

Chapter II

3

OROPHARYNX

ICD-10 C09-C10, C14

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Incidence

The incidence of oropharyngeal cancer includes oropharynx and pharynx unspecified. The age adjusted incidence rate of oropharyngeal carcinoma in Thailand is rather low, that is 1.4 for males and 0.5 for females (Figure 2.3.1). The sex ratio of male to female is 3:1. There is only one case of oropharyngeal cancer collected in Nakhon Phanom during this three year period. The cases are also very low in the Northeast of Thailand. The cause of this low rate should be investigated.

Oropharyngeal cancer is rare in the young age group. The incidence is started to increase at the fourth decade for males and fifth decade for females (Figure 2.3.2). The older has the higher incidence rate especially in Chiang Mai.

The cases were recorded with morphological verification from 55.6 % to 96.3 % in males. This percent in females may not reliable

because of low number in each registry. In most of the registry has no DCO cases.

Risk factors

Tobacco products and alcohol are the most common etiological factors associated with squamous cell carcinoma (SCC) of the upper aerodigestive tract including oropharyngeal SCC. Compared with persons who have never smoked, smokers have increased the relative risk of 2.7 for 1-20 cigarettes per day and 9.0 for more than 20 cigarettes per day (Gallus, *et al.*, 2003).

Chewing betel nut, a habit in the older age group in Thailand, is also known etiologic factor for oral and pharyngeal cancer. The presence of human papilloma virus (HPV type 16) is considered a risk factor of SCC of the tonsil. HPV has been identified in metastatic cervical lymphnodes from tonsillar cancer (Strome, *et al.*, 2002).

Figure 2.3.1 Oropharynx cancer in different regions, 1998-2000

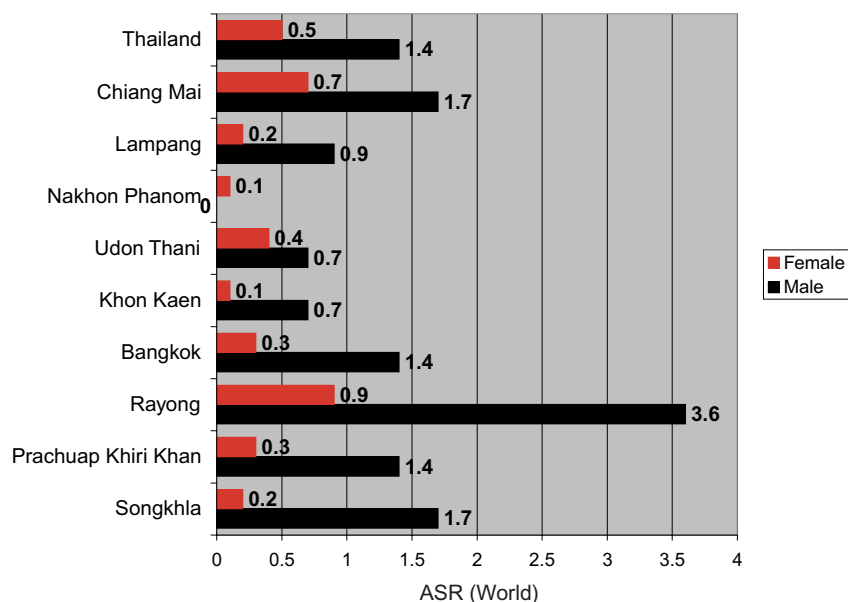


Figure 2.3.2 Age-specific incidence rates of oropharynx cancer, 1998-2000

