

Cancer of the oral cavity includes the following subsites: lip (excluding skin of the lip), tongue, salivary glands, gum, mouth, pharynx, oropharynx, and hypopharynx. Cancer of the nasopharynx is treated separately in this publication, since its epidemiologic patterns are distinct from the others in this group.

For the SEER areas, incidence rates for oral cavity cancer are two to four times higher among men than women for all racial/ethnic groups except Filipinos, among whom the rates for the two sexes are similar. Too few cases occurred among Alaska Natives, American Indians, Koreans, and Vietnamese women for the calculation of reliable rates. Across racial/ethnic groups, the incidence rates vary by a factor of four in men and about three in women. Among men, the highest rates are in blacks, followed by whites (especially non-Hispanic whites), Vietnamese, and native Hawaiians. Less variation occurs in women, among whom high rates occur in non-Hispanic whites, blacks and Filipinos. Although reasons for these racial/ethnic and sex differences have not been established, differences in the extent of exposure to risk factors for oral cavity cancer (see below) are presumably largely responsible.

Incidence rates for oral cavity cancer increase with age in all groups except the oldest age group of black men and women. The greatest increase in rates occurs between the 30-54 year old group and the 55-69 year old group. For several racial/ethnic and sex groups, the numbers of cases were too few to compute reliable rates by age category.

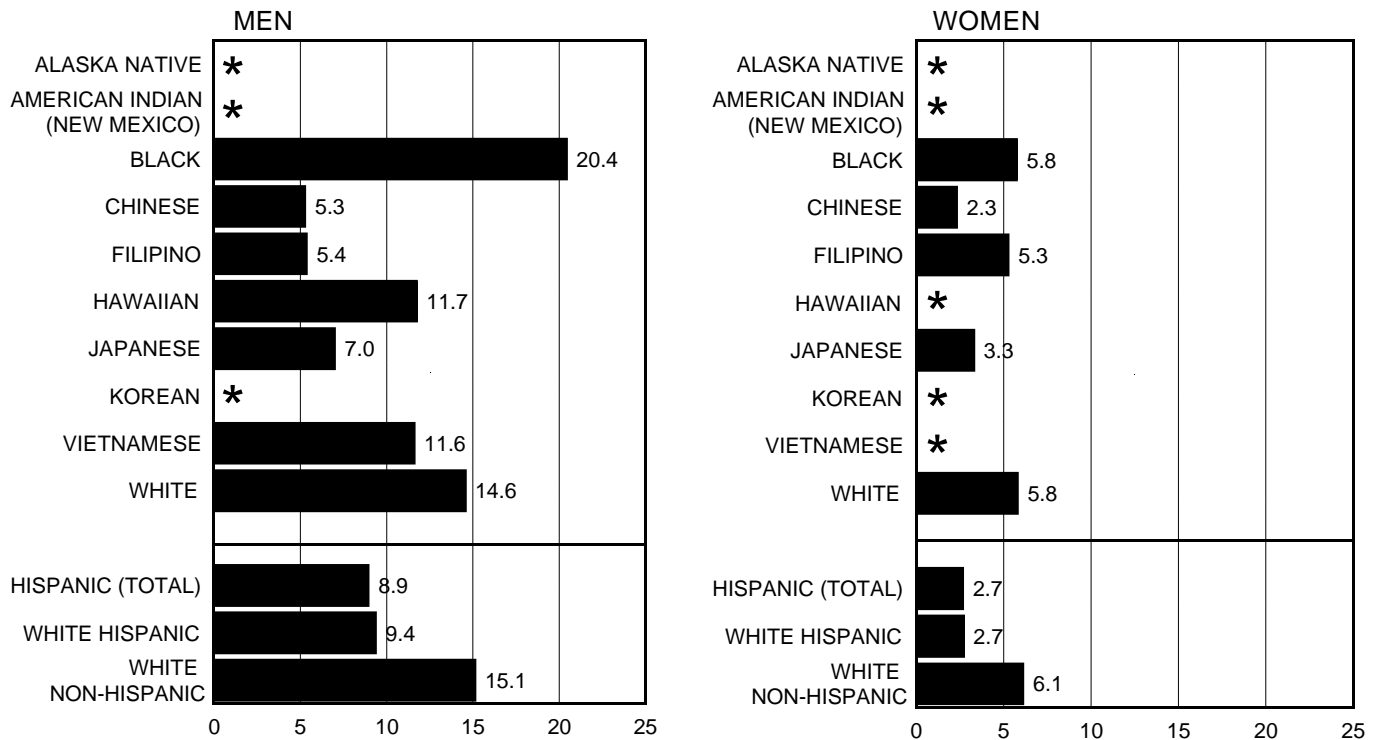
Mortality rates for oral cavity cancer are substantially lower than incidence rates, reflecting the reasonably high survival rates for this cancer site. The mortality rates

