中文題目：輔助性治療在早期口腔鱗狀細胞癌的角色

英文題目：The role of adjuvant therapy for early staging oral cavity squamous cell carcinoma

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Background: Oral cavity squamous cell carcinoma (OCSCC) is the largest subgroup of head and neck squamous cell carcinoma (HNSCC) in Taiwan, and curative surgical resection is the golden standard. Post-operative radiation therapy (PORT) is suggested according to pathologic risk features. Positive margin and extranodal extension are major risks, and others were minor, including close margin, depth of invasion, lymphovascular invasion, and perineural invasion. However, for early staging OCSCC patients, the comparisons between survival benefits and complications of intensive PORT were less discussed. The role of PORT should be identified.

Methods: All of the patients with early staging OCSCC (pT1-2N0) were retrospectively enrolled between Jan 2010 and Dec 2018 at Chung Shan Medical University Hospital. According to the patients with or without PORT, the enrolled patients were divided into the groups with or without PORT. The clinical–pathological variables were compared using the χ^2 test. Cox proportional-hazards analyses were performed for locoregional survival (LRS) and overall survival (OS).

Results: A total of 428 OCSCC patients were retrospectively enrolled (with vs. without PORT, 15.4%[66/428] vs. 84.6% [362/428]). The median follow-up time was 73.4 months. The patients with PORT were advanced in histologic grade ($P = 0.046$), pathologic T staging ($P < 0.001$), and pathologic features (depth of invasion, $P < 0.001$; lymphovascular invasion, $P = 0.003$; perineural invasion, $P < 0.001$). Two-year LRSs of the patients with and without PORT were 80.9% and 86.1%, respectively ($P = 0.672$). Five-year OSs were 82.6% and 84.5% ($P = 0.119$). Positive margin and depth of invasion were the independent factors for LRS. If each independent factor scored one point, a risk-stratification model was established that the patients were divided into the low- (score 0), intermittent- (score 1), and high- (score 2) risk groups. Two-year LRSs of these three groups were 88.8%, 81.4%, and 62.5% ($P = 0.002$). Five-year OSs were 84.8%, 81.2%, and 79.5% ($P = 0.125$).

Conclusions: The patients with or without PORT were insignificantly different in LRS and OS. The role of PORT for early staging OCSCC should be reevaluated and identifying the adequate population.