



The International Federation of Head and Neck Oncologic Societies

Current Concepts in Head and Neck Surgery and Oncology 2017



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Salvage Surgery in Recurrent Oropharyngeal SCC

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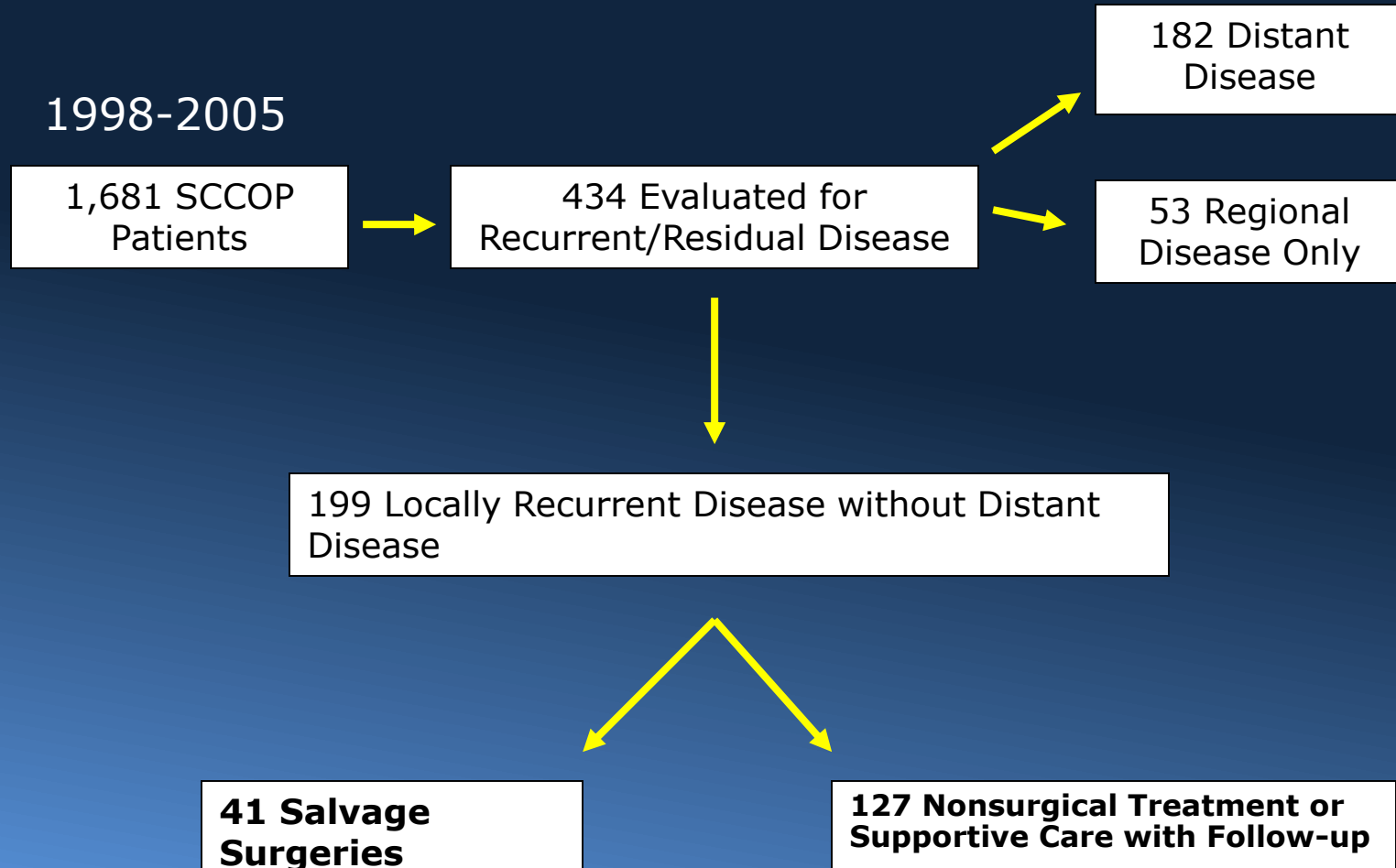
Recurrent SCC of the Oropharynx

- The most common primary treatment of OPC-SCC is CRT or XRT
- When patients fail primary treatment, salvage options are limited.
- Options
 - Salvage surgery
 - Re-irradiation +/- chemo
 - Palliative chemo
 - Supportive care

Objective

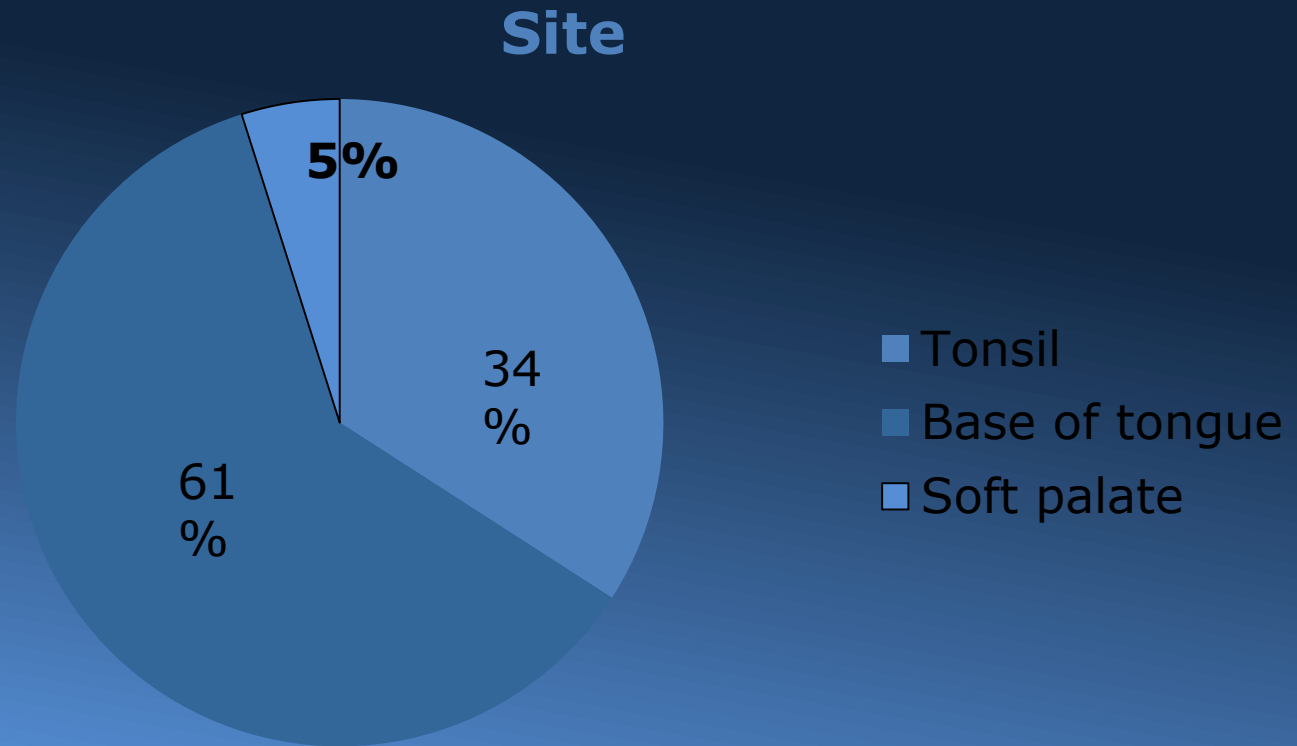
- To comprehensively review salvage surgery for SCCOP
 - survival
 - quality of life
 - factors predicting outcome

