

# How to improve head and neck tumour services in developing countries

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## ABSTRACT

**Introduction:** In 2001, the Indonesian ENT society decided to change the name of their society by adding: surgery of the head and neck. It became clear that there was a need for a curriculum in head and neck surgery to rectify this step. **Methods:** This presentation will highlight the author's personal experience in paving ways to improve head and neck tumour services in the South East Asian region. **Results:** In 2005 an international team of Head and Neck surgeons decided to put hands together to help Indonesia to build on a program to start education in the field of head and neck surgery and oncology. This has resulted in a group of doctors dedicated to head and neck surgery in Indonesia (Head and neck consultants), the establishment of the Indonesian multidisciplinary head and neck working group the "PERDOKLI" and in the end the membership of Indonesia of the IFHNOS in 2012. Since 2001 also a collaboration project between The Rajavithy Hospital in Bangkok and a team of Dutch Head and Neck surgeons covering a yearly head and neck program for Thai ENT residents was initiated. This program has grown into an international program with teachers and participants now from several Thai universities, Korea, Philippines, Indonesia, Malaysia, Taiwan and Israel. Especially the collaboration with the Khon Kaen University was unique because of their excellent facilities for cadaver dissection courses. Since 2005 collaboration with Malaysia was intensified with mutual head and neck conferences and several fellows from Thailand, Indonesia and Malaysia have been educated partly in the Netherlands. To further improve head and neck tumour services in developing countries it's mandatory to build on national training centres in combination with fellowships abroad and a solid curriculum including the Global On Line Fellowship of the IFHNOS. Digital patient records, cancer registration and data management are important to collect information about treatment results. Without knowledge of treatment results improvements are difficult. **Conclusion:** It is imperative to continuously improve the head and neck tumour services through curriculum development and monitoring, regional and international collaboration as well as empowering national training centres.

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# Endoscopic head and neck surgery

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## ABSTRACT

**Introduction:** "Minimalism" is the art of modern head and neck surgery to preserve the function, ease the reconstruction and may improve the patients' quality of life. There is a paradigm shift from open to minimally invasive endoscopic approach in head and neck Surgery. **Methods:** This presentation will highlight the advantages, disadvantages, indications and contraindications of endoscopic head and neck surgery. **Results:** The endoscopic head and neck surgery shares similar principals of resection and reconstruction, with the open counterpart. Through endoscopic approach, a tumour can be targeted directly, or either through a natural or a created opening. Sometimes, no open procedure is required and no, or less later reconstruction is needed. However, the pursuit of oncological sound negative surgical margins should be still the same for either open or endoscopic approaches for head and neck tumors. Here are some potential merits of minimally invasive endoscopic approach: (1) Through natural or created opening (2) Mini-invasive (no destruction for approach) (3) Angular view, illumination, focus (4) Powerful instrumentation (5) Navigation, image guide (6) Bioglue material for reconstruction. Along the years, the endoscopic trend in the management of head and neck tumours is moving from skull base, nasopharynx, nose and paranasal sinuses, oral cavity, oropharynx, down to larynx and hypopharynx. However, as we practice the paradigm shift of surgical approach in head and neck, from open to endoscopic, the indications and contraindications of endoscopic approaches are still in evolution. **Conclusion:** The endoscopic head and neck surgery is recognized as the best practice of "Minimalism". Let's welcome a brand-new era of minimally invasive endoscopic head and neck surgery.