

Grade and Stage System for Oral Cancer

Grade 1 (Low Grade, Well Differentiated)

Description: Cancer cells look like normal mouth cells; well differentiated.

Stage 0 (Carcinoma in Situ, CIS)

- **Symptoms:**
 - Small sore in the mouth that hasn't healed for a few weeks.
 - Patch in the mouth that feels different but doesn't hurt.
- **Duration and Progression:**
 - The sore has been there for about a month but hasn't gotten worse.
- **Bleeding or Swelling:**
 - No bleeding or swelling, just a persistent sore.
- **Lifestyle and Habits:**
 - No smoking or alcohol use.
 - Practices good oral hygiene.
- **Medical and Family History:**
 - No family history of cancer.
 - No serious illnesses before.
- **Oral Hygiene and Dental History:**
 - Brushes and flosses daily, visits dentist regularly.
 - No recent dental work or infections.
- **Lesion Description:**
 - Small, white patch on the inside of the cheek.
- **Lymph Node Involvement:**
 - No lumps or swollen areas in the neck.
- **Biopsy and Pathology Reports:**
 - Biopsy showed carcinoma in situ.
- **Overall Health:**
 - Generally healthy, not on any medications.
- **Impact on Daily Life:**
 - Sore is annoying but doesn't affect daily activities.

- **Treatment History and Response:**
 - No treatments yet, just had the biopsy.

Stage 1

- **Symptoms:**
 - Small lump in the mouth that doesn't hurt.
 - Sore spot that hasn't healed.
- **Duration and Progression:**
 - Present for about two months.
- **Bleeding or Swelling:**
 - No bleeding, occasional feeling of swelling.
- **Lifestyle and Habits:**
 - Smokes about a pack a day, occasional drinking.
- **Medical and Family History:**
 - No family history of cancer.
 - No major health issues before.
- **Oral Hygiene and Dental History:**
 - Brushes daily but doesn't floss regularly.
 - Had a tooth extraction last year.
- **Lesion Description:**
 - Small, red bump on the side of the tongue.
- **Lymph Node Involvement:**
 - No noticeable swollen lymph nodes.
- **Biopsy and Pathology Reports:**
 - Biopsy confirmed small, early-stage cancer.
- **Overall Health:**
 - Generally healthy, no chronic illnesses.
- **Impact on Daily Life:**
 - Uncomfortable but not too disruptive.
- **Treatment History and Response:**

- No treatments yet, just diagnosed.

Grade 2 (Intermediate Grade, Moderately Differentiated)

Description: Cancer cells look slightly different from normal mouth cells; moderately differentiated.

Stage 2

- **Symptoms:**
 - Larger sore in the mouth that's been growing.
 - Noticeable lump that's starting to hurt.
- **Duration and Progression:**
 - Started small about three months ago, getting bigger.
- **Bleeding or Swelling:**
 - Occasional bleeding when brushing teeth.
- **Lifestyle and Habits:**
 - Smokes a pack a day, frequent alcohol consumption.
- **Medical and Family History:**
 - No family history of oral cancer.
 - Bronchitis a few years ago.
- **Oral Hygiene and Dental History:**
 - Brushes daily, hasn't seen a dentist in a while.
 - No recent dental work.
- **Lesion Description:**
 - Red and white patch on the gum about 2cm.
- **Lymph Node Involvement:**
 - No noticeable swollen lymph nodes.
- **Biopsy and Pathology Reports:**
 - Biopsy confirmed moderately differentiated cancer.
- **Overall Health:**
 - Generally healthy, not on any regular medication.
- **Impact on Daily Life:**

- Affecting eating and speaking.
- **Treatment History and Response:**
 - No treatments yet, just had the biopsy.

Grade 3 (High Grade, Poorly Differentiated)

Description: Cancer cells look very abnormal and not much like normal mouth cells; poorly differentiated.

Stage 3

- **Symptoms:**
 - Large, painful lump in the mouth.
 - Difficulty swallowing, voice changes.
- **Duration and Progression:**
 - Present for about six months, worsening.
- **Bleeding or Swelling:**
 - Frequent bleeding, significant swelling.
- **Lifestyle and Habits:**
 - Smokes two packs a day, heavy alcohol consumption.
- **Medical and Family History:**
 - Father had throat cancer.
 - Pneumonia twice in the past five years.
- **Oral Hygiene and Dental History:**
 - Poor oral hygiene, no recent dental visits.
 - No recent dental work or infections.
- **Lesion Description:**
 - Large, ulcerated area on the tongue over 4cm.
- **Lymph Node Involvement:**
 - Lump in the neck that's painful.
- **Biopsy and Pathology Reports:**
 - Biopsy showed high-grade, very abnormal cells.
- **Overall Health:**

- Has high blood pressure, on medication.
- **Impact on Daily Life:**
 - Severely affects eating, speaking, and breathing.
- **Treatment History and Response:**
 - Just diagnosed, no treatments started yet.

