

Study examines treatment factors associated with oral cavity cancer survival

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The surgical procedure known as neck dissection to remove lymph nodes and receiving treatment at academic or research institutions was associated with improved survival in patients with stages I and II oral cavity squamous cell cancer (OCSCC), according to a report published online by *JAMA Otolaryngology-Head & Neck Surgery*.

There were about 28,000 cases of OCSCC in the United States in 2014 and about 5,500 deaths predicted. About 60 percent of [patients](#) with OCSCC are initially seen with early stage disease (either I or II). Prognosis depends on many factors, including patient age, stage at diagnosis and the primary site of the disease, with an average five-year [survival](#) rate of 80 percent. Treatment of early OCSCC has not changed substantially in several decades and improvement in outcomes has been slow. The role of neck dissection in early OCSCC remains controversial, according to the study background.

Benjamin L. Judson, M.D., of the Yale University School of Medicine, New Haven, Conn., and coauthors analyzed the associations between various [treatment](#) characteristics and survival in stages I and II OCSCC. The study was a review of cases in the National Cancer Data Base and included 6,830 patients.

Survival at five years was 69.7 percent (4,760 patients), according to the study results. The authors found neck dissection and treatment at academic or research institutions were associated with improved survival, while positive margins, insurance through Medicare or

Medicaid, and radiation or chemotherapy were associated with reduced survival.

Patients treated at academic or research cancer centers were more likely to receive neck dissection and were less likely to receive radiation therapy or have positive margins than those patients treated at nonacademic centers.

"Identification of the underlying causes of these differences could reveal valuable targets for improvement of outcomes in early OCSCC," the study concludes.

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