

methods in orbital oncologic pathology can significantly increase the informative ability of diagnostic stage and allow to perform necessary manipulations. The endoscopic access to the orbit is possible and most safe through the maxillary sinus.

8582

POSTER

Experience of Using Radiofrequency Ablation to Empower Endolaryngeal Resection

I. Reshetov¹, A. Golubtsov¹, O. Matorin¹, A. Koritskiy¹. ¹Moscow Research Institute of Oncology named after P.A. Hertzen, Head and Neck, Moscow, Russian Federation

Introduction: Laryngeal cancer ranks first among malignant tumours of the head and neck, accounting for 2.6% in the total incidence of malignant tumours of man. About 1/3 patients (32.4%) had stage I and II disease, 49.6% – III stage, 15.5% – IV stage (on the data of the Russian Federation). Currently, the potential of modern video endoscope technology allow organ intact treatment in the early stages of the disease. However, it is worth noting that there is a need to improve the efficacy of such operations for tumours with an index of T2 and above. Method of radiofrequency ablation can potentially empower endolaryngeal resection.

Objective: To improve results of organ intact treatment of larynx at I–II stage of laryngeal cancer.

Materials and Methods: During the period since 2008 we have completed over 20 transactions in the amount of video endoscope endolaryngeal resection. Treatment was conducted in patients with I (25%) and II (45%) stage laryngeal cancer, as well as laryngeal papillomatosis (20%) and sarcoma (10%). In 7 (35%) cases resection was supplemented by the use of radiofrequency ablation at the bottom of the removed tumour. Observation periods ranged from 1 to 48 months.

Results and Discussion: During the follow-up, 2 (10%) patients had recurrent disease, requiring laryngectomy, and in the group with radiofrequency ablation recurrences were not identified.

Conclusion: The technique of radiofrequency ablation can complement existing surgical technique and may improve outcomes in patients, especially in locally advanced processes.

8583

POSTER

Technology Voice Prosthesis After Laryngectomy for Cancer

I. Reshetov¹, V. Olshansky¹, M. Filyushin¹. ¹Moscow Research Institute of Oncology named after P.A. Hertzen, Head and Neck, Moscow, Russian Federation

Introduction: In the Organizational Structure of malignant tumours of laryngeal cancer is 2.8%. The high level of mortality in this disease is caused by the refusal of laryngectomy patients, t.k.eta operation causes patients with severe trauma and renders it incapable of communicating with others. In recent years, widely spread method of rehabilitation of vocal function after laryngectomy with tracheoesophageal bypass with prosthesis voice prostheses (TPSHP).

The currently used methods TPSHP quite complex. Our aim was to create a method of rehabilitation of vocal function reliably without requiring complex tools, easily repeatable and have a good, stable results.

Materials and Methods: We applied the method TPSHP in 207 patients. Description of the method: the necessary tools: a) a metallic conductor with a diameter of 2 mm, length 20–22 mm end is bent at an angle of 120° having at one end globular thickening, but on the other hand, which allows him to hold in position. b) rubber tube is 5 mm in diameter which is placed a conductor, to avoid injury of the esophagus, and c) a voice prosthesis, d) a scalpel.

Conductor is placed in a rubber tube and injected into the mouth, pushing down his throat and esophagus to the level of tracheostoma. Shift the rubber tube top, bare end of the conductor. Curved part of the conductor directed anteriorly and to pull it back wall of the trachea and the anterior wall of the esophagus. Scalpel incision 5 mm perform these walls. In the formed responsible outputting the lumen tracheal end of the conductor. To him over nodular thickening of the silk tie. One end is left in the tracheostomy, and the second (the conductor) pull out. Then cut the conductor and in its place tie voice prosthesis. Stretching out beyond the end of the thread in the tracheostomy, the prosthesis being dragged into the esophagus and establish a tracheoesophageal shunt.

Results and Discussion: As a result, the application of this method simplifies the procedure of introducing the prosthesis, reduced trauma, there is no need to use a protector rear wall of the esophagus does not require special drills, easily trained to this method.

Conclusion: Using this technique succeeded in restoring a good voice after removal of the larynx in 96% of patients.

