

Avoiding the Operating Room for Diagnosis of Head and Neck Squamous Cell Carcinoma (HNSCC)

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Background

- Head and neck cancer (HNC) is the 6th most common cancer in the world¹
- 90% of head and neck cancers are squamous cell carcinoma (SCC)²
- Biopsy options: direct laryngoscopy with biopsy, fine needle aspiration (FNA), ultrasound guided core needle biopsy (US-CNB), in-office primary site biopsy³⁻⁵
- Unspecified role for biopsy of neck metastasis alone as being sufficient for starting non-surgical oncologic treatment of HNSCC

Objective
Examine the mode of biopsy and time to diagnosis of HNSCC in patients with a known primary tumor

Methods

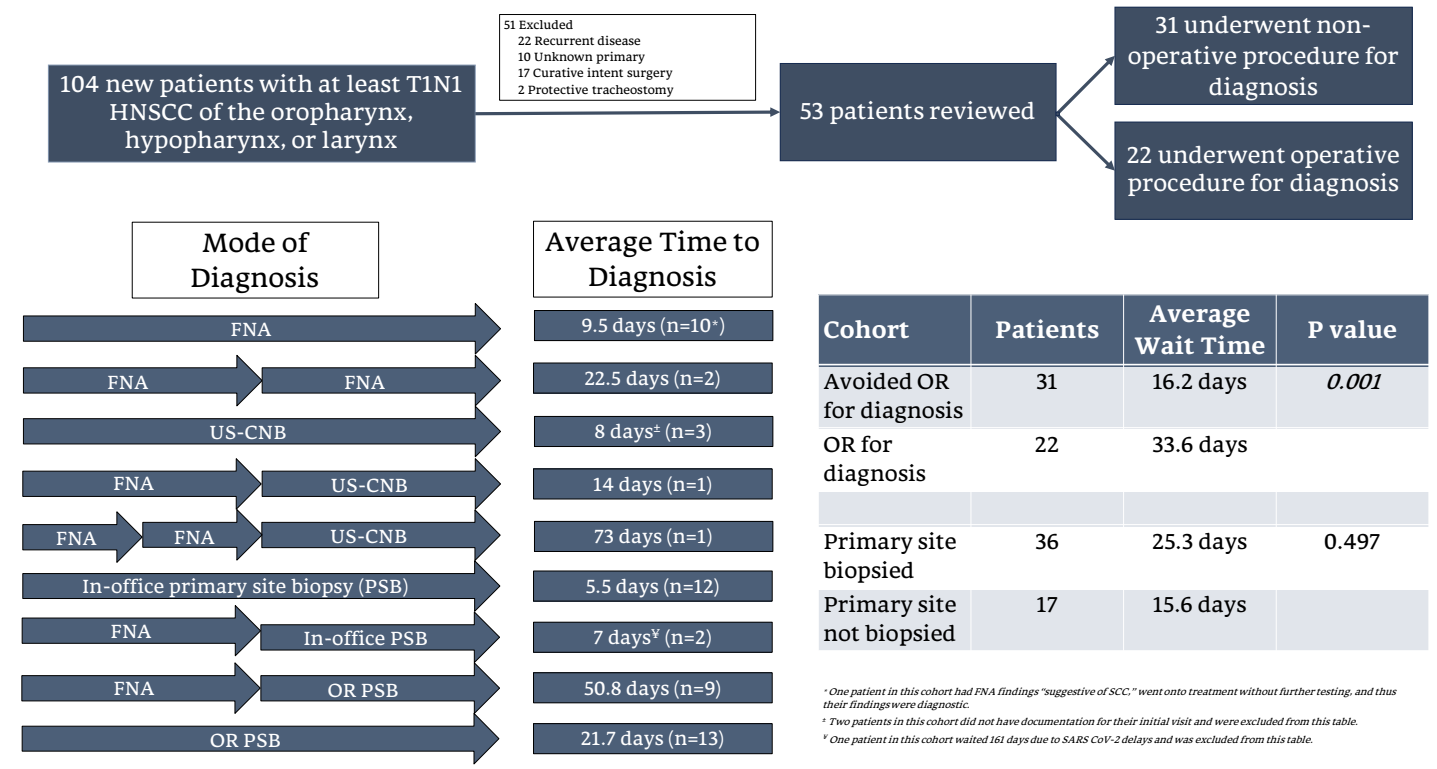
- Retrospective review of at least T1N1 SCC of the oropharynx, hypopharynx, or larynx
- Single academic institution
- April 2020 – September 2021
- Reviewed: physical examination findings, procedural reports, imaging
- Determined: date of initial presentation, date of diagnostic procedure, mode of diagnosis, date of diagnosis

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Results



Conclusions

FNA, US-CNB, and in-office biopsy are effective and alternative approaches to avoid the OR and the risks of general anesthesia. Additionally, minimally invasive biopsies have a statistically significant shorter average wait time as compared to OR primary site biopsies.

It is suggested that with pathological confirmation in the neck, all primary tumors do not necessarily need to be biopsied if they are apparent via imaging or clinical exam. It may be feasible to avoid the OR and rely on histologic diagnosis of neck metastases for treatment decisions.

References

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