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The New Strategy in Head and Neck Cancer-Changes in Diagnosis and Survival

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Opinion

The approach for Head and Neck Cancer (HNC) is directly related to the predominance (90%) of Squamous Cell Carcinoma (SCC), where the transition from pre-cancer status to neoplastic clinical lesion is related to stromal inflammation and immune deflection [1]. This focus explain the clinical evolution of the disease and the prognosis without interference of the therapy, where a serie of HPV mucosal viruses determine an oncogenic high risk [2]. Beside the large number of SCC, is mandatory the recognition of a phenothipics changes in these neoplasias, where a great variance of behavior must be considered [3].

These facts indicate a deeply histopathologic assessment looking for immunological feactures through in situ hibridization and polimerase chain reaction (PCR). Then, determination of HPVs and p53 are important for the evaluation of SCC cells considering the affection of molecular levels after the virus entrance in the DNA of the patient with (HNC) [4]. Considered the epidemiology and the evolution of HNC, an incontrolled cell division, invasion, apoptosis and proliferation (regional or distant metastasis), are usual. Then, we consider that surgery alone or associated to irradiation are local therapies, and chemotherapy is the target method that can destroy the neoplasia through nanoparticles fixed by surface vesides (ligand cells) into receptores of neoplasia cell [5]. When viruses have affinity for cancer cells receptors, the prognosis is better independent of the therapy [6].

After the initial consideration, we consider that molecular alternations in HNSCC as the heterogenicity lost, genic activation or inactivation, justify an inbalance of the results of therapies and overall survival for malignant disease. The HNSCC must be viewed,

nowadays, from the perspective of its systemic and multifactorial character, not simply a regional locus. There must be a paradigm shift from a reactive to a predictive, preventive and personalized approach. In this scenario, recent advances in the power of computing and big data manipulation encourage the use of artificial intelligence (AI) to assist or replace conventional approaches. Today, AI-based medical platforms support diagnostics, treatments and prognosis assessments [7]. However, a data-based approach to health care will require doctors to be able to ask the right questions and adapt to interdisciplinary teams.

As conclusion, a new strategy for HNSCC must be considered after the discovery of molecular alternations associated with clinical status of the malignant disease.

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Conflict of Interest

No conflict of interest.

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