

## 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:** Includes 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 air-filled spaces within the bones around the nose.
- **Lymph Nodes:** These are small, oval-shaped structures in certain areas of the body such as the head and neck and are part of the body's immune system.
- **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 cancers, in 2024, **58,450 diagnoses** of oral cavity/oropharyngeal cancer and **12,650** of laryngeal cancer are expected, with **12,230** and **3,880 deaths**, respectively.
- In Texas in 2024, **4,160 people** are expected to be diagnosed with oral cavity/pharynx cancer and **920** with larynx cancer, resulting in an expected **940 deaths** and **270 deaths**, respectively.
- Head and neck cancers comprise about **4%** of U.S. cancer cases and develop more frequently in men than women.
- About **70-80%** of cases of head and neck cancers are associated with the use of tobacco.

### Risk Factors

- **Age:** Adults over the age of 40 are more likely to face a head and neck cancer diagnosis.
- **Gender:** Men are about twice as likely to develop head and neck cancers as women, although the incidence in women has been rising over recent decades.
- **HPV Infection:** The human papillomavirus (HPV) is linked to about two-thirds of cases of oropharyngeal cancers.
- **Radiation:** Exposure to the head and neck from radiation treatment can increase the risk of cancer.
- **Tobacco:** Tobacco use increases risk for all head and neck cancers, especially in the oral cavity, hypopharynx, oropharynx, and larynx. Tobacco use has been linked to approximately 70-80% 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), a compromised immune system, 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 the 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 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, speaking
- 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
- Nasal discharge, obstruction, or persistent congestion
- Unintentional weight loss
- Foul breath
- Fatigue
- Enlarged lymph nodes in the neck area

## 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

With more than 530 physicians and 280 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multidisciplinary care, and includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists and Texas Infusion and Imaging Center. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at [TexasOncology.com](https://www.texasoncology.com).

*Sources: American Cancer Society, American Society of Clinical Oncology, Centers for Disease Control and Prevention, Fanconi Anemia Research Fund, and National Cancer Institute*



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