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HEAD AND NECK CANCER SURGICAL OUTCOMES RESEARCH DATA: A DIGITAL RESOURCE FOR TRAINEES

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INTRODUCTION

- Evidence-based medicine integral to OMFS clinical decision-making
- Few resources summarising head and neck cancer surgical outcomes data, especially studies used in guidelines
- We aim to create the first trainee-friendly website presenting landmark oral cavity, oropharyngeal, hypopharyngeal and laryngeal cancer surgical outcomes research



METHODOLOGY

Guidelines

- Level 1a-2b studies limited to surgical outcomes data
- NICE NG36 (2016)
- JLO (2016)
- NCCN (2016)

Electronic Databases

- Level 1a-2a studies limited to surgical outcomes data
- 2007 onwards
- PubMed
- Web of Science
- SCOPUS
- Cochrane Library



ONLINE SUMMARIES

- Study question
- Study format
- Treatment vs control
- Population
- Inclusion criteria
- Exclusion criteria
- Follow-up
- Primary endpoint(s)
- Secondary endpoint(s)
- Weblink
- Brief summary
- Authors



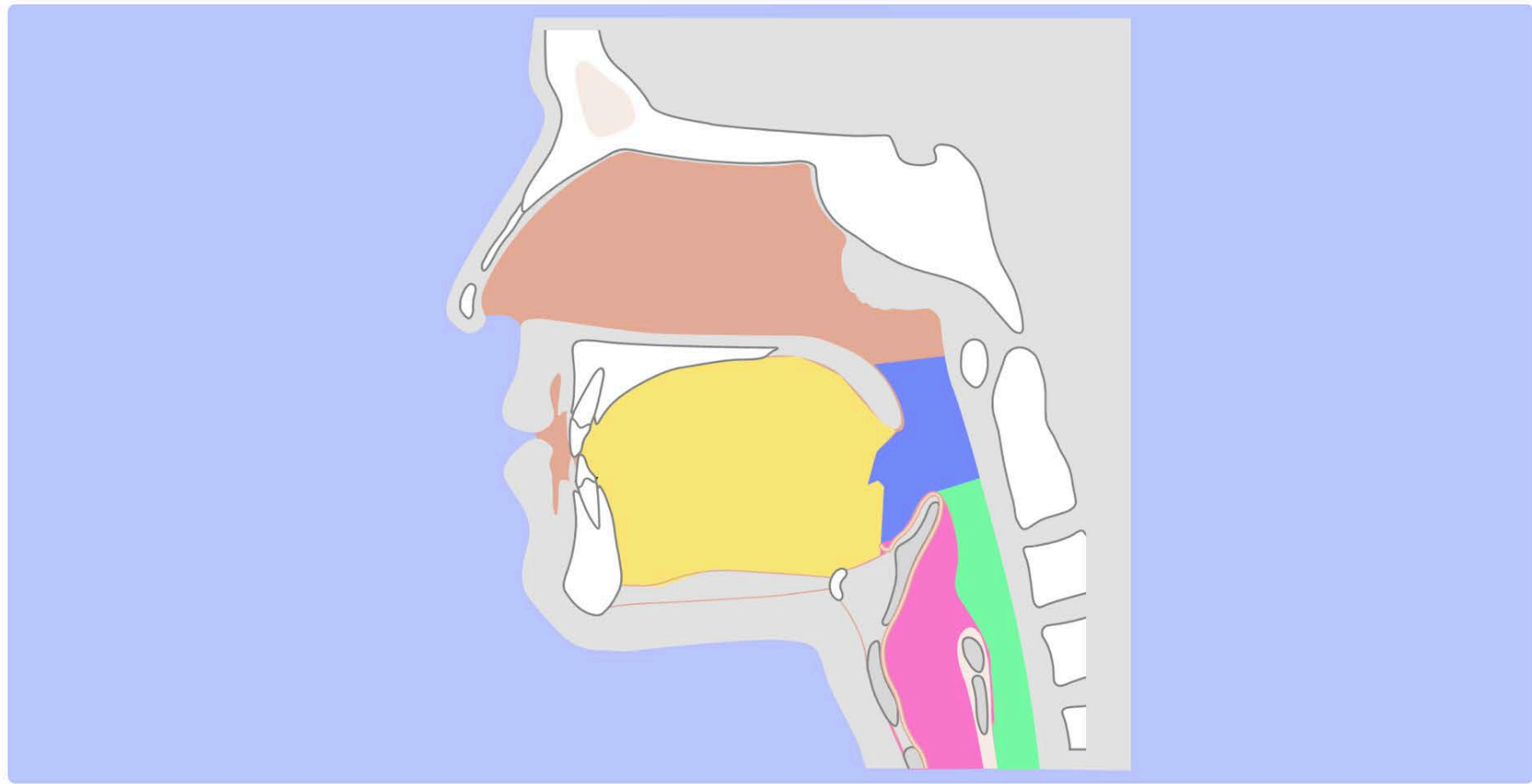
RESULTS

Guidelines

- NICE NG36 – 17 studies
- JLO – 45 studies
- NCCN – 11 studies

Electronic Databases

- PubMed – 1406 → 56
- Web of Science – 2166 → 62
- SCOPUS – 2002 → 43
- Cochrane Library – 445 → 20



Oral cavity

Early (T1 - T2 N0)

- October 09, 2015: Survival of microvascular free flaps in mandibular - A systematic review and meta-analysis
- August 06, 2015: Elective versus Therapeutic Neck Dissection in Node-Negative Oral Cancer
- May 14, 2015: Treatment Factors Associated With Survival in Early-Stage Oral Cavity Cancer
- April 02, 2011: A meta-analysis of the randomized controlled trials on elective neck dissection versus therapeutic neck dissection in oral cavity cancers with clinically node-negative neck
- April 30, 2009: Prospective randomized study of selective neck dissection versus observation for N0 neck of early tongue carcinoma

