

Review of: "[Commentary] SBRT (Stereotactic Body Radiotherapy) in Recurrent Head Neck Cancer - Boon or Bane?"

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The authors submitted a commentary regarding the stereotactic body radiotherapy in recurrent head and cancer. They addressed the difficulty of this highly complicated issue. The management of recurrent tumor poses significant challenges, as it requires consideration of various treatment modalities and the involvement of multidisciplinary teams. Reirradiation, also known as reRT, has been included in the guidelines for the treatment of recurrent head and neck cancer for a considerable period of time.

Considering the constraints of surgical interventions and the limited efficacy of drug treatments in cases of recurrent head and neck cancer, it is crucial to closely examine the potential of reirradiation as a viable option. The feasibility of reirradiation is hindered by several factors, including high doses of primary radiation therapy, tumors located in anatomically complicated regions near critical structures, large volumes of previously irradiated and altered tissues, and the requirement for a highly competent medical team to administer the treatment.

The investigation of reirradiation for recurrent head and neck tumors has been examined in various clinical contexts. The empirical parameters and identified prognostic factors delineate a well-defined array of readily available techniques and methodologies. There exists a clear opportunity for methodological advancement, particularly in light of the fact that patients with a bleak prognosis likely require more assertive therapeutic interventions. To achieve further advancements in the reduction of toxicity and enhancement of efficacy, it will be necessary to conduct extensive randomized clinical trials and develop sophisticated approaches for dose administration. The establishment of universally agreed-upon protocols for reirradiation in cases of recurrent head and neck cancer is a topic that has garnered international consensus.