

F. ORAL CANCERS

Using tobacco and alcohol increases one's risk of oral cancers dramatically, and the risk rises with the amount and length of use. Over 80% of people with oral cancers are heavy tobacco and/or alcohol users. Data from the 2003 Oregon Behavioral Risk Factor Surveillance System (BRFSS) show that in addition to the 20% of Oregonians who smoked in 2003, an estimated 3% of Oregon adults used smokeless (chewing) tobacco. Data from the 2003 Oregon Healthy Teens survey show that an estimated 3% of 8th graders and 6% of 11th graders used smokeless tobacco. In addition, from the 2003 Oregon BRFSS, 6% of adult males and 7% of adult females were heavy drinkers (men who drank more than two drinks a day or women who drank more than one drink a day). And from the 2003 Oregon Healthy Teens survey, an estimated 25% of 8th graders and 43% of 11th graders drank at least one drink of alcohol in the 30 days preceding the survey.

About 15% of newly diagnosed patients with oral cancers will have another cancer in nearby areas such as the larynx, esophagus, or lung at the time of diagnosis. 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 cancers to have follow-up examinations throughout their lives and to avoid risk factors, like tobacco and alcohol use, which increase the risk for these secondary cancers.

Early detection and prevention are possible through an oral exam to look for precancerous plaques or early disease. Regular dental and medical check-ups for evaluation of symptoms and precancerous lesions may be useful in detecting oral cancers early. Due to the potential for primary prevention through tobacco control efforts, the reduction of oral cancers incidence and mortality has been identified as a priority for the Oregon Partnership for Cancer Control.

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ORAL CANCERS FAST FACTS OVERVIEW

Oral cancers are the 7th leading cancer site for Oregon men. A brief overview of Oregon's oral cancer data shows the following: (See Figure VII-F-1.)

1. In 2003, 427 new cases of oral cancers were diagnosed in Oregonians; 414 were invasive. In 2003, 93 Oregonians died due to oral cancers.
2. There has been a 1% annual decrease in oral cancer incidence rates over the past five years in Oregon. Mortality has also declined over this period by 3%, 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 tied for 17th for oral cancer mortality rates in 2002.
5. About 40%, of oral cancers were diagnosed at an early stage (*in situ* or localized).
6. During 1999-2003, Oregon's M/I ratio for oral cancers was 0.25, suggesting a good prognosis for this disease. The M/I ratio was worse for women than men. Oral cancers leads to 400 YPLL each year in Oregon.

ORAL CANCERS FAST FACTS

FIGURE VII-F-1

| ORAL CANCERS FAST FACTS | | | | |
|---|------------------------------|-------------|---------------|--|
| YEAR 2003 | | | | |
| Oregon | All Sexes¹ | Male | Female | |
| CANCER INCIDENCE | | | | |
| All Cases Total | 427 | 297 | 129 | |
| In Situ | 13 | 9 | 4 | |
| Localized | 153 | 97 | 56 | |
| Regional | 213 | 159 | 54 | |
| Distant | 32 | 22 | 10 | |
| Unstaged | 16 | 10 | 5 | |
| Incidence Rates | | | | |
| Oregon Crude | 11.7 | 16.3 | 7.0 | |
| Oregon Age-adjusted | 10.9 | 16.2 | 6.2 | |
| Oregon Current Annual Trend (1999-2003) | -1.0 | -1.7 | -0.2 | |
| US SEER Age-adjusted ² | 0.3 | 0.4 | 0.2 | |
| US SEER Annual Trend (1999-2003) ² | -3.7 | -4.9 | -0.5 | |
| CANCER MORTALITY | | | | |
| Total Deaths | 93 | 54 | 39 | |
| Mortality Rates | | | | |
| Oregon Crude | 2.6 | 3.1 | 2.2 | |
| Oregon Age-adjusted | 2.5 | 3.2 | 1.8 | |
| Oregon Current Annual Trend (1999-2003) | -3.1 | -7.3 | +4.5 | |
| US Age-adjusted ³ | 2.6 | 4.1 | 1.5 | |
| US Annual Trend (1999-2003) ³ | -0.8 | -0.4 | *-1.9 | |
| PROGNOSIS AND BURDEN⁴ | | | | |
| Prognosis: M/I Ratio | 0.25 | 0.23 | 0.29 | |
| Burden: YPLL before age 65 | 400 | 317 | 83 | |

Incidence and death rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age group)

* Indicates a statistically significant trend

¹ All Sexes counts may exceed male/female combined due to additional sex coding

² SEER 13 Registry Data, SEER Stat 6.2.3 (See *Technical Section, National Data*, for a description of SEER 13)

³ National Center for Health Statistics (NCHS) US Mortality Public Use Data

⁴ Calculations based on combined years 1999-2003

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, is an important prevention strategy to detect early precancerous lesions. The Healthy People 2010 target is for 85% of dentists to counsel their patients about smoking cessation. In 1997, the only year for which data are available, 59% of dentists nationally were counseling their patients to stop using tobacco.

