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 or the tissue lining of organs with hollow openings. Head and neck cancers are identified in the following areas:

- **Oral Cavity:** Comprised of 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 wisdom teeth.
- **Nasal Cavity:** Includes the hollow area within the nose.
- **Paranasal Sinuses:** Includes the open spaces within the bones around the nose.
- **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 esophagus. It has three parts: nasopharynx (behind the nose), oropharynx (middle of the pharynx, including soft palate, base of tongue, and tonsils), and hypopharynx (bottom of the pharynx).
- **Salivary Glands:** These are the saliva-producing glands, in the mouth’s bottom and near the jawbone.

Statistics

- While statistics are not available for all head and neck cancer types, in 2019, 53,000 diagnoses of oral cavity/oropharyngeal cancer and 12,410 with laryngeal cancer, with 10,860 and 3,760 deaths respectively, are expected.
- In Texas in 2019, 3,399 people are expected to be diagnosed with oral cavity/pharynx cancer and 971 with larynx cancer, resulting in 775 deaths and 310 deaths, respectively.
- Head and neck cancers comprise about 4 percent of U.S. cancer cases and develop more frequently in men than women.
- About 75 percent of cases of head and neck cancers are associated with the use of tobacco and alcohol.

Risk Factors

- **Age:** Adults over the age of 40 are more likely to face a head and neck cancer diagnosis.
- **Gender:** Men are at least twice as likely to develop head and neck cancers as women, although over the last several decades, the incidence in women has been increasing.
- **HPV Infection:** The human papillomavirus (HPV) increases risk for some forms of head and neck cancers and causes about two-thirds of oropharyngeal cancers.
- **Radiation:** Exposure to the head and neck from radiation treatment can increase risk.
- **Tobacco:** Tobacco use increases risk for all head and neck cancers, especially oral cavity, hypopharynx, oropharynx, and larynx.
- **Alcohol:** Those who consume alcohol face a greater risk of head and neck cancers.
- **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), graft-versus-host disease (GVHD), compromised immune systems, Fanconi anemia, and dyskeratosis congenita may also increase the risk of head and neck cancers.
- **Lifestyle Factors:** Occupational exposure to wood dust, asbestos, paint fumes, and formaldehyde; poor oral health; poor nutrition; prolonged sun exposure; marijuana use; and consumption of paan and preserved or salted foods are associated with head and neck cancer.

Symptoms

It is important to consult a physician if any symptoms are experienced on a persistent basis.

- Swelling of the jaw, eyes, or chin
- Ringing of ears
- Persistent headaches
- 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
- White or red patch in mouth
- Face muscle numbness or paralysis
- Ear infection or sinus infections resistant to treatment
- Trouble swallowing, chewing, moving jaw or tongue, hearing, breathing, speaking, or with dentures or loose teeth
- Bleeding of the mouth or nose
- Lumps, bumps or masses
- Double vision
- Nasal discharge, obstruction, or persistent congestion
- Unexplained weight loss
- Foul breath
- Fatigue

Treatment Options

Treatment options vary depending on how advanced the cancer is and if it has spread to other parts of the body. Physicians will determine the most appropriate treatment options for each patient, including surgery, radiation therapy, proton therapy, targeted therapy, immunotherapy, and chemotherapy. A combination may be used for the best chance of disease control.

Sources: American Cancer Society, American Society of Clinical Oncology, National Cancer Institute, and Texas Cancer Registry