

Cancer in Utah

Oral Cavity & Pharynx

<i>Summary</i>	Male		Female	
	Utah 1996-2000	US 1996-99	Utah 1996-2000	US 1996-99
Average annual age-adjusted incidence rates*	12.7	16.7	5.1	6.7
Rank among cancer incidence rates	7	6	13	13
Average annual number of new cases	89	19,700	42	9,840
Percent of all new cancer cases	2.7 %	3.1 %	1.5 %	1.6 %
Lifetime risk of this cancer (00-79 years)	1 in 85	1 in 59	1 in 191	1 in 146
Average annual age-adjusted mortality rates*	2.7	4.5	1.0	1.7
Rank among cancer mortality rates	16	13	18	18
Average annual number of deaths	18	5,160	8	2,640
Percent of all cancer deaths	1.5	1.8	0.8	1.02
* Rates per 100,000 and standardized to the 2000 U.S. population				

Cancers of the oral cavity and pharynx account for less than three percent of all cancers. These tumors are primarily squamous cell carcinomas and occur most commonly on the tongue, lip, and floor of the mouth. Other sites include the soft palate, tonsils, salivary glands, and back of the throat (oral pharynx). Incidence rates for cancers of the oral cavity and pharynx, as a group, declined during the period 1981-2000.

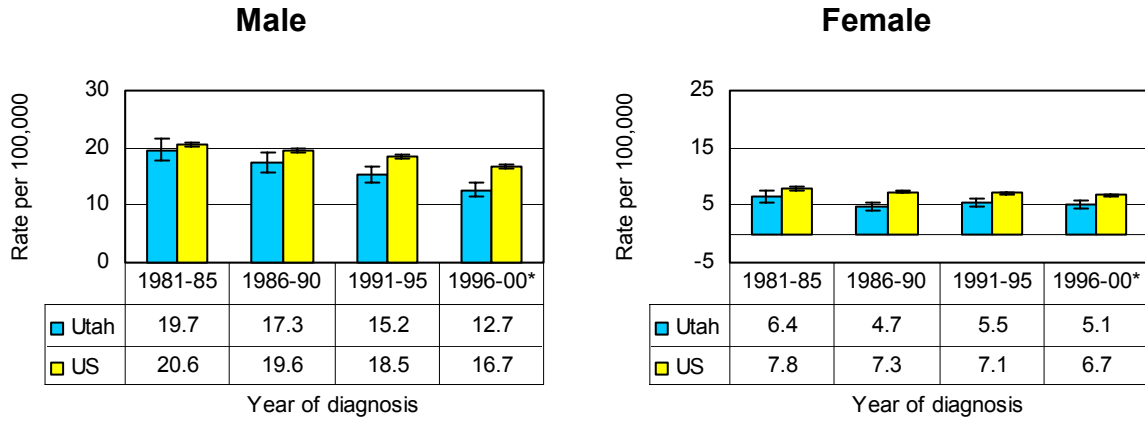
Most oral and pharyngeal tumors in the United States are caused by tobacco and alcohol consumption. Smoking accounts for most of the oral cancers, but chewing and snuff dipping also cause this disease. There is evidence that combined exposure to both alcohol and tobacco increases the risk beyond that which would be expected by simply adding together the separate effects of each exposure. Current evidence suggests that individuals who frequently consume fresh fruits and vegetables are at reduced risk of this disease.

The most important preventive measures for cancers of the oral cavity and pharynx are to avoid exposure to tobacco products and to use alcohol only in moderation. Approximately one-half of all individuals with these tumors are diagnosed at advanced stages and these patients have the worst prognosis. The efficacy of screening for oral cancers has not been adequately evaluated, but examination of the oral cavity for neoplasms could be accomplished at minimal cost during routine dental care and might be beneficial.