Methods

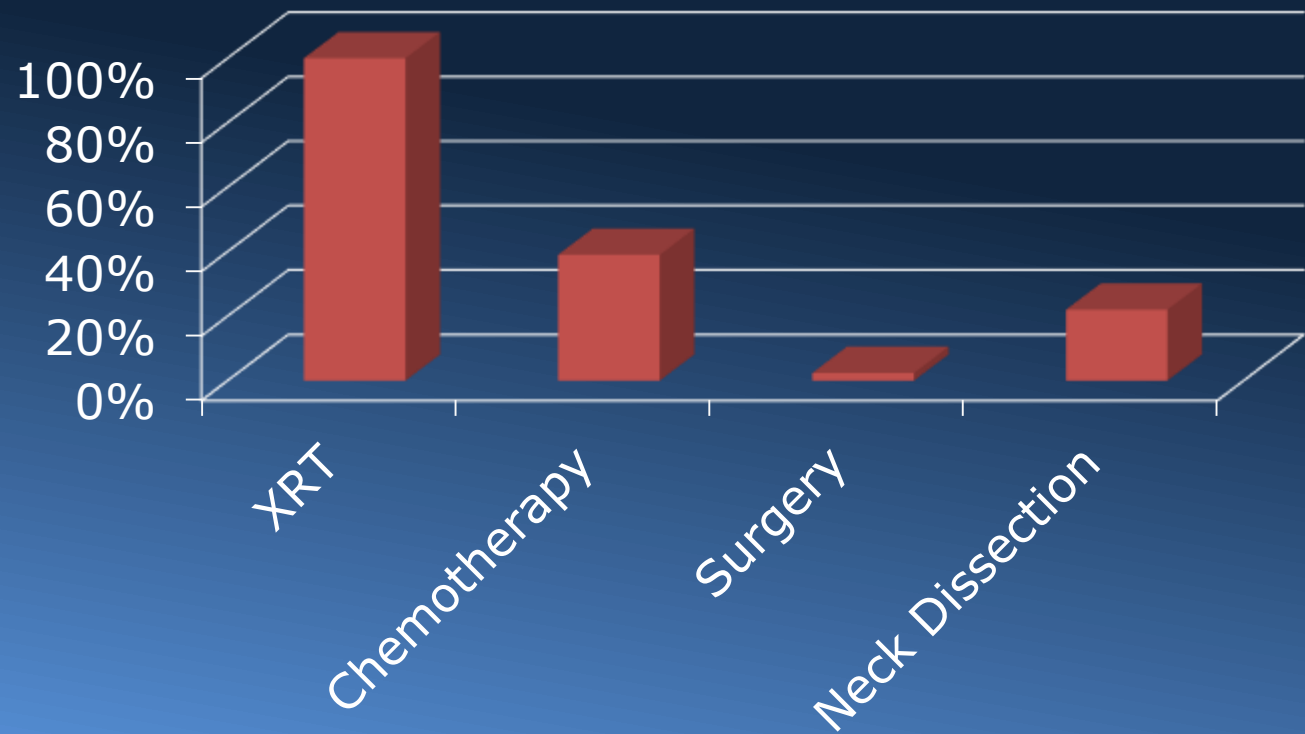


Demographics and Site of tumor

- 33 males, 8 females
- Median age 56 years (Range 28 – 79)



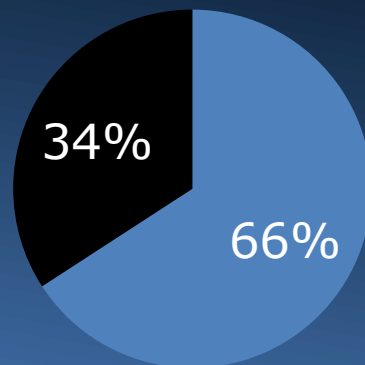
Treatment of initial tumor



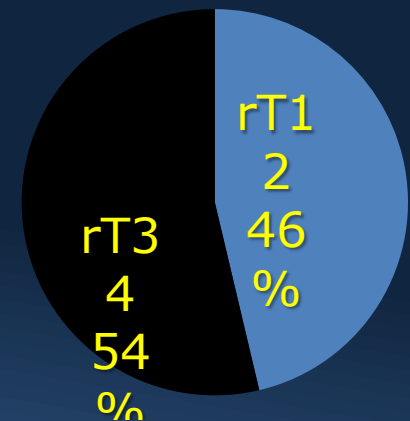
Recurrent Tumor Characteristics

Recurrent Disease Status

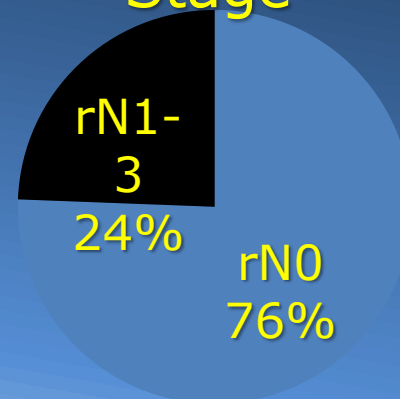
- Disease-free interval
- No disease-free interval



Recurrent Tumor Stage



Recurrent Neck Stage



Comparison of Salvage Surgery versus Nonsurgical Treatment

- Salvage surgery patients more likely than nonsurgical candidates to have had:
 - Disease-free interval following primary treatment ($P = 0.047$)
 - Early primary tumor stage ($P = 0.015$)
 - Early recurrent tumor and overall stage ($P < 0.001$)
- Salvage surgery patients less likely than nonsurgical candidates to have had:
 - Surgery for initial tumor ($P = 0.021$)
 - Chemotherapy for initial tumor ($P = 0.049$)

Salvage Oropharyngeal resection

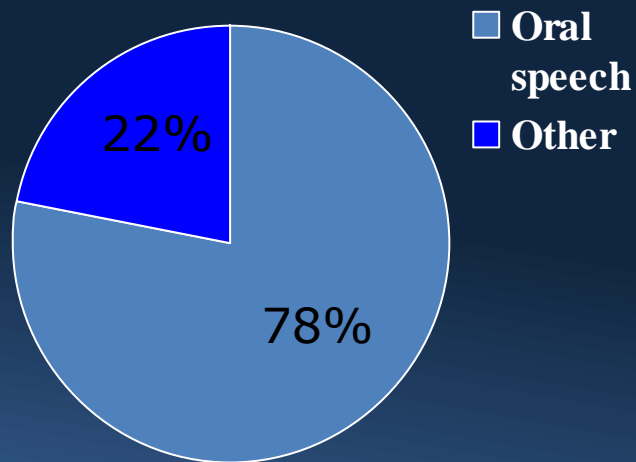
- Composite resection
 - 18 (44%) Segmental mandibulectomies
 - 7 (17%) Total laryngectomies
- Reconstruction
 - 28 (68%) Microvascular free flap reconstructions
 - 5 (12%) Pectoralis myocutaneous flap reconstructions
 - 8 (20%) Primary closure
- Adjuvant treatment
 - 3 (7%) Reirradiation only
 - 12 (29%) Chemotherapy only
 - 2 (5%) Both reirradiation and chemotherapy

