

STANDARD TREATMENT WORKFLOW (STW)

Lip and Oral Cancer

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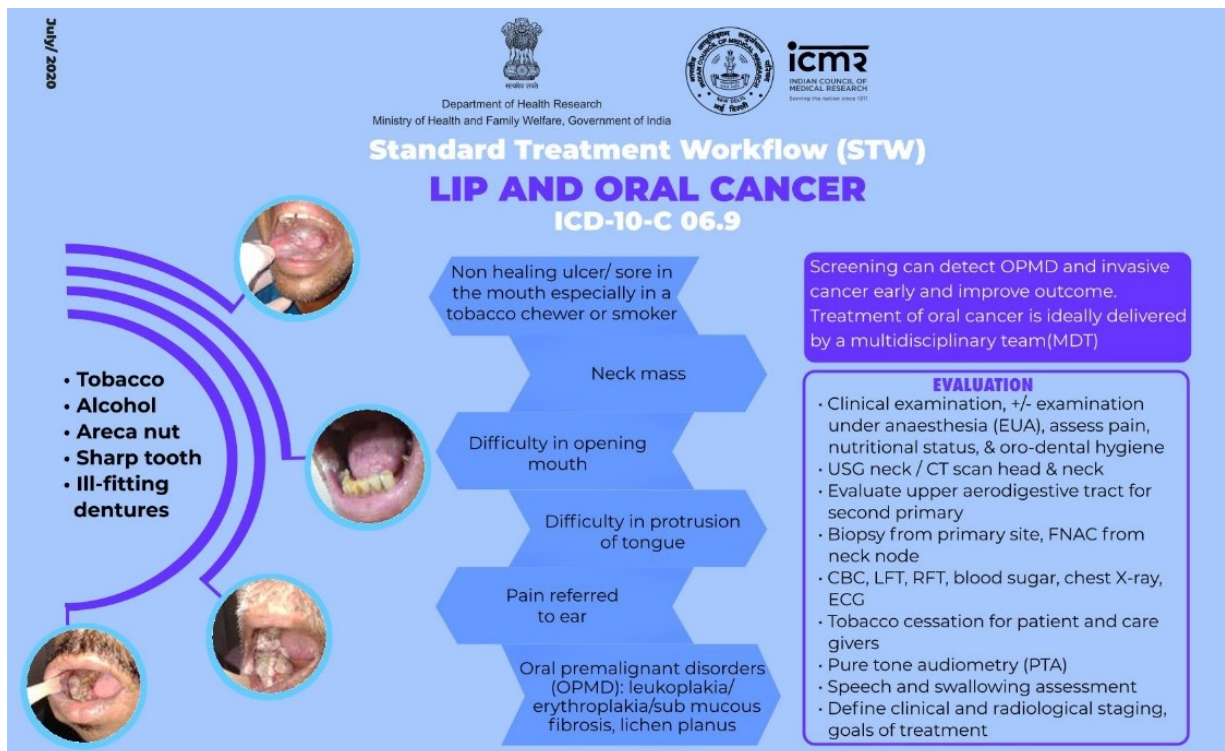
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Standard Treatment Workflow (STW) LIP AND ORAL CANCER ICD-10-C 06.9

• Tobacco
• Alcohol
• Areca nut
• Sharp tooth
• Ill-fitting dentures

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

EVALUATION

- Clinical examination, +/- examination under anaesthesia (EUA), assess pain, nutritional status, & oro-dental hygiene
- USG neck / CT scan head & neck
- Evaluate upper aerodigestive tract for second primary
- Biopsy from primary site, FNAC from neck node
- CBC, LFT, RFT, blood sugar, chest X-ray, ECG
- Tobacco cessation for patient and care givers
- Pure tone audiometry (PTA)
- Speech and swallowing assessment
- Define clinical and radiological staging, goals of treatment

TREATMENT

T1 T2, N0 CANCER

OPTIONS WITH CURATIVE INTENT

Initial surgery **preferred** (wide excision with 1 cm margins & supra-omohyoid neck dissection (Level I – III) with reconstruction

OR

Radical radiation therapy

T3 T4A, N0 N1 N2

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

T4B N3 (TONGUE AND BUCCAL CANCERS WITH SKULL BASE/ INTERNAL CAROTID ARTERY INVOLVEMENT)

AIM OF TREATMENT IS PALLIATION

- Palliative chemotherapy
- RT
- Immunotherapy
- Best supportive care

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

Adjuvant radiation

The minimum post-operative radiation dose is 60 Gy/ 6 weeks/ 30# or equivalent to the primary and nodal areas using conventional treatment planning, 3DCRT or IMRT

Radical radiation

66-70 Gy is delivered using conventional planning / 3DCRT/IMRT through a telecobalt machine or a LINAC at 1.8 to 2 Gy per fraction over 7-8 weeks (or a biologically equivalent dose) with adequate margins all around the lesion and including level I, II and III nodes

Large SCC lower Lip

Intraoperative image following tumor excision

Postoperative results following reconstruction

FOLLOW UP

Follow up: 3 monthly for the first 3 years, 6 monthly for years 4 & 5 and annually thereafter with clinical examination at every visit, evaluation of symptoms as they present and endoscopy of the upper 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

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 ± bupropion

ABBREVIATIONS

CBC: Complete blood count

CT: Chemotherapy

EUA: Examination under anaesthesia

FNAC: Fine needle aspiration cytology

IMRT: Intensity-modulated radiation therapy

LFT: Liver function tests

LVI: Lymphovascular invasion

MDT: Multidisciplinary team

OPMD: Oculopharyngeal muscular dystrophy

PNI: Perineural invasion

PTA: Pure tone audiometry

RFT: Renal function tests

RT: Radiotherapy

USG: Ultrasound sonography test

PREVENT ORAL CANCER BY TOBACCO CONTROL

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: (stw.icmr.org.in) for more information.
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