

VII. Selected Sites

E. Oral Cancer

About 90% of people with oral cancer use tobacco and over 70% are considered heavy drinkers. The combination of tobacco and alcohol use increases one's risk dramatically, and the risk rises with the amount and longevity of use. Early detection is possible through an oral exam to look for precancerous plaques or early disease. Regular dental and medical check-ups for evaluation of symptoms and premalignant lesions for regular alcohol and tobacco users are recommended. The Healthy People 2010 target is to have 85% of dentists counsel their patients about smoking cessation. In 1997, the only year for which data is available, 59% of dentists were counseling their patients to stop using tobacco. In Oregon, an estimated 82,000 adults use smokeless (chewing) tobacco.

About 15% of newly diagnosed patients with oral cancers will have another cancer in nearby areas such as the larynx, esophagus, or lung. Another 10% to 40% will develop cancer of one of these organs or a second cancer of the oral cavity later. For this reason, it is very important for patients with oral cancer to have follow-up examinations for the rest of their lives and to avoid risk factors, like smoking and drinking alcohol, which increase the risk for these secondary cancers.

Oral cancer is the 7th leading cancer site for men. A brief overview of Oregon's oral cancer data shows the following: (See Figure 60.)

1. In 2001, 429 new cases of oral cancer were diagnosed in Oregonians, of which 408 were invasive. There were 115 Oregonians who died due to oral cancer.
2. There has been a 2% annual decrease in oral cancer incidence rates over the past five years in Oregon. Mortality has also declined over this period, but this reduction is artificially amplified by a change in mortality coding in 1999. Please review the *Technical Section* for discussion of ICD-9 versus ICD-10 coding for oral cancers.
3. Oregon's age-adjusted oral cancer incidence and mortality rates are similar to national rates. As seen nationally, age-adjusted incidence and mortality rates were higher for men than women in Oregon.
4. Of all 50 states, Oregon ranked 16th for oral cancer mortality rates in 2000.
5. Almost half, 49%, of the cancers were diagnosed at an early stage (*in situ* or localized).

6. During 1997-2001, Oregon's M/I ratio for oral cancer was 0.28, suggesting a good prognosis for this disease. The M/I ratio was worse for women than men. Oral cancer leads to 426 YPLL each year in Oregon.

Figure 60

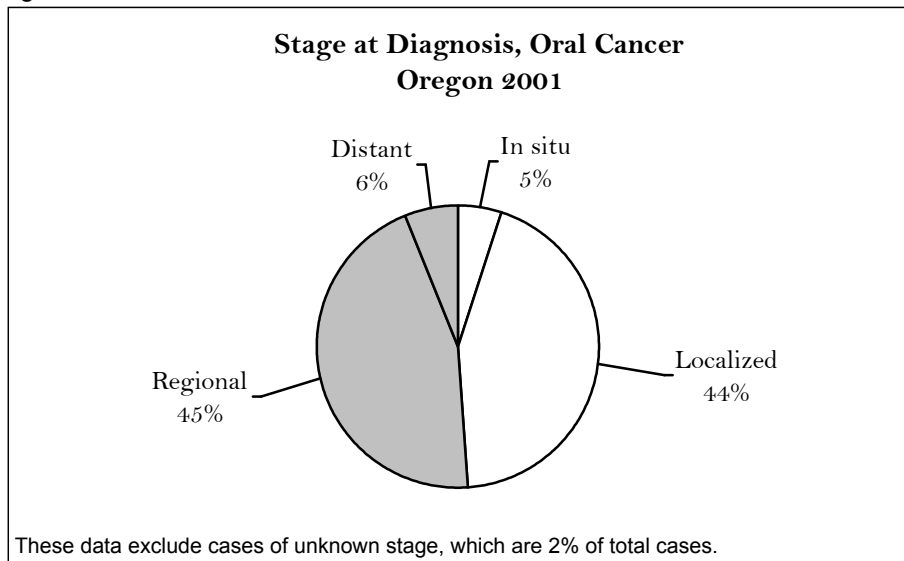
Oral Cancer Fast Facts				
Oregon 2001				
	Total¹	Male	Female	
Cancer Incidence				
All Cases Total	429	276	153	
In situ	21	9	12	
Localized	184	113	71	
Regional	189	133	56	
Distant	26	14	12	
Unstaged	9	7	2	
Invasive Rates				
Oregon Crude	11.8	15.5	8.1	
Oregon Age-adjusted	11.4	16.3	7.3	
Oregon Annual Current Trend (5-Year)	-2.1	-1.6	-2.7	
US Age-adjusted ²	11.0	16.5	6.6	
US Annual Trend ²	*-1.3	*-1.5	*-1.1	
Cancer Mortality				
Total Deaths	115	68	47	
Mortality Rates				
Oregon Crude	3.3	4.0	2.7	
Oregon Age-adjusted	3.2	4.3	2.4	
Oregon Annual Current Trend (5-Year)	-5.6	-0.4	-12.3	
US Age-adjusted ³	2.7	4.1	1.6	
US Annual Trend	n/a	n/a	n/a	
Prognosis & Burden⁴				
Prognosis: M/I Ratio	0.28	0.25	0.34	
Burden: YPLL before age 65	426	301	124	

