



# Oral Cavity Cancer

A Fact Sheet from the North Carolina Central Cancer Registry, State Center for Health Statistics

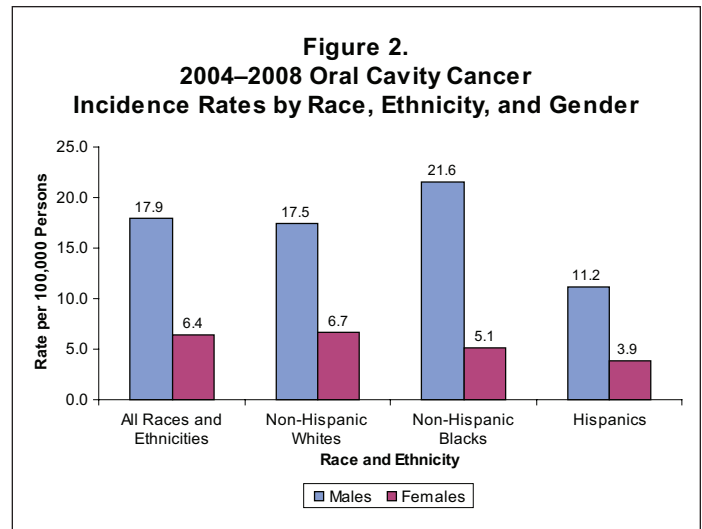
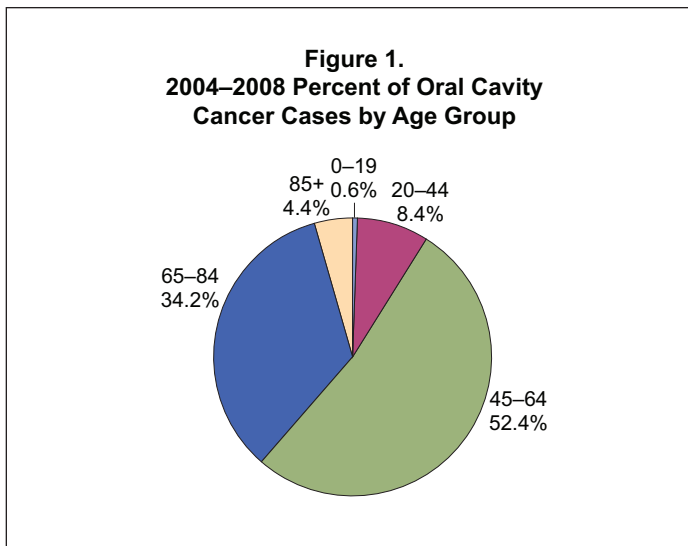
June 2011

Cancer of the oral cavity was the 10th most frequently occurring and the 17th leading cause of cancer death in North Carolina from 2004 to 2008. It is anticipated that 1,242 people (879 males and 363 females) in North Carolina will be diagnosed with and 270 people (191 males and 79 females) will die of cancer of the oral cavity in 2011.

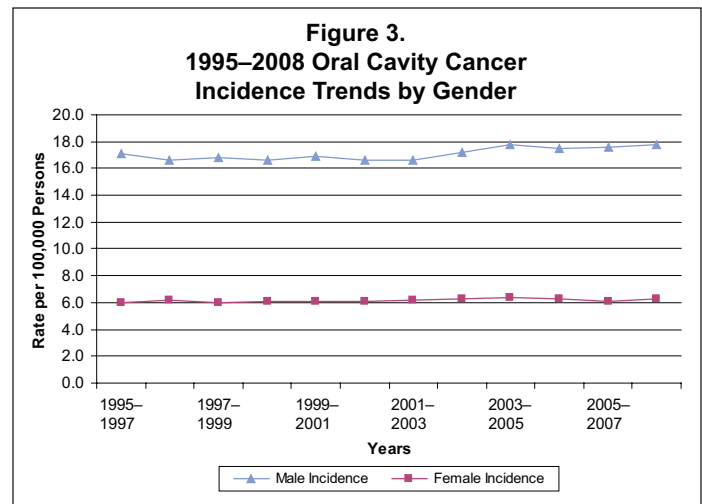
Between 2004 and 2008, the age-adjusted incidence rate for oral cavity cancer in North Carolina was 11.7 per 100,000 persons per year (Figure 2). Men were more than twice as likely to be diagnosed with oral cavity cancer than women.

