

Surgical, Functional, and Survival Outcomes Of Lip Reconstruction After Cancer Resection: A 20-year Experience at MD Anderson Cancer Center

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Background



6th most prevalent cancer



>350,000 new cases/yr.



5-yr survival = 88%
Localized = 78-92%
Disseminated= 19-39%

Knowledge gap



Research is limited

Small patient populations

Heterogeneity of subgroups

Short follow-up periods

Key determinants of success

long-term outcomes

Independent predictors

Objective



Surgical Outcomes

Oncologic Outcomes

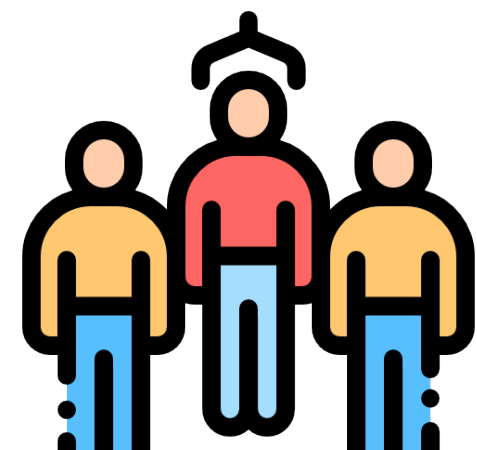
Functional Outcomes

Survival Outcomes

Methods



Retrospective Cohort Study
1994-2015



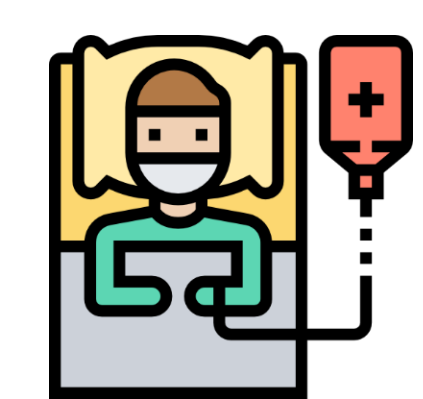
Partial or complete
Upper and/or lower lip defects
± Oral commissure resection



Chi-squared test & Fisher's exact test
Univariate & multiple
logistic regression

Results

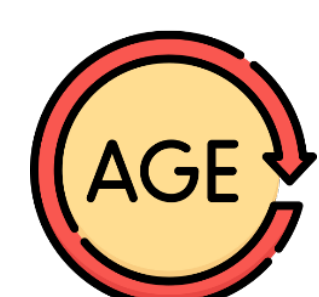
Patient demographics



206 patients



63.1% male



60.2 ± 16.1 yrs.

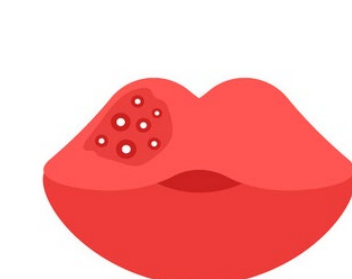


27.0 ± 5.9 kg/m²



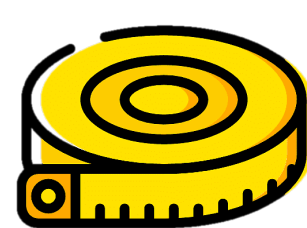
28.9 ± 37.7 months

Surgical characteristics

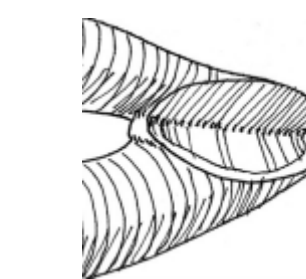


42.8% upper lip

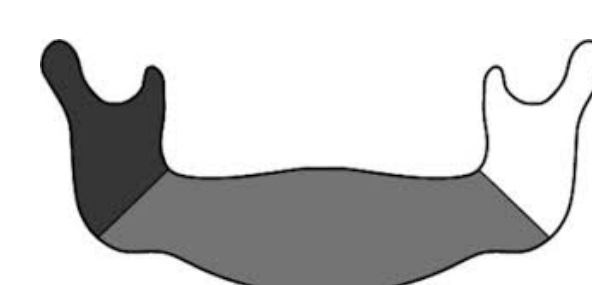
Upper lip 25-50% (50%)



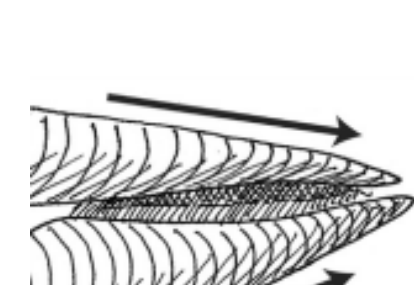
Lower lip 76-100% (35.0%)



