

ASCO ANSWERS

ORAL & OROPHARYNGEAL CANCER

WHAT IS ORAL AND OROPHARYNGEAL CANCER?

Oral and oropharyngeal cancer begins when cells grow uncontrollably and form a tumor in the oral cavity (mouth and tongue) or oropharynx (middle of the throat). More than 90% of these begin in the flat, squamous cells in the lining of the mouth and throat.

WHAT ARE THE PARTS OF THE ORAL CAVITY AND OROPHARYNX?

The oral cavity includes the lips, the lining of the lips and cheeks, the upper and lower gums, the front two-thirds of the tongue, the floor of the mouth under the tongue, the roof of the mouth, and the area behind the wisdom teeth. The oropharynx includes the soft palate at the back of the mouth, the part of the throat behind the mouth, the base of the tongue, and the tonsils.

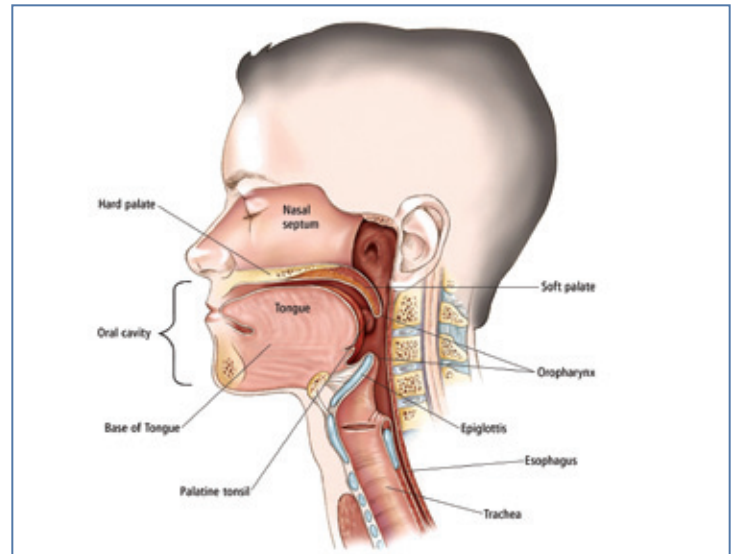


Illustration by Robert Morale/Visual Explanations, LLC. © 2004 American Society of Clinical Oncology.

Find additional cancer information at www.cancer.net.

WHAT DOES STAGE MEAN?

The stage is a way of describing a cancer, such as where it is located, if or where it has spread, and if it is affecting the functions of other organs in the body. There are five stages for oral and oropharyngeal cancer: stage 0 (zero) and stages I through IV (one through four). Illustrations for these stages are available at www.cancer.net/oral.

HOW IS ORAL AND OROPHARYNGEAL CANCER TREATED?

The treatment of oral and oropharyngeal cancer depends on the size and location of the tumor, whether the cancer has spread, and the person's overall health. Oral and oropharyngeal cancer is typically curable, especially if found early. The three treatment options are surgery, radiation therapy, and chemotherapy. When planning treatment, the doctor considers how treatment might affect how a person feels, looks, talks, eats, and breathes. During surgery, a surgeon removes the cancerous tumor and some of the healthy tissue around it. Radiation therapy may be the main treatment instead of surgery, or it may be used after surgery to treat small areas of cancer that could not be removed surgically. Chemotherapy is used before or after surgery and is often combined with radiation therapy. Targeted therapy (treatment that targets faulty genes or proteins that contribute to cancer growth and development) may be the type of chemotherapy used. When making treatment decisions, people may also consider a clinical trial; talk with your doctor about all treatment options. The side effects of oral and oropharyngeal cancer treatment can often be prevented or managed with the help of your health-care team.

HOW CAN I COPE WITH ORAL AND OROPHARYNGEAL CANCER?

Absorbing the news of a cancer diagnosis and communicating with your doctor are key parts of the coping process. Seeking support, becoming organized, and considering a second opinion are other steps. Take care of yourself during this time. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.

QUESTIONS TO ASK THE DOCTOR

Regular communication is important in making informed decisions about your health care. Consider asking the following questions of your doctors:

- What type of oral and oropharyngeal cancer do I have?
- Can you explain my pathology report (laboratory test results) to me?
- What stage is the oral and oropharyngeal cancer?
- Has cancer spread to my lymph nodes or anywhere else?
- Would you explain my treatment options?
- What clinical trials are open to me?
- How will this treatment benefit me?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- Will this treatment affect my ability to eat, swallow, or speak?
- Will this treatment affect my ability to become pregnant or have children?
- What is the expected timeline for my treatment plan?
- Should I see other specialists before treatment, such as a radiation oncologist, medical oncologist, plastic surgeon, or a speech pathologist?
- What long-term side effects may be associated with my cancer treatment?
- Where can I find emotional support for me and my family?
- Whom do I call for questions or problems?
- Is there anything else I should be asking?

Additional questions to ask the doctor can be found at www.cancer.net/oral.

Information in ASCO's patient education materials is not intended as medical advice or as a substitute for the treating doctor's own professional judgment; nor does it imply ASCO endorsement of any product, service, or company.

ASCO believes that all treatment decisions should be made between patients and their doctors.

**For more information, visit ASCO's patient website,
www.cancer.net, or call 888-651-3038.**

CancerNet™

Making a world of difference in cancer care

TERMS TO KNOW

Benign:

A tumor that is not cancerous

Biopsy:

Removal of a tissue sample that is then examined under a microscope to check for cancer cells

Chemotherapy:

The use of drugs to destroy cancer cells

Glossectomy:

Partial or total removal of the tongue

Lymph node:

A tiny, bean-shaped organ that fights infection

Lumpectomy:

The removal of the tumor and area around the tumor

Mandibulectomy:

Partial or total removal of the jaw

Maxillectomy:

Partial or total removal of the hard palate

Metastasis:

The spread of cancer from where the cancer began to another part of the body

Oncologist:

A doctor who specializes in treating people with cancer

Prognosis:

Chance of recovery

Radiation therapy:

The use of high-energy x-rays to destroy cancer cells

Tumor:

A mass of tissue that requires a biopsy