

Original research

Epidemiological profile of malignant oral cancers in a population of northern Portugal



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ABSTRACT

Objective: To describe some epidemiological characteristics of malignant oral cancers in a population of the Oncology Portuguese Institute of Porto (IPO-PORTO).

Methods: After consulting databases of the IPO-PORTO database, we selected all patients diagnosed with oral cancer (C00 to C06) between 1 January 2004 and 31 December 2009, with histological confirmation. Data were analyzed according district of residence, gender, age, topographic location of the tumor, histological type, degree of differentiation, and stage (TNM).

Results: During this retrospective descriptive study, 1041 cases were reported in both genders. Men were more affected than women in a 3:1 proportion. The number of diagnosed oral carcinoma cases increased in the 5th decade of age ($19.69\% \pm 2.42\%$) and progressively decrease after the 7th ($18.35\% \pm 2.35\%$). The most affected region was the tongue (C01 + C02) ($43.51\% \pm 3.01\%$), followed by the floor of the mouth (C04) ($17.48\% \pm 2.31\%$). The most prevalent histological entity was squamous cell carcinoma ($93.37\% \pm 10.90\%$) in grade I ($44.20\% \pm 5.86\%$). Regarding TNM stages, the most frequent was stage IV ($42.00\% \pm 3.89\%$).

Conclusion: The epidemiological profile of oral malignant neoplasms found in our study is in accordance with the existing literature. More epidemiological studies, as well as awareness and prevention programs, should be conducted in this area in Portugal.

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Perfil epidemiológico das neoplasias orais malignas numa população da região norte de Portugal

R E S U M O

Objetivo: Descrever algumas características epidemiológicas das neoplasias orais malignas numa população do Instituto Português de Oncologia do Porto (IPO-Porto).

Palavras-chave:

Neoplasmas da boca

Carcinoma de células escamosas

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Epidemiologia
Prevalência
Incidência

Métodos: Após consulta da base de dados do IPO-Porto, foram selecionados todos os pacientes com diagnóstico de neoplasia maligna da cavidade oral (C00-C06) com confirmação histológica, diagnosticados entre um de janeiro de 2004 e 31 de dezembro de 2009. Os dados foram analisados por distrito de residência, género, idade, localização topográfica do tumor, tipo histológico, grau de diferenciação e estágio (TNM).

Resultados: Neste estudo retrospectivo e descritivo obtiveram-se no total 1.041 casos de ambos os géneros. O género masculino é mais afetado comparativamente ao feminino, numa proporção de 3:1. Verifica-se um aumento dos casos diagnosticados a partir dos 40 anos ($19,69 \pm 2,42\%$) e um declínio progressivo a partir dos 70 ($18,35 \pm 2,35\%$). A região mais afetada foi a língua (C01 + C02) ($43,51 \pm 3,01\%$), seguindo-se a região do pavimento da boca (C04) ($17,48 \pm 2,31\%$). O tipo histológico mais prevalente foi o carcinoma de células escamosas ($93,37 \pm 10,90\%$); de entre estes, a maioria é grau I ($44,20 \pm 5,86\%$). Relativamente ao estágio, a maioria dos casos encontravam-se no estágio IV ($42,00 \pm 3,89\%$).

Conclusão: O perfil epidemiológico das neoplasias orais malignas da cavidade oral que encontramos é semelhante a outros estudos descritos na literatura. Mais estudos epidemiológicos, bem como programas de sensibilização e campanhas de prevenção, deveriam ser realizados nesta área em Portugal.

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Introduction

Oral cancer is a significant component of the global burden of cancer (4% of all cancer cases), and together with the pharyngeal cancer, represents the sixth most common neoplasm worldwide.¹⁻⁶ Oral cancer involves the lip and different regions of the oral cavity such as tongue, floor of the mouth, gums, and palate, thus representing a heterogeneous group of tumors with similar risk factors.^{3,5,7,8} The most common histological type, is the squamous cell carcinoma (SCC), which develops from the stratified squamous epithelium of the mucosa and represents approximately 90% of cases.^{3,4,9} In most cases, oral cancer appears after the age of 40 years, and frequency increases considerably until the 65 years of age, affecting more frequently men than women, in proportions ranging between 2:1 and 3:1.^{4,10}

There are several risk factors involved in the etiology of oral cancer, of which tobacco use (either smoking or chewing) and alcohol consumption are the most significant ones, and they act synergistically when used together.^{1,4-6,11-14} The International Agency for Research on Cancer has confirmed that tobacco causes oral cancer.^{1,7} Other studies have shown that an excessive consumption of alcoholic beverages causes nutritional deficiencies (especially of vitamins A, C and E), which appears to contribute to oral carcinogenesis.^{1,12,13} Other associated etiologic factors are exposure to ionizing radiation, immunosuppression, viral infections (HIV, HPV), genetic or familial predisposition, and poor oral hygiene.^{1,6,11-13}

The lower lip is the region most frequently affected by oral cancer, followed by the lateral borders of the tongue and the floor of the mouth.^{15,16} Oral cancer appears as a patch of variable color (usually white or reddish), a hardened mass, or an ulcer that does not heal.^{6,15,16} Its lesions are frequently asymptomatic in early stages and, become progressively painful.^{6,11}

In the coming decades, the World Health Organization (WHO) predicts a continuing increase in oral cancer diagnosis.¹¹

Therefore, epidemiological research is of utmost importance to characterize the individuals at risk, and prepare and plan social policies and future health programs.

The present study aims to describe some epidemiological characteristics of malignant oral cancers in a population of the Portuguese Institute of Oncology of Porto (IPO-Porto). Thus, this study intends to answer the following research hypothesis: "What is the epidemiological profile of malignant oral cancers in the population of the IPO-Porto?"

Methods

The data used in this retrospective and descriptive epidemiological study were collected from the IPO-Porto database.

The sample selection was based on the following inclusion criteria: every individuals (of both genders and any age), diagnosed with of malignant neoplasm of the oral cavity (C00-C06) between 1 January 2004 and 31 December 2009, with histological confirmation. All other cases were excluded.

The evaluated parameters were district of residence, gender, age, topographic location of the tumor, histological type, degree of differentiation and stage.

According to their district of residence, the sample was distributed by the following categories: Braga, Bragança, Porto, Viana do Castelo, Vila Real, and other (corresponding to other districts of Portugal).

Given the wide range of ages in the sample for the "age" parameter, the sample was distributed by nine age groups with intervals of 10 years each, from 20-29 to ≥ 100 .

The classification of the tumors' topography and morphology, as well as their degree of differentiation, was based on the 3rd edition of the International Classification of Diseases for Oncology (ICD-O 3rd edition).⁸ We considered the anatomical locations of the lip (C00) and the oral cavity, which includes tongue (C01 + C02), gum (C03), floor of the mouth (C04), palate (C05), and other regions of the oral cavity (C06). Malignant

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