Postoperative Course

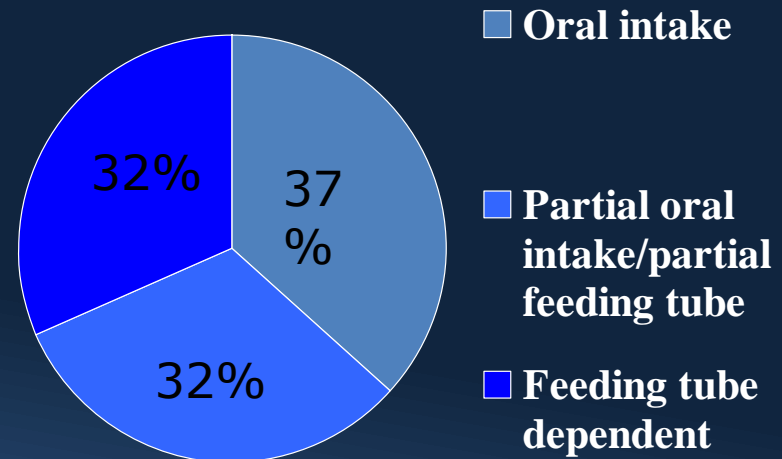
- 19 patients (47%) had postoperative complications
 - 7 Surgical Wound Infections
 - 6 Fistulas
 - 5 Donor site complications
 - 4 Postoperative pneumonias
 - 3 Mandibular osteoradionecroses
- No perioperative deaths or postoperative partial or total flap loss
- Average \$82,500 in professional and hospital charges per patient

Quality of life

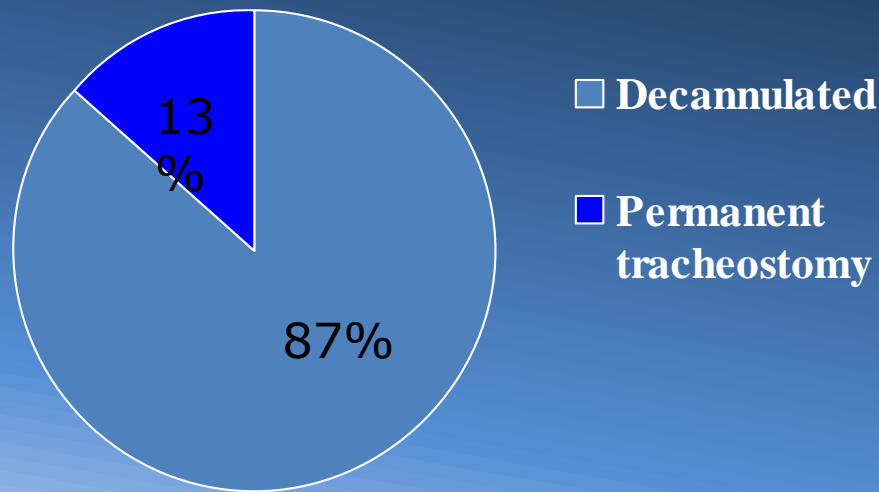
Speech



Nutrition

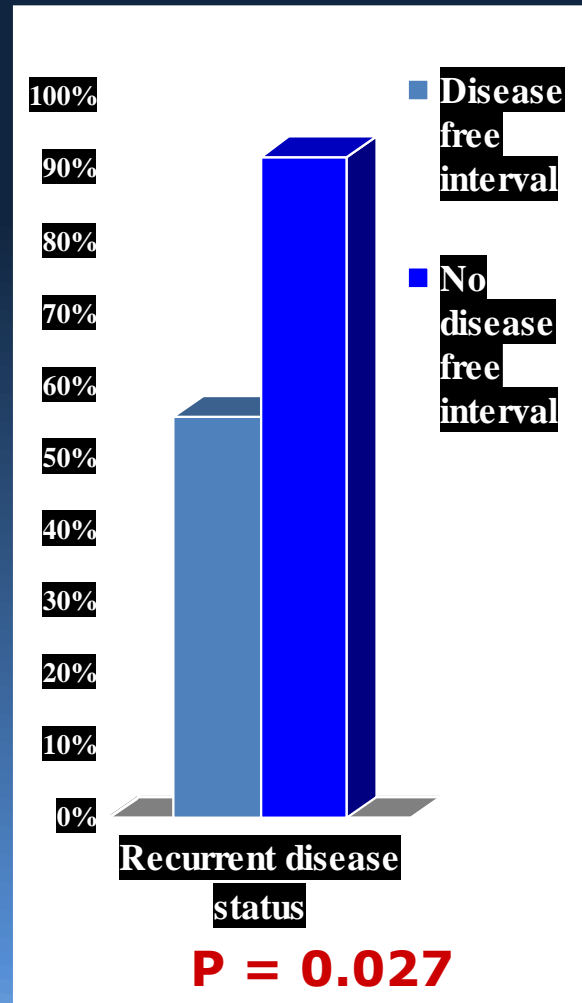


Tracheostomy (N = 30)



Crude Second Recurrence Rates in Patients Undergoing Surgical Salvage

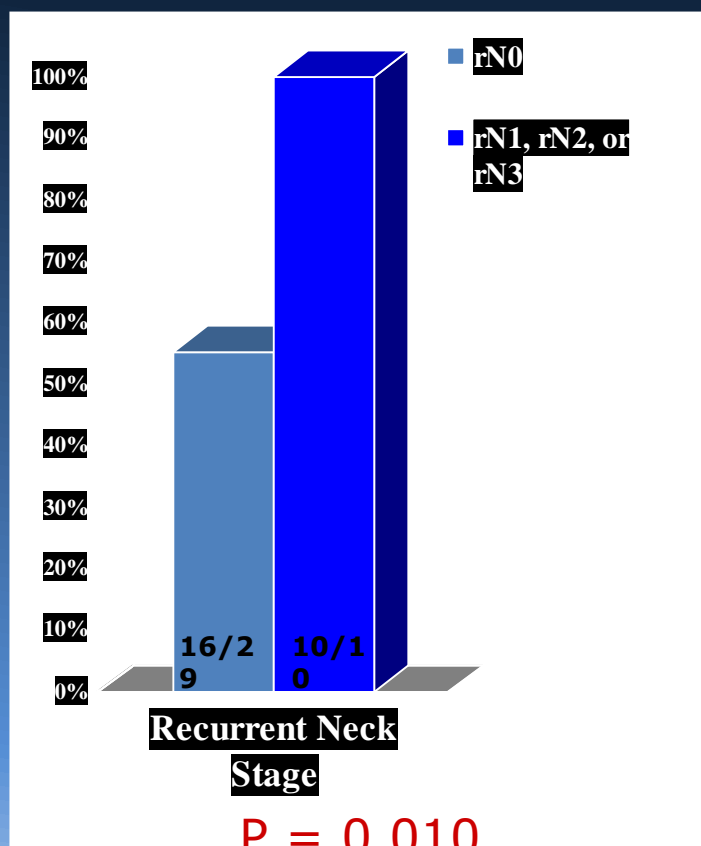
Total cohort: 26/39 (66.7%) developed second recurrence
Recurrent disease status



