Head & Neck Oncology

Poster presentation

cTNM vs. pTNM: are we as good as we think?

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Background

Accurate clinical staging of oral squamous cell cancer can be quite difficult to achieve especially if nodal involvement is identified. Radiologically-assisted clinical staging is more accurate and informs the clinician of locoregional and distant metastasis. Locoregional metastasis is radiologically assessed by MRI of the head and neck region and 2D-US of the neck followed by FNAC of any identified neck lump when indicated. Distant metastasis is usually assessed by either a PA-CXR or a CT chest.

Materials and methods

In this study an analysis was performed that involved 245 patients with oral squamous cell carcinoma. Clinical TNM (cTNM) staging involved clinical examination of the tumour and neck nodes, MRI of the head and neck, US neck (± FNAC) and PA-CXR or CT chest). Pathological TNM (pTNM) is provided by the pathologist following the surgical resection of the tumour with or without the lymphatic chain. Both cTNM and pTNM were then compared.

Results

There are occasional significant discrepancies between clinical and pathological staging TNM however in general there is a good correlation between staging (Spearman rank correlation coefficient, 0.9787).

Conclusion

It is debatable that inaccurate registration of nodal involvement during the clinical examination is unlikely to affect the patient's prognosis. Histopathological grading would rectify the error and the patient would undergo an adjuvant therapy (i.e. radiation) that would be delivered anyway in the postoperative phase.