

Salvage neck dissection in head and neck cancer: Experience of a tertiary cancer center in Northeast India

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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. Head and Neck cancer is the 5 th most common malignancy worldwide. The thyroid gland with its central location in the neck will hence invariably be included in the radiation field. The tolerance dose of the thyroid gland has not been definitively determined, and some investigators suggest that the percentage of thyroid volume receiving 30 Gy (V30) is a possible predictor of hypothyroidism. Aims And Objectives: The aim of the present study is to evaluate changes in thyroid function (incidence of hypothyroidism) in patients with head and neck cancer treated with chemo radiation (chemotherapy and external beam radiotherapy (EBRT)) in

terms of factors relate to 1. Patient related- Age, Sex. 2. Tumor related- site, stage, grade. 3. Treatment related- chemotherapy (cisplatinvs paclitaxel), radiotherapy dose. Materials and Methods: For the present study previously untreated 50 patients locally advanced head and neck malignancies will be selected. Patient selection: Inclusion Criteria: 1. Previously untreated patients, 2. Age >18 years. 3. KPS>70, Normal Haemogram, Normal Renal Function Tests, Normal Liver function tests, Normal ECHO and Normal Thyroid function test. Exclusion Criteria: 1. Patients having thyroid metastases, a positive thyroid diseases, or thyroid surgery. 2. 50 patients will be randomized into two groups of 25 each as following: 3. Group-I (25 patients) with concurrent cisplatin 35mg/m² given every week (total 7 cycles weekly). 4. Group-II (25 patients) concurrent low dose paclitaxel 35mg/m² given. Assessment for Thyroid Function: Blood samples will be analyzed for T 3 (0.60-1.81 ng/ml), T 4 (1.9-13.3 µg/ml) and TSH(0.35-5.50 µIU/ml) a. before EBRT (BT), b. mid way of EBRT (MT) (36 Gy tumor dose), c. at completion of EBRT (CT) (60-70 Gy tumor dose) d. during subsequently follow up after 6 months. Follow up: The patient will be followed up atleast for period of 6 months from day of completion of treatment.

Follicular carcinoma thyroid with brain metastasis carries a poor prognosis carries a poor prognosis with median survival time of 4.7 months. This case study demonstrates a successful treatment option with Lenvatinib which is a multiple kinase inhibitor (VEGF R1-3, FGFR 1-3 etc.). This patient is 65 year old male patient known case of Diabetes Mellitus, diagnosed with Follicular carcinoma thyroid. In August 2016 he underwent total thyroidectomy followed by RaI. After a disease free interval of 1 year 4 months patient developed a large parieto occipital metastatic lesion. Palliative radiotherapy to brain 30Gy/10# was planned but he completed only 5# as patient developed left sided weakness. He was started on Tab Lenvatinib 24mg OD and continued for 18 months. Patient has an excellent response to Lenvatinib with almost near complete response to brain metastasis. This shows efficacy of Lenvatinib and provides strong evidence for new treatment modality in metastatic carcinoma thyroid where options of treatment are limited after surgery and RaI, though recently Sorafenib also has shown limited activity.

Reference :

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