

Oral Cavity Cancer: Survival Trends in England

Introduction

Oral cavity cancer (excluding the inner part of lip and the hard palate) is one of the most common sub-types of head and neck cancer. In 2007, out of more than 6,400 people diagnosed with head and neck cancers over 2,000 (approximately 1,200 men and 800 women) had oral cavity cancer. The incidence of oral cavity cancer in England has risen between 1990 and 2007 by nearly 30%. The main risk factors are smoking and alcohol and chewing of betel quid by immigrants from the Indian subcontinent. This briefing looks at the time trends in 1-year and 3-year relative survivalⁱ for men and women in England diagnosed with oral cavity cancer between 1990-92 and 2005-07. The Index of Multiple Deprivation 2007 (IMD 2007) is used to examine how the survival rates vary in men and women diagnosed in the period 2004 to 2006 across areas with varied deprivation levels.

KEY MESSAGE:

Survival rates for men and women with oral cavity cancer in England have improved over the last 15 years. Women have generally better survival rates than men. Patients from more deprived areas have generally worse survival rates than patients from less deprived areas.

Time Trends

The 1-year relative survival for patients diagnosed with oral cavity cancer in England between 1990-92 and 2005-07 has increased from 74% to 78% for men and from 74% to 80% for women (Figure 1). The 3-year relative survival has also improved, rising from 55% to 60% for men diagnosed between

1990-92 and 2003-05 and from 58% to 68% for women. The observed improvements in the 1-year and the 3-year relative survival for both men and women were statistically significantⁱⁱ. Over the study period, women had a higher 3-year relative survival for oral cavity cancer than men.

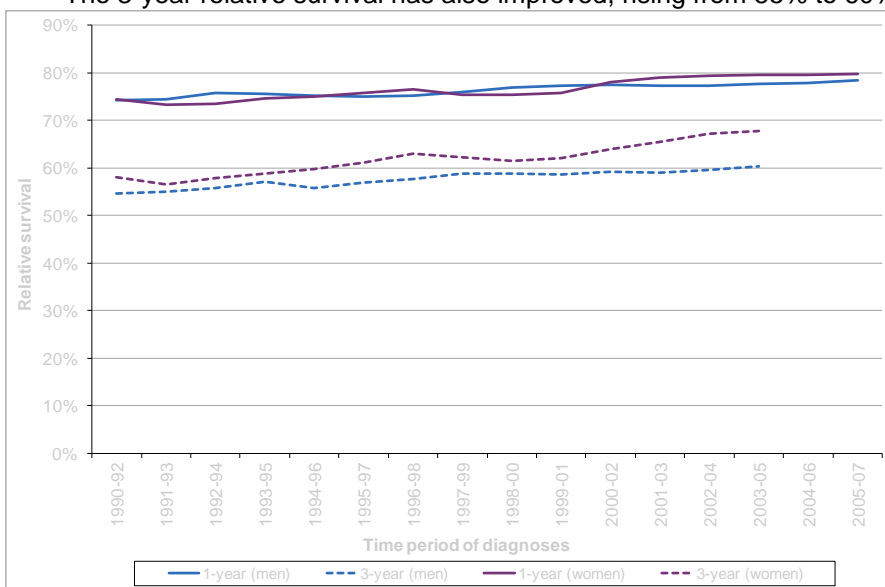


Figure 1: Trends in 1-year and 3-year relative survival for men and women in England diagnosed with oral cavity cancer between 1990-92 and 2005-07

Survival and Deprivation

Men and women, diagnosed with oral cavity cancer between 2004 and 2006, living in the least deprived areas in England had higher 1-year and 3-year relative survival than those in the most deprived areas (Figure 2). For men, the differences in the relative survival between the least and most deprived areas were statistically significant. The 1-year relative survival for men varied from 70% to 83% between the most and least deprived areas in England, whereas 3-year survival ranged from 51% to 69% respectively. For women living in the most deprived areas in England, the 1-year and 3-year relative survival rates were 77% and 64% compared to 82% and 70% for those in the least deprived areas.

