Oncol. 2023 Feb 21;183:109554.

04:10 pm - 04:40 pm

PANEL DISCUSSION ON SALIVARY GLAND CANCER

CHAIRPERSONS: Dr. Mehul Bhansali

MODERATOR: Dr. Pankaj Chaturvedi

PANELISTS: Dr Kunal Jobanputra, Dr. Vishnu Agarwal, Dr. Vijay Patil, Dr. Sanjay Dudhat, Dr. Trinanjan Basu, Dr. Priya P Nayak

04:40 pm - 04:50 pm

BREAK

04:50 pm - 05:50 pm

SESSION 6: Key Publications on Thyroid Cancer

CHAIRPERSONS: Dr. Satish Rao

04:50 pm - 04:55 pm

Reviewer: Dr. Rakesh Katna

Large (>4 cm) Intrathyroidal Encapsulated Well-Differentiated Follicular Cell-Derived Carcinoma Without Vascular Invasion May Have Negligible Risk of Recurrence Even When Treated with Lobectomy Alone.

Author: Ronald Ghossein

Citation: Thyroid. 2023 May;33(5):586-592.

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26th - 27th August, 2023

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26th August, 2023 — Day 1

04:55 pm - 05:05 pm

Reviewer: Dr. Praveen Shenoy

PD-L1 expression in rare and aggressive thyroid cancers: A preliminary investigation for a role of immunotherapy.

Author: Monikongkona Boruah

Citation: J Cancer Res Ther. 2023

Jan-Mar;19(2):312-320

Genomic and Transcriptomic Correlates of Thyroid Carcinoma Evolution after BRAF Inhibitor Therapy.

Author: Mark Lee

Citation: Mol Cancer Res. 2022 Jan;20(1):45-55.

05:05 pm - 05:20 pm

Reviewer: Dr. Manu Prasad

Anlotinib in patients with medullary thyroid carcinoma with negative prognostic factors: A sub-analysis based on the ALTER01031 study.

Author: Jingzhu Zhao

Citation: Front Oncol. 2022 Nov 22;12:852032.

Phase II study of the efficacy and safety of lenvatinib for anaplastic thyroid cancer (HOPE).

Author: Takuya Higashiyama

Citation: Eur J Cancer. 2022 Sep;173:210-218.

Radiotherapy and paclitaxel plus pazopanib or placebo in anaplastic thyroid cancer (NRG/RTOG 0912): a randomised, double-blind, placebo-controlled, multicentre, phase 2 trial.

Author: Eric J Sherman

Citation: Lancet Oncol. 2023 Feb;24(2):175-186.

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26th - 27th August, 2023

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VIRTUAL MEETING

2023

26th August, 2023 — Day 1

05:20 pm - 05:50 pm

PANEL DISCUSSION ON MEDULLARY THYROID CANCER

CHAIRPERSONS: Dr. Shekhar Patil

MODERATOR: Dr. Anuja Deshmukh

PANELISTS: Dr. Nikhilesh Borkar, Dr. Archi Agarwal,
Dr. Rakesh Katna, Dr. Praveen Shenoy, Dr. Manu Prasad,
Dr. Aditya Joshipura, Dr. Lovin Wilson

05:50 pm - 06:55 pm

**SESSION 7: KEY PUBLICATION ON
SUPPORTIVE CARE**

05:50 pm - 05:55 pm

Reviewer: Dr. Pradeep Ventrapathy

A Randomized Controlled Trial of Cognitive Behavior Therapy to Reduce Oral Mucositis in Patients with Locoregional Advanced Nasopharyngeal Carcinoma Undergoing Chemoradiotherapy.

Author: F. Liu

Citation: International Journal of Radiation Oncology, Biology, Physics. Oral Scientific Session. S142. Abstract 1073.

05:55 pm - 06:05 pm

Reviewer: Dr. Richa Vaish

Effect of Virtual Reality on Pain Management and Opioid Use Among Hospitalized Patients After Head and Neck Surgery: A Randomized Clinical Trial.

