

Head and Neck Cancers

Head and neck cancers occur when cancerous cells develop in the head and neck area, including the mouth, throat, and nasal cavity. Usually, cancers of the head and neck begin in the moist lining of mucosal surfaces. Head and neck cancers are classified by location in the following areas:

- **Oral Cavity:** The lips, the inside layer of the lips and cheeks, the front portion of the tongue, the areas above and below the tongue, the gums, the hard palate, and the space behind the molars.
- **Nasal Cavity:** The hollow area within the nose.
- **Paranasal Sinuses:** The open spaces within the bones around the nose.
- **Lymph Nodes:** Enlarged lymph nodes in the neck area can sometimes be the first sign of head and neck cancers.
- **Larynx:** Known as the “voice box,” the larynx is the passageway that aids in breathing, swallowing, and speaking.
- **Pharynx:** The pharynx is the tube that connects the nose to the trachea (the tube to the lungs) and esophagus (the tube to the stomach). It has three parts: nasopharynx (behind the nose), oropharynx (middle of the pharynx, including soft palate, tonsils, and base of tongue), and hypopharynx (bottom of the pharynx).
- **Salivary Glands:** These are the saliva-producing glands in the bottom of the mouth and near the jawbone.

Statistics

- While statistics are not available for all head and neck cancer types, in 2022, **54,000 diagnoses** of oral cavity/oropharyngeal cancer and **12,470** of laryngeal cancer, with **11,230** and **3,820 deaths** respectively, are expected.
- In Texas in 2022, **3,715 people** are expected to be diagnosed with oral cavity/pharynx cancer and **967** with larynx cancer, resulting in an expected **824 deaths** and **305 deaths**, respectively.
- Head and neck cancers comprise about **4 percent** of U.S. cancer cases and develop more frequently in men than women.
- At least **70-80 percent** of cases of head and neck cancers are associated with the use of tobacco and alcohol.

Risk Factors

- **Age:** Adults over the age of 40 are more likely to face a head and neck cancer diagnosis.
- **Gender:** Men are at least twice as likely to develop head and neck cancers as women, although the incidence in women has been rising over recent decades, associated with an increase in tobacco use.
- **HPV Infection:** The human papillomavirus (HPV) is linked to about two-thirds of cases of oropharyngeal cancer.
- **Radiation:** Exposure to the head and neck from radiation treatment can increase risk of cancers occurring years later.
- **Tobacco:** Tobacco use increases risk for all head and neck cancers, especially oral cavity, hypopharynx, oropharynx, and larynx. Tobacco use has been linked to around 70-80 percent of head and neck cancer cases.
- **Alcohol:** Those who consume alcohol face a greater risk of head and neck cancers; when tobacco and alcohol are both used, the risk is much higher than with either alone.
- **Epstein-Barr Virus Infection:** Epstein-Barr virus infection increases risk of nasopharyngeal and salivary gland cancer.
- **Health Conditions:** Gastroesophageal reflux disease (GERD), laryngopharyngeal reflux disease (LPRD), immunocompromise, Fanconi anemia, and dyskeratosis congenita are also associated with an increased risk of head and neck cancers.
- **Lifestyle Factors:** Occupational exposure to wood dust, asbestos, paint fumes, and formaldehyde can increase risk of head and neck cancer. Other risk factors include poor nutrition and chronic poor oral health.

Symptoms

The symptoms of head and neck cancers vary based on their location and from person to person. It is important to consult a physician if any of the following symptoms are experienced on a persistent basis.

- Swelling
- Ringing of ears or sudden hearing loss
- Persistent headache
- Change in voice or hoarseness
- Pain in the throat, mouth, ear, face, upper teeth, chin, jaw, or neck area
- Chronic sore throat or blocked sinuses
- Nonhealing white or red patch in the mouth
- Facial numbness or paralysis
- Ear or sinus symptoms that do not resolve with treatment for infection
- Double vision
- New difficulty swallowing, chewing, moving the jaw or tongue, breathing, or speaking
- Ill-fitting dentures or loose teeth
- Sudden change in fit of dentures or new loose teeth
- Bleeding from the mouth or nose
- Lumps, bumps, or masses in the head and neck area
- Unintentional weight loss
- Foul breath
- Fatigue

Treatment Options

There are many treatment options for people with head and neck cancers, and these are often used together or in sequence. Treatment will depend on the location and stage of the cancer and include consideration of a person's overall health and goals of care. Treatments can include surgery, radiation with electron beam or proton therapy, and systemic (medication) therapy such as chemotherapy, targeted therapy, or immunotherapy. Palliation of symptoms and supportive care are also very important; head and neck cancers occur in an area with vital and sensitive structures, and treatments may relieve symptoms and improve quality of life even when cure is not expected. Texas Oncology encourages patients to consider participating in a clinical trial when available.

About Texas Oncology

Texas Oncology is an independent private practice with more than 500 physicians and 210 locations across the state. Meeting the oncology needs of Texans for more than 35 years, the practice includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists, and Texas Center for Interventional Surgery. As a lead participant in US Oncology Research, Texas Oncology played a role in the development of more than 100 FDA-approved therapies. For more information, visit www.TexasOncology.com.

Sources: American Cancer Society, American Society of Clinical Oncology, National Cancer Institute, and Texas Cancer Registry



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