

## Treatment strategies and outcome in locally advanced oral cancer extending to infra temporal fossa

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### Abstract

#### Introduction

Locally advanced oral cancers extending to infratemporal fossa staged T4b were regarded inoperable till 2006, and received palliative treatment. From 2007, few institutions ventured into compartment resection of infratemporal fossa for patients with infratemporal fossa involvement. We treated 60 patients with compartment resection of infratemporal fossa with control rates of 59%. We conducted randomized study to compare outcome of treatment following upfront surgery and Neoadjuvant chemotherapy plus surgery for these patients. Results, recommendations and morbidity will be presented.

#### Objective

- To compare outcome of upfront surgery and neoadjuvant chemotherapy followed by surgery in locally advanced oral cancer extending to infratemporal fossa

#### Methodology

90 patients with oral squamous carcinoma staged T4 were randomized into groups A & B. Group a received 2 cycles of Paclitaxel and Cisplatin Neoadjuvant chemotherapy and surgery in form of Composite resection, Neck dissection, Infratemporal fossa compartment clearance and Reconstruction. Group B received upfront surgery as mentioned for Group A. Both groups received adjuvant treatment in form of Radiotherapy/Chemotherapy with Radiotherapy. Patients had minimum 20 months follow up. Morbidity and recurrences were documented.

#### Results

Majority of patients were elderly females, addicted to chewable tobacco with over expression of Nucleophosmin- 1. 30 % patients in group A had progressive disease after neoadjuvant chemotherapy. Remaining 70% patients had partial response and surgery was easier with better access. The responders to neoadjuvant chemotherapy for T4b disease had better locoregional control compared to those undergoing upfront surgery. T4a disease had better outcome with upfront surgery (locoregional control between 55-70%). Morbidity was marginally more with Neoadjuvant chemotherapy.

#### Conclusion

Selected T4b oral cancers are no longer inoperable. Responders to Neoadjuvant chemotherapy have better outcome after surgery for T4b tumors. T4a tumors have better outcome with upfront surgery.

#### Biography

S M Azeem Mohiyuddin, is also the principle investigator in the study, the results of which are being presented. He is a senior Professor in Otorhinolaryngology and Head and Neck surgery in Sri Devaraj Urs Medical College, Kolar, India. He was the medical superintendent of R L Jalappa Hospital and research center, a teaching hospital with 1200 beds attached to the above medical college. He has 81 publications in indexed journals with 432 citations. He has 3 patents. He is reviewer for 4 international journals and is in editorial board for 2 of them. He has been teaching faculty and moderator and guest speaker at various national and international conferences and CMEs in otorhinolaryngology, oncology and head and neck surgery. His areas of interest include surgery for locally advanced cancers of oral cavity and thyroid, voice conservation in locally advanced laryngeal and Hypopharyngeal cancers and molecular biology in oral cancers. He is actively involved in research and is pursuing Ph.D. in molecular biology in oral cancer.



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