

Evidenced-based Medicine

Oncology Surgery Department

指導老師:吳誌峰醫師

報告人:張琮琨 R2

Case Scenario

- A 59 years old male
 - Left Buccal mass was noted for one year
 - Tumor characteristic:
 - Size: 5X6 cm
 - Location: Exophytic mass over left buccal, with mouth angle involved
 - Surface: rough
 - Shape: polypoid
 - Color: red
 - Pathology: Squamous cell carcinoma, grade I
 - Oral CT: Left buccal carcinoma, T4N0M0, stage IVa

Buccal carcinoma with commissure involved



Background Question

- What is the primary treatment for buccal carcinoma with mouth angle involvement ?
- How is the prognosis of that treatment?

Schwartz's Principles of Surgery

- Small lesions can be excised surgically, but more advanced tumors require combined surgery and postoperative radiation.

Foreground Question

- Surgery has been the primary therapy for buccal cancer
- However, large involvement **makes total excision difficult**, and extensive surgical resection may lead to **cosmetics and functional disability**
- Compared with surgery and radiotherapy, dose **intra-arterial infusion chemotherapy** have better outcome and prognosis in views of curability, cosmetic and functional benefits among those buccal ca patients?

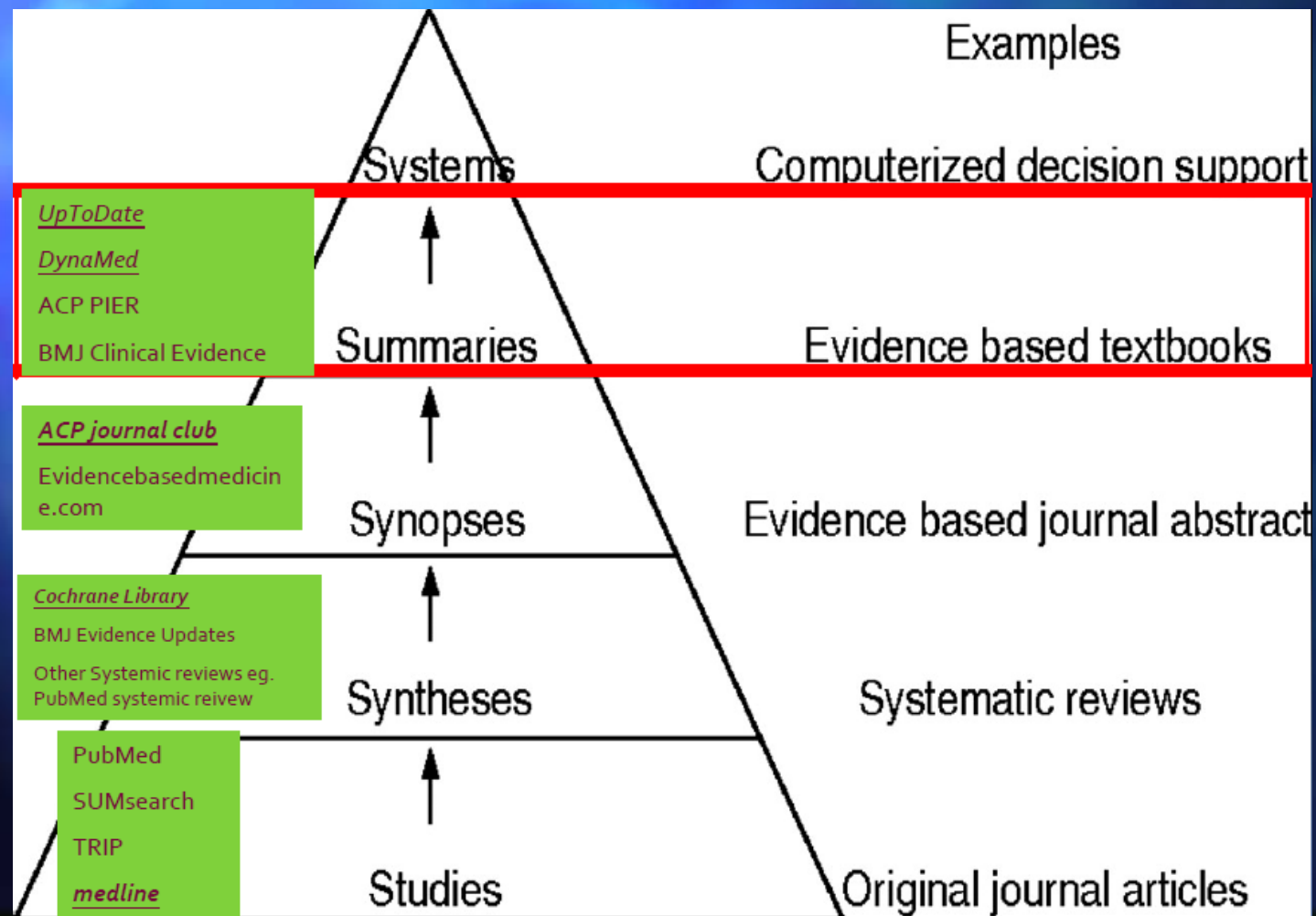
PICO

Patient/ Problem	A 59 years old male with buccal carcinoma, T4N0M0, over left cheeks with mouth angle involved.
Intervention	Intra-arterial infusion chemotherapy
Comparison	Surgery
Outcome	Functional, cosmetic benefit and curability

