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[O29-08]

## Recurrence Risk Factors after Radiotherapy in Early Glottic Cancer and Outcome of Salvage Treatment

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**Objective:** The aim of this study was to find risk factors for recurrence after curative radiotherapy in early glottic cancer and to analyze the result of treatment between salvage total laryngectomy and salvage conservation laryngectomy for recurrent glottic cancer.

**Method(s):** A retrospective analysis was performed for patients of 45 cases of early glottic cancer who were treated with curative radiotherapy from 1997 to 2004. The risk factors analyzed for recurrence in early glottic cancer were gender, age, anterior involvement, bilaterality, T stage and radiotherapy interruption. Fourteen patients who underwent salvage laryngectomy for recurrent glottic cancer were analyzed by Kaplan- Meier method to assess the results of salvage total laryngectomy and salvage conservation laryngectomy.

**Result(s):** Forty-two patients were male and only 3 patients were female, with the median age of 62.4 years. Radiotherapy interruption was found to be a risk factor significantly influencing recurrence in univariate and multivariate analyses. The 5-year overall survival rate in salvage total laryngectomy was 77% and that in salvage conservation laryngectomy was 75%.

**Conclusion(s):** When a curative radiotherapy was interrupted in early glottic cancer before total dosage irradiation, the possibility of recurrence must be considered. In such cases, by choosing an adequate patient group combined with a proper surgical technique, optimal treatment results can be obtained by salvage conservation laryngectomy.

**Keywords:** Laryngeal Neoplasms, Radiotherapy, Salvage Therapy

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## Ruthenium 106 Plaque Brachytherapy: Indications and Outcome in Ocular Tumors

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**Objective:** To evaluate Ruthenium 106 (Ru-106) plaque brachytherapy in the management of intraocular and adnexal tumors.

**Method(s):** A retrospective review of 84 patients of Ocular Tumors treated with Ru-106 Plaque Brachytherapy at the L.V.P.E.Institute (Jan' 2001–Aug' 2009).

**Result(s):** The tumors included uveal melanoma (28), ocular surface squamous neoplasia (19), choroidal hemangioma (19), retinoblastoma (15) and choroidal metastasis (2). Uveal melanoma: A notch plaque was used in 71%. The mean tumor apex dose was 9,528 cGy. Tumor regression rate was 67.8%, eye salvage was achieved in 82%, and 71.42% had useful residual vision (>20/200). Ocular surface squamous neoplasia (n=19): The mean tumor apex dose was 5,626 cGy. Tumor regression rate was 84.21%, eye salvage was achieved in 78%, and 63.15% had useful residual vision (>20/200). Choroidal hemangioma (n=19): The mean tumor apex dose was 3,246 cGy. Tumor regression rate was 89.6%, eye salvage was achieved in all and 57.9% had improvement in visual acuity (>2 Snellen lines). Retinoblastoma (n=15): The mean tumor apex dose was 4,699 cGy. Tumor regression rate was 68.75%, eye salvage was achieved in 60%, and 33.3% had useful residual vision (>20/200). Choroidal metastasis (n=2): Plaque brachytherapy was used to treat solitary choroidal metastasis. The mean tumor apex dose was 4,995 (range, 4,992-4,998) cGy. Tumor regression was seen in both, eye salvage was achieved in 100%, and 100% had useful residual vision (>20/200).

**Conclusion(s):** Ruthenium 106 plaque brachytherapy is a reasonable treatment option for the primary management of choroidal melanoma and choroidal hemangioma with diffuse subretinal fluid, and for the management of residual or recurrent ocular surface squamous neoplasia and retinoblastoma. It provides for good tumor regression and eye salvage. Complications seem dose-dependant.

**Keywords:** Ruthenium 106, Plaque Brachytherapy, Ocular Tumors

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