

Head and Neck Cancer in West Virginia

Risk Factors

According to the National Cancer Institute (NCI)¹, research shows that certain risk factors increase the chance that a person will develop cancer and that many of those risk factors can be avoided.

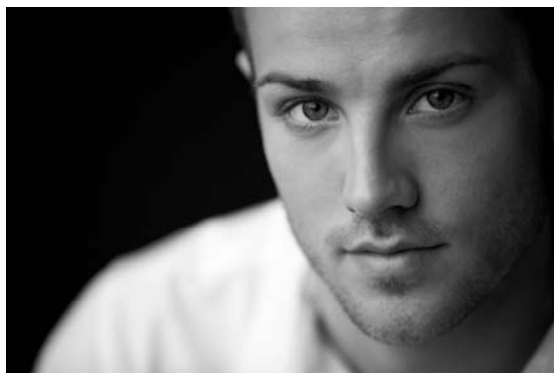
- Frequent, heavy consumption of alcohol
- Human papillomavirus (HPV)
- Use of tobacco (including cigars, pipes, snuff, and chewing tobacco), which is the single largest risk factor for head and neck cancer
- Epstein-Barr Virus (EBV)
- Gender - men are two to three times more likely than women to develop head and neck cancer
- Gastroesophageal reflux disease (GERD) and laryngopharyngeal reflux disease (LPRD)
- Poor nutrition
- Age – increases after age 50
- Weakened immune system
- Poor oral/dental hygiene
- Environmental/occupational inhalants
- Prolonged sun exposure

For more information, please contact the West Virginia Comprehensive Cancer Program

www.wvcancer.com
304-356-4193

What are Head and Neck Cancers?

Head and neck cancer includes cancers of the mouth, nose, sinuses, salivary glands, throat, and lymph nodes in the neck. Most begin in the moist tissues that line the mouth, nose, and throat.¹



If found early, these cancers are often curable.

Treatments may include surgery, radiation therapy, chemotherapy or a combination.

Treatments can affect eating, speaking or even breathing, so patients may need rehabilitation.

Symptoms

Head and neck cancer can involve many different locations within the head and neck. Listed below are symptoms from National Cancer Institute (NCI) for cancer in specific areas of the head and neck region. It is important to check with your doctor or dentist about any of these symptoms.¹

Oral cavity - In the oral cavity (or mouth), a white or red patch on the gums, tongue, or lining of the mouth; swelling of the jaw that causes dentures to fit poorly or become uncomfortable; and unusual bleeding or pain in the mouth are common signs.

Pharynx (Nasopharynx, Oropharynx, Hypopharynx) - Symptoms of the pharynx (or throat) are trouble breathing or speaking; pain when swallowing; pain in the neck or throat that does not go away; frequent headaches, pain, or ringing in the ears and trouble hearing.

Laryngeal - Cancer symptoms associated with the larynx (or voice box) include pain when swallowing and ear pain.

Paranasal sinuses and nasal cavity - A large air filled space above and behind the nose in the middle of the face. Symptoms here include sinuses that are blocked and do not clear; chronic sinus infections that do not respond to treatment with antibiotics; bleeding through the nose; frequent headaches, swelling or other trouble with the eyes; pain in the upper teeth; and problems with dentures.

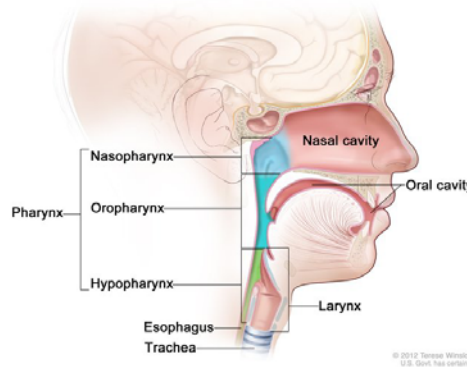
Salivary glands - Located in the mouth and throat, these glands produce and excrete saliva (or spit). Swelling under the chin or around the jawbone; numbness or paralysis of the muscles in the face; and pain in the face, chin or neck that does not go away are typical.

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Head and Neck Cancer Regions

The West Virginia Comprehensive Cancer Program (WVCCP) has compiled the latest information regarding head and neck cancer risk factors, symptoms, clinical advances, and policy changes.

Because there are numerous anatomical sites that are included in the head/neck region, WVCCP uses the oral cavity (mouth) and pharynx (throat) for the incidence/mortality rates and stage of disease at diagnosis since the oral cavity and pharynx make up approximately 60% of all head and neck cancers.²



Data

Incidence Rates² – 11.3 (per 100,000 population)²

Stage at Diagnosis² – Local 30%, regional/distant 63%, unknown 6%

Mortality Rate⁴ – 3.5 per 100,000

West Virginia has the **fourteenth highest average age-adjusted mortality rate in the United States** (2.6 per 100,000)⁵

Clinical Advances

NCI states that compared to radiation alone, cetuximab plus radiation therapy improves overall survival of patients with advanced head and neck cancer that has not spread to other parts of the body.

Policy Changes

The U. S. Preventive Services Task Force (USPSTF) last addressed screening for oral cancer in the *1996 Guide to Clinical Preventive Services* and found insufficient evidence to recommend for or against routine screening for oral cancer.

According to the February 2004 update, the USPSTF and the American Cancer Society (ACS) stand by this recommendation as well.

References

1. National Cancer Institute. Topic Page. <http://www.cancer.gov/cancertopics/factsheet/Sites-Types/head-and-neck> May 2014.
2. West Virginia Cancer Registry, 2006-2010.
3. American Society of Clinical Oncology. Topic Page. <http://www.cancer.net/cancer-types/head-and-neck-cancer/latest-research> May 2014.
4. West Virginia Health Statistics Center, Vital Statistics System, 2011.
5. CDC WONDER, (Wide-ranging Online Data for Epidemiologic Research) May 2014.

What You Can Do

Although there is no proven way to completely prevent this disease, and some risk factors of head and neck cancer can't be changed, there may be steps you can take to lower your cancer risk.³

Talk with your doctor if you have concerns about your personal risk of developing this type of cancer.

Stopping the use of all tobacco products is the most important thing someone can do, even for people who have been using tobacco for many years.

Steps that can reduce the risk of this cancer include:

- Avoiding alcohol
- Avoiding marijuana
- Using sunscreen regularly, including lip balm with an adequate sun protection factor (SPF)
- Reducing your risk of HPV infection by limiting sexual partners. (Having many partners increases the risk of HPV.) Using a condom cannot fully protect you from HPV during sex
- Maintaining proper care of dentures. Poorly fitting dentures can trap tobacco and alcohol's cancer-causing substances

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