

SURVEY OF TONGUE CANCER PATIENTS IN LOS ANGELES:

**ASSESSING SMOKING, DRINKING, TREATMENT PATTERNS,
AND QUALITY OF LIFE**

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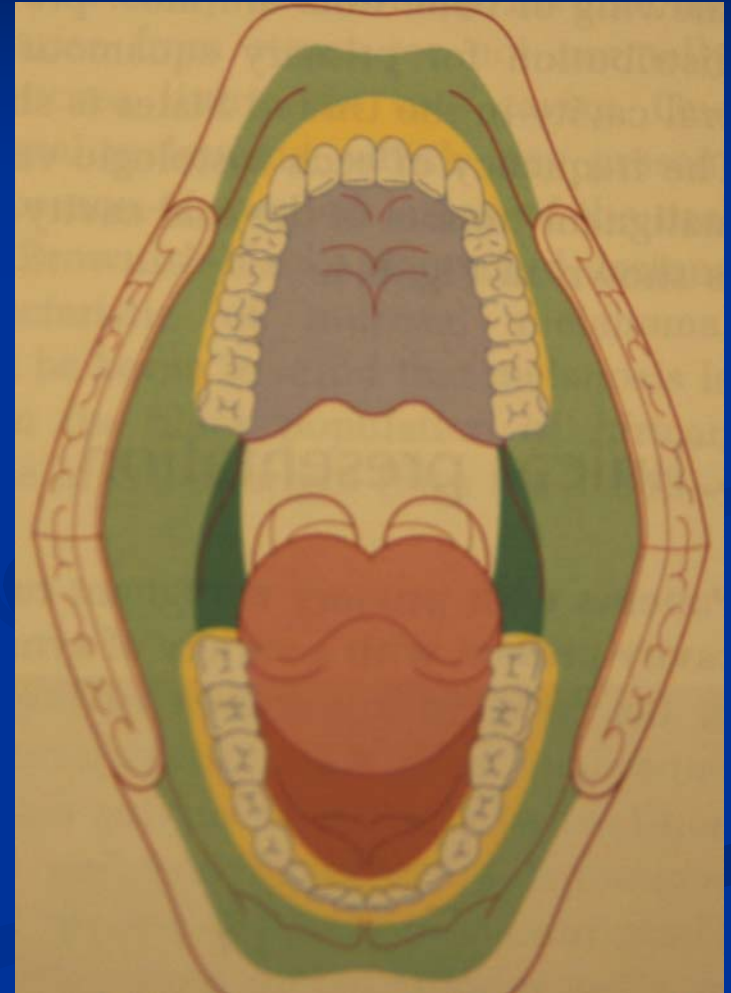
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Background

- 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

Background

- 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, ...)



Materials and Methods

- Funded by SEER RRSS
- Prospective RCA based study
 - Los Angeles (4/2005–3/2006)
 - Detroit
- Self-administered questionnaire survey
 - UW-QOL for HN cancers
- Population-based feasibility study of tongue cancer patients

Materials and Methods

Patient contact still on-going, as of June 1, 2006:

