Appendix A

PubMed Search Strategy

("Head and Neck Neoplasms"[Mesh]

OR

(("Neoplasms"[Mesh] OR neoplasms [TIAB] OR tumor [TIAB] OR tumors [TIAB] OR tumour [TIAB] OR tumours [TIAB] OR cancer [TIAB] OR cancers [TIAB] OR adenocarcinoma [TIAB] OR carcinoma [TIAB])

AND

(larynx [TIAB] OR laryngeal [TIAB] OR supraglottic [TIAB] OR glottic [TIAB] OR subglottic [TIAB] OR pharynx [TIAB] OR pharyngeal [TIAB] OR hypopharynx [TIAB] OR hypopharyngeal [TIAB] OR hypo-pharynx [TIAB] OR hypo-pharyngeal [TIAB] OR oropharynx [TIAB] OR oropharyngeal [TIAB] OR oro-pharynx [TIAB] OR oro-pharyngeal [TIAB] OR nasopharynx [TIAB] OR nasopharyngeal [TIAB] OR naso-pharynx [TIAB] OR naso-pharyngeal [TIAB] OR lip [TIAB] OR lips [TIAB] OR oral [TIAB] OR paranasal [TIAB] OR para-nasal [TIAB] OR nasal [TIAB] OR sinus [TIAB] OR salivary [TIAB] OR parotid [TIAB]))

OR

"Neoplasms, Unknown Primary"[Mesh] OR "occult primary" [TIAB] OR "unknown primary" [TIAB])

AND

(("Radiotherapy, Conformal"[Mesh] OR "Radiotherapy, Intensity-Modulated"[Mesh] OR "Protons"[Mesh] OR IMRT [TIAB] OR 3dcrt [TIAB] OR "3D-CRT" [TIAB] OR "3-D CRT" [TIAB] OR "3D CRT" [TIAB] OR (intensity [TIAB] AND modulated [TIAB]) OR conformal [TIAB] OR proton [TIAB] OR protons [TIAB]) OR (("Radiotherapy"[Mesh] OR "radiotherapy" [Subheading]) AND (3dcrt [TIAB] OR "3D-CRT" [TIAB] OR "3-D CRT" [TIAB] OR "3D CRT" [TIAB] OR (intensity [TIAB] AND modulated [TIAB]) OR conformal [TIAB] OR proton [TIAB] OR protons [TIAB])))

AND

Publication date from 2008/09/28 to 2013/04/04; Humans; English

("Head and Neck Neoplasms"[Mesh]

OR

(("Neoplasms"[Mesh] OR neoplasms [TIAB] OR tumor [TIAB] OR tumors [TIAB] OR tumour [TIAB] OR tumours [TIAB] OR cancer [TIAB] OR cancers [TIAB] OR adenocarcinoma [TIAB] OR carcinoma [TIAB])

AND

(larynx [TIAB] OR laryngeal [TIAB] OR supraglottic [TIAB] OR glottic [TIAB] OR subglottic [TIAB] OR pharynx [TIAB] OR pharyngeal [TIAB] OR hypopharynx [TIAB] OR hypopharyngeal [TIAB] OR hypo-pharynx [TIAB] OR hypo-pharyngeal [TIAB] OR oropharynx [TIAB] OR oropharyngeal [TIAB] OR oro-pharynx [TIAB] OR oro-pharyngeal [TIAB] OR nasopharynx [TIAB] OR nasopharyngeal [TIAB] OR naso-pharynx [TIAB] OR naso-pharyngeal [TIAB] OR lip [TIAB] OR lips [TIAB] OR oral [TIAB] OR paranasal [TIAB] OR para-nasal [TIAB] OR nasal [TIAB] OR sinus [TIAB] OR salivary [TIAB] OR parotid [TIAB]))

OR

"Neoplasms, Unknown Primary"[Mesh] OR "occult primary" [TIAB] OR "unknown primary" [TIAB])

AND

"Brachytherapy"[Mesh] OR brachytherapy OR ((interstitial OR intracavitary OR implant OR surface) AND radiotherapy)

AND

Publication date from 1990/01/01 to 2013/04/04; Humans; English

("Head and Neck Neoplasms"[Mesh]

OR

(("Neoplasms"[Mesh] OR neoplasms [TIAB] OR tumor [TIAB] OR tumors [TIAB] OR tumour [TIAB] OR tumours [TIAB] OR cancer [TIAB] OR cancers [TIAB] OR adenocarcinoma [TIAB] OR carcinoma [TIAB])

AND

(larynx [TIAB] OR laryngeal [TIAB] OR supraglottic [TIAB] OR glottic [TIAB] OR subglottic [TIAB] OR pharynx [TIAB] OR pharyngeal [TIAB] OR hypopharynx [TIAB] OR hypopharyngeal [TIAB] OR hypo-pharynx [TIAB] OR hypo-pharyngeal [TIAB] OR oropharynx [TIAB] OR oropharyngeal [TIAB] OR oro-pharynx [TIAB] OR oro-pharyngeal [TIAB] OR nasopharynx [TIAB] OR nasopharyngeal [TIAB] OR naso-pharynx [TIAB] OR naso-pharyngeal [TIAB] OR lip [TIAB] OR lips [TIAB] OR oral [TIAB] OR paranasal [TIAB] OR para-nasal [TIAB] OR nasal [TIAB] OR sinus [TIAB] OR salivary [TIAB] OR parotid [TIAB]))

OR

"Neoplasms, Unknown Primary"[Mesh] OR "occult primary" [TIAB] OR "unknown primary" [TIAB])

AND

((("Radiosurgery"[Mesh]) OR "Stereotaxic Techniques"[Mesh] OR (stereotactic AND (radiosurgery OR radiotherapy)) OR SBRT OR tomotherapy OR tomotherapies))

AND

Publication date from 1990/01/01 to 2013/04/04; Humans; English

EMBASE Search Strategy

(neoplasms:ti,ab OR tumor:ti,ab OR tumors:ti,ab OR tumour:ti,ab OR tumours:ti,ab OR cancer:ti,ab OR cancers:ti,ab OR adenocarcinoma:ti,ab OR carcinoma*:ti,ab)

AND

(larynx:ab,ti OR laryngeal:ab,ti OR supraglottic:ab,ti OR glottic:ab,ti OR subglottic:ab,ti OR pharynx:ab,ti OR pharyngeal:ab,ti OR hypopharynx:ab,ti OR hypopharyngeal:ab,ti OR 'hypo pharynx':ab,ti OR 'hypo pharyngeal':ab,ti OR oropharynx:ab,ti OR oropharyngeal:ab,ti OR 'oro pharynx':ab,ti OR 'oro pharyngeal':ab,ti OR nasopharynx:ab,ti OR nasopharyngeal:ab,ti OR 'naso pharynx':ab,ti OR 'naso pharyngeal':ab,ti OR lip:ab,ti OR lips:ab,ti OR oral:ab,ti OR paranasal:ab,ti OR 'para nasal':ab,ti OR nasal:ab,ti OR sinus:ab,ti OR 'naso sinus':ab,ti OR salivary:ab,ti OR parotid:ab,ti OR 'occult primary':ab,ti OR 'unknown primary':ab,ti) OR ('head and neck' AND (neoplasms:ab,ti OR tumor:ab,ti OR tumors:ab,ti OR tumour:ab,ti OR tumours:ab,ti OR cancer:ab,ti OR cancers:ab,ti OR adenocarcinoma:ab,ti OR carcinoma:ab,ti)

AND

('radiotherapy'/exp AND (3dcrt:ab,ti OR '3d-crt':ab,ti OR '3-d crt':ab,ti OR '3d crt':ab,ti OR (intensity:ab,ti AND modulated:ab,ti) OR conformal:ab,ti OR proton:ab,ti OR protons:ab,ti) OR imrt:ab,ti OR 3dcrt:ab,ti OR '3d-crt':ab,ti OR '3-d crt':ab,ti OR '3d crt':ab,ti OR (intensity:ab,ti AND modulated:ab,ti) OR conformal:ab,ti OR proton:ab,ti OR protons:ab,ti)

AND

[humans]/lim AND [english]/lim AND [embase]/lim AND [2008-2013]/py

(neoplasms:ti,ab OR tumor:ti,ab OR tumors:ti,ab OR tumour:ti,ab OR tumours:ti,ab OR cancer:ti,ab OR cancers:ti,ab OR adenocarcinoma:ti,ab OR carcinoma*:ti,ab)

AND

(larynx:ab,ti OR laryngeal:ab,ti OR supraglottic:ab,ti OR glottic:ab,ti OR subglottic:ab,ti OR pharynx:ab,ti OR pharyngeal:ab,ti OR hypopharynx:ab,ti OR hypopharyngeal:ab,ti OR 'hypo pharynx':ab,ti OR 'hypo pharyngeal':ab,ti OR oropharynx:ab,ti OR oropharyngeal:ab,ti OR 'oro pharynx':ab,ti OR 'oro pharyngeal':ab,ti OR nasopharynx:ab,ti OR nasopharyngeal:ab,ti OR 'naso pharynx':ab,ti OR 'naso pharyngeal':ab,ti OR lip:ab,ti OR lips:ab,ti OR oral:ab,ti OR paranasal:ab,ti OR 'para nasal':ab,ti OR nasal:ab,ti OR sinus:ab,ti OR 'naso sinus':ab,ti OR salivary:ab,ti OR parotid:ab,ti OR 'occult primary':ab,ti OR 'unknown primary':ab,ti) OR ('head and neck' AND (neoplasms:ab,ti OR tumor:ab,ti OR tumors:ab,ti OR tumour:ab,ti OR tumours:ab,ti OR cancer:ab,ti OR cancers:ab,ti OR adenocarcinoma:ab,ti OR carcinoma:ab,ti)

AND

'brachytherapy'/exp OR ((interstitial OR intracavitary OR 'implant'/exp OR 'surface'/exp) AND 'radiotherapy'/exp)

AND

[humans]/lim AND [english]/lim AND [embase]/lim AND [1990-2013]/py

(neoplasms:ti,ab OR tumor:ti,ab OR tumors:ti,ab OR tumour:ti,ab OR tumours:ti,ab OR cancer:ti,ab OR cancers:ti,ab OR adenocarcinoma:ti,ab OR carcinoma*:ti,ab)

AND

(larynx:ab,ti OR laryngeal:ab,ti OR supraglottic:ab,ti OR glottic:ab,ti OR subglottic:ab,ti OR pharynx:ab,ti OR pharyngeal:ab,ti OR hypopharynx:ab,ti OR hypopharyngeal:ab,ti OR 'hypo pharynx':ab,ti OR 'hypo pharyngeal':ab,ti OR oropharynx:ab,ti OR oropharyngeal:ab,ti OR 'oro pharynx':ab,ti OR 'oro pharyngeal':ab,ti OR nasopharynx:ab,ti OR nasopharyngeal:ab,ti OR 'naso pharynx':ab,ti OR 'naso pharyngeal':ab,ti OR lip:ab,ti OR lips:ab,ti OR oral:ab,ti OR paranasal:ab,ti OR 'para nasal':ab,ti OR nasal:ab,ti OR sinus:ab,ti OR 'naso sinus':ab,ti OR salivary:ab,ti OR parotid:ab,ti OR 'occult primary':ab,ti OR 'unknown primary':ab,ti) OR ('head and neck' AND (neoplasms:ab,ti OR tumor:ab,ti OR tumors:ab,ti OR tumour:ab,ti OR tumours:ab,ti OR cancer:ab,ti OR cancers:ab,ti OR adenocarcinoma:ab,ti OR carcinoma:ab,ti)

AND

'stereotaxic techniques'/exp OR (stereotactic AND ('radiosurgery'/exp OR 'radiotherapy'/exp)) OR 'sbrt'/exp OR 'tomotherapy'/exp

AND

[humans]/lim AND [english]/lim AND [embase]/lim AND [1990-2013]/py

Appendix B

USPSTF Study Quality Ratings

- The quality of studies was assessed on the basis of the following criteria:
    - Initial assembly of comparable groups: adequate randomization, including concealment and whether potential confounders (e.g., other concomitant care) were distributed equally among groups.
    - Maintenance of comparable groups (includes attrition, crossovers, adherence, and contamination).
    - Important differential loss to followup or overall high loss to followup.
    - Measurements: equal, reliable, and valid (includes masking of outcome assessment).
    - Clear definition of interventions.
    - All important outcomes considered.
    - Analysis: adjustment for potential confounders and intention-to-treat analysis.
- The rating of intervention studies were rated according to one of three quality categories:

Good. Meets all criteria; comparable groups were assembled initially and maintained throughout the study (followup at least 80 percent); reliable and valid measurement instruments were used and applied equally to the groups; interventions were spelled out clearly; all important outcomes were considered; and appropriate attention is given to confounders in analysis. In addition, intention-to-treat analysis is used for RCTs.

Fair. Studies were graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: In general, comparable groups were assembled initially, but some questions remain about whether some (although not major) differences occurred with followup; measurement instruments were acceptable (although not the best) and were generally applied equally; some but not all important outcomes were considered; and some but not all potential confounders were accounted for. Intention-to-treat analysis has been done for RCTs.

Poor. Studies were graded "poor" if any of the following fatal flaws exists: Groups assembled initially were not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments were used or not applied at all equally among groups; and key confounders were given little or no attention; lack of masked outcome assessment; and for RCTs, intention-to-treat analysis is lacking.

Table B-1. USPSTF study limitations ratings

Study (year)	Initial assembly of comparable groups?	Maintenance of comparable groups?	Important differential loss to followup?	Measurements equal, reliable, and valid?	Interventions clear and well-defined?	All important outcomes considered?	Appropriate analysis and adjustment for confounders?	Overall rating
Gupta (2012)[21]	Yes RCT Groups well matched for tumor site and TNM status Allocation concealment not reported	Yes	No 28 of 29 (97%) in 3DRT and 32 of 33 (97%) IMRT group evaluated	No Study was not double-blinded nor was outcome assessment	Yes	Yes	Yes Did not use ITT but this was unnecessary given good followup numbers	Fair
Al-Mamgani (2013)[17]	No Retrospective study Different groups not described	Unclear Groups were not described	Unclear Groups were not described	Unclear No masking of outcome assessment reported	Yes	Yes	Yes	Poor
Lambrecht (2013)[22]	No Not an RCT Significant differences reported in tumor locations and N stage	No For xerostomia, 18% loss of patients 3DRT group, 21% loss to followup in IMRT group For overall survival, numbers of patients per group not	Yes For xerostomia, 18% loss of patients 3DRT group, 21% loss to followup in IMRT group For overall survival, numbers of	Unclear No masking of outcome assessment reported	Yes	Yes	No	Poor

		reported	patients per group not reported					
Al-Mamgani (2012)[15]	No Retrospective study Individual groups not reported by RT type	Unclear	No	Unclear No masking of outcome assessment reported	Yes	Yes	No Although they performed logistic regression to evaluate effect of clinical parameters on local failure and late toxicity, they did not use this to assess effects according to RT modality	Poor
Chen (2012)[18]	Yes Groups appear similar with no statistical differences but this is a retrospective study	Unclear Numbers of patients at followup were not reported by intervention or outcome	Unclear	Unclear No masking of outcome assessment reported	Yes	Yes	Yes	Poor
Al-Mamgani (2012)[16]	No Retrospective study Individual groups not reported by RT type	Unclear	No	Unclear No masking of outcome assessment reported	Yes	Yes	No Although they performed logistic regression to evaluate effect of clinical parameters on local failure and late toxicity, they did not use this to assess effects according to RT	Poor

							modality	
Dirix [2010)[19]	No Retrospective study with historical control cohort	Unclear Historical comparators preclude analysis	Unclear	Unclear No masking of outcome assessment reported	No IMRT well described, 3DRT details not provided beyond noting use of the same fractionation schedule	Yes	No	Poor
Guan [2013)[20]	No Retrospective study Individual groups not reported by RT type	Unclear Numbers of patients at followup were not reported by intervention or outcome	Unclear	Unclear No masking of outcome assessment reported	Yes	Yes	Yes	Poor
Ozyigit [2011)[23]	Yes Groups appear similar with no statistical differences, but this is a retrospective study	Yes	No	Yes No masking of outcome assessment reported	Yes	Yes	No Survival outcomes include six patients in the 3DRT arm who also received brachytherapy	Poor

IMRT = intensity-modulated radiotherapy; ITT= intention-to-treat; PBRT = proton-beam RT; RCT = randomized clinical trial; RT = radiotherapy; 3DRT = three-dimensional conformal radiotherapy.

