



### Understanding Head and Neck Cancer

- Tobacco. Tobacco use includes smoking cigarettes, cigars, or pipes; chewing tobacco; and using snuff. It is the single largest risk factor for head and neck cancer. Eighty-five percent (85%) of head and neck cancers are linked to tobacco use, and the amount of tobacco use may affect prognosis, which is the chance of recovery. In addition, secondhand smoke may increase a person’s risk of developing head and neck cancer.
- Alcohol. Frequent and heavy alcohol consumption raises the risk of developing cancer in the mouth, pharynx, larynx, and esophagus. Using alcohol and tobacco together increases this risk even more.



Head & Neck  
Cancer Awareness

### Cancer Facts:

- Head and neck cancer accounts for about 3% of all cancers in the United States. This year, an estimated 63,030 people (46,290 men and 16,740 women) will develop head and neck cancer. While younger people can develop the disease, most people are over age 50 when they are diagnosed. In Virginia, there were 12,769 (9,307 men and 3462 women) diagnosed for Head and Neck cancers between 2010 and 2014. (<https://www.cancer.net/cancer>)

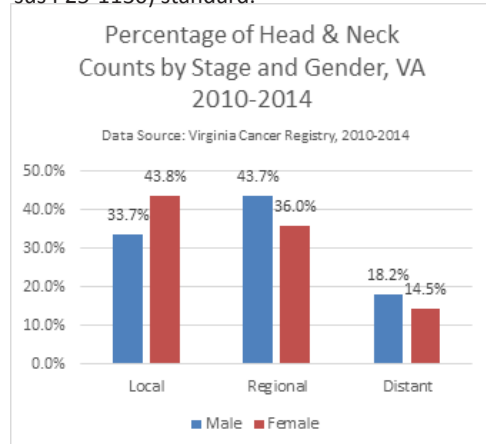
### Head & Neck Incidence and Mortality Statistics, VA 2010-2014

Data Source: Virginia Cancer Registry, 2010-2014

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	Incidence		Mortality	
	Rate	Count	Rate	Count
Male	23.3	9,307	5.6	1,118
Female	7.6	3,462	1.6	400
All	14.8	12,769	3.4	1,518

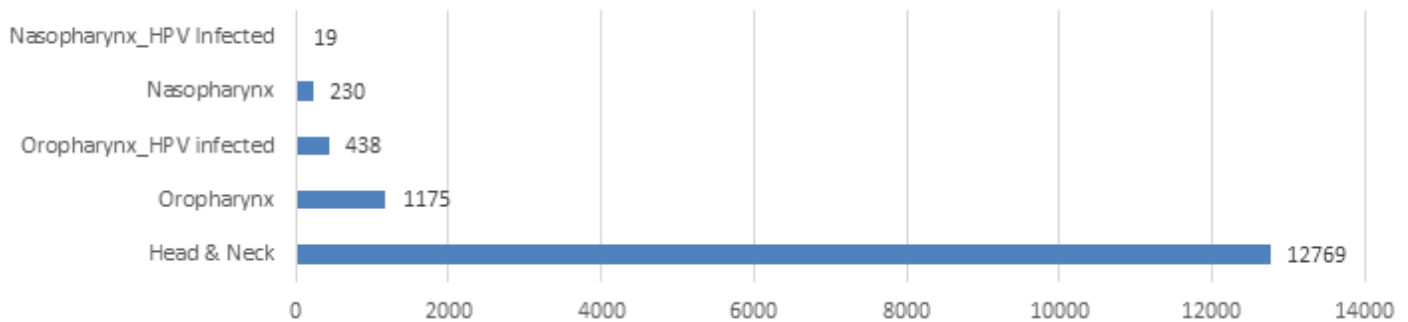
Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.





## Head and Neck with HPV Infected Counts, VA 2010-2014

Data Source: Virginia Cancer Registry, 2010-2014



### Oropharyngeal Cancer and HPV:

Because of the decreased incidence of smoking in the United States, HPV-negative, smoking-related oropharyngeal cancer is decreasing; however, HPV-positive oropharyngeal cancer is increasing. According to the Surveillance, Epidemiology, and End Results (SEER) program's tissue repository data from 1988 to 2004, the prevalence of HPV-negative cancer declined by 50%, and HPV-positive oropharyngeal cancers increased by 225%.

HPV-positive oropharyngeal cancers may represent a distinct disease entity that is causally associated with HPV infection and is also associated with an improved prognosis. Several studies indicate that individuals with HPV-positive tumors have significantly improved survival.

HPV-positive oropharyngeal cancers predominantly arise in the palatine or lingual tonsils.

<https://www.cancer.gov/types/head-and-neck/hp/adult/oropharyngeal-treatment-pdq>

HPV types are given numbers. The type linked to throat cancer (including cancer of the oropharynx) is HPV16.

Most people with HPV infections of the mouth and throat have no symptoms, and only a very small percentage develop oropharyngeal cancer. Oral HPV infection is more common in men than in women. In some studies, the risk of oral HPV infection was linked to certain sexual activities, such as open mouth kissing and oral-genital contact (oral sex). Smoking also increases the risk of oral HPV infection.

<https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/causes-risks-prevention/risk-factors.html>

### Nasopharyngeal Cancer and Epstein-Barr Virus:

Unlike other squamous cell cancers of the head and neck, nasopharyngeal cancer does not appear to be linked to excess use of tobacco or moderate alcohol intake (up to 15 drinks a week). Factors thought to predispose to this tumor include the following:  
Chinese (or Asian) ancestry.

Epstein-Barr virus (EBV) exposure.

Unknown factors that result in very rare familial clusters.

Heavy alcohol intake.

<https://www.cancer.gov/types/head-and-neck/hp/adult/nasopharyngeal-treatment-pdq>

Almost all NPC cells contain parts of the Epstein-Barr virus (EBV), and most people with NPC have evidence of infection by this virus in their blood. Infection with EBV is very common throughout the world, often occurring in childhood. In the United States, where infection with this virus tends to occur in slightly older children, it often causes infectious mononucleosis ("mono"), usually in teens.

The link between EBV infection and NPC is complex and not yet completely understood. EBV infection alone is not enough to cause NPC, since infection with this virus is very common and this cancer is rare. Other factors, such as a person's genes, may affect how the body deals with EBV, which in turn may affect how EBV contributes to the development of NPC.

<https://www.cancer.org/cancer/nasopharyngeal-cancer/causes-risks-prevention/risk-factors.html>