Foreword

As Plain as The Nose on Your Face?

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When I was a senior resident, a patient came into the Veterans Administration hospital with a huge fungating squamous cell tumor that had essentially replaced three-fourths of his nose. He was homeless, an alcohol abuser, malnourished and had unfortunately allowed this to grow over time. Resection resulted in significant cosmetic compromise, and reconstructive planning had to take into account the tumor, the defect, and the attendant socioeconomic and nutritional aspects pertaining to this patient. I had cared for an elderly man, a church leader, with a similar defect in the private hospital, who had undergone Mohs surgery under ketamine anesthesia in the dermatologist's office. Eight hours later, he was admitted to our service for bleeding control from what was essentially a rhinectomy, which then required reconstruction.

Cutaneous cancer of the head and neck poses particular challenges for the patient and their health care team. As the Guest Editors of this issue of *Otolaryngologic Clinics of North America*, Drs Cecelia Schmalbach and Kelly Malloy, point out, skin cancers are the most common cancers in the United States, and the majority of them occur on the sun-exposed regions of the head and neck. As with other otolaryngologic cancers, the goal is maximal tumor control while maintaining as normal a cosmetic appearance as possible. With cutaneous cancer defects, this can be particularly taxing.

Even though the risks of sun exposure and tanning have been known for some time, there was a staggering 26% increase in skin squamous cell carcinoma between the 1980s and 2010. As a result, the cost of care has increased dramatically, and it is 5 times as high as for other cancer sites. But this increased experience has a silver lining; it has resulted in significant improvements in treatments and outcomes. Key thought-leaders in this space, Drs Schmalbach and Malloy have compiled a comprehensive issue on Cutaneous Head and Neck Cancer, with articles by experts in the field.

To tackle a problem, one must know whom it affects and how to teach the public about prevention. Without understanding tumor biology, a given surgeon's one hammer

Otolaryngol Clin N Am 54 (2021) xiii–xiv
https://doi.org/10.1016/j.otc.2021.01.002

0030-6665/21/© 2021 Published by Elsevier Inc.

will be the wrong implement in many cases. Basal cell carcinoma (BCCa) is considered "easy," that is, early BCCa is treated locally by our dermatology colleagues alone or along with otolaryngology if a larger resection or flap reconstruction is needed, and incorporating, say, oculoplastics involvement if the eyelids are affected. However, advanced BCCa behaves differently and is more challenging. Understanding the predictive nature and importance of sentinel node biopsy is important, as we consider degree of resection, radiation therapy, and systemic therapy for various tumor types. This issue includes an article on reconstruction, which is vital for the diagnostic and extirpative physician and surgeon to understand. The patient examples I gave above highlight the need for the articles on special care for individuals who are immunocompromised and elderly, on when to consider offering injectables, on what Mohs surgery is and does, and where we, as otolaryngologists, interface with other specialty colleagues.

Again, I compliment Drs Schmalbach and Malloy on curating this comprehensive reference issue on cutaneous cancer of the head and neck. Although the tumor may be as plain as the nose on your face, the treatments are often varied. The otolaryngologist who takes the time and energy to read this cover to cover will find themselves better able to care for these patients in a comprehensive manner.

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