Endoscopic nasopharyngectomy in salvaging locally recurrent nasopharyngeal carcinoma

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Introduction

- Nasopharyngeal carcinoma (NPC) is the 7th commonest cancer in Hong Kong
- > 900 new cases are registered each year
- NPC is primarily treated by radiation or chemoradiation
- The incidence of locally recurrent NPC is around 10-15%
- Nevertheless, local recurrence remains a common sign of treatment failure and a major cause of morbidity and mortality

- The choice of salvage therapy can be surgical or radiation with similar cure rates
- However, long term complications of open surgery or second course of radiation are not negligible
- Endoscopic nasopharyngectomy has recently emerged as a good salvage option with minimal morbidity in other regions
  - this surgical technique has seldom been evaluated locally.

Objectives

- To evaluate the efficacy of endoscopic nasopharyngectomy in salvaging small local recurrence of nasopharyngeal carcinoma
- To improve patient care by reducing post treatment complications

Inclusion criteria

- All isolated local recurrence of NPC
- Stage T1 and T2

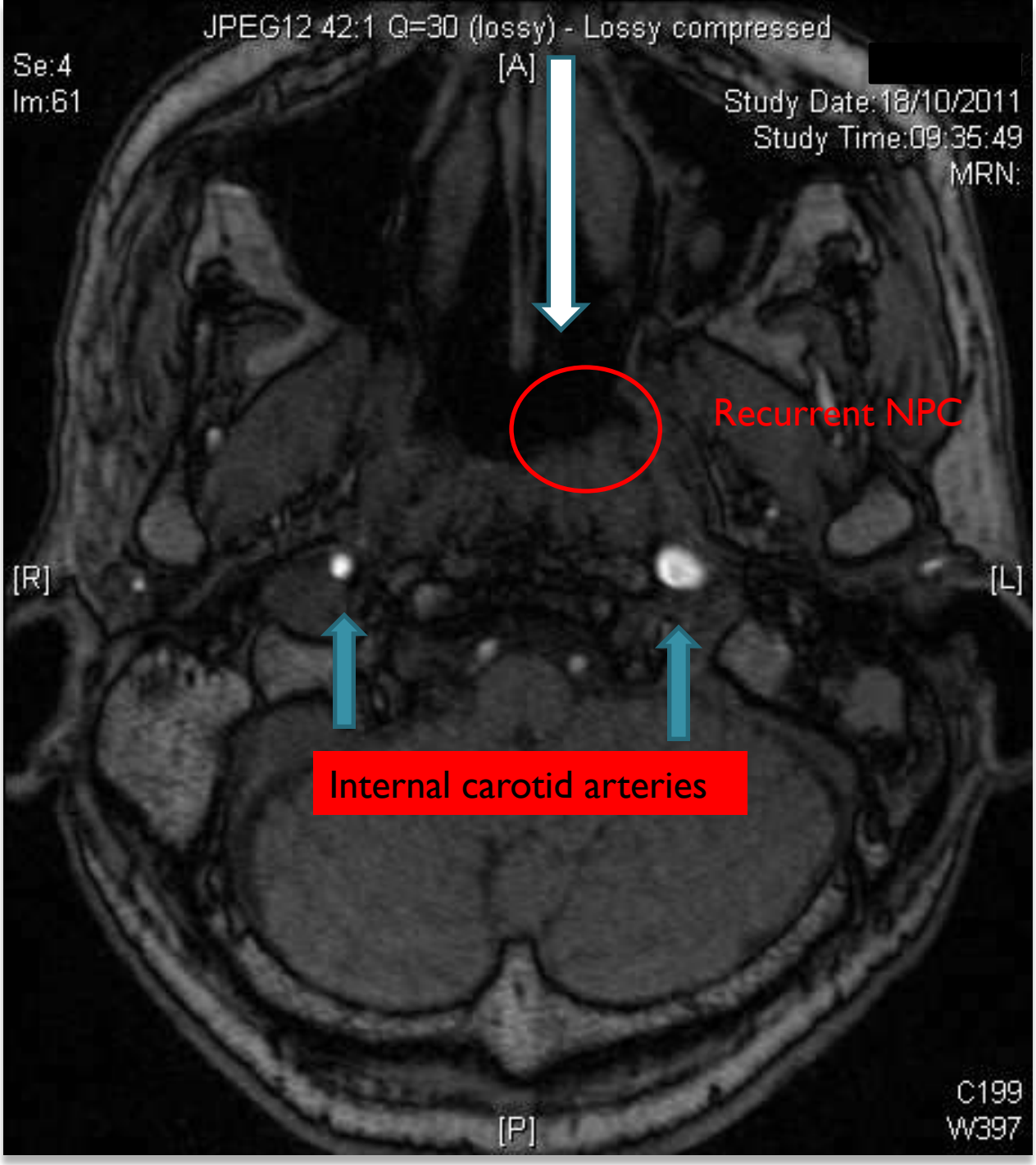
Methodology

- The diagnosis of local recurrence is based on endoscopic or radiological detection of a suspicious mass in the nasopharynx followed by histological confirmation
- From Dec 2010 to Oct 2011

