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.

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.

HEAD AND NECK CANCER REGIONS
- ORAL CAVITY
- TONGUE
- NASAL CAVITY
- PARANASAL SINUSES
- LARYNX
- HYPOPHARYNX
- OROPHARYNX

SCCHN ACCOUNTS FOR 90% OF ALL HEAD AND NECK CANCERS

INCIDENCE
MORE MEN ARE DIAGNOSED THAN WOMEN IN AUSTRALIA
- MEN 3,625
- WOMEN 1,330

CHANCE OF SURVIVING AT LEAST 5 YEARS
69%

1,026 DEATHS IN 2017

QUALITY OF LIFE
SCCHN MAY IMPACT A PATIENT’S PHYSIOLOGICAL, SOCIAL AND SENSORY FUNCTIONS INCLUDING:
- BREATHING
- SWALLOWING
- EATING & DRINKING
- TASTE, SMELL
- APPEARANCE, SPEAKING & VOICE

1 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, WHICH IS RAPIDLY INCREASING IN INCIDENCE. HPV NOW CAUSES MORE HEAD AND NECK CANCERS THAN SMOKING.
HEAD AND NECK CANCER AND ASSOCIATED SURGERY CAN CAUSE DISFIGUREMENT AND PROBLEMS WITH EATING, DRINKING AND SWALLOWING.
EMOTIONAL DISTRESS, DEPRESSION AND SUICIDE IS HIGH IN HEAD AND NECK CANCER PATIENTS. SUICIDE IS 3 X HIGHER THAN IN OTHER CANCERS.

SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK

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