



In reply to the letter to the editor regarding “Micro-metastasis and Isolated tumour cells: The span between Elective Neck Dissection versus Neck Observation in Early oral cancer”

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Dear Editor,

The debate regarding neck treatment for early-stage oral cavity squamous cell carcinoma (SCC) with negative necks (N0) have lasted for many decades because up till now there is no preoperative investigation to be 100% sure that nodal micro-metastasis (which is common in oral cavity SCC) does not exist, even with the use of preoperative PET/CT or detection of micro-RNA molecules from sentinel lymph nodes [1, 2]. A recent study by Majumdar et al. [3] showed that micro-metastasis and isolated tumour cells were presented in 9% of cases of early-stage oral cavity SCC.

Our meta-analysis (that included 24 articles both retrospective and prospective) showed that elective neck dissection for patients with early-stage oral SCC with N0 neck offered better regional control than watchful waiting with subsequent better 5-year survival rate [4].

Another meta-analysis by Massey et al. [5] showed similar results, hence neck treatment is essential in early-stage oral cavity SCC particularly for oral tongue and floor of the mouth.

Compliance with ethical standards

Conflict of interest The authors declare that there is no conflict of interests regarding the publication of this paper.

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Ethical considerations All procedures performed in the included articles were in accordance with the ethical standards of the institutional and the national research committee and with the 1964 Helsinki declaration and its later amendments.

Informed consent We made sure that all included articles in our study do have an informed consent from all patients preoperatively.

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