213 total accrued patients

189 survey package have been sent

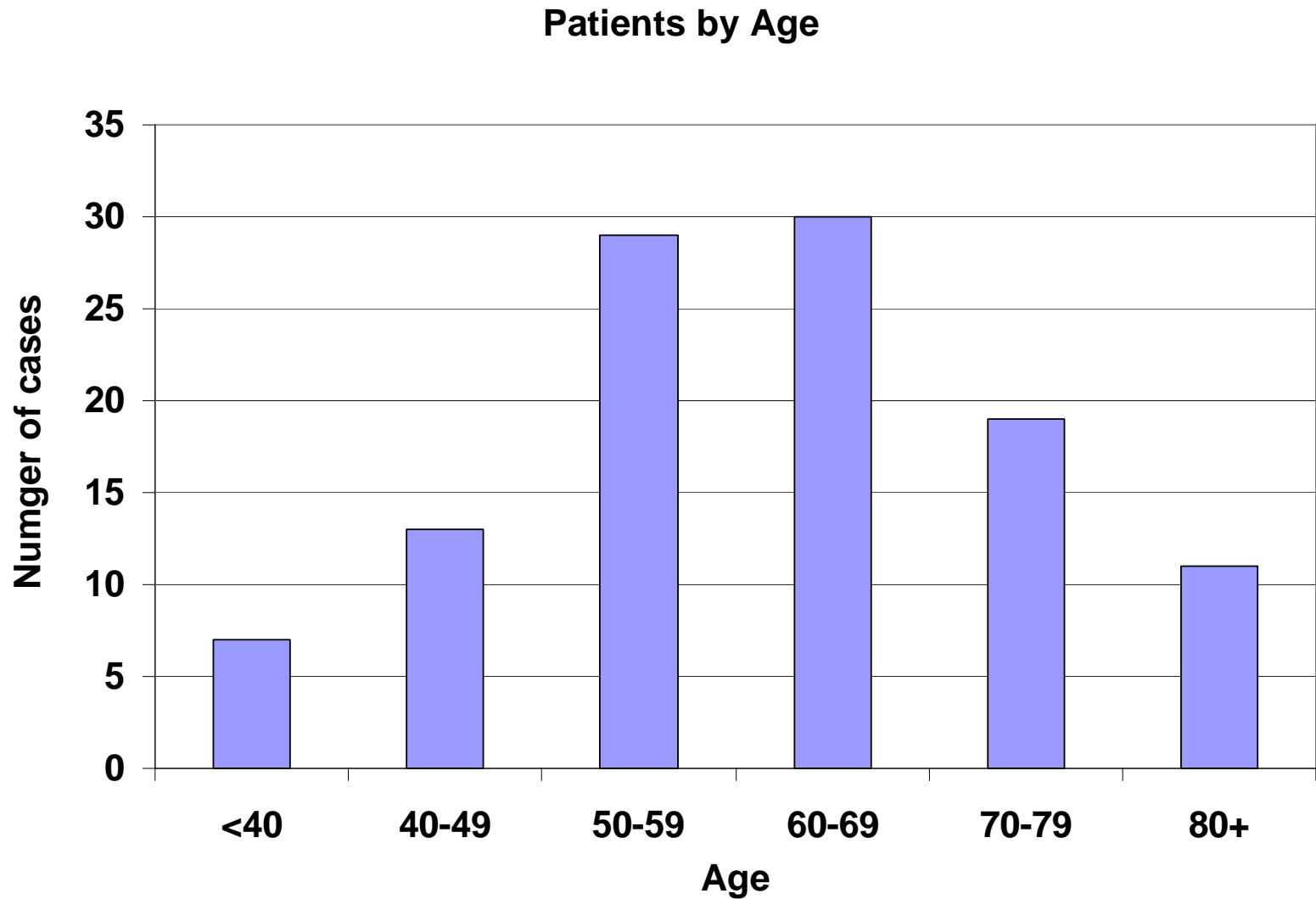
121 completed questionnaires

110 cases included in analyses

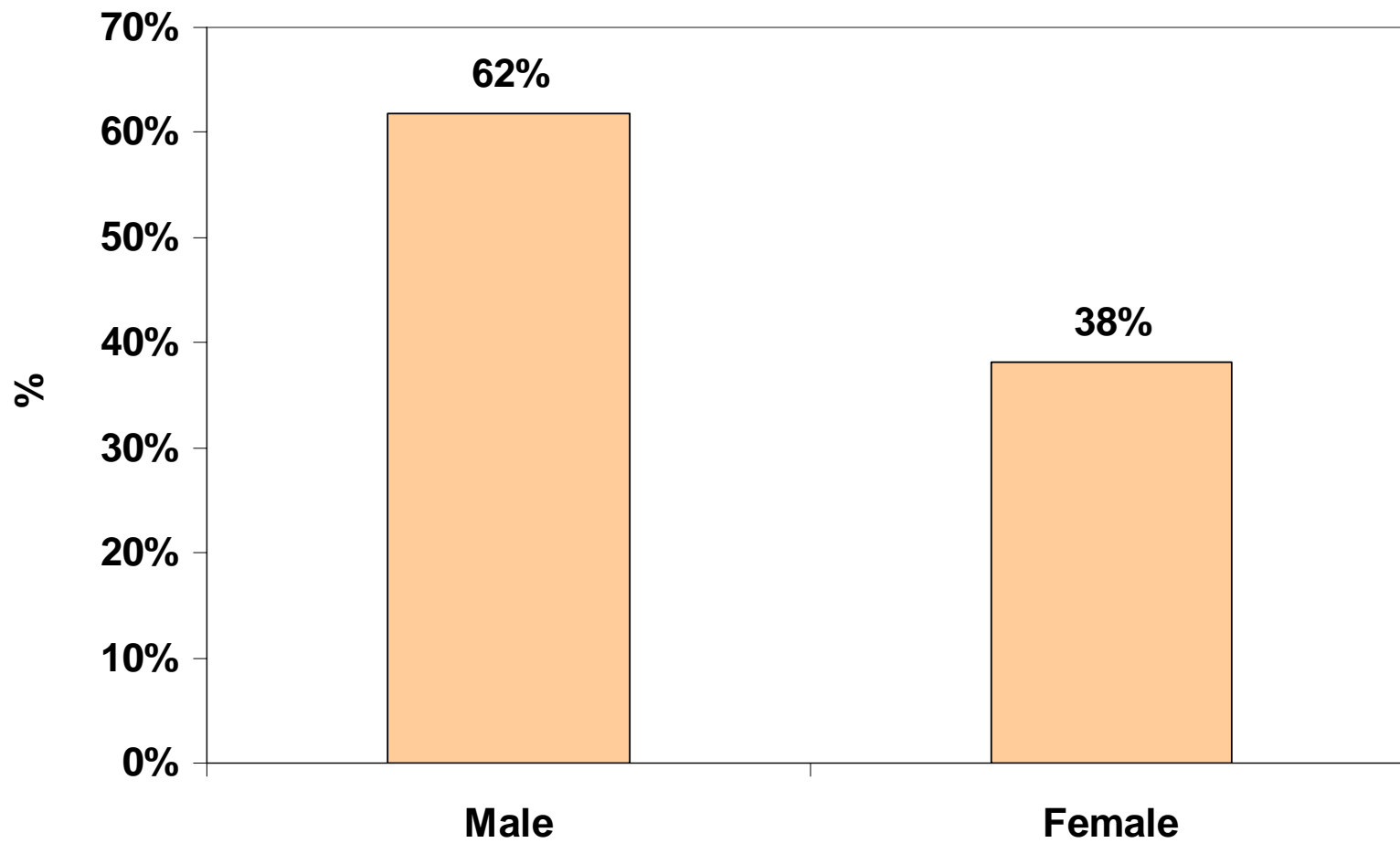