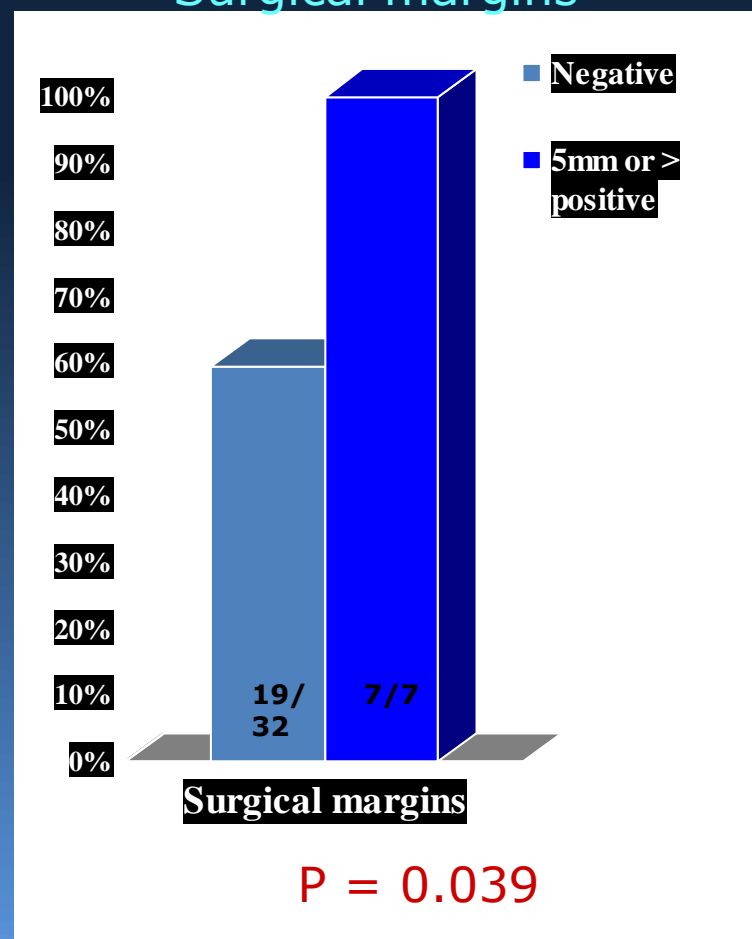
Crude Second Recurrence Rates in Patients Undergoing Surgical Salvage

Total cohort: 26/39 (66.7%) developed second recurrence

Recurrent neck stage



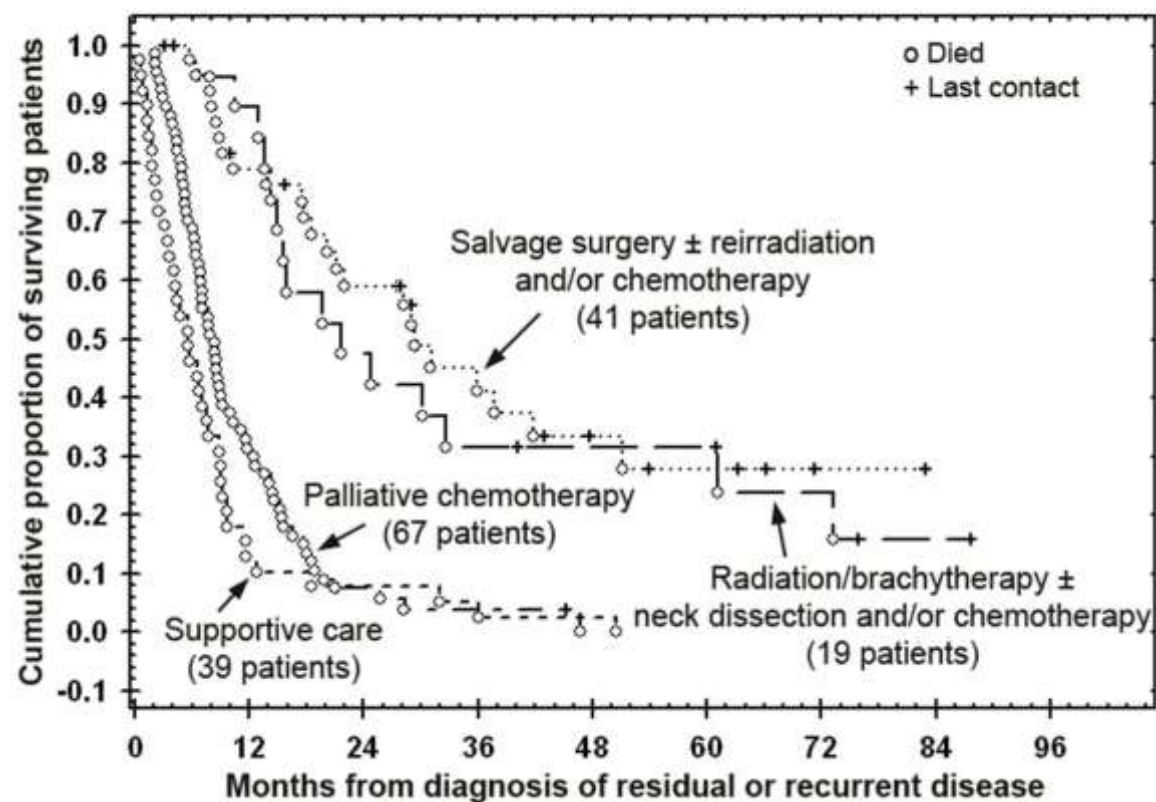
Surgical margins



Age and Overall Survival for Surgical Salvage Patients

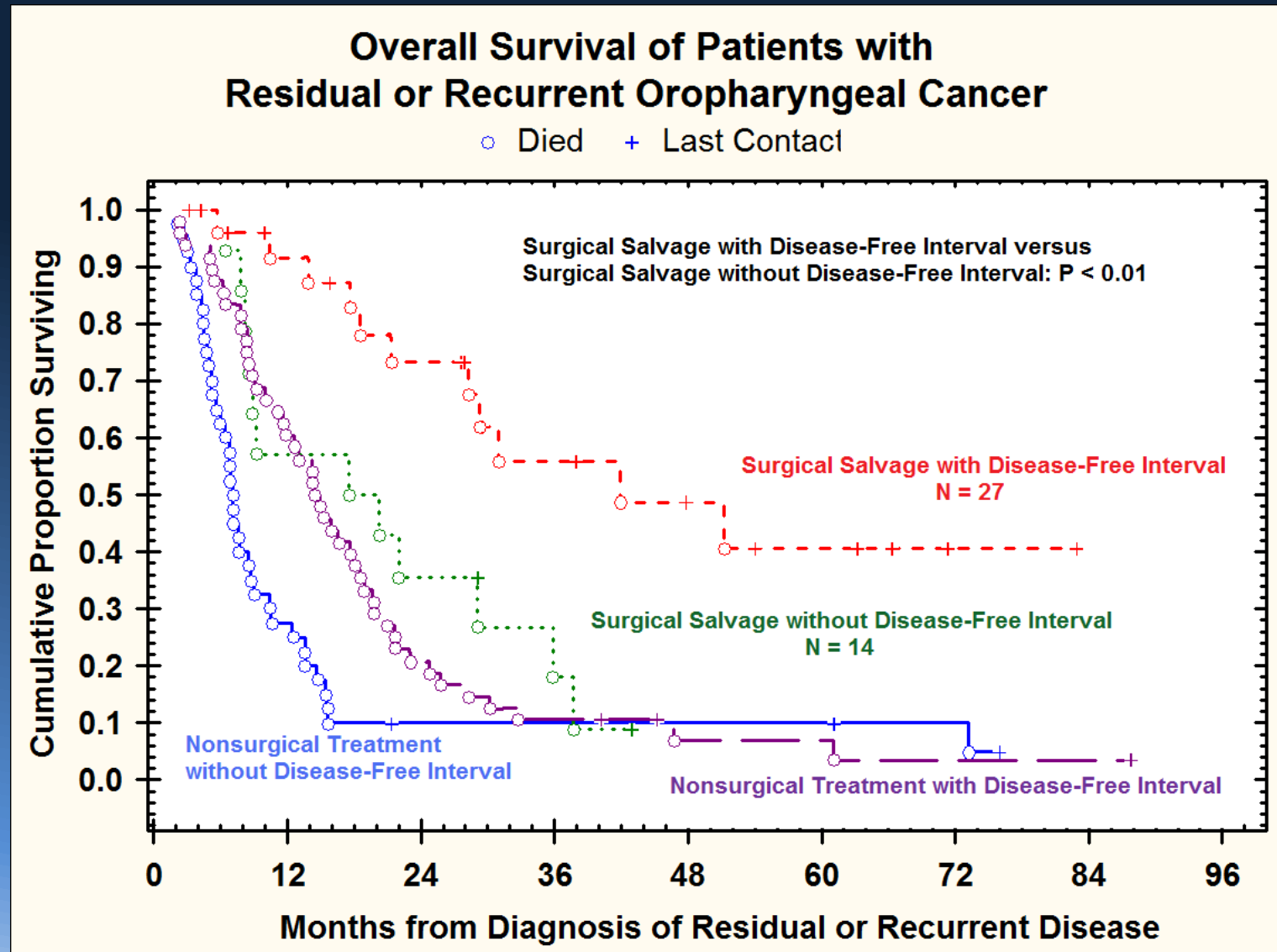
- Mean age of patients (censored at the time of diagnosis of recurrent disease):
 - 50 years for those who were alive at 3 years following salvage surgery
 - 60 years for those who had died at 3 years following salvage surgery
 - $P = 0.03$