increase with age in all groups except black men and women aged 70 years and older.

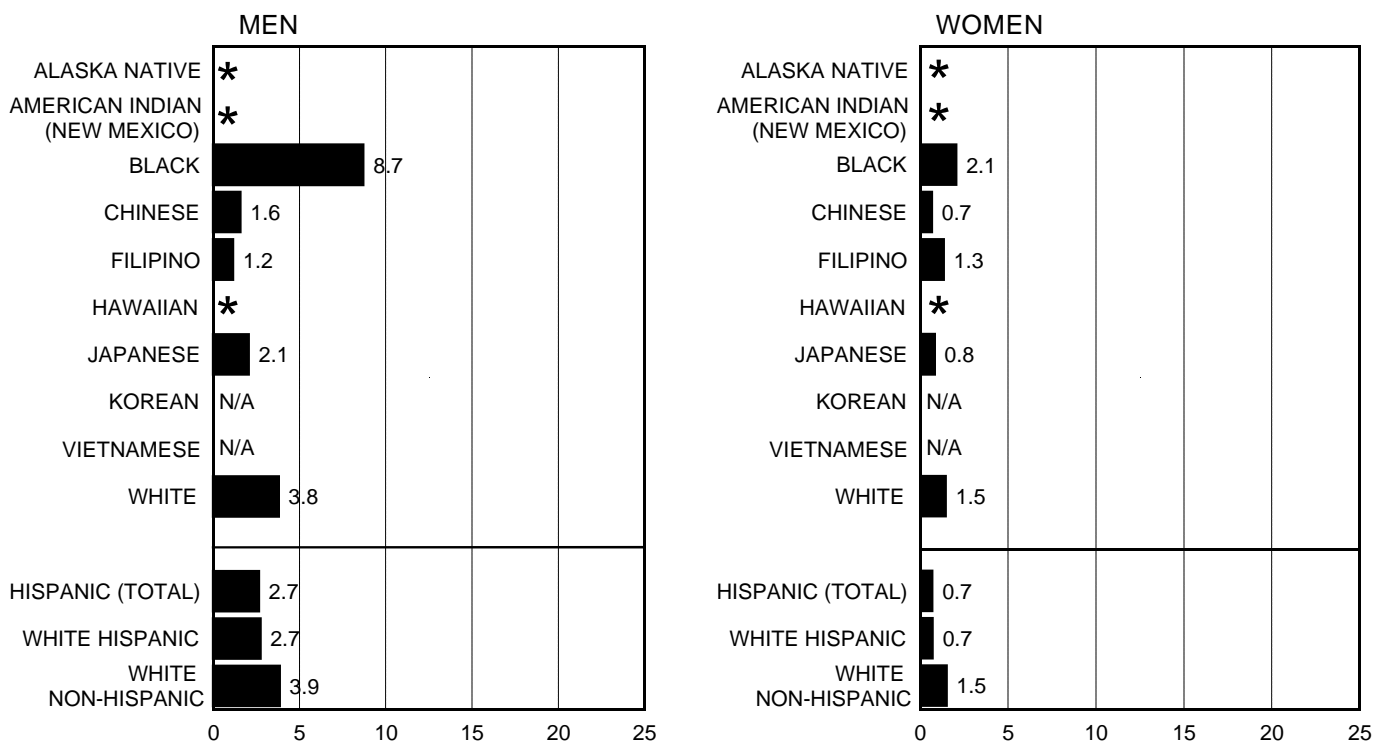
Tobacco use, including pipes, cigars, cigarettes, and chewing tobacco are well-established causes of cancers of the oral cavity. Chewing of betel nut, not a common practice in the United States but a widespread habit in some parts of the world, is also a known cause. Alcohol consumption, especially when combined with cigarette smoking, is an established risk factor. Both factors together interact synergistically. Finally, some evidence suggests that diets high in fruits and vegetables reduce the risk of developing this cancer.