Stage 4

Description: Advanced cancer, divided into stages 4a, 4b, and 4c.

Stage 4a:

- **Symptoms:**
 - Tumor spread with significant jaw pain.
 - Face swelling, difficulty moving jaw.
- **Duration and Progression:**
 - Worsening over the last year.
- **Bleeding or Swelling:**
 - Frequent bleeding, extensive swelling.
- **Lifestyle and Habits:**
 - Heavy smoker and drinker.
- **Medical and Family History:**
 - Mother had breast cancer.
 - Chronic bronchitis history.
- **Oral Hygiene and Dental History:**
 - Poor oral hygiene, rarely visits dentist.
 - No recent dental work.
- **Lesion Description:**
 - Large, invasive tumor in jaw and neck.
- **Lymph Node Involvement:**
 - Several swollen lymph nodes in neck.
- **Biopsy and Pathology Reports:**
 - Biopsy confirms advanced, high-grade cancer.

- **Overall Health:**
 - Has diabetes and hypertension.
- **Impact on Daily Life:**
 - Severe impact, can't eat solid food or speak properly.
- **Treatment History and Response:**
 - Just diagnosed, no treatments started yet.

Stage 4b:

- **Symptoms:**
 - Severe pain, difficulty swallowing.
 - Tumor spread to the base of the skull.
- **Duration and Progression:**
 - Rapid progression over six months.
- **Bleeding or Swelling:**
 - Constant bleeding, widespread swelling.
- **Lifestyle and Habits:**
 - Long-term heavy smoker and drinker.
- **Medical and Family History:**
 - Brother had lung cancer.
 - Chronic obstructive pulmonary disease (COPD) history.
- **Oral Hygiene and Dental History:**
 - Very poor oral hygiene.
 - No recent dental work or check-ups.
- **Lesion Description:**
 - Extensive tumor involving jaw and base of skull.
- **Lymph Node Involvement:**
 - Lymph nodes are significantly enlarged and painful.
- **Biopsy and Pathology Reports:**
 - Biopsy shows highly aggressive, advanced-stage cancer.
- **Overall Health:**

- Multiple health issues including COPD and heart disease.
- **Impact on Daily Life:**
 - Unable to perform daily activities, bedridden due to pain.
- **Treatment History and Response:**
 - Recently diagnosed, treatment plan not yet started.

Stage 4c:

- **Symptoms:**
 - Severe pain, tumors in multiple locations.
 - Difficulty breathing, constant fatigue.
- **Duration and Progression:**
 - Worsening over the past year, now in multiple organs.
- **Bleeding or Swelling:**
 - Persistent bleeding, widespread swelling.
- **Lifestyle and Habits:**
 - Long-term smoker and heavy drinker.
- **Medical and Family History:**
 - Family history of various cancers.
 - Previous history of chronic illnesses.
- **Oral Hygiene and Dental History:**
 - Neglected oral hygiene.
 - No regular dental visits.
- **Lesion Description:**
 - Large, metastatic tumors in the mouth and lungs.
- **Lymph Node Involvement:**
 - Multiple enlarged lymph nodes throughout the body.
- **Biopsy and Pathology Reports:**
 - Biopsy confirms widespread, metastatic cancer.
- **Overall Health:**
 - Poor overall health with multiple comorbidities.

- **Impact on Daily Life:**
 - Severe impact, requiring full-time care.
- **Treatment History and Response:**
 - Recently diagnosed, palliative care being considered.

Grade 1 (Low Grade) Oral Cancer:

Symptoms:

Do you have any sores, lumps, or patches in your mouth that do not heal?

1. **Answer:** There is a small sore on the inner cheek that has been present for a few weeks but does not appear to be getting worse.
2. **Answer:** There are several white patches on the gums that do not go away, despite good oral hygiene.
3. **Answer:** There is a lump on the tongue that has been there for over a month, but it is painless.

Have you experienced any pain, tenderness, or numbness in your mouth or lips?

