Elective neck dissection cost-effective in oral cavity cancer

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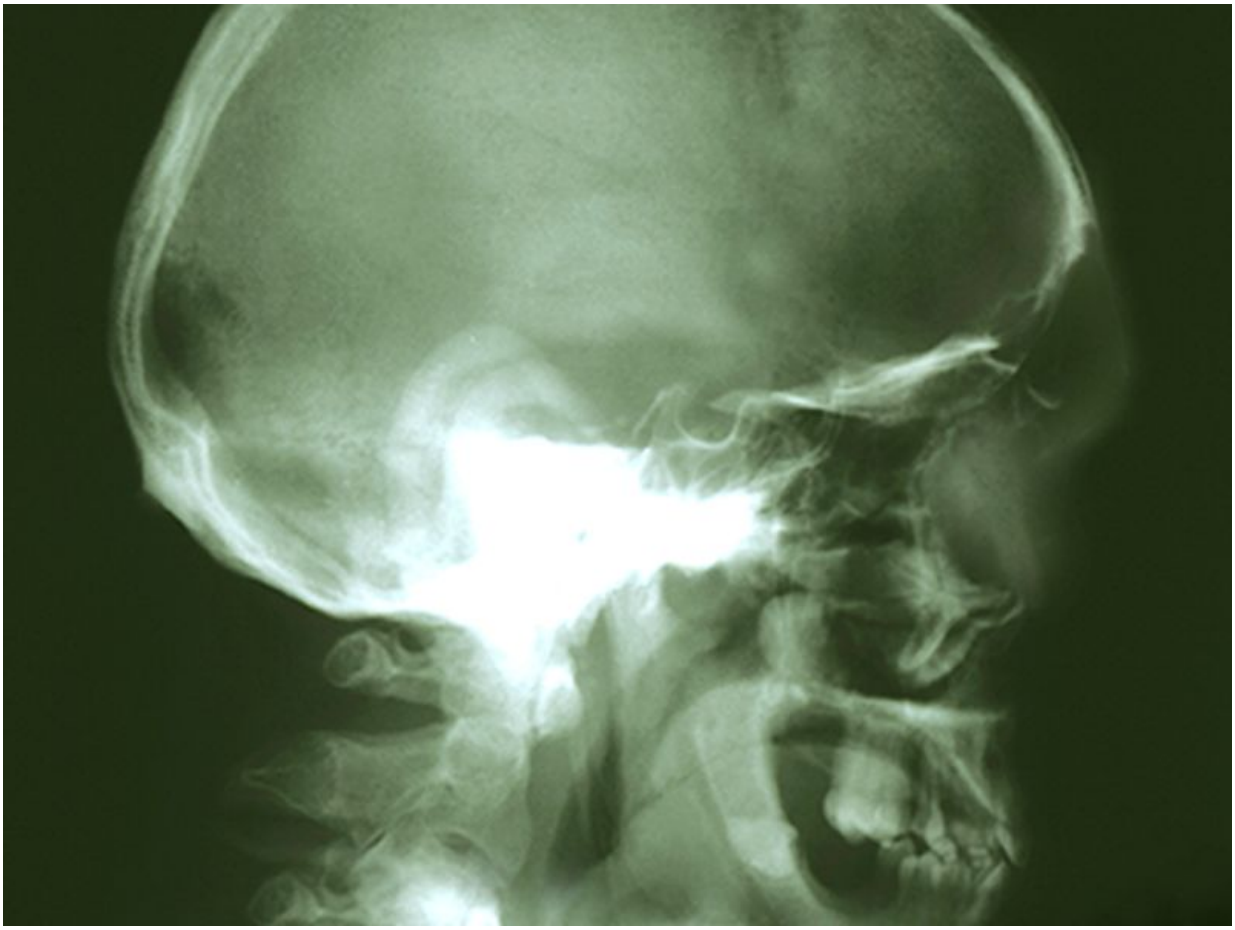

(HealthDay)—For patients with clinically node-negative oral cavity

squamous cell carcinoma, the addition of elective neck dissection to primary surgery is associated with a reduction in overall costs, according to a study published online Aug. 22 in the *Journal of Clinical Oncology*.

Joseph R. Acevedo, from the University of California in San Diego, and colleagues simulated primary, adjuvant, and salvage therapy; disease recurrence; and survival among patients with T1/T2 clinically node-negative oral cavity squamous cell carcinoma in a Markov model.

In the base-case model, the researchers found that, compared with primary surgery alone, the addition of elective neck dissection to primary surgery reduced overall costs by $6,000 and improved effectiveness by 0.42 quality-adjusted life-years (QALYs) over a lifetime. Less use of salvage therapy caused the decrease in overall cost despite the added neck dissection. The model was most sensitive to assumptions regarding disease recurrence, survival, and health utility reduction from a neck dissection, on one-way sensitivity analysis. At a willingness-to-pay threshold of $100,000/QALY, treatment with elective neck dissection was cost effective 76 percent of the time, in probabilistic sensitivity analysis.

"Our study found that the addition of elective neck dissection reduces costs and improves health outcomes, making this a cost-effective treatment strategy for patients with early-stage oral cavity cancer," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: Abstract
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