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Salvage neck dissection in head and neck cancer: Experience of a tertiary cancer center in Northeast India**Hemish H Kania and Anupam Das**
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Introduction: The presence of regional nodal metastasis represents a significant adverse prognostic factor with squamous cell carcinoma of head and neck. Early stage head neck cancers localized to primary site without regional lymph node metastasis have excellent cure rates with either surgery or radiation therapy. The presence of regional metastasis results in cure rates that are approximately half of former. Due to significant adverse impact of neck metastasis on prognosis the treatment of neck remains vital part of the decision-making process in determining therapy for head neck cancer. For primary organ preservation, Concurrent Chemo-Radiotherapy (CCRT) is performed for advanced Squamous Cell Carcinoma of the Head and Neck (SCCHN). In this organ-preservation setting with CCRT, surgery is reserved as a salvage treatment in cases of locoregional failure after CCRT.

Aims: The purpose of the study was to review our experience with salvage neck dissection surgery after primary treatment of patients with SCCHN and to evaluate the demographic factors effectiveness and prognostic factors affecting survival.

Methods & Materials: Retrospective analysis of the patients undergoing salvage neck dissection between January 2014 to December 2016 was studied at Dr. B. Borooah Cancer Institute was studied.

Results: Results of 80 patients undergoing salvage neck dissection between the above-mentioned period was studied. 80% (n=64) were males and 20% (n=16) were females. Mean age was 48.4 years. Left sided recurrence was in 50% (n=40) cases. The most common site of recurrence was laryngopharynx (n=26, 32.5%) followed by hypopharynx (n=18, 22.5%) Stage 3 tumors on initial presentation (n=45, 56.5%) had the maximum probability of recurrence as per the retrospective data analysis. 41.25% (n=33) were residual and recurred after 6 months of completion of the primary treatment. Similar analysis was made in terms of type of salvage neck dissection performed, their histopathology report, and the factors associated with most common level of recurrence, lymphovascular invasion, peri nodal extension, type of adjuvant treatment given, mean follow up period, disease free survival, disease specific survival, prognosis and other related factors.

Conclusion: Salvage neck dissection remains to be integral part in decision making process of recurrent head neck cancer patients.

Biography

Hemish H Kania is working in Dr. B. Borooah Cancer Institute, India.

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