Author: Vivek C Pandrangi

Citation: JAMA Otolaryngol Head Neck Surg. 2022 Aug 1;148(8):724-730.

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26th - 27th August, 2023

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| | <p>Effect of early interventions with manual lymphatic drainage and rehabilitation exercise on morbidity and lymphedema in patients with oral cavity cancer. Author: Kuo-Yang Tsai Citation: Medicine (Baltimore). 2022 Oct 21;101(42):e30910.</p> |
| 06:05 pm - 06:20 pm | <p>Reviewer: Dr. Suparna</p> <p>Effect of Integrated Nurse-Guided Psychological Intervention on Nutritional Status of Head and Neck Cancers (HNC) Patients Undergoing Radiotherapy: A Randomized Controlled Study. Author: J. Shi Citation: International Journal of Radiation Oncology, Biology, Physics. Oral Scientific Session. S154. Abstract 1101.</p> <p>Impact of Nutrition Counseling in Head and Neck Cancer Sufferers Undergoing Antineoplastic Therapy: A Randomized Controlled Pilot Study. Author: Wangshu Dai Citation: Curr Oncol . 2022 Sep 26;29(10):6947-6955.</p> <p>Systematic Review of Nutrition Interventions to Improve Short Term Outcomes in Head and Neck Cancer Patients. Author: Claire Leis Citation: Cancers 2023, 15(3), 822</p> |
| 06:20 pm - 06:25 pm | <p>Reviewer: Mr. Arun Balaji</p> <p>Swallowing Exercise During Head and Neck Cancer Treatment: Results of a Randomized Trial. Author: Sara Fredslund Hajdú Citation: Dysphagia . 2022 Aug;37(4):749-762.</p> |

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6th Annual Review on Head & Neck Cancers

26th - 27th August, 2023

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VIRTUAL MEETING

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26th August, 2023 — Day 1

06:25 pm - 06:55 pm

PANEL DISCUSSION ON SUPPORTIVE CARE

MODERATOR: Dr. Minit Shah

PANELISTS: Dr. Pradeep Ventrapathy, Dr. Richa Vaish,
Dr. Suparna, Mr. Arun Balaji

06:55 pm - 07:10 pm

Break

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07:10 pm - 07:15 pm

Introduction and welcome

CHAIRPERSONS: Dr. Suresh H Advani

07:15 pm - 08:00 pm

Symposium: Sequencing in
Head and Neck Cancer in Indian patients

MODERATOR: Dr. Vijay Patil

PANELISTS: Dr. Kumar Prabhash, Dr. B. K. Smruti,
Dr. Suhas Aagre, Dr. Rakesh Pinninti,
Dr. Pritam Kataria, Dr. Vikas Talreja,
Dr. Bhavesh Poladia

08:00 pm - 08:10 pm

**Cetuximab Biosimilar: Illuminating Pathways from
Bench to Patient Bedside**

Speaker: Dr. M. V. Chandrakant

08:10 pm - 08:15 pm

Concluding Remarks

CHAIRPERSONS: Dr. Suresh H Advani

08:15 pm - 08:20 pm

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09:00 am - 10:20 pm **SESSION 8: KEY PUBLICATION ON
CT + RT in Head & Neck Cancer**

09:00 am - 09:10 am

Reviewer: Dr. M. V. Chandrakanth

Cetuximab-Based vs Carboplatin-Based
Chemoradiotherapy for Patients With Head and Neck
Cancer.

Author: Lova Sun

Citation: JAMA Otolaryngol Head Neck Surg. 2022
Nov 1;148(11):1022-1028.

09:10 am - 09:20 am

Reviewer: Dr. Akhil Kapoor

Long-Term Update of NRG/RTOG 0522: A
Randomized Phase 3 Trial of Concurrent Radiation
and Cisplatin With or Without Cetuximab in
Locoregionally Advanced Head and Neck Cancer.

Author: Jimmy J Caudell

Citation: Int J Radiat Oncol Biol Phys . 2022
Dec 19;S0360-3016(22)03636-7.

