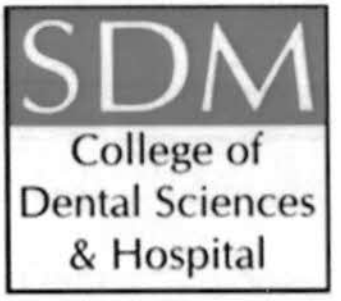

"SURVIVAL RATE IN PATIENTS WITH ORAL SQUAMOUS CELL CARCINOMA: 15 YEARS CLINICAL STUDY"

By

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Introduction

The incidence of oral cavity squamous cell carcinoma has increased over the last decade, reaching up to 2.1% of all malignant tumors in men and 0.7% in women.[1] The major etiological factors in oral squamous cell carcinoma are tobacco in all forms, alcohol abuse and malnutrition. Surgery remains the main treatment modality with adjunct treatment like radiotherapy and chemotherapy.

Aim

To determine the survival rate of patients who were treated for oral squamous cell carcinoma at the SDM Craniofacial unit between 2002-2014 .

Material and methods

All patients who were operated for squamous cell carcinoma of the oral cavity at the department of oral and maxillofacial surgery(SDM Craniofacial unit), SDM College of dental sciences and hospital from 2002 to 2014 were included in the study. Patients were contacted personally and requested to visit the department for a follow-up. The survival rate was correlated with age, sex, site, clinical and histopathological staging, type of neck dissection, reconstruction and adjunct therapy(Radiotherapy/Chemotherapy). Data was subjected to statistical analysis using Kaplan-Meier test. The survival influenced by different parameters was assessed.

Result

The overall 3, 5 and 10 year survival rate in 221 patients operated for oral squamous cell carcinoma was 17.3% and 39.1% at 3 years. The differences in the 3 year, 5 year and 10 year survival were significant for different parameters of assessment. The test of equality of survival distributions for the different stages of treatment modality, lymph node

involvement, and the adjunct therapy received was statistically significant ($p<0.05$). Clinical staging and the reconstruction technique used post neck dissection did not statistically influence the survival.

Conclusion

Oral squamous cell carcinoma typically was seen to occur during the fourth through the sixth decade. Survival rate was not influenced by any single prognostic parameter. Kaplan-Meier curves for disease free survival revealed association with different parameters like treatment modality, status of lymph nodes and adjunct therapy. As most of the patients reported at an advanced stage for treatment it is important to detect and treat the disease in the initial stage. Awareness programs and educating the patient might be the first step towards better prognosis.

Keywords

Oral cancer; squamous cell carcinoma; neck dissection; modified radical neck dissection; adjunct therapy; reconstruction; lymph node.