ADJUVANT THERAPY FOR THE MANAGEMENT OF ORAL CA VIT

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While primary chemoradiotherapy can be o ff ered to patients who are unsuitable for or refuse surgery , primary surgery ,). with/without adjuvant (chemo)radiotherapy , is the standard

(b) (b) The resection cutting plane with the scapula

treatment for oral cavity cancer. Adjuvant therapy is given based on pathological features of the tumour. Radiotherapy is administered typically via external beam radiotherapy . In high-risk cases, chemotherapy (usually cisplatin-based) is included as a radiosensitiser within the adjuvant regime for suitably fit patients. As outlined in previous sections, the adverse patholog ical features associated with locoregional recurrence and decreased overall and disease-specific survival include ENE, close/involved margins, LVI and PNI. It is these, among other, adverse features that infor m the decision to administer adju vant therapy . While there is no absolute international agreement regard - ing the criteria for radiotherapy , the current consensus is that one major criterion (ENE and/or involved margin [<1 /uni00A0 mm]) or two minor criteria (close margin [1–4.9 /uni00A0 mm], multiple VI/PNI, T3/4) would involved nodes, largest node >3 /uni00A0 cm, L 8 indicate the need for adjuvant radiotherapy . -

Figure 53.15 Series demonstrating the management of a T4 squamous cell carcinoma involving the right anterior /f_l oor of the mouth, mandible and overlying skin. Virtual surgical planning and cutting guides were used to harvest and inset the scapula free /f_l ap.

Revision #1
Created 2025-12-31 15:20:16 UTC by Omar Ayman
Updated 2025-12-31 15:20:16 UTC by Omar Ayman