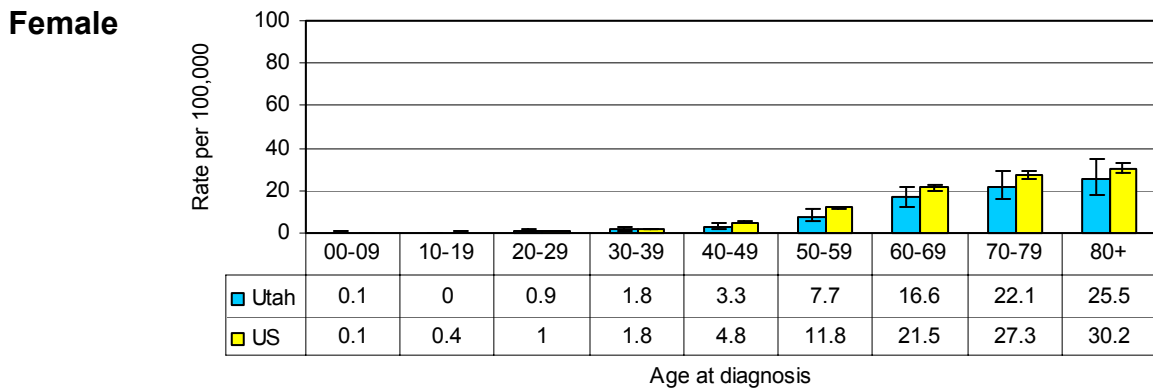
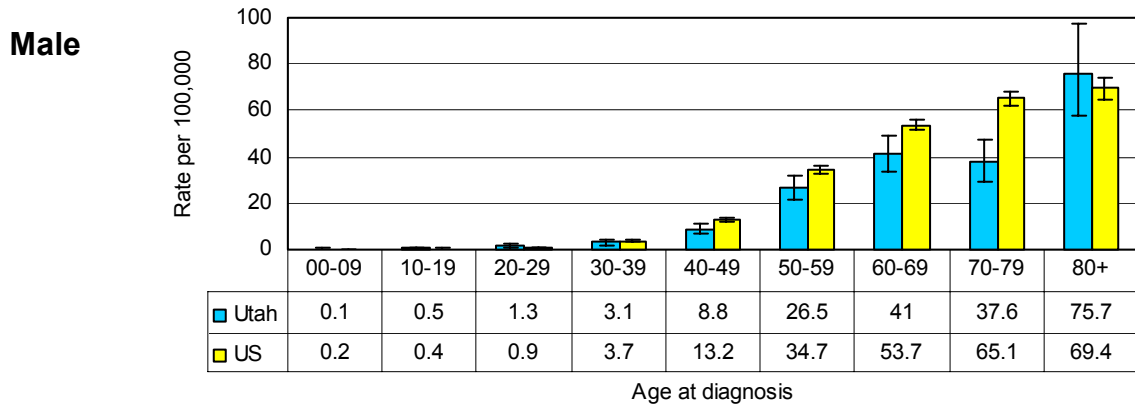
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Oral Cavity & Pharynx	Incidence
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Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) by 5-year time period and sex, 1981-2000



