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UK cancer charity concern at rises in oral cancer

Each year in the UK around 5,000 people are diagnosed with oral cancer and around 1,800 people die from the disease. Oral cancers include those of the lip, tongue, mouth, parts of the pharynx and piriform sinus. Around a third of oral cancers are diagnosed in the mouth and a slightly lower proportion on the tongue. Worldwide an estimated 405,000 new cases of oral cancer (oral cavity and pharynx excluding) are diagnosed each year with two-thirds of these cases occur in developing countries. Each year an estimated 66,650 new oral cancer cases are diagnosed in the countries of the European Union (EU).

The female oral cancer incidence rates are much lower and show less variation. The highest rates are in Hungary, Luxembourg and Germany. Oral cancer incidence rates in UK males are significantly lower than the EU average and rank 22nd out of the 25 EU countries: the oral cancer incidence rates in UK females are also lower than the EU average but rank higher at 12th.

The risk of developing oral cancer increases with age and in the UK the majority of cases (86%) occur in people aged 50 or over. Studies of oral cancer incidence in minority ethnic populations in Britain have reported high rates in south Asian and Chinese populations in which the habit of areca nut or betel quid chewing is still prevalent. The highest age standardised rates (over 20 per 100,000 population) of oral cancer are reported in parts of Europe and south central Asia. In high-risk countries such as Sri Lanka, India, Pakistan and Bangladesh, oral cancer is the most common cancer in men and may account for up to 30% of all new cases of cancer compared to 3% in the UK and 6% in France.

Cancer of the lip has a different geographical distribution from other oral cancers and the highest incidence rates are reported in white populations in Canada and Australia. Cancer of the lip is rare in non-white populations. Lip cancer is particularly linked to outdoor occupations such as farming and fishing and there are twice as many male as female cases. As well as occupational differences, it is thought that the use of cosmetics helps to protect the female lip from damaging UV light.

In Great Britain, the age standardised incidence of oral cancer in British males stayed at around 7 per 100,000 males between 1975 and 1989, but since then, the rate has steadily increased to reach 11 per 100,000 in 2006. While female oral cancer rates have remained significantly lower than male rates, their incidence trends have been similar with an average increase of 2.7% each year since 1989.

The most common signs of oral cancer are ulcers, sores, red or white patches in the mouth that last longer than three weeks and unexplained pain in the mouth or ear. Less common signs include a lump in the neck, a persistent sore throat or difficulty swallowing.

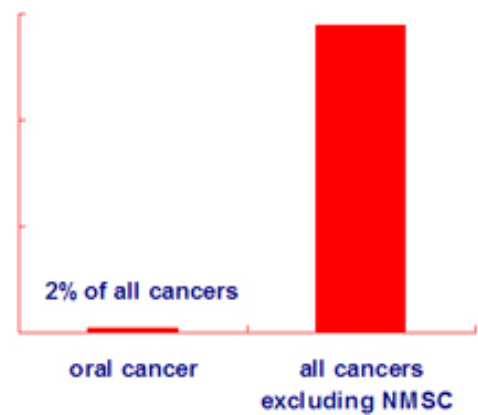
Cancer research UK state on the release of the statistics 'Understanding the causative factors of cancer will contribute to prevention of the disease. Age is frequently named as a risk factor for oral cancer, as historically it occurs in those over the age of 40. The age of diagnosed patients may indicate a time component in the biochemical or biophysical processes of aging cells that allows malignant transformation, or perhaps, immune system competence diminishes with age. Very recent data (late 2007-2008) lead us to believe that the fastest growing segment of the oral cancer population are non smokers under the age of fifty, which would indicate a paradigm shift in the cause of the disease, and in the locations where it most frequently occurs in the oral environment It is likely that the accumulative damage from other factors, such as tobacco use, alcohol consumption, and persistent viral infections such as HPV, are the real culprits. It may take several decades of smoking for instance, to precipitate the development of a cancer. Having said that, tobacco use in all its forms is number one on the list of risk factors in individuals over 50. Historically at least 75% of those diagnosed are tobacco users. This percentage is now changing, and has yet to be definitively determined as new data related to viral causes are changing the demographics rapidly. When you combine tobacco with heavy use of alcohol, your risk is significantly increased, as the two act synergistically. Those who both smoke and drink, have a 15 times greater risk of developing oral cancer than others. Biological factors include viruses

and fungi, which have been found in association with oral cancers. The human papilloma virus, particularly HPV16, has been definitively implicated in oral cancers, particularly those that occur in the back of the mouth. (Oropharynx, base of tongue, tonsillar pillars and crypt, as well as the tonsils themselves.) HPV is a common, sexually transmitted virus, which infects about 40 million Americans today. There are over 120 strains of HPV, most thought to be harmless. But 1% of those infected, have the HPV16 strain which is a primary causative agent in cervical cancer and now is a known cause of oral cancer as well!

Hazel Nunn of cancer research added: "The good news is that oral cancer can be treated successfully if it's caught early enough. It's important that people go to the dentist regularly and report any symptoms to their GP or dentist without delay."

For more information view: <http://www.oralcancerfoundation.org/facts/> and <http://info.cancerresearchuk.org/cancerstats/types/oral/>

Prevalence of different cancers UK source: Cancer Research UK



Oral cancer mortality rates, by age, males, UK 1971-2007