1. **Answer:** Occasionally, there is mild tenderness on the roof of the mouth, especially when eating certain foods.
2. **Answer:** There is intermittent numbness on the lower lip, particularly noticeable in the mornings.
3. **Answer:** There is sharp pain on the side of the tongue when eating spicy foods.

Do you have any difficulty chewing, swallowing, speaking, or moving your jaw or tongue?

1. **Answer:** Chewing is sometimes difficult because of discomfort in the jaw, but swallowing and speaking are normal.
2. **Answer:** There is a slight difficulty in moving the tongue, making certain speech sounds hard to pronounce clearly.
3. **Answer:** Swallowing is occasionally painful, particularly when eating dry foods, but chewing and speaking are unaffected.

Have you noticed any persistent sore throat or feeling that something is caught in your throat?

1. **Answer:** There is a persistent sore throat that has lasted for several weeks without improvement.
2. **Answer:** There is a frequent sensation of something being caught in the throat, especially noticeable when swallowing.
3. **Answer:** There is an occasional sore throat, but it tends to come and go without any other symptoms.

Have you had any changes in your voice or hoarseness?

1. **Answer:** The voice has become slightly hoarse over the past few months, especially after speaking for long periods.
2. **Answer:** There is a noticeable change in voice pitch, with difficulty reaching higher notes.
3. **Answer:** The voice has become rougher and more strained, particularly in the mornings.

Medical History and Risk Factors:

Lifestyle:

1. **Answer:** The patient is a former smoker, having quit 10 years ago, and drinks alcohol socially.
2. **Answer:** The patient has never smoked but drinks alcohol moderately, around 2-3 times per week.
3. **Answer:** The patient smokes occasionally, about 1-2 cigarettes per day, and rarely drinks alcohol.

Medical History:

1. **Answer:** The patient has a history of HPV infection but no family history of oral cancer.
2. **Answer:** The patient has no history of HPV infection but has a family history of oral cancer in a distant relative.
3. **Answer:** The patient has a history of frequent oral infections but no known HPV infection or family history of oral cancer.

Oral Hygiene:

1. **Answer:** The patient has good oral hygiene practices but occasionally misses dental visits due to a busy schedule.
2. **Answer:** The patient has average oral hygiene practices, brushing regularly but rarely flossing, and visits the dentist irregularly.
3. **Answer:** The patient has excellent oral hygiene, including brushing twice daily, flossing, and using mouthwash, with regular dental check-ups every six months.

Lesion Description:

1. **Answer:** There is a red patch on the inside of the cheek that has been present for a few weeks.
2. **Answer:** There are several small, white lesions on the gums that have not healed in several months.
3. **Answer:** There is a single, raised lesion on the underside of the tongue that has been there for about a month.

Lymph Node Involvement:

1. **Answer:** There are no palpable lumps or tenderness in the neck lymph nodes upon examination.
2. **Answer:** There is slight tenderness in one of the neck lymph nodes but no noticeable lumps.
3. **Answer:** There is a small, palpable lump in the neck lymph nodes that is not tender.

Biopsy and Pathology Reports:

1. **Answer:** No biopsy performed; no suspicious lesions detected on clinical examination.
2. **Answer:** A biopsy was performed on a suspicious lesion, but the pathology report indicated it was benign.
3. **Answer:** No biopsy was needed as the clinical examination did not reveal any abnormalities.

Summary for Grade 1 (Low Grade) Oral Cancer:

Based on the absence of significant symptoms, the low level of risk factors, and the lack of clinical findings suggestive of malignancy, the patient does not currently exhibit signs consistent with oral cancer. If a lesion were identified and confirmed as grade 1 (low grade) based on pathology, treatment might involve localized surgical excision with excellent prognosis due to early detection. Early-stage or low-grade oral cancers are typically highly treatable with good outcomes, especially when identified early and managed appropriately. Regular monitoring and follow-up are essential to ensure that any changes in oral health are promptly addressed.

Grade 2 (Intermediate Grade) Oral Cancer:

Symptoms:

Do you have any sores, lumps, or patches in your mouth that do not heal?

1. **Answer:** Noticed a persistent white patch on the inner cheek that hasn't healed in 2 months.
2. **Answer:** There is a red lump on the gum that has been present for over a month without any signs of healing.
3. **Answer:** A small sore on the tongue has been persistent for several weeks and has not improved despite topical treatments.

Have you experienced any pain, tenderness, or numbness in your mouth or lips?