Table B-2. Comparative study design and patient characteristics

Study (year)	Study design (USPSTF rating)	RT modalities (n)	Treatment setting	Tumor setting	Age	Sex	AJCC stage	T classification	N classification
Gupta (2012)[21]	RCT (fair)	3DRT (28) IMRT (32)	CCRT	Hypopharynx 3DRT: 29% IMRT: 28% Larynx 3DRT: 18% IMRT: 19% Oropharynx 3DRT: 53% IMRT: 53%	3DRT Median 55 years (range 33-65 years) IMRT Median 51 years (range 31-65 years)	3DRT 89% Male 11% Female IMRT 91% Male 9% Female	3DRT 18% I-II 50% III 32% IV IMRT 22% I-II 50% III 28% IV	3DRT 43% T1-T2 57% T3 IMRT 44% T1-T2 56% T3	3DRT 68% N0-N1 32% N2a-b IMRT 66% N0-N1 34% N2a-b
Al-Mamgani (2013)[17]	Comparative Retrospective (poor)	3DRT (65) IMRT (139)	CCRT	Oropharynx 100%	Median 54 years[a] (range 40-84 years)	69% Male[a] 31% Female	34% III[a] 59% IVA 7% IVB	62% T3[a] 33% T4a 5% T4b	34% N0[a] 14% N1 4% N2a 31% N2b 12% N2c 5% N3
Lambrecht (2013)[22]	Comparative Retrospective (poor)	3DRT (135) IMRT (110)	CCRT	Hypopharynx 3DRT: 16% IMRT: 3% Larynx 3DRT: 21% IMRT: 25% Nasopharynx 3DRT: 2% IMRT: 4% Oral cavity 3DRT: 4% IMRT: 4% Oropharynx 3DRT: 56% IMRT: 40%	3DRT Mean 57 years Median 56 years (SD 9 years) IMRT Mean 61 years Median 60 years (SD 9 years)	3DRT 86% Male 14% Female IMRT 85% Male 15% Female	3DRT 24% III 76% IV IMRT 18% III 82% IV	3DRT 7% T1 21% T2 33% T3 39% T4 IMRT 5% T1 17% T2 36% T3 42% T4	3DRT 14% N0 24% N1 4% N2a 30% N2b 26% N2c 2% N3 IMRT 14% N0 10% N1 3% N2a 30% N2b 38% N2c 5% N3
Al-Mamgani (2012)[15]	Comparative Retrospective (poor)	3DRT (62) IMRT (114)	RT ± CCT	Hypopharynx 100%	Median 60 years[a] (range 36-87 years)	79% Male[a] 21% Female	Not reported	10% T1[a] 31% T2 32% T3 20% T4a 7% T4b	24 % N0[a] 17% N1 4% N2a 30% N2b 15% N2c 10% N3
Chen (2012)[18]	Comparative Retrospective (poor)	3DRT (71) IMRT (84)	RT ± CCT	Hypopharynx 3DRT: 12% IMRT: 13% Larynx	Median 56 years (range 21-93 years)	59% Male[a] 41% Female	Not reported	3DRT 10% T0 17% T1 20% T2	Not reported

				3DRT: 12% IMRT: 13% Nasopharynx 3DRT: 7% IMRT: 10% Oropharynx 3DRT: 41% IMRT: 38% Unknown primary 3DRT: 10% IMRT: 12%	3DRT 51% < 56 years 49% > 56 years IMRT 45% < 56 years 55% > 56 years			25% T3 28% T4 IMRT 12% T0 18% T1 19% T2 23% T3 29% T4	
Al-Mamgani (2012)[16]	Comparative Retrospective (poor)	3DRT (25) IMRT (57)	CCRT ± surgery	Paranasal sinus 100%	Median 62 years[a] (range 28-86 years)	67% Male[a] 33% Female	Not reported	9% T2[a] 27% T3 37% T4a 27% T4b	87 % N0[a] 13% N+
Dirix (2010)[19]	Comparative Prospective IMRT Retrospective 3DRT (poor)	3DRT (41) IMRT (40)	Postoperative RT	Nasal cavity 3DRT: 5% IMRT: 15% Paranasal sinus 3DRT: 95% IMRT: 85%	3DRT Median 61 years (range 37-85 years) IMRT Median 63 years (range 37-84 years)	3DRT 82.9% Male 17.1% Female IMRT 85.0% Male 15.0% Female	Not reported	3DRT 24.4% T2 56.1% T3 12.2% T4a 7.3% T4b IMRT 22.5% T2 47.5% T3 17.5% T4a 12.5% T4b	3DRT 100.0% N0 IMRT Not reported
Guan (2013)[20]	Comparative Retrospective (poor)	3DRT (16) IMRT (43)	RT ± CCT ± surgery	Nasal cavity 68% Paranasal sinus 32%	Median 56 years[a] (range 19-83 years) 63.7% ≤ 60 years 37.3% > 60 years	69.5% Male[a] 30.5% Female	5.1% I[a] 6.8% II 16.9% III 45.8% IVa 28.8% IVb	6.8% T1[a] 10.2% T2 18.6% T3 40.7% T4a 23.7% T4b	69.4% N0[a] 15.3% N1 11.9% N2 3.4% N3
Ozyigit (2011)[23]	Comparative Retrospective (poor)	3DRT (27) SBRT (24)	rRT ± CCT	Nasopharynx 100%	Median 46 years (range 13-70 years) 3DRT[b] 52% < 46 years 48% ≥ 46 years SBRT	3DRT[b] 78% Male 22% Female SBRT 63% Male 37% Female	3DRT[b] 7% I (11% rI) 30% II (11% rII) 30% III (37% rIII) 33% IV (41% rIV) SBRT 8% I (21% rI) 17% II (8% rII)	3DRT[b] 30% TI (15% rT2) 18% T2 (7% rT2) 26% T3 (37% rT3) 26% T4 (41% rT4) SBRT 29% TI (21%	Not reported

					42% < 46 years 58% ≥ 46 years		46% III (25% rIII) 29% IV (46% rIV)	rT1) 17% T2 (8% rT2) 29% T3 (25% rT3) 25% T4 (46% rT4)	

AJCC = American Joint Commission on Cancer; CCT = concurrent chemotherapy; CCRT = concurrent chemoradiotherapy; IMRT = intensity-modulated radiotherapy; RCT = randomized clinical trial; RT = radiotherapy; SBRT = stereotactic body radiotherapy; 3DRT = three-dimensional conformal radiotherapy; USPSTF = United States Preventive Services Task Force.

[a] No breakdown of the characteristic between treatment arms was provided.

[b] Six (22.2%) of patients in the 3DRT treatment arm also received high-dose rate brachytherapy. As reported, these data do not reflect a discrimination between positive brachytherapy and negative brachytherapy subjects.

Table B-3. Summary of radiotherapy techniques

Study (year)	Study design (USPSTF rating)	RT modalities (n)	Treatment setting	Tumor setting	Total RT dose	Fractionation schedule
Gupta (2012)[21]	RCT (fair)	3DRT (28) IMRT (32)	CCRT	Hypopharynx Larynx Oropharynx	3DRT 70 Gy IMRT 66 Gy GTV + margins 60 Gy HREV 54 Gy LREV	3DRT 35 fx 2 Gy/fx 5 daily fx/week IMRT 30 fx 2.2 Gy/fx GTV 2.0 Gy/fx HREV 1.8 Gy/fx LREV 5 daily fx/week
Al-Mamgani (2013)[17]	Comparative Retrospective (poor)	3DRT (65) IMRT (139)	CCRT	Oropharynx	70 Gy primary 70 Gy involved neck levels 46 Gy bilateral neck	3DRT Not reported IMRT 46 Gy primary + bilateral neck 23 fx 2 Gy/fx 6 fx/week 24 Gy boost primary + involved neck 12 fx 2 Gy/fx 6 fx/week
Lambrecht (2013)[22]	Comparative Retrospective (poor)	3DRT (135) IMRT (110)	CCRT	Hypopharynx Larynx Nasopharynx Oral cavity Oropharynx	70 or 72 Gy >26 Gy parotid-sparing >50 Gy spinal cord Median doses 65 Gy (IQR 50-69 Gy) ipsilateral parotid 40 Gy (IQR 21-51 Gy)	70 Gy conventional 72 Gy hybrid 40 Gy - 20 fx - 2 Gy/fx/day + 32 Gy - 20 fx bid - 1.6 Gy/fx

					contralateral parotid	
Al-Mamgani (2012)[15]	Comparative Retrospective (poor)	3DRT (62) IMRT (114)	RT ± CCT	Hypopharynx	70 Gy 46 Gy bilateral ENI to levels II, III, and IV if N0 <u>IMRT planning aim</u> >26 Gy parotid-sparing >39 Gy submandibular glands > 50 Gy constrictor muscles > 50 Gy spinal cord	35 fx 2 Gy/fx 6 fx/week
Chen (2012)[18]	Comparative Retrospective (poor)	3DRT (71) IMRT (84)	RT ± CCT	Hypopharynx Larynx Nasopharynx Oropharynx Unknown primary	66 Gy primary median (range 60-74 Gy) 60 Gy postoperative median (range 54-66 Gy) 70 Gy definitive median (range 66-74 Gy) <u>IMRT planning aim</u> >54 Gy brainstem/optic nerves >45 Gy spinal cord/optic chiasm >60 Gy temporal lobes >30 Gy 50% of contralateral parotid	Not reported
Al-Mamgani (2012)[16]	Comparative Retrospective (poor)	3DRT (25) IMRT (57)	CCRT ± surgery	Paranasal sinus	66 Gy median (range 56-74 Gy) <u>3DRT</u> 60-70 Gy	2 Gy/fx/day

					IMRT 60-74 Gy	
Dirix (2010)[19]	Comparative Prospective IMRT Retrospective 3DRT (poor)	3DRT (41) IMRT (40)	Postoperative RT	Nasal cavity Paranasal sinus	3DRT 60 Gy (65.9%) or 66 Gy (34.1%) IMRT 60 Gy (52.5%) or 66 Gy (47.5%)	60 Gy 30 daily fx 2 Gy/fx 5 fx/week 66 Gy if + margins 30 daily fx 2 Gy/fx 5 fx/week + 2 Gy/fx/tid X 1 IMRT Underdosage tolerated for optic structures
Guan (2013)[20]	Comparative Retrospective (poor)	3DRT (16) IMRT (43)	RT ± CCT ± surgery	Nasal cavity Paranasal sinus	66-70 Gy GTV 60-63 Gy CTV 66 Gy median for N+ patients (range 65-70 Gy) 60 Gy ENI median dose (range 60-66 Gy)	46 patients[a] 2 Gy/fx 5 fx/week 12 patients 2.2 Gy/fx 5 fx/week 1 patient 1.8 Gy/fx 5 daily fx/week
Ozyigit (2011)[23]	Comparative Retrospective (poor)	3DRT (27) SBRT (24)	rRT ± CCT	Nasopharynx	3DRT 67.4 Gy primary median (range 59.4-70 Gy) 57 Gy rRT median (range 30-61 Gy) 3DRT + brachytherapy 67.4 Gy primary median (range 59.4-70 Gy) 57 Gy rRT median (range 30-61 Gy) 16 Gy brachytherapy SBRT 70 Gy primary median	3DRT 2 Gy/fx/day 3DRT + brachytherapy 2 Gy/fx/day 4 Gy daily Brachytherapy fx × 4 days SBRT 30 Gy over 5 consecutive days Remaining dose fractionation not reported

					(range 48-70 Gy) 39 Gy rRT median (range 36-50 Gy)	

CCT = concurrent chemotherapy; CCRT = concurrent chemoradiotherapy; CTV = clinical target volume; ENI = elective neck irradiation; GTV = gross tumor volume; HREV = high-risk elective volume; IMRT = intensity-modulated radiotherapy; IQR = interquartile range; LREV = low-risk elective volume; RCT = randomized clinical trial; rRT = reirradiation; RT = radiotherapy; SBRT = stereotactic body radiotherapy; 3DRT = three-dimensional conformal radiotherapy; USPSTF = United States Preventive Services Task Force.

[a] Differentiation between patients according to treatment arm is not reported.

Table B-4. Key acute (< 90 days posttreatment) toxicities

Study (year)	Study design (USPSTF rating)	RT modalities (n)	Treatment setting	Tumor setting	Dermatitis	Dysphagia	Mucositis	Nausea	Pain	Salivary glands	Weight loss
Gupta (2012)[21]	RCT (fair)	3DRT (28) IMRT (32)	CCRT	Hypopharynx Larynx Oropharynx	Grade 2 3DRT:78.5% IMRT: 88% Grade 3 3DRT: 18% IMRT: 6% p=0.35	Grade 2 3DRT:71.5% IMRT: 50% Grade 3 3DRT: 0% IMRT: 9.5% p=0.21	Grade 2 3DRT: 78.5% IMRT: 71% Grade 3 3DRT:14.5% IMRT: 6% p=0.20	Not reported	Not reported	Grade 2 3DRT: 89% IMRT: 59% p=0.03	No loss 3DRT: 7% IMRT: 9.5% < 10% Loss 3DRT: 57% IMRT: 75% ≥ 10% Loss 3DRT: 36% IMRT:15.5% p=0.2
Al-Mamgani (2013)[17]	Comparative Retrospective (poor)	3DRT (65) IMRT (139)	CCRT	Oropharynx	Grade ≥ 2 3DRT: 52% IMRT: 50% p=0.8 Grade 3 3DRT: 51% IMRT: 45% p=0.5	Grade ≥ 2 3DRT: 100% IMRT: 90% p=0.008 Grade 3 3DRT: 72% IMRT: 49% p=0.04	Grade ≥ 2 3DRT: 88% IMRT: 80% p=0.4 Grade 3 3DRT: 82% IMRT: 68% p=0.07	Not reported	Grade ≥ 2 3DRT: 60% IMRT: 45% p=0.04 Grade 3 3DRT: 52% IMRT: 32% p=0.007	Not reported	Not reported
Lambrecht (2013)[22]	Comparative Retrospective (poor)	3DRT (135) IMRT (110)	CCRT	Hypopharynx Larynx Nasopharynx Oral cavity Oropharynx	Not reported	Grade ≥ 3 3DRT: 78% IMRT: 73% p=*ns*	Grade ≥ 3 3DRT: 44% IMRT: 32% p=0.03	Not reported	Not reported	Not reported	Not reported
Al-Mamgani (2012)[15]	Comparative Retrospective (poor)	3DRT (62) IMRT (114)	RT ± CCT	Hypopharynx	Grade 2 3DRT: 37% IMRT: 43% p= 0.4 Grade 3 3DRT: 63% IMRT: 42% p=0.008	Grade 2 3DRT: 42% IMRT: 52% p=0.1 Grade 3 3DRT: 47% IMRT: 36% p=0.06	Grade 2 3DRT: 40% IMRT: 46% p=0.4 Grade 3 3DRT: 56% IMRT: 39% p=002	Not reported	Grade 2 3DRT: 32% IMRT: 35% p=0.7 Grade 3 3DRT: 50% IMRT: 32% p=0.01	Not reported	Not reported
Chen	Comparative	3DRT (71)	RT ± CCT	Hypopharynx	Not reported	Not reported	Not reported	Not	Not	Not	Not reported

(2012)[18]	Retrospective (poor)	IMRT (84)		Larynx Nasopharynx Oropharynx Unknown primary				reported	reported	reported	
Al-Mamgani (2012)[16]	Comparative Retrospective (poor)	3DRT (25) IMRT (57)	CCRT ± surgery	Paranasal sinus	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Dirix (2010)[19]	Comparative Prospective IMRT Retrospective 3DRT (poor)	3DRT (41) IMRT (40)	Postoperative RT	Nasal cavity Paranasal sinus	3DRT Any grade: 97.6% IMRT Grade 2:7.5% p=0.003	3DRT Any grade: 34.1% IMRT Grade 2: 2.5% p=0.25	3DRT Any grade: 97.6% IMRT Grade 2: 12.5% p<0.001		3DRT Any grade: 82.9% IMRT Grade 2: 10.0% p=0.02	3DRT Any grade: 90.2% IMRT Grade 2: 0.0% p<0.001	
Guan (2013)[20]	Comparative Retrospective (poor)	3DRT (16) IMRT (43)	RT ± CCT ± surgery	Nasal cavity Paranasal sinus	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ozyigit (2011)[23]	Comparative Retrospective (poor)	3DRT (27) SBRT (24)	rRT ± CCT	Nasopharynx	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

CCT = concurrent chemotherapy; CCRT = concurrent chemoradiotherapy; IMRT = intensity-modulated radiotherapy; RCT = randomized clinical trial; rRT = reirradiation; RT = radiotherapy; SBRT = stereotactic body radiotherapy; 3DRT = three-dimensional conformal radiotherapy; USPSTF = United States Preventive Services Task Force.