Search for the best evidence

- Key words:
 - Buccal carcinoma/ mouth angle/ perioral involved
 - Surgical excision
 - Intra-arterial infusion chemotherapy
- Databased:
 - UpToDate, ACP Journal, The Cochrane Library, Pubmed

Search strategy: 5S model



Summaries: UpToDate

The screenshot displays the UpToDate website interface. At the top, the 'UpToDate' logo is on the left, and navigation links for 'News from UpToDate', 'Contact Us', and 'About' are on the right. A search bar in the center contains the text 'buccal cancer' and a dropdown menu shows 'All Topics'. Below the search bar, there are tabs for 'New Search', 'Patient Info', 'What's New', and 'Calculators'. The main content area is titled 'Search Results for "buccal cancer"' and includes a link to 'Click on what you meant by buccal: buccal testosterone, sublingual nitroglycerin, oral cavity cancer, transmucosal anticonvulsant administration'. On the left side, there is a sidebar with 'All Topics' selected, and a list of related topics including 'Treatment of locoregionally advanced (stage III and IV) head and neck cancer: The oral cavity'. On the right side, there is a 'Topic Outline' section with a list of topics including 'INTRODUCTION', 'ANATOMY AND STAGING', 'MANAGEMENT', 'MANAGEMENT OF THE NECK', 'COMPLICATIONS', 'PROGNOSIS', 'POSTTREATMENT EVALUATION AND SURVEILLANCE', 'INFORMATION FOR PATIENTS', 'SUMMARY AND RECOMMENDATIONS', 'GRAPHICS', 'FIGURES', 'PICTURES', and 'TABLES'. The 'MANAGEMENT' section is expanded, showing a list of management topics, with 'Buccal mucosa' circled in blue.

UpToDate. buccal cancer All Topics Search

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Search Results for "buccal cancer"

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All Topics

- Adult
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- Treatment of locoregionally advanced (stage III and IV) head and neck cancer: The oral cavity**
- Treatment of early (stage I and II) head and neck cancer: The oral cavity
- Overview of the diagnosis and staging of head and neck cancer
- Overview of treatment for head and neck squamous cell cancer
- Approach to the long-term survivor of colorectal cancer
- Surgical oncologic principles for the resection of colon cancer
- Endometrial carcinoma: Clinical features and diagnosis
- Medical treatment for relapsed epithelial ovarian, fallopian tube, or peritoneal cancer: Platinum-sensitive disease
- Overview of head and neck cancer
- Early gastric cancer: Treatment, natural history, and prognosis
- Cervical cancer screening tests: Evidence of effectiveness
- Management of bone metastases in advanced prostate cancer
- Surgical management of gallbladder cancer
- Prophylaxis of invasive fungal infections in adults with hematologic malignancies
- Overview of care for adult survivors of non-Hodgkin lymphoma
- The role of angiogenesis inhibitors in epithelial ovarian, fallopian tube, or primary peritoneal cancer
- Treatment and prevention of neutropenic fever syndromes in adult cancer patients at low risk for complications
- Keratoacanthoma: epidemiology, risk factors, and diagnosis
- Malignancy after hematopoietic cell transplantation
- Chemotherapy regimens for metastatic colorectal cancer: FOLFOXIRI
- Chemotherapy regimens for metastatic, castration-resistant prostate cancer: Cabazitaxel and prednisone
- Chemotherapy regimens for advanced, hormone-refractory prostate cancer: Docetaxel and prednisone
- Abdominal perineal resection (APR): Open technique
- Oncoplastic techniques in breast conserving surgery

Topic Outline

- INTRODUCTION
- ANATOMY AND STAGING
- MANAGEMENT
 - General principles
 - Pretreatment evaluation
 - Initial surgery
 - Surgical technique
 - Postoperative RT and chemoradiotherapy
 - Initial radiation therapy and/or chemotherapy
 - Oral cavity subsites
 - Lip
 - Floor of mouth
 - Oral tongue
 - Lower alveolar ridge and retromolar trigone
 - Upper alveolar ridge and hard palate
 - Buccal mucosa**
 - Supportive care measures
- MANAGEMENT OF THE NECK
- COMPLICATIONS
- PROGNOSIS
- POSTTREATMENT EVALUATION AND SURVEILLANCE
- INFORMATION FOR PATIENTS
- SUMMARY AND RECOMMENDATIONS
- GRAPHICS
- FIGURES
 - Lymph node levels of neck
- PICTURES
 - Anatomy of the oral cavity
- TABLES
 - TNM stage oral cavity

Treatment of locoregionally advanced (stage III and IV) head and neck cancer: The oral cavity

