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The Remote Results of the Treatment of Cancer of Oral Cavity

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Abstract Neck's and head's tumors are heterogeneous group of tumors with various clinical courses. Under the term "neck's and head's tumors" are defined malignant neoplasms of various histological structure, localized on mucous membrane of lips, on oral cavity, throat, larynx, in cervical esophagus, nasal cavity and pairnasal sinuses, in salivary glands. In most cases, neck's and head's tumors(NHT) are classified according their anatomical location; oral cavity, nasopharynx, oropharynx, hypopharynx, larynx, nasal cavity, sinuses, salivary glands and etc., all these localizations could be expose to division. Throughout the world, tumors of neck and head stand on the 5 place through prevalence and on the 7 place through the death-rate. Factors influencing on oncogenesis of neck and head are regional peculiarities, like chewing betel, nasvay, using of hot tea, alcohol, papillomavirus. One of the general features of clinical course most of neck's and head's malignant tumors appear high risk of development locoregional relapse (under 80%) and new tumors, which observed less then in 20% patients. After treatment completion risk of tumor grows could exceed the risk of relapse the first one.

Keywords: cancer, throat, treatment, combined

Most malignant tumors of mucous oral cavity are localized on tongue(50-60%) and on mucous bottom of oral cavity(20-35%). Rarely, tumors develop on mucous of hard palate(1,3%). Middle age of patients varies between 66 and 65 for men and 68 for women.

In 2010 quantity of iterative ascertained patients with lip's tumor in our republic aggregate 104 sick, from them with the 1st and 2nd stage combine 85 (81,7%), with the 3rd stage 18(17,3%), with the 4th stage 1(1,0%). In he end of 2010 in republic oncological dispensaries were registered 1214 sick with lip's tumor. Morbidity in whole Republic of Uzbekistan in 2010 put together 0,4 from 100 thousand people. Death-rate of lip's cancer on 2010 put together 0,1%. Five-year survival in this pathology put together 57,2%. In 2010 quantity of point-prevalence patients with oral cavity and pharynx tumors in our republic put together 660 patients. From them, with the 1 and 2 stage put together 367 (55,6%), the 3 stage 244 (37,0%), the 4 stage 54 (8,2%). At the end 2010 in republic oncological dispensaries were registered 3964 patients with lip's tumor. Sickness rate in whole Uzbekistan republic in 2010 put together 2,3 from 100 thousand people. Death-rate from oral cavity and pharynx tumor put together 1,3% in 2010. Five-year survival with this pathology put together 44,5%.

For choosing correct program in head's and neck's tumor treatment we should have the whole ideas not only of primary tumor's specifics, and about description of cervical metastases.

Some patients with head's and neck's epidermoid carcinoma on pre-clinical stage had changes in absorbent glands, that was the main reason of failure in its treatment. So that in case of rotating tongue's part and in case of clinical equivocal metastasis in neck's absorbent glands, subclinical changes take place in 34% cases.

Research is based on results of examination and treatment of 160 patients with histological supported oral cavity tumors (OCT), from them to 63 patients had done prospective research (main group), to 97 had done retrospective (control group).

Sick assignment according clinical stage

List 1

Stage	Oral cavity tumor n=160	
	Main group	Control group
T1 N2M0	3(1,9%)	3(1,9%)
T1 N3M0	4 (3,1%)	8 (5,0%)
T2N1M0	3 (1,9%)	5 (3,1%)
T2 N2M0	6 (3,8%)	11 (6,9%)
T2 N3M0	12 (8,1%)	14 (8,8%)
T3N1M0	4 (2,5%)	13 (8,1%)
T3N2M0	9 (5,6%)	10 (6,3%)
T3N3M0	10 (6,9%)	12 (7,5%)
T4 N1M0	1 (0,6%)	5 (3,1%)
T4 N2M0	3 (1,9%)	7 (4,3%)
T4 N3M0	8 (5,0%)	9 (5,6%)
Total	63 (39,4%)	97 (60,6%)

For a start to all patients carried diagnostic system of measures. To all patients diagnosis was confirmed by morphological method. Because of availability of tumor of mucous oral cavity in all cases diagnosis confirmed by one-twofold taking target biopsy.