Survey questions

- 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

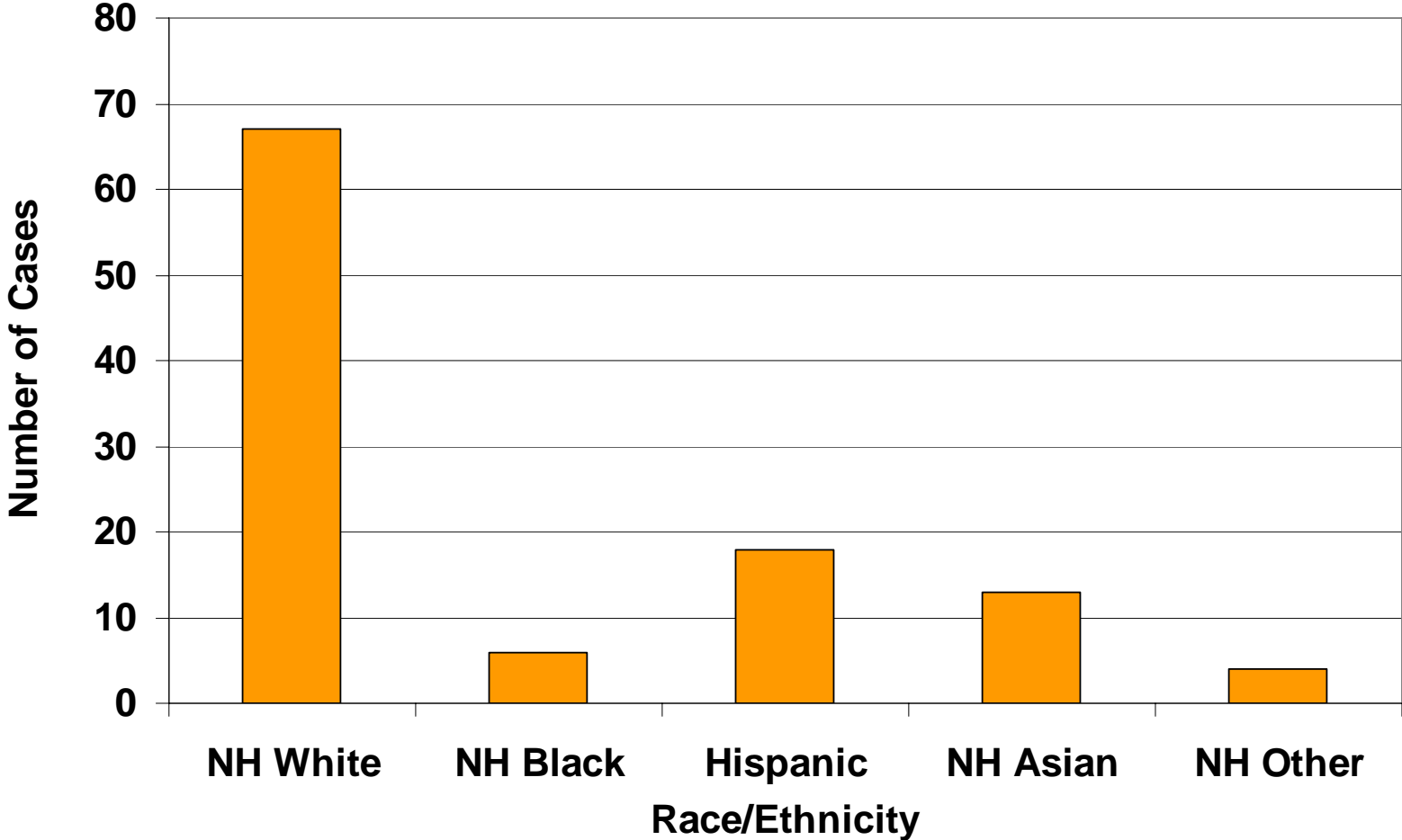
Mean age at dx: Male=60.8, Female=62.2 ($p=0.6$)