ORAL CAVITY (excluding Nasopharynx)

SEER INCIDENCE Rates, 1988-1992



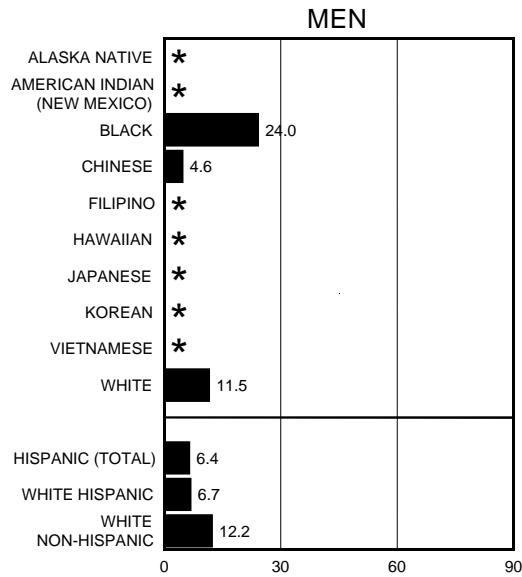
United States MORTALITY Rates, 1988-1992



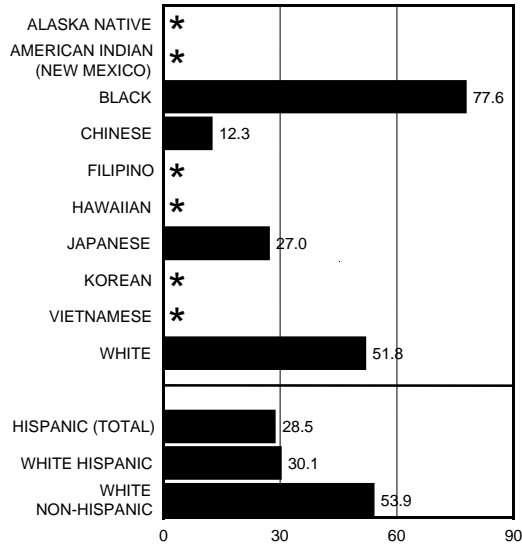
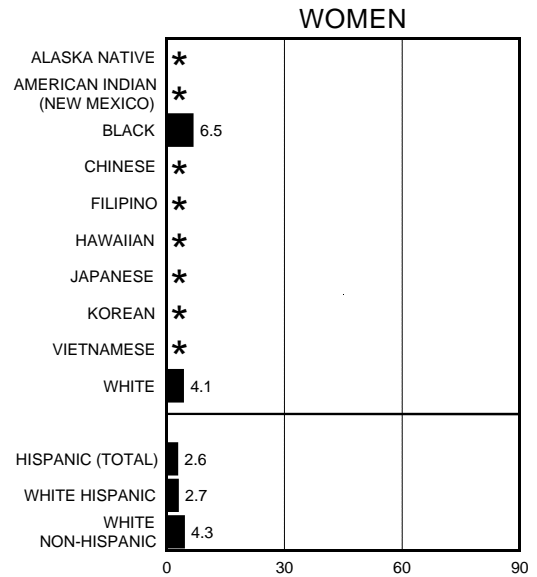
NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = information not available; * = rate not calculated when fewer than 25 cases.