1. **Answer:** Mild tenderness and discomfort in the area of the white patch.
2. **Answer:** Occasional sharp pain in the location of the lump, especially when touched.
3. **Answer:** Intermittent numbness on the lower lip, which comes and goes throughout the day.

Do you have any difficulty chewing, swallowing, speaking, or moving your jaw or tongue?

1. **Answer:** Mild difficulty chewing due to discomfort.
2. **Answer:** Swallowing is sometimes painful, particularly when eating hard or spicy foods.

3. **Answer:** There is occasional difficulty moving the jaw fully, making it hard to speak clearly at times.

Have you noticed any persistent sore throat or feeling that something is caught in your throat?

1. **Answer:** Occasional sensation of something stuck in the throat.
2. **Answer:** Persistent sore throat that has not improved with over-the-counter treatments.
3. **Answer:** Frequent feeling that there is a lump in the throat, especially when swallowing.

Have you had any changes in your voice or hoarseness?

1. **Answer:** No changes in voice or hoarseness.
2. **Answer:** Slight hoarseness noticed, particularly in the mornings.
3. **Answer:** The voice has become a bit raspy over the past few weeks, though it is not consistent.

Medical History and Risk Factors:

Lifestyle:

1. **Answer:** Former smoker (quit 5 years ago), occasional alcohol use.
2. **Answer:** Never smoked, drinks alcohol moderately, about 2-3 times per week.
3. **Answer:** Smokes occasionally, around 1-2 cigarettes per day, and drinks alcohol socially.

Medical History:

1. **Answer:** No history of HPV infection, no family history of oral cancer.
2. **Answer:** History of HPV infection but no family history of oral cancer.
3. **Answer:** No history of HPV infection, but a close relative had oral cancer.

Oral Hygiene:

1. **Answer:** Regular dental visits, recent filling in the area of the white patch.
2. **Answer:** Good oral hygiene practices, including brushing and flossing twice daily, with regular dental check-ups.
3. **Answer:** Average oral hygiene, occasional flossing, and irregular dental visits.

Lesion Description:

1. **Answer:** White patch on the inner cheek, approximately 1 cm in diameter, slightly raised.
2. **Answer:** Red lump on the gum, about 0.5 cm in diameter, with a rough texture.
3. **Answer:** Small ulcer on the side of the tongue, around 0.7 cm in diameter, with a slightly raised border.

Lymph Node Involvement:

1. **Answer:** No palpable lumps or tenderness in neck lymph nodes.

2. **Answer:** Mild tenderness in one neck lymph node, no noticeable lumps.
3. **Answer:** Small, non-tender lump found in the neck lymph nodes.

Biopsy and Pathology Reports:

1. **Answer:** Biopsy performed, results indicate moderate dysplasia with features suggestive of grade 2 oral squamous cell carcinoma.
2. **Answer:** Biopsy performed, showing mild to moderate dysplasia, suggestive of pre-cancerous changes.
3. **Answer:** Biopsy results indicate moderate dysplasia but no definitive cancer diagnosis yet; further monitoring recommended.

Summary for Grade 2 (Intermediate Grade) Oral Cancer:

The patient presents with a persistent white patch and mild symptoms indicative of moderate dysplasia, suggesting grade 2 oral cancer. Treatment options may include surgical excision with clear margins, possibly followed by radiation therapy depending on pathology and staging results. Prognosis is favorable with early intervention. Regular follow-ups and monitoring are essential to ensure effective management and to address any progression of the disease. Early detection and timely treatment can significantly improve outcomes for patients with intermediate-grade oral cancer.

Grade 3 (High Grade) Oral Cancer:

Symptoms:

Do you have any sores, lumps, or patches in your mouth that do not heal?

1. **Answer:** Noticed a large ulcerated lesion on the tongue that has been growing rapidly over the past 3 months.
2. **Answer:** There is a sizable lump on the lower gum that has been steadily increasing in size for the past two months.
3. **Answer:** A significant red and white patch on the inside of the cheek has not healed for over six months and has been expanding.

Have you experienced any pain, tenderness, or numbness in your mouth or lips?

1. **Answer:** Severe pain and tenderness in the tongue area, difficulty in swallowing.
2. **Answer:** Intense pain radiating from a lesion on the inner cheek, making it difficult to eat or drink.
3. **Answer:** Persistent numbness in the lower lip accompanied by sharp pain in the gum area.

Do you have any difficulty chewing, swallowing, speaking, or moving your jaw or tongue?

1. **Answer:** Significant difficulty in chewing and swallowing due to pain and lesion size.