TOPIC OUTLINE

SUMMARY & RECOMMENDATIONS ➔

INTRODUCTION

ANATOMY AND STAGING

MANAGEMENT

- General principles
- Pretreatment evaluation
- Initial surgery
 - Surgical technique
 - Postoperative RT and chemoradiotherapy
- Initial radiation therapy and/or chemotherapy
- Oral cavity subsites
 - Lip
 - Floor of mouth
 - Oral tongue
 - Lower alveolar ridge and retromolar trigone
 - Upper alveolar ridge and hard palate
 - Buccal mucosa
- Supportive care measures

MANAGEMENT OF THE NECK

COMPLICATIONS

postoperative RT [18,19]. Resection of the ascending ramus of the mandible including the pterygoid muscles is important to ensure eradication of disease. Microvascular reconstruction with a fibular free tissue transfer provides optimal functional and cosmetic rehabilitation. (See "[Treatment of early \(stage I and II\) head and neck cancer: The oral cavity](#)", section on 'Retromolar trigone and lower alveolar ridge'.)

Upper alveolar ridge and hard palate — Hard palate cancers are rare. Locally advanced lesions typically involve the underlying bone, and primary surgery is used more commonly than definitive RT [20]. Resection is generally well tolerated. These patients can be reconstructed with either an immediate surgical obturator or microvascular-free tissue transfer.

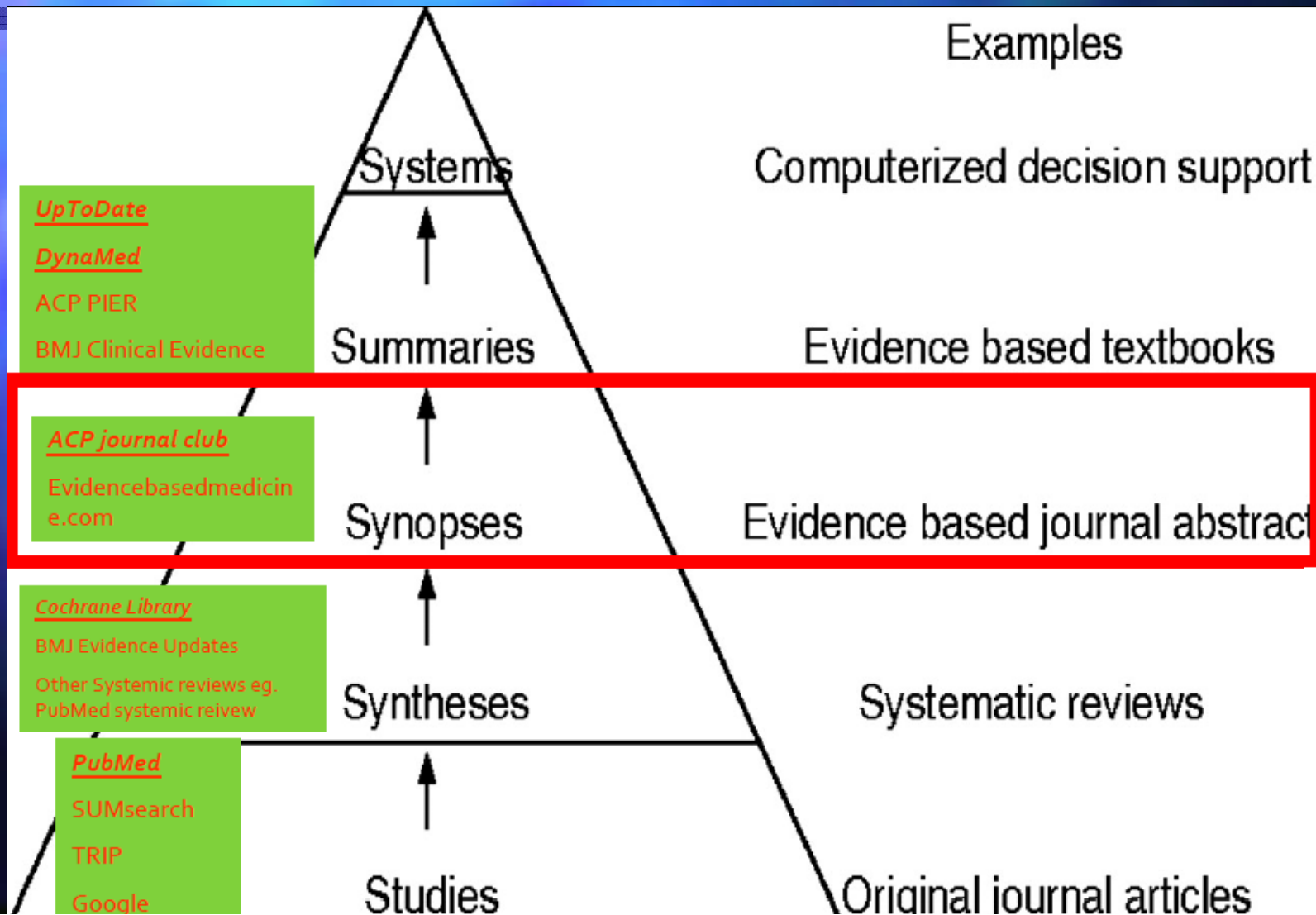
Buccal mucosa — Buccal mucosa cancers have a high tendency to recur locoregionally. Consequently, patients with buccal mucosa cancers have a worse survival rate compared with patients with cancer in other oral cavity subsites [21].