## Incidence

The percentage of cases of oral cavity cancer from 2004 to 2008 is displayed by age group in Figure 1. More than half of oral cavity cancer cases were diagnosed in people ages 45 to 64.

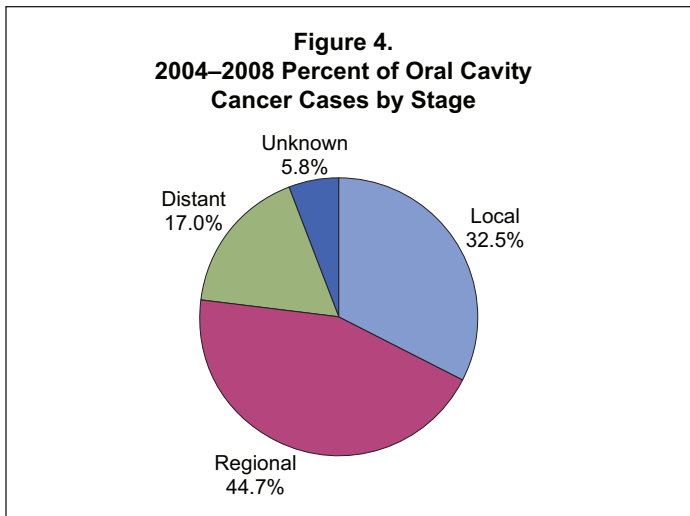


From 1995 to 2008, oral cavity cancer incidence rates have remained fairly stable for both men and women (Figure 3).

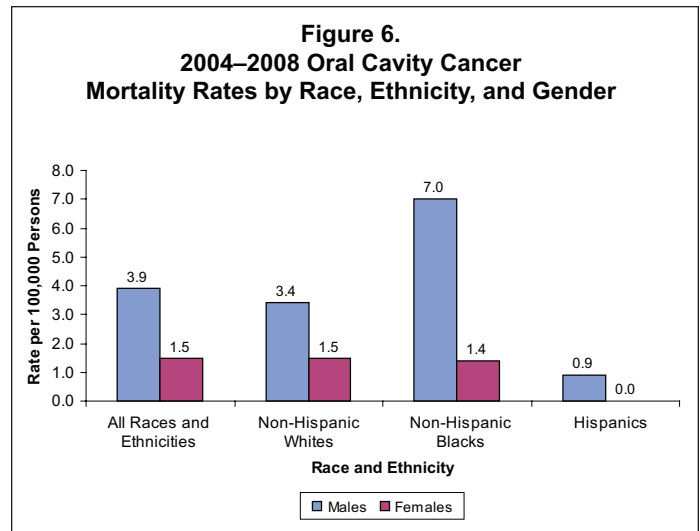


## Stage at Diagnosis\*

Figure 4 shows the stage distribution of oral cavity cancer cases diagnosed between 2004 and 2008. Nearly one-third of oral cavity cancer cases were diagnosed at the local stage.

