

**Cancer Oral Tongue: A Retrospective Epidemiological,
Pathological and Clinical Analysis with Correlation to
Treatment Outcome**

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا انك لا تعلم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدق الله العظيم

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List of Abbreviations

Abb.	Full term
<i>3DCRT</i>	<i>Three dimension conformal radiotherapy</i>
<i>5-FU</i>	<i>Fluorouracil</i>
<i>AJCC</i>	<i>American Joint Cancer Committee</i>
<i>ASR</i>	<i>Age Standardized Ratio</i>
<i>AUC</i>	<i>Area under the Curve</i>
<i>CR</i>	<i>Complete Remission</i>
<i>CT</i>	<i>Computed tomography</i>
<i>CXR</i>	<i>Chest X-Ray</i>
<i>DFS</i>	<i>Disease-free survival</i>
<i>ECG</i>	<i>Electro Cardio Graphy</i>
<i>ECOG</i>	<i>Eastern Cooperative Oncology Group</i>
<i>ECS</i>	<i>Extra Capsular Spread</i>
<i>EGFR</i>	<i>Epidermal growth factor receptor</i>
<i>FBC</i>	<i>Full Blood Count</i>
<i>FDG</i>	<i>Fluoro Deoxy Glucose</i>
<i>FNA</i>	<i>Fine Needle Aspiration</i>
<i>GP</i>	<i>General Practitioner</i>
<i>Hgb</i>	<i>Hemoglobin</i>
<i>HPV</i>	<i>Human Papilloma Virus</i>
<i>HSR</i>	<i>Hyper Sensitivity Reaction</i>
<i>ILD</i>	<i>Interstitial Lung Disease</i>
<i>IMRT</i>	<i>Intensity modulated Radiotherapy</i>
<i>KFT</i>	<i>Kidney Function Test</i>
<i>KRAS</i>	<i>Kirsten Rat Sarcoma virus</i>
<i>LFT</i>	<i>Liver Function Test</i>
<i>LN</i>	<i>Lymph nodes</i>
<i>MAB</i>	<i>Monoclonal Anti Body</i>
<i>MDT</i>	<i>Multi approach Disciplinary Team</i>
<i>MRI</i>	<i>Magnetic Resonance Imaging</i>

List of Abbreviations (cont...)

Abb.	Full term
<i>MRND.....</i>	<i>Modified Radical Neck Dissection</i>
<i>NG.....</i>	<i>Naso Gastric</i>
<i>NICE.....</i>	<i>National Institute for health and Care Excellence</i>
<i>PD.....</i>	<i>Progressive Disease</i>
<i>PET.....</i>	<i>Positron emission tomography</i>
<i>PFS.....</i>	<i>Progression free survival</i>
<i>PR.....</i>	<i>Partial Response</i>
<i>PS.....</i>	<i>Performance status</i>
<i>RECIST.....</i>	<i>Response Evaluation Criteria In Solid Tumor</i>
<i>RND.....</i>	<i>Radical Neck Dissection</i>
<i>RT.....</i>	<i>Radiation therapy</i>
<i>SCC.....</i>	<i>Squamous Cell Carcinoma</i>
<i>SD.....</i>	<i>Stable Disease</i>
<i>SIADH.....</i>	<i>Syndrome of Inappropriate Anti Diuretic Hormone secretion</i>
<i>SLND.....</i>	<i>Sentinel Lymph Node Dissection</i>
<i>TSH.....</i>	<i>Thyroid Stimulating Hormone</i>
<i>U&E.....</i>	<i>Urine and Electrolytes</i>
<i>UICC.....</i>	<i>Union for International Cancer Control</i>
<i>US.....</i>	<i>Ultra Sound</i>

ABSTRACT

62.8% of the patients who underwent surgical removal of the primary tumor underwent neck dissection.

62.8% of the patients who underwent surgical removal of the primary tumor had free surgical margins while (37.2%) of them had close (less than 0.5 cm) or positive surgical margins. This may be due to the unqualified surgeons who were general surgeons not oncology surgeons.

Although LN dissection especially in advanced cases and surgical margins status are well known to affect DFS, in our study results; LN dissection and surgical margins status didn't appear to improve DFS and it was statistically insignificant ($p=0.060$), ($p=0.887$) respectively.

At the time of study; our results showed that palliative treatment improved PFS in ten patients out of fourteen (71.4%) with metastatic or locally advanced cancer oral tongue.

Keywords: Sentinel Lymph Node Dissection - Syndrome of Inappropriate Anti Diuretic Hormone secretion - Squamous Cell Carcinoma

INTRODUCTION

Cancer tongue represents about 2% from all new cancer cases, 60% from the oral cavity cancers which is a part from the head and neck cancers; the fifth most common cancer worldwide. Smoking, alcohol, spicy food, nitrosamine in salted fish in china and infections (HPV and chronic syphilis) are the major risk factors. Erythroplakia and leukoplakia are considered precancerous lesions. Mutation in the P53 gene may lead to genetic susceptibility (*Poeta et al., 2007*).

Patients of South Asian origin are at increased risk. Male to female ratio is (2: 1). Squamous cell carcinoma (SCC) is almost the only histological type; well, moderately and poorly differentiated according to the degree of keratinization and presence of cell nests. Commonly presents as a non - healing ulcer for more than 3 weeks, exophytic mass, patch, pain referring to the ear, ankyloglossia and enlarged neck lymph nodes (*Curado and Boyle, 2013*).

Core biopsy from the primary lesion, CT Neck and chest with contrast, MRI for better soft tissue definition and even PET CT which has a great value in advanced cases are the investigations which are always needed. Also routine laboratory tests (liver function tests, kidney function tests, complete blood count) are always needed before surgery or before chemotherapy.