Overall Survival

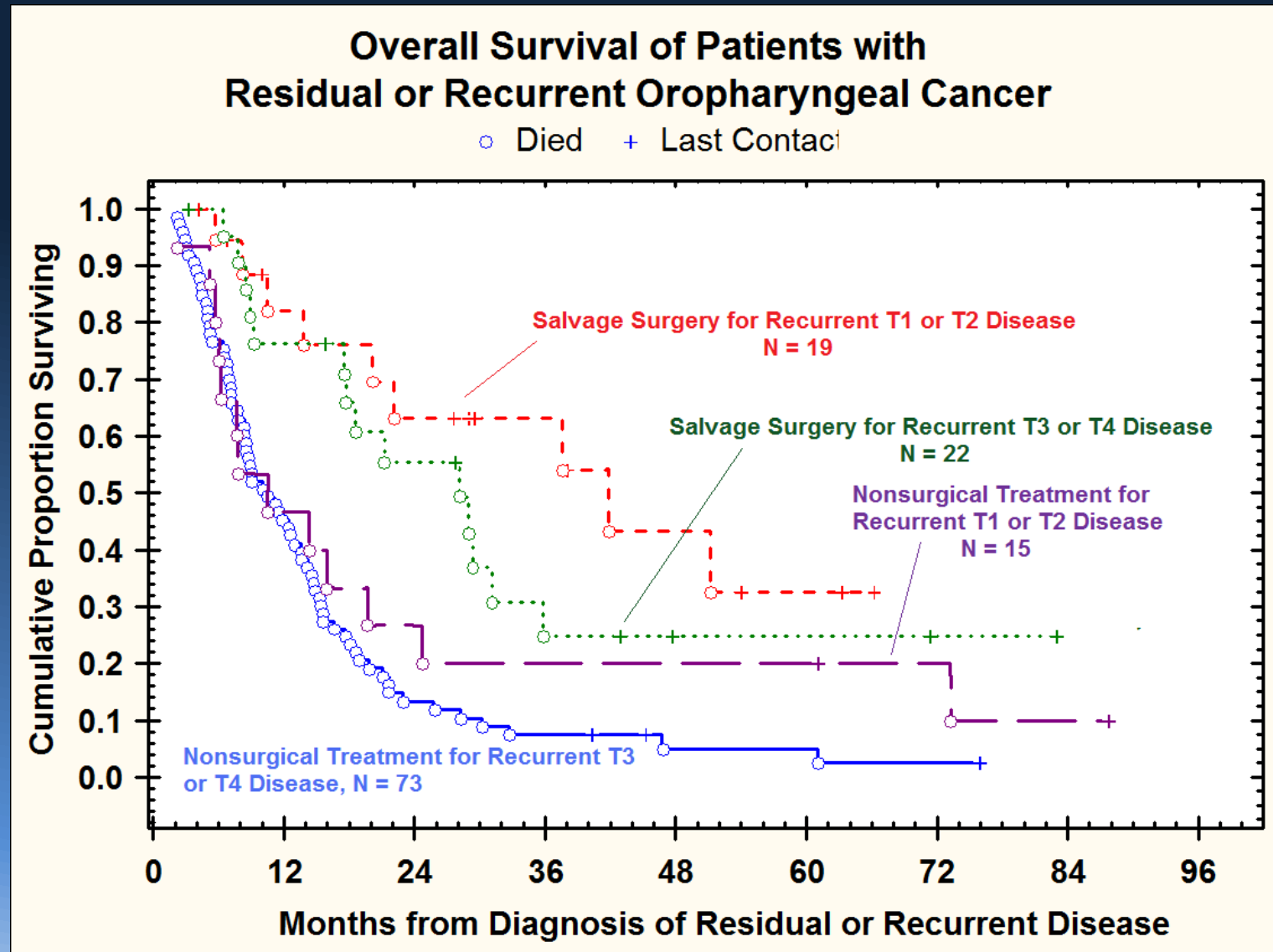


- 3-year Overall Survival (following diagnosis of second recurrence):
 - 42% for surgical salvage (N = 41)
 - 32% for reirradiation (N = 19)
 - 4% for palliative chemotherapy (N = 67)
 - 5% for supportive care (N = 39)
- 3-year Recurrence-Free Survival:
 - 26% for surgical salvage

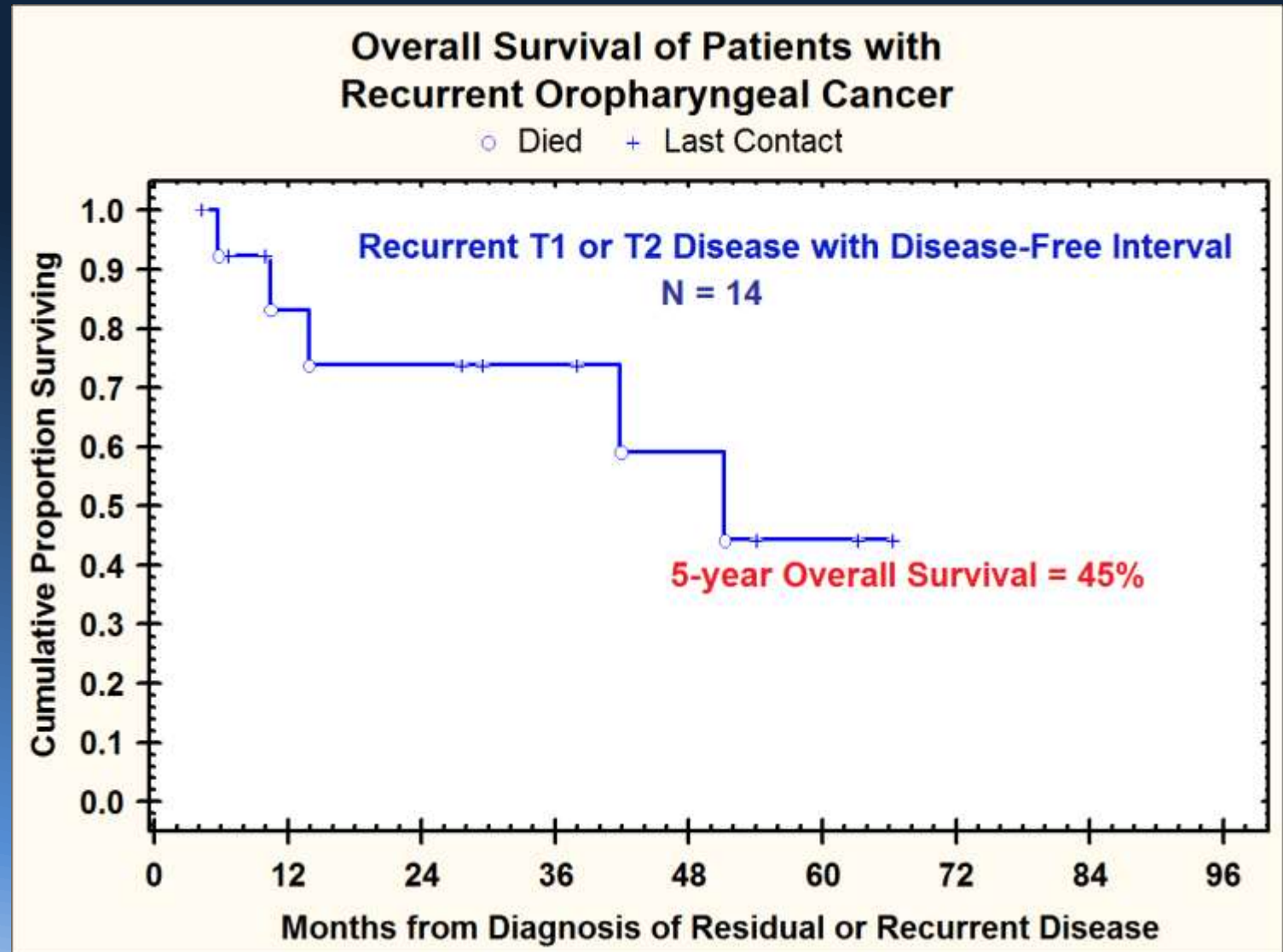
The effect of disease free interval on overall survival