Despite the lack of a specific population-based screening test, 40% of the oral cancers cases were diagnosed at an early stage. (See Figure VII-F-2.)

As seen with lung cancer, women have a greater percentage of early stage oral cancers at diagnosis than men. (See Figure VII-F-3.)

Oregonians aged 40-59 have lower rates of oral cancer diagnosed at an early stage compared to those who are older and younger. (See Figure VII-F-4.)

FIGURE VII-F-2

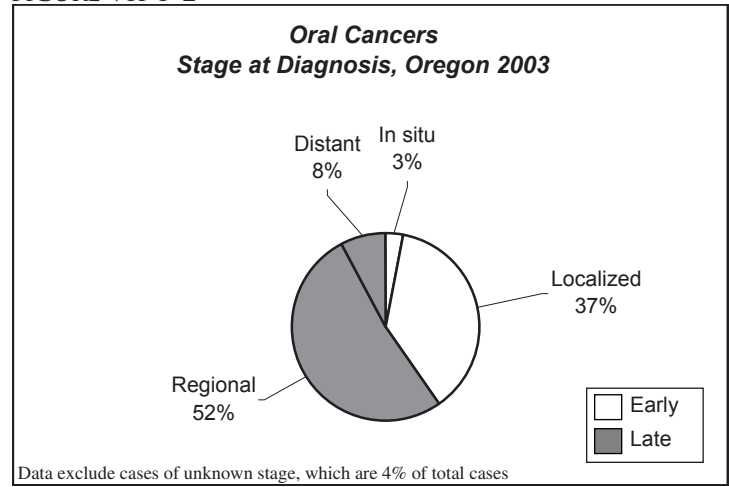


FIGURE VII-F-3

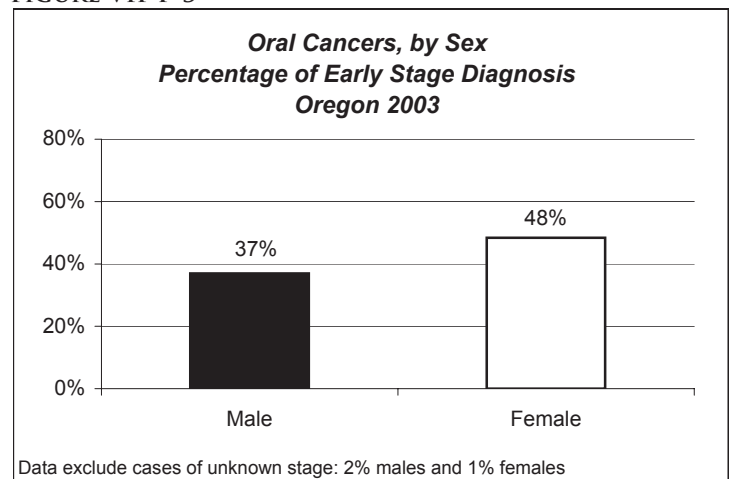
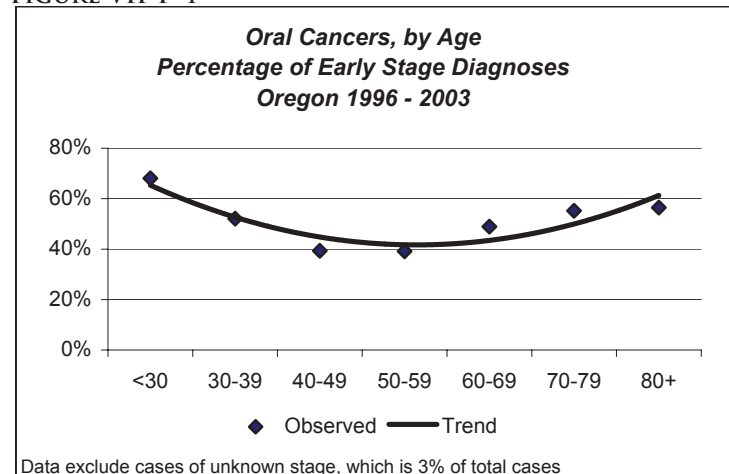
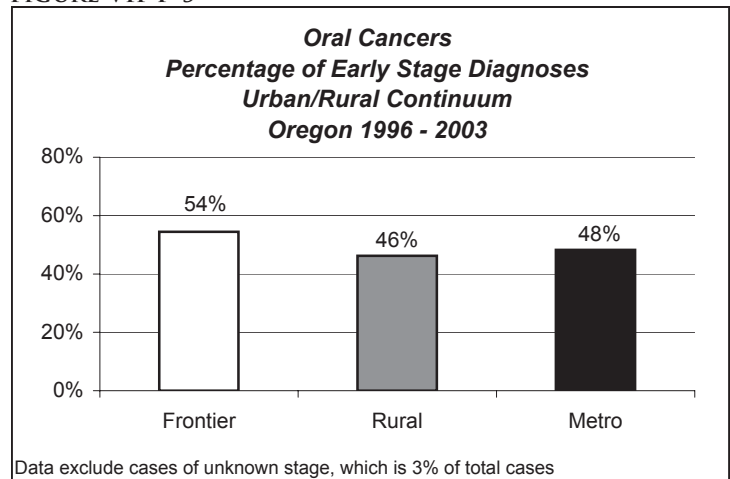