2. **Answer:** Extreme difficulty in moving the jaw and tongue, severely affecting speech and eating.
3. **Answer:** Swallowing is very painful, and there is a noticeable obstruction when trying to chew food.

Have you noticed any persistent sore throat or feeling that something is caught in your throat?

1. **Answer:** Frequent episodes of sore throat and feeling of obstruction in the throat.
2. **Answer:** Constant sore throat that does not improve with treatment, along with a sensation of a lump in the throat.
3. **Answer:** Persistent and painful sore throat, with frequent coughing and difficulty breathing at times.

Have you had any changes in your voice or hoarseness?

1. **Answer:** Hoarseness and changes in voice quality noticed recently.
2. **Answer:** Significant change in voice pitch and quality, making it difficult to speak loudly or clearly.
3. **Answer:** Persistent hoarseness and a rough voice that has worsened over the past few weeks.

Medical History and Risk Factors:

Lifestyle:

1. **Answer:** Heavy smoker (20 pack-years), heavy alcohol use.
2. **Answer:** Smokes one pack per day for the last 30 years, heavy alcohol consumption daily.
3. **Answer:** Former heavy smoker (quit 2 years ago after 25 pack-years), still consumes alcohol heavily.

Medical History:

1. **Answer:** No history of HPV infection, no family history of oral cancer.
2. **Answer:** History of frequent respiratory infections but no HPV infection or family history of oral cancer.
3. **Answer:** No known HPV infection, a family member had a different type of cancer but not oral cancer.

Oral Hygiene:

1. **Answer:** Infrequent dental visits, recent extraction of a tooth near the lesion site.
2. **Answer:** Poor oral hygiene, rarely visits the dentist, has multiple missing teeth.
3. **Answer:** Occasional dental visits, recently had a tooth extracted, and has a history of periodontal disease.

Lesion Description:

1. **Answer:** Large ulcerated lesion on the anterior tongue, approximately 4 cm in diameter, irregular borders, firm on palpation.
2. **Answer:** Extensive ulcerated mass on the lower gum, about 3 cm in diameter, with irregular and hard edges.

3. **Answer:** Significant ulcerated lesion on the inner cheek, measuring around 5 cm in diameter, with a rough, firm texture.

Lymph Node Involvement:

1. **Answer:** Palpable left neck lymph node, approximately 3 cm in diameter, fixed and tender.
2. **Answer:** Several enlarged lymph nodes in the neck, one being particularly large and immovable.
3. **Answer:** A couple of tender, fixed lymph nodes in the neck region, measuring over 2 cm each.

Biopsy and Pathology Reports:

1. **Answer:** Biopsy results confirm poorly differentiated squamous cell carcinoma, consistent with grade 3 oral cancer.
2. **Answer:** Biopsy indicates high-grade squamous cell carcinoma with evidence of rapid cell growth and poor differentiation.
3. **Answer:** Pathology report shows advanced squamous cell carcinoma with significant cellular irregularities, consistent with grade 3.

Summary for Grade 3 (High Grade) Oral Cancer:

The patient presents with advanced symptoms and clinical findings consistent with poorly differentiated squamous cell carcinoma, grade 3 oral cancer. Treatment will likely involve aggressive surgical resection, possibly including partial glossectomy and neck dissection, followed by adjuvant chemoradiotherapy due to lymph node involvement. Prognosis is guarded given the advanced stage and aggressive nature of the tumor. Regular follow-ups, palliative care options, and a multidisciplinary approach to treatment are crucial to manage symptoms and improve quality of life. Early detection and intervention can help mitigate some of the severe outcomes associated with high-grade oral cancer.

Stage 1 Oral Cancer:

Clinical Scenario Based on Questions:

Grade 1 (Low Grade) Oral Cancer

- No visible sores, lumps, or patches in the mouth.
- No pain, tenderness, or numbness in the mouth or lips.
- No difficulty chewing, swallowing, speaking, or moving the jaw or tongue.
- No persistent sore throat or feeling something is caught in the throat.
- No changes in voice or hoarseness.
- No bleeding or swelling noted.
- No palpable lumps or tenderness in neck lymph nodes.

Summary for Stage 1 (Grade 1 Oral Cancer): Based on the absence of symptoms and clinical findings, the patient is classified as having stage 1 oral cancer. There are no signs of tumor extension, lymph node involvement, or distant metastasis. Early detection at this stage generally has an excellent prognosis and is typically managed with localized treatment options such as minor surgical excision.

