

Summary

Clinical aspects of the squamous cell carcinoma of the oral cavity and lip

Introduction: The incidence of head and neck cancer in Czech Republic is rising. Despite the recent advances in treatment, no significant drop in fatality of the disease has been noted in the last decades. The aim of the study was to describe relevant clinical and demographic characteristics and their impact on survival of a case series with oral squamous cell carcinoma (OSCC).

Material and methods: Two-hundred patients with OSCC diagnosed and treated at the Department of Dentistry, Charles University in Prague, Faculty of Medicine and Teaching Hospital in Hradec Králové, were included in this retrospective descriptive study. Information about sex, age, risk factors, site of the tumour, histologic findings, stage of disease, primary treatment method and cause of death were analyzed. The Kaplan-Meier method and Cox regression were used for survival analysis.

Results: The median of follow up was 28 months (range 1-242 months). The male to female ratio was 2.1:1. The mean age of the patients was 62 years (SD=12). The most common areas affected by carcinoma were floor of mouth (51 cases, 25,5%) and lower lip (47 cases, 23,5%). One-hundred-and-four patients (52,0%) were diagnosed in the late stage of the disease (TNM stages III, IV). Most patients (43,5%) were treated surgically. Seventy-seven patients (38,5%) experienced a locoregional recurrence. During the time of observation, 106 patients (53,0%) died, out of which 74 patients died of the primary malignant disease (37,0%). The 5-year overall survival was 45%, the 5-year disease-specific survival was 58%. Stage of the disease, anatomic localization, metastatic spread to the regional lymph nodes, tumor differentiation, resection margins, presence of other oncologic disease and residence had a statistically significant influence on the disease-specific survival in the univariable analysis. In the multivariable analysis, patients with intraoral carcinoma were 8,7 times more likely to die from the disease than patients with lip carcinoma. Patients diagnosed in the late stages of disease were 4,1 times more likely to die from the OSCC than patients diagnosed in earlier stages (I, II).

Conclusion: The prognosis of OSCC was significantly better in lip cancer than in intraoral cancer. The prognosis of the OSCC was worse for patients in late stages of the disease.

Key words: Mouth, head and neck cancer, squamous cell carcinoma, survival