

招聘講演

Jatin P. Shah

Professor of Surgery at Cornell University Medical College
The Elliott W. Strong Chair in Head and Neck Oncology,
Memorial Sloan Kettering Cancer Center

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略歴:

Jatin P. Shah, M.D. is Professor of Surgery at Cornell University Medical College and holds The Elliott W. Strong Chair in Head and Neck Oncology at Memorial Sloan Kettering Cancer Center (MSKCC) in New York. He graduated from MS University in Baroda, India, and trained in surgical oncology and Head and Neck Surgery at MSKCC. In addition to his superlative patient care, Dr. Shah is an international leader in the field of head and neck surgery. He has delivered over 1,200 scientific presentations worldwide, over 80 eponymous lectures, and published more than 550 peer reviewed articles and 10 medical textbooks. He has served as president of The New York Cancer Society, The New York Head and Neck Society, The Society of Head and Neck Surgeons, The North American Skull Base Society and the International Academy of Oral Oncology. He founded The International Federation of Head and Neck Oncologic Societies (IFHNOS), and serves as its CEO. He is listed amongst the Top Doctors in USA directories for 55 times in last 20 years. He was awarded Honorary Fellowships from The Royal College of Surgeons of Edinburgh, London and Australia, Honorary Ph.D. degrees from Belgium and Greece, Honorary D.Sc. from India, the Blokhin Gold Medal from Russia and the Ellis Island Medal of Honor from the USA. In recognition of his outstanding contributions to enhance patient care and physician training in head and neck surgery, Dr. Shah has received numerous awards, including an eponymous lecture established in his name by IFHNOS, an academic symposium in his name by the American Head and Neck Society, and an endowed chair in his name established by MSKCC.

The Successes and Failures of Non Surgical Treatment of Head and Neck Cancer

Surgery has been the main stay of treatment of Head and Neck cancer for over one and a half century. Combining radiotherapy and chemotherapy with or without surgery, has evolved into several multidisciplinary treatment programs with the goal of preserving organ (larynx), and reducing the functional and esthetic sequela of surgery. The larynx preservation concept has been tested in several randomized trials and has been extrapolated to other sites. In addition concurrent administration of Chemo and Radiotherapy, has shown the best oncologic outcomes in randomized trials. Long term follow up data however show, that the function of the preserved organ is not optimal in some patients, and in fact long term survivorship for larynx cancer has indeed declined in the united states in the past two decades. In addition, depending on the primary site and stage, anywhere from 20-70% of patients fail chemo radiotherapy and need salvage surgery. Significant pre operative planning is required to carry out successful salvage surgery without complications. In spite of that these operations are complex, extended, morbid, and fraught with the danger of wound complications, and high risk of treatment failure.

The surgeon's ability to accurately define the extent of residual or recurrent disease following chemo radiotherapy is seriously compromised, due to extensive post treatment fibrosis, and ill defined nature of the cancer, since recurrent tumor often presents with numerous foci of viable tumor cells in a "sea of post treatment fibrosis". This often results in biologically positive margins, leading to local recurrence, in spite of securing histologically negative margins. The radiated tissues have poor healing ability leading to wound failure and fistulae. Thus regional or free flaps are required to bring in new blood supply from non radiated tissues. In spite of all these efforts the success rate of salvage surgery is poor. Sometimes extensive salvage surgery is required for palliation to improve the quality of life, even if cure is not possible.

Persistent palpable or radiological abnormality in the neck is quite common when chemo radiotherapy is employed in patients with palpable neck metastases. Documenting viable tumor in such persistent abnormality in the neck is often difficult. While PET scan is reliable in detecting viable tumor, it is not always accurate. Another unanswered question is the extent of neck dissection in this setting. Finally, some patients with persistent or recurrent metastatic nodes will have significant extranodal disease in soft tissues requiring further treatment. Planning of the surgical procedure with the availability of IORT or brachytherapy, and reconstruction with a regional or free flap, to bring in vascularized tissue is crucial for a successful surgical outcome. Thus in this presentation, all the issues and complexities of safe salvage surgery for a successful oncologic outcome will be discussed.