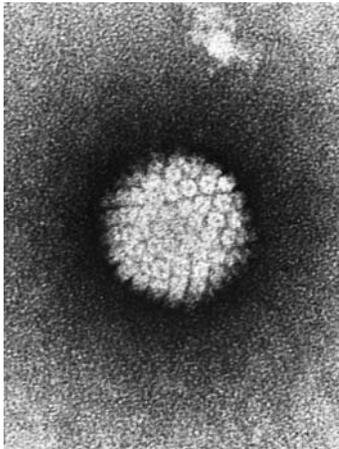


HEAD AND NECK CANCER SCREENING

Head and neck cancers include those of the lips, mouth (oral cavity), and the oro-pharynx which includes the back one third of the tongue, soft palate, tonsils, and the walls of the throat (pharynx).

The number of new cases of oral cancer and the number of deaths from oral cancer have been decreasing slowly over the past 30 years. However, in recent years the number of new cases of oral cancer caused by certain types of human papillomavirus (HPV) infection has increased.

One type of HPV, HPV-16 (see image below), may be passed from one person to another during sexual activity.



HPV

The major risk factors for oral cancer include the use of tobacco products (such as cigarettes, cigars, pipes, and smokeless and chewing tobacco), alcohol, rare conditions of the lining of the mouth, infection with certain a specific strain of HPV, being male and exposure to sunlight only for lip cancer. There is no standard or routine screening test for oral cancer other than regular examination by a dentist or medical doctor.

The exam includes looking for lesions (abnormal areas) on the tongue, gums, lining of the mouth and examining the lymph nodes in the neck. Abnormal areas that may be seen are tumors or area of leukoplakia (an abnormal white patch of cells) or erythroplakia (an abnormal red patch of cells) may become cancerous (see pictures below).



LEFT Precancerous white patch (leukoplakia)

RIGHT Precancerous red patch (erythroplakia)

If lesions are seen in the mouth, the following procedures may be used to find abnormal tissue that might develop into oral cancer:

Toluidine Blue Stain: A procedure in which lesions in the mouth are coated with a blue dye. Areas that stain darker are more likely to be cancer or become cancer.

Fluorescence Staining: A procedure in which lesions in the mouth are viewed using a special light. After the patient uses a fluorescent mouth rinse, normal tissue looks different from abnormal tissue when seen under the light.

Exfoliative Cytology: A procedure to collect cells from the lip or oral cavity. A cotton swab or a small wooden stick is used to gently remove cells from the lips, tongue, mouth, or throat. The cells are viewed under a microscope to determine if they are abnormal.

Brush Biopsy: The removal of cells using a brush that is designed to collect cells from all layers of a lesion. The cells are viewed under a microscope to find out if they are abnormal.

Screening Benefits

The early detection of cancer when it is small and at an early stage results in superior cure rates. Detection of precancerous areas enables treatment which will prevent cancer from occurring.

Screening Risks

Decisions about screening tests can be difficult. Not all screening tests are helpful and most have risks. Before undergoing any screening tests it is important to discuss the test with the doctor who ordered the test. It is important to know the risks of the test and whether it has been proven to reduce the risk of dying from cancer. *Continued...*

HEAD AND NECK CANCER SCREENING

Some cancers never cause symptoms or become life-threatening. However, if found by a screening test the cancer is usually treated. There is no way to identify cancers that will not grow or spread from those that will grow and spread. Finding these cancers is called over-diagnosis. It is not known if treatment of these indolent cancers would help a person live longer than if no treatment at all were given. Treatments for cancer such as surgery and radiation therapy may have serious side effects.

Screening may also find oral cancers that have already spread and cannot be cured. When these cancers are found the treatment may cause serious side effects and therefore not help a person live longer.

False-Negative Test Results

Screening test results may appear to be normal even though oral cancer is present. A person who receives a false-negative test result (one that shows there is no cancer when there really is) may delay seeking medical care even if there are symptoms.

False-Positive Test Results

Screening test results may appear to be abnormal even though no cancer is present. A false-positive test result (one that shows there is cancer when there really is none) can cause anxiety and is usually followed by more tests and procedures (such as biopsy) which also have risks.