→5 patients were recruited consecutively

→treated with endoscopic nasopharyngectomy in QEH

- Computer tomography and magnetic resonance angiography were performed
  - data used for intraoperative navigation guidance
- All patients were operated on with curative intent without postoperative radiotherapy
- Postoperative endoscopic surveillance was performed to ensure complete remission of NPC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Internal carotid arteries
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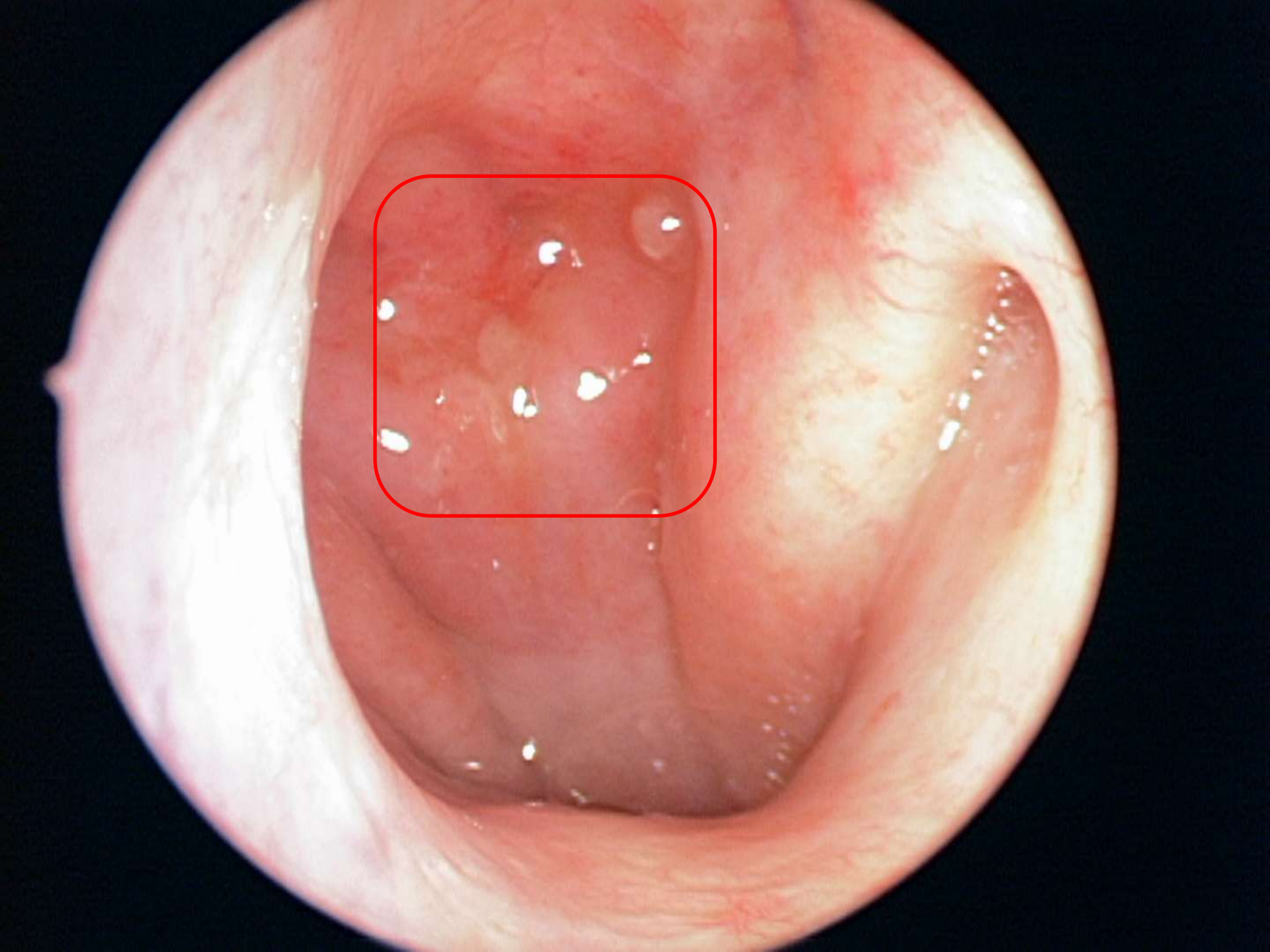
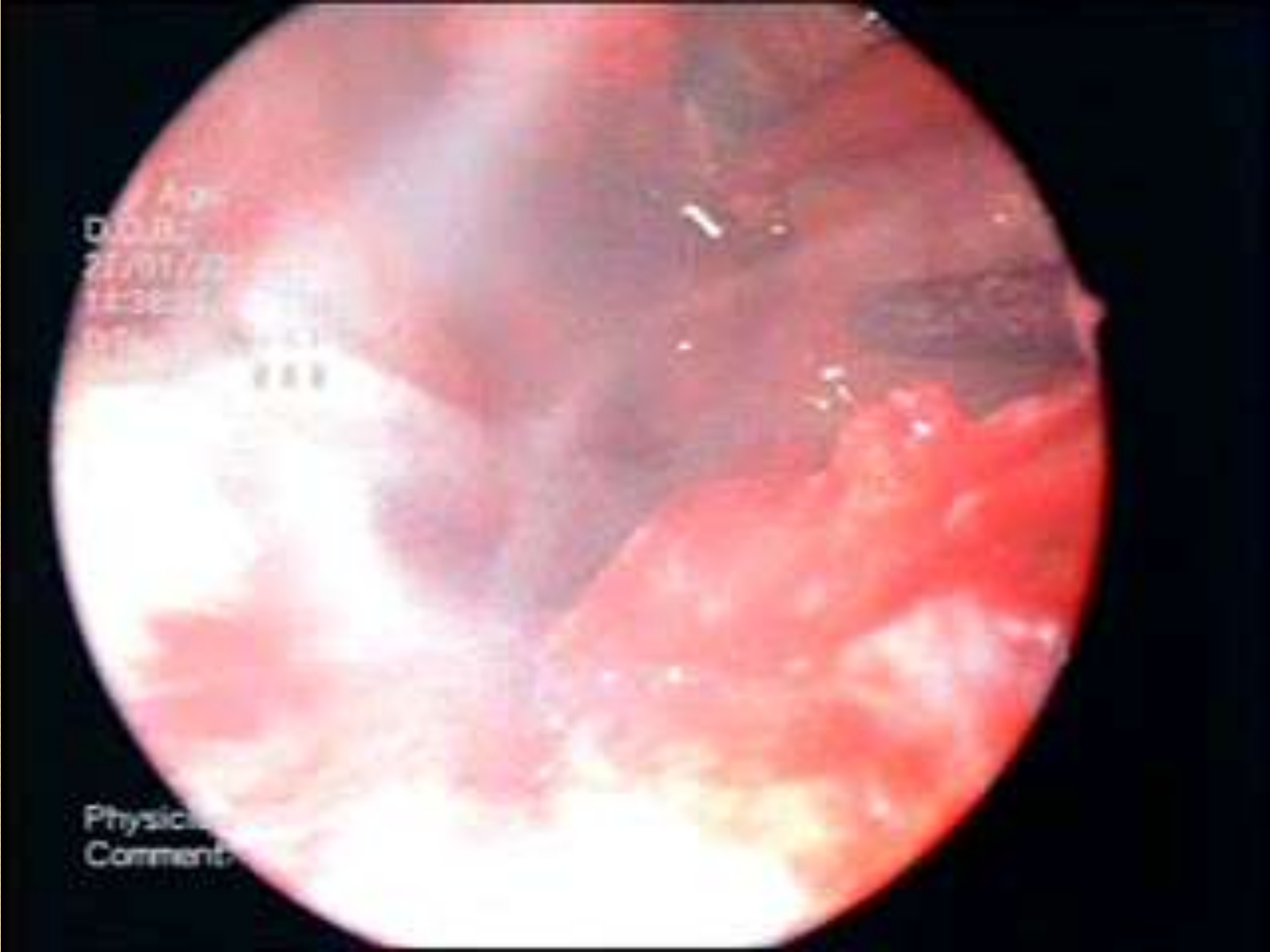
Results