FIGURE VII-F-4



Like lung cancer, the percentage of oral cancers diagnosed at an early stage is similar for Rural and Urban counties. However, Frontier counties (<6 persons per square mile) have a larger percentage of cases diagnosed at an early stage. (See Figure VII-F-5.)

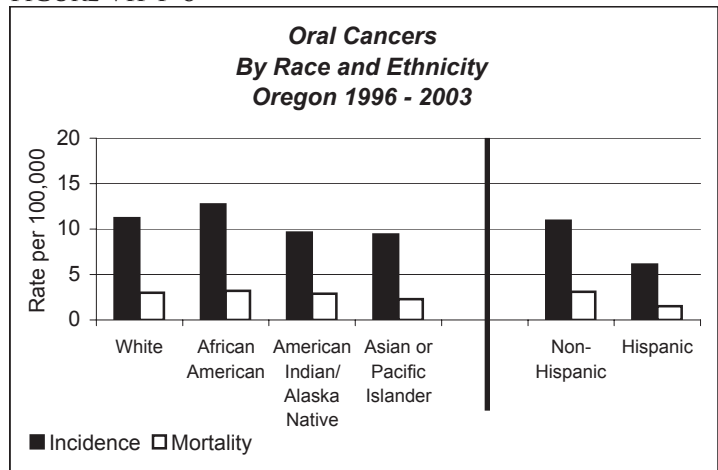
FIGURE VII-F-5



RACE AND ETHNICITY

Although race and ethnicity data need to be interpreted cautiously due to reporting issues (see the *Technical Section* for additional details), oral cancer incidence varies by race and ethnicity. (See Figure VII-F-6.) African Americans (AA) have the highest oral cancer incidence rates and Hispanics have the lowest. There are too few deaths due to oral cancers to evaluate stage at diagnosis by race or ethnicity.

FIGURE VII-F-6



Among racial groups in Oregon, the ranking of oral cancer incidence does not correlate with reported rates of smokeless tobacco use. (See Figure VII-F-7.) As with smoking rates, AI/AN report the highest smokeless tobacco usage while AA have the lowest rate of smokeless tobacco use but the highest oral cancer incidence rate.

FIGURE VII-F-7

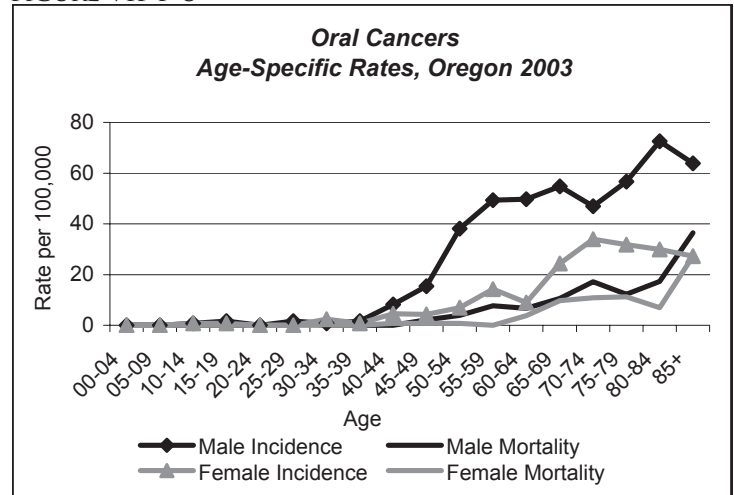
| Race and Ethnicity | Percent |
|--------------------------------|---------|
| American Indian/Alaskan Native | 16% |
| White (Non-Hispanic) | 8% |
| Asian/Pacific Islander | 2% |
| African American | 1% |
| Hispanic | 2% |

Oregon BRFS

AGE-SPECIFIC RATES

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 VII-F-8.)

