

## Oral Cancer: The Facts

- In 2014, approximately 43,250 people will be diagnosed with oral and oral pharyngeal (posterior/rear of the mouth) cancer in the U.S. Because a large number of these individuals will be diagnosed as late stage cancers (66%), only 57% of them will survive five years.
- Each year, oral cancer kills more people in the U.S. than other more widely known forms of cancer, including skin cancer (malignant melanoma), lymphatic cancer (lymphoma), thyroid, and cervical cancer.
- In the U.S., someone dies of oral cancer every hour of every day. The death rate has remained relatively constant for almost five decades. About 115 new individuals will be diagnosed with oral cancer in the U.S. every day of the year.
- If oral cancer is detected early (in stages one or two), the survival rate is 80% to 90%; but when found as a later stage (stages three or four), the chances of survival drop to 20% to 30%. Late discovery and diagnosis are major factors in the high death rate. In the U.S., two-thirds of the diagnosed cases will be late stage 3 and 4 cancers this year. Since this cancer in many cases lends itself to early visual and tactile detection, this situation is correctable without the introduction of new science.
- Historically oral cancer has been most likely to occur after the age of 50. However, the fastest growing segment of the oral cancer population are people in the 25-50 year old age range. Evidence from leading cancer centers shows that most of this younger group are non-smokers. These patients represent a completely different etiology from the historic tobacco and alcohol causes. The same virus responsible for the majority of cervical cancers, HPV16, is the leading cause of posterior of the mouth cancers and some anterior of the mouth disease. Evidence indicates that this virus can be sexually transmitted between partners, and accounts for the increase in young, non-smoking victims of oral cancer who do not fall into the historic risk factor group.
- HPV16 is the dominant cause of oropharyngeal cancers in the US. Tobacco use in any form, and even in more so combination with heavy alcohol consumption, continues to be a major risk factor. However, since tobacco use is on a decline in the U.S., it is not the major driver in new oral cancer cases today as it was in past years.
- Additional risk factors for oral cancers include high alcohol consumption, the use of smokeless (chewing/spit) tobacco, as well as prolonged exposure to the sun (for lip cancers).
- Twenty years ago, the male to female ratio of oral cancer occurrence was ten men to one woman for tobacco related oral cancers. The ratio now is two men to one woman. Tobacco marketing (“You’ve come a long way baby”) was the reasons behind this. The ratio for HPV16 related oropharyngeal cancers (base of tongue, tonsil, and oropharynx) is three men to one woman.
- The rates of tobacco related oral cancer occurrence and death among African Americans are twice as high as they are among Caucasians. This is related to lifestyle choices and socio-economic factors, not biology. Caucasian men are most at risk for HPV16 related oral pharyngeal cancer.
- Regular dental checkups, when they incorporate oral cancer examinations, as well as an increased public awareness of oral cancer’s risk factors, can reduce the death rate of this disease. The importance of early detection, and the need for an annual screening, are the most crucial factors in reducing treatment related quality of life issues and the ultimate survival of oral cancer patients. Unlike most other cancer detection exams, the screening for oral cancer does not require any special equipment, pain, high cost, invasive tests, or procedures. Any dentist or primary care physician and many nurses and dental hygienists, who have been trained to do oral cancer examinations, can perform these screenings during a routine office visit.