Average annual age-specific incidence rates per 100,000 by sex, 1996-2000

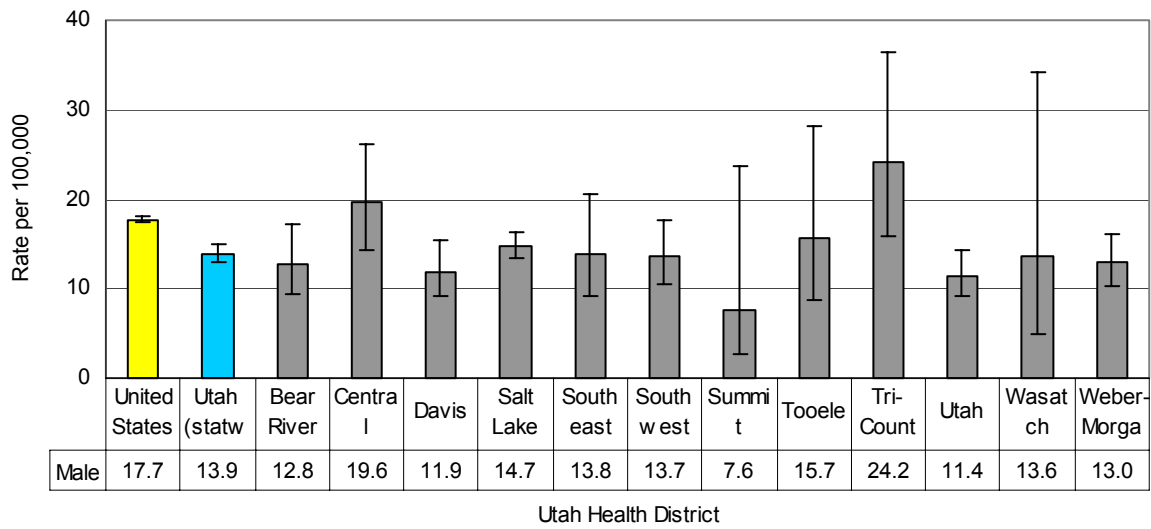


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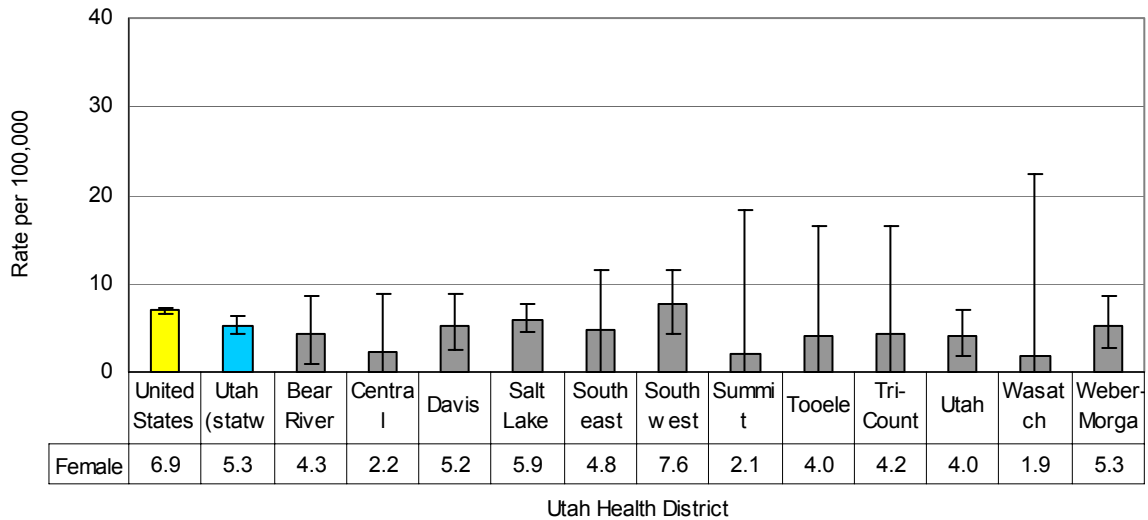
Oral Cavity & Pharynx	Incidence
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Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, by sex, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison

