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Management of the Clinically Negative Neck in Early Squamous Cell Carcinoma of the Oral Cavity 37
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The management of the clinically negative neck in early squamous cell carcinoma of the oral cavity is controversial. This article presents the arguments in favor and against the various options for management of these patients.

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This article discusses the surgical and non-surgical management of advanced laryngeal cancers.

Squamous Cell Carcinoma of the Oropharynx and Hypopharynx 59
Derrick T. Lin, Seth M. Cohen, George L. Coppit, and Brian B. Burkey

Oropharyngeal and hypopharyngeal squamous cell carcinomas require an interdisciplinary approach to manage patients appropriately. Tumor stage and histology, functional outcome, and patient comorbidities are important factors to consider. Various surgical approaches as well as chemotherapy and radiation therapy alone or in combination remain the mainstay of therapy.

Management of Cancer of the Base of Tongue 75
Peter Han, Kenneth Hu, Douglas K. Frank, Roy B. Sessions, and Louis B. Harrison

The management of base of tongue cancer has evolved steadily over time. Organ preservation with primary radiation therapy has produced excellent oncologic and functional outcomes. Concomitant chemotherapy has become important in patients with locoregionally advanced disease. Planned neck dissection after organ preservation therapy continues to be an integral step for regional control. This article reports the results of a literature review of base of tongue cancer emphasizing a multidisciplinary approach to obtain optimal results in terms of cure and quality of life.

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Elizabeth J. Mahoney and Jeffrey H. Spiegel

Patients with malignant cervical lymphadenopathy without an evident primary site are considered to have an unknown primary tumor. Several management concerns arise in this situation including

how best to seek a primary site and, if none is identified, how to treat these patients. This article discusses theories as to the etiology of the unknown primary tumor, diagnostic modalities highlighting the role of emerging technologies, and treatment strategies.

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Daniel R. Gold and Donald J. Annino Jr.

Major salivary gland malignancies are rare. Treatment of the primary tumor involves resection with or without postoperative radiation therapy. When there is clinical neck disease, neck dissection is performed to remove gross disease. Treatment of the N0 neck is controversial. Most centers treat the high-risk patient and perform either elective neck dissection or elective neck irradiation to eradicate residual occult disease.

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Michael J. Kaplan, Nancy J. Fischbein, and Griffith R. Harsh

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Endoscopic Management of Anterior Skull Base Tumors

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Gady Har-El and Roy R. Casiano

Anterior craniofacial resection has become a standard procedure for management of lesions of the anterior skull base. During the last 2 decades, modifications of the classic anterior craniofacial resection have been reported. With the introduction of endoscopic sinus techniques and instrumentation, surgeons have begun to use endoscopic approaches for management of anterior skull base lesions. This article describes endoscopic modifications of anterior craniofacial resection.

Sentinel Lymph Node Biopsy in Head and Neck Cancer

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Ivan H. El-Sayed, Mark I. Singer, and Frank Civantos

Sentinel lymph node biopsy (SLNB) offers a minimally invasive technique to examine the proximal lymph node basin for micrometastases in clinically N0 necks in patients head and neck cancer. This technique has been validated in the management of breast cancer and cutaneous malignant melanoma (CMM) and is under active investigation in the management of multiple other solid tumors. SLNB is used routinely in the management of head and neck melanoma and is investigational for other cancers of the head and neck. SLNB provides prognostic information for patients with CMM and identifies those patients that may benefit from additional treatment. This article examines the history, rationale,

science, and current status of SLNB in head and neck with emphasis on melanoma.

Contemporary Management of Differentiated Thyroid Carcinoma **161**

Richard O. Wein and Randal S. Weber

This article reviews the recent changes affecting the care of patients with well-differentiated thyroid carcinoma. The impacts of positron emission tomographic imaging, recombinant human thyroid stimulating hormone, and current surgical management standards are discussed.

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