* Indicates a statistically significant trend
¹ Total counts may exceed male/female combined due to additional sex coding
² 1996 - 2000 SEER 9 Registry Rate
³ 2000 mortality rate calculated from CDC Wonder: <http://wonder.cdc.gov>
⁴ Calculations based on combined years 1997 - 2001
M/I = Mortality-to-Incidence Ratio
YPLL = Years of Potential Life Lost

Stage at Diagnosis

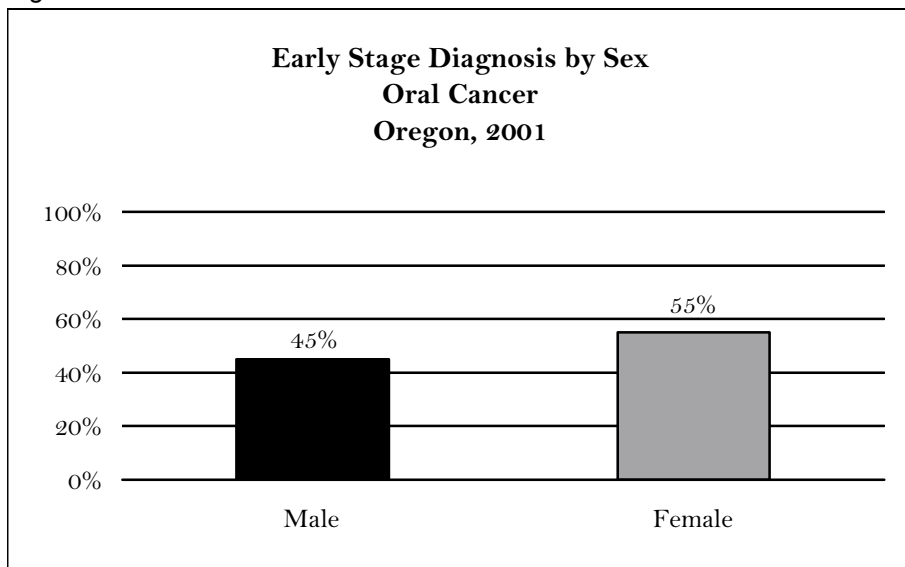
Identifying and treating precancerous conditions could nearly eliminate this group of cancers. Periodic examination of the mouth, by a health professional or by self-exam, to detect early precancerous lesions is an important prevention strategy.

