Authors' Reply: [Relevance of Level IIb Neck Dissection in Patients with Head and Neck Squamous Cell Carcinomas]

Authors' Reply: [Relevance of Level IIb Neck Dissection in Patients with Head and Neck Squamous Cell Carcinomas]

Seiji Hosokawa[a], Daiki Mochizuki[a], Goro Takahashi[a, b], Jun Okamura[a, c], Atsushi Imai[a], Ryuji Ishikawa[a], Yoshinori Takizawa[a], Takashi Yamatodani[a], Kiyoshi Misawa[a], and Hiroyuki Mineta[a]

[a]Department of Otorhinolaryngology/Head & Neck Surgery, Hamamatsu University School of Medicine, Hamamatsu, Japan

[b]Yamahoshi ENT Clinic, Hamamatsu, Japan

[c]Department of Otorhinolaryngology, Seirei Hamamatsu General Hospital, Hamamatsu, Japan

Corresponding author: Seiji Hosokawa, MD, PhD

Department of Otorhinolaryngology/Head & Neck Surgery,

Hamamatsu University School of Medicine,

1-20-1 Handayama, Higashi-ku, Hamamatsu, Shizuoka 431-3192, Japan

Telephone: +81-53-435-2252, Fax: +81-53-435-2253

E-mail: seijih@hama-med.ac.jp

Short title: Relevance of Level IIb Neck Dissection

Keywords: Neck dissection, level IIb lymph node, head and neck carcinomas, metastasis, spinal accessory nerve

Disclosure Statement: The authors declare that they have no conflict of interest.

Funding: None

Word count (not including title, abstract, and references): 257

Dear Editor,

We thank Dr. Abhinav Thaduri and colleagues for their valuable comments on our paper titled “Relevance of Level IIb Neck Dissection in Patients with Head and Neck Squamous Cell Carcinomas” [1]. We agree that the retrospective design of our study represented a major limitation because it resulted in certain inconsistencies, and that the study population was heterogenous and predominantly included hypopharyngeal and oropharyngeal cancers. Accordingly, we need to exercise caution while generalizing the applicability of IIb neck dissection to all subsets of head and neck squamous cell cancers, considering that different subsets exhibit different lymphatic drainage patterns.

The aim of our study was to develop an alternative diagnostic tool and a therapeutic procedure that can identify the factors contributing to preservation of the function and performance of the spinal accessory nerve. Indeed, our study did not address the oncological (locoregional failure) and survival outcomes. In cases of therapeutic neck dissection, there is a strong association between the positivity of level IIa metastasis and level IIb involvement [2, 3]; therefore, we recommend the use of level IIb dissection if level IIa shows clinical node positivity.

As pointed out by Dr. Thaduri, a randomized controlled trial (RCT) by Wang L et al. [4] seems to clarify issues related to the oncological and functional safety of level IIb neck node preservation. However, it should be noted that this RCT only included early-stage

cancers. Further prospective, controlled studies with advanced-stage samples are warranted to determine the correlation between clinically determined and pathologically confirmed level IIb positivity.

Sincerely,

Hosokawa S

References

1. Hosokawa S, Mochizuki D, Takahashi G, et al (2019) Relevance of Level IIb Neck Dissection in Patients with Head and Neck Squamous Cell Carcinomas. World J Surg 43:3059-3064
2. Corlette TH, Cole IE, Albsoul N, et al (2005) Neck dissection of level IIb: is it really necessary? Laryngoscope 115:1624-1626
3. Lim YC, Lee JS, Koo BS, et al (2006) Level IIb lymph node metastasis in laryngeal squamous cell carcinoma. Laryngoscope 116:268-272
4. Wang L, Wang L, Song X, et al (2019) The necessity of IIb dissection in T1-T2N0M0 oral squamous cell carcinoma: protocol for a randomized controlled trial. Trials 20:600