出國報告（出國類別：演講）

台北榮民總醫院口腔癌患者臨床病理因子與預後之回顧性探討

Treatment Results and Prognostic Factors of Oral Squamous Cell Carcinoma: a

Retrospective Analysis of 372 Cases in Taipei Veterans General Hospital

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出國期間：98.10.8-10.10
報告日期：98.10.9

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壹、摘要

<u>PURPOSE</u>

(1) To **determine the clinicopathological predictor(s)** correlating to survival of OSCC, and (2) to **investigate the reason of treatment failure** (local and/or regional recurrence, distant metastasis) in early-staged OSCC

<u>PATIENT & METHOD</u>

Study population & Data collection

     This study enrolled OSCC patients first diagnosed & treated at Taipei VGH from Jan 1, 2002 to Dec 31, 2005. All the patients received radical excision of primary lesion with or without neck dissection (ND) determined by the clinical suspicious lymph node metastasis. Adjuvant therapy by radiation or chemoradiation therapy was applied to advanced tumor. The records reviewed from the database include patients' gender, age, pathological TNM stage (pTNM), pathological parameters from the report of pathology (tumor differentiation, PNI, LVP, ECS), and disease status of last visit.

Statistical analysis

     The differences of categorical variables were evaluated by either Fisher's exact or $X2$ test, while the differences between continuous variables were analyzed by t test. Kaplan–Meier method was used to estimate the overall (OS) and disease-free survival rates (DFS). Statistical significance between survival curves were evaluated using the long-rank test. The differences between values were considered significant when a two-tailed p was < 0.05. Statistical

analysis was performed with Prism 5 software and SPSS 15.0.

<u>RESULTS</u>

Baseline characteristics

     The 2002-2005 cohort comprised 372 patients with OSCC. There were 332 male and 40 female with age distribution from 22~86 years old with mean 52.63 ± 12.89 years. All the patients had primary surgery; 136 patients (36.56%) had adjuvant radiotherapy. Among male patients, 225 (67.78%) had habits of betel quid chewing (BQ), while there was only 4 (10%) in female. No survival difference in gender or personal habit distribution. No survival difference in the demographic variables.

     Tongue and buccal mucosa accounted for most prevalent tumor location (38.2% and 36.0%, respectively). The overall survival rate among tumor location was ranged from 66% to 76%. However, there was no statistical difference between tumor location.

Tumor Characteristics

  Tumor-Nodal-Metastasis stage is still the most predictive tool for prognosis evaluation. The five-year OS from stage I to IV was **89.56%, 80.82%, 80.30%, and 46.97%,** respectively. Tumor size and cervical lymph node (LN) involvement were found to

correlate significantly with survival ($p < 0.05$)

Correlations between pathological parameters and survival

Regarding to pathological parameters, **differentiation** was correlated to survival with the OS declined from 75.05% to 55.56%. Both **PNI and LVP** had great influence in the 5-year OS. If both PNI and LVP were found in the primary tumor, 5-year OS dropped to 15.0% (median 208 survival days).

DISCUSSION

Although it is often stated that survival figures for OSCC are not improving, the present data shows that the OS following primary surgery was better than that before 2003. It is difficult in a retrospective study to clearly identify reasons for the improvement in survival over time in our cohort. However, our survival figures represent that OSCC with the clinical predictors (**differentiation, PNI, LVP, ECS) had significant bearing on outcome and needed a more aggressive treatment** for a better prognosis. The features hint us to fine tune our treatment between   different individuals in clinical practice.

In the early stage OSCC, we have shown that a propensity of occult metastasis in tongue cancers. Adding the evidence of our tongue cancer study in 20082, we suggest that **selective ND should be considered in cT1T2N0 tongue SCC**, especially when the tumor has thickness more than 3mm, with PNI   and / or LVP. We hope in the further, other basic tools such as some molecular markers, can be used to predict the progression of OSCC.

