



# Oral Cancer



## Basic description

Cancer can affect any part of the oral cavity, including the lips, tongue, mouth, and throat. There are 2 kinds of oral cancer: oral cavity cancer and oropharyngeal cancer.

The most common symptom of oral cancer is a sore in the mouth that bleeds easily and does not heal. Another common sign of oral cancer is pain in the mouth that does not go away. Other signs and symptoms include:

- A lump or thickening in the cheek
- A white or red patch on the gums, tongue, tonsil, or lining of the mouth
- A sore throat or a feeling that something is caught in the throat
- Trouble chewing, swallowing, or moving the tongue or jaw

## Opportunities

**Prevention** Smoking, smokeless tobacco, and alcohol substantially increase the risk of developing oral cancer. Quitting tobacco and limiting alcohol use significantly lower the risk of developing these cancers, even after many years of use. Some oral cancers are linked to human papilloma virus (HPV) infections of the mouth and throat. Avoiding HPV infection may help lower oral cancer risk. In addition, eating a healthy, balanced diet with at least 5 servings of fruits and vegetables every day may provide some protection against oral cancer.

**Detection** The American Cancer Society recommends that primary care clinicians and dentists examine the mouth and throat as part of a routine cancer-related check-up. Dentists and primary care clinicians have the opportunity, during regular check-ups, to see abnormal tissue changes and detect cancer at an early stage. Many clinicians and dentists also recommend that people, especially those at higher risk, take an active role in the early detection of these cancers by doing monthly self-examinations.

**Treatment** Radiation therapy and surgery are the main methods of treating oral cancers. In advanced cancer, chemotherapy may be used in combination with either treatment.

## Who is at risk?

**Gender** Oral cancers are about twice as common in men as in women.

**Age** The likelihood of developing oral cancer increases with age, but about 1 out of every 3 people diagnosed are younger than 55.

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## Other risk factors

- Tobacco use and alcohol. About 80% of patients with oral cancers use tobacco. The risk of developing these cancers increases with the amount smoked or chewed and the duration of the habit. About 70% of all patients with oral cancer drink alcohol frequently. The combination of smoking and drinking heavily raises a person's risk much more than either by itself.
- Sun exposure. Many patients with cancers of the lip have outdoor jobs associated with prolonged exposure to sunlight.
- Diet. A diet low in fruits and vegetables is associated with an increased risk of developing cancer of the oral cavity.
- HPV infection. Human papilloma virus may contribute to the development of about 25% of oral cancer cases.

## Quality-of-life issues

From the time of diagnosis, the quality of life for every cancer patient and survivor is affected in some way. They may be affected socially, psychologically, physically, and spiritually.

Concerns that patients and survivors most often express are fear of recurrence; chronic and/or acute pain; sexual problems; fatigue; guilt for delaying screening or treatment, or for doing things that may have caused the cancer; changes in physical appearance; depression; sleep difficulties; changes in what they are able to do after treatment; and the burden on finances and loved ones. People with oral cancers often feel social stigma and guilt associated with their history of tobacco and alcohol use, as well as self-consciousness due to the disfiguring effects of some oral cancers and their treatment.

## Bottom line

Most oral cancers could be prevented if people did not use tobacco or drink heavily. Quitting tobacco and limiting alcohol use sharply reduces the risk of developing oral cancer, even after many years of use. Many oral cancers may be found early by a combination of routine screening by a doctor or dentist and by self-examination.

### Oral cancer in the United States: 2011 estimates

- New cases: 39,400
- Deaths: 7,900
- 5-year relative survival rate for localized stage: 83%
- 5-year relative survival rate for all stages combined: 61%



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