ORAL CAVITY (excluding Nasopharynx)

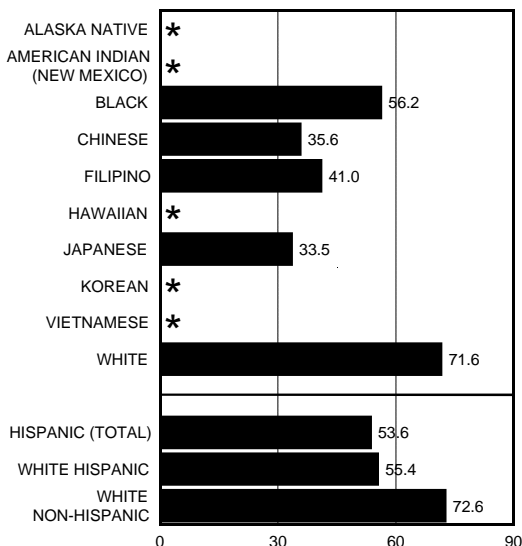
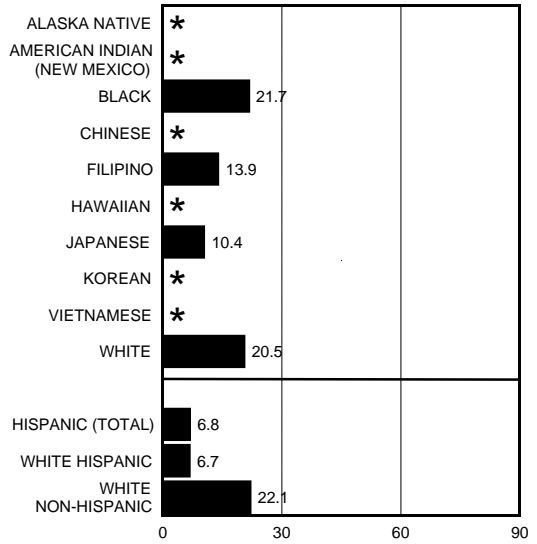
SEER INCIDENCE Rates by Age at Diagnosis, 1988-1992



