Head and neck cancer - reducing your risk

Q: I can't get my daughter to stop begging me to quit smoking. She recently read that most head and neck cancers can be prevented, so she's decided that I'm going to develop some form of it. I'm not convinced. My mother had breast cancer, so I get regular mammograms, but we have no history of smoking related cancer in our family. Is my risk really all that high? I don't drink much (maybe some wine at dinner). It seems to me that most cancers today are caused by genetics or inheritance, so is my risk as high as she says it is?

A: Although many cancers may be genetically determined, your daughter is right on the mark with this one. Head and neck cancer is largely a cancer of behavior. The most important risk factors for head and neck cancers are:

- Tobacco (including smokeless tobacco, sometimes called "chewing tobacco" or "snuff")
- Alcohol use (related to cancers of the oral cavity, oropharynx, hypopharynx, and larynx)

85 percent of head and neck cancers are linked to tobacco use.

People who use both tobacco and alcohol are at greater risk for developing these cancers than people who use either tobacco or alcohol alone. So it is good that you don't drink heavily, but your light drinking still presents an elevated risk.

Smoking and tobacco aren't the only causes of head and neck cancers. Other risk factors include the following:

- Sun exposure (for skin and lip cancer)
- HPV infection (human papilloma virus)
- Radiation to the head and neck
- Industrial exposures, such as wood or nickel dust inhalation
- Asian, particularly Chinese, ancestry (for nasopharyngeal cancer)
- Epstein-Barr virus infection
- Consumption of certain preservatives or salted foods
- Poor oral hygiene
- Use of mouthwash that has a high alcohol content is a possible, but not proven, risk factor
• **Plummer-Vinson** (also called Paterson-Kelly) syndrome, a rare disorder that results from iron and other nutritional deficiencies. This syndrome is characterized by severe anemia and leads to difficulty swallowing due to webs of tissue that grow across the upper part of the esophagus.

• Immigrants from Southeast Asia who use paan (betel quid) in the mouth should be aware that this habit has been strongly associated with an increased risk for oral cancer.
  • Consumption of mate, a tea-like beverage habitually consumed by South Americans, has been associated with an increased risk of cancers of the mouth, throat, esophagus, and larynx.

People who are at risk for head and neck cancers should talk with their doctor about ways they can reduce their risk. They should also discuss how often to have checkups.

**A case for quitting**

Since you brought it up, here are a few statistics about smoking that you may want to consider.

• Tobacco related diseases claim approximately 419,000 American lives each year.

• Cigarettes contain at least 43 individual cancer-causing chemicals and smoking is directly responsible for almost 90% of all lung cancers.

• Secondhand smoke is responsible for 3,000 lung cancer deaths annually in U.S. nonsmokers.

• Smoking causes most cases of emphysema and chronic bronchitis.

• Smoking during pregnancy accounts for 20 - 30 percent of low birthweight infants and up to 14 percent of preterm births. Approximately 10 percent of all infant deaths are attributable to smoking.

• Apparently healthy, full-term infants of smokers have been found to be born with narrowed airways and impaired lung function.

• Children under 18 months of age are very susceptible to secondhand smoke causing lower respiratory tract infections.

• Smoking by parents (second hand smoke) is associated with adverse effects in their children such as:
  • Exacerbations of asthma
  • Increased upper respiratory infections (colds, ear infections, etc.)
  • SIDS (sudden infant death syndrome)

Nicotine is a very addictive substance. It reaches the brain faster than drugs that are used intravenously. Users of nicotine become physically, as well as, psychologically addicted. Because nicotine is used socially, this makes it an even more difficult habit to break.

The majority of smokers require multiple attempts to become nicotine-free, but persistence pays off! Ten years after smoking cessation, lung cancer risks are the same as in nonsmokers and fifteen years after smoking cessation, heart-disease risks resemble those of nonsmokers.

If you need help quitting, talk to your doctor.

**Sources:** National Cancer Institute - Head and Neck Cancer: Questions and Answers and NetWellness.org - Smoking and Tobacco Overview

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