Oropharyngeal Cancer

An HPV-associated cancer is a specific cellular type of cancer that is diagnosed in a part of the body where HPV (Human Papilloma Virus) is often found. These parts of the body include the cervix, vagina, vulva, penis, anus, rectum, and oropharynx (back of the throat, including the base of the tongue and tonsils). According to the CDC, each year there are about 34,800 new cancer cases caused by HPV in the United States.

HPV can infect the mouth and throat and cause cancers of the oropharynx (back of the throat, including the base of the tongue and tonsils). This is called oropharyngeal cancer. HPV is thought to cause 70% of oropharyngeal cancers in the United States. It estimated that 93 people (72 males and 21 females) in North Carolina will be diagnosed with Oropharyngeal cancer and 43 people (33 males and 10 females) will die of Oropharyngeal cancer in 2020.

From 2013 to 2017, the age-adjusted incidence rate for Oropharyngeal cancer in North Carolina was 0.7 per 100,000 people per year. Non-Hispanic Black males have the highest incidence rate for Oropharyngeal cancer (Figure 2).

From 2003 to 2017, Oropharyngeal cancer incidence rates have been stable for both men and women (Figure 3). The age-adjusted incidence rate for Oropharyngeal cancer cases diagnosed from 2013 to 2017 was 0.3 per 100,000 people per year. When comparing Oropharyngeal cancer rates by race and ethnicity, non-Hispanic Black males have the highest mortality rate (Figure 6).

Mortality

From 2013 to 2017, the percentage of Oropharyngeal cancer deaths is displayed by age group in Figure 5. About 48.9 percent of deaths occurred in people ages 65 to 84.

From 2003 to 2017, Oropharyngeal cancer mortality rates have been stable for both men and women (Figure 7).

Data Sources and Methods

Data on North Carolina cases were obtained from the North Carolina Central Cancer Registry (CCR). Hospitals are the primary source of data. The CCR supplements hospital data with reports from physicians who diagnose cases in a non-hospital setting. The CCR also collects data from pathology laboratories and freestanding treatment centers. Data on cancer deaths were obtained from Statistical Services in the State Center for Health Statistics. Population data from the National Center for Health Statistics were used in the denominators of the rates, which are expressed per 100,000 people. Rates were age-adjusted using the 2000 United States Census data. To examine trends, three-year overlapping rates were used to improve stability over time. Stage at diagnosis was defined according to Surveillance, Epidemiology, and End Results Summary Stage guidelines as in situ, localized, regional, and distant. Stage at diagnosis was defined according to Surveillance, Epidemiology, and End Results Summary Stage guidelines as in situ, localized, regional, and distant. Stage at diagnosis was defined according to Surveillance, Epidemiology, and End Results Summary Stage guidelines as in situ, localized, regional, and distant.

Note: The age-adjusted mortality rate of Oropharyngeal cancer from 2013 to 2017 was 0.3 per 100,000 people per year. When comparing Oropharyngeal cancer rates by race and ethnicity, non-Hispanic Black males have the highest mortality rate (Figure 6).

**Stage at Diagnosis**

Figure 4 shows the stage distribution of Oropharyngeal cancer cases diagnosed from 2013 to 2017. Approximately 73.9 percent of Oropharyngeal cancer cases were diagnosed at the localized or regional stage.

**Mortality Trends by Gender**

From 2003 to 2017, the percentage of Oropharyngeal cancer deaths is displayed by age group in Figure 5. About 48.9 percent of deaths occurred in people ages 65 to 84.

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