



Follow-up of oral cancer patients: three uneventful years may be enough

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Objective. To explore the possibility of shortening the length of follow-up from 5 to 3 years in patients who have undergone curative treatment of an oral squamous cell carcinoma.

Study Design. The medical records of 225 patients who had undergone initial curative treatment at the VU University Medical Center in Amsterdam, the Netherlands, between 2004 and 2009 were analyzed.

Results. In 96 patients (42.7%) a secondary event occurred. Eighty-six percent of the secondary events were detected within 3 years. In the fourth and fifth years, 14% of the secondary events were found, consisting mainly of second primary tumors.

Conclusions. Most secondary events occurred within the first 3 years of follow-up. Therefore, the case can be made for an altered regimen of follow-up beyond 3 years based on certain risk factors unique to the patient as well as the patient's ability to adequately report symptoms that may be associated with recurrent disease. (Oral Surg Oral Med Oral Pathol Oral Radiol 2016;122:434-439)

The main goal of follow-up after treatment for oral cancer is early detection of recurrences, second primary tumors, and cervical lymph node metastases. Timely detection of secondary events will more often allow treatment with curative intent. In some studies it is suggested that asymptomatic recurrences or second primary tumors can be treated more successfully than symptomatic ones, resulting in improved survival rates and less morbidity.¹⁻³ However, other studies showed no difference in survival and tumor mortality rates for patients with and without symptoms.⁴⁻⁷ Other purposes of follow-up programs are the guidance of the rehabilitation process and the provision of psychological support, if needed.^{1,2,4-16}

A variety of follow-up guidelines for patients with head and neck cancer have been published.¹⁶⁻²⁵ There is no international consensus on the optimum intervals and duration of follow-up visits after curative treatment of oral cancer. Some of the reported follow-up strategies were site-specific (e.g., laryngeal cancer) or applicable to head and neck cancers in general and having a duration of at least 5 years.²⁶ The various follow-up schedules for oral cavity and head and neck cancer are listed in [Table I](#).^{1,2,7,8,12-14,16-35}

The majority of secondary events (69%-100%) of head and neck cancer, including oral cavity cancer, are detected within the first 3 years after treatment. The reported detection rates are listed in [Table II](#).^{1-8,12,13,15,25-28,32-34,36,37}

Frequent follow-up (e.g., every 2 months) during the first 3 years after treatment may, therefore, be of great value for the detection of secondary events.^{1,8,9,14,15,24,33} After 3 years, the visit interval in most published studies is tapered down to every 6 months in the fourth and fifth years.

The aim of this retrospective study was to explore the possibility of shortening the length of follow-up from 5 to 3 years in patients who have undergone curative treatment of an oral squamous cell carcinoma.

MATERIALS AND METHODS

The medical records of 270 patients who had undergone treatment for a histopathologically confirmed oral cavity squamous cell carcinoma from January 1, 2004, until December 31, 2009, in the VU University Medical Center Amsterdam, the Netherlands, were analyzed in this retrospective study.

Tumor characteristics, such as primary tumor location and stage, treatment modality, date of detection of a secondary event, and date of death were registered. A secondary event was defined as the occurrence and detection of a local recurrence (within 5 years post-treatment at the same location), a second primary tumor, or regional or distant metastases during the 5-year follow-up program. Tumors were staged according to the TNM classification of the Union for International Cancer Control.³⁸

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Statement of Clinical Relevance

Today, the follow-up period of patients treated for oral cancer is, in most head and neck centers, reduced to 5 years. In the present study, it has been shown that a 3-year follow-up period may be sufficient.

Table I. Follow-up schedules for oral cavity and head and neck cancers^{1,2,7,8,12-14,16-35}

Author, year (country)	Type of study, if applicable	Follow-up schedule						≥Year 6
		Year 1	Year 2	Year 3	Year 4	Year 5		
Dutch Cooperative Head and Neck Oncology, 2004 (NL) ¹⁶	Guidelines	2-3 months	3 months	4-6 months	6 months	6 months	12 months	
National Comprehensive Cancer Network, 2014 (US) ¹⁸	Guidelines	1-3 months	2-6 months	4-8 months	4-8 months	4-8 months	12 months	
National Guideline Clearinghouse, 2009 (US) ²²	Guidelines	3 months	4 months	6 months	—	—	—	
American Society of Head and Neck Surgery, 1996 (US) ²⁰	Guidelines	1-3 months	2-4 months	3-6 months	4-6 months	4-6 months	12 months	
Society of Head and Neck Surgery, 1996 (US) ²⁰	Guidelines	1-3 months	2-4 months	3-6 months	4-6 months	4-6 months	12 months	
British Association of Head and Neck Oncologists, 2011 (GB) ¹⁹	Guidelines	4-6 weeks	4-6 weeks	3 months	6 months	6 months	12 months	
British Association of Otolaryngologists, 2011 (GB) ^{19,21}	Guidelines	1-2 months	1-2 months	3- 6 months	3- 6 months	3- 6 months	12 months (for high-risk patients or rehabilitation)	
British Association of Otorhinolaryngology-Head and Neck Surgery, 2002 (GB) ²³	Guidelines	1-3 months	2-4 months	6 months	6 months	6 months	—	
German-Australian- Swiss DÖSAK, 2002 ²⁴	Guidelines	1 month	2 months	3 months	6 months	12 months	12 months (discharged if healthy)	
Danish Head and Neck Cancer Group (DAHANCA), 2003 (DK) ²⁵	Guidelines	3 months	4 months	6 months	6 months	6 months	12 months	
French ORL Society, 2005 (FR) ¹⁷	Guidelines	2 months	3 months	4 months	6 months	6 months	—	
De Visscher, 1994 (NL) ²	Cohort study	2 months	3 months	4 months	6 months	6 months	12 months, discontinued if no second events >10 years	
Merkx, 2006 (NL) ⁷	Cohort study	2 months	3 months	4 months	6 months	6 months	12 months (max. to 10 years)	
Wensing, 2011 (NL) ¹²	Retrospective study	2 months	3 months	4 months	6 months	6 months	Without symptoms discontinued	
Boysen, 1985 (NL) ²⁸	Retrospective study	2-3 months	2-3 months	2-3 months	6 months	6 months	Without symptoms discontinued	
Boysen, 1992 (NL) ⁸	Prospective study	2-3 months	2-3 months	3-4 months	3-4 months	3-4 months	—	
Boysen, 1994 (NL) ²⁷	Prospective study	2-3 months	2-3 months	3-4 months	3-4 months	3-4 months	6 months	
Haas, 2001 (DE) ¹³	Retrospective study	1 months	2 months	3 months	6 months	6 months	—	
Rivelli, 2011 (CH) ²⁹	Retrospective study	1 month	2 months	3 months	6 months	6 months	12 months	
Lester and Wight, 2009 (GB) ³⁰	Prospective study	1 month	2 months	3 months	4 months	6 months	12 months	
Manikantan, 2009 (GB) ¹⁴	Review	2 months	3 months	3 months	4 months	—	—	
Manikantan, 2011 (GB) ³¹	Review	2 months	3 months	3 months	3 months	—	—	
Cooney, 1999 (AU) ¹	Retrospective study	1st-3rd month: 1 month 4th- 12th month: 2-3 months	2-3 months	4-6 months	4-6 months	4-6 months	—	

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