# Oral Cavity Cancer





**Note**: Consider Clinical Trials as treatment options for eligible patients.

## INITIAL EVALUATION

- Confirm outside pathology
- History
  - Chief complaint
  - History of present illness and previous treatment
- Past medical history (including but not limited to)
  - Social history (including tobacco and alcohol use)
- Physical examination
  - Full head and neck exam
  - General medical examination
- Stage T and N (AJCC)
- Imaging studies
  - High resolution CT neck with contrast and bone windows
  - CT chest, as clinically indicated (if smoking history of > 30 pack-year, consider CT chest)
  - Consider PET/CT scan for stage III or IV
- Lifestyle risk assessment[1]

## CONSULTATIONS

- Dental oncology[2]
- Radiation oncology
- Medical oncology for patients with stage III or IV
- Speech pathology for patients whose treatment may impact swallowing and/or speech
- Plastic surgery for patients who will require major reconstruction (pharyngeal or bony reconstruction)
- Nutritional assessment
- Smoking cessation for active smokers only
- Conditions for pre-operative Internal Medicine[3]
- Audiogram, if receiving chemotherapy

## PRE-TREATMENT EVALUATION

Patient information presented at multidisciplinary planning conference

- Primary tumor T1-T2, N0
- Primary tumor T1-2, N1-3
- Primary tumor T3-4a, N0-1
- Primary tumor T4b, any N

See Page 2

AJCC = American Joint Committee on Cancer

[1] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

[2] Consider dental extraction based on results of dental evaluation prior to initiation of primary treatment

[3] Conditions for pre-operative Internal Medicine Perioperative Assessment Center (IMPAC) consult:

- Hypertension
  - Uncontrolled or newly diagnosed
  - Poorly compliant patient
  - Multi-drug regimen for control
- Cardiac disease
  - History of myocardial infarction or angina
  - History of cardiac or vascular surgery
  - Cardiac murmur or valvular heart disease
  - Congestive heart failure
- Anticoagulation
- Pulmonary disease
  - 20 or more pack-year smoking history
  - Moderate to severe chronic obstructive pulmonary disease (COPD) with < 2 flight exercise tolerance
  - Reactive airway disease
  - Previous lung resection
  - Multiple history of pneumonias
  - History of tuberculosis
- Diabetes
  - Type
  - Type II
- Cerebrovascular disease
  - Previous cerebrovascular accident
  - History of transient ischemic attack
  - Carotid bruit or known stenosis
- Hepatic disease
  - History of cirrhosis
  - Laboratory of hepatic dysfunction



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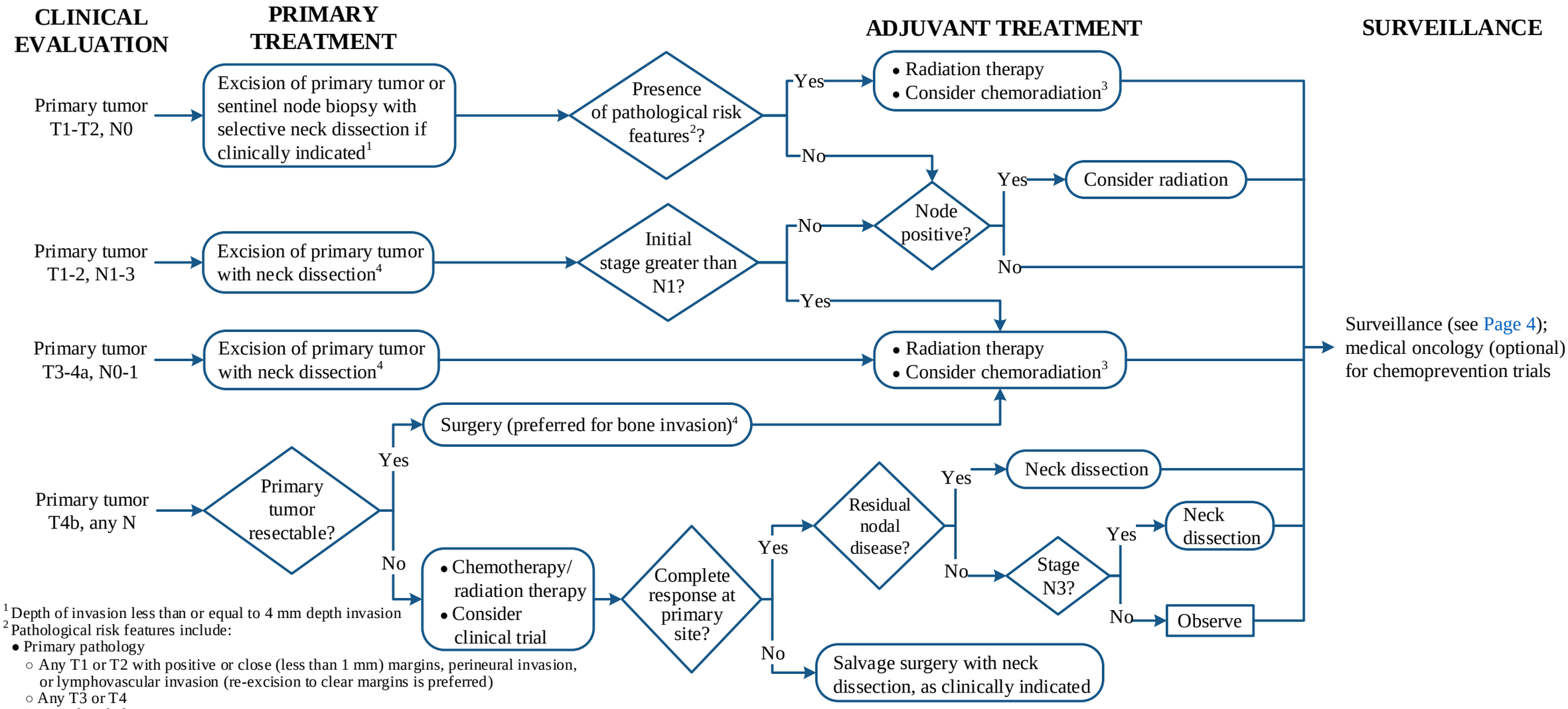