All patients with malignant grows of mucous oral cavity were afforded by epitheliomatosis. It's characteristic property is appeared by susceptibility to lymphogenic metastases in periblastic and deep neck's absorbent gland. Highest percent of regional metastasis is checked at tongue's tumor.

Histological structure MOC's tumors included in research. *List 2.*

Histological structure of tumor	Quantity of accidents	
	Main	Control
Highdifferentiated planocellular carcinoma	24 (15%)	39 (24,4%)
Mediumdifferentiated planocellular carcenoma	23 (14,4%)	30 (18,8%)
Undifferentiated planocellular carcinoma	16 (10%)	28 (17,5%)
Totally n=160	n=63 (39,4%)	n=97 (60,6%)

In this given list 2.1 can see, that at 39,4% of patients was discovered highdifferentiated planocellular carcinoma, 33,1% mediumdifferentiated planocellular carcinoma and in 27,5% cases was diagnosed lowdifferentiated form of planocellular carcinoma.

Decision of treatment tactic, order of conduction of special treatment's methods, depend on localization and size of primary neoplasm.

Patients were distributed by treatment's methods in following groups:

To the 1st group was done course of 1 step-chemoradial therapy,2 step-surgery treatment (52 patients, 29-control group);

To the 2nd group- 1 step-surgery treatment, 2 step-chemoradial therapy (57 patients,36 from control group);

To the 3rd group- 1step-radial therapy, 2 step- surgery treatment (51 patients,32 from control group). (list 3).

Assignment of patients with MOC according group of research. *List 3*

Methods of treatment	Tongue	Mouth floor	Mandibular bone	Check
CRT+Surgery n=52	19 (36,5%)	12 (28,6%)	13 (36,1%)	8 (26,7%)
Surgery+CRT n=57	18 (34,6%)	15 (35,7%)	10 (27,8%)	14 (46,6%)
Surgery+RT n=51	15 (28,8%)	15 (35,7%)	13 (36,1%)	8 (26,7%)
Total n=160	52 (32,5%)	42 (26,3%)	36 (22,5%)	30 (18,8%)

As you see from list's results, patients were equally divided according treatment's groups. In the first group were 19 patients with tongue's tumor, 11 were from control group. Tumors of mouth floor 4/12, tumor of mandibular bone 5/13, check's tumor 3/5. In the second group patients of the main group were divided according to 6/18, 8/15, 4/10, 3/14. In the third group 2/15, 8/15, 7/13 and 2/8.

Surgical treatment with following radiotherapy was leaded more at mouth floor tumors and mandibular bone tumors. While dividing all patients took complex treatment.

Including aim of our research ,development of new method of expanded lymphadenectomy with resection of vascular-nervous neck's structures we've decided to stop on surgery methods of treatment of regional tumor's matastasis of this localization used in this work.

In patient's group exposed to surgery method of treatment after newadjuvant chemoradial therapy direct deletion of primary site with lympha dissection was made to all patients of main and control group.

In the second group of researching from 57 patients in 32 cases was done direct surgery on primary site and on zone of regional lymphatic collector, in 25 cases only neck's lymphadissection following CRT. From 32 sick 11 patients with tonger tumor, 4 with tumor of mouth floor,7 with tumor of mandibular bone and 10 with cheek's tumor.

In the third group of researching from 51 sick in 29 cases was done direct surgery. To 5 of them with tongue tumor, 11 patients with tumor of mouth floor, to 9 with tumor of mandibular bone and in 4 cases with cheek's tumor. In other cases surgery was limited by dissection of regional lymphatic nodes, with following radiation therapy.

Recession of direct centre was done to 113 patients, to 48 sick from main group and 65 sick of control group. (list 4)

Surgery treatment of direct centre of patients with MOC's tumor. List 4.

