



Oral Cavity Cancer in India: An Audit from a Tertiary Care Centre

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Background

Oral cavity cancer is the commonest site of cancer in head and neck region in India. Due to lack of knowledge about the cancer and its complication, majority of the patients do not understand the need of cancer treatment and regular follow up. The idea behind conducting this audit was to analyze patient demography and treatment practice and also to see, how many patients are adherent to the treatment and come for the follow up.

Methods and Material

We retrospectively evaluated records of oral cavity patients who were treated at our Institute from 01-01-2005 to 21-12-2008. Patient and treatment details were entered on a predesigned performa. STATA software (V 11.2) was used for data analysis. Categorical variables were summarized by frequency (%) and quantitative variables were summarized by median and range.

Results

A total of 1045 patients of oral cavity cancer patients were registered during this period which constituted 28% of all head and neck malignancies. Median age at presentation was 54 years (range 9 to 87 years) with a male to female ratio of 3:1. Squamous cell carcinoma was the commonest histology (92%). Majority of the patients presented in advanced stage of the disease (724 patients/69%). Out of these, 287 patients (27%) had unresectable disease at presentation. Only 26% patients (272) had KPS of >80. Eight hundred eleven patients (78%) had history of addiction in the form of bidi smoking, tobacco chewing or alcoholism. Radical, palliative and best supportive care was planned in Five hundred seventy nine (55.4%), 373 (35.6%) and 93 (9%) patients respectively. Out of these, only 468 (44.7%) patients completed the planned treatment. Other patients either did not come after registration to the hospital or did not complete the treatment for variable reasons. Factors that affected the compliance were KPS, stage of the disease, intent of the treatment, socioeconomic status of the patient and gender. But only 3 factors significantly affected the compliance, KPS (>80 vs. < 80, p- 0.001), Stage of the disease (early vs. advanced, p-0.01) and gender (better in males, p value-0.03). Majority of the patients (327 patients) received radiotherapy (RT) either radical, post operative RT (PORT) or palliative RT. Only one hundred eight seven patients underwent surgery. PORT was given in 140 patients. Radical RT alone or in combination with concurrent chemotherapy was given in 86 patients (with or without brachytherapy). One hundred one patients received only palliative RT in view of advanced stage of disease at presentation or poor performance status. After a median follow up of 12.3 months, 203 patients were alive without any evidence of disease. Seventy seven patients developed recurrence during follow up. Loco-regional failure was the predominating site of recurrence (60 patients). Median survival (DFS or OS) could not be calculated because of lesser follow up.

Conclusion

Clinical audit help in filling gap between actual patient care that is required and available health services. Owing to lack of awareness and low socio-economic status in developing countries, majority of the patients present in advanced stage of the cancer. Many of these patients do not complete the treatment or do not come for the follow up after treatment because of the same reasons. Poor performance status is the other commonest factor affecting compliance. Among those, who received the treatment, radiotherapy is the most frequently used treatment modality. So proper counselling of patients and attendants should be an integral part of the treatment to ensure treatment completion and regular follow up.

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