

# Oral Cavity & Pharynx Cancers

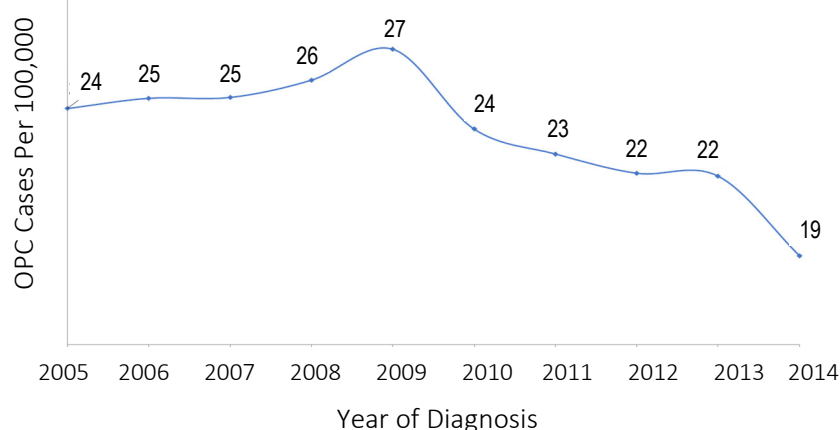
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## Fact Sheet: Data on Veterans Using VA Health Care

CSPEAR provides timely epidemiologic information on VA health care users. This fact sheet presents summary data to inform a broad community of VA leaders, investigators, and clinicians as they consider how best to address the needs of Veterans.

**Introduction:** Oral cavity and pharynx cancers (OPC) consist of malignancies that occur in the mouth, tonsil, salivary glands, and pharynx. For OPC, an estimated 53,000 new cases and 10,860 deaths will occur in the US in 2019.<sup>1</sup> The specific malignancies which comprise OPC are considered rare cancers based on the NCI definition of fewer than 15 per 100,000 person-years.<sup>2</sup>

Trends in OPC Incidence, FY 2005-2014



### Fast Facts

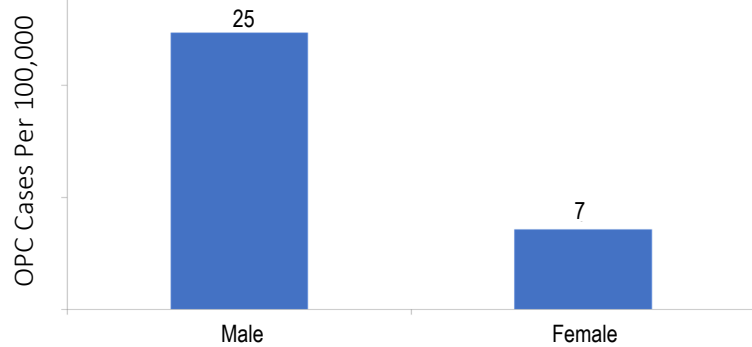
Among patients receiving care in the VHA:

- There are ~1800 new OPC cases per year, accounting for 4.6% of all new cancer cases.<sup>4</sup>
- The age-adjusted incidence rate has decreased from 24 to 19 per 100,000 between 2005-2014. Corresponding rates in U.S. male population were 15.7 in 2005 and 17.4 in 2014.<sup>3</sup>
- Overall age-adjusted incidence FY2005-2014 is 23 per 100,000 person-years.
- 5-year overall survival is 41% and median survival is 3.3 years for patients diagnosed 2002-2012.
- Median age at diagnosis is 63 in males and 57 in females.
- The most important risk factors for OPC are alcohol and tobacco use. At least 50% of patients were former smokers and one-third were current smokers at the time of diagnosis.

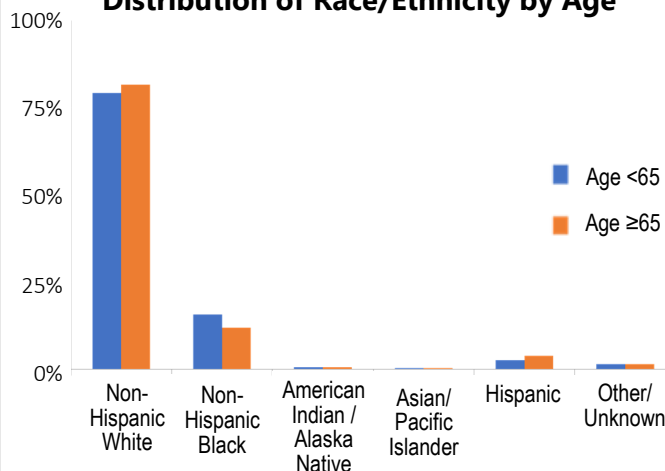
Smoking Status at Time of Cancer Diagnosis

Period	Never	Former	Current	Unknown
2005-2009	9.1%	56.0%	29.3%	5.6%
2010-2014	11.5%	49.5%	34.1%	4.9%

OPC Incidence by Sex



Distribution of Race/Ethnicity by Age



Visit [CSPEAR's website](#) or contact [CSPEAR@va.gov](mailto:CSPEAR@va.gov) for more information.

