Cancer of the Oral Cavity

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Principals of Management of Oral Cancer

A) Best Cancer Control

B) Offer best cosmetic and functional results for best quality of life

C) Reduce the morbidity and sequelae of the treatment

D) Use multidisciplinary approach for best oncologic results

E) Prevent second primary cancers
Case 1

• 38 year old maxillofacial surgeon presents with ulcerated lesion on left side of the tongue 1.8cm: biopsy T₁N₀M₀

• Role of sentinel node biopsy
• Role of Superselective Neck Dissection

• Level II and III only
• Oral Cancer – Margins of Resection, How Much?
• Frozen Section / From the Specimen or From the Patient
• Tumor Margins – Pushing Margins

• Infiltrating Margins
• Role of Depth of Tumor
• What is a cutoff for elective node dissection?
• Partial Glossectomy – Types of Reconstruction

• Open – Secondary Healing
• Skin Graft
• Alloderm
• Pectoral Myocutaneous Flap
• Free Flap – Choice of Free Flap
• Nerve Graft
Case 2: 37 year old medical oncologist presents with T2NoMo Lateral of tongue Ca

A) Pre-op work up – primary / neck

B) At the time of neck dissection - suspicious node at Level II
   • Change of Strategy?

C) ? Level IV
Case 2: 37 year old medical oncologist presents with T₂NoMoMo Lateral of tongue Ca

D. How do you do partial glossectomy:

- Knife/ Scissors
- Electrocautery
- Omniguide Laser
- Harmonic

Closure
Case 2: 37 year old medical oncologist presents with T₂N₀M₀ Lateral of tongue Ca

E. Final Path: 4mm deep, 1 positive node- Depth Consensus
Case 2: 37 year old medical oncologist presents with T₂NoMo Lateral of tongue Ca

F. Pathological features of Primary
Case 2: 37 year old medical oncologist presents with T2NoMo Mo Lateral of tongue Ca

G. Post-Op Chemo RT? When?
Case 2: 37 year old medical oncologist presents with $T_2N_0M_0$ Lateral of tongue Ca

**H. Role of Brachytherapy?**
Case 2: 37 year old medical oncologist presents with $T_2^N_0^M_0^M_0$ Lateral of tongue Ca

I. Contralateral Neck Disease
Case 2: 37 year old medical oncologist presents with T₂NoMoMo Lateral of tongue Ca

I. Post-Op Follow-Up
Case 3: 39 year old professor of political science presents with T$_2$NoMo Ca floor of the mouth:

- A) Evaluation of the mandible
- B) Decision about marginal / segmental
Case 4: 45 year old Judge presents with T₄N₁M₀ Carcinoma of the floor of the mouth requiring segmental resection

- Reconstruction primary / secondary
- A-O Plate
- Pectoral Myocutaneous Flap
- Free Flap – Soft tissue / Bone
Case 5: 67 year old Accountant presents with T4N2Mo carcinoma of the oral tongue requiring extended hemiglossectomy

- Post-Op RT
- Oral Cripple – Quality of Life
Case 6: 84 year old Grandfather presents with $T_4N_2cMo$ carcinoma oral tongue

- Treatment choices:
  - Radical Resection, Post-Op RT
  - Chemo RT as a definitive treatment
Case 7: 64 year old female treated 5 years back with Chemo RT for Ca base of the tongue
Osteoradionecrosis

May 2000

Jan 2001
Osteoradionecrosis

Sept 2001

May 2002
Osteoradionecrosis
True or False: Patient with 2 cm lower lip cancer in the midline should undergo bilateral elective supraomohyoid neck dissection to find the status of the lymph nodes.
The most concerning complication of organ preservation (chemoradiation therapy) is:

- Pancytopenia
- Grade IV mucositis
- Recurrent pneumonia
- Pharyngeal stricture
The best evaluation of a patient with carcinoma of the floor of the mouth for decision regarding marginal mandibulectomy is:

- Dental films
- Panoramic x-ray
- Clinical evaluation
- CT or MRI scan
- Bone scan
The incidence of malignant transformation in leukoplakia is:

- 2%
- 7%
- 13%
- 55%
The incidence of malignant transformation in erythroplakia is:

- 10%
- 25%
- 75%
- 99%
True or False: Vitamin A analogs have shown considerable reduction in the development of second primary tumors in patients presenting with head and neck squamous carcinoma.

- True
- False
The incidence of second primary cancer in patients presenting with index squamous cell carcinoma of the head and neck is:

- 50% for the first five years
- 3-4% every year for the first few years
- Highest incidence with lip cancer
The overall incidence of synchronous second primary in head and neck cancer is:

- 1%
- 55%
- 13%
- 25%
1. 32 yo head and neck surgeon had a lesion in the left lateral aspect of the tongue measuring 1 cm x 1 cm

2. Preoperative work-up, including a CT scan was negative

3. Patient underwent a wide excision at an outside institution, which was reported to show SCC well differentiated, no perineural or perivascular invasion, margins are negative and satisfactory. The depth of the lesion measures 5 mm.

Patient now presents for further opinion:
• Further investigations
• What about the neck?
1. 32 year old psychiatrist underwent partial glossectomy with a tumor measuring 2 cm in dimension and 8 mm in depth

2. The neck revealed only 1 positive node with no extranodal spread

Further treatment:
Choice of Treatment
Cancer of the Base of the Tongue (T2 N2 M0)

1. Concurrent chemoradiation therapy
2. Neck dissection followed by radiation therapy
3. Primary surgery for the neck and base of the tongue with postoperative radiation therapy
4. Planned radiation therapy, neck dissection with brachytherapy
1. 44 yo patient presents with sore throat
2. Clinical examination reveals right tonsil lesion measuring 1.8 cm
3. Biopsy of the lesion shows squamous cell carcinoma, HPV positive
4. Clinically and radiologically there are no enlarged lymph nodes

Treatment choices?
1. 49 yo gentleman presents with T3 tonsil cancer. The lesion is approximately 4 cm, but does not appear to be adherent to the mandible.

2. Radiologically there are no enlarged lymph nodes

3. HPV positive

Treatment choices?
Shaha’s #1 Rule: You cannot finish until you start.
During the difficult part of the operation, step out of the operating room for an emergency phone call or to have an important meeting with the Chairman or visiting professor.

Shaha’s Aphorisms
Publish your results before the tumor recurs.

Shaha’s Aphorisms
Best surgical sense is your intuition.

Shaha’s Aphorisms
The rule of 20: Only 20% of the people will remember 20% of what you said 20 minutes after your lecture.

Shaha’s Aphorisms
Academic Surgeon: Talk more, operate less.

Shaha’s Aphorisms
Two ways to control the bleeding, the first is in the operating room and the second is in the middle of the night.

Shaha’s Aphorisms
Irrigate the wound with Betadine, it hides the blood loss!

Shaha’s Aphorisms
In surgery, the best instruments are fingers as they are connected to the brain.

Shaha’s Aphorisms
When you don’t know what to do in the operating room, use irrigation.
When you don’t know what to do in the ICU, use steroids.

Shaha’s Aphorisms
Four Stages in the life of a Surgeon: How to operate? When to operate? When not to operate? And how to dump the case on someone else.

Shaha’s Aphorisms
SNOPS: Society of Non-Operating Surgeons

Shaha’s Aphorisms