

Speech and Swallow Outcomes in Oral Cavity Cancer: An observational study comparing free flap reconstruction versus no formal reconstruction.

Cian J. Henry¹, Emma McShane¹, Paul Lennon², John Kinsella², Conrad Timon², Colm Murphy¹, Conor Bowe¹, John-Edward O'Connell¹

1. Department of Oral & Maxillofacial Surgery, 2. Department of Otolaryngology, St. James's Hospital, Dublin.

Background:

Oral Cavity Squamous Cell Carcinoma (OCSCC) is one of the commonest head and neck cancers in Ireland. The standard of care is surgical management with resection and formal reconstruction for more advanced tumours. The benefit from formal free flap reconstruction to restore function in intermediate cancers within the hemi-tongue is, however, unclear. The aim of this study is to observe whether a difference in speech and swallow function exists between patients with T-stage matched oral tongue SCC who have undergone formal reconstruction (FR) or healing by primary/secondary intention (NFR).

Methods:

Observational study of prospective database, limited to adult patients with T1-T3 oral tongue SCC who underwent primary surgery +/- adjuvant treatment. The primary outcome was speech/swallow function. Outcome measures included: MD Anderson Dysphagia Inventory, Performance-Status-Scale for Head and Neck cancer, and the Functional Oral Intake Scale (FOIS). The study was conducted in line with STROBE criteria.

Results:

80 patients were included (FR=41 NFR=39). Three patients were dependent on gastrostomy feeding. All other patients had FOIS of 5/7 and speech intelligibility of 80% with a trend towards better speech in the T-2 tumour NFR group.

Conclusion:

Speech and swallow outcomes in this population were broadly similar in the NFR and FR groups.