

Survival Rates of Patients with Oropharyngeal Squamous Cell Carcinoma at Riga East Clinical University Hospital

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Introduction. Oropharynx is one of the most common localisation for malignant neoplasms in head and neck region. The most recent GLOBOCAN data (2012) confirm over 140,000 new cases of pharyngeal cancer worldwide and age-standardised incidence of 1.9 per 100,000, in Europe – about 34,000 new cases and age-standardised incidence of 2.9. Histopathologically, most malignancies found in the oropharynx (~ 90%) are squamous cell carcinoma. Known major risk factors are smoking and excess alcohol consumption. Over the last 10 years, an increasing etiologic association with human papilloma virus can be seen.

Aim, Material and Methods. The main goal of this study was to analyse specific 3 and 5-year survival rates of OPSCC patients treated in RECUH in the period of 2000–2010, depending on TNM status and disease stage. The retrospective study was performed for 257 OPSCC patients, who were treated in RECUH during the period from January 1st 2000 till December 31st 2010. The patients' data were collected from RECUH Archive and The Centre for Disease Prevention and Control, and included in the study when OPSCC was confirmed histologically and survival data were available.

Results. Most patients with OPSCC had stage IV disease (66.67%), stage III – 24.69%, stage II – 7.41%, stage I – 1.23%. The majority of patients were male (91.46%), most patients were regular smokers, abused alcohol or exposed to both major risk factors mentioned above. Kaplan-Meier survival analysis showed statistically significant ($p < 0.05$) 5-year survival according to disease stage with only 5% 5-year survival for stage IV patients, 10% for stage III patients, 17% for stage II patients and 100% for stage I patients.

Conclusions. It is still a major problem in Latvia to diagnose oropharyngeal squamous cell carcinoma (OPSCC) at early stages of the disease. Based on statistical data analysis, we suggest that the majority of patients are diagnosed with stage IV OPSCC that in most cases means poor prognosis. Additional measures must be taken to insure OPSCC diagnosis at early stages.

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