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Treatment Order and Survival in Recurrent or Metastatic Head and Neck Cancer

Ryan Quigley:
This is *AudioAbstracts* on ReachMD. I'm Ryan Quigley, and today, I'll be reviewing the TERENCE study, published in *Oral Oncology* in 2026, which examined real-world treatment sequencing and survival in patients with recurrent or metastatic head and neck squamous cell carcinoma in France.

For patients with recurrent or metastatic head and neck cancer, immunotherapy and cetuximab-based regimens are established treatment options. But while first-line treatment decisions are guided by tumor characteristics and patient factors, the optimal sequence of therapies remains uncertain. Does the order of treatment influence survival?

To explore this question, investigators conducted a retrospective study using a French national hospital database covering approximately 85 percent of the population. They identified adults who started first-line pembrolizumab or cetuximab, with or without chemotherapy, between November 2020 and December 2022. Patients were followed through the end of 2023.

The study included 4,757 patients, with an average age of 66. About 79 percent were men.

So what did the investigators find?

Just over half of patients, or 53 percent, received a second line of treatment. However, treatment patterns differed depending on the initial regimen.

Among patients starting cetuximab-based therapy, approximately 62 percent received second-line treatment, compared with 45 percent of those starting immunotherapy.

Notably, more patients in the immunotherapy group reached the end of follow-up without starting another treatment. This could reflect longer treatment responses, but the study couldn't distinguish those patients from individuals who simply hadn't required another treatment before follow-up ended.

The investigators then focused on 1,742 patients who received one of two treatment sequences. Of these, 713 received immunotherapy followed by cetuximab, while 1,029 received cetuximab followed by immunotherapy.

And here's where the survival findings become particularly relevant.

Across the full study population, median overall survival was 13.2 months. Among patients receiving at least two treatment lines, it was 15.4 months.

For the two sequences of interest, median survival was 16 months with immunotherapy first, compared with 15.4 months with cetuximab first.

After adjusting for measured differences between patients, there was no statistically significant survival difference between the sequences. The adjusted hazard ratio was 0.98, with a 95 percent confidence interval of 0.90 to 1.11.

The researchers also assessed time to next treatment or death. Although the unadjusted median favored immunotherapy first, at 11.9 versus 10.6 months, this difference was no longer statistically significant after adjustment.

So what do these findings mean for practice?

They suggest that both treatment sequences may be reasonable options for selected patients. But it's important to note that the results

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don't establish that the approaches are equivalent or that treatment order is interchangeable for every patient.

Several limitations also deserve consideration. This was an observational study, and the comparison only included patients who survived long enough to receive two treatment lines. Additionally, the database lacked important information, including PD-L1 expression, performance status, and specific chemotherapy regimens. Lastly, deaths outside the hospital weren't captured, and the study was industry funded.

And so these gaps limit conclusions about which patients might benefit most from either sequence.

But the TERENCE study still provides valuable insight into routine clinical practice. For patients with recurrent or metastatic head and neck cancer, treatment sequencing remains flexible, but decisions should reflect individual disease characteristics, treatment eligibility, and clinical priorities.

Ultimately, these findings reinforce the need for prospective research to identify which treatment sequences offer the greatest benefit for specific patient populations.

This has been an *AudioAbstract*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

Reference:

Clatot F, Vozy A, Dominiak G, Luciani L, Even C. Real-world treatment sequences and outcomes in recurrent/metastatic head and neck squamous cell carcinoma in France (TERENCE study). *Oral Oncol*. 2026;181:108106. doi:10.1016/j.oraloncology.2026.108106

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