- All 5 patients underwent operation
- Negative margins achieved in all patients
- Mean age: 51.4
- M:F = 4:1
- 4 patients → rT1, 1 patient → rT2
- mean time from last irradiation to recurrence was 78 (range: 12-147) months

- No complication associated with the operation
- Average operating time: 154 (range 96-224) mins
- Average follow up period 9.4 (range 3-14) months
- No local recurrence was noted
- Free of regional or distant disease
- All mucosal defects in nasopharynx were healed in 3-5 weeks

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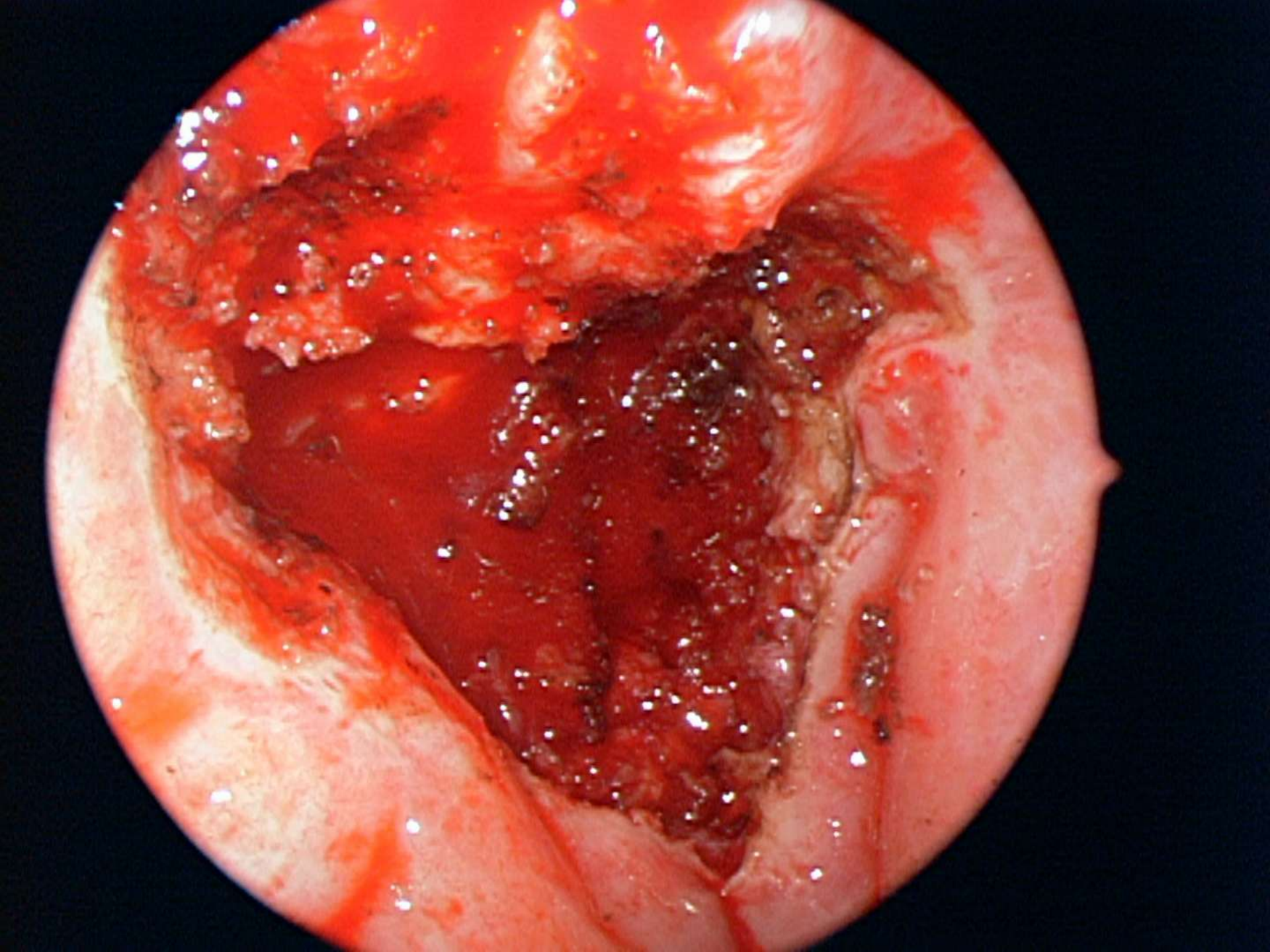