Stage 2 Oral Cancer:

Clinical Scenario Based on Questions:

Grade 2 (Intermediate Grade) Oral Cancer

- Noticed a persistent white patch on the inner cheek that hasn't healed in 2 months.
- Mild tenderness and discomfort in the area of the white patch.
- Mild difficulty chewing due to discomfort.
- Occasional sensation of something stuck in the throat.
- No changes in voice or hoarseness.
- No bleeding or swelling noted.
- No palpable lumps or tenderness in neck lymph nodes.

Summary for Stage 2 (Grade 2 Oral Cancer): The patient is classified as having stage 2 oral cancer due to the presence of a persistent white patch, mild symptoms, and the absence of lymph node involvement or distant metastasis. This stage requires prompt intervention, often involving localized surgical excision and close monitoring. The prognosis is still favorable, especially with early treatment.

Stage 3 Oral Cancer:

Clinical Scenario Based on Questions:

Grade 3 (High Grade) Oral Cancer

- Noticed a large ulcerated lesion on the tongue that has been growing rapidly over the past 3 months.
- Severe pain and tenderness in the tongue area, difficulty in swallowing.
- Significant difficulty in chewing.
- Frequent episodes of sore throat and feeling of obstruction in the throat.
- Hoarseness and changes in voice quality.
- No bleeding noted.
- Palpable left neck lymph node, approximately 3 cm in diameter, fixed and tender.

Summary for Stage 3 (Grade 3 Oral Cancer): The patient is classified as having stage 3 oral cancer due to advanced symptoms, a large ulcerated lesion, significant functional impairment, and regional lymph node involvement. There is no evidence of distant metastasis. This stage typically requires aggressive treatment, including surgical resection, radiation therapy, and possibly chemotherapy. The prognosis is more guarded due to the advanced nature of the disease, but early and aggressive intervention can still result in a favorable outcome.

Summary:

- **Stage 1 (Grade 1 Oral Cancer):** Early stage with excellent prognosis, characterized by the absence of symptoms and clinical findings.
- **Stage 2 (Grade 2 Oral Cancer):** Moderate stage with localized symptoms and potential for surgical intervention.
- **Stage 3 (Grade 3 Oral Cancer):** Advanced stage requiring aggressive treatment with surgery, radiation, and possibly chemotherapy due to regional lymph node involvement.

Overall, early detection and intervention are crucial across all stages to improve prognosis and treatment outcomes.

Treatment Methods for Oral Cancer by Grade

Grade 1 (Low Grade) Oral Cancer

Description: Cancer cells look like normal mouth cells; well differentiated.

Treatment Methods:

Surgery:

1. **Wide Local Excision:** Removing the tumor along with some normal tissue around it to ensure no cancer cells remain.
2. **Mohs Micrographic Surgery:** Layer-by-layer removal of the cancer, examining each layer under a microscope until no abnormal cells remain.

Radiation Therapy:

1. Often used post-surgery to eliminate any remaining cancer cells.
2. **External Beam Radiation:** Focused beams of radiation are directed at the cancer from outside the body.

Cryotherapy:

1. Freezing cancer cells with liquid nitrogen, used for very small and early-stage cancers.

Laser Surgery:

1. Using a laser to remove or destroy cancerous tissue.

Grade 2 (Intermediate Grade) Oral Cancer

Description: Cancer cells look slightly different from normal mouth cells; moderately differentiated.

Treatment Methods:

Surgery:

1. Similar to Grade 1, but the surgery might be more extensive depending on the size and spread of the tumor

Radiation Therapy:

1. May be used alone or in combination with surgery.
2. **Brachytherapy:** Radiation is placed inside the body near the cancer cells.

Chemotherapy:

1. Often used in combination with radiation therapy (chemoradiation) to enhance the effects of radiation.
2. Drugs like Cisplatin, Carboplatin, and 5-fluorouracil (5-FU) are commonly used.

Targeted Therapy:

1. Drugs that specifically target cancer cell mechanisms, like Cetuximab, which targets the epidermal growth factor receptor (EGFR).

Immunotherapy:

1. For some patients, drugs like Pembrolizumab (Keytruda) or Nivolumab (Opdivo) that help the immune system recognize and attack cancer cells might be used.

Grade 3 (High Grade) Oral Cancer

Description: Cancer cells look very abnormal and not much like normal mouth cells; poorly differentiated.

Treatment Methods:

Surgery:

1. More extensive surgery may be needed, potentially including removal of parts of the jawbone or tongue, and lymph node dissection if the cancer has spread.

