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Salvage Surgery is the Standard of Care for Locally Recurrent SCCHN

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Disclosures

- None

- Except…

Disclosures

- I’m totally in it to win it.
- Nabil and I will be friends again AFTER the debate
- This is not actually a debate…

Immunotherapy

- Immunotherapy is not going to regrow skin
- Immunotherapy is not going to repair dead bone
- Immunotherapy is not going make a facial nerve work again
- Immunotherapy can’t get to somewhere there is no blood supply

Surgery is the only way to fix this!!!

Resected to negative margins

1. Maxilla
2. Skin
3. Palate

Scapula flap reconstruction

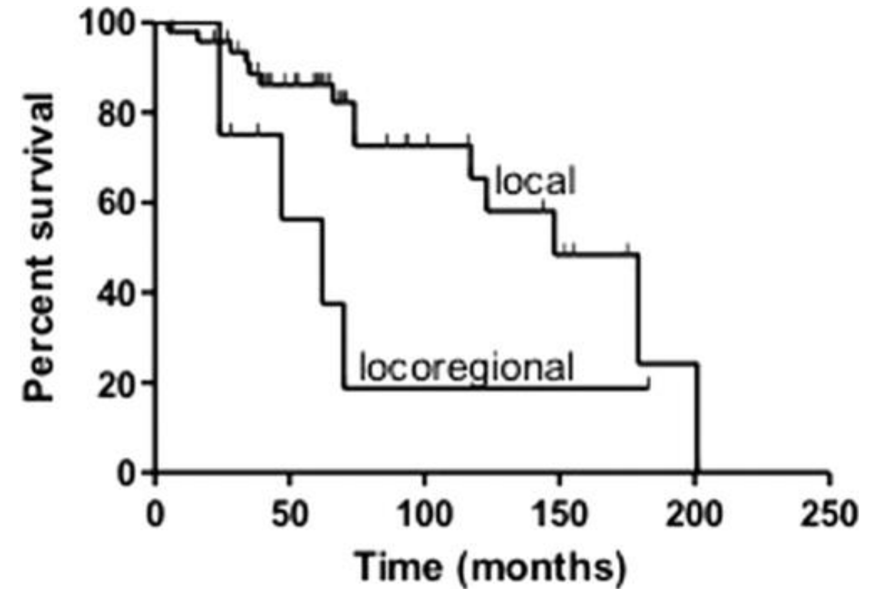
1. Replaces dead bone
2. Replaces dead skin
3. Brings in a healthy blood supply
4. Allows patient to eat again

What Does the Literature Say?

- Salvage Surgery for Recurrent SCCHN
  - 49.2% for larynx
  - 35.1% for oral cavity
  - 32.7% for oropharynx
  - 17.4% for hypopharynx

Table 5. Significant Factors Associated with Higher Salvage Rate.

	Mean Follow-up after Recurrence	Mean Survival (DOD, AWD)	Mean Survival Successful Salvage	Significant Factor for Successful Salvage
Larynx	27	18	37	Location of recurrence (local > regional), P = .046
Oropharynx	19	12	26	None
Hypopharynx	18	16	21	Gender (female > male), P = .037
Oral cavity	17	10	47	N– vs N+, P = .019
				Treatment for recurrence, P = .031



AWD = alive with disease; DOD = death of disease; SCCHN = squamous cell carcinoma of the head and neck

Matoscevic K, et al. *Otolaryngol Head Neck Surg*. 2014;151(3):454-461.

What Else Does the Literature Say?

Table 1. Reported overall survival rates in recent series of patients who had salvage surgery for recurrent head and neck squamous cell carcinoma.

Author	Patients (n)	Two-Year Overall Survival %	Five-Year Overall Survival %
Goodwin (2000) [5] [1]	1080		39
Zafereo et al. (2009) [14] [2]	134	34	28
Tan et al. (2010) [3]	41	43.4	36.5
Nichols et al.(2011) [27] [2]	26	64	43
Esteller et al. (2011) [8]	32	40	34.2
Righini et al. (2012) [13] [2]	105	31	21
Van Der Putten et al. (2015) [15] [3]	22		27
Taguchi et al. (2016) [16]	78		61
Agra et al. (2016) [11] [4]	246		32.3
Hamoir et al. (2017) [9]	109	59	42
Philouze et al. (2017) [17] [2]	52	43	31

n = number of patients. [1] Meta-analysis combining 32 series including 1080 patients. [2] Oropharyngeal SCC only. [3] Laryngeal and hypopharyngeal SCC only. [4] Oral cavity and oropahryngeal SCC only.

Hamoir M, et al. *Cancers (Basel).* 2018;10(8):E267.

What Else Does the Literature Say?

- Oropharynx: HPV-positive and HPV-negative
  - 65 local recurrence
  - 43 first DISTANT RECURRENCES
- BOTH GROUPS did better in regard to OS with salvage vs nonsurgical treatment
  - Local aHR, 0.15; 95% CI, 0.04-0.56 [*P* = .005]
  - Distant aHR, 0.19; 95% CI, 0.05-0.75 [*P* = .018]

CI = confidence interval; HPV = human papillomavirus; HR = hazard ratio; OS = overall survival

Guo T, et al. *Cancer*. 2015;121(12):1977-1984.

Palliative Reconstruction for the Management of Incurable Head and Neck Cancer

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J Reconstr Microsurg 2016;32:226–232.

Conclusion Surgical resection with reconstruction is possible in head and neck oncologic patients undergoing palliative treatment. Palliative patients have similar short-term outcomes when compared with patients undergoing resection for curative intent. Quality-of-life and economic implications of these approaches deserve closer scrutiny.

Migliani A, et al. *J Reconstr Microsurg*. 2016;32(3):226-232.

Clinical Article

Palliative Reconstructive Surgery May Improve Quality of Life In High Functioning Noncurable Head and Neck Oncologic Patients

Timothy Rankin, MD, Brian Mailey, MD,† Ahmed Suliman, MD,† and Marek Dobke, MD†*

Conclusions: Reconstructive palliative surgery can improve quality of life in dying patients (ie, pain, wound hygiene, and so on) and may even improve survival. We advocate prioritizing efficiency in completing the reconstructive process, which may not be the simplest or least invasive.

Rankin T, et al. *Ann Plastic Surg*. 2015;74(Suppl 1):S52-56.

What Does Dr Saba Say?

- Because other treatment options are still lacking, salvage surgery remains the treatment of choice whenever feasible in patients with recurrent SCCHN

Marc Hamoir Sandra Schmitz Carlos Suarez Primoz Strojan Kate A Hutcheson Juan P Rodrigo William M Mendenhall Ricard Simo Nabil F Saba Anil K D'Cruz Missak Haigentz Carol R Bradford Eric M Genden Alessandra Rinaldo Alfio Ferlito. The Current Role of Salvage Surgery in Recurrent Head and Neck Squamous Cell Carcinoma. Cancers. , 2018, Vol.10(8)

Hamoir M, et al. *Cancers (Basel).* 2018;10(8):E267.

Who Shouldn’t Be Salvaged?

Patients with…

- High Comorbidity: unlikely to survive the operation
- Local + regional recurrence: is the carotid involved? Skull base?
- Hypopharyngeal recurrence: should we be treating with surgery upfront?

Who Should Decide?

- Multidisciplinary Tumor Board and the patient
  - Functional outcomes: microsurgeon
  - Quality of Life: patient