Table B-5. Key late toxicities

Study (year)	Study design (USPSTF rating)	RT modalities (n)	Treatment setting	Tumor setting	Dysphagia	Mucosal	Pain	Skin	Subcutaneous	Xerostomia
Gupta (2012)[21]	RCT (fair)	3DRT (28) IMRT (32)	CCRT	Hypopharynx Larynx Oropharynx	Not reported	Not reported	Not reported	Not reported	Grade ≥ 2 at 6 months 3DRT: 64% IMRT: 17% p<0.001 Grade ≥ 2 at 12 months 3DRT: 67% IMRT: 11% P<0.001 Grade ≥ 2 at 18 months 3DRT: 53% IMRT: 13% p=0.004 Grade ≥ 2 at 24 months 3DRT: 59% IMRT: 14% p=0.005 Grade ≥ 2 at 30 months 3DRT: 50% IMRT: 0% p=0.001 Grade ≥ 2 at 36 months 3DRT: 45% IMRT: 15% p=0.079	Grade ≥ 2 at 6 months 3DRT: 77% IMRT: 33% p=0.001 Grade ≥ 2 at 12 months 3DRT: 75% IMRT: 31% p=0.001 Grade ≥ 2 at 18 months 3DRT: 69% IMRT: 19% p=0.001 Grade ≥ 2 at 24 months 3DRT: 59% IMRT: 22% p=0.014 Grade ≥ 2 at 30 months 3DRT: 65% IMRT: 6% p=0.003 Grade ≥ 2 at 36 months 3DRT: 60% IMRT: 0% p=0.003
Al-Mamgani (2013)[17]	Comparative Retrospective (poor)	3DRT (65) IMRT (139)	CCRT	Oropharynx	Grade ≥ 2 3DRT: 30% IMRT: 20% p=0.04 Grade 3 3DRT: 20% IMRT: 10% p=0.03	Grade ≥ 2 3DRT: 20% IMRT: 10% p=0.04 Grade 3 3DRT: 11% IMRT: 2% p=0.04	Grade ≥ 2 3DRT: 11% IMRT: 11% p=0.6 Grade 3 3DRT: 3% IMRT: 5% p=0.9	Grade ≥ 2 3DRT:8% IMRT: 6% p=0.6 Grade 3 3DRT:5% IMRT: 2% p=0.3	Grade ≥ 2 3DRT: 2% IMRT: 7% p=0.1 Grade 3 3DRT: 2% IMRT: 1% p=0.7	Grade ≥ 2 3DRT: 49% IMRT: 26% p=0.001 Grade 3 3DRT: 23% IMRT: 7% p=0.002
Lambrecht (2013)[22]	Comparative Retrospective (poor)	3DRT (135) IMRT (110)	CCRT	Hypopharynx Larynx Nasopharynx	Grade ≥ 2 at 6 months 3DRT: 34%	Not reported	Not reported	Not reported	Not reported	Grade ≥ 2 3DRT: 68% IMRT: 23%

				Oral cavity Oropharynx	IMRT: 38% p=0.3 Grade ≥ 2 at 12 months 3DRT: 28% IMRT: 21% p=*ns* Grade ≥ 2 at 18 months 3DRT: 22% IMRT: 13% p=*ns* Grade ≥ 2 at 24 months 3DRT: 21% IMRT: 11% p=0.08					p<0.001
Al-Mamgani (2012)[15]	Comparative Retrospective (poor)	3DRT (62) IMRT (114)	RT ± CCT	Hypopharynx	Grade 2 3DRT: 23% IMRT: 14% p=0.1 Grade 3 3DRT: 10% IMRT: 1% p=0.02	Grade 2 3DRT: 13% IMRT: 10% p=0.5 Grade 3 3DRT: 8% IMRT: 1% p=0.02	Grade 2 3DRT: 10% IMRT: 4% p=0.09 Grade 3 3DRT: 3% IMRT: 0% p=0.1	Grade 2 3DRT: 10% IMRT: 10% p=0.9 Grade 3 3DRT: 6% IMRT: 1% p=0.06	Grade 2 3DRT: 21% IMRT: 10% p=0.03 Grade 3 3DRT: 8% IMRT: 2% p=0.09	Grade 2 3DRT: 24% IMRT: 11% p=0.009 Grade 3 3DRT: 8% IMRT: 2% p=0.02
Chen (2012)[18]	Comparative Retrospective (poor)	3DRT (71) IMRT (84)	RT ± CCT	Hypopharynx Larynx Nasopharynx Oropharynx Unknown primary	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Al-Mamgani (2012)[16]	Comparative Retrospective (poor)	3DRT (25) IMRT (57)	CCRT ± surgery	Paranasal sinus	Grade ≥ 2 3DRT: 12% IMRT: 5.3%	Not reported	Not reported	Not reported	Not reported	Grade ≥ 2 3DRT: 16% IMRT: 7%
Dirix (2010)[19]	Comparative Prospective IMRT Retrospective 3DRT (poor)	3DRT (41) IMRT (40)	Postoperative RT	Nasal cavity Paranasal sinus		3DRT Any grade: 73.7% IMRT Grade 0: 69.2% Grade 1: 25.6% Grade 2: 5.1% p<0.001	HEADACHE 3DRT Not scored IMRT Grade 0: 64.1% Grade 1: 28.2% Grade 2: 7.7%	3DRT Any grade: 73.7% IMRT Grade 0: 92.3% Grade 1: 5.1% Grade 2: 2.6% p=0.05		3DRT Any grade: 34.2% IMRT Grade 0: 87.2% Grade 1: 12.8% Grade : 0% p=0.03
Guan (2013)[20]	Comparative	3DRT (16)	RT ± CCT ±	Nasal cavity	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

	Retrospective (poor)	IMRT (43)	surgery	Paranasal sinus						
Ozyigit (2011)[23]	Comparative Retrospective (poor)	3DRT (27) SBRT (24)	rRT ± CCT	Nasopharynx	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

CCT = concurrent chemotherapy; CCRT = concurrent chemoradiotherapy; IMRT = intensity-modulated radiotherapy; RCT = randomized clinical trial; rRT = reirradiation; RT = radiotherapy; SBRT = stereotactic body radiotherapy; 3DRT = three-dimensional conformal radiotherapy; USPSTF = United States Preventive Services Task Force.

Table B-6. Key oncologic outcomes

Study (year)	Study design (USPSTF rating)	RT modalities (n)	Treatment setting	Tumor setting	Overall survival	Disease-free survival	Local control	Loco-regional control	Distant control
Gupta (2012)[21]	RCT (fair)	3DRT (28) IMRT (32)	CCRT	Hypopharynx Larynx Oropharynx	3-year Kaplan-Meier estimate 3DRT: 88.2% (95% CI 75.4 to 100%) IMRT: 80.5% (95% CI 66.1 to 94.9%) p=0.45	Not reported	Not reported	3-year Kaplan-Meier estimate 3DRT: 70.6% (95% CI 53 to 88.2%) IMRT: 68% (95% CI 51.2 to 84.8%) p=0.81	Not reported
Al-Mamgani (2013)[17]	Comparative Retrospective (poor)	3DRT (65) IMRT (139)	CCRT	Oropharynx	5-year Kaplan-Meier estimate 3DRT: 43% IMRT: 47% p=0.40	5-year Kaplan-Meier estimate 3DRT: 58% IMRT: 60% p=0.73	5-year Kaplan-Meier estimate 3DRT: 74% IMRT: 82% p=0.19	Not reported	Not reported
Lambrecht (2013)[22]	Comparative Retrospective (poor)	3DRT (135) IMRT (110)	CCRT	Hypopharynx Larynx Nasopharynx Oral cavity Oropharynx	3-year Kaplan-Meier estimate 3DRT: 61% IMRT: 64% p=0.5	Not reported	Not reported	3-year Kaplan-Meier estimate 3DRT: 71% IMRT: 70% p=0.7	Not reported
Al-Mamgani (2012)[15]	Comparative Retrospective (poor)	3DRT (62) IMRT (114)	RT ± CCT	Hypopharynx	Not reported	Not reported	Not reported	Not reported	Not reported
Chen (2012)[18]	Comparative Retrospective (poor)	3DRT (71) IMRT (84)	RT ± CCT	Hypopharynx Larynx Nasopharynx Oropharynx Unknown primary	Not reported	Not reported	Not reported	Not reported	Not reported

Al-Mamgani (2012)[16]	Comparative Retrospective (poor)	3DRT (25) IMRT (57)	CCRT ± surgery	Paranasal sinus	Not reported	Not reported	IMRT vs. 3DRT local failure p=0.2 Median time to recurrence = 12 months (range 5-112)	Not reported	Not reported
Dirix (2010)[19]	Comparative Prospective IMRT Retrospective 3DRT (poor)	3DRT (41) IMRT (40)	Postoperative RT	Nasal cavity Paranasal sinus	2-year Kaplan-Meier estimate 3DRT: 73% IMRT: 89% p=0.07	2-year Kaplan-Meier estimate 3DRT: 60% IMRT: 72% p=0.02	2-year Kaplan-Meier estimate 3DRT: 67% IMRT: 76% p=0.06	Not reported	2-year Kaplan-Meier estimate 3DRT: 89% IMRT: 89% p=0.68
Guan (2013)[20]	Comparative Retrospective (poor)	3DRT (16) IMRT (43)	RT ± CCT ± surgery	Nasal cavity Paranasal sinus	Not reported	Not reported	Not reported	Regional relapse 3DRT: 15.4% IMRT: 16.1% Neck recurrence in N0 necks 3DRT: 7.7% IMRT: 16.1% p=0.109	Not reported
Ozyigit (2011)[23]	Comparative Retrospective (poor)	3DRT (27) SBRT (24)	rRT ± CCT	Nasopharynx	Not reported 22% of patients in the 3DRT arm received concurrent brachytherap y	Not reported 22% of patients in the 3DRT arm received concurrent brachytherap y	Not reported 22% of patients in the 3DRT arm received concurrent brachytherap y	Not reported 22% of patients in the 3DRT arm received concurrent brachytherap y	Not reported 22% of patients in the 3DRT arm received concurrent brachytherap y

CCT = concurrent chemotherapy; CCRT = concurrent chemoradiotherapy; IMRT = intensity-modulated radiotherapy; RCT = randomized clinical trial; rRT = reirradiation; RT = radiotherapy; SBRT = stereotactic body radiotherapy; 3DRT = three-dimensional conformal radiotherapy; USPSTF = United States Preventive Services Task Force.

Appendix C

Summary of Reasons for Study Exclusion at the Level of Full-Text Review

Citation	Reason for exclusion
A. Al-Mamgani, P. Van Rooij, L. Tans, D. N. Teguh and P. C. Levendag. Toxicity and outcome of intensity-modulated radiotherapy versus 3-dimensional conformal radiotherapy for oropharyngeal cancer: a matched-pair analysis. Technol Cancer Res Treat. 2013. 12:123-30.	Invalid treatment modalities
A. Al-Mamgani, P. Van Rooij, R. Mehilal, L. Tans and P. C. Levendag. Combined-modality treatment improved outcome in sinonasal undifferentiated carcinoma: Single-institutional experience of 21 patients and review of the literature. Eur Arch Oto-Rhino-Laryngol. 2013. 270:293-299.	Invalid treatment modalities
A. C. Houweling, M. E. P. Philippens, T. Dijkema, et al. A comparison of dose-response models for the parotid gland in a large group of head-and-neck cancer patients. Int J Radiat Oncol Biol Phys. 2010. 76:1259-1265.	Invalid treatment modalities
A. C. Tiong, S. Huang, B. O'Sullivan, W. Xu, J. Kim, L. A. Dawson, J. Cho, R. Gilbert, S. Breen and J. N. Waldron. Outcomes For T2N0M0 glottic squamous cell carcinoma treated with IMRT compared with conventional parallel opposed fields. Int J Radiat Oncol Biol Phys. 2011. 81:S106-S107	Abstract only
A. D. Jensen, J. Krauss, W. Weichert, Z. P. Bergmann, K. Freier, J. Debus and M. W. Munter. Disease control and functional outcome in three modern combined organ preserving regimens for locally advanced squamous cell carcinoma of the head and neck (SCCHN). Radiat Oncol. 2011. 6.	Nonrelevant study design
A. Eisbruch, H. M. Kim, F. Y. Feng, T. H. Lyden, M. J. Haxer, M. Feng, F. P. Worden, C. R. Bradford, M. E. Prince, J. S. Moyer, G. T. Wolf, D. B. Chepeha and R. K. Ten Haken. Chemo-IMRT of oropharyngeal cancer aiming to reduce dysphagia: Swallowing organs later complication probabilities and dosimetric correlates. Dysphagia. 2012. 27:439.	Abstract only
A. Eisbruch, H. M. Kim, J. E. Terrell, L. H. Marsh, L. A. Dawson and J. A. Ship. Xerostomia and its predictors following parotid-sparing irradiation of head-and-neck cancer. Int J Radiat Oncol Biol Phys. 2001. 50:695-704.	Outdated study
A. Eisbruch, J. A. Ship, L. A. Dawson, H. M. Kim, C. R. Bradford, J. E. Terrell, D. B. Chepeha, T. N. Teknos, N. D. Hogikyan, Y. Anzai, L. H. Marsh, R. K. Ten Haken and G. T. Wolf. Salivary gland sparing and improved target irradiation by conformal and intensity modulated irradiation of head and neck cancer. World J Surg. 2003. 27:832-7.	Outdated study
A. Eisbruch, L. A. Dawson, H. M. Kim, C. R. Bradford, J. E. Terrell, D. B. Chepeha, T. N. Teknos, Y. Anzai, L. H. Marsh, M. K. Martel, R. K. Ten Haken, G. T. Wolf and J. A. Ship. Conformal and intensity modulated irradiation of head and neck cancer: the potential for improved target irradiation, salivary gland function, and quality of life. Acta Otorhinolaryngol Belg. 1999. 53:271-5.	Outdated study
A. Eisbruch, L. H. Marsh, L. A. Dawson, C. R. Bradford, T. N. Teknos, D. B. Chepeha, F. P. Worden, S. Urba, A. Lin, M. J. Schipper and G. T. Wolf. Recurrences near base of skull after IMRT for head-and-neck cancer: implications for target delineation in high neck and for parotid gland sparing. Int J Radiat Oncol Biol Phys. 2004. 59:28-42.	Outdated study
A. Eisbruch, P. C. Levendag, F. Y. Feng, et al. Can IMRT or brachytherapy reduce dysphagia associated with chemoradiotherapy of head and neck cancer? The Michigan and Rotterdam experiences. Int J Radiat Oncol Biol Phys. 2007. 69:S40-2.	Outdated study
A. Eisbruch, R. K. Ten Haken, H. M. Kim, L. H. Marsh and J. A. Ship. Dose, volume, and function relationships in parotid salivary glands following conformal and intensity-modulated irradiation of head and neck cancer. Int J Radiat Oncol Biol Phys. 1999. 45:577-87.	Outdated study
Eisbruch. Intensity-modulated radiotherapy of head-and-neck cancer: encouraging early results. Int J Radiat Oncol Biol Phys. 2002. 53:1-3.	Outdated study

