The N stage and number of patients was N0–44, N1–13 and N2–27. Sixty-two patients had a normal OGD, 21 patients had a suspicious lesion and one patient had a probable malignant lesion on OGD. Of the 23 biopsies of patients with an abnormal OGD, 19 were benign or inflamed, one showed moderate dysplasia, one showed severe dysplasia and two showed carcinoma. Both dysplastic lesions were excised with an endoscopic submucosal dissection, while one malignant lesion was treated with radiotherapy and the other with an oesophagectomy. No patient with an early primary lesion or with none or a single regional lymph node metastasis had a synchronous oesophageal lesion. The overall rate of a synchronous primary tumour in the oesophagus of patients with an oral cavity carcinoma in the study population was 2.38%.

Discussion: The detection and treatment of a synchronous asymptomatic oesophageal carcinoma may influence the management and/or outcome of an oral cavity carcinoma. At the least, all patients with advanced T3 or T4 local or N2 or N3 regional carcinoma of the oral cavity should undergo screening of the oesophagus to exclude a synchronous primary tumour.

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O30. Sociodemographic characteristics, clinicopathological parameters and survival among Malaysians with oral squamous cell carcinoma (OSCC)

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Introduction: Western researchers showed that oral squamous cell carcinoma (OSCC) patients exhibit lower survival rate and poorer prognosis compared to other type of cancer where several clinicopathological parameters have been implicated in the survival of patients. This study aims to assess the association between sociodemographic and clinicopathological parameters with survival of OSCC patients.

Method: Data were collected from 253 histologically diagnosed OSCC patients attending selected clinics nationwide. Survival was analyzed for relation with habits, site, disease stage and nodal involvement.

Results: Mean age was 58.9 ± 12.6 years with 8.3% aged less than 40. Majority is females (61.1%) and of Indian ethnic (48.0%). Most common habit was quid chewing (55.8%), followed by smoking (29.7%) and most came at stage IV (44.3%). Tongue was the most common site (38.9%), followed by buccal mucosa (35.0%). Factors associated with survival are smoking ($p = 0.016$), stage at presentation ($p < 0.001$) and nodal involvement ($p < 0.001$).

Discussion: Majority of OSCC cases occurred among Indians where the patients were quid chewers and presents with advanced cancer. Survival of patients decreased steadily over the years. At 1 year after diagnosis, 67.2% was still alive but only 13.4% survived 5 years. Among the habits studied, only smoking was found to be associated with survival where among those smoking, only 38.7% is alive compared to 61.3% deceased. No association was found between site and survival. A highly significant association was seen for both cancer stage and nodal involvement with survival. More survivors were found among those who come at early stage (76.3%) compared to late stage (32.7%). Similarly, more than two thirds (69.1%) of those who present with negative nodal involvement were found to be alive. In conclusion, smoking, disease stage and nodal status are predictors of survival for OSCC patients in Malaysia.

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O31. Proteoglycans as potential markers of the biological behaviour of head and neck carcinomas: Interim results of a multicenter Italian project

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Introduction: Despite early detection (pT1\pT2), squamous cell carcinoma of the oral cavity (OSCC) frequently relapse and metastasise following resection and no specific markers are currently available to predict this behaviour. The oral cavity can also be affected by salivary gland tumours (SGT) that respond poorly to radio- and chemotherapy and similarly lack distinctive markers.

Methods: In selected primary and metastatic lesions of OSCC we examined, at both mRNA and protein level, the expression pattern of the 12 currently known cell surface-associated proteoglycans (NG2, syndecans-1–4 and glypicans-1–6). We evaluated these previously identified putative biomarkers both qualitatively and quantitatively and correlate their expression patterns with the clinical course of the patients. In parallel, we performed whole-genome comparative genetic screenings on primary lesions from metastatic and non-metastatic patients and secondary lesions of post-surgical patients. Both intact tumour samples and laser microdissected specimens were examined. These experimental approaches has been combined with hierarchical agglomerative clustering of previously identified gene markers through current bioinformatic algorithms and dedicated software tools.

Expected results: We foresee to reveal novel prognostic markers capable of predicting the unfavourable clinical course of early stage (T1–T2) OSCC patients, young (<40 years) OSCC patients lacking risk factors and individuals developing SGT. These molecular tools are instrumental for the clinical management and design of more tailored and individualized post-surgical treatments in subjects affected by these tumours. Interim results of our study show that proteoglycans could represent promising predictive markers of the biological behaviour of OSCC.

Conclusion: The study aims at exploiting a multidisciplinary approach that combines retrospective and prospective analyses to identify molecular markers predicting the clinical behaviour of OSCC and SGT. In particular, the project attempts to disclose prognostic markers capable of defining the clinical course of three discrete classes of patients: those with early stage T1–T2 OSCC with unexpected aggressive behaviour; young patients (<40 years) affected by OSCC and lacking overt risk factors; and patients affected by metastatic SGT.

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