**Doctor’s experience:** Patient, 50 yrs of age, having a leiomyosarcoma tumour of size 3x2x1 cm, in the front 1/3 portion of the tongue. The patient had a condition of chronic submucous fibrosis

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**Initial conditions as input to begin the treatment process.**

* The time that has elapsed between the appearance of the tumor and the biopsy will always have a strong bearing on the treatment plan at least in the short term. How approachable the tumor is for surgery and how aggressive is the cancer is also a critical factor that will affect the treatment plan. If it is in the first 1/3 part of the tongue then surgery must definitely be considered very seriously
* If the biopsy is done around the same time the tumor appears then a full body scan could be done to check spread of the tumor and if the cancer has not spread and is localized around the tumor then Chemotherapy could be used to shrink the tumor and then surgery (Surgical excision of the tumor with a margin of at least 1-2 cm in all directions) could be done to minimize damage to organs. Post-surgery immunotherapy should be seriously considered instead of radiation. This line of treatment may be particularly useful if patient has a prior condition like chronic submucous fibrosis. Radiation will in all probability make the submucous fibrosis symptoms worse.
* Oral cavity is different from other parts of the body such as legs, stomach, bladder or uterus where sarcoma generally occurs and hence a large radiation dose like 60Gy may cause a lot of side effects like serious bleeding in the oral cavity.
* As Doctors we need to listen to patients, research existing literature and not presume that we know everything and do not need to listen to anybody least the patients. Every patient treated adds to the knowledge bank especially in the case of critical diseases. It is all the more important when the disease is rarest among rare and no prior knowledge is available.
* 1. Case of pre-existing submucous fibrosis in the patient and cancer is LOCALIZED (not spread to other parts of the body)
* **Prefered treatment plan.**
* Radiation therapy may be attempted first followed by surgery to remove the tumor. This approach may have twin benefits.
* 1. Tumour can be shrunk in size and less portion of tongue/oral organ needs to be removed.
* 2. Since the surgery is attempted soon after radiation the mucous membrane's loss of elasticity is less. Also, pre-existing hardness of the mucous membrane and restricted opening of the mouth can be corrected through maxillofacial surgery can be conducted along with the main surgery to remove the tumor. More the hardening of mucous membrane less chances of desired success in maxillofacial surgery.
* 2. Case of NO pre-existing submucous fibrosis.
* **Prefered treatment plan**
* Even in normal condition attempting radiation therapy first has advantages as it would shrink the tumor.
* A shrunk tumor reduces the portion of the organ to be removed by surgery.
* Besides, since cancer cells have been killed ( that's why it is done) the subsequent therapies such chemo or immuno have better chances of yielding outcomes in terms of recurrence and side effects in the sense lesser sessions of chemo and immuno and less powerful doses to guard against side effects. The last sentence needs to be validated with further research or interaction with doctors.