



Cancers of the Oral Cavity and Pharynx in our Region

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CANCERS OF THE ORAL CAVITY and pharynx accounted for 1,687 (2.5 percent) new cancer cases in the Sacramento region¹ from 2001-2005. Typically these are cancers of the poor, the elderly and the uninsured and are associated with long-term tobacco use; alcohol abuse and, for as many as 15 percent of the population, infection with the Human Papillomavirus (HPV).

The average annualized age-adjusted incidence rate for oral cavity and pharyngeal cancers was 10.3 per 100,000 persons in the region during this period. Incidence by county ranged from 14.3 in El Dorado County to 9.0 per 100,000 in the combined counties of Alpine/Amador/Calaveras. Although the incidence of these cancers has been and remains higher in the Sacramento region than in the state, we've seen a steady decline in incidence since 1988.

The epidemiology of oral cavity and pharyngeal cancers in our region reflects that seen elsewhere. Men were diagnosed with oral cavity and pharyngeal cancers 2.4 times more often than women; at a median age of 63 and 67 years respectively. Non-Hispanic whites had the highest incidence while the lowest was among Asian-Pacific Islanders.

In the oral cavity, tumors were most often seen on the tongue (2.5 per 100,000), followed by the salivary glands and lips (1.6 per 100,000 each). This does not include cases of melanoma of the lips, of which there were less than 5 cases during this period. In the pharynx, the tonsils had the highest incidence (1.6 per 100,000).

Early diagnosis of all cancers - and oral cavity and pharyngeal cancers are no exception - can result in expedient appropriate treatment, less disfigurement from treatment, increased functionality after treatment, better prognoses, higher quality of life and longer survival.

Unfortunately, for both oral cavity and pharyngeal cancers near equal proportion of cases were diagnosed in the localized stage (41 percent) as those diagnosed in the regional stage (45 percent). Not surprisingly, those in the highest socioeconomic group were more likely to be diagnosed at the localized stage (46.8 percent); ethnic minorities were more likely to be diagnosed with tumors in advanced stages.

Survival after diagnosis with oral cavity and pharyngeal cancer, like most cancers, was dependent on stage at diagnosis. The 5-year relative survival for persons having oral cavity cancer was 81 percent for those with localized tumors but 41.2 percent for those with regional tumors and 27.4 percent for those with distant metastases. Five-year survival was bleaker for those diagnosed with pharyngeal cancers: 63 percent for those with localized tumors, 48.7 percent for those with regional tumors, and 22.5 percent for those with distant metastases.

Oral cavity and pharyngeal cancer are debilitating and often fatal diseases. The incidence of these cancers remains higher than most other areas of California possibly because of

our higher smoking rates.

The decline in incidence in our region is nonetheless promising - although differences in cancer screening by dentists, failure to report cases to the California Cancer Registry or limited access to dental care could produce similar results. For example, the county with the highest incidence, El Dorado County, has the third highest median household income among counties in the region; consequently, it's likely that residents of El Dorado County have access to effective and timely dental care and better reporting of cases.

Physicians play a major role in preventing and detecting these difficult cancers. Advise moderation in alcohol use, direct smokers to smoking cessation programs, and refer patients for appropriate biopsy of any suspicious lesions in head and neck region.

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1. The Sacramento region covers the counties of Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sierra, Solano, Yolo and Yuba.

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