

# Head, neck cancers are on the rise

## Smoking, drinking, HPV cause higher risk of oral, throat cancers

By KW HILLIS  
STAFF WRITER  
KWHILLIS@LAWTON-CONSTITUTION.COM

A white patch on the gums or tongue; a persistent sore throat, hoarseness, lump or sore; pain when swallowing; or, even an ear ache are just some of the symptoms that could indicate a head or neck cancer.

Head and neck cancers are found inside the oral cavity, sinuses and throat — they are cancers that “normally begins in the squamous cells that line the moist surfaces inside the head and neck,” according to the National Cancer Institute, [www.cancer.gov](http://www.cancer.gov). Rarer forms of head and neck cancers may begin in the salivary glands, which contain many types of cells that could become cancerous.

Although the symptoms listed could be caused by a less serious condition, don't wait to have them looked at, said Dr. Timothy Teel, otolaryngologist at Allergy Ear, Nose & Throat Institute.

“Any lump or bump that doesn't heal is cancer until proven otherwise ... early detection is the key, as it is with any cancer,” Teel said.

There is no reason to put off have that initial screening, because The Leah M. Fitch Cancer Center, 101 SW 31st, will be holding a free oral, throat and head cancer screening, by appointment, from 8 a.m. until noon at the center. ENT (ear, nose and throat) Doctors Dale B. Smith and Timothy Teel of Allergy Ear, Nose & Throat Institute, and Doctors Stephen Snell and Timothy Kaiser of ENT of Oklahoma will provide the screenings. Appointments can be made during business hours today through Friday by calling 250-6565.

“The screening will be a very brief look at a patient's head, neck and mouth. Any suspicious lesion, any concern, we will schedule them for a more complete examination ... it is a peek,” Teel said, explaining that if a follow-up appointment is needed, that is when a complete history and examination will be done and any further testing or treatment will be determined. Possible testing can be CT scans, magnetic resonance imaging or MRI, X-rays, PET (positron emission tomography scan) or an endoscopy or using a thin tube-like instrument with a tiny camera to see more of the throat.

“What they usually do when they see a place that looks suspicious is to do a biopsy. Based on what the biopsy shows determines the next step,” said Dr. Eugenio

### ■ How common are head, neck and oral cancers in U.S.?

- More than 52,000 men and women diagnosed in 2012.
- These cancers diagnosed twice as often in men than in women\*
- More often diagnosed among people over age 50\*\*

### ■ Top risk factors for developing these cancers.

- Tobacco use, including smokeless tobacco;
- Alcohol;
- Infection with the human papillomavirus (HPV).\*\*

### ■ About half the cancers diagnosed in the oropharynx (middle part of the throat, soft palate, base of the tongue and the tonsils) are linked to HPV-16.

- \* The increase in smoking among women may change this statistic as it did for lung cancer
- \*\* Doctors are seeing more younger adults with oral cancer due to the HPV virus

Source: National Cancer Institute, [www.cancer.gov](http://www.cancer.gov)

### WHAT: Free oral, head and neck cancer screening “Just say ahhh”

WHEN: 8 a.m. to noon, Saturday

WHERE: Leah M. Fitch Cancer Center, 104 NW 31st

APPOINTMENT: Call 250-6565 for an appointment or more information during business hours today through Friday.

INFORMATION: The Leah M. Fitch Cancer Center will be holding the screenings with Doctors Dale B. Smith and Timothy Teel of Allergy Ear, Nose & Throat Institute, and Doctors Stephen Snell and Timothy Kaiser of ENT of Oklahoma.

Najera, medical oncologist and hematologist at Cancer Centers of Southwest Oklahoma. The treatment depends on where the cancer is, the source of the cancer and its stage or how far it has progressed.

### Risk factors and prevention

Head and neck cancers affect about 3 percent of the those in the U.S., with more than 50,000 a year diagnosed, most 50 and older. A little more than twice as many men are diagnosed than are women, according to NCI.