Advanced (T3-T4 N0 and T1-T4 N1-N3)



Study title	Elective versus Therapeutic Neck Dissection in Node-Negative Oral Cancer
Journal	New England Journal of Medicine
study year	2015
QUESTION	Is there a survival difference between elective neck dissection (END) and therapeutic neck dissection (TND)? Does ultrasonography have a role in early detection of nodal metastases during follow-up?
Study DESIGN	Prospective randomized controlled trial
STUDY GROUPS	END (ipsilateral neck dissection at the time of primary surgery) (n=245) vs TND (watchful waiting followed by neck dissection for nodal relapse) (n=255)
Population	Patients with lateralized stage T1-T2 oral squamous cell carcinoma (OCSCC)
Inclusion criteria	18-75 years old Histopathologically proven invasive T1-T2 SCC of the oral cavity lateralized to one side of the midline No previous treatment Amenable to undergoing oral excision No history of head and neck cancer
Exclusion criteria	Previous surgery in head and neck Upper alveolar/palatal lesions Large heterogeneous leukoplakias Diffuse oral submucous fibrosis
Follow-up	39 months
Primary endpoint(s)	Overall survival: END 80% (95% CI 74.1 – 85.8) vs TND 67.5% (95%CI 61.0 – 73.9). Hazard ratio = 0.64 in END group (p=0.01)
Secondary endpoint(s)	Disease-free survival: END 69.5% vs TND 45.9% (p<0.001)> Hazard ratio = 0.45 in END group (p<0.001) Adverse events: END 6.6% vs TND 3.6%
Weblink	https://www.nejm.org/doi/full/10.1056/nejmoa1506007
Brief summary	In early OCSCC, END resulted in higher overall and disease-free survival than TND
Authors	D'Cruz et al Head and Neck Disease management Group, Mumbai, India





DISCUSSION

- www.headandnecktrials.com
- First digital resource summarising high quality head and neck cancer surgical outcomes data
- Website will be live in a few weeks

ACKNOWLEDGEMENTS

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