A. I. Blanco, K. S. Chao, I. El Naqa, G. E. Franklin, K. Zakarian, M. Vicic and J. O. Deasy. Dose-volume modeling of salivary function in patients with head-and-neck cancer receiving radiotherapy. Int J Radiat Oncol Biol Phys. 2005. 62:1055-69.	Outdated study
A. Kovacs, G. Antal, C. S. Glavak, J. Hadjiev, G. Liposits, C. S. Vandulek, F. Lakosi, R. C. Colen and I. Repa. Treatment of head-neck cancer patients using conpas technique. 2 years follow up results. Radiother Oncol. 2012. 103:S455-S456.	Abstract only
A. Kumar, E. Shih, N. Woody, S. A. Koyfman, J. P. Saxton, C. P. Rodriguez, D. J. Adelstein, P. Xia and J. F. Greskovich. A dosimetric correlation of radiation dose and early grade 3 dysphagia in oropharyngeal cancer patients: A comparison of conventional and IMRT plans. Int J Radiat Oncol Biol Phys. 2011. 81:S499.	Abstract only
A. Kumar, T. Bledsoe, A. Noble, Q. Shang, J. P. Saxton, C. Rodriguez, D. J. Adelstein, S. A. Koyfman, P. Xia and J. F. Greskovich. A dosimetric analysis of imrt versus 3D planning and its impact on acute grade 3 dysphagia and xerostomia in oropharyngeal cancer patients treated with chemoradiation therapy. Int J Radiat Oncol Biol Phys. 2012. 84:S477.	Abstract only
A. Lee. The battle against nasopharyngeal cancer. Radiotherapy and Oncology. 2012. 103:S198.	Abstract only
A. Ligey, J. Gentil, G. Crehange, X. Montbarbon, P. Pommier, K. Peignaux, G. Truc and P. Maingon. Impact of target volumes and radiation technique on loco-regional control and survival for patients with unilateral cervical lymph node metastases from an unknown primary. Radiother Oncol. 2009. 93:483-487.	Nonrelevant outcomes
A. M. Allen, T. Pawlicki, L. Dong, E. Fourkal, M. Buyyounouski, K. Cengel, J. Plastaras, M. K. Bucci, T. I. Yock, L. Bonilla, R. Price, E. E. Harris and A. A. Konski. An evidence based review of proton beam therapy: The report of ASTRO's emerging technology committee. Radiotherapy and Oncology. 2012. 103:8-11.	Nonprimary data
A. M. Chen, B. Q. Li, D. G. Farwell, J. Marsano, S. Vijayakumar and J. A. Purdy. Improved dosimetric and clinical outcomes with intensity-modulated radiotherapy for head-and-neck cancer of unknown primary origin. Int J Radiat Oncol Biol Phys. 2011. 79:756-762.	Invalid treatment modalities
A. M. Chen, D. G. Farwell, D. H. Lau, B. Q. Li, Q. Luu and P. J. Donald. Radiation therapy in the management of head-and-neck cancer of unknown primary origin: How does the addition of concurrent chemotherapy affect the therapeutic ratio?. Int J Radiat Oncol Biol Phys. 2011. 81:346-352.	Invalid treatment modalities
A. M. Chen, D. G. Farwell, Q. Luu, L. M. Chen, S. Vijayakumar and J. A. Purdy. Misses and near-misses after postoperative radiation therapy for head and neck cancer: Comparison of IMRT and non-IMRT techniques in the CT-simulation era. Head Neck. 2010. 32:1452-1459.	Invalid treatment modalities
A. M. Chen, W. H. Hall, J. Li, L. Beckett, D. G. Farwell, D. H. Lau and J. A. Purdy. Brachial plexus-associated neuropathy after high-dose radiation therapy for head-and-neck cancer. Int J Radiat Oncol Biol Phys. 2012. 84:165-9.	Nonrelevant study design
A. Miah, S. Gulliford, S. Bhide, K. Newbold, K. Harrington and C. Nutting. Dose volume histogram atlases of xerostomia incidence: An alternative predictor of recovery of salivary function. Radioth Oncol. 2011. 98:S27-S28.	Abstract only
A. Miah, S. Gulllford, K. Harrington, S. Bhlde, K. Newbold and C. Nutting. Recovery of salivary gland toxicity: Contralateral parotid gland (PG) versus bilateral superficial lobes parotid sparing IMRT (parsport versus parsport II). Radioth Oncol. 2011. 99:S211.	Abstract only
A. Popovtzer, I. Gluck, D. B. Chepeha, T. N. Teknos, J. S. Moyer, M. E. Prince, C. R. Bradford and A. Eisbruch. The Pattern of Failure After Reirradiation of Recurrent Squamous Cell Head and Neck Cancer: Implications for Defining the Targets. Int J Radiat Oncol Biol Phys. 2009. 74:1342-1347.	Nonrelevant study design
A. Ruiz, R. D'Ambrosi, A. Castano, R. De Juan, P. Cotrina, P. Sarandeses, S. Guardado, J. Perez-Regadera, M. Colmenero and E. Lanzos. Prediction of early response to radiation therapy using FDG-PET standard uptake	Abstract only

value. Radioth Oncol. 2012. 103:S462-S463.	
A. Turaka, L. Tianyu, A. D. Cohen, B. Pro, M. Millenson, V. Robu, T. I. Al-Saleem and M. R. Smith. Results of radiation therapy for primary extranodal lymphoma of the head and neck: A report of case series. Blood. 2011.	Abstract only
A. Turaka, T. Li, M. M. Millenson and M. R. Smith. Results of radiation therapy for primary extranodal lymphoma of the head and neck: A report of case series. Int J Radiat Oncol Biol Phys. 2012. 84:S621.	Abstract only
A. Turaka, T. Li, N. Nicolaou, M. N. Lango, B. Burtness, E. M. Horwitz, J. A. Ridge and S. J. Feigenberg. Use of a conventional Low Neck Field (LNF) and intensity-modulated radiotherapy (IMRT): No clinical detriment of IMRT to an anterior LNF during the treatment of Head-and neck-cancer. Int J Radiat Oncol Biol Phys. 2011. 79:65-70.	Nonrelevant study design
A. W. Chan, S. M. McBride, M. Cianchetti, P. M. Busse, N. N. Ali and J. J. Wang. Tobacco smoking during radiation treatment predicts for decreased survival in patients with oropharyngeal Carcinoma. Int J Radiat Oncol Biol Phys. 2011. 81:S487.	Abstract only
A. W. M. Lee, W. T. Ng, L. K. Chan, et al. The strength/weakness of the AJCC/UICC staging system (7th edition) for nasopharyngeal cancer and suggestions for future improvement. Oral Oncol. 2012. 48:1007-1013.	Nonrelevant study design
B. A. Jereczek-Fossa, A. Kowalczyk, A. D'Onofrio, G. Catalano, C. Garibaldi, G. Boboc, V. Vitolo, M. C. Leonardi, R. Cambria and R. Orecchia. Three-dimensional conformal or stereotactic reirradiation of recurrent, metastatic or new primary tumors: Analysis of 108 patients. Strahlentherapie und Onkologie. 2008. 184:36-40.	Nonrelevant study design
B. A. Murphy, J. L. Beaumont, J. Isitt, et al. Mucositis-related morbidity and resource utilization in head and neck cancer patients receiving radiation therapy with or without chemotherapy. J Pain Symptom Manag. 2009. 38:522-532.	Invalid treatment modalities
B. Bussels, A. Maes, R. Hermans, S. Nuyts, C. Weltens and W. Van den Bogaert. Recurrences after conformal parotid-sparing radiotherapy for head and neck cancer. Radiother Oncol. 2004. 72:119-27.	Outdated study
B. L. T. Ramaekers, M. Pijls-Johannesma, M. A. Joore, P. van den Ende, J. A. Langendijk, P. Lambin, A. G. H. Kessels and J. P. C. Grutters. Systematic review and meta-analysis of radiotherapy in various head and neck cancers: Comparing photons, carbon-ions and protons. Cancer Treatment Rev. 2011. 37:185-201.	Nonprimary data
B. Pehlivan, F. Luthi, O. Matzinger, M. Betz, D. Dragusanu, S. Bulling, L. Bron, P. Pasche, W. Seelentag, R. O. Mirimanoff, A. Zouhair and M. Ozsahin. Feasibility and efficacy of accelerated weekly concomitant boost postoperative radiation therapy combined with concomitant chemotherapy in patients with locally advanced head and neck cancer. Ann Surg Oncol. 2009. 16:1337-1343.	Nonrelevant study design
B. S. Hoppe, C. J. Nelson, D. R. Gomez, L. D. Stegman, A. J. Wu, S. L. Wolden, D. G. Pfister, M. J. Zelefsky, J. P. Shah, D. H. Kraus and N. Y. Lee. Unresectable Carcinoma of the Paranasal Sinuses: Outcomes and Toxicities. Int J Radiat Oncol Biol Phys. 2008. 72:763-769.	Nonrelevant study design
B. S. Hoppe, L. D. Stegman, M. J. Zelefsky, et al. Treatment of nasal cavity and paranasal sinus cancer with modern radiotherapy techniques in the postoperative setting--the MSKCC experience. Int J Radiat Oncol Biol Phys. 2007. 67:691-702.	Outdated study
C. A. Kristensen, F. Kjaer-Kristoffersen, W. Sapru, A. K. Berthelsen, A. Loft and L. Specht. Nasopharyngeal carcinoma. Treatment planning with IMRT and 3D conformal radiotherapy. Acta Oncol. 2007. 46:214-20.	Outdated study
C. B. Hess and A. M. Chen. Global and health-related quality of life after intensity-modulated radiation therapy for head and neck cancer. Expert Rev Anticancer Ther. 2012. 12:1469-1477.	Nonprimary data
C. Chin, N. Riaz, F. Ho, M. Hu, J. Hong, E. Sherman, R. Wong, S. Wolden, S. Rao and N. Lee. Can meaningful and durable locoregional control be achieved for oral cavity squamous cell carcinoma (OCSCC) treated with definitive radiation therapy (RT)?. Int J Radiat Oncol Biol Phys. 2012.	Abstract only

84:S464-S465.	
C. Chin, N. Riaz, F. Ho, M. Hu, J. Hong, E. Sherman, R. Wong, S. Wolden, S. Rao and N. Lee. Surgery improves outcome in recurrent squamous cell carcinoma of the oral cavity. Int J Radiat Oncol Biol Phys. 2012. 84:S466.	Abstract only
C. H. Clark, E. A. Miles, M. T. Guerrero Urbano, S. A. Bhide, A. M. Bidmead, K. J. Harrington and C. M. Nutting. Pre-trial quality assurance processes for an intensity-modulated radiation therapy (IMRT) trial: PARSPORT, a UK multicentre Phase III trial comparing conventional radiotherapy and parotid-sparing IMRT for locally advanced head and neck cancer. Br J Radiol. 2009. 82:585-594.	Nonprimary data
C. Huang, E. Huang, C. Wang, H. Chen, H. Hsu, Y. Huang, Y. Wang and F. Fang. Treatment outcome and prognostic factors for nasopharyngeal carcinoma with cranial nerve palsy treated by conventional or conformal radiotherapy. Int J Radiat Oncol Biol Phys. 2011. 81:S509.	Abstract only
C. Lertbutsayanukul, K. Shotelersuk, C. Khorprasert, T. Sanghangthum, S. Oonsiri, Ayuthaya, II, C. Jumpangern, S. Suriyapee and P. Rojpornpradit. A two-year experience of implementing 3 dimensional radiation therapy and intensity-modulated radiation therapy for 925 patients in King Chulalongkorn Memorial Hospital. J Med Assoc Thai. 2008. 91:215-24.	Nonprimary data
C. Liberatoscioli, J. A. Langendijk, C. Van Herpen, L. Collette, E. M. Ozsahin, R. Karra Gurunath, D. A. Lacombe, A. Gulyban, N. Gosselin and W. Budach. EORTC 22071-24071: Randomized, phase III trial of EGFR-antibody combined with adjuvant chemoradiation for patients with head and neck squamous cell carcinoma (HNSCC) at high risk of recurrence. J Clin Oncol. 2011. 29.	Abstract only
C. M. Lim, D. A. Clump, D. E. Heron and R. L. Ferris. Stereotactic Body Radiotherapy (SBRT) for primary and recurrent head and neck tumors. Oral Oncol. 2013.	Nonprimary data
C. M. Nutting, J. P. Morden, K. J. Harrington, T. G. Urbano, S. A. Bhide, C. Clark, E. A. Miles, A. B. Miah, K. Newbold, M. Tanay, F. Adab, S. J. Jefferies, C. Scrase, B. K. Yap, R. P. A'Hern, M. A. Sydenham, M. Emson and E. Hall. Parotid-sparing intensity modulated versus conventional radiotherapy in head and neck cancer (PARSPORT): A phase 3 multicentre randomised controlled trial. Lancet Oncol. 2011. 12:127-136.	Included in the original CER
C. M. Van Rij, W. D. Oughlane-Heemsbergen, A. H. Ackerstaff, E. A. Lamers, A. J. M. Balm and C. R. N. Rasch. Parotid gland sparing IMRT for head and neck cancer improves xerostomia related quality of life. Radiat Oncol. 2008. 3.	Invalid treatment modalities
C. Makita, T. Nakamura, A. Takada, K. Takayama, T. Katou and N. Fuwa. Proton beam therapy for patients with Stage T4 and/or N3 nasopharyngeal carcinoma. Radiother Oncol. 2012. 103:S452-S453.	Abstract only
C. S. Lin, Y. M. Jen, W. Y. Kao, C. L. Ho, M. S. Dai, C. L. Shih, J. C. Cheng, P. Y. Chang, W. Y. Huang and Y. F. Su. Improved outcomes in buccal squamous cell carcinoma. Head Neck. 2013. 35:65-71.	Invalid treatment modalities
C. W. Hodge, S. M. Bentzen, G. Wong, K. L. Palazzi-Churas, P. A. Wiederholt, V. Gondi, G. M. Richards, G. K. Hartig and P. M. Harari. Are we influencing outcome in oropharynx cancer with intensity-modulated radiotherapy? An inter-era comparison. Int J Radiat Oncol Biol Phys. 2007. 69:1032-41.	Outdated study
C. Y. Hsiung, H. M. Ting, H. Y. Huang, C. H. Lee, E. Y. Huang and H. C. Hsu. Parotid-sparing intensity-modulated radiotherapy (IMRT) for nasopharyngeal carcinoma: preserved parotid function after IMRT on quantitative salivary scintigraphy, and comparison with historical data after conventional radiotherapy. Int J Radiat Oncol Biol Phys. 2006. 66:454-61.	Outdated study
D. B. Shultz, J. D. Murphy, M. E. Daly, W. Hara, Q. T. Le and D. T. Chang. Radiotherapy for adenoid cystic carcinomas of the head and neck: Clinical outcomes and patterns of failure. Int J Radiat Oncol Biol Phys. 2011. 81:S528.	Abstract only
D. Chua, P. Ho, V. Lee and J. Sham. A randomized phase II study of external beam reirradiation versus external beam reirradiation plus radiosurgery boost in recurrent nasopharyngeal carcinoma. Int J Radiat	Abstract only