LBA5 Primary results of the phase III KEYNOTE-412
study: Pembrolizumab (pembro) with
chemoradiation therapy (CRT) vs placebo plus CRT
for locally advanced (LA) head and neck squamous
cell carcinoma (HNSCC).

Author: Jean-Pascal Machiels

Citation: Annals of Oncology 33:S1399

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09:20 am - 09:35 am

Reviewer: Dr. Gagan Saini

Phase III randomized control study evaluating adjuvant metronomic chemotherapy in locally advanced head and neck cancers post-radical chemoradiation (MACE-CTRT).

Author: Sunil Ramdhan Chopade

Citation: Journal of Clinical Oncology 40(16_suppl):6073-6073

09:35 am - 09:50 am

Reviewer: Dr. Hollis Dsouza

Pembrolizumab versus cetuximab concurrent with radiotherapy in patients with locally advanced squamous cell carcinoma of head and neck unfit for cisplatin (GORTEC 2015-01 PembroRad): a multicenter, randomized, phase II trial.

Author: Y Tao

Citation: Ann Oncol. 2023 Jan;34(1):101-110.

Radiotherapy with Durvalumab vs. Cetuximab in Patients with Locoregionally Advanced Head and Neck Cancer and a Contraindication to Cisplatin: Phase II Results of NRG-HN004.

Author: Loren Mell

Citation: International Journal of Radiation Oncology, Biology, Physics, 2022. LBA 02.

Results of Phase III Randomized Trial for Use of Docetaxel as a Radiosensitizer in Patients With Head and Neck Cancer, Unsuitable for Cisplatin-Based Chemoradiation.

Author: Vijay Maruti Patil

Citation: J Clin Oncol. 2023 May 1;41(13):2350-2361.

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09:50 am - 10:20 am

PANEL DISCUSSION ON PLATINUM INELIGIBLE CT/RT

MODERATOR: Dr. Kumar Prabhash

PANELISTS: Dr. M. V. Chandrakanth,
Dr. Akhil Kapoor, Dr. Gagan Saini, Dr. Hollis Dsouza,
Dr. Pritam Kataria

10:20 am - 10:35 am

Role of IO in Recurrent/Metastatic
Head and Neck Cancer (**Supported by BMS**)
Speaker: Dr. Vijay Patil

10:40 am - 11:45 pm

**SESSION 9: KEY PUBLICATION ON RECURRENT
METASTATIC HEAD AND NECK CANCER**

10:40 am - 10:50 am

CHAIRPERSON: Dr. Umang Mittal

Reviewer: Dr. Pritam Kataria

Pembrolizumab and cabozantinib in recurrent
metastatic head and neck squamous cell
carcinoma: a phase 2 trial.

Author: Nabil F. Saba

Citation: Nat Med. 2023 Apr; 29(4): 880-887.

Camrelizumab plus apatinib as induction therapy
for locally advanced head and neck squamous cell
carcinoma (IMplus): A single-arm phase II study.

Author: Lulu Ye

Citation: Journal of Clinical Oncology 40, no.
16_suppl (June 01, 2022) 6060-6060.

10:50 am - 11:00 am

Reviewer: Dr. Bhuvan Chugh

Pembrolizumab Alone or With Chemotherapy for
Recurrent/Metastatic Head and Neck Squamous
Cell Carcinoma in KEYNOTE-048: Subgroup
Analysis by Programmed Death Ligand-1 Combined
Positive Score.

Author: Barbara Burtness

Citation: J Clin Oncol. 2022 Jul 20;40(21):2321-2332.

