

Outcomes After Salvage Surgery for Recurrent Head and Neck Cancer in Patients 80 Years and Older

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Introduction

- Salvage surgery is the treatment of choice for recurrent head and neck cancer (HNC)
- Population of patients with HNC 80 years and older is growing
- This population often have complex medical histories and multiple comorbidities
- Data is limited regarding outcomes of salvage surgery for recurrent HNC in patients 80 years and older
- This can lead to difficulties for clinicians when it comes to counseling this population pre-operatively, and patients when deciding to proceed with surgery
- This project aimed to assess salvage surgery outcomes for recurrent head and neck cancer in patients 80 years and older.**

Methods

- Retrospective chart review
- Participants: Patients aged 80 years and older who underwent salvage surgery for recurrent head and neck cancer with curative intent between Jan 1st, 2007 – June 1st, 2020
 - Salvage surgery was defined as surgery after previous definitive chemotherapy or radiotherapy
- Setting: Single urban tertiary care academic institution



Figure 1. Flow chart demonstrating study methods including primary outcomes (PO) and secondary outcomes (SO).

Results

50 patients who met criteria for salvage surgery for recurrent head and neck cancer:

- 72% male, 28% were female
- Average age at time of surgery was 84.2 years old
- 90% of subjects had a primary pathology of squamous cell carcinoma (SCC)

Primary Site	N=	Male	Female	Average Age
Cutaneous	20 (40%)	17	3	84.8
Oral Cavity or Oropharynx	18 (36%)	9	9	84.5
Larynx	8 (16%)	6	2	83.2
Non-cutaneous Parotid	4 (8)	4	0	81.7

Table 1. Demographics of primary head and neck cancer sites

Post-operative outcomes:

- Average length of stay was 8.5 days (Range: 1-37)
- 20% had a major postoperative complication (defined as: cardiac, stroke, PE/DVT, sepsis, wound dehiscence, pneumonia)
- 54.5% were discharged home, 34.1% were discharged to a rehabilitation center
- 30-day readmission rate was 16%
- Ninety-day mortality: 4%

Recurrence:

- 50% (25) of patients developed recurrent disease
- Average time to recurrence was 11.8 months

Survival:

- 44 patients with 2-year follow-up → 2-year overall survival was 52.3%

Discussion

Salvage surgery outcomes can be positive in patients 80 years and older.

- Post-operative survival, complications, 30-day readmissions, and length of stay does not differ much from younger populations receiving the same treatment in other studies.

Higher incidence of discharge to a rehabilitation facility may be do to increased frailty

- Patients should be counselled preoperatively about this risk.
- Frailty calculators may be of use preoperatively.

Limitations of this study include:

- Retrospective chart review
- Due to our small sample size, further investigation is needed to strengthen support for these findings.

Conclusion

- Our study demonstrates that salvage surgery is an acceptable treatment for recurrent head and neck cancer in patients 80 years and older.
- Extra time should be dedicated to counseling these patients and their families on post-operative expectations, quality of life, and survival.

References

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