MICHAEL D. POPE/STAFF

Otolaryngologist Dr. Timothy Teel examines Megan Allen's mouth and throat for any sores, lumps or other suspicious areas that could indicate cancer at the Allergy Ear, Nose & Throat Institute Wednesday. Teel will be one of four doctors who will offer free screening, by appointment, for oral, throat and neck cancer at the Leah M. Fitch Cancer Center on Saturday morning.

The three top risk factors that can lead to head and neck cancers are smoking, alcohol and the human papillomavirus or HPV, according to the NCI, which has a list of other factors including poor oral hygiene and poor diet.

“Smoking is the single biggest factor. But the interesting thing is that when you smoke regularly and drink regularly, your risk ... is not double or triple, it is more like 15 or 20 times the risk of non-smokers or non-drinkers,” Teel said.

Najera added, “(What) the public should be aware of is that when head and neck cancers are related to a history of smoking, those patients are at a very high risk for other cancers. It is not uncommon for a patient to have two (different) cancers at the same time ... Another cause that has gotten attention recently is HPV infections, especially in oropharyngeal cancers.”

Cancers of the oropharynx — the middle part of the throat including the soft palate, the base of the tongue, and the tonsils— have been on the rise in the last 20 years, the NCI stated.

“The oral cavity and the oral pharynx are all connected and there is a massive worldwide epidemic of oropharyngeal cancer, the reason is a correlation between human papillomaviruses (HPV) and oropharyngeal cancer. The number of cancers that have HPV-associated DNA in them, are massively on the rise. ... It has to

do with people's changing sexual habits,” Teel said. “We are seeing relatively young, healthy people coming down with oropharyngeal cancers ... who have never smoked, never drank.”

NCI states, “In the United States, more than half of the cancers diagnosed in the oropharynx are linked to HPV-16. ... It has been estimated that by 2020 HPV will cause more oropharyngeal cancers than cervical cancers in the United States.”

The top risk factors are environmental, so individuals could lower their own risks, Najera said, adding that “health awareness is important” because people like Debbie Pratt (see accompanying article) who don't have any identifiable risk factors can also get head and neck cancers.

Another way to lower risk of HPV-related head and neck cancer, both Najera and Teel said, is to have children, both boys and girls, receive a FDA-approved HPV vaccine.

“It will not only protect them, as an added benefit from head and neck cancer, but it will also protect them from cervical and anal cancer as well. The time to do this is in childhood,” Najera said.

### Treatment

Treatment for head and neck cancers may or may not radically alter a person's facial structure, ability to eat normally or even to speak — depending on where the cancer is and its stage.

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DR. TIMOTHY TEEL  
OTOLARYNGOLOGIST

“There are many structures in the head and neck that are not amiable to (surgery),” Teel said. “Cancer principles are that if you are going to take out the cancer, you take out the cancer and surrounding normal tissue to make sure you get it all. ... That could be a quality of life issue. Which is why we have many different ways we treat head and neck cancers.”

Najera said, “There are some patients you can't even tell they have had head or neck cancer and then there are others that ... may require extensive surgery, including removing parts of the jaw (or other facial structures).”

Methods of treatment do change. The standard with cancer of the larynx, we removing the voice box, but now “if the tumor is small enough, they use radiation and chemo ... which is becoming the new standard,” Najera added.

The prognosis or projected outcome of the cancer “depends on where it is located, on the state and also on the cause,” he said, explaining that cancers related to HPV have a good outcome with radiation and chemotherapy; while for someone with a long history of smoking, inactivity and the lymph nodes are involved “the cure rate isn't as good. ... The use of tobacco undermines your whole health.”

Getting throat and neck cancer diagnosed early was Najera and Teel's most important message to the community.

“Get it diagnosed early. If we can prevent cancer with a vaccine, let's do it. And any lump or bump that doesn't heal is cancer until proven otherwise,” Teel said.

Visit [www.cancer.gov](http://www.cancer.gov) for more information about head and neck cancer and about ongoing cancer trial links.

