

Surgical Resection a Good Option for Tongue SCC

BY JEFF EVANS
Senior Writer

WASHINGTON — Surgical resection is an effective treatment for primary squamous cell carcinoma arising on the tongue, K. Matsuura, M.D., reported at the Sixth International Conference on Head and Neck Cancer.

Of 313 patients who were evaluated for malignant tongue tumors from July 1992 through June 2000 at the National Cancer

Center Hospital East in Kashiwa, Japan, 274 had squamous cell carcinoma (SCC) of the tongue. These 274 patients, with a median age of 59 years, had a median follow-up of 65 months. At presentation, 35% of the patients had stage III or IV SCC, while 28% of patients overall had a nodal metastasis at the first treatment, said Dr. Matsuura of the division of head and neck surgery at the hospital.

Surgical resection of the primary tumor was the only treatment modality in 95%

of cases; the remaining 5% received either chemotherapy alone or chemotherapy followed by surgery.

Primary lymph node–negative carcinoma of the tongue was resected to a safety margin of 10 mm without prophylactic dissection of the neck. But conservative neck dissection was indicated in lymph node–negative patients who underwent surgery with the pull-through method and/or reconstruction, he said, as well as in node-positive patients.

Tumors recurred in 37% of stage I, 44% of stage II, 57% of stage III, and 58% of stage IV cases. A total of 59% of recurrences took place within 6 months of treatment. By 12 months, 77% of tumor recurrences had happened; and by 24 months, 90% of the recurrences had developed. Recurrences were twice as likely in lymph nodes of the neck than at the primary tumor site, Dr. Matsuura pointed out at the meeting, which was sponsored by the American Head and Neck Society. ■



CLASS I POWER THAT TACKLES ANY TERRAIN

ALL-TERRAIN VERSATILITY

- OLUX® (clobetasol propionate) Foam, 0.05%, is proven clinically effective for both non-scalp psoriasis and scalp dermatoses¹
- Ideal for large body surfaces (torso, arms, legs) and small body surfaces (scalp, elbows, knees)

ALL-TERRAIN SIMPLICITY

- One prescription for scalp and non-scalp areas simplifies treatment and can reduce co-payments
- Evaporates quickly, no oily or greasy residue
- Fragrance-free and preservative-free

OLUX is a super-potent topical corticosteroid indicated for short-term topical treatment of the inflammatory and pruritic manifestations of moderate to severe corticosteroid-responsive dermatoses of the scalp, and for short-term topical treatment of mild to moderate plaque-type psoriasis of non-scalp regions excluding the face and intertriginous areas.

Treatment with OLUX beyond 2 consecutive weeks is not recommended and the total dosage should not exceed 50 g per week because of the potential for the drug to suppress the hypothalamic-pituitary-adrenal (HPA) axis.

OLUX is not recommended for use in children under 12 years of age.

The most common adverse events associated with the use of OLUX are burning, dryness, and other reactions at the application site.

Please see brief summary of full prescribing information on the next page.



connetics
Reference: 1. OLUX [prescribing information], Palo Alto, Calif: Connetics Corporation; January 2004.

The foam dollop and the "V" logo are trademarks, and the interlocking "C" logo, Connetics, VersaFoam, and OLUX are registered trademarks, of Connetics Corporation.
© 2004 Connetics Corporation. PRM-OLU1-069R1 12/04 Printed in USA



(clobetasol propionate) Foam, 0.05%

THE ALL-TERRAIN VEHICLE

www.olux.com

DELIVERED IN

