

This is a repository copy of *Incidence and patterns of retropharyngeal lymph node involvement in oropharyngeal carcinoma*.

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/150241/

Version: Accepted Version

## Article:

lyizoba-Ebozue, Z, Murray, LJ orcid.org/0000-0003-0658-6455, Arunsingh, M et al. (3 more authors) (2020) Incidence and patterns of retropharyngeal lymph node involvement in oropharyngeal carcinoma. Radiotherapy and Oncology, 142. pp. 92-99. ISSN 0167-8140

https://doi.org/10.1016/j.radonc.2019.07.021

© 2019, Elsevier BV. This manuscript version is made available under the CC-BY-NC-ND 4.0 license http://creativecommons.org/licenses/by-nc-nd/4.0/.

## Reuse

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) licence. This licence only allows you to download this work and share it with others as long as you credit the authors, but you can't change the article in any way or use it commercially. More information and the full terms of the licence here: https://creativecommons.org/licenses/

## Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk https://eprints.whiterose.ac.uk/ Table 3: Comparison of radiology series examining the prevalence of RP lymph node involvement in oropharyngeal carcinoma

	Patient group	Imaging modalities	Rate of positive RP LN	Comments
Current series	402 oropharynx cancer patients, 85% p16+ve (when p16 status available), 37% T3/4, series 2010-17,	PET-CT 100%	Overall 40/402 (10%) p16+ve x/y p16-ve p16 unknown	On multivariate analysis RP LN associated with contralateral neck disease
Lin et al. 2019 [6} (*overlapping cohort with Gunn et al. 2013 below)	796 HPV+ve oropharynx cancer patients, 28% T3/4, series 2004-13,	RP LN identified by CT in 66%, PET-CT in 7%, CT and PET-CT in 26%, CT and MRI in 1%	73/796 (9%) +ve RP LN	On univariate analysis RP LN associated with tonsil (13%) v base of tongue (5%) p=0.0003, advanced T stage Bilateral RP LN in 4 patients. Contralateral RP LN without ipsilateral in 7 patients (non-lateralised primary)
Spector et al. 2016 [9]	205 stage III/IV oropharynx cancer patients, (HPV +ve in 171/186 with available data), 51% T3/4, series 2003-10	CT 73% PET-CT 27%	37/205 (18%) +ve RP LN 13% of base of tongue and 22% of tonsil cancer	On multivariate analysis number of metastatic LN was only predictor of RP LN (odds ratio 1.4, p=0.0001)
Baxter et al. 2015 [10]	165 HPV+ve oropharynx cancer patients, 31% T3/4, series 2002-2013	PET-CT 100%	16/165 (9.7%) +ve RP LN	No association with tumour subsite
Gunn et al. 2013 [7] (*Overlapping cohort with Lin et al. 2019 above)	981 oropharynx cancer patients, 36% T3/4, 2001- 7,	CT 96% PET 29% MRI 9%	94/887 (10%) +ve RP LN	Univariate association of primary site, T stage, N stage with RP LN All involved RP LN lateral. 8 bilateral RP LN and 1 contralateral RP LN only.
Tang et al. 2013 [8]	164 oropharynx cancer patients, 85% p16+ve, 42% T3/4, series 2005-12	MRI 46% PET-CT 48% CT 6%	p16+ve 16/139 (12%) p16-ve 3/26 (12%)	Univariate association of no. of involved LN, contralateral LN, ipsilateral level I involvement, All RP in lateral group. 2/19 RP LN contralateral (both bilateral N+ neck disease)
Tauzin et al. 2010 [11]	53 orophaynx cancer cases, 58% T3/4, series 2002-8	PET-CT 100%	11/53 (21%) +ve RP LN	Univariate association between RP LN and T stage, N stage
Bussels et al. 2006 [4]	208 oropharynx cancer cases, T3/4 63%, series 1984-2003	CT 100%	34/208 (16%)	Multivariate association of ipsilateral level 2 and contralateral level 3 with RP LN. Centre of all RP LN at level C1/2.