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# Management of post-radiation malignancies - oncologist's perspective

Radiation-associated second malignancy is a serious late complication that can occur in head and neck cancer survivors years after initial radiation exposure. The occurrence of these malignancies typically portends severe local symptoms and poor survival. For nasopharyngeal cancer patients who received definitive intensity-modulated radiotherapy, the risks of subsequent oral cavity cancer and sarcoma are 15- to 26-fold higher than demographics-matched general population. These second malignancies are highly challenging to manage due to fibrotic surgical fields, post-radiation vascular atresia and substantial morbidity from re-irradiation. Despite the rapid development in the field of cancer immunotherapy and genetic alteration-guided targeted therapies, unique therapeutic targets have yet to be discovered for these tumors to guide systemic treatments. Overall, the management of radiation-associated head and neck cancer requires a collaborative approach between surgeons, radiation oncologists, medical oncologists, and palliative specialists with an aim to maximize disease control while maintaining quality of life. Careful surveillance and early detection remain key in survivorship care.

## 周重行

伊丽莎白医院临床肿瘤科副顾问

# 放疗后继发恶性肿瘤的管理—— 肿瘤科医生的观点

放疗相关第二原发恶性肿瘤是头颈癌放疗后远期严重并发症之一，可于放疗结束后数年出现。通常伴随严重的局部症状，生存率低。数据显示，接受根治性调强放疗的鼻咽癌患者，放疗后发生口腔癌和肉瘤的风险比对照人群高 15 至 26 倍。由于放疗后组织纤维化、血管闭锁和再程放疗可能导致副反应显著增加，这类继发性恶性肿瘤的治疗极具挑战性。尽管癌症免疫治疗和驱动基因引导的靶向治疗发展迅速，但尚未发现这类肿瘤的独特治疗靶点以指导全身治疗。总体而言，放疗相关第二原发头颈癌的管理需要外科医生、放射肿瘤科、肿瘤内科和舒缓治疗医生之间的协作，目的在于保持生活质量的同时最大限度地控制疾病。密切随访和早期诊断仍然是诊疗关键。