Misdiagnosis

A biopsy is needed to diagnose oral cancer. Cells or tissues are removed from the lips, oral cavity, oro-pharynx and viewed under a microscope by a pathologist to check for signs of cancer. When the cells are cancer and the pathologist reports them as not being cancer, the cancer is misdiagnosed. Cancer is also misdiagnosed when the cells are not cancer and the pathologist reports there is cancer. When cancer is misdiagnosed, treatment that is needed may not be given or treatment may be given that is not needed. **Sources: National Institutes of Health – National Cancer Institute**

The Strang Cancer Prevention Cookbook

Roasted Eggplant Dip

Reduce Your Risk for Cancer by Eating a Healthy Diet!

8 Servings

1 medium eggplant (about 1 1/4 pounds) halved lengthwise
1 tablespoon olive oil
2 garlic cloves peeled
1 medium potato (about 6 ounces), baked or microwaved and peeled
1/2 cup 1% cottage cheese or 2 ounces lite silken tofu
2 tablespoons tahini (toasted sesame paste)
1 teaspoon lemon juice
1 teaspoon cayenne pepper
2 teaspoons toasted sesame oil
salt



Preheat the oven to 350 degrees F

Brush the flesh of the halved eggplant with 1 teaspoon of the olive oil. Place on a non stick baking pan, cut side down, and roast for 20 to 30 minutes. Remove from the oven and let cool. Scoop the pulp from the skin of the eggplant and place in the bowl of a food processor. Add the roasted garlic and potato and puree. Then add the cottage cheese, tahini, lemon juice, and cayenne and puree again until smooth. With the motor running, drizzle in the sesame oil and remaining 2 teaspoons olive oil. Season to taste with salt and transfer to an attractive serving bowl.

Calories 110, protein 4g, carbs 15g, fat 4g, cholesterol 1mg, dietary fiber 2g, saturated fat 1g

MAJOR SOURCES OF POTENTIAL CANCER FIGHTERS

Phytochemicals: allium compounds, plant polyphenols, (flavonoids, phenolic acids), phytic acids, plant sterols, terpenes (monoterpenes)

Recipe by Laura Pensiero, R.D. Owner Gigi Trattoria, Rinebeck, New York

ORAL CANCER PREVENTION: The 10 Do's and Don'ts

There is no proven way to prevent oral (mouth) cancer but the risk of oral cancer can be reduced by the following:

Do Not use Tobacco in Any Form

Tobacco, whether smoked or chewed, exposes the cells in the mouth to cancer-causing chemicals.

Drink Alcohol in Moderation

Long-term excessive alcohol use can inflame the cells in the mouth making them susceptible to mouth cancer. If alcohol is consumed it should be limited to one drink a day for women and two drinks a day for men.

Eat Fruits and Vegetables

Choose a diet with plenty of fruits and vegetables. Fruits and vegetables contain vitamins and antioxidants that may help to reduce the risk of mouth cancer.

Avoid Excessive Sun Exposure to the Lips

Protect the skin on the lips from the sun by staying in the shade as much as possible.

Use Sun-Blocking Lip Products

The use of sun-blocking lip balm or UV-A/B sunscreen (SPF 30 or greater), with frequent re-application, when in the sun will reduce the risk of lip cancer.

Get a Dental Checkup Twice a Year

As part of a routine dental exam, ask your dentist to inspect your entire mouth for abnormal areas that may indicate precancerous changes or mouth cancer.

Brush and Floss Teeth Twice a Day

An unhealthy mouth leads to inflammation and an increased risk of cancer.

Exercise Regularly

An active lifestyle is known to generally reduce the risk of many cancers.

Conduct a Self-Exam at Least Once a Month

Look at the tongue and inside the mouth. Check the back and sides of the tongue and ask your dentist to check any change seen.

Get Children Immunized against HPV Infection

Head and neck cancers can be caused by a strain of HPV. Vaccinate against HPV-16/HPV-18 with one of the two cervical cancer vaccines approved by the Food and Drug Administration (FDA) in the U.S. — Gardasil[®], for girls and boys, and Cervarix[®], for girls only. Vaccination is recommended between the ages of 9 – 12, before sexual contact. Immunization may protect against most HPV-related mouth, tonsil and pharyngeal (back of the mouth) cancers later in life if given before exposure to the virus.

For further information please visit www.strang.org



April is National Head and Neck Cancer Awareness Month



Strang Cancer Prevention Institute

575 Madison Avenue 10th Floor

New York, NY 10022

Tel: (212) 501-2111 www.strang.org

Editor

Merle K. Barash MA AEd, MA Psya

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