The effect of recurrent tumor stage of on overall survival



Overall Survival, Disease-Free Interval, and Recurrent Tumor Stage



Conclusions

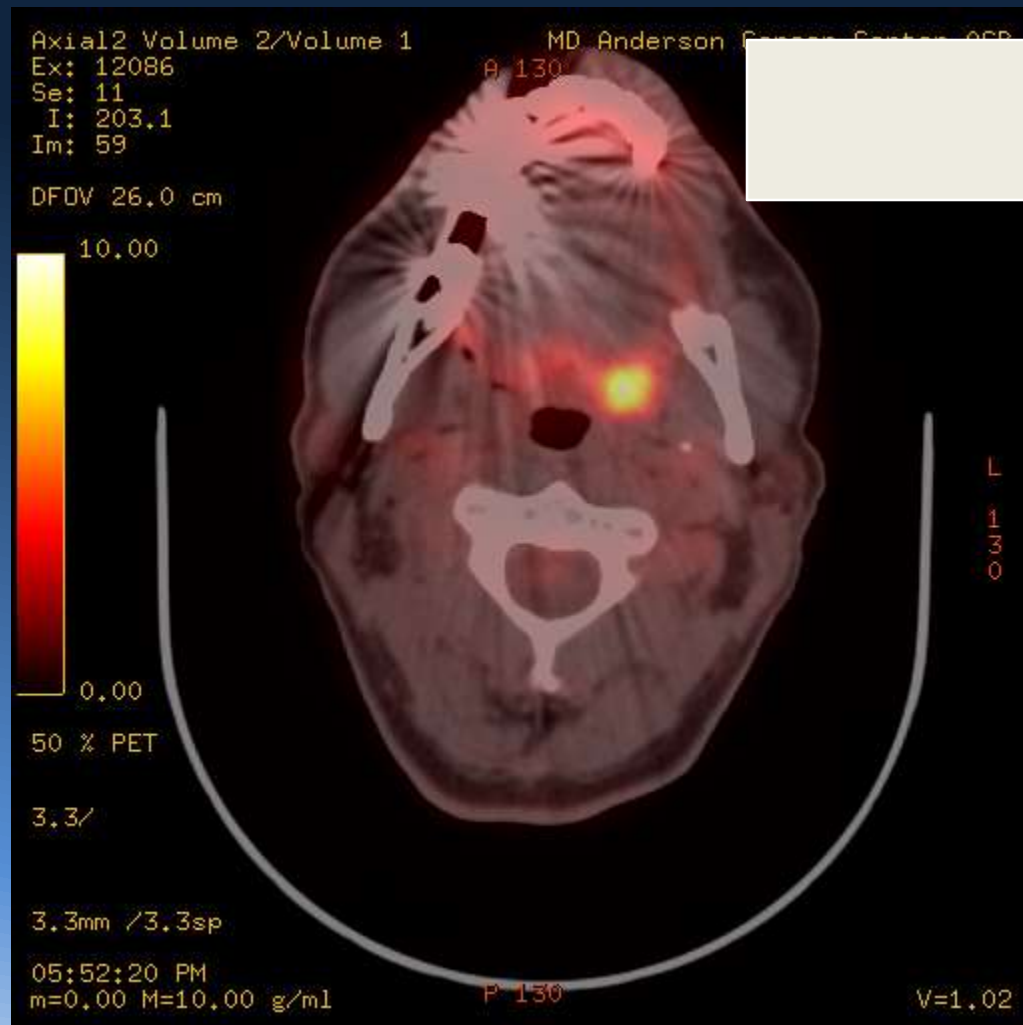
- Favorable salvage surgery candidates:
 - Disease-free interval after definitive therapy
 - Small recurrent tumors
 - Younger
 - No recurrent neck disease
- Salvage surgery can provide a very select group of patients with long-term disease control and quality of life.