Male



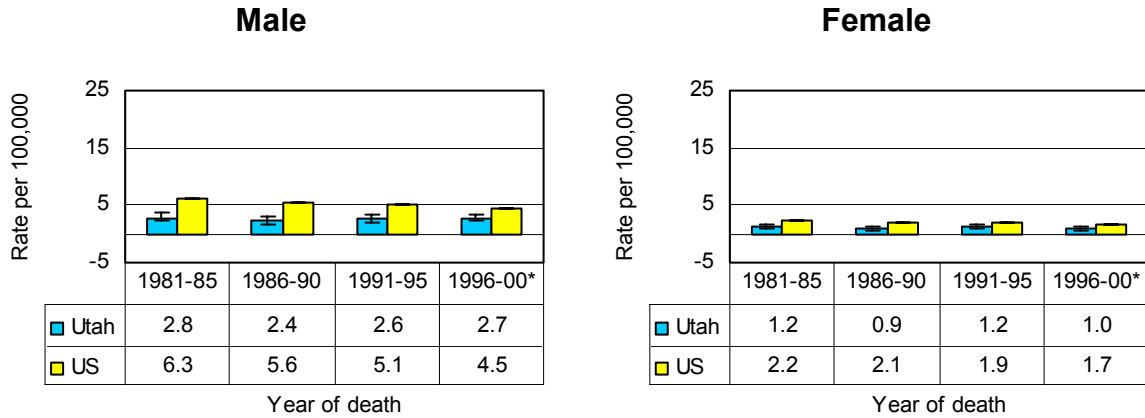
Female



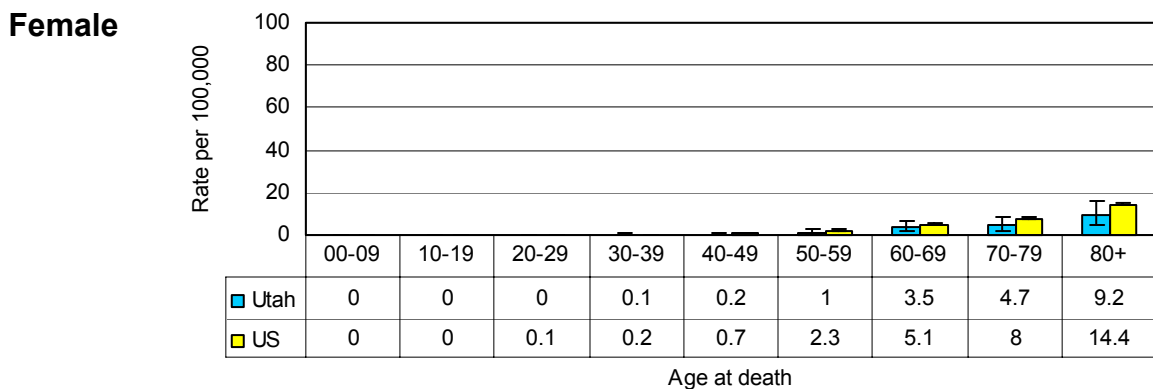
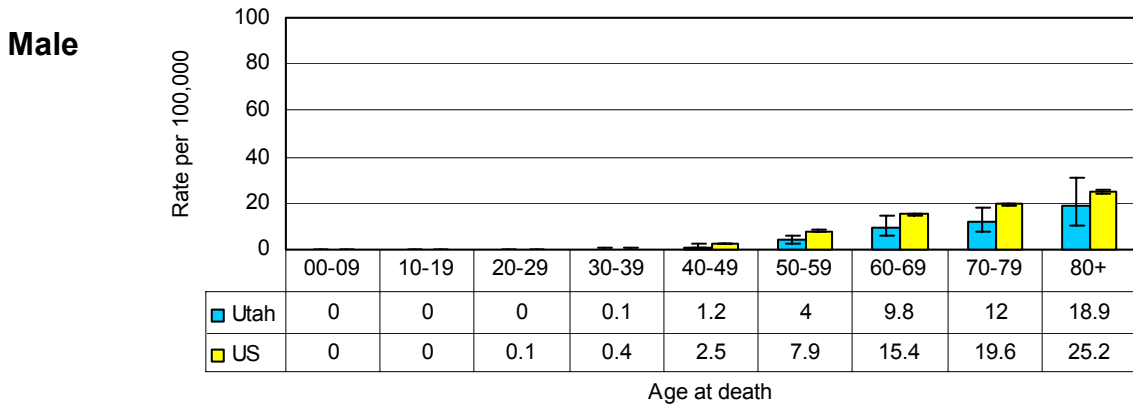
Cancer in Utah

Oral Cavity & Pharynx	Mortality
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) by 5-year time period and sex, 1981-2000