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| | <p>Low-Dose Immunotherapy in Head and Neck Cancer: A Randomized Study. Author: Vijay Maruti Patil Citation: J Clin Oncol. 2023 Jan 10;41(2):222-232.</p> |
| 11:00 am - 11:15 am | <p>Reviewer: Dr. Rushab Kothari</p> <p>Pembrolizumab With or Without Chemotherapy in Recurrent or Metastatic Head and Neck Squamous Cell Carcinoma: Updated Results of the Phase III KEYNOTE-048 Study. Author: Kevin J Harrington Citation: J Clin Oncol. 2023 Feb 1;41(4):790-802.</p> <p>Nivolumab Plus Ipilimumab Versus EXTREME Regimen as First-Line Treatment for Recurrent/Metastatic Squamous Cell Carcinoma of the Head and Neck: The Final Results of CheckMate 651. Author: Robert I Haddad Citation: J Clin Oncol. 2023 Apr 20;41(12):2166-2180.</p> <p>Paclitaxel with Mycidac-C in the second line and beyond in advanced head-and-neck cancer: A retrospective analysis from a tertiary cancer Center. Author: Rup Jyoti Sarma Citation: Res Stat Treat 2022;5:630-7</p> |
| 11:15 am - 11:45 am | <p>PANEL DISCUSSION ON RECURRENT NECK CANCER</p> <p>CHAIRPERSON: Dr. Boman Dhabhar MODERATOR: Dr. Vikram Kekatpure PANELISTS: Dr. V. Kannan, Dr. B K Smruti, Dr. Ashish Bakshi, Dr. Rakesh Katna, Dr. Pritam Kataria, Dr. Bhuvan Chugh, Dr. Deepak Balasubramanium, Dr. Rushab Kothari</p> |

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11:45 am - 12:30 pm

**SESSION 10: KEY PUBLICATION ON
NEOADJUVANT IMMUNOTHERAPY**

11:45 am - 12:00 pm

Reviewer: Dr. Praveen Shenoy

Preoperative durvalumab (D) with or without tremelimumab (T) for resectable head and neck squamous cell carcinoma (HNSCC): Updated results with high dimensional profiling of circulating immune cells.

Author: Chang Gon Kim

Citation: ASCO 2022: Abstract 6072

Neoadjuvant nivolumab, paclitaxel, and carboplatin followed by response-stratified chemoradiation in locoregionally advanced HPV negative head and neck squamous cell carcinoma (HNSCC): The DEPEND trial.

Author: Ari Rosenberg MD

Citation: ASCO 2023:Abstract:6007

Neoadjuvant toripalimab combined with gemcitabine and cisplatin in resectable locally advanced head and neck squamous cell carcinoma (NeoTGP01): An open-label, single-arm, phase Ib clinical trial.

Author: Xiaotao Huang

Citation: J Exp Clin Cancer Res. 2022 Oct 12;41(1):300.

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12:00 pm - 12:30 pm

**PANEL DISCUSSION ON
NEOADJUVANT IMMUNOTHERAPY**

MODERATOR: Dr. Vijay Patil

PANELISTS: Dr. Vanita Noronha, Dr. Sudhir Nair,
Dr. Nandini Menon, Dr. Praveen Shenoy, Dr. Vidisha T

12:30 pm - 01:45 pm

**SESSION 11: OTHERS
(SKULL BASE, QOL, PALLIATIVE)**

12:30 pm - 12:45 pm

Reviewer: Dr. Krishnakumar Thankappan

Surgical Strategy for Squamous Cell Carcinoma of the External Auditory Canal: Management of Locally Advanced Cases with Skull Base Involvement.

Author: Seiya Goto

Citation: J Neurol Surg B Skull Base. 2022 Feb 4;84(1):69-78.

The application of salvage surgery improves the quality of life and overall survival of extensively recurrent head and neck cancer after multiple operation plus radiotherapy.

Author: Lirui Zhang

Citation: Front Oncol. 2022 Nov 1;12:1017630.

Quality of Life with the Rehabilitation After Partial Mandibulectomy: a Systematic Review.

Author: R. Kirupa Shankar

Citation: Indian J Surg Oncol. 2023 Jun;14(2):292-300.

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12:45 pm - 12:55 pm

Reviewer: Dr. Deepanjali Andulkar

Assessing the Prevalence of Financial Toxicity, its Predictors and Association with Health- Related Quality of Life Among Radiation Oncology Patients in India: A Cross-Sectional Patient Reported Outcome Study.