Case Presentation

- 57 yo WF
- Recurrent T2 SCC of the soft palate and tonsil



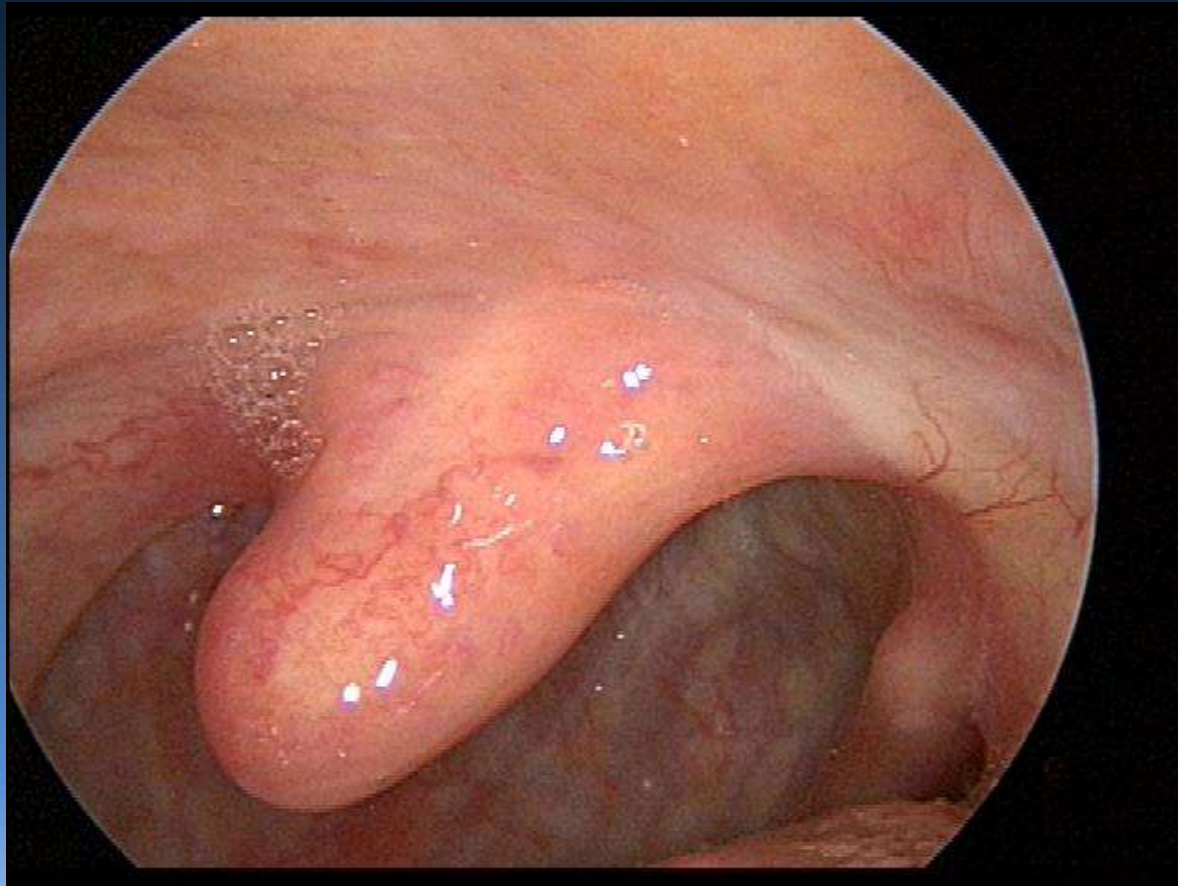
RADICAL TONSILLECTOMY



TORS: Recurrent Tonsil Cancer

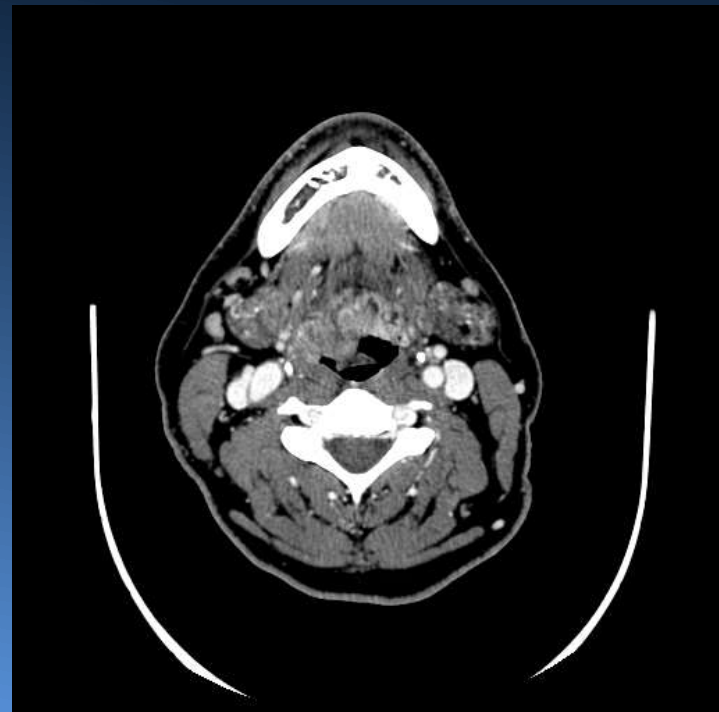
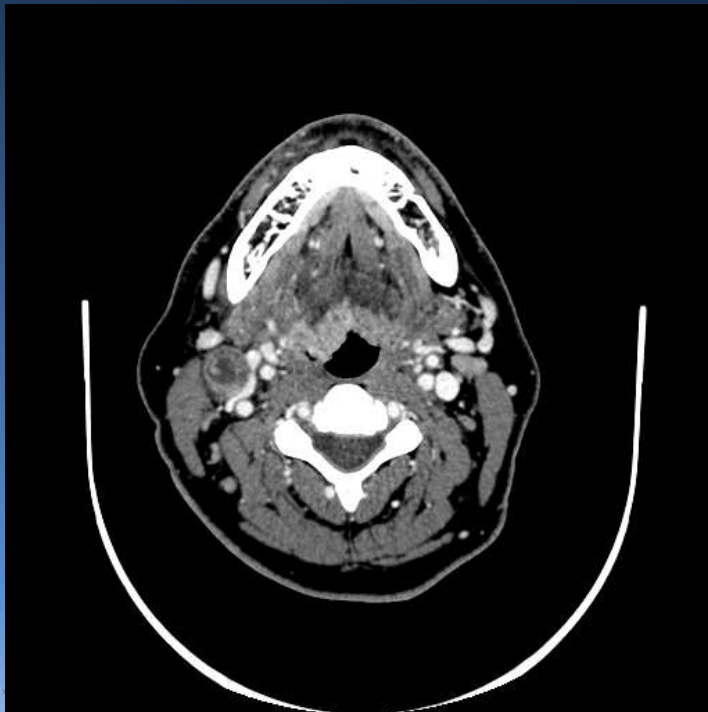