Average annual age-specific mortality rates per 100,000 by sex, 1996-2000

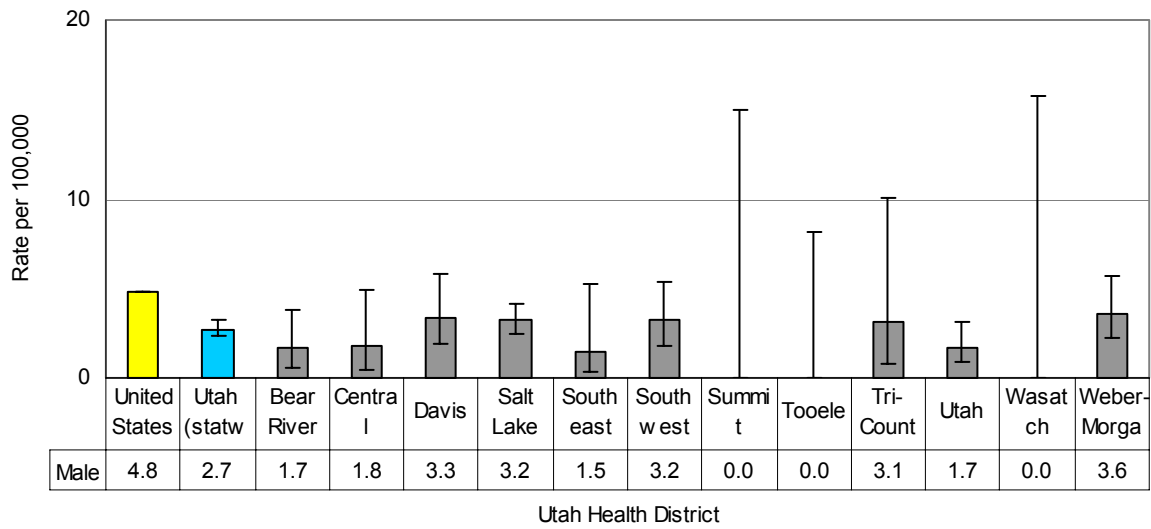


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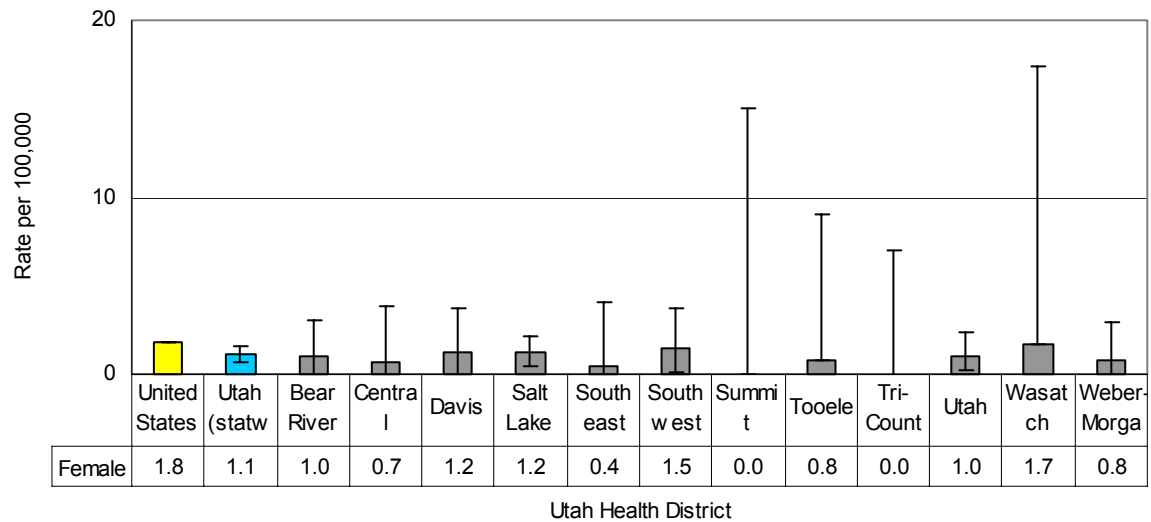
Oral Cavity & Pharynx	Mortality
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, by sex, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison

Male



Female

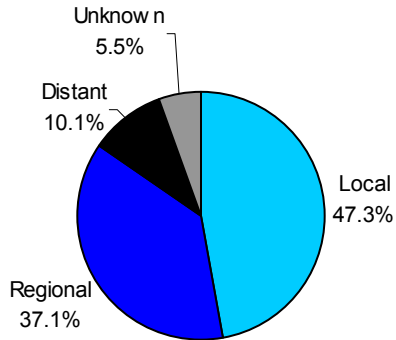


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Oral Cavity & Pharynx

Stage and Survival

Stage of disease at diagnosis:
Utah residents diagnosed 1996-2000



5-year relative survival by stage:
Utah residents diagnosed 1991-95

