THE IMPACT OF ELECTIVE NECK DISSECTION IN PRIMARY PAROTID N0 CANCER ON RECURRENCE AND MORTALITY

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Objective: A retrospective single centre study to assess the impact of elective neck dissection (END) on recurrence and mortality.

Background

Current Guidelines: A prophylactic neck dissection is recommended for high grade or high stage parotid tumours ⁽¹⁾

Method

A retrospective study was performed of all patients who underwent parotidectomy for N0 primary parotid cancer over the last 10yrs and comparison was made between END (n=15) and no END (n=31).

Results

Kaplan Meier Survival Function showed a slight increase in recurrence but slight decrease in mortality when END is performed but this difference was not significant with a log-rank test P value of 0.37 and 0.20 respectively. Furthermore, no prognostic factor could be found for those developing recurrence.

Staging	Pathology	Neck Dissection	VII sparing	Rt	Ct
T4aNO MX	Adenoid cystic carcinoma	N	Y	Y	N
T1 NO M0	Mucoepidermoid carcinoma	N	Y	N	N
T4bNO M0	Salivary duct carcinoma	level I-V	N	Y	N
T3 NO M0	Carcinoma ex-pleomorphic adenoma	N	Y	Y	N
T3 NO M0	Acinar cell carcinoma	level II	Y	Y	N
T3 NO M1	Acinar cell carcinoma	level I-V	Y	Y	N
T2 NO M0	Salivary duct carcinoma	N	Superior division sacrificed	Y	N

Conclusion

- Elective neck dissection did not significantly influence recurrence or mortality

What now?

- Gaining access to a larger dataset from multiple centres would better inform the assertion that END does not significantly affect recurrence or mortality

Future

- Work is required to identify prognostic factors and thereby define the indication for END clearly

References:

1. UK-Head-and-Cancer-Guidelines-2016.pdf [Internet]. [cited 2018 Mar 22]. Available from: <http://bahno.org.uk/wp-content/uploads/2014/03/UK-Head-and-Cancer-Guidelines-2016.pdf>