Photodynamic therapy for head and neck, tracheobronchial, and esophageal cancer

Institute for Clinical Systems Improvement

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
This review aims to assess the available evidence on the effectiveness of photodynamic therapy for head and neck, tracheobronchial, and esophageal cancer.

Authors' conclusions
With regard to Photodynamic Therapy (PDT) for Head and Neck, Tracheobronchial, and Esophageal Cancer, the ICSI Technology Assessment Committee finds that:

PDT has a faster treatment course, is less expensive, and is associated with lower morbidity than surgical resection for palliation or radiation for early disease and palliation.

PDT has been shown to be effective in producing a complete response for stage I cancers and carcinoma in situ of the larynx, oral cavity, tracheobronchial tree, and esophagus (Conclusion Grade II). The duration of the complete response varies with the site of cancer. Also, few randomized controlled trials have been done.

Adenocarcinoma associated with Barrett's esophagus has also been shown to respond to PDT. In addition, photodynamic therapy has been used to decrease the malignant potential of high grade dysplasia.

For some patients with advanced cancers, PDT has been shown to have a palliative effect, improving the patient's quality of life. However, patients may find the lifestyle limitation caused by skin photosensitivity outweighs the potential palliative benefit of PDT.

For patients with recurrent head and neck cancers, PDT has been observed to be effective as an adjuvant intraoperative treatment.

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