SURVEY OF TONGUE CANCER PATIENTS IN LOS ANGELES:
ASSESSING SMOKING, DRINKING, TREATMENT PATTERNS, AND QUALITY OF LIFE

Lihua Liu¹, PhD
Juanjuan Zhang¹, MS
Lenard Berglund¹, DMA
Dennis Deapen¹, DrPH
Uttam K. Sinha², MS, MD, FACS

1. Los Angeles Cancer Surveillance Program, Keck School of Medicine, University of Southern California, Los Angeles, CA
2. Dept. of Otolaryngology-Head and Neck Surgery, Keck School of Medicine, University of Southern California, Los Angeles, CA
Tongue is the most common site for oral cancers
- Distinctive racial and gender differences in incidence and mortality
- Unique biophysical features
- Vital organ for basic living functions
- Lack standard treatment guidelines
- Common in men aged 50-80, but increasing in women and the young
- Poorly understood, understudied
90+% cases are squamous cell carcinoma
75% in anterior 2/3 of the tongue, 25% base of tongue
Local involvement to adjacent structures and regional spread to cervical lymph nodes
50-70% recurrence rate within 12-24 months
55% survival rate for 2-yr, 34% for 5-yr
Risk factors include tobacco, alcohol, viral infections (HPV, HIV/AIDS, Epstein-Barr, …)
Funded by SEER RRSS

Prospective RCA based study
- Detroit

Self-administered questionnaire survey
- UW-QOL for HN cancers

Population-based feasibility study of tongue cancer patients
Patient contact still on-going, as of June1, 2006:

213 total accrued patients
189 survey package have been sent
121 completed questionnaires
110 cases included in analyses
Survey questions

- Demographics (age, sex, race/ethnicity)
- Socioeconomics (education, income)
- Insurance type (HMO, PPO, Medicare/Medical)
- Tobacco use
- Alcohol use
- Tongue cancer diagnosis
- Treatment received
- Quality of life after treatment
- Use of rehabilitation therapies
Mean age at dx: Male=60.8, Female=62.2 ($p=0.6$)
Gender Distribution

- Male: 62%
- Female: 38%
Patients by Race/Ethnicity

- NH White: 70
- NH Black: 5
- Hispanic: 15
- NH Asian: 10
- NH Other: 5

Number of Cases
Patients education by race

Number of patients

- <HS
- HS
- College
- Grad Sch

NH White
Non-NH White
Mean age at starting smoking and number of cigarettes per day by age cohort

<table>
<thead>
<tr>
<th>Age cohort</th>
<th>Mean starting age</th>
<th>Cigarettes per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>16</td>
<td>13.7</td>
</tr>
<tr>
<td>50-69</td>
<td>17.3</td>
<td>17.9</td>
</tr>
<tr>
<td>70+</td>
<td>20.3</td>
<td>19.6</td>
</tr>
</tbody>
</table>
Drinking status at diagnosis

<table>
<thead>
<tr>
<th></th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current drinker</td>
<td>40</td>
</tr>
<tr>
<td>Past drinker</td>
<td>10</td>
</tr>
<tr>
<td>Non drinker</td>
<td>50</td>
</tr>
</tbody>
</table>
Patients by drinking and smoking status

Number of patients

- Current drinker
- Past drinker
- Non drinker

- Current smoker
- Past smoker
- Non smoker
Drinking status after diagnosis among current drinkers

- No change
- Decreased
- Stopped
Who first noticed any symptoms

Number of cases

<table>
<thead>
<tr>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
</tr>
<tr>
<td>Health Professional</td>
</tr>
</tbody>
</table>

80 cases were noticed by Self compared to 20 cases by Health Professional.
Mean scores of QOL assessment (best score = 100)

- Pain
- Appearance
- Activity
- Recreation
- Swallow
- Chew
- Speech
- Taste
- Saliva
- Shoulder

Mean score
Average quality of life score by specific assessment
(best = 100)

- Pain
- Appearance
- Activity
- Recreation
- Swallow
- Chew
- Speech
- Taste
- Saliva
- Shoulder

Legend:
- Radiation
- Surgery
- Surgery+Radiation
- No Treatment
Overall quality of life scores (best = 1,000)

- Radiation
- Surgery
- Surgery + Radiation
- No Treatment
Have you heard about therapies that may help reduce difficulties with eating and/or talking?

Number of patients

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>40</td>
<td>60</td>
</tr>
</tbody>
</table>
Source of learning rehab programs

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>35</td>
</tr>
<tr>
<td>Therapist</td>
<td>2</td>
</tr>
<tr>
<td>Family/Friends</td>
<td>4</td>
</tr>
<tr>
<td>Media</td>
<td>1</td>
</tr>
<tr>
<td>Internet</td>
<td>2</td>
</tr>
</tbody>
</table>
Study is still on-going

More completed questionnaires are expected

Further analyses to be conducted linking with tumor data
  - From pathology reports
  - From registry database
Remarks from Participants

- “Quality of life is very important – and I don’t want to live if I can’t enjoy my life.”

- “Today I am alive. But am I really living??!! I can’t eat, sleep, drink, talk, work, … It’s very hard to stay positive.”

- “I have had no problems with the quality of my life following removal of my tongue cancer.”