Figure 61



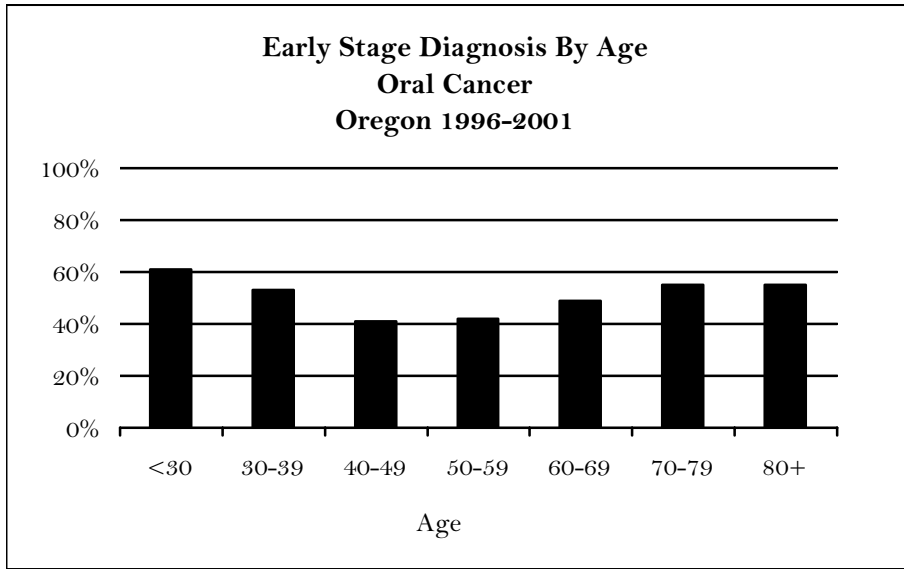
Despite the lack of a specific screening test, 48% of the oral cancer cases were diagnosed in an early stage. (See Figure 61.)

Figure 62



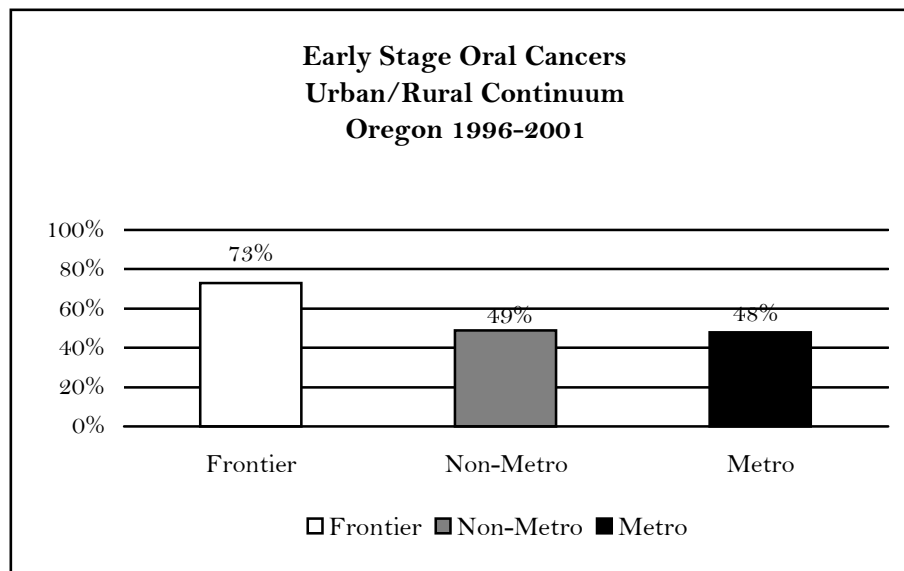
As seen with lung cancer, women have a greater percentage of early stage oral cancer diagnoses than men. (See Figure 62.)

Figure 63



Though Oregonians less than 40 years of age are more likely to have oral cancer diagnosed at an early stage, the percentage of early stage cases increases with age from age 49 on. (See Figure 63.)

