Skin Excision Not Always Needed for Buccal SCC

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SAN FRANCISCO — A 5-year local control rate is possible with or without skin excision in squamous cell carcinoma of the buccal mucosa, according to a retrospective study of 331 patients.

When patients are properly selected for skin preservation or sacrifice on the basis of surgical margins more or less than 1 cm, there are no statistically significant differences in survival, Dr. Chun-Ta Liao and colleagues reported. In patients treated with surgery alone, the 5-year survival rate was 94% with skin excision and 91% without skin excision. In patients treated with surgery plus adjuvant radiotherapy or chemotherapy, the 5-year survival rate was 82% with skin excision and 85% without skin excision.

While it's generally accepted that bone excisions are often indicated in this form of cancer, controversy remains, said Dr. Liao. Skin excision significantly affects the patient's appearance and may contribute to oral incompetence, so physicians prefer to preserve the cheek skin if doing so would not increase mortality.

The study, by Dr. Liao of Chang Gung University, Taoyuan, Taiwan, and colleagues, was presented at the Seventh International Conference on Head and Neck Cancer.

The investigators examined records from 331 patients with squamous cell carcinoma of the buccal mucosa. Of those, 149 received surgery alone and 182 received surgery followed by adjuvant radiotherapy or radiotherapy plus chemotherapy.

Patients received skin-preserving procedures when the distance between the tumor and the skin was 13 mm or greater. This was possible for 69.5% of the patients, Dr. Liao reported at the meeting sponsored by the American Head and Neck Society.

In another part of the study, the investigators determined that a surgical margin of 4 mm or below was an independent predictor of adverse outcome, leading to an 81% increase in the risk of local recurrence in patients receiving surgery alone and a 33% increase in risk in patients receiving surgery plus adjuvant therapy.

Dr. Liao said the investigators had no conflicts of interest regarding the study. ■

SCC Survival Doubles With Radiotherapy

SAN FRANCISCO — Patients who received adjuvant radiotherapy following surgery for metastatic cutaneous squamous cell carcinoma survived more than twice as long as did those who did not receive radiotherapy in a small retrospective study.

The difference between median survival of 23 months with adjuvant radiotherapy and 10 months without the extra treatment was statistically significant, Dr. Babak Givi reported at the Seventh International Conference on Head and Neck Cancer.

Patients receiving adjuvant radiotherapy were more than 80% less likely to die than were those who did not receive this adjuvant treatment, said Dr. Givi of Oregon Health and Science University, Portland.

Surgery followed by radiotherapy has long been a standard treatment for metastatic squamous cell carcinoma of the head and neck, but Dr. Givi noted that there is a paucity of experimental data on its efficacy. Given the fact that this regimen is aggressive and carries a high degree of morbidity, he and his colleagues conducted a retrospective study involving 51 patients who received surgical treatment for metastatic squamous cell carcinoma between 1993 and 2008. Thirty of the patients received adjuvant radiotherapy.

The patients' median age was 73 years, and 47 patients were male. The disease was recurrent in 8 patients and previously untreated in 43. Those whose disease had recurred survived for a median of 14 months compared with 31 months among those who had not previously been treated.

After adjusting for age, immunosuppression, tumor characteristics, and recurrent disease in a multivariate analysis, the investigators found that patients with recurrent disease were almost three times as likely to die as were those without.

The conference was sponsored by the American Head and Neck Society.

—Robert Finn

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