Radiation Therapy:

1. Often combined with chemotherapy (chemoradiation) for more effective treatment.

Chemotherapy:

1. More aggressive regimens may be used compared to lower grades.
2. Combination therapies (using more than one drug) are common.

Targeted Therapy:

1. Cetuximab may be used in combination with radiation or chemotherapy for advanced cancers.

Immunotherapy:

1. Can be particularly beneficial for high-grade cancers, especially if they do not respond well to other treatments.

Palliative Care:

1. Focused on relieving symptoms and improving quality of life.
2. May involve pain management, nutritional support, and psychological support.

Clinical Trials:

1. Patients may be offered participation in clinical trials testing new therapies, including novel drugs, combinations, or techniques.

Grade Gx (Grade Cannot Be Assessed)

Description: The grade cannot be assessed.

Treatment Methods:

- Treatment is based on other factors like the stage of cancer, patient's overall health, and specific characteristics of the tumor.
- A combination of the above-mentioned treatments (surgery, radiation, chemotherapy, targeted therapy, immunotherapy) may be used depending on the comprehensive assessment by the medical team.

Multidisciplinary Approach

- Regardless of the grade, treatment for oral cancer typically involves a multidisciplinary team approach including surgeons, oncologists, radiologists, pathologists, and supportive care specialists to provide the most effective and comprehensive care.
- Regular follow-ups and monitoring are crucial to manage any recurrence or side effects from the treatment.

Treatment Methods for Oral Cancer by Stage

Stage 0 (Carcinoma in Situ, CIS)

Description: Very early stage. Cancer cells are contained within the lining of the mouth and have not spread.

Treatment Methods:

Surgery:

1. **Wide Local Excision:** Removing the abnormal area along with some normal tissue to ensure no cancer cells remain.
2. **Electrosurgery:** Using an electric current to remove the cancer cells.

Cryotherapy:

1. Freezing the abnormal cells with liquid nitrogen.

Laser Therapy:

1. Using a laser to remove or destroy the abnormal cells.

Photodynamic Therapy (PDT):

1. Using a combination of a drug and a specific type of light to kill cancer cells.

Stage 1

Description: Cancer is 2cm or smaller and 5mm deep or less. It has not spread to nearby tissues, lymph nodes, or other organs.

Treatment Methods:

Surgery:

1. **Wide Local Excision:** Removing the tumor with some normal tissue.
2. **Mohs Micrographic Surgery:** Layer-by-layer removal of cancer until no abnormal cells remain.

Radiation Therapy:

1. Often used post-surgery to eliminate any remaining cancer cells.
2. **External Beam Radiation:** Focused beams of radiation directed at the cancer from outside the body.

Cryotherapy:

1. Freezing cancer cells with liquid nitrogen, used for very small and early-stage cancers.

Laser Surgery:

1. Using a laser to remove or destroy cancerous tissue.

Stage 2

Description: Cancer is 2cm or smaller but deeper than 5mm, or it is larger than 2cm but no larger than 4cm, and it is 10mm deep or less. It has not spread to nearby lymph nodes or other organs.

Treatment Methods:

Surgery:

1. Similar to Stage 1, but the surgery might be more extensive depending on the size and spread of the tumor.

Radiation Therapy:

1. May be used alone or in combination with surgery.
2. **Brachytherapy:** Radiation is placed inside the body near the cancer cells.

Chemotherapy:

1. Often used in combination with radiation therapy (chemoradiation) to enhance the effects of radiation.
2. Drugs like Cisplatin, Carboplatin, and 5-fluorouracil (5-FU) are commonly used.

Targeted Therapy:

1. Drugs that specifically target cancer cell mechanisms, like Cetuximab, which targets the epidermal growth factor receptor (EGFR).

Immunotherapy:

1. For some patients, drugs like Pembrolizumab (Keytruda) or Nivolumab (Opdivo) that help the immune system recognize and attack cancer cells might be used.

Stage 3

Description: Cancer is larger than 2cm but no larger than 4cm and deeper than 10mm, or it has spread to one lymph node on the same side of the neck as the cancer, but the lymph node is no more than 3cm across.

Treatment Methods:

Surgery:

1. More extensive surgery may be needed, potentially including removal of parts of the jawbone or tongue, and lymph node dissection if the cancer has spread.