32.0% oral commissure
resection



25.0% concurrent mandible
reconstruction



25.0% Lip advancement

Surgical Outcomes

Surgical Complications

24.8%

Recipient-site Complications

19.9%

Donor-site Complications

7.3%

Tobacco use

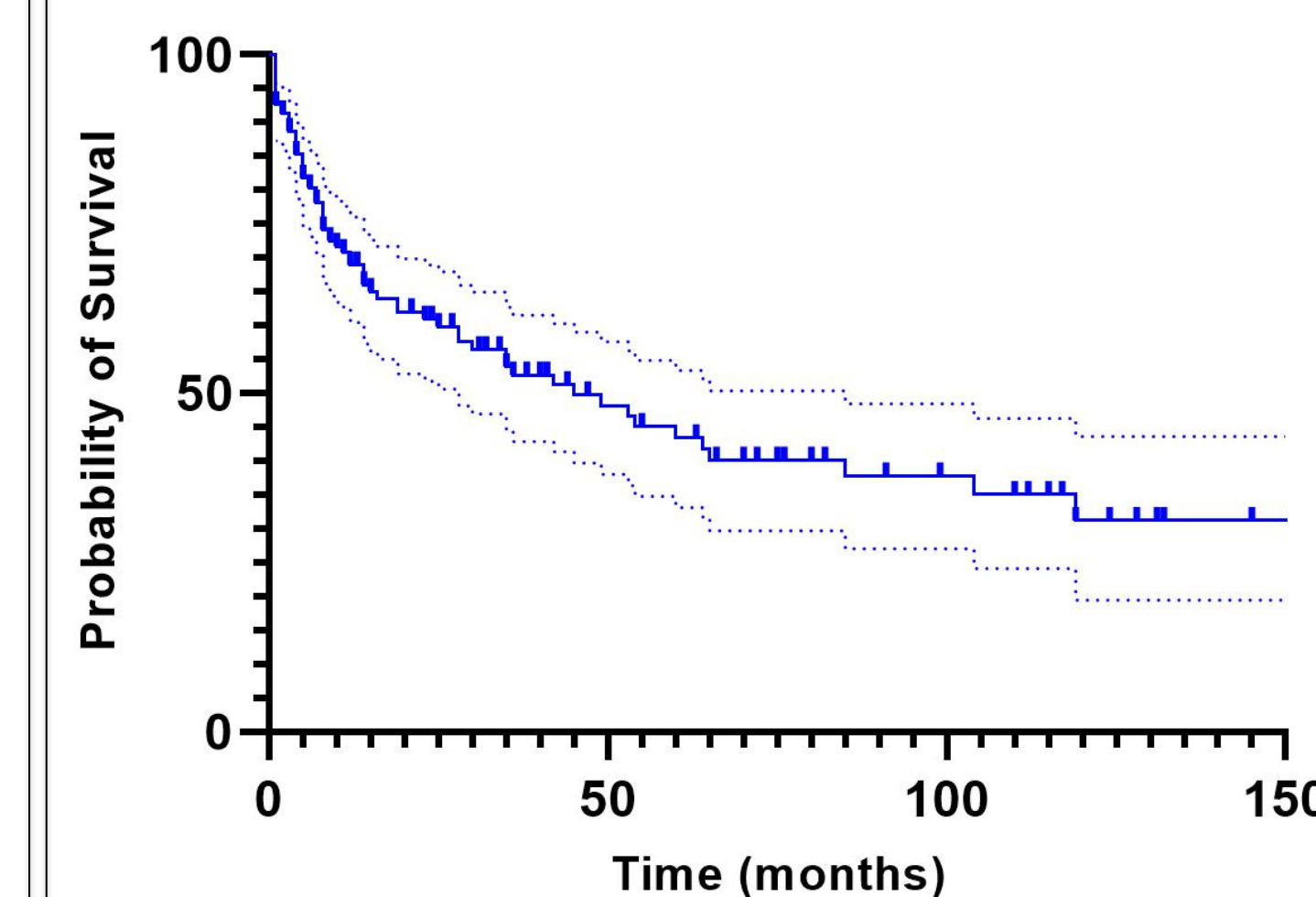
Diabetes mellitus

Concurrent mandible and lip
reconstruction

Adjusted OR

0 2 4 6 8 10

Survival Outcomes



5-yr survival probability= 43.5%

Functional Outcomes

Speech difficulty

Lip tethering

