

Salvage surgery for patients with recurrent squamous cell carcinoma of the upper aerodigestive tract - when do the ends justify the means?

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Description: -

Chart I. Distribution of the type of treatment of the locoregional recurrence according to the site and recurrence.				
Variable Recurrence/Site	Salage			
	Cir	Rxt	Cir/Rxt	SR
Local Oropharynx	11	2	2	7
Regional Oropharynx	1	0	3	3
Locoregional Oropharynx	0	2	0	6
Total	12	4	5	16
Mouth Local	26	5	4	14
Mouth Regional	10	2	5	3
Locoregional Mouth	3	2	4	4
Total	39	9	13	21
Lip Local	2	0	1	0
Lip Regional	0	0	4	1
Locoregional Lip	0	0	0	0
Total	2	0	5	1

Legend: Cir - Surgery, Rxt - Radiotherapy, Cir/Rxt - Surgery and radiotherapy, SR - without salvage.

Otolaryngology, Operative.

Squamous cell carcinoma -- Surgery.

Neck -- Cancer -- Patients -- Rehabilitation.

Head -- Cancer -- Patients -- Rehabilitation. Salvage surgery for patients with recurrent squamous cell carcinoma of the upper aerodigestive tract - when do the ends justify the means?

Science of the skies

Laryngoscope -- no. 93.

Laryngoscope -- vol. 110, no. 3, part 2 (March 2000). Supplement no. 93 Salvage surgery for patients with recurrent squamous cell carcinoma of the upper aerodigestive tract - when do the ends justify the means?

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Tags: #Salvage #surgery #for #patients #with #recurrent #squamous #cell #carcinoma #of #the #upper #aerodigestive #tract: #When #do #the #ends #justify #the #means? #— #University #of #Miami's #Research #Profiles

Treatment and prognosis of patients with recurrent laryngeal carcinoma: a retrospective study. Head and Neck Oncology

Assessment of perian perioperative complications and Karnofsky-performance status in head and neck cancer patients after radiation or chemoradiation that underwent surgery with regional or free-flap reconstruction for salvage, palliation, or to improve function. For details, please refer to Organ preservation treatment for advanced head and neck squamous cell carcinoma is associated with poor outcomes due to locoregional recurrences.

Recurrent Advanced (T3 or T4) Head and Neck Squamous Cell Carcinoma: Is Salvage Possible?

Nonetheless, no differences in outcome have been seen in patients with HPV-positive nonoropharyngeal primary cancers. Result of surgical treatment of advanced laryngeal carcinoma: patterns of failure. Besides, pathological information about depth of invasion DOI and extra-nodal extension ENE were sent and reviewed again by the Department of Pathology for those receiving primary treatment before 2018.

Salvage surgery for patients with residual/persistent diseases after improper or insufficient treatment of oral squamous cell carcinoma: can we rectify these mistakes?

Most were minor wound infections or lung infections.

Salvage surgery in recurrent head and neck squamous cell carcinoma: Oncologic outcome and predictors of disease free survival

Toshifumi Tomioka: no conflicts to disclose. In the end, the decision to undergo salvage surgery should be a personal choice made by the patient after honest and compassionate discussion with his or her surgeon.

Salvage surgery for locoregional recurrences of advanced pharyngolaryngeal squamous cell carcinoma after organ preservation failure

Overall, RM-1929 photoimmunotherapy was well tolerated in Japanese patients. Primary radiotherapy of laryngeal carcinoma.

A phase I, single

Laryngeal recurrence, in particular, appears to have distinctly favourable survival outcomes relative to other sites , and as such, salvage total laryngectomy continues to be an effective means of disease control, with recent studies reporting 5-year overall survival rates of 68 to 70%. Target lesions were defined as lesions identified by the investigator that were illuminated. Conclusions: Overall, the expected efficacy for salvage surgery in patients with recurrent head and neck cancer was surprisingly good, but success was limited and costs were great in stage III and, especially, in stage IV recurrences.

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