

DIAGNOSIS AND WORK-UP

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These can be summarised as follows: /uni25CF history and examination; /uni25CF biopsy; /uni25CF clinical and radiographic staging investigations; /uni25CF comorbidity and functional status; /uni25CF multidisciplinary team (MDT)/tumour board discussion and treatment plan formulation; /uni25CF pathological staging; /uni25CF adjunctive treatments if appropriate. When a lesion is suspicious for malignancy , a histopatho - logical diagnosis is essential. Prior to this a thorough history and examination of the oral cavity , oropharynx and neck should be completed. Radiographic assessment, in the form of a CT and MRI, is also mandatory . In some centres sentinel lymph node biopsy (SLNB) has become an established technique used f or investi - gation and staging of early oral cancers that hav e no clinical or radiographic evidence for cervical metastases. A positive SLNB necessitates subsequent management of the neck (typi - cally with completion neck dissection). EUA is often used to further assess a tumour, especially in - cases where a biopsy is not possible in the outpatient setting or where the extent of the tumour cannot be properly assessed via clinical examination in an awake patient. An EUA can sup - port trea tment planning and decision making with regards to access, extent of resection and reconstructive plans.

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