Author: Mukhtar Ahmad Dar, PhD

Citation: Int J Radiat Oncol Biol Phys. 2023 May 1;116(1):157-165.

The impact of palliative radiotherapy on health-related quality of life in patients with head and neck cancer – Results of a multicenter prospective cohort study.

Author: Marie-Luise Weiss

Citation: Clinical and Translational Radiation Oncology. April 2023. 41(1):100633

12:55 pm - 01:05 pm

Reviewer: Dr. Vanita Noronha

657MO Effectiveness of geriatric assessment-driven interventions on quality of life for 2 years in older patients with head and neck cancer: Results from the EGeSOR trial.

Author: C. Lafont

Citation: Annals of Oncology 33:S842.

Comparative Analysis of the Quality of Life in the Pretreatment of Head and Neck Cancer Patients According to Tumor Site.

Author: Marla S. P. Cruz

Citation: Int Arch Otorhinolaryngol 2023;27(1):e111-e116

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01:05 pm - 01:15 pm

Reviewer: Dr. Rakesh Pinniti

Quality of life in patients with locally advanced head and neck squamous cell carcinoma undergoing concurrent chemoradiation with once-a-week versus once-every-3-weeks cisplatin.

Author: Nandini S Menon

Citation: Cancer Med. 2022 Nov;11(21):3939-3948.

Dehydration Reduction in Head and Neck Cancer (DRIHNC) Trial: Daily Oral Fluid and Electrolyte Maintenance to Prevent Acute Care Clinic and Emergency Department Visits for Patients Receiving Radiation for Head and Neck and Esophageal Cancer.

Author: Elisha Fredman

Citation: Adv Radiat Oncol. 2022 Jul 13;7(6):101026.

01:15 pm - 01:45 pm

PANEL DISCUSSION ON LATERAL SKULL BASE TUMORS

MODERATOR: Dr. Prathmesh Pai

PANELISTS: Dr. Shivakumar Thiagarajan,
Dr. Krishnakumar Thankappan, Dr. Shamit Chopra,
Dr. Deepanjali Andulkar, Dr. Rakesh Pinniti

01:45 pm - 01:50 pm

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Efficacy*
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Immunogenicity*
Comparable to Innovator



