



# The International Federation of Head and Neck Oncologic Societies

Current Concepts in Head and Neck Surgery and Oncology 2016

## 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 T<sub>1</sub>N<sub>0</sub>M<sub>0</sub>**
- **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 T<sub>2</sub>NoMo 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 T<sub>2</sub>NoMo Lateral of tongue Ca

**E. Final Path: 4mm deep, 1 positive node- Depth Consensus**

# Case 2: 37 year old medical oncologist presents with T<sub>2</sub>NoMo Lateral of tongue Ca

## F. Pathological features of Primary

# Case 2: 37 year old medical oncologist presents with T<sub>2</sub>NoMo Lateral of tongue Ca

## G. Post-Op Chemo RT? When?

# Case 2: 37 year old medical oncologist presents with T<sub>2</sub>NoMo Lateral of tongue Ca

## H. Role of Brachytherapy?

# Case 2: 37 year old medical oncologist presents with T<sub>2</sub>NoMo Lateral of tongue Ca

## I. Contralateral Neck Disease



# Case 2: 37 year old medical oncologist presents with T<sub>2</sub>NoMo Lateral of tongue Ca

## I. Post-Op Follow-Up

# Case 3: 39 year old professor of political science presents with T<sub>2</sub>NoMo Ca floor of the mouth:

- A) Evaluation of the mandible
- B) Decision about marginal / segmental

Case 4: 45 year old Judge  
presents with T<sub>4</sub>N<sub>1</sub>M<sub>0</sub>  
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  
T<sub>4</sub>N<sub>2</sub>M<sub>0</sub> carcinoma of the oral  
tongue requiring extended  
hemiglossectomy

- Post-Op RT
- Oral Cripple – Quality of Life

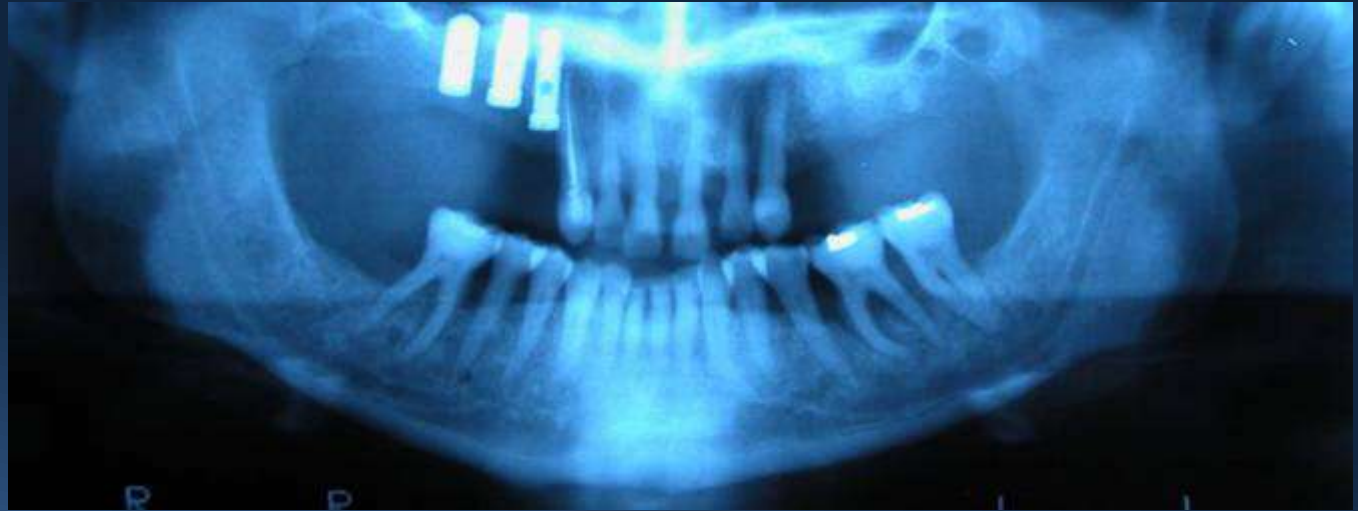
# Case 6: 84 year old Grandfather presents with T<sub>4</sub>N<sub>2</sub>cMo carcinoma oral tongue