以往 TNM 分期系統是口腔癌治療計劃與預後最主要的參考依據。然而，某些病患的預後並非如 TNM 分期所評估，近年來，許多文獻提出一些除了 TNM 以外的臨床病理預後因子，並有相關之治療方針提供臨床醫師做參考，然而其結果並不一致。本次研究將對台北榮總自 2002 至 2005 年對於口腔癌手術病患的治療照顧成果作一回顧性分析（retrospective analysis），以期訂立一個適切的治療方針及未來研究之方向。經統計此四年間 372 位因口腔癌進行手術之病患，整體存活率 70.61%，較過去 10 年間預後有改善的情形。除了臨床上可以參考的腫瘤大小（T）與頸部淋巴結是否轉移（N）對於預後有顯著影響之外，其他之病理因子如腫瘤分化情形 （differentiation）、淋巴血管侵犯 （lymphovascular

permeation）、神經周圍侵犯（perineural invasion）及淋巴結外侵犯

（extranodal spread)對於預後亦有極大的影響。此次報告將以單變數及

多變數分析呈現這些臨床病理因子對於預後之影響。

關鍵詞：淋巴血管侵犯

叁、本文

一、目的

促進國際口腔醫學學術交流與經驗分享。提昇本院之專業素養、擴展國際視野與經驗，同時也是本院行銷推廣的一種途徑，更是本院邁向國際化的重要基石。本次大會是世界性、且是最高階的口腔顎面外科學術大會，能受邀出席是一個能為國家爭取榮譽的機會。

二、過程

活動名稱：第 54 回社團法人日本口腔外科學會

活動日期：98.10.8-98.10.10

主辦（或接待）單位：社團法人日本口腔外科學會

報告人行程：

（一）　　職擔任中華民國口腔顎面外科學會、國際事務委員會主席。此次本國理事長不克前往，乃由我率團前往日本札幌。台灣與會人數約 20 人左右，台北榮民總醫院口腔醫學部另有兩位住院醫師由我指導，提出二個報告主題。其中陳雅薇醫師提出『舌癌病變中之病理因子與預防之關係』，賴泓彰醫師提出有關『牙胚幹細胞誘導分化成造骨細胞』之研究（圖一）。

（二）　職有促進兩會交流之責任；因而於第一天大會開幕晚宴中發表約

5 分鐘之演講，概述近 3 年來台日兩會互訪交流，及對其它與會會員國家多年來對我會支持之感謝辭(圖二)。第二天中午為正式的台日兩會代表午餐會，我方除職外，另有前台大醫院口腔顎面外科郭英雄教授，郭教授亦為本會之前理事長，及中國醫藥大學口腔外科陳遠謙主任與台中榮總牙科部黃穰基主任。與會目的在於檢討並交換雙方之交流經驗，並尋求擴大交流及明年度之交流事宜(圖三)。會中仍由本人代表台灣方面提出約 5 分鐘之中文演說，基於禮節日方仍希望我們使用中文而非英文，並專聘翻譯；日方亦僅使用日文，由於與會郭教授早期留學日本因此雙方溝通無礙，氣氛融洽。

(三)　　第三日，日方理事長晚宴則為主要亞洲與會各國代表之聚會，並初步商討明年亞洲會議在馬來西亞舉行之相關事宜。我則因單位工作之故並未再參加，而匆匆於當日中午返回台北工作崗位。總計此行雖僅三天兩夜，但也達到率團出訪友誼交流之目的，此行公假外費用支出則為國科會計劃案內預算支出。

三、心得

匆匆一趟日本行，雖只有三天兩夜，大致上完成了院方及學會賦予的任務。這回日本第 54 屆口腔顎面外科學年會在北海道札幌市會議中心舉行。兩會交流進入了第三年，除職受邀外，另兩位來自台灣的講員是台

北長庚醫院口腔顎面外科張佑良主任和台中榮民總醫院牙科部黃穰基主任，分別講授有關電腦輔助人工植牙與口腔癌化學藥物治療的新觀念。第二天 9 號中午，日本方面則安排了雙方交流的正式會議，除了感謝對方多年來在國際會議中對我們的支持外，也就若干議題達成共識以促進兩會及亞太會員國間學術交流。

四、建議

本次會議堪屬成功。不僅超過 15 國學術人士與會，千餘人才報名參加，本人有幸代表台灣出席有助提昇台灣口腔顎面外科發展及台北榮民總醫院口腔醫學水準之國際形象。日方會議內容皆在國際水準之上，如有相關會議，建議可多派人員觀摩學習。

肆、附錄

會議網站介紹

出席

圖一

圖二

圖三