



Chemotherapy improves survival in mouth and throat cancer

Clinical question

How effective is chemotherapy, in addition to radiotherapy and/or surgery, for oral and oropharyngeal cancer?

Bottom line

Chemotherapy, in addition to radiotherapy and surgery, was associated with improved overall survival in patients with oral cavity and oropharyngeal cancers. Induction chemotherapy may prolong survival by 8 to 20% and adjuvant concomitant chemoradiotherapy may prolong survival by up to 16%. In patients with unresectable tumours, concomitant or alternating chemoradiotherapy may prolong survival by 10 to 22%.

Caveat

There is insufficient evidence as to which agent or regimen is most effective. And the additional toxicity (nausea, vomiting, diarrhoea, hair loss and infections) associated with chemotherapy, given in addition to radiotherapy and/or surgery, cannot be quantified.

Context

Treatment of oral cavity cancer is, generally, surgery, followed by radiotherapy, whereas oropharyngeal cancers, which are more likely to be advanced at the time of diagnosis, are managed with radiotherapy or chemoradiation. Surgery for oral cancers can be disfiguring, and both surgery and radiotherapy have significant functional side-effects, notably impaired ability to eat, drink and talk. The development of new chemotherapy agents, new combinations of agents, and changes in the relative timing of surgery, radiotherapy and chemotherapy treatments may, potentially, bring about increases in both survival and quality of life for this group of patients.

Cochrane Systematic Review

Furness S et al. Interventions for the treatment of oral cavity and oropharyngeal cancer: chemotherapy. *Cochrane Reviews*, 2011, Issue 4. Article No. CD006386. DOI:10.1002/14651858.CD006386.pub3.

This review contains 89 studies involving 16,767 participants.

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