

## Early Detection of Metastatic Recurrence Using NavDx<sup>®</sup> Testing in HPV+ Oropharyngeal Cancer

### Presentation

- ▶ 61-year-old male
- ▶ No history of tobacco use

### Diagnosis

- ▶ p16+, HPV+ T1N1M0 SCC of right tonsil
- ▶ Baseline NavDx TTMV Score of 47,262

## Optimizing Clinical Care with the NavDx Test

### Treatment

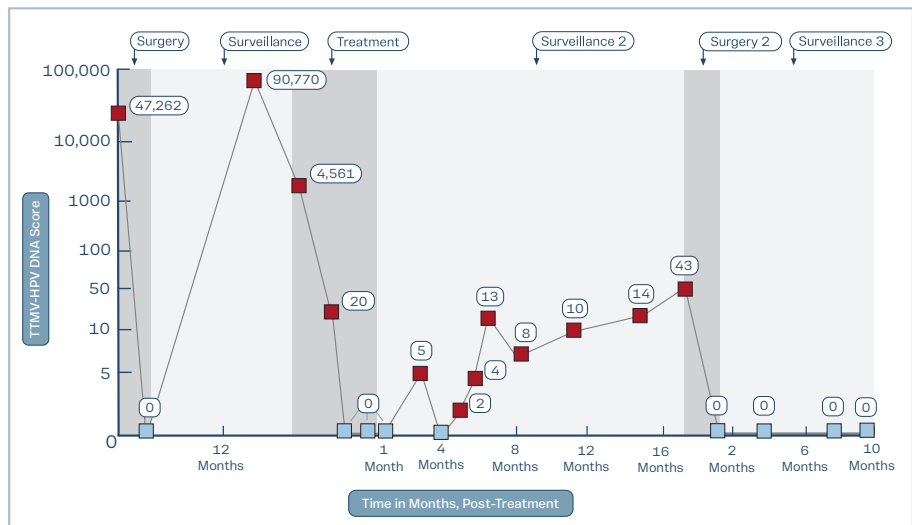
Following initial diagnosis, patient underwent right tonsillectomy and bilateral neck dissections, without adjuvant therapy. At 12 months post-treatment he developed locoregional recurrence (T3N2cM0), which was detected by imaging and confirmed by a positive NavDx result of 90,770. He received 3 cycles of induction chemotherapy (TPF) followed by chemoradiation with weekly carboplatin. Post-treatment PET/CT was negative, and his NavDx results returned to 0.

### Surveillance 2 & Surgery 2

During follow-up, rising NavDx values preceded imaging detection of small right lower lobe pulmonary nodules. Serial NavDx increases correlated with nodule growth, prompting wedge resections. Pathology confirmed metastatic HPV-associated basaloid squamous cell carcinoma.

### Outcome

Post-resection (Surveillance 3), NavDx results returned to 0, and PET/CT demonstrated no evidence of disease. The patient remains NED nearly one year after surgery, with ongoing imaging and NavDx surveillance. Early detection of oligometastatic disease by the NavDx test enabled a surgical-only salvage strategy that spared the patient additional rounds of CRT.



“NavDx was pivotal in both detecting initial locoregional recurrence and guiding early intervention for metastatic pulmonary nodules. Rising circulating tumor HPV DNA levels allowed timely resection before nodules became larger or widely metastatic, demonstrating its sensitivity and utility in clinical decision-making for recurrent HPV-associated disease.”

– Leslie Worona, FNP-BC, OCN



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