

Non-surgical treatment in laryngeal cancer

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ABSTRACT

Introduction: Radiation Therapy (RT) is an important modality in the non-surgical management of laryngeal cancer for both early and locally advanced disease. **Methods:** This presentation will highlight the evidence supporting the use of RT. It will compare the outcomes of RT with robotic and laser surgery for T1-2 disease as well as the outcomes for laryngeal preservation with chemo-RT. **Results:** Data confirms that voice quality is acceptable with RT for early stage disease and still has a role in selected patients despite the increasing use of robotic and laser surgery. Where laryngeal function remains preserved at diagnosis, randomised data supports the role of chemo-RT for locally advanced disease. The data comparing chemo-RT to surgery and post-operative RT remains limited. **Conclusion:** RT maintains an important role in the management of laryngeal cancer.

Clinical experience in Endoscopic Endonasal Transpterygoid Nasopharyngectomy (EETN) in local residual or recurrent nasopharyngeal carcinoma

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ABSTRACT

Introduction: Endoscopic endonasal transpterygoid nasopharyngectomy (EETN) has emerged as a viable treatment option for local residual or recurrent NPC. Multidisciplinary discussion is needed to determine patient's eligibility for EETN. The factors that exclude patients from EETN surgery include extensive involvement of parapharyngeal space, internal carotid artery, cavernous sinus with multiple cranial nerve palsies, extension into brain parenchymal and presence of distant metastasis. The surgery is purely via endoscope with four hands technique. Adequate sinonasal corridor with extended medial maxillectomy and posterior septectomy is crucial to have panoramic view of the field of surgery. **Methods:** A retrospective clinical record review was carried out for EETN cases done in Sarawak General Hospital from June 2013 till May 2017. **Results:** A total of 55 locally recurrent NPC patients (rT1–rT4) underwent EETN with curative intent performed by single skull base surgeon, with postoperative adjuvant chemotherapy but without postoperative radiotherapy. There were no major postoperative complications. During a mean follow-up period of 18-month post-surgery, five patients (9.1%) had residual disease or recurrence at the primary site. All five patients underwent re-surgery. One patient at rT3 passed away 6 months after re-surgery due to distant metastasis complicated with septicaemia. The 1-year local disease-free rate was 93% and the 1-year overall survival rate was 98%. **Conclusion:** EETN is an emerging treatment option for locally recurrent NPC, with relatively low morbidity and encouraging short-term outcome. However, successful surgical outcome requires an experienced team and highly specialised equipment. Long-term outcome is yet to be determined due to the lack of longer follow-up and bigger cohort study.