Exposure of a buccal mucosa cancer can be difficult via a transoral approach, which makes it difficult to obtain clear radial margins in an en bloc fashion. Furthermore, the thin distance between the buccal mucosa and the buccal space permits early invasion to deep structures or to anterior cheek skin. Exenteration of the buccal space, parotid, and skin is needed to maximize outcome, although this is achieved with a considerable cost to cosmesis.

Cancer of the buccal mucosa can be treated with definitive RT. However, deeply invasive cancers should be managed with surgery and postoperative RT. Regardless of the method of treatment, there is a high risk of severe, irreversible trismus. Aggressive reconstruction and rehabilitation is required to optimize functional outcomes. (See "[Management of late complications of head and neck cancer and its treatment](#)", section on 'Trismus'.)

Supportive care measures — Prophylactic tracheostomy is generally required for locoregionally advanced oral

Search strategy: 5S model



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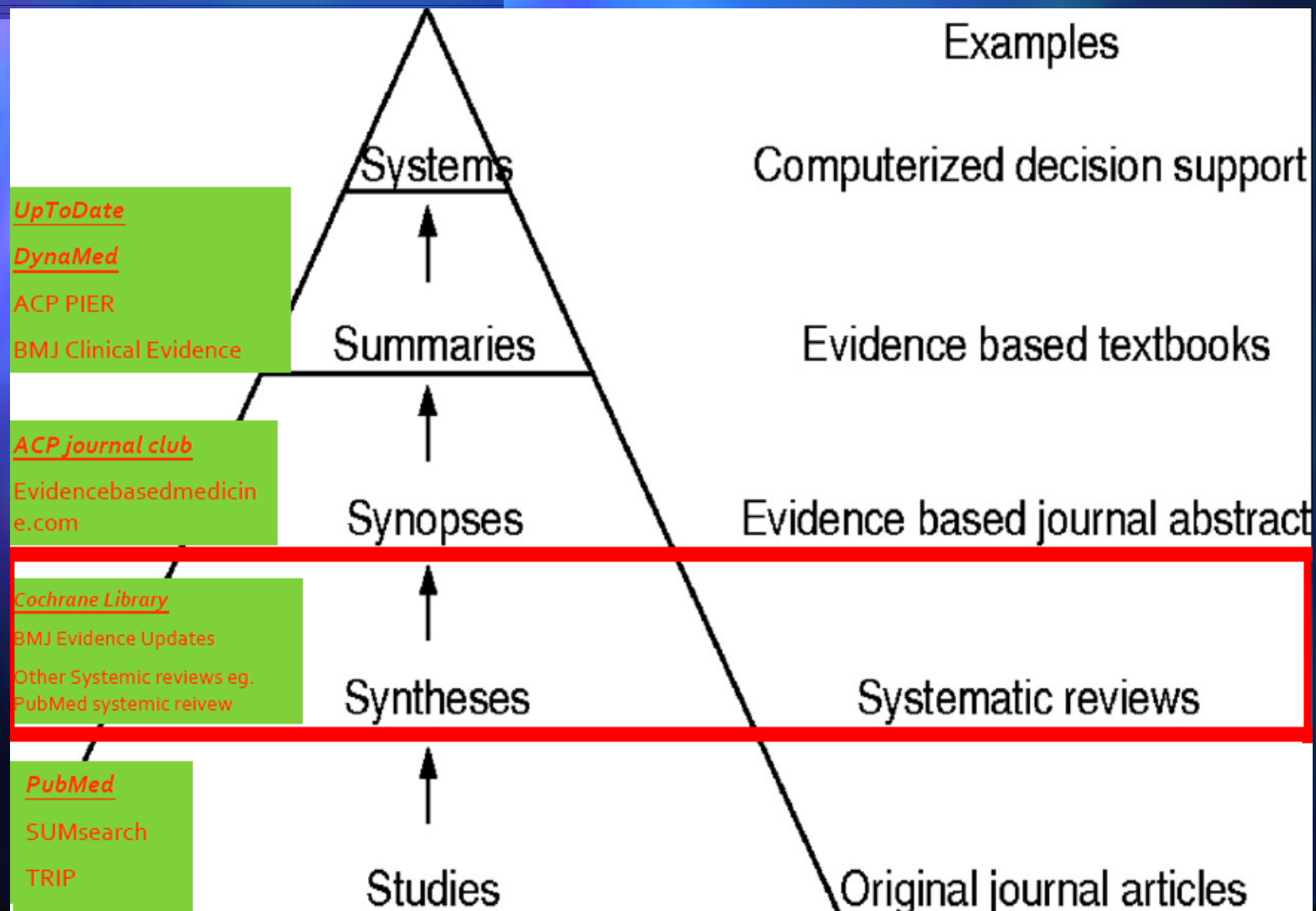
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- Make sure all words are spelled correctly.
- Try different keywords.
- Try more general keywords.

