

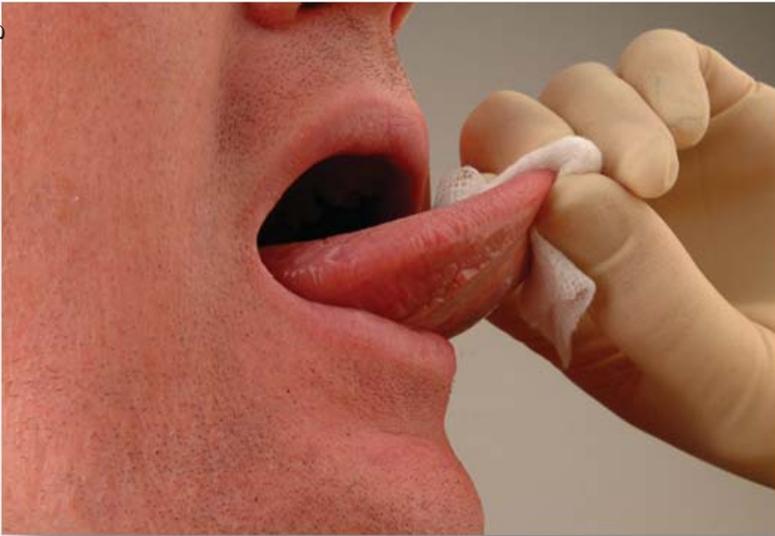
# ORAL CANCER

What You Should Know about Oral Cancer

Michigan Department  
of Community Health



Picture from [Oralcancerfoundation.org](http://Oralcancerfoundation.org)



**Oral cancer is one of the most curable diseases when diagnosis is at an early stage (localized)**

## What You Should Know

- ◇ More than 90% of oral cancers occur in patients older than 45 years.<sup>1</sup>
- ◇ About 23,110 new cases for oral cancer and 5,370 deaths from these cancers occurred in the United States in 2009.<sup>2</sup>

## Risk Factors

- ◇ Tobacco Smoking (i.e., cigarette, pipe, or cigar smoking), particularly when combined with heavy alcohol intake (i.e., greater than or equal to 30 drinks per week), has been identified as the primary risk factor for about 75% of oral cancers in the United States.<sup>3</sup>
- ◇ Smokers are six times more likely than non-smokers to get an oral cancer.
- ◇ Approximately 90 percent of those diagnosed with oral cancer, including cancer of the mouth, tongue, lips, and throat, are tobacco users.<sup>4</sup>
- ◇ Users of spit tobacco (about 144 milligrams in a can of dip or snuff) is equal to about four packs of cigarettes which puts them at an increase risk for oral cancer.
- ◇ The risk of oral cancer is increased 6 to 28 times in current smokers.<sup>5</sup>
- ◇ Alcohol intake is an independent risk factor and, when combined with the use of tobacco products, accounts for most cases of oral cancer in the United States and elsewhere.<sup>6</sup>
- ◇ Dietary factors, specifically low consumption of fruit, and some types of viral infections also have been known as risk factors for oral cancer.<sup>7</sup>
- ◇ There are over 120 strains of Human Papilloma Virus (HPV), most thought to be harmless. But approximately 1% of those infected, have the HPV 16 strain which is now a known cause of oral cancer.<sup>8</sup>
- ◇ More recent data have shown higher rates of HPV in oropharyngeal cancers (77-93%).<sup>9</sup>



# ORAL CANCER

Michigan Department  
of Community Health



Oral cancer exams are recommended once a year  
with your dental or medical provider

## Screening Behaviors

- ◇ Only a fraction (~20%) of Americans receive an oral cancer examination.<sup>10</sup>
- ◇ Black patients, Hispanic patients, and those who have a lower level of education are less likely to have an oral cancer examination.



## Stages at Diagnosis

- ◇ Diagnosing cancers at an early stage is crucial to improving survival rate and reducing morbidity.
- ◇ The median age at diagnosis for cancer of the oral cavity and pharynx was 62 years of age in 2007.<sup>11</sup>
- ◇ In Michigan, only 40% of those with oral cancer were diagnosed when the cancer was still localized.

## Incidence and Mortality

- ◇ More than 61% of persons diagnosed with oral cancer die within five years of diagnosis.<sup>12</sup>
- ◇ The 5-year relative survival rate for persons with oral cancer diagnosed at a localized stage is 82.7%. In contrast, the 5-year survival rate is only 54.3% once the cancer has spread to regional lymph nodes at the time of diagnosis, and just 31.8% for persons with distant metastasis, and 53.4% for unstaged.<sup>13</sup>
- ◇ The average annual count of new cases of oral cancer from 2002-2006 was 1,163 new cases per 100,000
- ◇ The statewide age-adjusted incidence rate for oral cancer in 2002-2006 was 11.1 new cases per 100,000 persons.
- ◇ The 1991-2000 incidence rates were 2.6 times higher in males than females (17.3 vs. 6.7) and 1.5 times higher in African American males than white males (25.0 vs. 16.2).<sup>14</sup>
- ◇ From 2003-2007, the median age at death for cancer of the oral cavity and pharynx was 67 years of age.

**The incidence rate of oral cancer is comparable to that of cervical, stomach, and uterine cancer.**

<sup>1</sup> Schantz SP, Yu GP: Head and neck cancer incidence trends in young Americans, 1973-1997, with a special analysis for tongue cancer. Arch Otolaryngol Head Neck Surg 128 (3):268-74, 2002.

<sup>2</sup> Horner, M.J., Ries, L., Krapcho, M., Neyman, N., Aminou, R., Howlader, N., et al. SEER Cancer Statistics Review, 1975-2006.

<sup>3</sup> Blot WJ, McLaughlin JK, Winn DM, et al. Smoking and drinking in relation to oral and pharyngeal cancer. Cancer Res. 1988;48:3282-7

<sup>4</sup> The Effects of Smoking on Oral Health by Madeline Ellils. Jan. 22, 2008, <http://www.healthnews.com/the-effects-of-smoking-on-oral-health>

<sup>5</sup> U.S. Department of Health and Human Services (USDHHS). Healthy People 2010 Progress Review: Oral Health 2004.

<sup>6</sup> U.S. Department of Health and Human Services (USDHHS). Healthy People 2010 Progress Review: Oral Health 2004.

<sup>7</sup> McLaughlin et al., 1998; De Stefani et al., 1999; Levi, 1999; Morse et al., 2000; Phelan, 2003; Herrero, 2003

<sup>8</sup> [www.Oralcancerfoundation.org](http://www.Oralcancerfoundation.org)

<sup>9</sup> [www.cdc.gov/oralhealth](http://www.cdc.gov/oralhealth)

<sup>10</sup> Kerr AR, Changrani JG, Gany FM, et al.; An academic dental center grapples with oral cancer disparities: current collaboration and future opportunities. J Dent Educ 68 (5): 531-41, 2004.

<sup>11</sup> [http://seer.cancer.gov/csr/1975\\_2007/results\\_single/sect\\_01\\_table.11\\_2pgs.pdf](http://seer.cancer.gov/csr/1975_2007/results_single/sect_01_table.11_2pgs.pdf)

<sup>12</sup> Horner, M.J., Ries, L., Krapcho, M., Neyman, N., Aminou, R., Howlader, N., et al. SEER Cancer Statistics Review, 1975-2006.

<sup>13</sup> Horner, M.J., Ries, L., Krapcho, M., Neyman, N., Aminou, R., Howlader, N., et al. SEER Cancer Statistics Review, 1975-2006.

<sup>14</sup> National Cancer Institute. State Cancer Profiles 2002-2006.