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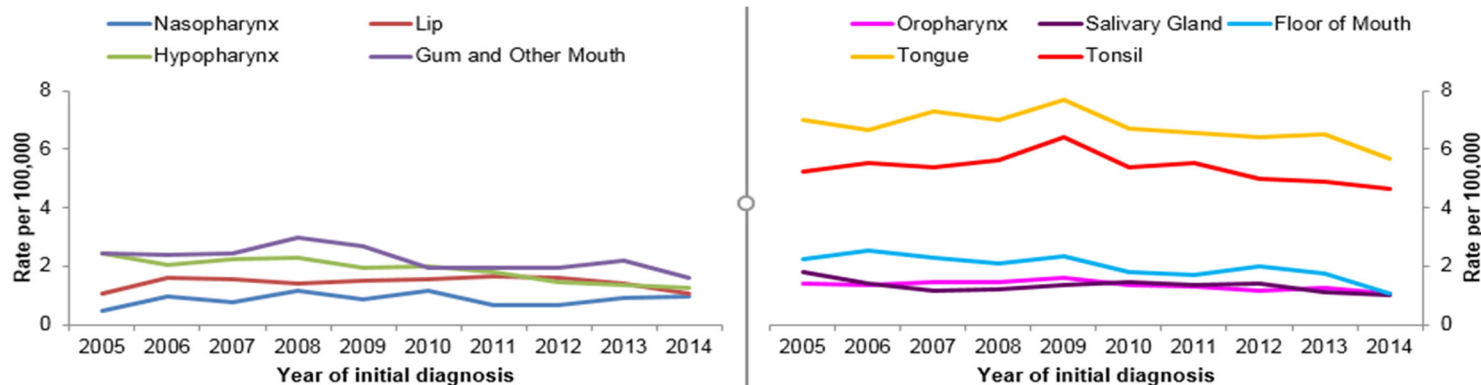


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Anatomic site	ICD-O-3 <sup>5</sup>	Average cases per year	Incidence per 100,000	Median age at diagnosis
Tongue	C019-C029	503	6.8	62
Tonsil	C090-C099	366	5.3	61
Gum and other mouth	C030-C039, C050-C059, C060-C069	197	2.2	64
Hypopharynx	C129, C130-C139	170	1.9	63
Floor of mouth	C040-C049	160	2.0	62
Lip	C000-C009	146	1.4	69
Oropharynx	C100-C109	106	1.3	62
Salivary gland	C079-C089	100	1.3	67
Nasopharynx	C110-C119	54	0.9	62
Other	C140, C142, C148	28	0.3	64

OPC are further categorized by the anatomic site in which they originated. Here we present sites that are collectively referred to as OPC. The average number of cases per year for site-specific malignancies range from 54 for nasopharynx to 503 for tongue. The corresponding incidence rates range from 0.9 to 6.8 per 100,000 person-years. Median age at diagnosis for all OPC is 64, and ranges from 61 for cancers of the tonsil to 69 for cancers originating in the lip. In the U.S. incidence rates for all OPC sites range from 0.7 for oropharynx to 4.7 per 100,000 for tongue.<sup>6</sup>

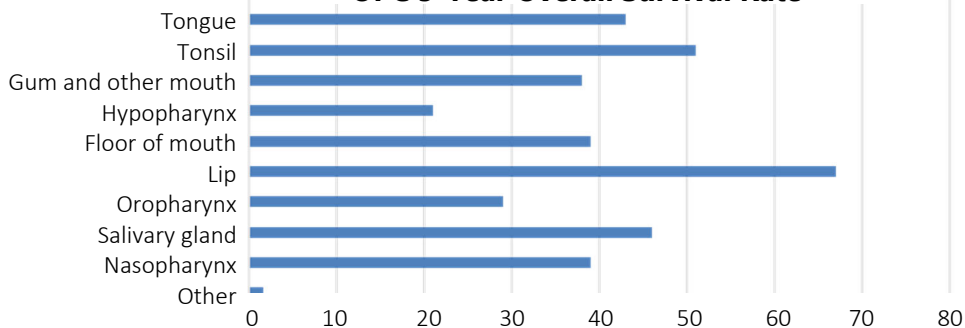
### Trends in OPC Incidence by Anatomic Site, 2005-2014



Trends in incidence for most OPC sites have either declined slightly or remained stable over the 10-year time period. The following sites have been most consistent: floor of mouth, oropharynx, and salivary gland. OPC site with the greatest decrease was hypopharynx (1.6/100,000 in 2005 to 0.8/100,000 in 2014).

For all OPC, 5-year survival rates have increased between 2002-2014, from 37% for those diagnosed 2002-2005 to 47% for 2010-14 diagnoses. Site-specific 5-year overall survival rates were highest for cancers of the lip and tonsil, and lowest for hypopharynx and other OPC.

### OPC 5-Year Overall Survival Rate



### Summary of Data Sources and Analysis

Data were obtained from the VA Central Cancer Registry, which contains demographic, tumor and treatment characteristics for VHA patients. OPC cancers were identified using ICD-O-3 codes and SEER site recode 20010-20100.<sup>5</sup> Vital status was obtained from the VA Corporate Data Warehouse. The overall survival was estimated using Kaplan-Meier method. Age-adjusted incidence was calculated based on US 2010 adult population and VHA user population estimates. The number of VHA users in FY05-15 was obtained from the VA National Center for Veterans Analysis and Statistics.<sup>7</sup>

**Notes:** This work was conducted under the Epidemiology of Cancer among Veterans (EpiCAN) protocol (IRB: #2009). This material is the result of work supported with resources and the use of facilities at the VA Cooperative Studies Program Epidemiology Center in Durham, NC. The contents do not represent the views of VA or the US Government.

### References

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