


# Oral & Oropharyngeal Cancer



## Incidence and Mortality in Ohio (2018)<sup>1</sup>:

- 1,857 cases diagnosed
- 407 deaths occurred

 In Ohio, 65% of the oral and pharynx cancer tumors seen are late-stage tumors, which are much harder to treat and lead to a poorer prognosis.

### Oral Cavity Cancer

Occurs in the oral cavity which includes the front tongue, floor of the mouth, inside the cheeks and ridge area around the mouth.

#### Risk Factors

-  **Tobacco use:** smoking cigarettes, pipes, cigars, snuff, chew, smokeless tobacco.
-  **Alcohol use:** especially when tobacco is used at the same time.
-  **Exposure to HPV:** the sexually transmitted, Human Papillomavirus.
-  **Gender:** The American Cancer Society attributes the higher incidence of oral cavity cancers to higher rates of alcohol and tobacco use by males.
-  **Age:** Most people who are diagnosed with oral cancer are 55 or older.




 Regular dental check-ups that include an exam of the entire mouth are important in finding oral cancers early.


 Disparities in screenings include low income, uninsured/underinsured populations, low education, and communities of color.


### Oropharyngeal Cancer

Occurs in the back regions of the mouth—around the base of the tongue, back of the throat, and tonsils.

#### Risk Factors

-  **Human Papillomavirus (HPV):**
  - Is the second most common sexually transmitted infection in the US.
  - Is the primary cause of oropharyngeal cancers.
  - Causes the most common HPV-associated cancer, surpassing cervical cancer.
-  **Gender:** More men of younger age are being diagnosed with HPV-related forms of oral cancer.
-  **Age:** HPV-related oral cancers are often diagnosed in people who are younger than age 55.

 Those with 1 to 5 oral sex partners are 2x more likely to develop oropharyngeal than those who have never had oral sex.<sup>2</sup>

 The fastest growing segment of the oropharyngeal cancer population is non-smokers younger than age 50.

## CHALLENGE:

Only about 1/3 of U.S. adults aged 30 and over who visited a dental practice in the last two years reported receiving an oral cancer screening.<sup>3</sup>

## OPPORTUNITY:

All dentists provide an oral cancer screening at each exam visit.

# Policy Opportunities



## > Integration of Care:

- Automating reminder/recall for oral cancer screenings across healthcare organizations. | [LEARN MORE >](#)
- Provide incentives for workplace tobacco cessation programs. | [LEARN MORE >](#)
- Include HPV education in health education standards/high risk behavior curriculum in schools.
- Healthcare providers promote cessation counseling and referral to the Ohio Tobacco Quit Line, with emphasis on Medicaid enrollees and state employees.

## > Education & Workforce:

- Oral health professionals educate adolescent patients and their caregivers about HPV, tobacco and alcohol risk factors, and the benefits of HPV immunization in prevention of oropharyngeal cancer.
- Oral health professionals teach patients about symptoms of oral cancer and how to complete a self oral cancer screening.
- Oral health professionals administer vaccines. *(The American Dental Association has offered its support to dentists who are seeking to administer vaccines, and The American Dental Hygienists' Association supports dental hygienists providing vaccines.)*

## > Data, Payment and Quality: | [LEARN MORE >](#)

- Maintain and enforce Ohio's smoke-free workplace law, including prompt collection of fines for violations.
- Increase investment in mass media campaigns where evidence suggests that adult-focused cessation campaigns have the greatest impact on smoking prevalence and medical costs.
- Require reporting on performance of cessation metrics in Medicaid Managed Care and provider contracts.
- Monitor compliance of private health insurance plans with cessation coverage requirements.

## > Access & Advocacy:

- Maintain the adult dental benefit in the Medicaid program.
- Remove barriers such as co-pays, prior authorizations, and quit attempt limits in cessation programs. <sup>4</sup>
- Offer quit incentives in cessation programs. <sup>4</sup>
- Raise awareness of cessation coverage among providers and tobacco users. <sup>4</sup>

### Sources:

1. Ohio Annual Cancer Report, 2021, Ohio Department of Health • 2. Mount Sinai Head & Neck Institute  
3. American Journal of Preventive Medicine, 2011-16 National Health & Nutrition Examination Survey • 4. Health Policy Institute of Ohio (HPIO)



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