tic and 49.1% in glottic tumors (p = .002). In the logistic regression model, vocal cord fixation and cartilage infiltration were independent negative prognostic factors for organ preservation (or = .176, 95% CI = .078-.396, p = .000 and or = .335, 95% CI = .140-.801, p = .014, respectively).

CONCLUSIONS: TLM may be a good alternative for organ preservation in a large number of T3 laryngeal tumors, with survival rates comparable to those obtained by other surgical and non-surgical strategies, and organ preservation rates above 60%.

SP206 – Transoral resection of parapharyngeal metastases from PTC
Rohit Pratap, MBBS, MRCS, DLO (presenter);
Genevieve Ann Andrews, MD;
Michael Kupferman, MD

OBJECTIVES: 1) To describe the technique of ultrasound-guided transoral resection of isolated parapharyngeal thyroid cancer metastases facilitated by methylene blue injection into the metastatic node as a minimally invasive alternative to an extended transcervical or transmandibular approach for complete resection. 2) To review the feasibility and safety of this technique.

METHODS: This is a case series of six patients who underwent transoral excision of parapharyngeal or retropharyngeal metastases from thyroid carcinoma between October 2003 and March 2008 in a cancer center setting. US-guided methylene blue injection of the node was utilized in two cases to facilitate intraoperative identification. The technique, safety, and feasibility of the procedure are described.

RESULTS: Successful resection of the metastatic lesion was accomplished in all cases. There were no intraoperative complications.

CONCLUSIONS: Transoral excision of parapharyngeal metastases for thyroid carcinoma is a safe and feasible method of treating this disease. Methylene blue dye injection into the metastasis using ultrasound guidance is safe, feasible, and may further improve intraoperative identification of the metastasis.

SP163 – Treatment and outcomes in hypopharyngeal/laryngeal cancer
Stacey Leigh Smith, MD (presenter);
Amy Hessel, MD

OBJECTIVES: 1) Compare the long-term recurrence and survival rates of patients with advanced hypopharyngeal and laryngeal cancer treated with surgery, radiation or chemoradiation. 2) Evaluate the basic functional outcomes of these patients in regards to speech and swallowing.

METHODS: A retrospective review of stage III/IV hypopharyngeal and laryngeal cancer patients treated at a tertiary care institution between 1995 and 2003. Medical records were reviewed for disease specifics, treatment, recurrence, pre- and post-treatment swallowing, tracheostomy, feeding tubes, diet status and survival.

RESULTS: 311 charts were reviewed; the average follow-up was 49.8 months. The overall recurrence rate was 38%, of which 12% were local, 9% locoregional, and 17% distant. Local recurrences occurred in 26% of RT patients, 4% surgery, 3% surgery+RT and 15% CRT. Salvage laryngectomy was necessary in 26% RT and 12% CRT. The overall and disease-specific survival for all groups was 45% and 89%. Functionally, 70% CRT and 50% RT patients required PEG tube placement. Both groups had equal rates of tracheotomy decannulation.

CONCLUSIONS: In comparison of treatment modalities for advanced hypopharyngeal/laryngeal cancer, local recurrence rates were higher for organ preservation, but 85% of patients were able to save their larynx. Distant disease is lower in organ preservation treatment containing chemotherapy. This study confirmed similar survival rates regardless of treatment. Function in terms of PEG, tracheostomy and diet did not show significant differences between treatment groups. However, a long-term prospective analysis regarding speech, diet, and swallowing dysfunction is needed to more accurately delineate any difference in functional status of these patient populations.

SP208 – Vagal nerve stimulator implantation: A likely collaboration
Rohit Pratap, MBBS, MRCS, DLO (presenter);
Amir Farboud, MSc, MBCh, MRCS

OBJECTIVES: Vagal nerve stimulation implantation is a widely accepted surgical procedure performed by neurosurgeons in the UK used to treat refractory epilepsy and depression. Study: we present our experiences of the first 12 cases of VNS implantations undertaken by an ENT department in conjunction with the Neurology team in the Norfolk and Norwich University Hospital.

METHODS: Twelve patients with refractory epilepsy underwent implantation of the VNS device connected to a generator that was embedded over pectoralis major. Follow-up was by the neurologist and otolaryngologist to activate the device and to check the wound.

RESULTS: All devices were successfully activated in the clinic with no short term post operative complications. All patients suffered a change in their voice (hoarseness) when the device was active. Seven out of 12 patients enjoyed a reduction in the number of seizures, with two patients able to terminate seizures with a magnet as part of the device. Three out of 12 had reduced the amount of anti-epileptic medication as a result of the success of the device.

CONCLUSIONS: Otolaryngologists are capable of performing this procedure and dealing with subsequent complications such as wound infections and laryngeal nerve palsies, and are good candidates to offer this surgery as a service to neurologists in the absence of a neurosurgery department.