For the use of Registered Medical Practitioner, Hospital or Laboratory only

Reference: *Data on file

Abridged Prescribing Information

Composition: Cetuximab 100 mg/20 ml, (r-DNA origin). **Solution for Intravenous Infusion in Vial.** **Indication:** Cetuximab is indicated for the treatment of patients with squamous cell cancer of the head and neck. **Dosage and administration:** Prior to the first infusion, patients must receive premedication with an antihistamine and a corticosteroid at least 1 hour prior to administration of cetuximab. This premedication is recommended prior to all subsequent infusions. Cetuximab is administered once a week. The initial dose is 400 mg cetuximab per m² body surface area. All subsequent weekly doses are 250 mg cetuximab per m² each. In patients with locally advanced squamous cell cancer of the head and neck, cetuximab is used concomitantly with radiation therapy. It is recommended to start cetuximab therapy one week before radiation therapy and to continue cetuximab therapy until the end of the radiation therapy period. In patients with recurrent and/or metastatic squamous cell cancer of the head and neck, cetuximab is used in combination with platinum based chemotherapy followed by cetuximab as maintenance therapy until disease progression. Chemotherapy must not be administered earlier than 1 hour after the end of the cetuximab infusion. The initial dose should be given slowly and speed of infusion must not exceed 5 mg/min. The recommended infusion period is 120 minutes. For the subsequent weekly doses, the recommended infusion period is 60 minutes. The infusion rate must not exceed 10 mg/min. **Paediatric population:** There is no relevant use of cetuximab in the paediatric population in the granted indications. **Contraindications:** Cetuximab is contraindicated in patients with known severe (grade 3 or 4) hypersensitivity reactions to cetuximab. **Before initiation of combination treatment, contraindications for concomitantly used chemotherapeutic agents or radiation therapy must be considered.** **Adverse drug reactions:** The main undesirable effects of cetuximab are also reactions, which occur in more than 80% of patients: hypomagnesaemia, which occurs in more than 70% of patients and infusion-related reactions, which occur with mild to moderate symptoms in more than 10% of patients. Other very common to common side effects include: Dehydration, in particular secondary to diarrhoea or excessive hypocalcaemia, anorexia which may lead to weight decrease. **Headache, Conjunctivitis, nausea, vomiting, increase in liver enzyme levels (AST, ALT, AP) warnings & precautions:** infusion-related, including anaphylactic reactions - severe infusion-related reactions, including anaphylactic reactions, may commonly occur, in some cases with fatal outcome. Occurrence of a severe infusion-related reaction requires immediate and permanent discontinuation of cetuximab therapy and may necessitate emergency treatment. Some of these reactions may be anaphylactic or anaphylactoid in nature or represent a systemic release syndrome (SRS). A close monitoring of patients, particularly during the first administration, is required. **Special attention is recommended for patients with reduced performance status and pre-existing cardiac, pulmonary disease, respiratory disorders.** Cases of interstitial lung disease (ILD), including fatal cases, have been reported, with the majority of patients from the Japanese population. Confounding or contributing factors, such as concurrent chemotherapy known to be associated with ILD and pre-existing pulmonary disease were frequent in fatal cases. Such patients should be closely monitored. In the event of symptoms (such as dyspnoea, cough, fever) or radiographic findings suggestive of ILD prompt diagnostic investigation should occur. If interstitial lung disease is diagnosed, cetuximab must be discontinued and the patient be treated appropriately. **Cardiovascular disorders:** An increased frequency of onset and sometimes fatal cardiovascular events and treatment emergent deaths has been observed in the treatment of non-small cell lung cancer, squamous cell carcinoma of the head and neck and colorectal carcinoma. In some studies, association with age \geq 65 years or performance status has been observed. When prescribing cetuximab, the cardiovascular and performance status of the patients and concurrent administration of cardiotoxic compounds such as fluoropyrimidines should be taken into account. **Drug interactions:** In combination with platinum based chemotherapy, the frequency of severe leucopenia or severe neutropenia may be increased. In combination with fluoropyrimidines, the frequency of cardiac ischaemia including myocardial infarction and congestive heart failure as well as the frequency of hand-foot syndrome (palmar-plantar erythrodysesthesia) were increased compared to that with fluoropyrimidines. In combination with capecitabine and oxaliplatin, the frequency of severe diarrhoea may be increased. **Pregnancy and Lactation:** It is strongly recommended that Cetuximab be given during pregnancy or to any woman not employing adequate contraception only if the potential benefit for the mother justifies a potential risk to the foetus. It is recommended that women do not breast-feed during treatment with Cetuximab and for 2 months after the last dose, because it is not known whether cetuximab is excreted in breast milk. **Pharmacokinetics:** When cetuximab was administered at an initial dose of 400 mg/m² body surface area, the mean volume of distribution was approximately equivalent to the vascular space (2.5 L/m² with a range of 1.5 to 5.2 L/m²). The mean Onset (1 standard deviation) was 100(35) mg/mL. The mean clearance was 0.022 L/h per m² body surface area. Cetuximab has a long elimination half-life with values ranging from 70 to 100 hours at the target dose. Cetuximab serum concentrations reached stable levels after three weeks of cetuximab monotherapy. Mean peak cetuximab concentrations were 110.8 mg/mL, in week 2 and 111.8 mg/mL, in week 8, whereas the corresponding mean trough concentrations were 41.3 and 55.4 mg/mL, respectively. In a study of cetuximab administered in combination with irinotecan, the mean cetuximab trough levels were 50.0 mg/mL, in week 12 and 45.4 mg/mL, in week 26.