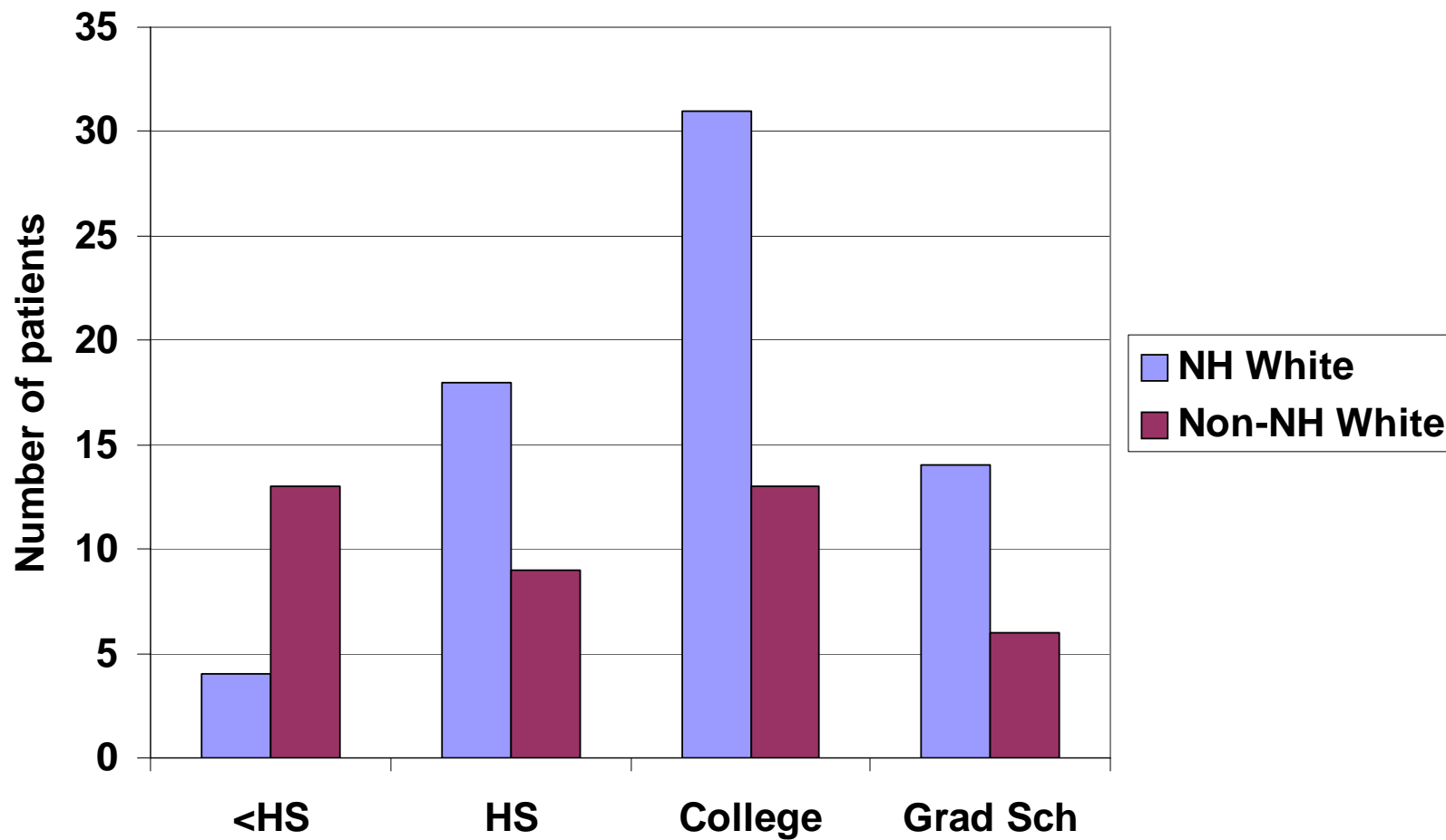
Gender Distribution