Post-Op Outcome: Healing by Secondary Intention no flap required



Recurrent Base of Tongue

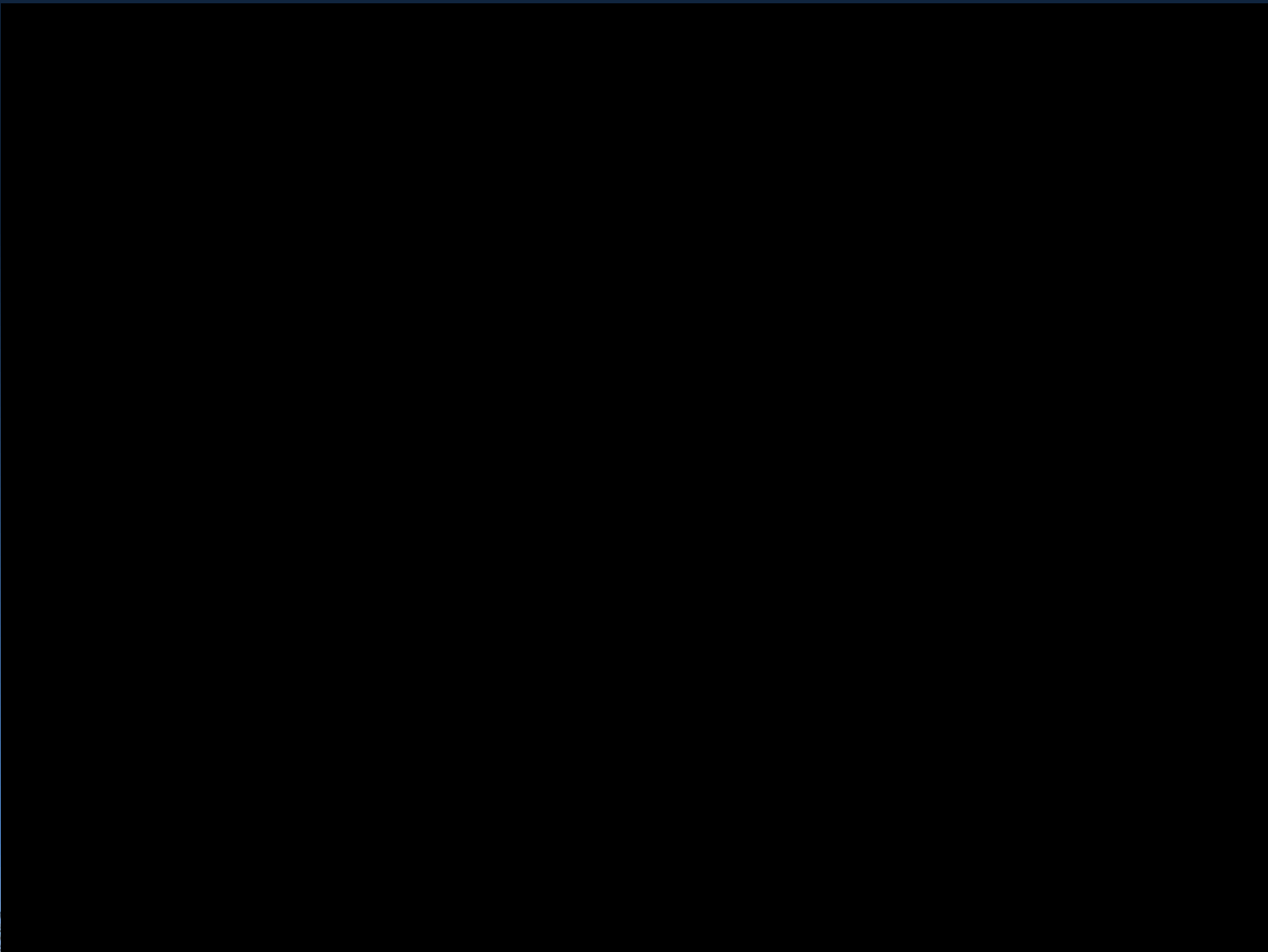
- 49yo WM



Case Presentation



TONGUE BASE RESECTION



Surgical Pathology: pT2pN1M0



Postoperative Outcome

Early Postoperative

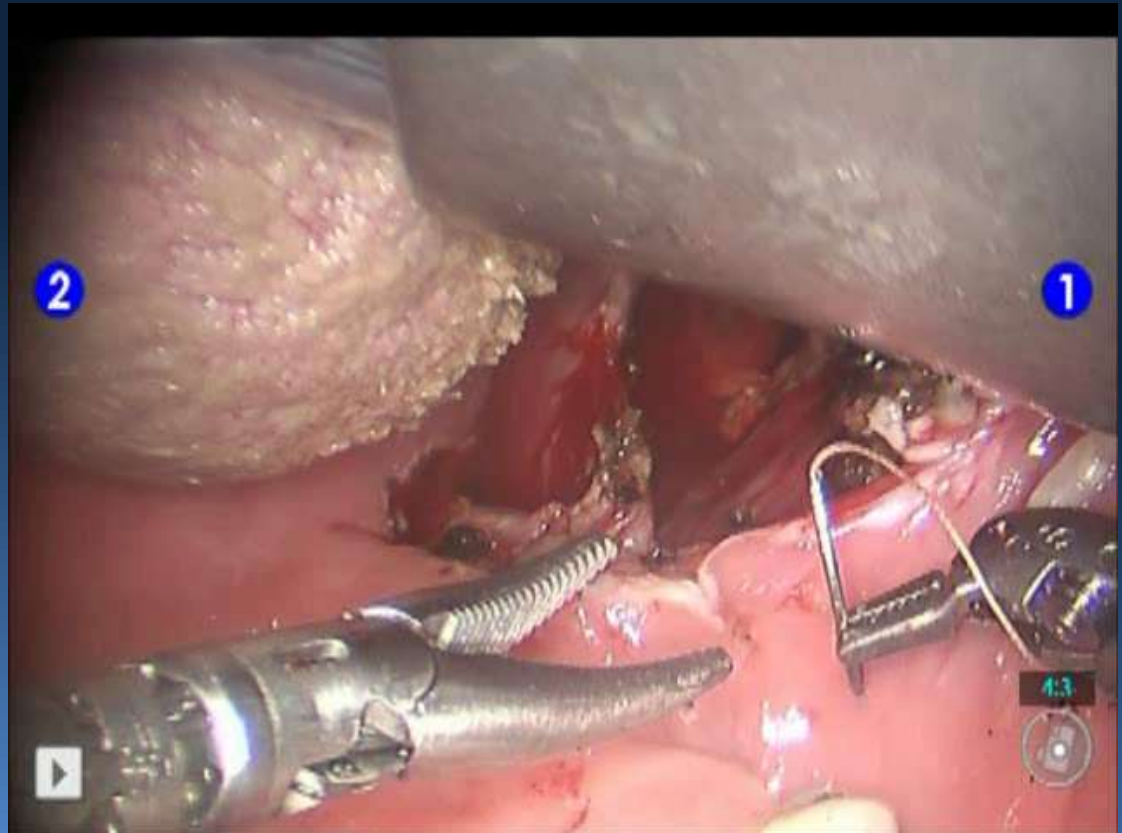


Post Radiation Therapy



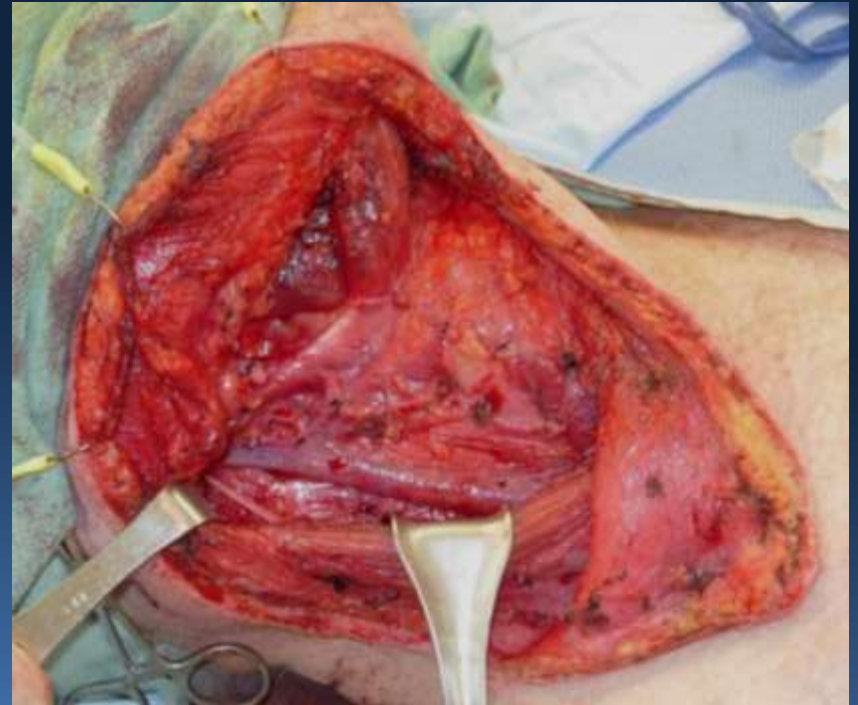
RECONSTRUCTION

- Secondary intention
- Primary closure
- Local flaps
- Free flaps



Timing of Neck Dissection

- Immediate vs. Delayed
 - Risk of fistula
 - 30% pharyngo-cervical connection
 - 5% fistula rate
 - Margin control
 - Logistics



TRANS-ORAL ROBOTIC INSET

Free Flap Reconstruction



POST-OPERATIVE MANAGEMENT

- Airway Management
 - Extubate, ETT, Trach.?
- Antibiotic Prophylaxis
- Oral Intake
 - NPO x 24 hours
 - Neck Dissection?
 - No fistula → NPO x 48 hours
 - Fistula → NPO x 5 days
 - Prior XRT
 - NPO x 48 hrs
 - Swallow evaluation

Conclusions

- Favorable salvage surgery candidates:
 - Disease-free interval after definitive therapy
 - Small recurrent tumors
 - Younger
 - No recurrent neck disease
- Salvage surgery can provide a very select group of patients with long-term disease control and quality of life.

Thank you