Search strategy: 5S model



Syntheses: The Cochrane Library

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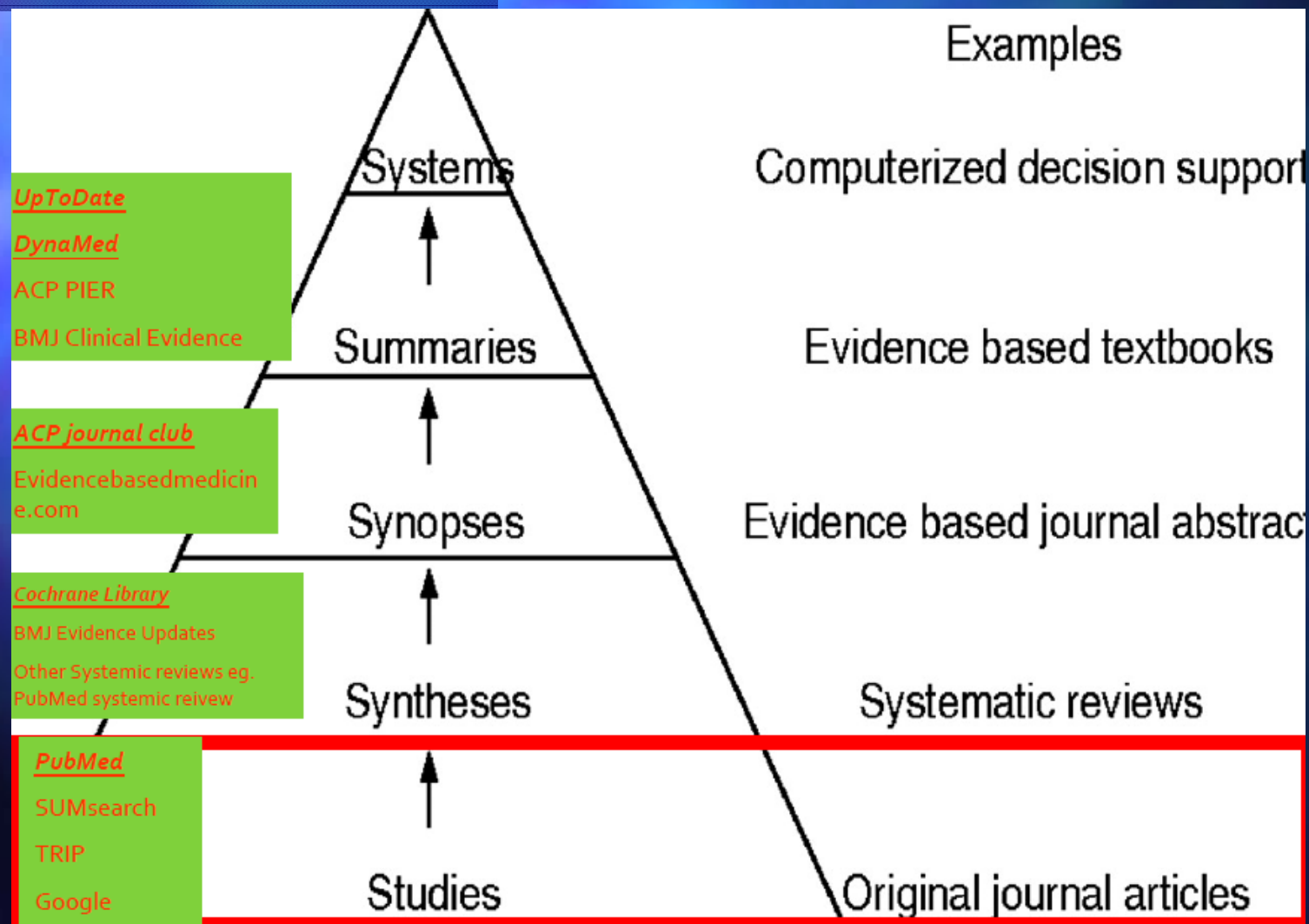
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<input type="checkbox"/> Neoadjuvant and adjuvant therapy for surgical resection of hepatocellular carcinoma Miny Samuel, Pierce K-H Chow, Edwin Chan Shih-Yen, David Machin, Khee-Chee Soo January 2009			

Interventions for the treatment of oral cavity and oropharyngeal cancer: chemotherapy

- Chemotherapy, in addition to radiotherapy and surgery, is **associated with improved overall survival** in patients with oral cavity and oropharyngeal cancers. Induction chemotherapy may prolong survival by 8 to 20% and adjuvant concomitant chemoradiotherapy may prolong survival by up to 16%. **In patients with unresectable tumours, concomitant or alternating chemoradiotherapy may prolong survival by 10 to 22%.** There is insufficient evidence as to which agent or regimen is most effective and the additional toxicity associated with chemotherapy given in addition to radiotherapy and/or surgery cannot be quantified.

