



VP Client Information Sheets

By VIN Community Contributors

Oral Squamous Cell Carcinoma (Oral SCC)



Courtney before surgery. All the visible teeth in this photo define the area that was later removed; her lower jaw was amputated straight across behind the lower canine teeth. Photo courtesy of David Jensen of Alaska Pet-ography.

When squamous cell carcinoma occurs in the mouth and throat, it's called oral squamous cell carcinoma. In these oral cases, the lesion is usually located on the gums or tonsils. In cats, SCC is the most common oral cancer. In dogs, SCC is one of the three most common tumors in that area.

Signs

Signs can include drooling (with or without blood), difficulty eating, and halitosis (very bad breath). Depending on the tumor's location, the pet can have trouble swallowing, or may cough. If the mouth is too uncomfortable for the pet to eat normally, the animal will lose weight. As is true with many cancers, affected dogs and cats tend to be older animals.

Diagnostic Tests

Diagnostics include radiographs of the local site, radiographs of the lungs to see if there has been metastasis (spread to other locations), and tumor sample collection (biopsy). Sometimes a fine needle aspirate (FNA) will provide enough sample tissue for diagnosis.

Treatment

Treatment may involve surgery, radiation therapy, and/or chemotherapy. Treatment depends on location, amount of tissue involved, etc.

If the tumor hasn't metastasized, surgery is the preferred treatment. The entire tumor, including the extensions into underlying tissue and bone, will be removed. Often, part of the jawbone has to be removed. Surgery can provide a cure if the pet has clean margins (the tumor was completely removed). Dogs do quite well with partial jaws. Surprisingly enough, it doesn't typically alter the dog's appearance as much as you might expect. Even if surgery isn't curative, surgery can extend survival.

Radiation therapy can be used if surgery isn't an option, or if surgery can't completely remove the tumor.

Chemotherapy may be added to therapy, depending on the circumstances.

Prognosis

Prognosis for oral squamous cell carcinoma depends on the location of the tumor and if it has spread. Typically, if surgery does not result in clean margins, treatment is aimed at prolonging quality of life. A complete cure is unlikely unless diagnosis is made early. If the tumor is not in the tonsils and hasn't spread, the prognosis is good with surgery and/or radiation treatment. Tumors that are located in the tonsils tend to be quite aggressive and have a poor prognosis.

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Courtney two years after surgery. Although the jaw is foreshortened, excess skin was shaped in surgery to help improve function and also extend the appearance of the lower jaw.

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Discussion: **Oral Squamous Cell Carcinoma**
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1. **Posted By [Tracy Kutil](#)** 08/18/10 22:42 ET

Hello. I have an 8 year old CM DLH that presented for not eating dry food well. He had several teeth with resorptive lesions and resented oral exam. Eating moist food well; no dysphagia; no drooling. Recommended sedation, dental with extractions. Performed these procedures yesterday and found in the right larynx area upon intubation a nickle sized, firm, adherent mass. Obtained bx of mass and cytology of right submand LN. Chest x-rays under anes. WNL. Results of biopsy is Squamous Cell Carcinoma; LN aspirate mild hyperplastic LN. I have researched to see if there are any new break throughs on this horrible disease but have not found anything promising with long term results. How do you proceed with the treatment of these cases? Long term Prognosis? Expected survival? Thank you very much for your time.

Tracy Kutil, DVM

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2. **Posted By [Dennis Bailey](#)** 08/19/10 08:11 ET

Unfortunately, these are very aggrssive tumors. Is the tumor amenable to surgery? Based on location, a CT might be helpful to see how deep the mass is extending. Most of these tumors are too large and/or invasive for surgery to be a realistic option - to help you would need to be able to reduce it to microscopic disease. Even with surgery, they often recur within a few months. RT can be used as well. RT alone (for nonresectable masses) can stabilize or temporarily shrink these tumors, but response benefits typically persist for only a few months. There is a small study of cats treated with RT and surgery (surgery able to reduce to microscopic disease). Median survival approached 1 year, but there still was a substantial fraction of cats whose tumors did not respond to therapy and recurred within a few months. Chemotherapy has been looked at. The drug I have had the most success with is carboplatin, but response rates are low (well under 25%) and when responses do occur they typically persist for only a few weeks to months. In short, most cats succumb to oral SCC within a few months. Many owners subsequently elect for palliative care alone - focus on pain control and nutritional support.

I think it is reasonable to try treatment if the cat is feeling well clinically. However, I tell owners that the "average" cat benefits only minimally from treatment. If the owner wants to try everything possible, I think it is reasonable as long as the cat is a good candidate for therapy. However, if an owner only wants to pursue treatment if there is known benefit, then supportive care alone is probably best.

Dennis

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