Figure 64

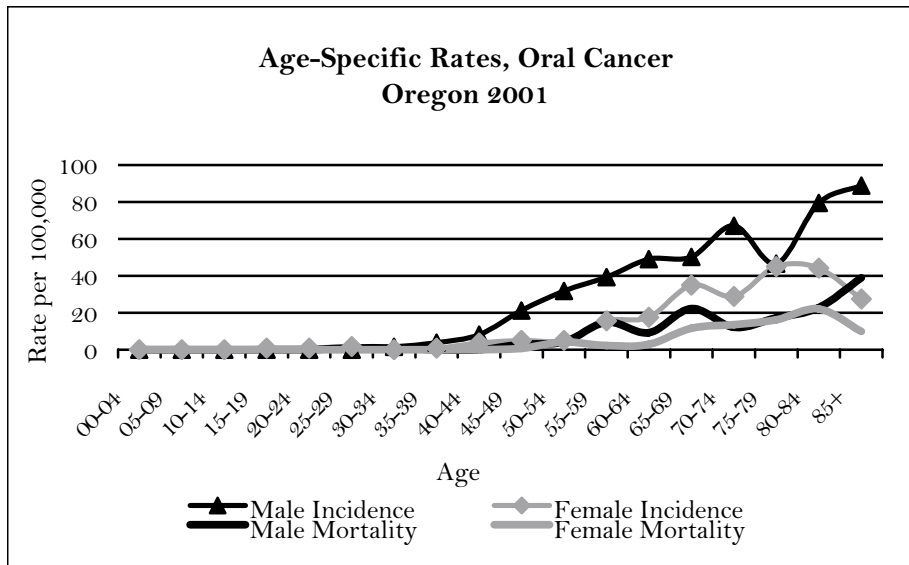


Like lung cancer, the percentage of oral cancers diagnosed at an early stage is similar for Metro and Non-Metro Counties. However, Frontier counties have a larger percentage of cases diagnosed at an early stage. (See Figure 64.)

Age-Specific Incidence and Mortality

Oral cancer incidence and mortality rates increase with age. Incidence and mortality rates are greater for men than women in all age groups. (See Figure 65.)

