

CÁNCER DE CABEZA Y CUELLO

Nodal involvement and p16-staining in upper alveolar ridge and hard palate cancer.

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Abstract

Aim: Upper alveolar ridge and hard palate squamous cancer is an infrequent malignancy. We evaluated factors associated with neck involvement and with p16-staining. **Methods:** Head and neck squamous-cell carcinoma (SCC) patients who went to Head and Neck Department between 1997 and 2011 were screened, and 73 resected upper alveolar ridge and 5 hard palate SCC were selected. Tumors with available tissue were stained with p16 immunohistochemistry. **Results:** Median age was 64.4 years, 55.1% were female, and 73.1% were in clinical stage IV. Neck dissections were performed in 24 and pathologically confirmed node metastases were found in 19 (24.3%). Cervical recurrence was found in 18 patients (23.1%) and was associated with histological grade ($P = 0.037$). Three (7.3%) of 41 lesions were positive for p16 and tended to be younger ($P = 0.067$). Lymphovascular invasion was associated with shorter disease-free survival (DFS) ($P = 0.026$) and overall survival (OS) ($P = 0.021$). Larger cT ($P = 0.019$), perineural invasion ($P = 0.039$) and neck dissection ($P = 0.010$) were associated with shorter OS. Neck node involvement tended to have shorter DFS (31% vs. 48.7%, $P = 0.278$) and OS (25.1% vs. 48.5%, $P = 0.340$), and neck recurrence tended to have shorter OS (9.3% vs. 52.3%, $P = 0.064$). **Conclusion:** Neck involvement and recurrence are frequent in this location. P16-positive cases were present in 7.3% and tended to be associated with younger age.