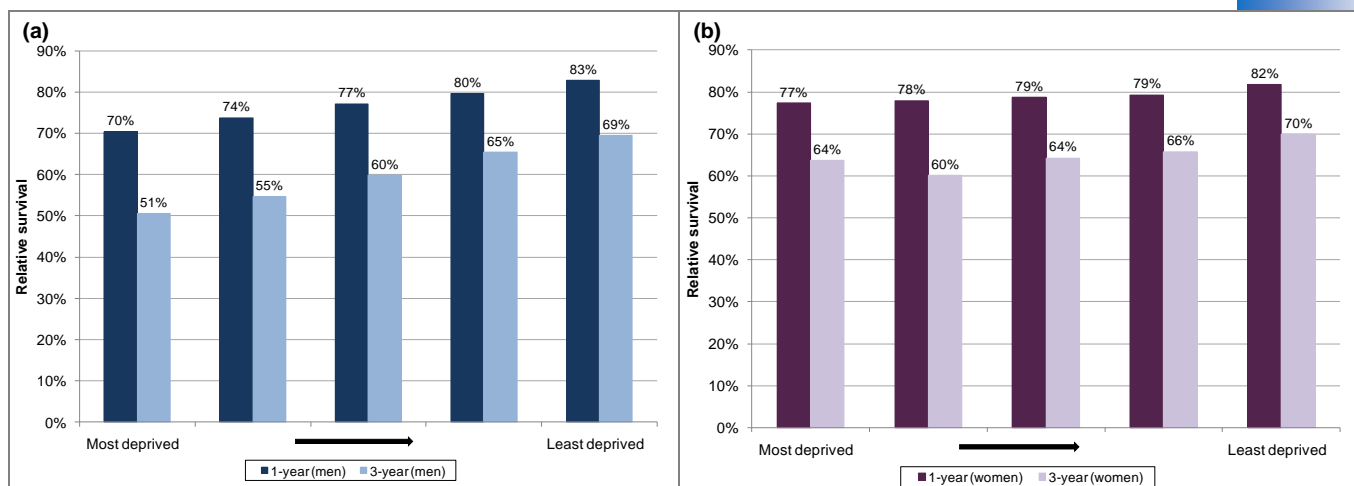


Figure 2: 1-year and 3-year relative survival for men (a) and women (b) diagnosed with oral cavity cancer between 2004 and 2006 in England by deprivation quintileⁱⁱⁱ

Recommendations

- Increasing awareness amongst the general public of the main risk factors for oral cancer could lead to a reduction in the number of new cases.
- Increasing awareness about the early signs and symptoms of the disease could lead to further improvements in survival.
- Attention should be given to the best ways of targeting men and women from more deprived areas as they are at higher risk.

Further Information

The briefing was produced by the Oxford Cancer Intelligence Unit in conjunction with the NCIN Head and Neck Cancer Site Specific Clinical Reference Group. For more information on incidence, mortality and survival for oral cavity cancer, and other sub-types of head and neck cancers, see *Profile of Head and Neck Cancers in England: Incidence, Mortality and Survival*. The profile can be downloaded from the NCIN website (www.ncin.org.uk) and from the Oxford Cancer Intelligence Unit website (www.ociu.nhs.uk).



ⁱ Relative survival estimates the chance that a patient will survive a set number of years (1, 3 or 5 years) after a cancer diagnosis. Relative survival is calculated as the ratio of the observed survival of a group of cancer patients, divided by the expected survival for a group of the general population having a similar structure in terms of age and sex.

ⁱⁱ A difference that is considered to be statistically significant is unlikely to have occurred by chance. For example, for a difference that is statistically significant at 5% level of significance (or at 95% confidence intervals) there is 95% chance that this difference is a true.

ⁱⁱⁱ Deprivation quintiles divide areas in fifths according to some measure of deprivation, and can be used to analyse variations in health between deprived and affluent sections of the population regardless of where they live. In this briefing IMD 2007 score is used to divide the population in England into approximately five equal groups.

FIND OUT MORE:

Oxford Cancer Intelligence Unit (OCIU)

Oxford Cancer Intelligence Unit is the lead Cancer Registry for head and neck cancers
<http://www.ociu.nhs.uk/>

Other useful resources within the NCIN partnership:

Cancer Research UK CancerStats – Key facts and detailed statistics for health professionals

<http://info.cancerresearchuk.org/cancerstats/>

The NCIN is a UK-wide initiative, working closely with cancer services in England, Scotland, Wales and Northern Ireland, and the National Cancer Research Institute (NCRI), to drive improvements in standards of cancer care and clinical outcomes by improving and using the information it collects for analysis, publication and research. In England, the NCIN is part of the National Cancer Programme.