FP 22: Implication of Extracapsular Spread in the Staging of Patients with Head and Neck Squamous Cell Carcinoma Who Underwent Neck Dissection in a Tertiary Hospital in the City of Manila, Philippines

ABSTRACT

As a component of the TNM system of cancer staging, the presence of metastasis in regional lymph nodes indicates the anatomic extent of a tumour [1]. In head and neck cancers, metastasis in cervical lymph nodes are likely present and has prognostic importance [2]. Extracapsular spread (ECS) that entails poor prognostic outcome and aggressive tumour behaviour; it is also a risk factor for local recurrence [5, 6].

Hence, this study will be done to assess the influence of extracapsular spread on the anatomic staging of HNSCC, given its prognostic capacity.

OBJECTIVES

General Objectives

- 1. To assess the implication of extracapsular spread in the staging of patients with Head and Neck Squamous Cell Carcinoma (HNSCC) who underwent neck dissection in the Department of Otorhinolaryngology of Jose Reyes Memorial Medical Center (JRRMMC) from January to December of 2015
- 2. To determine the proportion of patients who had an upstage after pathologic confirmation of extracapsular spread

METHODS

A retrospective, descriptive, cross-sectional study design will be utilized. The study period will be from January to December of 2015.

The intended population are patients seen and operated with neck dissection at the department except those with neck metastasis with unknown primary, those who did not have a minimum follow up of 3 years and those whose records provide incomplete information.

RESULTS

Out of 5224 surgical operations, a total of 402 head and neck cases were abstracted from the 2015 database. Out of those, 30 cases were malignancies.

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APPENDIX A

DATA ABSTRACTION TOOL

Date of Data Collection:			
Patient ID: Date of Operation:		Sex:	
Clinical Diagnosis:			
TNM Staging			
Clinical:Pathologic:			
Number of nodes dissected per patient Number of positive nodes: Number of patients who have nodes to the nodes of patients who have nodes to the nodes of the no			
DATA	ABSTRACTIO	N TOOL	
Date of Data Collection:			
Patient ID: Date of Operation:	_	_ Sex:	
Clinical Diagnosis:			
TNM Staging			
Clinical:			

Pathologic:	
Number of nodes dissected per patient:	
Number of positive nodes:	
Number of patients who have nodes with extracapsular spread:	