Oncol Biol Phys. 2011. 81:S506.	
D. E. Peterson, W. Doerr, A. Hovan, A. Pinto, D. Saunders, L. S. Elting, F. K. L. Spijkervet and M. T. Brennan. Osteoradionecrosis in cancer patients: The evidence base for treatment-dependent frequency, current management strategies, and future studies. Supportive Care Cancer. 2010. 18:1089-1098.	Nonprimary data
D. E. Soto, M. L. Kessler, M. Piert and A. Eisbruch. Correlation between pretreatment FDG-PET biological target volume and anatomical location of failure after radiation therapy for head and neck cancers. Radiother Oncol 2008. 89:13-18.	Nonrelevant study design
D. F. Lee, M. Davis, M. Rajaraman, H. Hollenhorst and D. Wilke. Impact of intensity modulated radiotherapy on weight loss and percutaneous gastrostomy tube placement rates in advanced head and neck cancer patients. Int J Radiat Oncol Biol Phys. 2011. 81:S520.	Abstract only
D. Fried, A. Khandani, C. Shores, M. Weissler, N. Hayes, T. Hackman, J. Rosenman and B. Chera. Matched cohort analysis of the effect of pre-treatment positron emission tomography on clinical outcomes of head and neck cancer patients treated with definitive chemoradiotherapy. Int J Radiat Oncol Biol Phys. 2011. 81:S537.	Abstract only
D. Fried, J. Rosenman, M. Varia, D. Morris, C. Shores, M. Weissler, T. Hackman and B. Chera. A matched cohort comparison of head and neck squamous cell carcinoma patients treated with intensity modulated radiation therapy versus conventional radiotherapy. Int J Radiat Oncol Biol Phys. 2011. 81:S545.	Abstract only
D. Fried, M. Lawrence, A. Khandani, J. Rosenman, T. Cullip and B. Chera. Is image registration of FDG-PET for head and neck treatment planning necessary?. Int J Radiat Oncol Biol Phys. 2011. 81:S539-S540.	Abstract only
D. I. Rosenthal, G. B. Gunn, T. R. Mendoza, A. S. Garden, B. M. Beadle, W. H. Morrison, X. S. Wang, S. J. Frank, R. S. Weber, K. K. Ang and C. S. Cleeland. Long-term symptom burden after radiation treatment for oropharynx cancer: A comparison of 3D and IMRT techniques. J Clin Oncol. 2011. 29.	Abstract only
D. I. Rosenthal, M. S. Chambers, C. D. Fuller, N. C. S. Rebueno, J. Garcia, M. S. Kies, W. H. Morrison, K. K. Ang and A. S. Garden. Beam Path Toxicities to Non-Target Structures During Intensity-Modulated Radiation Therapy for Head and Neck Cancer. Int J Radiat Oncol Biol Phys. 2008. 72:747-755.	Nonrelevant study design
D. J. Givens, L. H. Karnell, A. K. Gupta, G. H. Clamon, N. A. Pagedar, K. E. Chang, D. J. Van Daele and G. F. Funk. Adverse events associated with concurrent chemoradiation therapy in patients with head and neck cancer. Archives of Otolaryngology - Head Neck Surg. 2009. 135:1209-1217.	Invalid treatment modalities
D. Rades, F. Fehlauer, J. Wroblesky, D. Albers, S. E. Schild and R. Schmidt. Prognostic factors in head-and-neck cancer patients treated with surgery followed by intensity-modulated radiotherapy (IMRT), 3D-conformal radiotherapy, or conventional radiotherapy. Oral Oncol. 2007. 43:535-43.	Outdated study
D. S. Lin, Y. M. Jen, J. C. Lee, S. C. Liu and Y. S. Lin. Recurrence of nasopharyngeal carcinoma in the parotid region after parotid-gland-sparing radiotherapy. J Formos Med Assoc. 2011. 110:655-60.	Nonrelevant study design
D. W. Golden, M. Witt, S. R. Rudra, T. I. Nwizu, E. E. Cohen, E. Blair, K. M. Stenson, E. E. Vokes and D. J. Haraf. Outcomes of induction chemotherapy and concurrent chemoradiation for nasopharyngeal carcinoma. Int J Radiat Oncol Biol Phys. 2012. 84:S485-S486.	Abstract only
E. A. Klein, M. Guiou, D. G. Farwell, Q. Luu, D. H. Lau, K. Stuart, A. Vaughan, S. Vijayakumar and A. M. Chen. Primary radiation therapy for head-and-neck cancer in the setting of human immunodeficiency virus. Int J Radiat Oncol Biol Phys. 2011. 79:60-64.	Nonrelevant study design
E. Bragantini, S. Girlando, V. Vanoni, A. Bolner, F. Valduga, R. Carella, M. Barbareschi, M. Silvestrini, C. Grandi and P. Dalla Palma. Oropharynx cancer: Evaluation of clinical outcome according to HPV status and radiotherapy technique. Virchows Arch. 2011. 459:S106-S107.	Abstract only

E. H. Pow, D. L. Kwong, A. S. McMillan, M. C. Wong, J. S. Sham, L. H. Leung and W. K. Leung. Xerostomia and quality of life after intensity-modulated radiotherapy vs. conventional radiotherapy for early-stage nasopharyngeal carcinoma: initial report on a randomized controlled clinical trial. Int J Radiat Oncol Biol Phys. 2006. 66:981-91.	Outdated study
E. Katsoulakis, M. Hu, N. Riaz, S. Wolden, S. Rao and N. Lee. Outcomes of radiation therapy for hypopharyngeal squamous cell carcinoma: A single institution experience. Int J Radiat Oncol Biol Phys. 2012. 84:S494.	Abstract only
F. Bekiroglu, N. Ghazali, R. Laycock, C. Katre, D. Lowe and S. N. Rogers. Adjuvant radiotherapy and health-related quality of life of patients at intermediate risk of recurrence following primary surgery for oral squamous cell carcinoma. Oral Oncol. 2011. 47:967-973.	Nonrelevant study design
F. Caparrotti, V. Vinh-Hung, N. Mach, P. Dulguerov, R. Miralbell and M. Betz. Concomitant radiotherapy and cetuximab for head and neck cancer: Late toxicity and outcomes. Strahlentherapie und Onkologie. 2011. 187:536.	Abstract only
F. Dionisi, F. Bracco, D. Asnaghi, A. Cocchi, E. Iannacone and M. F. Palazzi. Quality of life of head neck cancer patients 1 year after radiotherapy with the use of EORTC QLQ-C30 and HN-35 modules. Radiother Oncol. 2012. 103:S454-S455.	Abstract only
F. Ho, N. Riaz, C. Chin, M. Hu, J. Hong, E. Sherman, R. Wong, S. Wolden, S. Rao and N. Lee. IMRT versus conventional radiation therapy for postoperative treatment of oral cavity squamous cell carcinoma (OCSCC). Int J Radiat Oncol Biol Phys. 2012. 84:S465-S466.	Abstract only
F. Liu and J. Xiao. Evaluation of fractionated stereotactic radiotherapy with vagina carotica protection for residual nasopharyngeal carcinoma. Radiother Oncol. 2011. 99:S324.	Abstract only
F. Liu, J. P. Xiao, Y. J. Xu, Y. Zhang, G. Z. Xu, L. Gao, J. L. Yi, J. W. Luo, X. D. Huang, F. K. Huan, H. Fang, B. Wan and Y. X. Li. Fractionated stereotactic radiotherapy with vagina carotica protection technique for local residual nasopharyngeal carcinoma after primary radiotherapy. Chin Med J (Engl). 2012. 125:2525-9.	Nonrelevant study design
F. M. Fang, C. Y. Chien, W. L. Tsai, H. C. Chen, H. C. Hsu, C. C. Lui, T. L. Huang and H. Y. Huang. Quality of life and survival outcome for patients with nasopharyngeal carcinoma receiving three-dimensional conformal radiotherapy vs. intensity-modulated radiotherapy-a longitudinal study. Int J Radiat Oncol Biol Phys. 2008. 72:356-364.	Included in the Original CER
F. M. Fang, W. L. Tsai, H. C. Chen, H. C. Hsu, C. Y. Hsiung, C. Y. Chien and S. F. Ko. Intensity-modulated or conformal radiotherapy improves the quality of life of patients with nasopharyngeal carcinoma: comparisons of four radiotherapy techniques. Cancer. 2007. 109:313-21.	Outdated study
F. M. Fang, W. L. Tsai, T. F. Lee, K. C. Liao, H. C. Chen and H. C. Hsu. Multivariate analysis of quality of life outcome for nasopharyngeal carcinoma patients after treatment. Radiotherapy and Oncology. 2010. 97:263-269.	Invalid treatment modalities
F. Roeder, F. Zwicker, L. Saleh-Ebrahimi, C. Timke, C. Thieke, M. Bischof, J. Debus and P. E. Huber. Intensity modulated or fractionated stereotactic reirradiation in patients with recurrent nasopharyngeal cancer. Radiat Oncol. 2011. 6.	Nonrelevant study design
F. Y. Feng, H. M. Kim, T. H. Lyden, M. J. Haxer, F. P. Worden, M. Feng, J. S. Moyer, M. E. Prince, T. E. Carey, G. T. Wolf, C. R. Bradford, D. B. Chepeha and A. Eisbruch. Intensity-modulated chemoradiotherapy aiming to reduce dysphagia in patients with oropharyngeal cancer: Clinical and functional results. Dysphagia. 2011. 26:206-207.	Nonrelevant study design
G. A. Hobeika, Y. Zia, G. Walker, M. Samuels, M. Abramowitz and N. Elsayyad. Definitive radiation therapy for locally advanced oropharyngeal carcinoma. Int J Radiat Oncol Biol Phys. 2012. 84:S474.	Abstract only
G. B. Gunn, G. M. Chronowski, A. S. Garden, S. J. Frank, W. H. Morrison, B. M. Beadle, C. M. Lewis, T. R. Mendoza, C. S. Cleeland and D. I. Rosenthal. Symptom-free cure following unilateral radiation therapy for tonsil cancer: A patient-reported outcomes (PRO) benchmark. Int J Radiat Oncol Biol Phys. 2012. 84:S467.	Abstract only

G. B. Gunn, T. R. Mendoza, A. S. Garden, X. S. Wang, W. H. Morrison, S. J. Frank, E. Y. Hanna, C. Lu, B. M. Beadle, K. K. Ang, C. S. Cleeland and D. I. Rosenthal. Patient-reported fatigue in head and neck cancer survivors. J Clin Oncol. 2011. 29.	Abstract only
G. Dickie, K. Choma, P. Dwyer, C. Lin, B. Higgs and L. Kenny. Head and neck cancer treated with helical IMRT; Initial results and acute toxicity. J Med Imaging Radiat Oncol. 2012. 56:252.	Abstract only
G. F. Huber, C. Gengler, C. Walter, T. Roth, A. Huber and D. Holzmann. Adenocarcinoma of the nasal cavity and paranasal sinuses: Single-institution review of diagnosis, histology, and outcome. J Otolaryngol Head Neck Surg. 2011. 40:34-39.	Nonrelevant study design
G. Mok, I. Gauthier, H. Jiang, S. Huang, K. Chan, I. Witterick, J. J. Kim, J. N. Waldron, B. O'Sullivan and J. Ringash. Does IMRT for hypopharyngeal cancer improve locoregional control? A comparison to 3D conformal radiation therapy. Int J Radiat Oncol Biol Phys. 2012. 84:S492.	Abstract only
G. Studer, K. Furrer, B. J. Davis, S. S. Stoeckli, R. A. Zwahlen, U. M. Luetolf and C. Glanzmann. Postoperative IMRT in head and neck cancer. Radiat Oncol. 2006. 1:40.	Outdated study
G. Studer, R. A. Zwahlen, K. W. Graetz, B. J. Davis and C. Glanzmann. IMRT in oral cavity cancer. Radiat Oncol. 2007. 2:16.	Outdated study
H. D. Pacholke, R. J. Amdur, C. G. Morris, J. G. Li, J. F. Dempsey, R. W. Hinerman and W. M. Mendenhall. Late xerostomia after intensity-modulated radiation therapy versus conventional radiotherapy. Am J Clin Oncol. 2005. 28:351-8.	Outdated study
H. Hojo, S. Zenda, M. Kawashima, S. Arahira, M. Tahara, R. Hayashi and K. Sasai. The response evaluation using CT/MRI for nasal cavity and paranasal sinuses malignancies treated with radiotherapy or proton beam therapy. Eur J Cancer. 2011. 47:S567.	Abstract only
H. Inokuchi, T. Nakamura, T. Tomoda, A. Takada, K. Takayama, C. Makita, M. Shiomi, T. Kato and N. Fuwa. Assessment of acute cervical skin toxicity due to fractionated proton beam therapy for head-and-neck cancer. Int J Radiat Oncol Biol Phys. 2012. 84:S836-S837.	Abstract only
H. Langendijk, R. Steenbakkers, O. Hoegen-Choevalova and H. P. Bijl. Late functional outcome in chemo-radiation. Eur J Cancer. 2011. 47:S12.	Abstract only
H. Lee, Y. Ahn, H. Nam, D. Oh, B. Kim, H. Park, J. Park and S. Park. Tumor volume reduction rate during definitive radiation therapy: A potential prognosticator in oropharynx cancer. Int J Radiat Oncol Biol Phys. 2012. 84:S470-S471.	Abstract only
H. P. Van Der Laan, T. Van De Water, H. Van Herpt, M. Christianen, H. P. Bijl, C. Schilstra and H. Langendijk. Dysphagia reduction with optimized photon and proton intensity-modulated radiotherapy for head and neck cancer. Radiother Oncol. 2011. 99:S72.	Abstract only
I. Beetz, C. Schilstra, P. Luijk'van, M. E. M. C. Christianen, H. P. Bijl, O. Chouvalova, P. Doornaert, E. R. Van Den Heuvel, D. Van, R. J. H. M. Steenbakkers and J. A. Langendijk. 3D-CRT based predictive models for patient-rated xerostomia and sticky saliva are not valid among patients treated with IMRT. Int J Radiat Oncol Biol Phys. 2011. 81:S174-S175.	Abstract only
J. A. Dorth and D. M. Brizel. Incidence of asymptomatic carotid artery stenosis in survivors of head and neck radiation. Int J Radiat Oncol Biol Phys. 2011. 81:S76.	Abstract only
J. Agarwal, S. Rathod, V. Murthy, S. Ghosh-laskar, A. Budrukkar, K. Dinshaw, P. Chaturvedi, K. Prabhash, A. D'Cruz and T. Gupta. Improved quality of life (QOL) outcomes in patients with head-and-neck squamous cell carcinoma (HNSCC) treated with intensity modulated radiation therapy (IMRT) compared to 3-dimensional conformal radiation therapy (3D-CRT): Evidence from a prospective randomized study. Int J Radiat Oncol Biol Phys. 2012. 84:S211.	Abstract only
J. B. Yu, P. R. Soulos, R. Sharma, D. V. Makarov, R. H. Decker, B. D. Smith, R. A. Desai, L. D. Cramer and C. P. Gross. Patterns of care and outcomes associated with intensity-modulated radiation therapy versus	Invalid treatment modalities

