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Letter to the editor

RE: Impact of radical treatments on survival in locally advanced T4a and T4b buccal mucosa cancers: Selected surgically treated T4b cancers have similar control rates as T4a

We read with interest the article by Mair et al. [1] in the issue of Oral Oncology. We commend the efforts of the authors and their lucid comparison of radical treatments and its impact on survival in T4a and T4b buccal mucosal cancers. The price of cure limits the quality of life, a paramount in head and cancers for its complex tridimensional anatomy and its participation in day to day activities. Segregating T4a and T4b cancers as separate entities was done considering the unresectability in T4b and poor prognosis, however the authors have elegantly illuminated the fact that it would be an over diagnosis to club all patients with masticatory space and pterygoid plate involvement as very advanced oral cancers. Infranotch buccal cancers can be approached with an RO resection.

We would like to add further variables that can have a reasonable impact on the survival. The authors fail to link any data on systemic comorbidities that may affect the survival [2]. Historically oral cancer is a disease of elderly individuals who are often afflicted by age related illness. Sites of distant metastasis deserves a special attention as it is an independent prognostic factor in overall survival [3].

The type of bony involvement dictates the type of surgical resection. Mandibular medullary invasion are biologically aggressive and correlate with a poor survival rate. Malignant cells can gain access into the systemic circulation and cause distant metastasis [4,5].

The upper two third of the pterygoid plates lie in the supranotch compartment and the lower part lies in the infranotch masticatory space [6]. The percentage of erosion of pterygoid plates, anatomic site of involvement and its accessibility while resection would be a meaningful data to compare. RO resection seem to be achievable in T4b infranotch cancers but the Quality of life following extensive surgical procedures also need to be considered. An absence of parallel cohort of patients receiving neo adjuvant chemo radiation in T4b infranotch buccal cancers would have drawn a meaningful comparison on the role of surgical vs non-surgical modality of treatment in advanced oral cancers.

Conflict of interest

The authors have no conflict of interest.

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(Fellow in Oral Oncology, ReaderSameep S. Shetty (Fellow in Oral Oncology, Reader)
Health Care Global Enterprises Ltd, Bangalore 560027, India
Manipal College of Dental Sciences, Mangalore, Manipal Academy of Higher Education, India[1]
E-mail address: sameep.shetty@manipal.edu.

U.S. Vishal Rao
Head and Neck Oncology, Health Care Global Enterprises Ltd, Bangalore, India

[1] A constituent of MAHE.

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