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## Despite risk avoidance, Lawton woman faced throat cancer

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Three years ago when the swollen gland on Debbie Pratt's neck turned out to be cancer, it was a surprise to her and her doctor.

“I had throat cancer, even though I didn't fit any of the profiles,” she said.

The profiles or risk factors associated with neck, throat and oral cancers, according to the National Cancer Institute, include tobacco use, drinking alcohol, a diet low in fruits and vegetables and being infected with HPV or human papillomavirus. Men are diagnosed almost twice as often as women are.

The only clue she had something amiss was a swollen gland on the

right side of her neck, close to the underside of her jaw.

“My husband and I were getting ready to go on a trip to Israel, and I had gone to the doctor just before the trip ... I had this swollen gland, but I didn't feel bad, didn't have drainage or a sore throat. ... It was a good size, which caused me to be aware of it. I'm not a hypochondriac and I don't react to every little bump, but it just didn't seem right,” said Pratt, who is the Women's Ministries pastor at Lawton First Assembly.



PRATT

The doctor told her to come back in if the area was still swollen after the trip. It was, so Pratt returned to the doctor.

Cancer was discovered in the swollen gland when it was removed.

“We had to determine where the source was,” she said, explaining that a scan was done that found cancer in her tonsil. If she had her tonsils removed when she was younger, “Dr. (Nadim) Nimeh said it could have been much worse. The tonsils are the first guard of defense. Whatever entered here could have gone to any other part of my body.”

Pratt had two surgeries, the first for the swollen gland and than one to have the tonsil removed.

She was diagnosed with a type of head and neck cancer found in the “moist, mucosal surfaces inside the head and neck ... which usually begin in the squamous cells that line” the area, according to the NCI at [www.cancer.gov](http://www.cancer.gov). These cancers are named by the region in the head and neck they are found.

Since her cancer's primary site was in her right tonsil, she was diagnosed with oropharyngeal cancer. The oropharynx consists of the middle of part of the pharynx or throat behind the mouth including the back one-third of the tongue, the soft palate, sides and back walls of the throat and the tonsils, according to NCI.

After surgery, she underwent ra-

diation and chemotherapy treatments.

“I had five days of radiation and chemo on Wednesdays ... for eight weeks,” she said.

Just because a person doesn't have any of the known risk factors, doesn't mean they can't get throat, neck or oral cancer — just ask Pratt.

The upcoming free neck, head and oral cancer screening on Saturday can find suspicious areas, like Pratt had, that may be cancer.

“Anytime you are offered the opportunity for a free screening and there is concern (or even if there isn't), you should have the screening done,” Pratt said, adding that early detection is the key.



First 500 receive a FREE T-shirt!

## Spring into 3 Mile Thursday!

Spring is here and the weather is great for getting outside and getting active. And we have an opportunity for you to have fun and also get a FREE, cool t-shirt!

Three Mile Thursday was started several months ago, to encourage community members to get together, get more active and meet other people looking for healthy activities, while becoming more familiar with downtown merchants. This program which is organized by the Lawton Fort Sill Chamber of Commerce & Industry takes place the first Thursday of every month and is supported by a different community business host each month. The event offers a course that is marked that you can walk or run at your own pace.

On April 3, Comanche County Memorial Hospital is the host business for the 3 Mile Thursday, and we are offering FREE t-shirts to the first 500 participants to register and participate. In addition to shirts, each participant is entered into drawings for free merchandise to include: gift certificates to local restaurants and merchants, race entries and other great prizes.

Participation is FREE! All you need to do is register online at the Fitness in Action Series website and arrive early to get your shirt and armband which gets you discounts from participating downtown merchants. To register online, go to [www.fitnessinactionseries.com](http://www.fitnessinactionseries.com) and click on the April 3, 3 Mile Thursday button.

Come out for a fun celebration on Thursday, April 3! The event starts at 5:30 pm sharp from the front of the Lawton Family YMCA located at 5 SW 5th Street. Arrive early and take advantage of our gifts, prizes and discounts.

For more information call 580.585.5406.