conventional radiation therapy for older patients with head-and-neck cancer. Int J Radiat Oncol Biol Phys. 2012. 83:e101-7.	
J. Buntzel, M. Glatzel, R. Mucke, O. Micke and F. Bruns. Influence of amifostine on late radiation-toxicity in head and neck cancer--a follow-up study. Anticancer Res. 2007. 27:1953-6.	Outdated study
J. Caudell, W. Carroll, J. Locher and J. Bonner. Factors associated with long term dysphagia following treatment of locally advanced head and neck cancer with surgery and post-operative radiotherapy. Dysphagia. 2011. 26:450-451.	Abstract only
J. J. Beitler, Q. Zhang, K. K. Fu, A. Trotti, S. A. Spencer, C. U. Jones, A. S. Garden, G. Shenouda, J. Harris and K. K. Ang. Rtog 90-03: Final report. Int J Radiat Oncol Biol Phys. 2012. 84:S6.	Abstract only
J. J. Wang, T. A. Goldsmith, A. S. Holman, M. Cianchetti and A. W. Chan. Pharyngoesophageal stricture after treatment for head and neck cancer. Head Neck. 2012. 34:967-973.	Nonprimary data
J. Kharofa, N. Choong, D. Wang, S. Firat, C. Schultz, C. Sadasiwan and S. Wong. Continuous-course reirradiation with concurrent carboplatin and paclitaxel for locally recurrent, nonmetastatic squamous cell carcinoma of the head-and-neck. Int J Radiat Oncol Biol Phys. 2012. 83:690-5.	Invalid treatment modalities
J. Kubes, J. Cvek, V. Vondracek, M. Pala and D. Feltl. Accelerated radiotherapy with concomitant boost technique (69.5 Gy/5 weeks): An alternative in the treatment of locally advanced head and neck cancer. Strahlenther Onkol. 2011. 187:651-655.	Nonrelevant study design
J. L. Yi, L. Gao, X. D. Huang, S. Y. Li, J. W. Luo, W. M. Cai, J. P. Xiao and G. Z. Xu. Nasopharyngeal carcinoma treated by radical radiotherapy alone: Ten-year experience of a single institution. Int J Radiat Oncol Biol Phys. 2006. 65:161-8.	Nonrelevant study design
J. Mundi and M. St. John. Evaluation of trends in use of IMRT in head and neck cancer. Otolaryngology - Head and Neck Surgery. 2011. 145:166.	Abstract only
J. Petsuksiri, A. Sermsree, K. Thephamongkhol, P. Keskool, K. Thongyai, Y. Chansilpa and P. Pattaranutaporn. Sensorineural hearing loss after concurrent chemoradiotherapy in nasopharyngeal cancer patients. Radiat Oncol. 2011. 6.	Invalid treatment modalities
J. S. Kornerup, N. Brodin, C. Birk Christiansen, M. Aznar, T. Bjork- Eriksson, A. Kiil Berthelsen, E. Markova, A. Loft Jacobsen, L. Borgwardt and P. Munck af Rosenschold. Influence of pet data on the radiation therapy planning of pediatric cancer. Int J Radiat Oncol Biol Phys. 2012. 84:S639-S640.	Abstract only
J. Staffurth. A review of the clinical evidence for intensity-modulated radiotherapy. Clin Oncol. 2010. 22:643-657.	Nonprimary data
J. T. Chang, C. Y. Lin, K. H. Fan, H. M. Wang, C. T. Liao, K. Kang and S. F. Hung. The treatment result of advanced stage oropharyngeal cancer by radiotherapy with or without chemotherapy - The impact of intensity modulation radiotherapy and FDG-PET. Eur J Cancer. 2011. 47:S555.	Abstract only
J. Vargo, D. E. Heron, R. L. Ferris, J. M. Rwigema, R. E. Wegner, R. Kalash, J. Ohr, G. J. Kubicek and S. Burton. Treatment duration;2 weeks negatively impacts disease control following SBRT for locally recurrent, previously irradiated headand-neck cancers. Int J Radiat Oncol Biol Phys. 2012. 84:S510.	Abstract only
J. W. G. Roe, P. N. Carding, R. C. Dwivedi, R. A. Kazi, P. H. Rhys-Evans, K. J. Harrington and C. M. Nutting. Swallowing outcomes following Intensity Modulated Radiation Therapy (IMRT) for head & neck cancer - A systematic review. Oral Oncol. 2010. 46:727-733.	Nonprimary data
J. W. Jang, R. J. Parambi, T. A. Goldsmith, A. S. Holman, L. J. Wirth, J. R. Clark, P. M. Busse and A. W. Chan. Factors associated with prolonged gastrostomy tube usage in patients with oropharyngeal cancer treated with chemoradiation. Int J Radiat Oncol Biol Phys. 2012. 84:S479.	Abstract only
J. W. Roe, P. N. Carding, R. C. Dwivedi, R. A. Kazi, P. H. Rhys-Evans, K. J. Harrington and C. M. Nutting. Swallowing outcomes following intensity modulated radiation therapy (IMRT) for head and neck cancer - A systematic review. Dysphagia. 2011. 26:428.	Abstract only

J. Waldron, S. Huang, W. Xu, H. Zhao, D. Chen, J. Kim, A. Bayley, K. Chan, R. Gilbert and B. O'Sullivan. Neck-specific outcome of N2-N3 head-and-neck cancer treated with radiation (plus or minus) chemotherapy. Int J Radiat Oncol Biol Phys. 2012. 84:S206.	Abstract only
K. E. Rusthoven, D. Raben, A. Ballonoff, M. Kane, J. I. Song and C. Chen. Effect of radiation techniques in treatment of oropharynx cancer. Laryngoscope. 2008. 118:635-9.	Included in the original CER
K. Hu, L. B. Harrison, R. A. Shourbaji, B. Culliney, Z. Li and W. Fouad Mourad. Outcomes of occult primary (OP) of the head and neck squamous cell carcinoma (HNSCC) treated with oropharynx (OPX)-targeted radiotherapy (RT) and concurrent chemotherapy (CCRT). J Clin Oncol. 2012. 30.	Abstract only
K. Hu, M. Kumar, S. Sura, B. Culliney, T. Tran, A. Jacobson, M. Perksy, M. Urken, P. Costantino and L. Harrison. Can stage III-IV head and neck cancer patients be treated with unilateral radiotherapy?. Int J Radiat Oncol Biol Phys. 2011. 81:S486-S487.	Abstract only
K. Hu, W. F. Mourad, R. Shourbaji, W. Lin, B. Culliney, A. Jacobson, T. Tran, M. Urken, M. Persky and L. B. Harrison. Five-year outcomes of oropharynx (OPX) targeted radiation therapy (RT) for metastatic squamous cell carcinoma of unknown primary (MUP) in the head and neck. Int J Radiat Oncol Biol Phys. 2012. 84:S22.	Abstract only
K. Jingu, K. Abe, M. Koto, K. Fujimoto, H. Matsushita, T. Sugawara, R. Umezawa, N. Kadoya, K. Takeda and S. Yamada. Does IMRT increase loco-regional failure in patients with nasopharyngeal cancer? A first report. Radiother Oncol. 2012. 103:S447-S448.	Abstract only
K. S. Chao, J. O. Deasy, J. Markman, J. Haynie, C. A. Perez, J. A. Purdy and D. A. Low. A prospective study of salivary function sparing in patients with head-and-neck cancers receiving intensity-modulated or three-dimensional radiation therapy: initial results. Int J Radiat Oncol Biol Phys. 2001. 49:907-16.	Outdated study
K. S. Chao, N. Majhail, C. J. Huang, J. R. Simpson, C. A. Perez, B. Haughey and G. Spector. Intensity-modulated radiation therapy reduces late salivary toxicity without compromising tumor control in patients with oropharyngeal carcinoma: a comparison with conventional techniques. Radiother Oncol. 2001. 61:275-80.	Outdated study
K. Tsuchiya, K. Yasuda, Y. Nishikawa, R. Kinoshita, R. Onimaru and H. Shirato. Retrospective comparison between cisplatin plus fluorouracil and weekly cisplatin in concurrent chemoradiation therapy setting for stage II-IV nasopharyngeal carcinoma. Int J Radiat Oncol Biol Phys. 2012. 84:S484-S485.	Abstract only
K. U. Hunter, L. L. Fernandes, K. A. Vineberg, D. McShan, A. E. Antonuk, C. Cornwall, M. Feng, M. J. Schipper, J. M. Balter, A. Eisbruch. Parotid glands dose-effect relationships based on their actually delivered doses: implications for adaptive replanning in radiation therapy of head-and-neck cancer. Int J Radiat Oncol Biol Phys. 2013. 87:676-82.	Nonrelevant study design
L. B. Harrison, K. Hu, R. A. Shourbaji, B. Culliney, Z. Li, M. Urken, M. Persky and W. F. Mourad. The role of postoperative radiotherapy (PORT) in the management of parotid gland malignancy (PGM). J Clin Oncol. 2012. 30.	Abstract only
L. Costa, M. Buglione, N. Pasinetti, E. Castrezzati, R. Cavagnini, S. Tonoli and S. M. Magrini. Oropharynx cancer (OC): Acute/sub-acute toxicity in pts treated with 3D-conformal radiotherapy and IMRT. Radiother Oncol. 2012. 103:S448.	Abstract only
L. Kong, Y. W. Zhang, C. S. Hu and Y. Guo. Neoadjuvant chemotherapy followed by concurrent chemoradiation for locally advanced nasopharyngeal carcinoma. Chin J Cancer. 2010. 29:551-555.	Nonrelevant study design
L. Ma, L. Du, L. Feng, X. Zhang, F. Li, G. Zhou, B. Qu, S. Xu and C. Xie. Treatment of nasopharyngeal carcinoma with helical tomotherapy: A retrospective study of 121 cases. Int J Radiat Oncol Biol Phys. 2012. 84:S485.	Abstract only
L. Ma, Q. Guo, Y. Zhang, X. Kong, L. Yang, S. Lin, C. Huang, J. Pan and J.	Invalid treatment modalities

Lu. The effect of intensity-modulated radiotherapy versus conventional radiotherapy on quality of life in patients with nasopharyngeal cancer: a cross-sectional study. Head Neck Oncol. 2013. 5:8.	
L. Veldeman, I. Madani, F. Hulstaert, G. De Meerleer, M. Mareel and W. De Neve. Evidence behind use of intensity-modulated radiotherapy: a systematic review of comparative clinical studies. Lancet Oncol. 2008. 9:367-375.	Nonprimary data
M. Abdel-Wahab, A. Abitbol, I. Elattar, O. Mahmoud, M. Troner and A. Lewin. Does radiation technique influence peg dependence? A comparison between intensity modulated radiation therapy and 3-dimensional conformal techniques. Int J Radiat Oncol Biol Phys. 2012. 84:S652.	Abstract only
M. Boomsma-Van Holten, H. P. Bijl, M. Christianen, I. Beetz, O. Chouvalova, R. Steenbakkers, B. Van Der Laan, S. Oostinq, C. Schilstra and H. Langendijk. A NTCP model for radiation-induced hypothyroidism based on a prospective cohort study. Radiother Oncol. 2011. 98:S25-S26.	Abstract only
M. E. Daly, Y. Lieskovsky, T. Pawlicki, J. Yau, H. Pinto, M. Kaplan, W. E. Fee, A. Koong, D. R. Goffinet, L. Xing and Q. T. Le. Evaluation of patterns of failure and subjective salivary function in patients treated with intensity modulated radiotherapy for head and neck squamous cell carcinoma. Head Neck. 2007. 29:211-20.	Outdated study
M. F. Roenjom, C. Brink, L. Hegedus, J. Overgaard and J. Johansen. Dose-response of hypothyroidism after primary radiotherapy in carcinoma of the head and neck (HNSCC). Radiother Oncol. 2012. 103:S202.	Abstract only
M. Feng, S. Jabbari, A. Lin, et al. Predictive factors of local-regional recurrences following parotid sparing intensity modulated or 3D conformal radiotherapy for head and neck cancer. Radiother Oncol. 2005. 77:32-8.	Outdated study
M. Hu, E. Katsoulakis, N. Riaz, S. Jaffery, S. Rao and N. Lee. Excellent laryngeal preservation can be achieved with imrt for locoregionally advanced laryngeal cancer. Int J Radiat Oncol Biol Phys. 2012. 84:S495-S496.	Invalid treatment modalities
M. K. Bhayani, K. A. Hutcheson, D. Barringer, A. Lisec, D. Roberts, S. Y. Lai and J. S. Lewin. Identification and management of oropharyngeal carcinoma patients with risk factors for gastrostomy tube placement and dependence. Int J Radiat Oncol Biol Phys. 2011. 81:S495.	Abstract only
M. Lambrecht, D. Nevens and S. Nuyts. The effect of IMRT on outcome and toxicity compared to 3DCRT. A mono-centric, retrospective analysis. Radiother Oncol. 2012. 103:S456.	Abstract only
M. Leclerc, E. Lartigau, T. Lacornerie, J. Daisne and V. Gregoire. Target volume delineation based on 18FDG PET for locally advanced head and neck cancer treated by chemo-radiotherapy. Radiother Oncol. 2012. 103:S175-S176.	Abstract only
M. Lopez-Valcarcel, R. Moleron, E. Amaya, A. Sanz, P. Tavera, M. Hernandez, M. A. Cobo, J. Romero, C. Ispizua and A. De La Torre. Helical tomotherapy and 3D-conformal radiotherapy in nasopharyngeal cancer: Dosimetric and toxicity comparison. Radiother Oncol. 2012. 103:S445.	Abstract only
M. Louise Kent, M. T. Brennan, J. L. Noll, P. C. Fox, S. H. Burri, J. C. Hunter and P. B. Lockhart. Radiation-induced trismus in head and neck cancer patients. Support Care Cancer. 2008. 16:305-9.	Invalid treatment modalities
M. M. Qureshi, P. B. Romesser, L. T. Chatburn, R. M. Subramaniam and M. Truong. Determining the optimal prognostic volumetric threshold of gross tumor volume in head and neck cancer treated by radiotherapy. Int J Radiat Oncol Biol Phys. 2011. 81:S536.	Abstract only
M. Palazzi, E. Orlandi, P. Bossi, et al. Further Improvement in Outcomes of Nasopharyngeal Carcinoma With Optimized Radiotherapy and Induction Plus Concomitant Chemotherapy: An Update of the Milan Experience. Int J Radiat Oncol Biol Phys. 2009. 74:774-780.	Nonrelevant study design
M. Qureshi, P. B. Romesser, A. Ajani, L. A. Kachnic and M. Truong. Gross tumor volume presentation in different race/ethnic groups as a determinant of treatment outcome in head-and-neck cancer patients treated with definitive radiation therapy. Int J Radiat Oncol Biol Phys. 2012. 84:S539.	Abstract only
M. R. Vergeer, P. A. H. Doornaert, D. H. F. Rietveld, C. R. Leemans, B. J.	Included in the original CER

Slotman and J. A. Langendijk. Intensity-modulated radiotherapy reduces radiation-induced morbidity and improves health-related quality of life: results of a nonrandomized prospective study using a standardized follow-up program. Int J Radiat Oncol Biol Phys. 2009. 74:1-8.	
M. Roenjom, C. Brink, L. Hegedu s, J. Overgaard and J. Johansen. Hypothyroidism after primary radiation therapy in squamous cell carcinoma of the head and neck (HNSCC). Int J Radiat Oncol Biol Phys. 2012. 84:S61.	Abstract only
M. Sujith Kumar, S. Chakraborty, M. Geetha, E. P. Greeshma, M. Kumar and B. Sateeshan. Geriatric radiation oncology practice in a tertiary care center in India: Cure sometimes, comfort always. J Cancer Res Ther. 2012. 8:S176-S177.	Abstract only
M. Suntharalingam, Y. Kwok, O. Goloubeva, A. Parekh, R. Taylor, J. Wolf, A. Zimrin, S. Strome, R. Ord and K. J. Cullen. Phase II study evaluating the addition of cetuximab to the concurrent delivery of weekly carboplatin, paclitaxel, and daily radiotherapy for patients with locally advanced squamous cell carcinomas of the head and neck. Int J Radiat Oncol Biol Phys. 2012. 82:1845-1850.	Nonrelevant study design
M. T. Milano, E. E. Vokes, J. Kao, W. Jackson, M. A. List, K. M. Stenson, M. E. Witt, A. Dekker, E. MacCracken, M. C. Garofalo, S. J. Chmura, R. R. Weichselbaum and D. J. Haraf. Intensity-modulated radiation therapy in advanced head and neck patients treated with intensive chemoradiotherapy: preliminary experience and future directions. Int J Oncol. 2006. 28:1141-51.	Outdated study
M. Vergeer, P. Doornaert, D. Rietveld, C. R. Leemans, J. A. Langendijk and B. Slotman. IMRT in head and neck cancer: Prognostic factors and patterns of recurrence. Radiotherapy and Oncology. 2012. 103:S279-S280.	Abstract only
M. W. Munter, S. Hoffner, H. Hof, K. K. Herfarth, U. Haberkorn, V. Rudat, P. Huber, J. Debus and C. P. Karger. Changes in salivary gland function after radiotherapy of head and neck tumors measured by quantitative pertechnetate scintigraphy: comparison of intensity-modulated radiotherapy and conventional radiation therapy with and without Amifostine. Int J Radiat Oncol Biol Phys. 2007. 67:651-9.	Outdated study
M. Y. Chen and R. Jiang. Endoscopic surgery and IMRT are effective in recurrent NPC. Otolaryngology - Head and Neck Surgery. 2011. 145:65.	Abstract only
M. Yao, L. H. Karnell, G. F. Funk, H. Lu, K. Dornfeld and J. M. Buatti. Health-related quality-of-life outcomes following IMRT versus conventional radiotherapy for oropharyngeal squamous cell carcinoma. Int J Radiat Oncol Biol Phys. 2007. 69:1354-60.	Outdated study
N. C. Sheets, S. B. Wheeler, R. E. Kohler, D. V. Fried, P. M. Brown and B. S. Chera. Costs of care in a matched pair comparison of intensity-modulated radiation therapy (IMRT) versus conventional radiation therapy (CRT) for the treatment of head and neck cancer. Am J Clin Oncol: Cancer Clin. 2013.	Invalid treatment modalities
N. Galanopoulos, M. Yao, P. Lavertu, A. Argiris, J. Greskovich, P. Fu, J. Wasman, R. Rezaee, M. Machtay and P. Savvides. Phase II study of concurrent chemoradiation with bevacizumab and docetaxel for treatment of locally advanced squamous cell carcinoma of the head and neck (SCCHN). Int J Radiat Oncol Biol Phys. 2011. 81:S77.	Abstract only
N. Joshi, S. Mallick, A. Gandhi, S. Pandit, B. Mohanti, G. Rath, D. Sharma and P. Julka. Reirradiation in head-and-neck cancers: An indian tertiary cancer center experience. Int J Radiat Oncol Biol Phys. 2012. 84:S476.	Abstract only
N. Lee, C. Akazawa, P. Akazawa, J. M. Quivey, C. Tang, L. J. Verhey and P. Xia. A forward-planned treatment technique using multisegments in the treatment of head-and-neck cancer. Int J Radiat Oncol Biol Phys. 2004. 59:584-94.	Outdated study
N. Riaz, S. Jaffery, M. Hu, S. Wolden, S. Rao and N. Lee. Is IMRT associated with inferior outcomes for T1-2N0 squamous cell carcinoma of the larynx?. Int J Radiat Oncol Biol Phys. 2012. 84:S495.	Abstract only
N. Wiedenmann, S. Bucher, M. Mix, M. Hentschel, M. I. Bittner, S. Adebahr, C. Offermann, U. Nestle, W. Weber and A. Grosu. Tumor hypoxia in head and neck cancer during radiochemotherapy evaluated with serial [18f]-fluoromisonidazole pet. Radiother Oncol. 2012. 102:S163-S164.	Abstract only

