

Disparity between Clinical and Pathological TNM Staging in Buccal Mucosa Carcinoma; A Single Institute Experience

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Dear Editor,

I read with great interest the article by Gupta *et al.*^[1] It is very important issue, as they reported the disparity of clinical and pathological tumour nodal metastasis (TNM) staging affects the treatment planning and survival outcome of oral squamous cell carcinoma (OSCC) because staging system was the foundation for clinicians to make treatment decision. Past several decades, either clinical or pathological system has been using to predict the lymph node metastasis which was major factor for development of recurrence and also affect survival outcome of OSCC.^[2]

In South India, buccal mucosa carcinoma was most common oral-subside which is aggressive in nature with poor survival.^[3] Hence, the present retrospective study was conducted in regional cancer institute and research centre of Tamil Nadu between 2013 and 2015, after ethical clearance (Ref No. 24984/2013). In this institution neither clinical nor pathological TNM system were followed for treatment decision. A total of 198 buccal mucosa carcinoma patients data was retrieved from medical records, who diagnosed by clinical assessment of palpation method and pathological TNM staging system. The frequency of clinical and pathological TNM staging was compared and tabulated to determine disparity of staging in primary buccal mucosa carcinoma patients. Of 198 patients, 183 (92.4%) patients had unchanged stage whereas the rest of 6 (3%) were upstaged and 9 (4.6%) were identified with down staged buccal squamous cell carcinoma [Table 1]. This discrepancy was largely attributed to the clinical inaccuracy of lymph node staging which affect survival outcome.

The previous study had shown 21.9% of upstaged and 7.9% were down staged in oral squamous cell carcinoma.^[1] Another study had reported the level of pathological upstaging in head and neck squamous cell carcinoma was 34-44%.^[4] In contrary, Greenberg *et al.* reported that pathological staging was reliable method than clinical staging and should be considered for treatment strategies of tongue squamous cell carcinoma.^[5] However, the present study also supports with previous results and observed with 6 (3%) of upstaged and 9 (4.6%) down staged buccal mucosa carcinoma.

Although advances in treatment strategies, the survival was not improved past several decades remains 50%.^[5] Therefore, an accurate or more unified staging system might enabled clinicians to take stable treatment decisions, patient counselling, clinical trials and also improves survival of buccal mucosa carcinoma.

Table 1: Correlation between clinical and pathological TNM stage of buccal mucosa carcinoma subjects

Clinical stage	Pathological Stage				Stage disparity			Total
	I	II	III	IV	Upstaged	No changed	Down staged	
I	10 (76.9)	3 (23.1)	0	0	3 (23.1)	10 (76.9)	0	13
II	0	14 (82.3)	3 (17.7)	0	3 (17.7)	14 (82.3)	0	17
III	0	1 (7.7)	12 (92.3)	0	0	12 (92.3)	1 (7.7)	13
IV	0	0	8 (5.2)	147 (94.8)	0	147 (94.8)	8 (5.2)	155

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