[1] Depth of invasion less than or equal to 4 mm depth invasion

[2] Pathological risk features include:
- Primary pathology
  - Any T1 or T2 with positive or close (less than 1 mm) margins, perineural invasion, or lymphovascular invasion (re-excision to clear margins is preferred)
  - Any T3 or T4
- Regional pathology
  - Multiple lymph nodes (any N2, N3)
  - Lymph node(s) with extracapsular extension
  - Lymph node(s) in level IV or V

[3] Pathological risk factors for addition of chemotherapy include:
- Positive margins (re-excision to clear margins is preferred)
- Extracapsular extension

[4] Bilateral neck dissection for N2c neck disease. Consider bilateral neck dissection for midline lesion.



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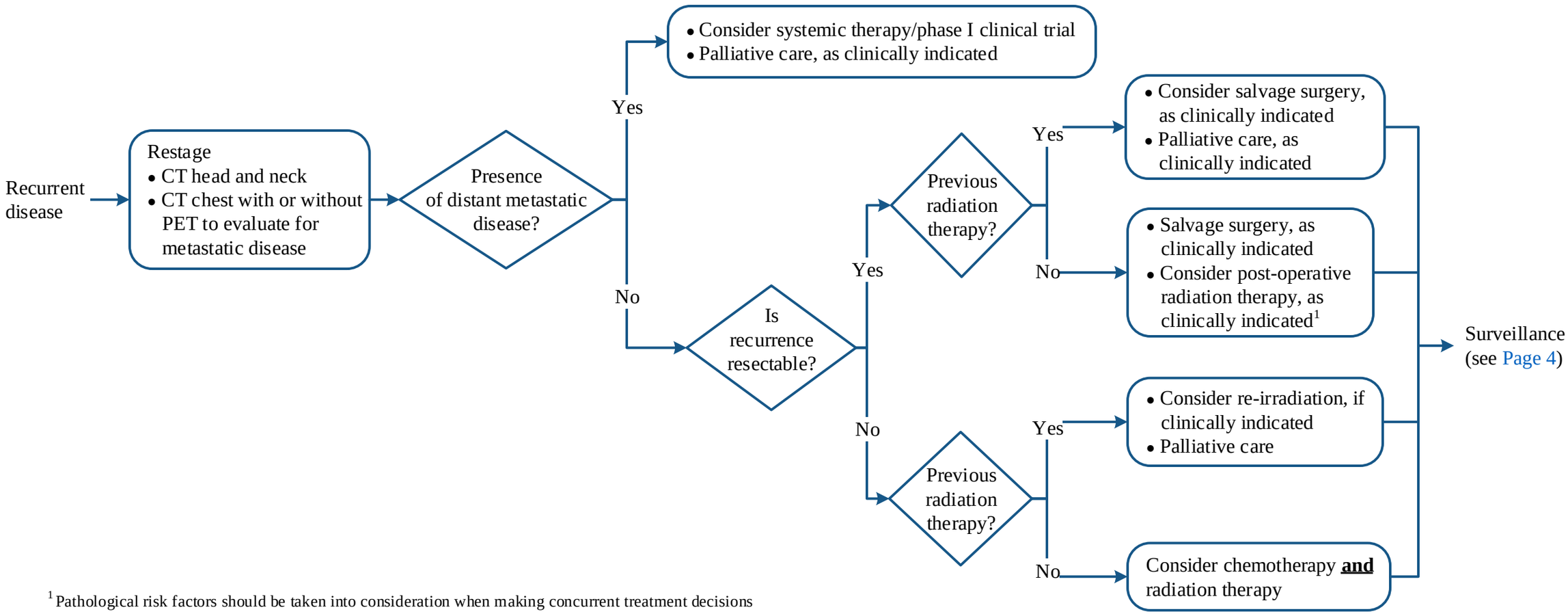
## CLINICAL PRESENTATION

## RECURRENT TREATMENT




[1] Pathological risk factors should be taken into consideration when making concurrent treatment decisions

## Oral Cavity Cancer Surveillance

| **Total years for surveillance** | | | | **Year 1** | | | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|---|---|---|---|---|---|---|---|---|---|---|
| **Frequency of surveillance by month** | **2-3** | **6** | **9** | **12** | **16** | **20** | **24** | **36** | **48** | **60** |
| **Head and neck history and physical exam** | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** |
| **Baseline post-treatment CT neck with contrast** | **x** | | | | | | | | | |
| **Consider surveillance CT neck with contrast, if clinically indicated** | | **x** | | **x** | | | **x** | **x** | **x** | **x** |
| **Thyroid function, if radiation therapy** | **x** | | | **x** | | | **x** | **x** | **x** | **x** |
| **Chest x-ray yearly (CT chest if smoker)** | | | | **x** | | | **x** | **x** | **x** | **x** |

## SUGGESTED READINGS

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## DEVELOPMENT CREDITS

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