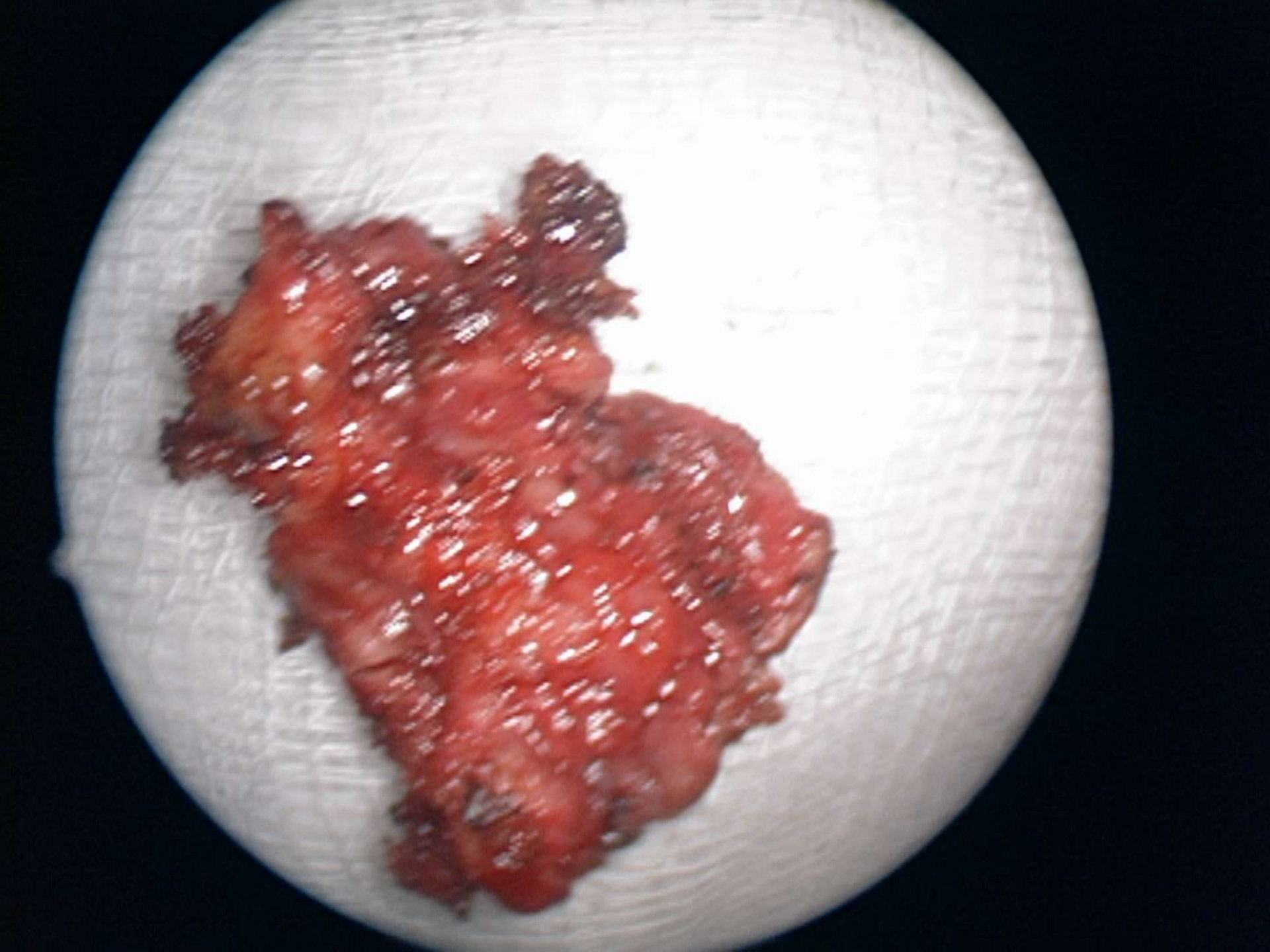

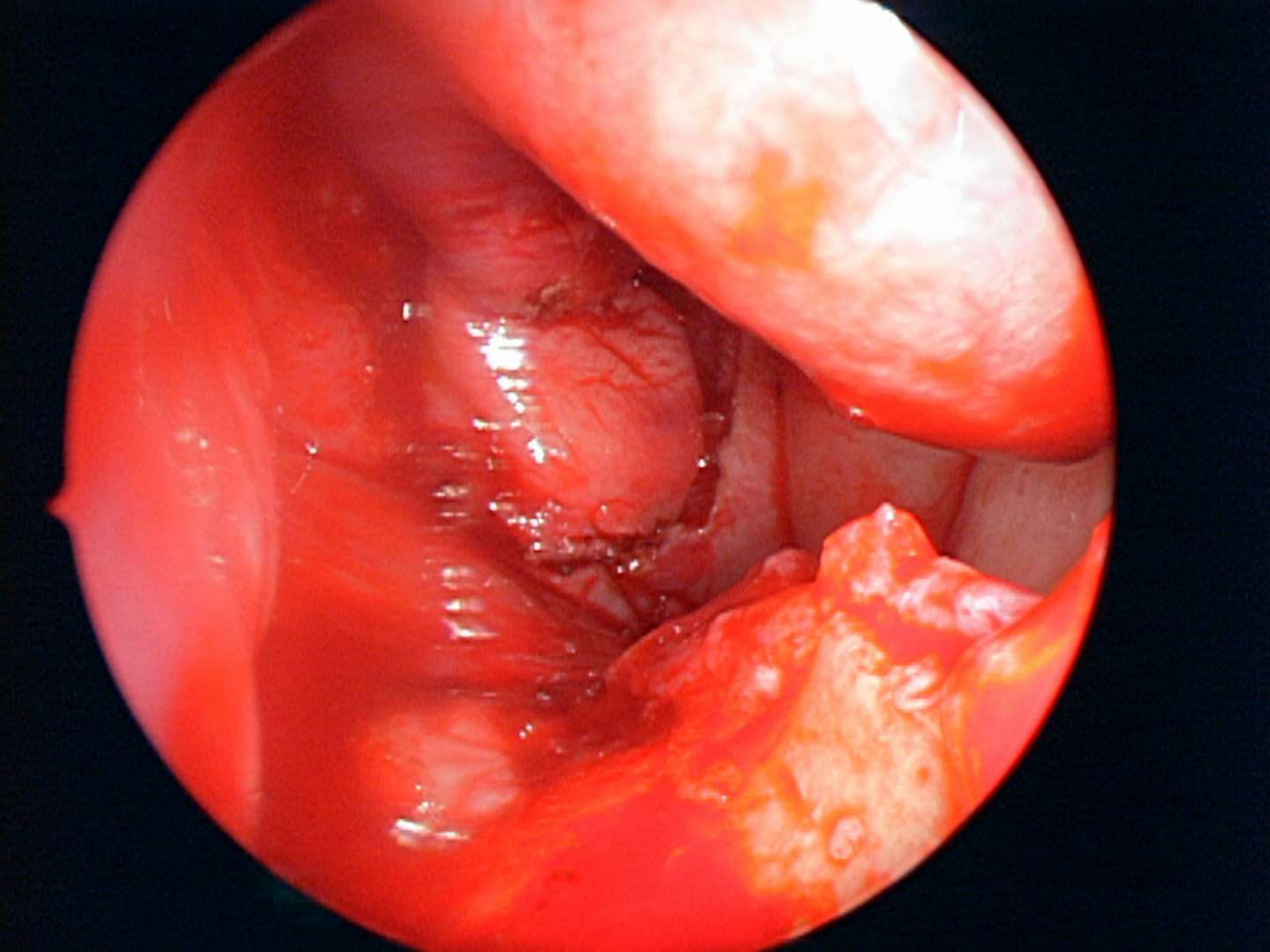

Post op 1 year

Discussion

- Problems of reirradiation
  - high risk of acute toxity
    - e.g. dermatitis, mucositis, dysphagia, xerostomia
  - high chance of late complications (26%-57%)
    - e.g. temporal lobe necrosis, multiple cranial nerve palsies, osteoradionecrosis, trismus, soft tissue fibrosis, hearing and visual impairment, endocrine dysfunction, carotid rupture
    - mortality 1.8% - 9.4%., mainly due to neurological damage
  - long treatment period
    - Need 6 weeks

- For surgery, the endoscopic technique has advantages over open techniques:
  - avoidance of a facial scar
  - less destruction of the surrounding tissues
  - reduced complications
  - better preservation of function
  - shorter operation time
  - shorter hospital stay
  - faster recovery

- Endoscopic nasopharyngectomy for small local recurrence should be considered as one of the first line treatments
- Besides, early detection of recurrent disease is essential for salvage therapy to be successful,
  - which is possible by close surveillance of patients after local treatment by clinical oncologists and ENT surgeons

Conclusion

- Endoscopic nasopharyngectomy is a safe and effective salvage procedure for treating rT1 and rT2 NPC with minimal morbidity
- It improves the quality of life during and after treatment as compared to other modalities of treatments
- It can potentially reduce the health care costs in managing long term complications

Limitation

- More patients and longer follow up are needed to further validate the long term results
- The study was conducted in one regional hospital only

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THANK YOU