Search strategy: 5S model



Study: Pubmed

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- ☐ [New modified free chimeric fibular flap design for head and neck reconstruction.](#)
1. Roan TL, Horng SY, Hsieh JH, Tai HC, Chien HF, Tang YB.
Head Neck. 2012 Jun 19. doi: 10.1002/hed.23049. [Epub ahead of print]
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- ☐ [Simultaneous reconstruction of head and neck defects following tumor resection and trismus release with a single anterolateral thigh donor site utilizing a lateral approach to flap harvest.](#)
2. Lin PY, Chen CC, Kuo YR, Jeng SF.
Microsurgery. 2012 May;32(4):289-95. doi: 10.1002/micr.21955. Epub 2012 Mar 31.
PMID: 22473626 [PubMed - in process]
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- ☐ [The correlations between alteration of p16 gene and clinicopathological factors and prognosis in squamous cell carcinomas of the buccal mucosa.](#)
3. Dong Y, Wang J, Dong F, Wang X, Zhang Y.
J Oral Pathol Med. 2012 Mar 16. doi: 10.1111/j.1600-0714.2012.01132.x. [Epub ahead of print]
PMID: 22429295 [PubMed - as supplied by publisher]
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- ☐ [Improved outcomes in buccal squamous cell carcinoma.](#)
4. Lin CS, Jen YM, Kao WY, Ho CL, Dai MS, Shih CL, Cheng JC, Chang PY, Huang WY, Su YF.
Head Neck. 2012 Jan 20. doi: 10.1002/hed.22916. [Epub ahead of print]
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Squamous cell carcinoma of the buccal mucosa: an aggressive cancer requiring multimodality treatment.

[Lin CS](#), [Jen YM](#), [Cheng MF](#), [Lin YS](#), [Su WF](#), [Hwang JM](#), [Chang LP](#), [Chao HL](#), [Liu DW](#), [Lin HY](#), [Shum WY](#).

Department of Radiation Oncology, Tri-Service General Hospital, National Defense Medical Center, 325 Section 2 Cheng-Kong Rd., Nei-Hu, Taipei, Taiwan, Republic of China.

Abstract

BACKGROUND: In our clinical practice, we have observed a high incidence of locoregional failure in squamous cell carcinoma (SCC) of the buccal mucosa. We analyze our treatment results of this cancer and compare these results with those in the literature. We intend to define the pattern and incidence of failure of buccal cancer and provide information for the design of a better multimodality treatment.

METHODS: During the period from 1983 through 2003, 121 previously untreated patients with M0 stage SCC of the buccal mucosa were treated with a curative intent at our hospital. Twenty-seven patients received surgery alone, 36 had radiotherapy alone, and 58 underwent surgery plus postoperative radiotherapy.

RESULTS: The 5-year locoregional control, overall survival, and cause-specific survival rates for all patients were 36.3%, 34.3%, and 36.9%, respectively. The locoregional recurrence rate was 57% for all patients, with 80% occurring in the primary site alone. Patients with T1-2N0 disease who received surgery alone still had a high local recurrence incidence of 41%. For patients with locally advanced disease, surgery plus postoperative radiotherapy achieved better overall survival and locoregional control rates than surgery alone or radiotherapy alone. T classification was the only prognostic factor affecting locoregional control and survival in the surgery alone group, whereas N classification and skin invasion predicted a poorer survival for the surgery plus postoperative radiotherapy group.

CONCLUSIONS: SCC of the buccal mucosa is an aggressive cancer with a high locoregional failure rate even in patients with T1-2N0 disease. Possible reasons include inadequate treatment and an intrinsically aggressive nature. Postoperative radiotherapy has resulted in a better locoregional control rate for patients with T3-4 or N+ disease and should also be considered for patients with T1-2N0 disease for whom adjuvant therapy after radical surgery currently is not recommended by most guidelines.

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PMID: 16200628 [PubMed - indexed for MEDLINE]

CONCLUSIONS

- SCC of the buccal mucosa is an aggressive cancer with a high locoregional failure rate even in patients with T1-2N0 disease. Possible reasons include inadequate treatment and an intrinsically aggressive nature.
- Postoperative radiotherapy has resulted in a better locoregional control rate for patients with T3-4 or N+ disease and should also be considered for patients with T1-2N0 disease for whom adjuvant therapy after radical surgery currently is not recommended by most guidelines.