8584

POSTER

Intraoperative Photodynamical Navigation in Thyroid Cancer Diagnostics

I. Reshetov¹, E. Filonenko¹, A. Golubtsov¹, E. Kirpa¹. ¹Moscow Research Institute of Oncology named after P.A. Hertzen, Head and Neck, Moscow, Russian Federation

Introduction: In the Organizational Structure of malignant tumours of thyroid gland is 0.5–1% for male, female – 1–4.6%. The basic method of treatment of thyroid cancer is surgery. The special place among complications of surgical treatment of a cancer of a thyroid gland on gravity of implication and complexity of preventive maintenance occupies a postoperative hypoparathyroidism which develops at excision or damage of parathyroid glands during a surgical intervention on a thyroid gland. Depression of level of a parathormone in blood serum thus leads to disturbance calcium-phosphoric of an exchange, carrying out of nervous impulse, reduction of muscles and a fibrillation, durability and structure of skeletal system. Therefore damage of parathyroid glands during operation on a thyroid gland can lead to serious implications of a hypoparathyroidism. Methods applied now in intraoperative visualization and conservations of parathyroid glands insufficiently effective. The purpose given work – to develop a technique of preventive maintenance of parathyroid insufficiency at sick of the thyroid gland cancer, not demanding the difficult instruments, not giving the complications, easily repeated and yielding good, stable results.

Materials and Methods: We apply a method of intraoperative conservations of parathyroid glands at 57 patients. The method description: necessary instruments: the Preparation of Alasens (a hydrochloride of 5-aminolevulinic acid) at the rate of 30 mg/kg. Sources of optical radiation of firm “Charles Shtorts” – Germany, with a wavelength in a range from 385 to 460 nanometers.

Before operative measure performance (as primary, and reoperation) at patients parathormone and calcium level is investigated. Further in day of operation 2.5–3 hours prior to an intubation the preparation alasens (at the rate of 30 mg/kg) perorally is accepted.

Intraoperative fluorescent navigation of parathyroid glands is carried out. At detection of fluorescent sites urgent cytologic research (acknowledgement of that a site – a parathyroid gland tissue) is carried out. Preparation excision is made. In the absence of oncologic contraindications allocation and a transposition (if necessary – autografting) parathyroid glands is performed.

For an estimation of efficiency of conservation of parathyroid glands control of level of a parathormone for 7, 27 and 57 days after operation and calcium for 1, 3, 7 days after operation and further each 10 days is carried out.

Results and Discussion: As a result of application of the described method the probability of development of parathyroid insufficiency decreases, accuracy of visualization and conservation of parathyroid glands raises, application of the radioactive isotopes isn't required, the given technique is easily reproduced.

Conclusion: At application of the given technique it was possible to save the function of parathyroid glands after excision/resection of a thyroid gland at a significant amount of patients.

8585

POSTER

Efficacy of Cetuximab Alone or in Combination With Docetaxel as Second-line Treatment in Patients With Recurrent or Metastatic (R/M) Squamous Cell Carcinoma of the Head and Neck (SCCHN)

M. Fekih¹, F.R. Ferrand¹, E. Saada¹, D. Hamdan¹, R. Desmaris², A. Schilf¹, J. Guigay¹. ¹Institut Gustave Roussy, Medical Oncology, Villejuif, France; ²Institut Gustave Roussy, Clinical Pharmacy, Villejuif, France

Background: Cetuximab in combination with platinum and 5FU has become a standard in first-line treatment of patients (pts) with R/M SCCHN. Data has shown that single-agent cetuximab may confer clinical benefits for patients with platinum-refractory metastatic disease. The objective of this retrospective study was to evaluate the disease control rate and progression-free survival (PFS) of pts with SCCHN treated in our institution with cetuximab alone or combined with docetaxel in second or third line chemotherapy.

Methods: Patients with R/M SCCHN histologically proven and treated in second or third-line with cetuximab alone or combined with docetaxel between 2006 and 2010 were retrospectively reviewed. Response rates were evaluated according to RECIST criteria. Median PFS was estimated by the Kaplan–Meier method.

Results: Twenty six pts could be evaluated: 81% male, median age 55 years (32–75), 18.5% metastatic. Oral cavity, oropharynx and hypopharynx was respectively found as the primary site in 48%, 26% and 18.5% of pts. 70% of the pts received the cetuximab as second-line therapy and 30% as third-line treatment. Treatment was respectively based on cetuximab