Marginal excision of mandibular bone	19 (16,8%)
Segment resection of mandibular bone	10 (8,8 %)
Hemohlosectomy	18 (15,9%)
Subtotal	10 (8,8%)
Total	7 (6,2%)
Removing of tumor	49 (43,4%)
Total	113 (70,6%)

Direct results of conservative treatment of patients with MOC's tumors in main and control group. List 5

Method of treatment	Group of researching	Full effect	Partial effect	Without effect	Progression
CRT+surgery	Main group n=23	16 (69,6%)	5 (21,7%)	2 (8,9%)	-
	Control group n=29	20 (68,9%)	7 (24,1%)	2 (6,9%)	
RT+surgery	Main group n=19	13 (68,4%)	4 (21,1%)	2 (10,5%)	-
	Control group n=32	21 (65,6%)	8 (25%)	3 (9,4%)	
Total n=103		70(67,9%)	24(23,3%)	9(8,7%)	-

Because of using the same plan and tactic chemoradiation treatment in main and control group, results were the same. In radiation therapy as independent method, results were worse (p=0,014). Index T1-2 in all (100%) cases was deleted till conservative measures. In T3 in 29/39 sick (74,4%) and in T4 full effect was checked in 13/21 (61,9%) cases. In one case with T4 treatment was inefficient. Progress of process wasn't marked in no on case (list 5).

Analyzing results of chemistry and radiotherapy at 103 sick with metastasis in regional absorbent glands after radio and chemoradio therapy, depending from prevalence metastasis process (N) and efficiency of treatment wasn't install. (list 6)

List 6.

Efficiency of chemoradio and radiotherapy depending from degree of prevalence regional metastasis.

Prevalence of process	Full effect	Partial effect	Without effect
N1 n=21	14 (66, 7%)	5 (23,8%)	2 (9,5%)
N2 n=29	19 (65,5%)	7 (24,1%)	3 (10,3%)
N3 n=53	35 (66,0%)	12 (22,6%)	6 (11,3%)
Total=103	68 (66,0%)	24 (23,3%)	11 (10,7%)

From 113 sick, to whom was done recession of first tumorous centre, intraoperative complication observed in 8 cases, like bleeding in 5, emphysema of mediastinum in 2, damaging of thoracic lymphatic aqueduct in 1 case.

Different variants of dissection of lymphatic glands was done to all 160 patients. In 113 cases cervical lymphadissection was done in the same time with removing first tumorous centre. Radical cervical lymphadissection was done to 97 patients with plural stirrable and single limited stirrable, soldered with inner jugular vein and sterno-clavicle-mastoid muscle metastasis. (volume of surgery in list 6).

In 63 cases of main group with plural stirrable and single limited stirrable, soldered with inner jugular vein and sterno-clavicle-mastoid muscle metastasis was done modifying lymphadissection.

In postoperative period,after removing first centre was observed bad healing of sore in 17 cases. From them to 11 patients was done direct surgery in first centre and regional part of lymphatic glands.

Dispensary observation at cured patients leaded according general rules:

first year-every 3 months, second year- every 4 months, from 3 to 5 year-every 6 months; after 5 years-every 12 months.

Frequency of ipsilateral and general relapses of patients with viable cell of tumors in biopsy from cervical lymphatic centers was threefold more (40%,14/35) than at patients with full remission after conservative methods of treatment(13,2%,9/68). Was observed significant difference in comparing these two groups in connection with concrete causes of death (p=0,014). Mortality in cause of further progress of disease maked up 38,2% (26/68) at patients with full effect in comparison with patients who had partial effect or without effect 68,6%(24/35).

List 7.

Results of five-year survivability of patients with CPR, at patients with main and control group depending on type of lymphadissection.

Type of neck's lymphadissection	2-year survivability	5-year survivability
Radical neck's lymphadissection n=97	44 (69,8%)	30 (47,6%)
Modified neck's lymphadissection n=63	67 (69,1%)	32 (32,9%)
Total n=160	111(69,4%)	62(38,8%)

Optimal indicator as forecasted, was marked at patients developed ourselves type of NLD, which connected with a few injury of this operation and possibility of removing lymphatic centers from more deeply sheets.

Patients with tongue's tumors and mouth floor had worse result with disease-specific survival on 57,7%(30/52) and 61,9%(26/42) in comparing with 72,7%(48/66) patients with tumors of all other localizations. Optimal indicators as forecasted, was marked at patients developed ourselves type of NLD, which connected with a few injury of this operation and possibility of removing lymphatic centers from more deeply sheets.

General surviving put together 57,5% (92/160) and disease-specific survival put together 71,25%(46 deaths from progression /160). Totally was observed expressed differences in disease-specific survival between patients N1(61,3%,19/31) and patients with N2-3 (56,6%, 73/129) (p=0,91). At the same time there wasn't differences between groups by comparing only patients with full effect (p=0,95).

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