

Surgery beats chemotherapy for tongue cancer, study finds

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This is Douglas Chepeha, M.D., MSPH. Credit: University of Michigan Health System

Patients with tongue cancer who started their treatment with a course of

chemotherapy fared significantly worse than patients who received surgery first, according to a new study from researchers at the University of Michigan Comprehensive Cancer Center.

This is contrary to protocols for larynx [cancer](#), in which a single dose of [chemotherapy](#) helps determine which [patients](#) fare better with chemotherapy and radiation and which patients should elect for [surgery](#). In [larynx cancer](#), this approach, which was pioneered and extensively researched at U-M, has led to better patient survival and functional outcomes.

But this new study, which appears in *JAMA Otolaryngology Head and Neck Surgery*, describes a clear failure.

"To a young person with tongue cancer, chemotherapy may sound like a better option than surgery with extensive reconstruction. But patients with oral cavity cancer can't tolerate induction chemotherapy as well as they can handle surgery with follow-up radiation. Our techniques of reconstruction are advanced and offer patients better survival and functional outcomes," says study author Douglas Chepeha, M.D., MSPH, professor of otolaryngology – head and [neck surgery](#) at the University of Michigan Medical School.

The study enrolled 19 people with advanced oral cavity cancer. Patients received an initial dose of chemotherapy, called induction chemotherapy. Those whose cancer shrunk by half went on to receive additional chemotherapy combined with radiation treatment. Those whose cancer did not respond well had surgery followed by radiation.

Enrollment in the trial was stopped early because results were so poor.

Ten of the patients had a response to the chemotherapy, and of that group, only three had a complete response from the treatment and were

cancer-free five years later. Of the nine patients who had surgery after the induction chemotherapy, only two were alive and cancer-free after five years.

The researchers then looked at a comparable group of patients who had surgery and sophisticated reconstruction followed by radiation therapy and found significantly better survival rates and functional outcomes.

"The mouth is a very sensitive area," Chepeha says. "We know the immune system is critical in oral cavity cancer, and chemotherapy suppresses the immune system. If a person is already debilitated, they don't do well with chemotherapy."

"Despite the proven success of this strategy in laryngeal cancer, [induction chemotherapy](#) should not be an option for oral cavity cancer, and in fact it results in worse treatment-related complications compared to surgery," Chepeha adds.

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