FIGURE VII-F-8

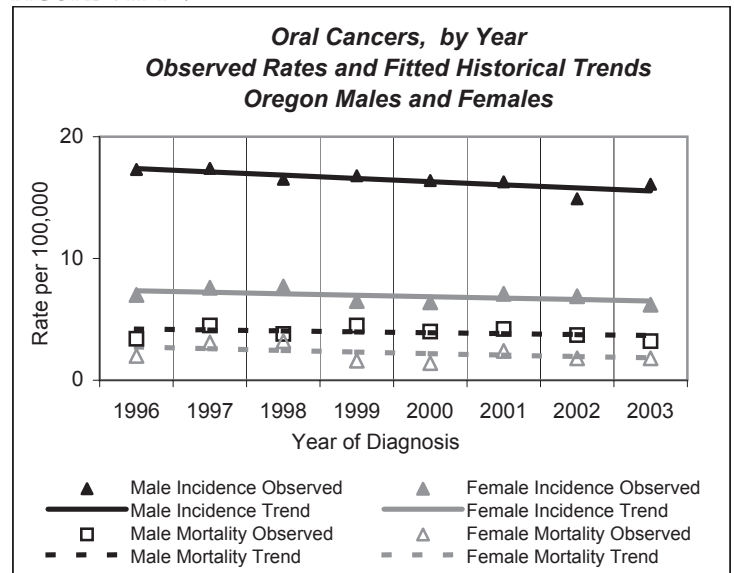


HISTORICAL TRENDS (1996-2003)

Oral cancer incidence rates have been declining, 2% a year for men and 0.2% a year for women. (See Figure VII-F-9.) Oral cancer mortality also decreased, by 1% a year for men and 5% a year for women.

It should be noted that 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 cancers. Please see the *Technical Section* for information about the change to ICD-10 mortality coding.

FIGURE VII-F-9



REGIONAL VARIATION (COMBINED EIGHT-YEAR RATES: 1996-2003)

Eastern Oregon, Clatsop County, and much of central Oregon have oral cancer incidence rates that are lower than the national rate. The rest of the state has oral cancer incidence rates that are higher than seen nationally. (See Figure VII-F-10.)

Oral cancer mortality has a less defined geographical pattern than incidence. (See Figure VII-F-11.) This may be due to regional differences in diagnosing and treating oral cancers. Mortality rates are higher than the national rates in the lower Columbia River Gorge, southern coast, and Clackamas, Jefferson, and Wheeler Counties. Eastern Oregon, much of the Willamette Valley, and Crook and Deschutes Counties have oral cancer mortality rates that are lower than national rates.

FIGURE VII-F-10

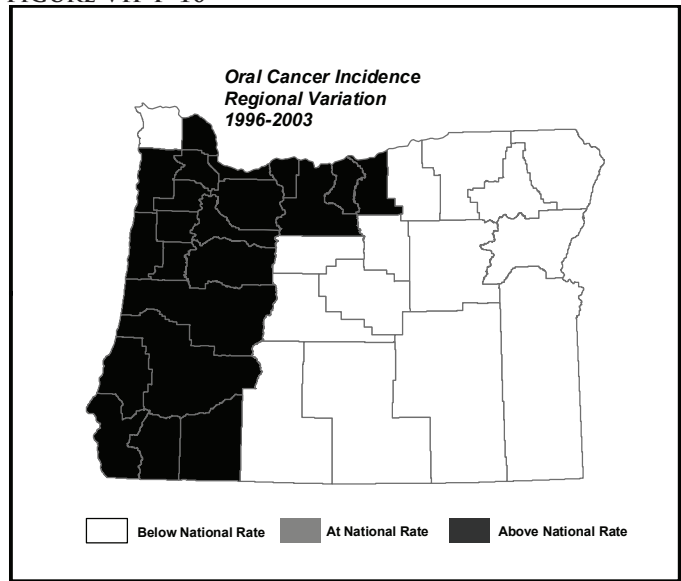


FIGURE VII-F-11