Critical Appraisal

Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001)

Level	Therapy/Prevention, Aetiology/Harm	Prognosis	Diagnosis	Differential diagnosis/symptom prevalence study	Economic and decision analyses
1a	SR (with homogeneity*) of RCTs	SR (with homogeneity*) of inception cohort studies; CDR† validated in different populations	SR (with homogeneity*) of Level 1 diagnostic studies; CDR† with 1b studies from different clinical centres	SR (with homogeneity*) of prospective cohort studies	SR (with homogeneity*) of Level 1 economic studies
1b	Individual RCT (with narrow Confidence Interval‡)	Individual inception cohort study with ≥ 80% follow-up; CDR† validated in a single population	Validating** cohort study with good††† reference standards; or CDR† tested within one clinical centre	Prospective cohort study with good follow-up****	Analysis based on clinically sensible cost: or alternatives; systematic review(s) of the evidence; and including multi-way sensitivity analyses
1c	All or none§	All or none case-series	Absolute SpPins and SnNouts††	All or none case-series	Absolute better-value or worse-value analyses ††††
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2b	Individual cohort study (including low quality RCT; e.g., <80% follow-up)	Retrospective cohort study or follow-up of untreated control patients in an RCT; Derivation of CDR† or validated on split-sample§§§ only	Exploratory** cohort study with good††† reference standards; CDR† after derivation, or validated only on split-sample§§§ or databases	Retrospective cohort study, or poor follow-up	Analysis based on clinically sensible cost: or alternatives; limited review(s) of the evidence, or single studies; and including multi-way sensitivity analyses
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Evidence level: 4(case series)

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PMID: 22189221 [PubMed - indexed for MEDLINE]
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- ☐ [\[A review of toxicity superselective intra-arterial concurrent chemoradiotherapy\(SIACC\)for oral cancer\].](#)
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- ☐ [A novel approach to translymphatic chemotherapy targeting sentinel lymph nodes of patients with oral cancer using intra-arterial chemotherapy - preliminary study.](#)
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[The clinical effect of combination therapy for oral cancer with S-1, superselective intra-arterial chemotherapy, and radiation therapy].

[Article in Japanese]

[Yamamoto C](#), [Yoshikawa H](#), [Fukumoto S](#), [Hiuchi T](#), [Yoshida M](#), [Horinouchi Y](#), [Uehara S](#), [Yasumori K](#).


Dept. of Dentistry, Oral and Maxillofacial Surgery, Clinical Research Institute, National Hospital Organization Kyushu Medical Center.

Abstract

Combination therapy with S-1, superselective intra-arterial infusion of CBDCA and radiation therapy has been used to treat patients with oral cancer since 2005. In this study, the histopathological effects and toxicities following concurrent chemoradiotherapy were examined. The subjects consisted of 15 patients (10 men and 5 women) who were treated with S-1 (60-80 mg/day, 4 weeks), superselective intra-arterial infusion of CBDCA (300 mg/body) and radiation therapy (total dose 30-36 Gy) in our department from 2005 to 2009. Nine patients, showed T2 disease, 3 showed T3 disease, and another 3 showed T4 diseases. The primary cancer sites were the tongue (6 cases), buccal mucosa (4 cases), mandible gingival (3 cases), maxillary gingiva (1 case), and the floor of the mouth (1 case). The histopathological effects were evaluated according to Oboshi-Shimosato classification. Grade IV was shown in 10 cases (66. 7%), grade III in 1 case (6. 7%), II bin 3 cases (20. 0%), and II a in 1 case (6. 7%). All patients completed the treatment. The pathological response of the resected tumor was grade II or higher in 14 cases (93. 3%). While good histological effects were noted, there was one patient for whom viable tumor cells remained in the central part of the tumor. The present study indicates that further investigation is needed to determine the best dosing and dosing schedule.

PMID: 22189221 [PubMed - indexed for MEDLINE]

 **Publication Types, MeSH Terms, Substances**

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Critical Appraisal

Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001)

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Produced by Bob Phillips, Chris Ball, Dave Sackett, Doug Badenoch, Sharon Straus, Brian Haynes, Martin Dawes since November 1994.

Evidence level: 4(case series)

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Superselective intra-arterial chemoradiotherapy with docetaxel-nedaplatin for advanced oral cancer.

Kobayashi W, Teh BG, Sakaki H, Sato H, Kimura H, Kakehata S, Nagahata M.

Department of Oral and Maxillofacial Surgery, Hirosaki University Graduate School of Medicine, 5-Zaifu-cho, Hirosaki 036-8562, Japan. wako@cc.hirosaki-u.ac.jp

Abstract

Cisplatin-based, superselective, intra-arterial chemotherapy concurrent with radiotherapy (SSIACRT) has gained wide acceptance as a common/curative treatment for advanced head and neck cancer. We combined nedaplatin (CDGP) with docetaxel (DOC) as a new combination in SSIACRT for advanced oral squamous cell carcinoma in 2003. Twenty-two patients with advanced oral cancer were treated by radiotherapy (66 Gy) concurrent with superselective intra-arterial DOC (40 mg/body) and CDGP (80 mg/m²) infusion between 2003 and 2009. Complete response was achieved in 18 (81.8%) of the 22 patients. Of the 17 patients with positive neck disease, 16 (94%) were assessed as disease-free. The 5-year overall survival rate was 78.5%, and the major adverse effects were leukocytopenia and mucositis. Five patients (22.7%) developed distant metastases post-treatment. These results indicate that intra-arterial docetaxel-nedaplatin infusion concurrent with radiotherapy is efficacious for advanced oral cancer. The side effects are easily manageable, and the most important outcome of the treatment is the preservation of patients' quality of life (QOL) and improved prognosis.

