

## AB097. SOH23ABS\_156. An observational study looking at speech and swallow outcomes following formal free flap reconstruction versus no formal reconstruction in oral cavity cancer

Cian Henry<sup>1</sup>, Emma McShane<sup>1</sup>, Paul Lennon<sup>2</sup>, John Kinsella<sup>2</sup>, Conrad Timon<sup>2</sup>, Colm Murphy<sup>1</sup>, Conor Bowe<sup>1</sup>, John O'Connell<sup>1</sup>

<sup>1</sup>National Maxillofacial Unit, St. James's Hospital, Dublin, Ireland; <sup>2</sup>Department of Otolaryngology - Head & Neck Surgery, St. James's Hospital, Dublin, Ireland

Background: Oral cavity squamous cell carcinoma (OCSCC) is one of the commonest head and neck cancers in Ireland. The standard of care is surgical management with resection and formal reconstruction (FR) for more advanced tumours, or in the case of defects which require an oral seal to be re-established from adjacent anatomy such as the maxillary sinus, nasal cavity or neck. The benefit from formal free flap reconstruction to restore function in early to intermediate tongue cancers is, however, unclear. The aim of this study is to the observe whether a difference in speech and swallow function exists between patients with T-stage matched oral tongue squamous cell carcinoma (SCC) who have undergone FR or healing by primary/ secondary intention [no formal reconstruction (NFR)].

Methods: Observational study of prospective database, limited to adult patients with T1–T3 oral tongue SCC who underwent primary surgery with curative intent +/-adjuvant treatment. The primary outcome was speech/swallow function. Outcome measures included: MD Anderson Dysphagia Inventory, Performance-Status-Scale for Head and Neck cancer, and the Functional Oral Intake Scale (FOIS). The study was conducted in line with

STROBE criteria.

**Results:** A total of 64 patients were included. There were 18 T1 tumours (FR =1 vs. NFR =17), 25 T2 tumours (FR =13 vs. NFR =12), and 21 T3 tumours (FR =19 vs. NFR =2). Only three patients from the T3 tumour group with FR were dependent on gastrostomy feeding. All other patients had a FOIS of  $\geq 5/7$ . All patients had speech intelligibility of  $\geq 90\%$ .

**Conclusions:** Speech and swallow outcomes in this population were broadly similar in the NFR and FR groups. **Keywords:** Microvascular free flap reconstruction; oral cancer; oral cavity; speech; swallowing

## **Acknowledgments**

Funding: None.

## **Footnote**

*Conflicts of Interest*: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the noncommercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

doi: 10.21037/map-23-ab097

Cite this abstract as: Henry C, McShane E, Lennon P, Kinsella J, Timon C, Murphy C, Bowe C, O'Connell J. AB097. SOH23ABS\_156. An observational study looking at speech and swallow outcomes following formal free flap reconstruction versus no formal reconstruction in oral cavity cancer. Mesentery Peritoneum 2023;7:AB097.