

Outcomes after recurrence of oral cancer vary by timing, site

December 20 2010

Patients who have recurrence of oral squamous cell carcinoma tend to do worse if the new cancer appears at the same site early or if it appears in the lymph nodes six months or longer after initial treatment, according to a report in the December issue of *Archives of Otolaryngology–Head & Neck Surgery*.

Treating recurrences of oral squamous cell [carcinoma](#) (cancer in the thin, flat cells that line the lips and mouth) involves balancing the risk of complications against the potential benefit to the patient in terms of survival or controlling disease, according to background information in the article. "Currently, there is a paucity of published data to guide health care professionals regarding which clinicopathologic factors can be used to predict survival once the patient has developed recurrent disease," the authors write.

Michael D. Kernohan, F.D.S.R.C.S., F.R.C.S., M.Sc., and colleagues at Royal Prince Alfred Hospital, Camperdown, New South Wales, Australia, studied 77 patients who underwent salvage surgery (a procedure to remove cancer following an initial failed treatment) for disease that had recurred after treatment with surgery, radiation or a combination of the two. The median (midpoint) time to recurrence in these patients was 7.5 months, with 86 percent of recurrences occurring within 24 months. Thirty-nine experienced recurrence at the same site as their initial cancer; among the others, 27 had a recurrence in the neck on the same side as their initial cancer and 11 in the neck on the opposite side.

Overall, the five-year cancer survival rate among patients undergoing salvage surgery was 50 percent. Patients who were initially treated with combined therapy were 1.3 times as likely to die. "Presumably, the poor outcome reflects a combination of more advanced disease at initial presentation, resistant tumor biology and limited salvage options," the authors write. "These findings suggest that patients whose disease fails maximal combination therapy have a low likelihood of successful salvage; we recommend that such patients be counseled accordingly."

When the researchers assessed the relationship between survival and recurrence site, they found the association depended on the time to recurrence. Patients with locally recurring cancer (at the same site) tended to do worse if their disease had returned within six months, whereas those with regionally recurring cancer (at a different site) did worse if their [cancer](#) came back six months or longer after first treatment.

"Deciding which patients should undergo salvage surgery can be challenging and is often based on personal experience without the support of reliable evidence," the authors conclude. "This retrospective study provides new information regarding survival prediction for these patients and demonstrates the interaction of clinically relevant prognostic factors that reflect variation in disease biology and behavior."

More information: *Arch Otolaryngol Head Neck Surg.* 2010;136[12]:1235-1239.

Provided by JAMA and Archives Journals

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