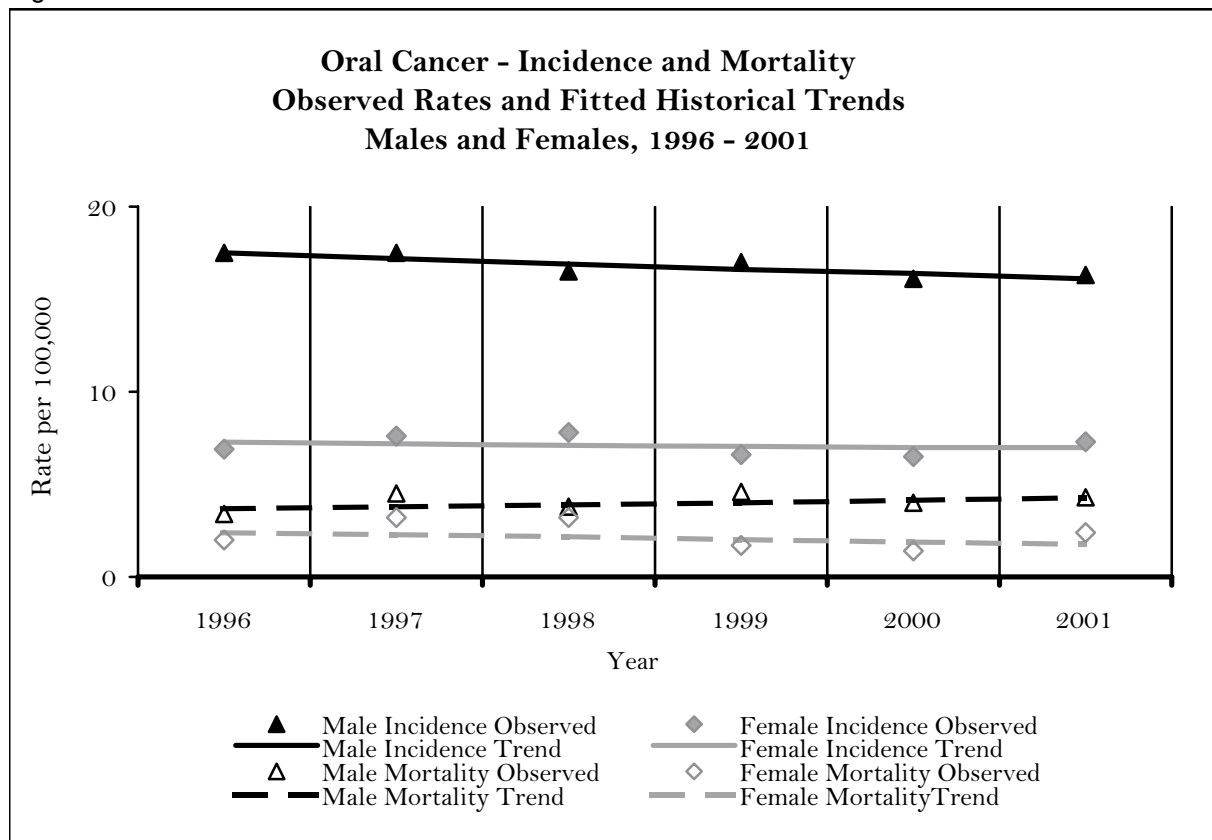
Figure 65



Historical Trends (1996-2001)

Incidence for men decreased 2% annually and for women decreased 1% annually. (See Figure 66.) While oral cancer mortality also decreased for women by 4% a year, mortality has risen 3% a year for men. However, oral cancer mortality is difficult to compare over this time period due to changes in coding in 1999 that significantly affect the mortality numbers for oral cancer. Please see the *Technical Section* for information about the change to ICD-10 mortality coding.

Figure 66



Regional Variation (Combined Five-Year Rates: 1997-2001)

Oral cancer incidence is higher in the Deschutes county region and along the Columbia Gorge from the Portland area to Gilliam county. (See Figure 67.) Oral cancer incidence is lower in the northern coast and the region including Crook and Harney counties.

Oral cancer mortality is higher in the Portland area and the southern coast. Oral cancer mortality is lower for much of the middle of the state. (See Figure 68.)

The high mortality areas around Portland and the southern coast may indicate areas that may benefit from targeted tobacco cessation programs.

Figure 67 Oral Cancer Incidence
1997 - 2001
Regional Variation

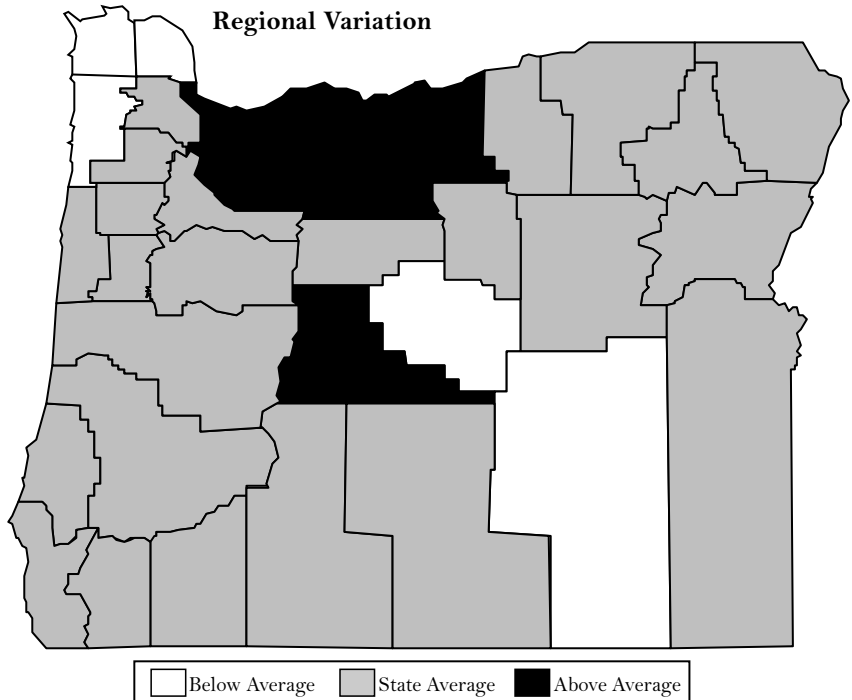


Figure 68 Oral Cancer Mortality
1997 - 2001
Regional Variation

