7. Lip and Oral Cavity

Authors

John A. Ridge, William M. Lydiatt, Snehal G. Patel, Christine M. Glastonbury, Margaret Brandwein-Gensler, Ronald A. Ghossein, Jatin P. Shah

Emerging Prognostic Factors for Clinical Care

The authors have not noted any emerging prognostic factors for clinical care at this time.

Risk Assessment Models

The AJCC recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use.[1] Although this is a monumental step toward the goal of precision medicine, this work was published only very recently. Therefore, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine Core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

Recommendations for Clinical Trial Stratification

Smoking status and pack-years
Comorbidity and quality of life outcomes are essential to record and use in stratification
Treatment modality (surgery versus radiation)
- Surgery as primary
    - Number and size of pathologically positive nodes
    - ENE pathologically and microscopic versus gross
    - Perineural invasion presence or absence
    - T category (1, 2, 3, 4a, or 4b)
- Radiation as primary
    - T category (1, 2, 3, 4a, or 4b)
    - Number and size of clinically positive nodes

Bibliography

1. Kattan MW, Hess KR, Amin MB, et al. American Joint Committee on Cancer acceptance criteria for inclusion of risk models for individualized prognosis in the practice of precision medicine. *CA: a cancer journal for clinicians.* 2016.