- 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



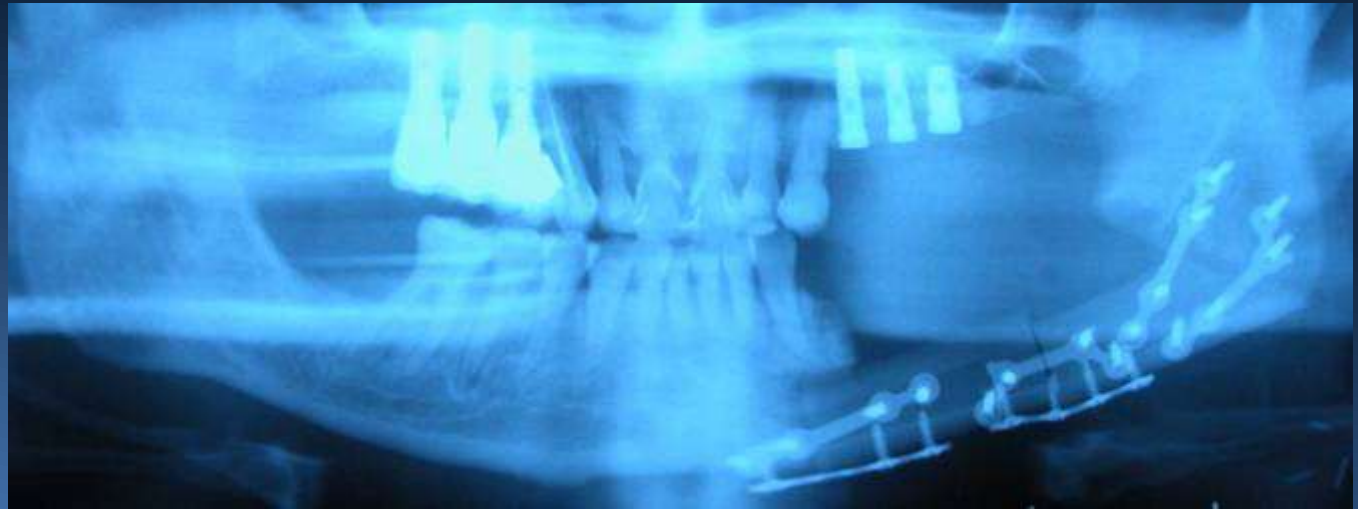
May 2002





# Osteoradionecrosis

June 2002



***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:**

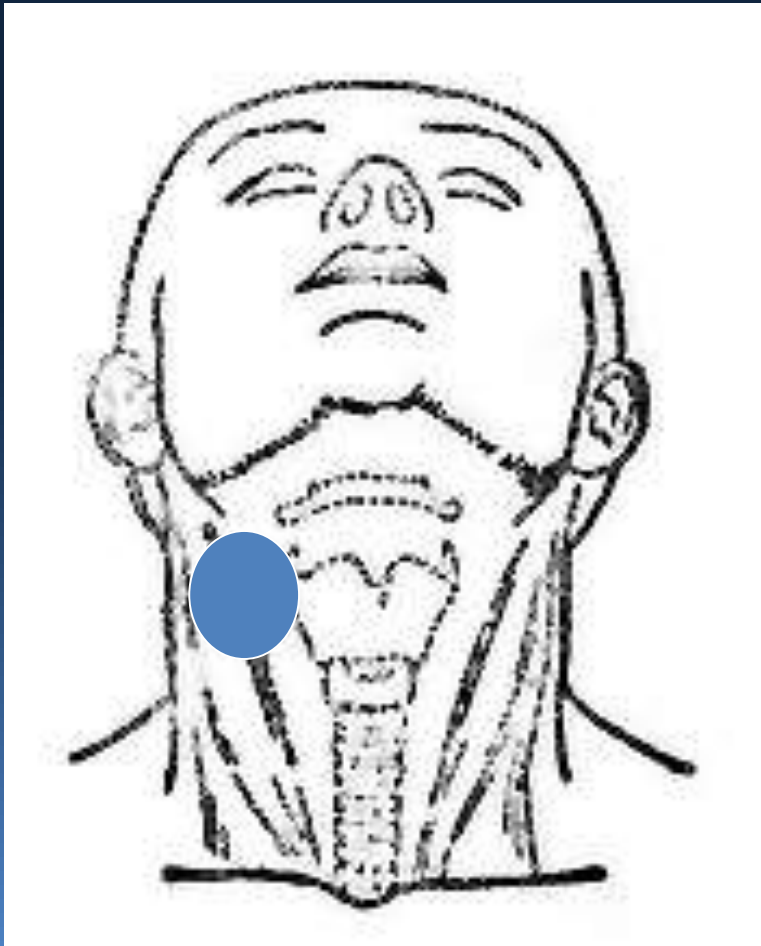
- Further investigations**
- What about the neck?**

- 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.**

Shaha's Aphorisms



**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

