Cancer

Oral Cancer (Head and Neck Cancer)

What is oral cancer?

Cancer develops when cells grow out of control. Oral cavity cancer affects the mouth and oropharyngeal cancer affects the upper part of the throat. Mouth and throat cancer may involve the lips, cheeks, gums, tongue, salivary glands and tonsils. Sometimes oral cancer is considered part of a broader category, head and neck cancer, which also includes cancers of the nasal cavity, sinuses and larynx (voice box).

Who gets oral cancer?

More than 49,600 people get oral cancer and about 9,700 die from it annually, according to the American Cancer Society. The death rate for these cancers has been increasing in recent years.

Men are about twice as likely as women to get oral cancer. The average age at diagnosis of oral cancer is about 60, but these cancers can also occur in younger people. Overall, oral cancer is equally common across racial and ethnic groups, but mouth and throat cancers linked to human papillomavirus (HPV) are increasing among white men and women.

What are the risk factors for oral cancer?

Risk factors for developing oral cancer include smoking or chewing tobacco, alcohol consumption and chewing areca nut and betel leaves (commonly done in South Asia). Additional factors include a history of cancer, excessive sun exposure, poor oral health, a weakened immune system and chronic lichen planus infection.

A large and growing proportion of oral cancers are associated with human papilloma virus. HPV can be detected in about two-thirds of oropharyngeal cancers, but fewer oral cavity cancers. There are more than 100 types of HPV, but only a small number are linked to cancer. Two types in particular, 16 and 18, are responsible for a majority of oropharyngeal cancers, as well as cervical and anal cancers. Sexual contact is a common way to get HPV, but this can also occur through nonsexual contact. HPV vaccines, which prevent cervical cancer, can also protect against HPV-associated mouth and throat cancer.

What are the symptoms of oral cancer?

Oral cancer can cause many types of symptoms, depending on where it occurs and how advanced it is. Some people develop leukoplakia or erythroplakia, patches of abnormal cells in the mouth that can progress to cancer. Oral cancers often don’t cause symptoms until they’ve reached a

more advanced stage, or they may cause nonspecific symptoms similar to those caused by other conditions. Symptoms of mouth or throat cancer may include:

- Unexplained bleeding
- White, red or speckled patches on the lips or in the mouth or throat
- Swellings, lumps or bumps anywhere in the mouth or throat
- Rough spots or crusty areas on the lips, gums or other parts of the mouth
- Unexplained numbness in the mouth or throat
- Unexplained pain or tenderness in any part of the face, mouth, throat or neck
- Sores or ulcers in the mouth that don’t go away, including on the tongue
- Persistent ear pain
- Loose teeth or dentures that don’t fit properly
- Lumps or swelling of the tonsils
- Swollen lymph nodes in the neck

How is oral cancer diagnosed?

Often dentists are the first to detect suspected oral cancer during checkups, but unusual changes in the mouth should be seen by a doctor, as early diagnosis and treatment of cancer increases the likelihood of long-term survival.

The process of diagnosis starts with a physical exam and medical history, including family history and how long symptoms have been present. The exam will check for any unusual lumps or bumps in the mouth or on the face, head or neck. An endoscope, a flexible tube with a tiny camera, may be used to look deeper into the throat. A related type of scope may be inserted into the nose to examine the nasal cavity and upper throat. During these exams, a small tissue sample (a biopsy) may be removed to examine in a laboratory.

X-rays, computed tomography (CT), positron emission tomography (PET), MRI or ultrasound scans may be performed to see how extensive the cancer is and how much it has spread. A barium swallow may be done, which involves drinking a liquid that makes the throat and esophagus show up more clearly on scans.

How is oral cancer treated?

Treatment for oral cancer depends on how advanced the cancer is when it is detected, including how many tumors there are, how large they are and whether they have spread to nearby lymph nodes and other parts of the body.

Surgery: Some small and localized mouth and throat tumors can be surgically removed; this is

known as resection.

Radiation: Radiation may be used to kill cancer cells that remain after surgery or to shrink tumors that cannot be surgically removed. It is often used in conjunction with other forms of treatment.

Chemotherapy: Traditional chemotherapy works by killing fast-growing cells, including cancer cells. It can also destroy rapidly dividing healthy cells, such as those in the gut or hair follicles, leading to side effects like nausea and hair loss.

Targeted therapy: Targeted drugs work against cancers with specific characteristics. For example, they may interfere with signaling pathways that regulate cell growth. Targeted treatment is often better tolerated than chemotherapy, but cancer may develop resistance over time.

Immunotherapy: The newest type of treatment helps the immune system fight cancer. For example, some tumors can turn off immune responses against them, and drugs known as checkpoint inhibitors can restore T cells' ability to recognize and destroy cancer cells. Some immunotherapy drugs are approved for advanced head and neck cancer, but these work for only a subset of patients, and it is hard to predict who will benefit.

For more information on oral cancers, visit:

American Cancer Society: Oral Cancer

National Cancer Institute: Head and Neck Cancer

For more information about oral cancer, please visit our sister site Cancer Health.

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