

Oral Cancer



Basic description

Cancer can affect any part of the oral cavity, including the lips, tongue, mouth, and throat. There are two kinds of oral cancer: oral cavity cancer, which starts in the mouth, and oropharyngeal cancer, which develops in the part of the throat just behind the mouth (called the oropharynx).

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
- Difficulties in chewing, swallowing, or moving the tongue or jaw

Many of these signs and symptoms may be caused by other cancers or by less serious problems. It is important to see a doctor or dentist if any of these conditions lasts more than two weeks.

Opportunities

Prevention Most oral cancers can be prevented by avoiding risk factors, primarily tobacco and alcohol use. 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. In addition, eating a healthy, balanced diet with at least five servings of fruits and vegetables every day may provide some protection against oral cancer. Finally, lip cancers can be prevented by avoiding unprotected sun exposure, as well as pipe and cigar tobacco.

Detection The American Cancer Society recommends that primary care doctors and dentists examine the mouth and throat as part of a routine cancer-related checkup. Dentists and primary care doctors have the opportunity, during regular checkups, to see abnormal tissue changes and to detect cancer at an early, curable stage. Many doctors 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. This means using a mirror to check for any of the signs and symptoms of cancer in the mouth and throat.

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.

Statistics

The five-year relative survival rate represents the percentage of patients who live at least five years after diagnosis, whether disease-free, in remission, or under treatment (after excluding people who die of other causes from these calculations). It does not imply that five-year survivors have been permanently cured of cancer. Localized cancer represents cancer that, at the time of diagnosis, had not spread to additional sites within the body. Typically, the earlier cancer is detected and diagnosed, the more successful the treatment, thus enhancing the survival rate.

Who is at risk?

Gender Oral cancers are more than twice as common in men as in women. This is because men are more likely to use tobacco and alcohol over long periods of time and in large enough doses to cause these cancers.

Age The likelihood of developing oral cancer increases with age, especially after age 35. Half of all oral cancers are diagnosed in people older than 68 years.

Other risk factors

- 90% 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. Smokers are six times more likely than nonsmokers to develop these cancers.
- 75% to 80% of all patients with oral cancer drink alcohol frequently. These cancers are about six times more common in drinkers than in nondrinkers.
- More than 30% of patients with cancers of the lip have outdoor jobs associated with prolonged exposure to sunlight.
- A diet low in fruits and vegetables is associated with an increased risk of developing cancer of the oral cavity.
- Human papillomavirus (HPV) may contribute to the development of approximately 20% to 30% 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. The American Cancer Society has identified four quality-of-life factors that affect cancer patients and their families; these factors are social, psychological, physical, and spiritual.

The 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.

Oral cancer in the United States 2009 estimates

- **New cases:** 35,720
- **Deaths per year:** 7,600
- **Five-year relative survival rate for localized stage:** 82%
- **Five-year relative survival rate for all stages combined:** 60%

In recent years, the quality of life for those who are living with cancer has received increased attention. No one has to make the cancer journey alone. The American Cancer Society Cancer Survivors Network® is an online community for people with cancer and their families and friends. To participate, visit www.cancer.org/csn.

Emerging trends

Emerging trends in the area of oral cancers include:

Prevention Since the early 1980s, incidence and death rates for oral cancers have been decreasing. Although cigarette smoking among young people increased significantly during the 1990s, recent data suggest that this increase has leveled off and begun to decline. If this trend has reversed, the chance of developing oral cancer will be significantly lower in the next generation.

Tumor growth factors Researchers have discovered naturally occurring proteins in the body, called growth factors, that promote cell growth. Some oral cancer cells grow especially fast because they contain more growth-factor receptors than normal cells. New drugs are being developed to block the effects of these growth-promoting proteins. Some of the drugs are now being tested in clinical trials.

Chemotherapy Researchers are testing new methods of administering chemotherapy drugs to develop more effective treatments against advanced oral cancers. For example, one study is measuring the effects of injecting chemotherapy drugs directly into the tumor, while another is evaluating the effect of injecting chemotherapy drugs into the blood vessels that feed the oral cancer.

Radiation Clinical trials are testing the effectiveness of new twice-a-day radiation regimens in treating oral cancers. Initial work in this area has found high cure rates with some of the new regimens when the cancer has been detected at an early stage. There has also been progress in reducing dry mouth, one of the most common side effects of radiation.

Additional resources

To learn more about oral cancer and the American Cancer Society's programs, please call 1-800-227-2345 (toll free) or visit our Web site at www.cancer.org.

Additional information on oral cancer may be found at:

- **National Cancer Institute**
Cancer Information Service
Toll-free number: 1-800-4-CANCER
Web site: www.cancer.gov
- **Oral Cancer Foundation**
Telephone: 949-646-8000
Web site: www.oralcancerfoundation.org

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Bottom line

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



We **save lives** and create more birthdays by helping you stay well, helping you get well, by finding cures, and by fighting back.

cancer.org | 1.800.227.2345