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In LA Oropharyngeal Cancer
Biomab + Cisplatin RT
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Lower disease progression



Months Longer

Progression Free Survival Benefit
was achieved vs Cisplatin RT alone

Ref: Noronha V, Patil VM, Joshi A, Mahimkar M, Patel U, Pandey MK, et al. Nimotuzumab-cisplatin-radiation versus cisplatin-radiation in HPV negative oropharyngeal cancer. *Oncotarget*. 2020 Jan 28; 11(4): 399–408

Abridged Prescribing Information:

For the use only of an Oncologist or a Hospital or a Laboratory. BIOMAb EGFR® (Nimotuzumab injection): Refer to complete prescribing information leaflet before prescribing this product. Further information is available upon request. Composition: BIOMAb EGFR® Each 10mL vial contains: Nimotuzumab 50.0mg (Humanized anti EGFR monoclonal antibody), Sodium phosphate dibasic 18.0mg, Sodium phosphate monobasic 4.5mg, Sodium chloride 86.0mg, Polysorbate 80 2.0mg and Water for injection qs 10mL. Indications: Nimotuzumab is indicated for use in the treatment of advanced Squamous Cell Carcinoma of Head and Neck region with concurrent chemotherapy and/ or radiotherapy. Dosage and Administration: Nimotuzumab is administered as continuous intravenous (IV) infusions in weekly doses of 200mg for 6 weeks, in combination with a standard radiotherapy and/ or chemotherapy for head and neck cancers. 200mg of the antibody is diluted in 250mL of sodium chloride and infused over 60 minutes. During dilution with normal saline ensure that all precautions are taken to avoid accidental contamination. In case of any turbidity being seen in the solution it is due to accidental microbial contamination. In such case please discard the solution and prepare a fresh solution. Contraindications: None known. Warnings and Precautions: BIOMAb EGFR® should be used with caution in patients with known hypersensitivity to Nimotuzumab or to any of the known components of the formulation. Use in Pregnancy and Lactation: Human IgG1 is known to cross the placental barrier; but it is not known whether the antibody can cause fetal harm when administered to a pregnant woman. The antibody should only be given to a pregnant woman, or any woman not employing adequate contraception if the potential benefit outweighs the potential risk to the fetus. If the patient becomes pregnant while receiving this drug, she should be informed of the potential hazard to the fetus and/or the potential risk for loss of the pregnancy. Since human IgG1 is secreted in human milk, the potential for absorption and harm to the infant after ingestion is unknown. No recommendation is made on the potential benefit versus risk of administering Nimotuzumab to nursing mothers. Undesirable Effects: During clinical trials in patients with head and neck cancers, where Nimotuzumab was used concurrently with or without radiotherapy and/ or chemotherapy; the commonly reported adverse events in the radiotherapy group were fever, chills, mucositis, pruritis, urticaria/rash, headache, hypertension and fluctuation in blood pressure. The reported adverse events in the chemo radiotherapy group were mucositis, asthenia, dizziness, haematuria (microscopic), vomiting and loose stools. Only rash and chills was rated by the investigator as certainly related to Nimotuzumab. Anaphylactic skin reaction was the only serious adverse event (SAE) reported due to Nimotuzumab, others were due to the underlying malignant disorder or as a result of treatment with concurrent chemotherapy or radiotherapy. In another clinical trial on advanced nasopharyngeal squamous carcinoma, the most frequently observed adverse reactions include low fever, hypotension, nausea, dizziness and skin rash. Adverse reactions observed in clinical trials when Nimotuzumab was used along with radiotherapy for the treatment of advanced epidermal derived tumors in head and neck cancers, were fever, tremors, nausea and vomiting, chills, hypotension, weakness, headache, anaemia and acral cyanosis. Most of the AEs reported during the trials when Nimotuzumab was combined with radiotherapy were associated with radiation; whereas nausea and fatigue were the most commonly reported non-radiation associated AEs. Irradiation toxicity was not exacerbated by the addition of Nimotuzumab to standard radiotherapy. Presentation: Available as single carton of 4 vials and each vial of 10mL (50.0 mg of Nimotuzumab).