



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, 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.
- **Lymph Nodes:** Enlarged lymph nodes in the neck area can sometimes be the first sign of head and neck cancers.
- **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, 51,540 people in the U.S. in 2018 are expected to be diagnosed with oral cavity/pharynx cancer and 13,150 with larynx cancer, with 10,030 and 3,710 deaths respectively.
- In Texas in 2018, 3,283 people are expected to be diagnosed with oral cavity/pharynx cancer and 980 with larynx cancer, resulting in 765 deaths and 310 deaths, respectively.
- Head and neck cancers comprise about 3 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.
- **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 X-rays or radiation treatment can increase risk.
- **Tobacco:** Tobacco use increases risk for all head and neck cancers, especially for those of the 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), or compromised immune systems may also increase the risk of head and neck cancers.
- **Lifestyle Factors:** Occupational exposure to wood dust, poor oral health, poor nutrition, and consumption of paan, 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.

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| • Change in voice or hoarseness | • Nasal discharge, obstruction, or persistent congestion | • Trouble swallowing, chewing, moving jaw or tongue, hearing, breathing, speaking, or with dentures or loose teeth |
| • Pain in the throat, mouth, ear, face, upper teeth, chin, jaw, or neck area | • Face muscle numbness or paralysis | • Foul breath |
| • Swelling of the jaw, eyes, or chin | • Persistent headaches | • Fatigue |
| • Lumps, bumps, or masses | • Unexplained weight loss | • Chronic sore throat or blocked sinuses |
| • Ringing of ears | • Ear infection or sinus infections resistant to treatment | |
| • Double vision | • Bleeding of the mouth or nose | |
| • White or red patch in mouth | | |



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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