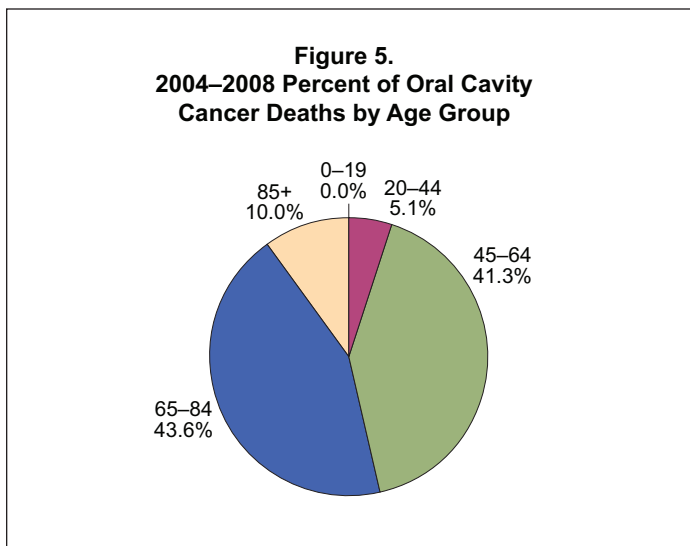


The age-adjusted mortality rate of oral cavity cancer from 2004 to 2008 was 2.6 per 100,000 persons per year (Figure 6). Men were more likely to die from oral cavity cancer than women. Non-Hispanic black men had the highest mortality rate.

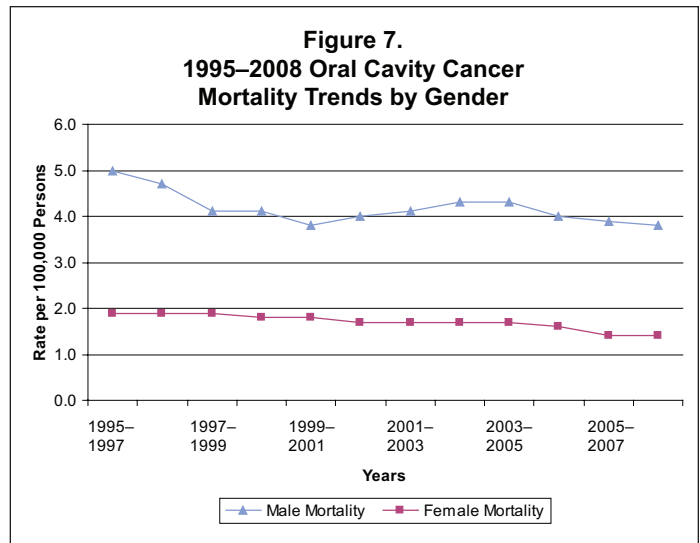


## Mortality

More than 40 percent of deaths occurred in people ages 45 to 64. Figure 5 shows the percentage of deaths that occurred between 2004 and 2008 displayed by age group.



From 1995 to 2008, oral cavity cancer mortality rates generally have decreased for both men and women (Figure 7).



## Data Sources and Methods

Data on North Carolina cases were obtained from the North Carolina Central Cancer Registry (CCR). Hospitals are the primary source of data. The CCR supplements hospital data with reports from physicians who diagnose cases in a non-hospital setting. The CCR also collects data from pathology laboratories and freestanding treatment centers. Data on cancer deaths were obtained from Statistical Services in the State Center for Health Statistics. Population data from the National Center for Health Statistics were used in the denominators of the rates, which are expressed per 100,000 persons. Rates were age-adjusted using the 2000 United States Census data. To examine trends, three-year overlapping rates were used to improve stability over time. Stage at diagnosis was defined according to Surveillance Epidemiology and End Results Summary Stage guidelines as *in situ*, localized, regional, distant, and unknown/NA. For further information about the NC CCR, please visit [www.schs.state.nc.us/SCHS/CCR](http://www.schs.state.nc.us/SCHS/CCR).

\* According to the National Cancer Institute (NCI), “many cancer registries, such as NCI’s Surveillance, Epidemiology, and End Results Program (SEER), use summary staging. This system is used for all types of cancer. It groups cancer cases into five main categories: **In situ**—Abnormal cells are present only in the layer of cells in which they developed. **Localized**—Cancer is limited to the organ in which it began, without evidence of spread. **Regional**—Cancer has spread beyond the primary site to nearby lymph nodes or organs and tissues. **Distant**—Cancer has spread from the primary site to distant organs or distant lymph nodes. **Unknown**—There is not enough information to determine the stage.” Additional information on staging can be found at [www.cancer.gov/cancertopics/factsheet/detection/staging](http://www.cancer.gov/cancertopics/factsheet/detection/staging).