N. Y. Lee, F. F. de Arruda, D. R. Puri, et al. A comparison of intensity-modulated radiation therapy and concomitant boost radiotherapy in the setting of concurrent chemotherapy for locally advanced oropharyngeal carcinoma. Int J Radiat Oncol Biol Phys. 2006. 66:966-74.	Outdated study
O. Ardenfors, D. Josefsson and A. Dasu. Are IMRT treatments in the H&N region increasing the risk of secondary cancers? Radiother Oncol. 2012. 103:S569-S570.	Abstract only
O. K. Jilani, P. Singh, A. G. Wernicke, D. I. Kutler, W. Kuhel, P. Christos, D. Nori, A. Sabbas, K. S. C. Chao and B. Parashar. Radiation therapy is well tolerated and produces excellent control rates in elderly patients with locally advanced head and neck cancers. J Geriatr Oncol. 2012. 3:337-343.	Nonrelevant study design
P. A. Paximadis, M. Christensen, D. Kamdar, G. Dyson, A. Sukari, H. Lin, H. Kim and G. Yoo. Up-front neck dissection followed by definitive chemoradiation in patients with regionally advanced head and neck cancer. Int J Radiat Oncol Biol Phys. 2011. 81:S546.	Abstract only
P. B. Romesser, M. M. Qureshi, L. A. Kachnic and M. Truong. Non-english speaking language rather than non-white race predicts treatment outcomes in patients treated with radiotherapy (RT) for head and neck cancer (HNC). Int J Radiat Oncol Biol Phys. 2011. 81:S556-S557.	Abstract only
P. B. Romesser, M. M. Qureshi, R. M. Subramaniam, O. Sakai, S. Jalisi and M. T. Truong. A prognostic volumetric threshold of gross tumor volume in head and neck cancer patients treated with radiotherapy. Am J Clin Oncol: Cancer Clin. 2012.	Nonrelevant study design
P. C. Levendag, D. N. Teguh, F. Keskin-Cambay, A. Al-Mamgani, P. Van Rooij, E. Astreinidou, S. L. S. Kwa, B. Heijmen, D. A. Monserez and S. O. S. Osman. Single vocal cord irradiation: A competitive treatment strategy in early glottic cancer. Radiother Oncol. 2011. 101:415-419.	Invalid treatment modalities
P. C. Levendag, D. N. Teguh, P. Voet, et al. Dysphagia disorders in patients with cancer of the oropharynx are significantly affected by the radiation therapy dose to the superior and middle constrictor muscle: a dose-effect relationship. Radiother Oncol. 2007. 85:64-73.	Outdated study
P. C. Levendag, F. J. Lagerwaard, C. de Pan, I. Noever, A. van Nimwegen, O. Wijers and P. J. Nowak. High-dose, high-precision treatment options for boosting cancer of the nasopharynx. Radiother Oncol. 2002. 63:67-74.	Invalid treatment modalities
P. Dirix and S. Nuyts. Value of intensity-modulated radiotherapy in stage IV head-and-neck squamous cell carcinoma. Int J Radiat Oncol Biol Phys. 2010. 78:1373-1380.	Overlapping patient population
P. Graff, M. Lapeyre, E. Desandes, C. Ortholan, R. J. Bensadoun, M. Alfonsi, P. Maingon, P. Giraud, J. Bourhis, V. Marchesi, A. Mege and D. Peiffert. Impact of intensity-modulated radiotherapy on health-related quality of life for head and neck cancer patients: matched-pair comparison with conventional radiotherapy. Int J Radiat Oncol Biol Phys. 2007. 67:1309-17.	Outdated study
P. Levendag, D. N. Teguh, F. Keskin-Cambay, S. L. S. Kwa, P. Rooij Van, A. Al-Mamgani, E. Astreinidou, B. Heijmen, M. Hoogeman and S. O. S. Osman. Single vocal cord irradiation - A competitive treatment strategy in early glottic cancer. Eur J Cancer. 2011. 47:S561.	Abstract only
P. M. Braam, C. H. Terhaard, J. M. Roesink and C. P. Raaijmakers. Intensity-modulated radiotherapy significantly reduces xerostomia compared with conventional radiotherapy. Int J Radiat Oncol Biol Phys. 2006. 66:975-80.	Outdated study
P. Mohindra, P. A. Wiederholt, H. M. Geye, D. Khuntia, T. Hoang, A. M. Traynor, T. Speer, T. M. McCulloch, G. K. Hartig and P. M. Harari. Squamous cell carcinoma of the oropharynx: 20-year outcome results. Int J Radiat Oncol Biol Phys. 2012. 84:S481.	Abstract only
P. Paximadis, G. Yoo, H. S. Lin, J. Jacobs, A. Sukari, G. Dyson, M. Christensen and H. Kim. Concurrent chemoradiotherapy improves survival in patients with hypopharyngeal cancer. Int J Radiat Oncol Biol Phys. 2012. 82:1515-1521.	Nonrelevant study design
P. R. Patel, J. Lee, D. Kundu, K. Temple, R. May, W. Lee, D. Yoo and D. Brizel. Postoperative radiation therapy for salivary gland tumors: Factors	Abstract only

associated with treatment failure and toxicity. Int J Radiat Oncol Biol Phys. 2012. 84:S502-S503.	
P. Y. Chen, H. H. Chen, J. R. Hsiao, M. W. Yang, W. T. Hsueh, S. T. Tasi, F. C. Lin and Y. H. Wu. Intensity-modulated radiotherapy improves outcomes in postoperative patients with squamous cell carcinoma of the oral cavity. Oral Oncol. 2012. 48:747-52.	Invalid treatment modalities
R. Banner, S. Gwynne, N. Palaniappan, J. Mathlin, S. Beachus, T. Rackley, L. Moss and M. Evans. Acute toxicity of chemo-IMRT for oropharyngeal cancer (OPC). A prospective audit compared with published data. Radiother Oncol. 2012. 103:S453-S454.	Abstract only
R. C. Miller, M. Lodge, M. H. Murad and B. Jones. Controversies in clinical trials in proton radiotherapy: The present and the future. Seminars in Radiation Oncology. 2013. 23:127-133.	Nonprimary data
R. E. Kohler, N. C. Sheets, S. B. Wheeler, C. Nutting, E. Hall, B. S. Chera. Two-year and lifetime cost-effectiveness of intensity modulated radiation therapy versus 3-dimensional conformal radiation therapy for head-and-neck cancer. Int J Radiat Oncol Biol Phys. 2013. 87:683-9.	Nonrelevant outcomes
R. I. Smee, N. S. Meagher, K. Broadley, T. Ho, J. R. Williams and G. P. Bridger. Recurrent nasopharyngeal carcinoma: current management approaches. Am J Clin Oncol. 2010. 33:469-73.	Nonrelevant study design
R. J. Bensadoun, D. Riesenbeck, P. B. Lockhart, L. S. Elting, F. K. L. Spijkervet and M. T. Brennan. A systematic review of trismus induced by cancer therapies in head and neck cancer patients. Supportive Care Cancer. 2010. 18:1033-1038.	Nonprimary data
R. J. H. M. Steenbakkers, I. Beetz, O. Chouvalova, P. Doornaert, D. Rietveld, B. F. A. M. Van Der Laan, A. Vissink, H. P. Bijl, P. Van Luijk and J. A. Langendijk. Quantec dose volume constraints for parotid glands are feasible only in a minority of H&N patients treated with IMRT. Radiother Oncol. 2012. 103:S202-S203.	Abstract only
R. Rahmati, N. Lee, G. Linkov, A. Mohebati and D. Kraus. Outcomes in recurrent head and neck cancer after salvage surgery and flap reconstruction with postoperative reirradiation (RE-RT). Int J Radiat Oncol Biol Phys. 2011. 81:S548.	Abstract only
S. B. Jensen, A. M. L. Pedersen, A. Vissink, et al. A systematic review of salivary gland hypofunction and xerostomia induced by cancer therapies: Management strategies and economic impact. Supportive Care Cancer. 2010. 18:1061-1079.	Nonprimary data
S. B. Jensen, A. M. L. Pedersen, A. Vissink, et al. A systematic review of salivary gland hypofunction and xerostomia induced by cancer therapies: Prevalence, severity and impact on quality of life. Supportive Care Cancer. 2010. 18:1039-1060.	Nonprimary data
S. Chopra, D. Kamdar, O. E. Tulunay Ugur, G. Chen, B. Peshek, M. Marunick, H. Kim, H. S. Lin and J. Jacobs. Factors predictive of severity of osteoradionecrosis of the mandible. Head Neck. 2011. 33:1600-1605.	Nonrelevant study design
S. Clavel, D. H. A. Nguyen, B. Fortin, P. Despres, N. Khaouam, D. Donath, D. Soulires, L. Guertin and P. F. Nguyen-Tan. Simultaneous integrated boost using intensity-modulated radiotherapy compared with conventional radiotherapy in patients treated with concurrent carboplatin and 5-fluorouracil for locally advanced oropharyngeal carcinoma. Int J Radiat Oncol Biol Phys. 2012. 82:582-589.	Invalid treatment modalities
S. Colbert, M. Algholmy, M. Gray, S. Walji and J. Davies. Management of the cervical lymph node metastasis of unknown origin. Br J Oral Maxillofacial Surg. 2011. 49:S43.	Abstract only
S. Das, S. G. Laskar, D. Gupta, T. Gupta, V. Murthy, A. Budrukkar and J. P. Agarwal. Hearing loss after conformal radiotherapy in non-nasopharyngeal head and neck cancer-A prospective study. J Cancer Res Ther. 2012. 8:S186-S187.	Abstract only
S. E. Mowry, C. Tang, A. Sadeghi and M. B. Wang. Standard chemoradiation versus intensity-modulated chemoradiation: A quality of life assessment in oropharyngeal cancer patients. Eur Arch Oto-Rhino-	Invalid treatment modalities

Laryngology. 2010. 267:1111-1116.	
S. F. Qiu, J. D. J. Lu, S. J. Lin, I. W. K. Tham, J. Lu and J. J. Pan. Three-dimensional conformal radiation therapy in the salvage of 212 locally recurrent nasopharyngeal carcinoma cases. Int J Radiat Oncol Biol Phys. 2011. 81:S508-S509.	Abstract only
S. Ghosh-Laskar, D. A. Chaukar, J. P. Agarwal, T. Gupta, A. Budrukkar and V. Murthy. Comparison of early quality of life (QOL) in patients with squamous cell carcinoma of the head and neck (HNSCC) treated with 3-dimensional conformal radiotherapy (3D-CRT) versus intensity modulated radiotherapy (IMRT). Oral Oncol. 2011. 47:S56.	Abstract only
S. Guha, C. G. Kelly, R. Guha, R. Achari, I. Mallick, V. Paleri, A. J. Munro and S. Chatterjee. Intensity modulated radiation therapy (IMRT) in the treatment of squamous carcinoma of the oropharynx: An overview. Journal of Cancer Science and Therapy. 2012. 4:77-83.	Nonprimary data
S. Gulliford, A. Miah, S. Brennan, M. Partridge, K. Harrington and C. Nutting. The dose-volume response of posterior fossa and brainstem with respect to acute fatigue. Radiother Oncol. 2011. 99:S428.	Abstract only
S. Gulliford, A. Miah, S. Brennan, M. Partridqe, K. Harrinqton and C. Nutting. Dose-volume atlases of complication incidence for acute fatigue: Data from the parsport trial. Radiother Oncol. 2011. 98:S28.	Abstract only
S. H. Chan, W. T. Ng, K. L. Kam, M. C. H. Lee, C. W. Choi, T. K. Yau, A. W. M. Lee and S. K. Chow. Sensorineural Hearing Loss After Treatment of Nasopharyngeal Carcinoma: A Longitudinal Analysis. Int J Radiat Oncol Biol Phys. 2009. 73:1335-1342.	Nonrelevant study design
S. H. Kataoka, F. C. Setzer, E. R. Fregnani, O. F. Pessoa, E. Gondim, Jr. and C. L. Caldeira. Effects of 3-dimensional conformal or intensity-modulated radiotherapy on dental pulp sensitivity during and after the treatment of oral or oropharyngeal malignancies. J Endod. 2012. 38:148-52.	Nonrelevant outcomes
S. Iganej, G. L. Buchschacher and I. A. Abdalla. Triweekly carboplatin alone in the treatment of oropharyngeal carcinoma with definitive concurrent chemoradiation: Outcomes of 120 unselected patients and a comparison to the RTOG 0129 regimen results. J Clin Oncol. 2012. 30.	Abstract only
S. Jabbari, H. M. Kim, M. Feng, A. Lin, C. Tsien, M. Elshaikh, J. E. Terrel, C. Murdoch-Kinch and A. Eisbruch. Matched case-control study of quality of life and xerostomia after intensity-modulated radiotherapy or standard radiotherapy for head-and-neck cancer: initial report. Int J Radiat Oncol Biol Phys. 2005. 63:725-31.	Outdated study
S. K. Gupta, R. Ray, S. Chatterjee, T. Sinha, S. Sinha, D. Gowardhanan, R. Achari and I. Mallick. Predictors of weight loss during conformal radiotherapy for head and neck cancers-How important are PTV volumes?. J Cancer Res Ther. 2012. 8:S192-S193.	Abstract only
S. K. Mullapally, B. K. Mohanti, M. A. Laviraj, S. Thulkar, V. Subramani, A. Sharma, S. Bhasker, R. M. Pandey, A. Thakkar and G. K. Rath. Image guided adaptive radiotherapy (IGART) of head and neck cancer: Volumetric and clinical evidence. Radiother Oncol. 2012. 103:S284.	Abstract only
S. L. Shiao, J. M. Quivey, V. K. Weinberg, D. W. Eisele, C. M. Glastonbury and S. S. Yom. Radiotherapy for carcinoma of the hypopharynx over four decades: Experience at the university of california san francisco. Int J Radiat Oncol Biol Phys. 2011. 81:S514-S515.	Abstract only
S. L. Wolden, W. C. Chen, D. G. Pfister, D. H. Kraus, S. L. Berry and M. J. Zelefsky. Intensity-modulated radiation therapy (IMRT) for nasopharynx cancer: update of the Memorial Sloan-Kettering experience. Int J Radiat Oncol Biol Phys. 2006. 64:57-62.	Outdated study
S. Laskar, G. Bahl, M. Muckaden, S. K. Pai, T. Gupta, S. Banavali, B. Arora, D. Sharma, P. A. Kurkure, M. Ramadwar, S. Viswanathan, V. Rangarajan, S. Qureshi, D. D. Deshpande, S. K. Shrivastava and K. A. Dinshaw. Nasopharyngeal Carcinoma in Children: Comparison of Conventional and Intensity-Modulated Radiotherapy. Int J Radiat Oncol Biol Phys. 2008. 72:728-736.	Invalid treatment modalities
S. M. Karandikar, K. Bokil, S. P. Deshmukh, S. Basu, B. Shinde, H. Patil and	Abstract only