Dysphagia

Microstomia

Oral incompetence

Food tolerance

Partial oral feeding

G-tube dependent

Total oral feeding

0 5 10 15 20
%

Predictors of microstomia

Predictors of oral incompetence

Adjusted OR

Adjusted OR

Upper lip resection>50%

Oral commissure
resection

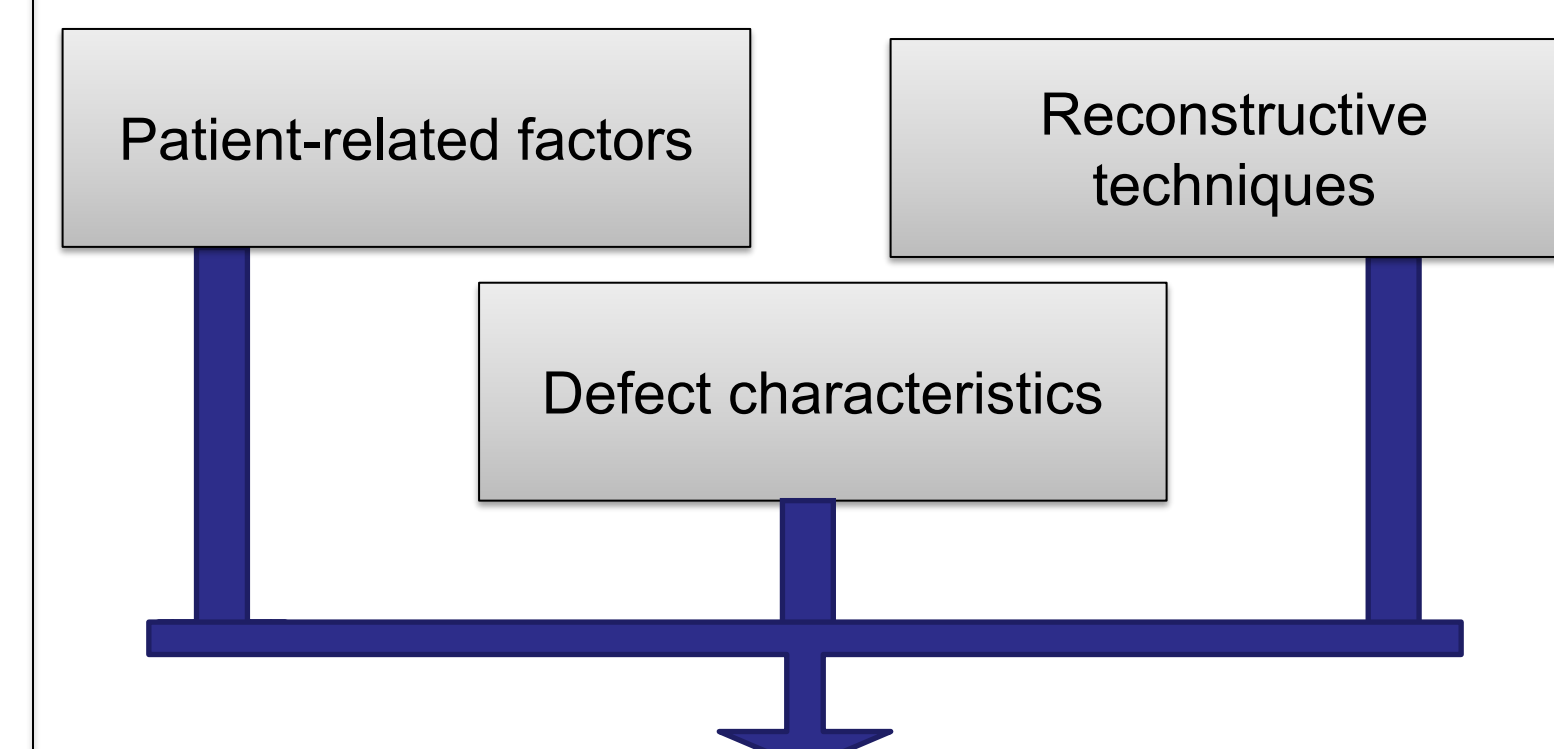
Tobacco use

Defects involving upper
& lower lips

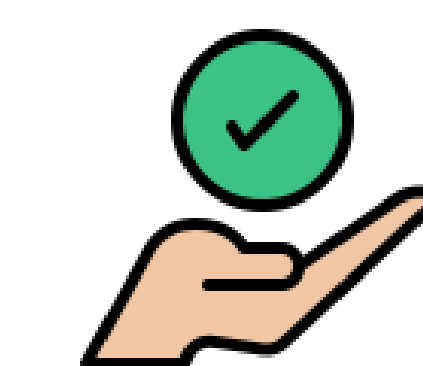
0 2 4 6 8 10

0 2 4 6 8 10

Conclusion



Successful outcomes



References

