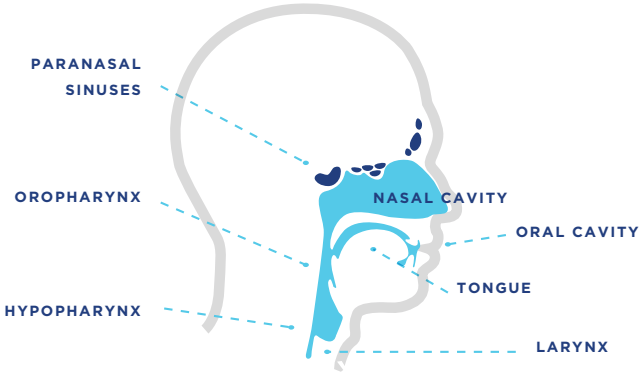
SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK BY THE NUMBERS

SCCHN IS THE **7TH MOST COMMON CANCER IN AUSTRALIA**, WITH CLOSE TO **5,000** DIAGNOSES PER YEAR[1].

WHAT IS HEAD AND NECK CANCER?

HEAD AND NECK CANCERS USUALLY BEGIN IN THE SQUAMOUS CELLS THAT LINE THE MOIST, MUCOSAL SURFACES INSIDE THE HEAD AND NECK, SUCH AS INSIDE THE MOUTH, NOSE AND THROAT[2].



HEAD AND NECK CANCER REGIONS

SCCHN ACCOUNTS FOR

90%

OF ALL HEAD AND NECK CANCERS[3]

INCIDENCE

MORE MEN ARE DIAGNOSED THAN WOMEN IN AUSTRALIA[1]

MEN 3,625[1] | WOMEN 1,330[1]

CHANCE

OF SURVIVING AT LEAST **5 YEARS**[1]

69%

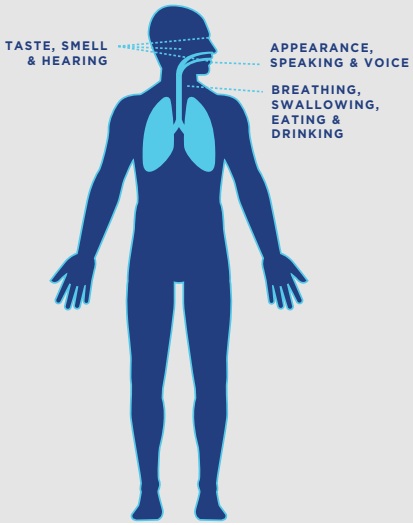
4,956

NEW CASES IN 2017[1]

1,026 DEATHS IN 2017[1]

QUALITY OF LIFE

SCCHN MAY IMPACT A PATIENT'S PHYSIOLOGICAL, SOCIAL AND SENSORY FUNCTIONS INCLUDING:



5-Year Relative Survival Rates

A PATIENT'S PROGNOSIS IS LARGELY DEPENDENT ON THE TYPE AND STAGE OF DISEASE.

STAGES

1 LOCAL: The cancer is only in the area where it started. This includes stage I, stage II, and some stage III cancers.

2 REGIONAL: The cancer has spread to nearby tissues and/or lymph nodes. This includes some stage III and stage IV cancers.

3 DISTANT: The cancer has spread to distant sites.

CAUSES AND IMPACT

IN AUSTRALIA, THE **HUMAN PAPILLOMA VIRUS (HPV)** IS THE MOST COMMON CAUSE OF TONSIL CANCER[4], WHICH IS RAPIDLY INCREASING IN INCIDENCE[1]. HPV NOW CAUSES MORE HEAD AND NECK CANCERS THAN SMOKING[5].

HEAD AND NECK CANCER AND ASSOCIATED SURGERY CAN CAUSE DISFIGUREMENT AND PROBLEMS WITH EATING, DRINKING AND SWALLOWING[6].

EMOTIONAL DISTRESS, DEPRESSION AND SUICIDE IS HIGH IN HEAD AND NECK CANCER PATIENTS[6]

SUICIDE IS **3 X HIGHER** THAN IN OTHER CANCERS[7]

SIGNS & SYMPTOMS

- HOARSENESS
- SORE THROAT
- LUMP IN THE NECK
- DIFFICULTY SWALLOWING

TREATMENT OPTIONS

A PATIENT'S TREATMENT OPTIONS ARE LARGELY DEPENDENT ON STAGE OF DISEASE AND MAY INCLUDE:

SURGERY | RADIATION THERAPY | CHEMOTHERAPY | TARGETED THERAPY | IMMUNOTHERAPY

1 Cancer Australia. Head and neck cancer in Australia. Available here: https://head-neck-cancer.canceraustralia.gov.au/statistics [Accessed May 2018] **2** National Cancer Institute. Head and neck cancers. Available here: https://www.cancer.gov/types/head-and-neck/head-neck-fact-sheet [accessed: February 2018] **3** Vigneswaran, N., Williams, MD. Epidemiological trends in head and neck cancer and aids in diagnosis. Oral Maxillofac Surg Clin North Am. 26(2): 123–141. Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4040236/ [Accessed May 2018] **4** Cancer Council Australia. HPV. Available here: https://www.cancer.org.au/about-cancer/typesof-cancer/hpv.html#note_1 [Accessed May 2018] **5** Chaturvedi A, et al. Human Papillomavirus and Rising Oropharyngeal Cancer Incidence in the United States. J Clin Oncol. 2011 Nov 10; 29(32): 4294–4301. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3221528/ [Accessed May 2018] **6** Howren, BM., et al. Psychological factors associated with head and neck cancer treatment and survivorship: Evidence and opportunities for behavioral medicine. J Consult Clin Psychol. 2013 April; 81(2):299–317. **7** Kam, D., et al. Incidence of Suicide in Patients With Head and Neck Cancer. JAMA Otolaryngol Head Neck Surg. 2015 Dec;141(12):1075-81.

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