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 **MeSH Terms, Substances**

 **LinkOut - more resources**

Critical Appraisal

Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001)

Level	Therapy/Prevention, Aetiology/Harm	Prognosis	Diagnosis	Differential diagnosis/symptom prevalence study	Economic and decision analyses
1a	SR (with homogeneity*) of RCTs	SR (with homogeneity*) of inception cohort studies; CDR† validated in different populations	SR (with homogeneity*) of Level 1 diagnostic studies; CDR† with 1b studies from different clinical centres	SR (with homogeneity*) of prospective cohort studies	SR (with homogeneity*) of Level 1 economic studies
1b	Individual RCT (with narrow Confidence Interval‡)	Individual inception cohort study with ≥ 80% follow-up; CDR† validated in a single population	Validating** cohort study with good††† reference standards; or CDR† tested within one clinical centre	Prospective cohort study with good follow-up****	Analysis based on clinically sensible cost: or alternatives; systematic review(s) of the evidence; and including multi-way sensitivity analyses
1c	All or none§	All or none case-series	Absolute SpPins and SnNouts††	All or none case-series	Absolute better-value or worse-value analyses ††††
2a	SR (with homogeneity*) of cohort studies	SR (with homogeneity*) of either retrospective cohort studies or untreated control groups in RCTs	SR (with homogeneity*) of Level >2 diagnostic studies	SR (with homogeneity*) of 2b and better studies	SR (with homogeneity*) of Level >2 economic studies
2b	Individual cohort study (including low quality RCT; e.g., <80% follow-up)	Retrospective cohort study or follow-up of untreated control patients in an RCT; Derivation of CDR† or validated on split-sample§§§ only	Exploratory** cohort study with good††† reference standards; CDR† after derivation, or validated only on split-sample§§§ or databases	Retrospective cohort study, or poor follow-up	Analysis based on clinically sensible cost: or alternatives; limited review(s) of the evidence, or single studies; and including multi-way sensitivity analyses
2c	"Outcomes" Research; Ecological studies	"Outcomes" Research		Ecological studies	Audit: or outcomes research
3a	SR (with homogeneity*) of case-control studies		SR (with homogeneity*) of 3b and better studies	SR (with homogeneity*) of 3b and better studies	SR (with homogeneity*) of 3b and better studies
3b	Individual Case-Control Study		Non-consecutive study; or without consistently applied reference standards	Non-consecutive cohort study, or very limited population	Analysis based on limited alternatives or costs, poor quality estimates of data, but including sensitivity analyses incorporating clinically sensible variations.
4	Case-series (and poor quality cohort and case-control studies§§)	Case-series (and poor quality prognostic cohort studies***)	Case-control study, poor or non-independent reference standard	Case-series or superseded reference standards	Analysis with no sensitivity analysis
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on economic theory or "first principles"

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Conclusion

	Surgical treatment	IAIC
Treatment result	36.9%	78.5%
Recurrent rate	高	低
Function or cosmetic	需要重建	大部分不需要重建

Apply to our patient

- Our patient is a case of left buccal carcinoma with mouth angle involved
- To obtain the treatment result of complete remission, recovered without recurrence, and cosmetic benefits, intraarterial infusion chemotherapy would be a better choice of treatment compared to surgical excision
- Thus, we apply IAIC to our patient

Pre-intra-arterial Infusion Chemotherapy(2005/)

Before artery port
implantation



Patent blue test

After artery port
implantation



Post-intra-arterial Infusion Chemotherapy(2005)



Audit - 「提出臨床問題」方面

- 我提出的問題是否具有臨床重要性？有
- 我是否明確的陳述了我的問題？
- 我的foreground question 是否可以清楚的寫成PICO？可以
- 我的background question是否包括what, when, how, who等字根？有
- 我是否清楚的知道自己問題的定位？（亦即可以定位自己的問題是屬於診斷上的、治療上的、預後上的或流行病學上的），並據以提出問題？知道

Audit - 「搜尋最佳證據」方面

- 我是否已盡全力搜尋？是
- 我是否知道我的問題的最佳證據來源？是
- 我是否從大量的資料庫來搜尋答案？是
- 我工作環境的軟硬體設備是否能支援我在遇到問題時進行立即的搜尋？是
- 我是否在搜尋上愈來愈熟練了？是

Audit - 「嚴格評讀文獻」方面

- 我是否盡全力做評讀了？是
- 我是否了解Number need to treat 的意義？是
- 我是否了解worksheet每一項的意義？是
- 評讀後，我是否做出了結論？是

Audit - 「應用到病人身上」方面

- 我是否將搜尋到的最佳證據應用到我的臨床工作中？是
- 我是否能將搜尋到的結論如NNT,LR用病人聽得懂的方式解釋給病人聽？是
- 當搜尋到的最佳證據與實際臨床作為不同時，我如何解釋？須考量經濟、此次住院目標、家屬期望



Thanks for your attention