STANDARD TREATMENT WORKFLOW (STW)

Lip and Oral Cancer

Sudeep Gupta1, Anurag Srivastava2, Ashish Singh3, Diptendra K Sarkar NH4, Geeta K5, Harit Chaturvedi6, Ravi Kannan7, Sandeep Mathur8, Sanjay Thulkar9, Sushmita Ghoshal10

1Tata Memorial Centre; 2All India Institute of Medical Sciences, New Delhi (Retired); 3Chettinad Hospital and Research Institution Medical College Vellore, Vellore; 4Kolkata; 5Max Healthcare, New Delhi; 6Max Healthcare, New Delhi; 7Cachar Cancer Hospital, Silchar; 8All India Institute of Medical Sciences, New Delhi; 9All India Institute of Medical Sciences, New Delhi; 10Postgraduate Institute of Medical Education and Research, Chandigarh

CORRESPONDING AUTHOR
Sudeep Gupta, Tata Memorial Centre, Mumbai, Maharashtra
Email: sudeep.gupta@actrec.gov.in

CITATION
This work is licensed under a Creative Commons Attribution 4.0 International License.
©The Author(s). 2024 Open Access

DISCLAIMER
This article/STW, was originally published by Indian Council of Medical Research (ICMR) under Standard Treatment Workflow. The reprinting of this article in Journal of the Epidemiology Foundation of India (JEFI) is done with the permission of ICMR. The content of this article is presented as it was published, with no modifications or alterations. The views and opinions expressed in the article are those of the authors and do not necessarily reflect the official policy or position of JEFI or its editorial board. This initiative of JEFI to reprint STW is to disseminate these workflows among Health Care Professionals for wider adoption and guiding path for Patient Care.
Gupta S, et al.: Lip and Oral Cancer

Standard Treatment Workflow (STW)
LIP AND ORAL CANCER
ICD-10-C 06.9

Screening can detect OPMD and invasive cancer early and improve outcome. Treatment of oral cancer is best delivered by a multidisciplinary team (MDT).

TREATMENT

**OPTIONS WITH CURATIVE INTENT**
Initial surgery: wide excision with 1 cm margins & supra-omohyoid neck dissection (Level I – III) with reconstruction
OR
Radical radiation therapy

**INDICATIONS FOR ADJUVANT RT**
- Close margin, positive node(s), or presence of any two of following: LVI, PNI, high grade

**INDICATIONS FOR ADJUVANT CT-RT**
- Metastatic nodes with extracapsular extension, involved margins

**THE DRUG OF CHOICE FOR CONCURRENT CHEMOTHERAPY IS CISPLATIN**

**OPTIONS WITH CURATIVE INTENT**
- Initial surgery: wide excision with 1 cm margins & comprehensive neck dissection and reconstruction
- OR
  - Chemoradiation
  - OR
  - Neo-adjuvant CT followed by surgery

**FOLLOW UP**
- Follow up: 3 months for the first year, 6 months for years 4 & 5 and annually thereafter with clinical examination at every visit, evaluation of symptoms as they present and endoscopy of the aerodigestive tract annually.
- To identify recurrences and second primary cancers

Treatment of common side effects - xerostomia, speech and swallowing issues, nutrition and physical rehabilitation, dental care should be looked after by the members of multidisciplinary team

**PREVENT ORAL CANCER BY TOBACCO CONTROL**

Emphasize tobacco cessation for patients
- Set a quit date, tell your family.
- Remove tobacco/cigarettes from your home, car, and work.
- Tobacco withdrawal symptoms:
  - Trouble sleeping
  - Feeling irritable, anxious, or restless.
  - Getting frustrated or angry
  - Having trouble thinking clearly
- Counsellor’s help is available to deal with the cravings and triggers
- Can combine nicotine replacement with or without bupropion

**ABBRVIATIONS**
- CBC: Complete blood count
- CT: Chemotherapy
- EUA: Examination under anaesthesia
- FNAC: Fine needle aspiration cytology
- ICD: International Classification of Diseases
- IMRT: Intensity-modulated radiation therapy
- LVI: Lymphovascular invasion
- MDT: Multidisciplinary team
- OPMD: Odontogenic mucoepidermoid carcinoma
- PNI: Peripheral neural invasion
- PSA: Prostate-specific antigen
- PSA: Prostatic-specific antigen
- PTX: Pure tone audiometry
- RFT: Renal function tests
- RT: Radiotherapy
- USG: Ultrasonography test

© 2024 JEFI