N. Gupta. Retrospective analysis of head and neck cancer patients successfully treated with chemoradiation plus nimotuzumab. J Clin Oncol. 2011. 29.	
S. M. Magrini, S. Tonoli, L. Costa, N. Pasinetti, F. Paiar, L. Livi, G. Simontacchi, I. Meattini, L. Pegurri, P. Borghetti, P. Frata, P. Ponticelli, M. Buglione and G. Biti. A benchmark study on 883 nasopharyngeal cancer patients treated in two Italian centres from 1977 to 2000. Part II: Evolving technical choices and toxicity patterns. Radiol Med. 2012. 117:715-24.	Invalid treatment modalities
S. McBride, J. J. Wang, P. M. Busse and A. W. Chan. Predictors of distant metastasis in locally advanced oropharyngeal squamous cell carcinoma. Int J Radiat Oncol Biol Phys. 2011. 81:S489-S490.	Abstract only
S. Rathod, T. Gupta, S. Laskar, V. Murthy, A. Budrukkar, K. Prabhash, P. Chaturvedi and J. Agarwal. Change in health-related quality of life scores predict survival in head-and-neck squamous cell carcinoma treated with definitive high precision radiation therapy: Evidence from a prospective study. Int J Radiat Oncol Biol Phys. 2012. 84:S649.	Abstract only
S. Tonoli, D. Alterio, O. Caspiani, A. Bacigalupo, F. Bunkheila, M. Cianciulli, A. Merlotti, A. Podhrdska, M. Rampino and D. Cante. Nasopharyngeal cancer: Treatment technique, dose homogeneity and acute toxicity in an Italian prospective study. Radiother Oncol. 2012. 103:S277-S278.	Abstract only
S. Tonoli, S. M. Magrini, L. Costa, F. Paiar, G. Simontacchi, V. Scotti, N. Pasinetti, R. Barca, D. Barbieri, A. De Stefani, E. Cellai, M. Buglione and G. Biti. A benchmark study on 883 nasopharyngeal cancer patients treated in two Italian centres from 1977 to 2000. Part I: Evolving technical choices and survival. Radiol Med. 2012. 117:690-714.	Invalid treatment modalities
S. Tribius and C. Bergelt. Intensity-modulated radiotherapy versus conventional and 3D conformal radiotherapy in patients with head and neck cancer: Is there a worthwhile quality of life gain?. Cancer Treatment Rev. 2011. 37:511-519.	Nonprimary data
S. W. Loo, K. Geropantas, C. Beadsmoore, P. Q. Montgomery, W. M. C. Martin and T. W. Roques. Neck dissection can be avoided after sequential chemoradiotherapy and negative post-treatment positron emission tomography-computed tomography in N2 Head and neck squamous cell carcinoma. Clin Oncol. 2011. 23:512-517.	Nonrelevant study design
S. Wan Leung, T. F. Lee, C. Y. Chien, P. J. Chao, W. L. Tsai and F. M. Fang. Health-related Quality of life in 640 head and neck cancer survivors after radiotherapy using EORTC QLQ-C30 and QLQ-H&N35 questionnaires. BMC Cancer. 2011. 11.	Invalid treatment modalities
T. Bledsoe, A. Noble, G. Hunter, L. Rybicki, A. Hoschar, D. Chute, J. P. Saxton, J. F. Greskovich, D. J. Adelstein and S. A. Koyfman. Oropharyngeal squamous cell carcinoma (OPSCC) with known human papillomavirus (HPV) status treated with definitive chemoradiation therapy: Patterns of failure and toxicity outcomes. Int J Radiat Oncol Biol Phys. 2012. 84:S478.	Abstract only
T. Dijkema, C. P. J. Raaijmakers, R. K. Ten Haken, J. M. Roesink, P. M. Braam, A. C. Houweling, M. A. Moerland, A. Eisbruch and C. H. J. Terhaard. Parotid gland function after radiotherapy: The combined Michigan and Utrecht experience. Int J Radiat Oncol Biol Phys. 2010. 78:449-453.	Invalid treatment modalities
T. Goldsmith, J. Wang, A. Holman and A. W. Chan. Risk of Cervical Esophageal Stricture with Intensity Modulated vs. Conventional Radiation Therapy for Head and Neck Cancer: A Systemic Review. Int J Radiat Oncol Biol Phys. 2010. 78:S453-S454.	Abstract only
T. Gupta, S. Jain, J. P. Agarwal, S. Ghosh-Laskar, R. Phurailatpam, R. Pai-Shetty and K. A. Dinshaw. Prospective assessment of patterns of failure after high-precision definitive (chemo)radiation in head-and-neck squamous cell carcinoma. Int J Radiat Oncol Biol Phys. 2011. 80:522-531.	Nonrelevant study design
T. Hoang, C. Zhang, H. M. Geye, T. Speer, M. Yu, P. A. Wiederholt, J. C. Kakuske, A. M. Traynor, J. F. Cleary, S. H. Dailey, C. N. Ford, T. M. McCulloch, G. K. Hartig and P. M. Harari. Gender associations in head and neck squamous cell carcinoma (HNSCC). J Clin Oncol. 2012. 30.	Abstract only
T. Kodaira, H. Tachibana, N. Tomita, Y. Oshima, K. Hirata, J. Ito, Y. Goto and N. Fuwa. Clinical efficacy of helical tomotherapy for nasopharyngeal	Abstract only

cancer treated with definite concurrent chemoradiation therapy. Int J Radiat Oncol Biol Phys. 2012. 84:S483.	
T. R. Koo, H. G. Wu, K. H. Kim, M. W. Sung and C. I. Park. Treatment outcomes of radiotherapy for tonsillar carcinoma in the era of intensity-modulated radiotherapy. Eur J Cancer. 2011. 47:S565-S566.	Abstract only
T. Shahid, M. S. Chowdhury, G. S. Bhattacharya, S. Murshed, S. Poddar and K. Bhattacharya. Quality of life in head and neck cancer patients after treatment with radical radiotherapy alone or in combination with concurrent chemoradiation. J Cancer Res Ther. 2012. 8:S169.	Abstract only
T. Terasawa, T. Dvorak, S. Ip, G. Raman, J. Lau and T. A. Trikalinos. Systematic review: Charged-particle radiation therapy for cancer. Ann Intern Med. 2009. 151:556-565.	Nonprimary data
T. W. Leung, S. Y. Tung, W. K. Sze, F. C. Wong, K. K. Yuen, C. M. Lui, S. H. Lo, T. Y. Ng and S. K. O. Treatment results of 1070 patients with nasopharyngeal carcinoma: an analysis of survival and failure patterns. Head Neck. 2005. 27:555-65.	Outdated study
T. W. Roques, S. W. Loo, K. Geropantas, C. Beadsmoore, I. Worthington, J. Harrowven and C. Martin. Response assessment with FDG-PET/CT following definitive radiochemotherapy in head and neck cancer. Radiother Oncol. 2012. 103:S279.	Abstract only
U. Schick, M. Betz, P. Ghadjar, J. H. A. M. Kaanders and M. Ozsahin. Outcome and prognostic factors in adenosquamous carcinoma of the head and neck: A multi center rare cancer network study. Int J Radiat Oncol Biol Phys. 2011. 81:S541-S542.	Abstract only
U. Schick, M. Betz, P. Ghadjar, J. H. A. M. Kaanders, C. Demiroz and M. Ozsahin. Outcome and prognostic factors in adenosquamous carcinoma of the head and neck - A multicenter rare cancer network study. Eur J Cancer. 2011. 47:S555.	Abstract only
V. Budach, C. H. Cho, B. Sedlmaier, M. Wittlinger, H. Iro, E. C. Rita, M. Hautmann, J. Strutz, M. Flentje, B. Hueltenschmidt, L. Moser, M. Bleif, W. Budach, S. Staar, G. Becker, S. Tribius, P. C. Feyer, K. D. Wernecke and J. Werner. Five years' results of the German ARO 04-01 trial of concurrent 72 Gy hyperfractionated accelerated radiation therapy (HART) plus once weekly cisplatinum/5-FU versus mitomycin C/5-FU in stage IV head and neck cancer. J Clin Oncol. 2012. 30.	Abstract only
V. Gregoire, P. Mamgon, S. Nuyts, G. Calais, N. Grosso, U. Thalin, P. Sorensen, T. Nielsen and E. Brun. An open-label, phase I/II dose-escalation trial investigating zalutumumab, a human monoclonal EGF receptor (EGFR) antibody. In combination with chemoradiation as first line treatment of patients with locoregionally advanced squamous cell carcinoma of the head and neck (SCCHN). Radiother Oncol. 2010. 96:S309-S310.	Abstract only
V. Lau, L. M. Chen, D. G. Farwell, Q. Luu, P. Donald and A. M. Chen. Postoperative radiation therapy for head and neck cancer in the setting of orocutaneous and pharyngocutaneous fistula. Am J Clin Oncol: Cancer Clinical Trials. 2011. 34:276-280.	Nonrelevant study design
V. Murthy, K. Narang, J. P. Agarwal, S. Ghosh-Laskar, T. Gupta and A. Budrukkar. Hypothyroidism after head and neck 3DCRT and IMRT: Prospective data from two randomized trials. Radiother Oncol. 2012. 103:S176.	Abstract only
W. C. Chen, T. Z. Hwang, W. H. Wang, C. H. Lu, C. C. Chen, C. M. Chen, H. H. Weng, C. H. Lai and M. F. Chen. Comparison between conventional and intensity-modulated post-operative radiotherapy for stage III and IV oral cavity cancer in terms of treatment results and toxicity. Oral Oncol. 2009. 45:505-510.	Invalid treatment modalities
W. Duthoy, T. Boterberg, F. Claus, P. Ost, L. Vakaet, S. Bral, F. Duprez, M. Van Landuyt, H. Vermeersch and W. De Neve. Postoperative intensity-modulated radiotherapy in sinonasal carcinoma: clinical results in 39 patients. Cancer. 2005. 104:71-82.	Outdated study
W. F. Mourad, K. S. Hu, R. A. Shourbaji, D. Berlach, W. Lin, E. Kaplan-Marans, M. Urken, B. Culliney, M. Persky and L. B. Harrison. Outcomes of parotid gland tumors treated with surgery and postoperative radiation	Abstract only

therapy. Int J Radiat Oncol Biol Phys. 2012. 84:S499.	
W. F. Mourad, K. S. Hu, R. A. Shourbaji, W. Lin, E. Kaplan-Marans, S. Manolidis, B. Culliney, M. Urken, M. Persky and L. B. Harrison. Pattern of failure of head and neck malignancy (HNM) with perineural invasion (PNI). Int J Radiat Oncol Biol Phys. 2012. 84:S506-S507.	Abstract only
W. L. Kuang, Q. Zhou and L. F. Shen. Outcomes and prognostic factors of conformal radiotherapy versus intensity-modulated radiotherapy for nasopharyngeal carcinoma. Clin Transl Oncol. 2012. 14:783-90.	Invalid treatment modalities
W. Nijdam, P. Levendag, I. Noever, C. U. Groot and M. Agthoven. Cancer in the oropharynx: cost calculation of different treatment modalities for controlled primaries, relapses and grade III/IV complications. Radiother Oncol. 2005. 77:65-72.	Outdated study
W. S. Liu, H. C. Kuo, J. C. Lin, M. C. Su, J. K. Lee, M. J. Chou, M. C. Chou and H. Lee. Assessment of salivary function change in nasopharyngeal carcinoma treated by parotid-sparing radiotherapy. Cancer J. 2006. 12:494-500.	Outdated study
W. S. Liu, S. P. Lee, J. K. Lee, M. C. Su, G. D. Chen, H. S. Lee and H. Lee. Factors influencing the parotid function in nasopharyngeal carcinoma treated with parotid-sparing radiotherapy. Jpn J Clin Oncol. 2006. 36:626-31.	Outdated study
X. Ou, C. Shen, L. Kong, X. Wang, J. Ding, Y. Gao, T. Xu and C. Hu. Treatment outcome of nasopharyngeal carcinoma with retropharyngeal lymph nodes metastasis only and the feasibility of elective neck irradiation. Oral Oncol. 2012. 48:1045-50.	Nonrelevant study design
Y. C. Ahn, K. C. Lee, D. Y. Kim, S. J. Huh, I. H. Yeo, D. H. Lim, M. K. Kim, K. H. Shin, S. Park and S. H. Chang. Fractionated stereotactic radiation therapy for extracranial head and neck tumors. Int J Radiat Oncol Biol Phys. 2000. 48:501-5.	Nonrelevant study design
Y. Doi, M. Kenjyo, I. Takahashi, Y. Takeuti, S. Takahashi, I. Nishibuti, Y. Kaneyasu, Y. Murakami, T. Kimura and Y. Nagata. The frequency of adverse events by radiation therapy for atomic bomb survivors with cancer. Int J Radiat Oncol Biol Phys. 2012. 84:S538.	Abstract only
Y. H. Wu, H. M. Wang, H. H. W. Chen, C. Y. Lin, E. Y. C. Chen, K. H. Fan, S. F. Huang, I. H. Chen, C. T. Liao, A. J. Cheng and J. T. C. Chang. Hypothyroidism After Radiotherapy for Nasopharyngeal Cancer Patients. Int J Radiat Oncol Biol Phys. 2010. 76:1133-1139.	Invalid treatment modalities
Y. Li, J. M. Taylor, R. K. Ten Haken and A. Eisbruch. The impact of dose on parotid salivary recovery in head and neck cancer patients treated with radiation therapy. Int J Radiat Oncol Biol Phys. 2007. 67:660-9.	Outdated study
Y. Shibamoto, M. Okamoto, M. Kobayashi, S. Ayakawa, H. Iwata, C. Sugie, Y. Mitsuishi and H. Takahashi. Imax (immunity-maximized) cancer therapy: Combination of dendritic cell-based vaccine and intensity modulated radiation. Int J Radiat Oncol Biol Phys. 2012. 84:S74-S75.	Abstract only
Y. Sun, B. Zheng. The clinical outcomes of radiation therapy with VMAT in locoregionally advanced nasopharyngeal carcinoma. Int J Radiat Oncol Biol Phys. 2012. 84:S489.	Abstract only
Y. Wu. Postoperative IMRT improved outcome in patients with oral cavity squamous cell carcinoma. Radiother Oncol. 2012. 103:S447.	Abstract only
Y. Zeidan, J. D. Murphy, C. Chan, Y. An, M. Kaplan, A. Colevas, C. Kong and Q. Le. Postoperative radiation therapy for minor salivary gland carcinomas of the head and neck: Long-term outcomes. Int J Radiat Oncol Biol Phys. 2012. 84:S500.	Abstract only
Y. Zhang, Z. A. Lin, J. J. Pan, Z. Zheng, L. Yang, S. J. Lin and F. Zheng. Concurrent control study of different radiotherapy for primary nasopharyngeal carcinoma: Intensity-modulated radiotherapy versus conventional radiotherapy. Chin J Cancer. 2009. 28:21-26.	Invalid treatment modalities
Z. Y. Shao, Z. S. Tang, C. Yan, Y. T. Jiang, R. Ma, Z. Liu and Z. W. Huang. Effects of intensity-modulated radiotherapy on human oral microflora. J Radiat Res. 2011. 52:834-9.	Nonrelevant outcomes