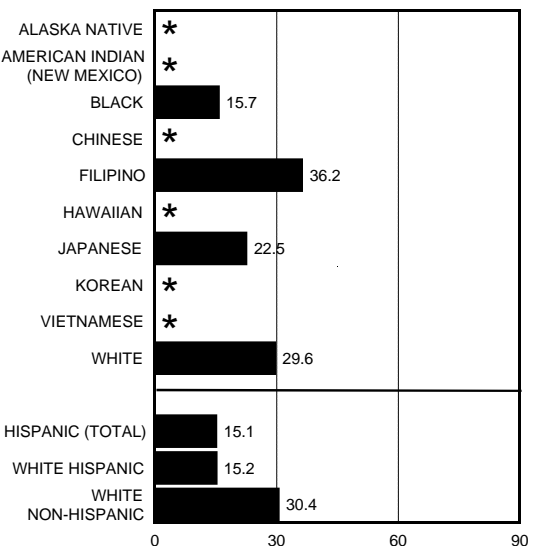
AGE 30-54



AGE 55-69



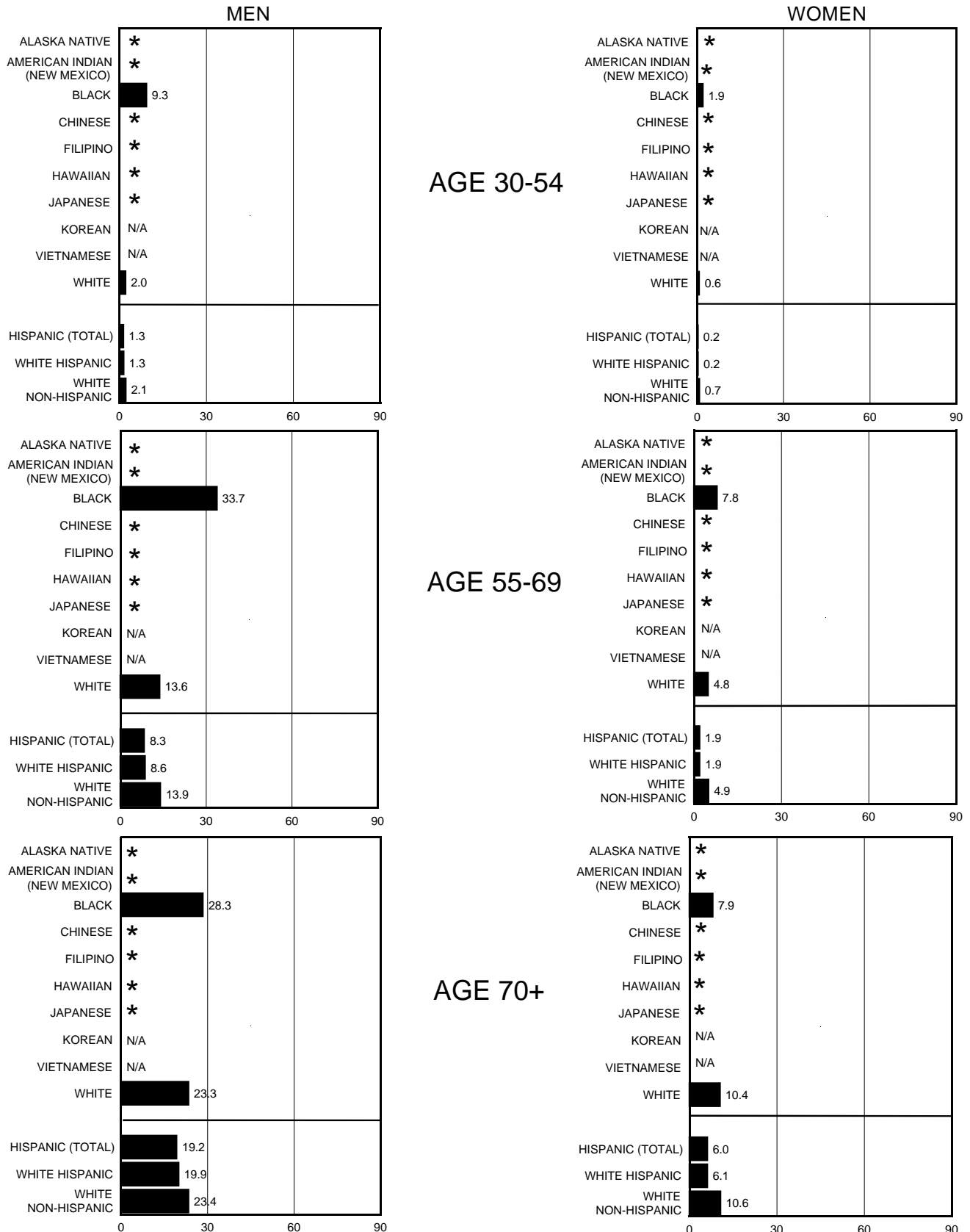
AGE 70+



NOTE: Rates are per 100,000 population, age-adjusted to 1970 U.S. standard; * = rate not calculated when fewer than 25 cases.

ORAL CAVITY (excluding Nasopharynx)

United States MORTALITY Rates by Age at Death, 1988-1992



NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = data unavailable; * = fewer than 25 deaths.