Radiation Therapy:

1. Often combined with chemotherapy (chemoradiation) for more effective treatment.

Chemotherapy:

1. More aggressive regimens may be used compared to lower stages.

2. Combination therapies (using more than one drug) are common.

Targeted Therapy:

1. Cetuximab may be used in combination with radiation or chemotherapy for advanced cancers.

Immunotherapy:

1. Can be particularly beneficial for high-grade cancers, especially if they do not respond well to other treatments.

Palliative Care:

1. Focused on relieving symptoms and improving quality of life.
2. May involve pain management, nutritional support, and psychological support.

Clinical Trials:

1. Patients may be offered participation in clinical trials testing new therapies, including novel drugs, combinations, or techniques.

Stage 4

Description: Advanced cancer, divided into stages 4a, 4b, and 4c.

Stage 4a:

- **Symptoms:**
 - Tumor spread with significant jaw pain.
 - Face swelling, difficulty moving jaw.
- **Duration and Progression:**
 - Worsening over the last year.
- **Bleeding or Swelling:**
 - Frequent bleeding, extensive swelling.
- **Lifestyle and Habits:**
 - Heavy smoker and drinker.
- **Medical and Family History:**
 - Mother had breast cancer.
 - Chronic bronchitis history.
- **Oral Hygiene and Dental History:**

- Poor oral hygiene, rarely visits dentist.
- No recent dental work.
- **Lesion Description:**
 - Large, invasive tumor in jaw and neck.
- **Lymph Node Involvement:**
 - Several swollen lymph nodes in neck.
- **Biopsy and Pathology Reports:**
 - Biopsy confirms advanced, high-grade cancer.
- **Overall Health:**
 - Has diabetes and hypertension.
- **Impact on Daily Life:**
 - Severe impact, can't eat solid food or speak properly.
- **Treatment History and Response:**
 - Just diagnosed, no treatments started yet.

Stage 4a:

- **Description:** Cancer has grown further than the mouth into surrounding structures or has spread to lymph nodes but not beyond the neck.

Treatment Methods:

Surgery:

- May include extensive surgical removal of the primary tumor and affected surrounding tissues, potentially involving reconstruction surgery.

Radiation Therapy:

- Often combined with chemotherapy (chemoradiation) for more effective treatment.
- **External Beam Radiation** or **Brachytherapy** depending on the specific case.

Chemotherapy:

- Used in combination with radiation therapy.
- More aggressive regimens may be necessary.

Targeted Therapy:

- Cetuximab may be used in combination with radiation or chemotherapy.

Immunotherapy:

- Drugs like Pembrolizumab or Nivolumab may be considered, especially for patients who do not respond to standard treatments.

Palliative Care:

- Aimed at relieving symptoms and improving quality of life.
- Includes pain management, nutritional support, and psychological support.

Clinical Trials:

- Participation in trials testing new treatments may be offered.

Stage 4b:

- **Description:** Cancer has spread to nearby areas such as the space behind the jaw, the base of the skull, or the area surrounding the carotid arteries, or lymph nodes containing cancer are larger than 6cm.

Treatment Methods:

Surgery:

- More extensive surgical procedures may be required, potentially involving the removal of large areas of affected tissue and reconstruction surgery.

Radiation Therapy:

- Combined with chemotherapy (chemoradiation) to improve outcomes.

Chemotherapy:

- Aggressive combination regimens are common.

Targeted Therapy:

- Cetuximab may be used alongside other treatments.

Immunotherapy:

- Pembrolizumab or Nivolumab may be considered, especially if the cancer is resistant to other treatments.

Palliative Care:

- Focused on symptom relief and quality of life improvement.

Clinical Trials:

- Participation in trials for new treatments may be an option.

Stage 4c:

- **Description:** Cancer has spread to other parts of the body such as the lungs or bones.

Treatment Methods:

Palliative Care:

- Primary focus is on relieving symptoms and improving quality of life.
- May include pain management, nutritional support, and psychological support.

Chemotherapy:

- Systemic chemotherapy to control cancer spread and alleviate symptoms.

Targeted Therapy:

- Cetuximab may be used if appropriate.

Immunotherapy:

- Pembrolizumab or Nivolumab may be considered to boost the immune response against cancer.

Clinical Trials:

- Participation in trials testing new treatments, including novel drugs and combinations, may be offered.

Multidisciplinary Approach

- **Description:** Regardless of the stage, treatment for oral cancer typically involves a multidisciplinary team approach including surgeons, oncologists, radiologists, pathologists, and supportive care specialists to provide the most effective and comprehensive care.
- **Follow-ups and Monitoring:** Regular follow-ups and monitoring are crucial to manage any recurrence or side effects from the treatment.