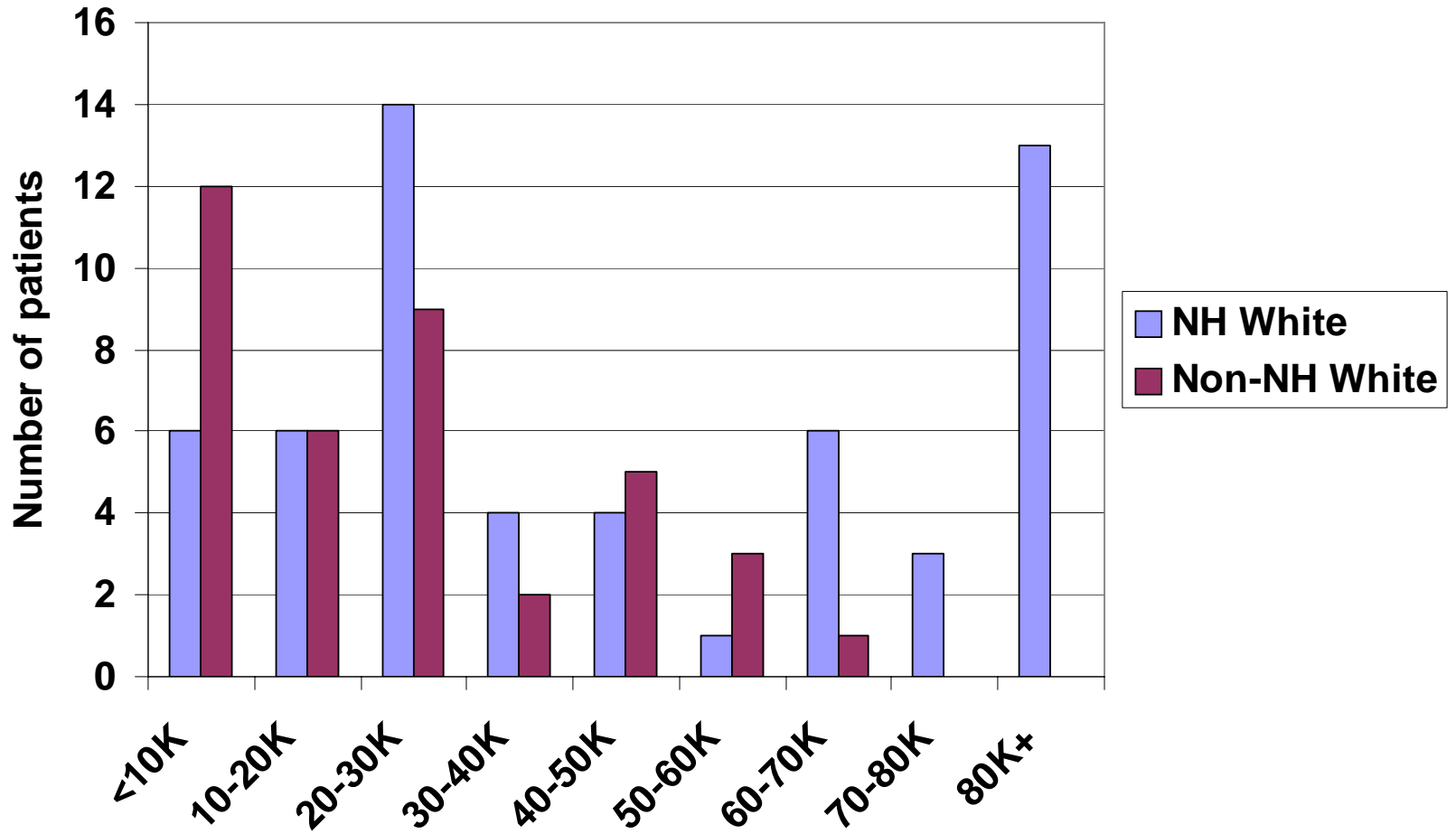
Patients by Race/Ethnicity



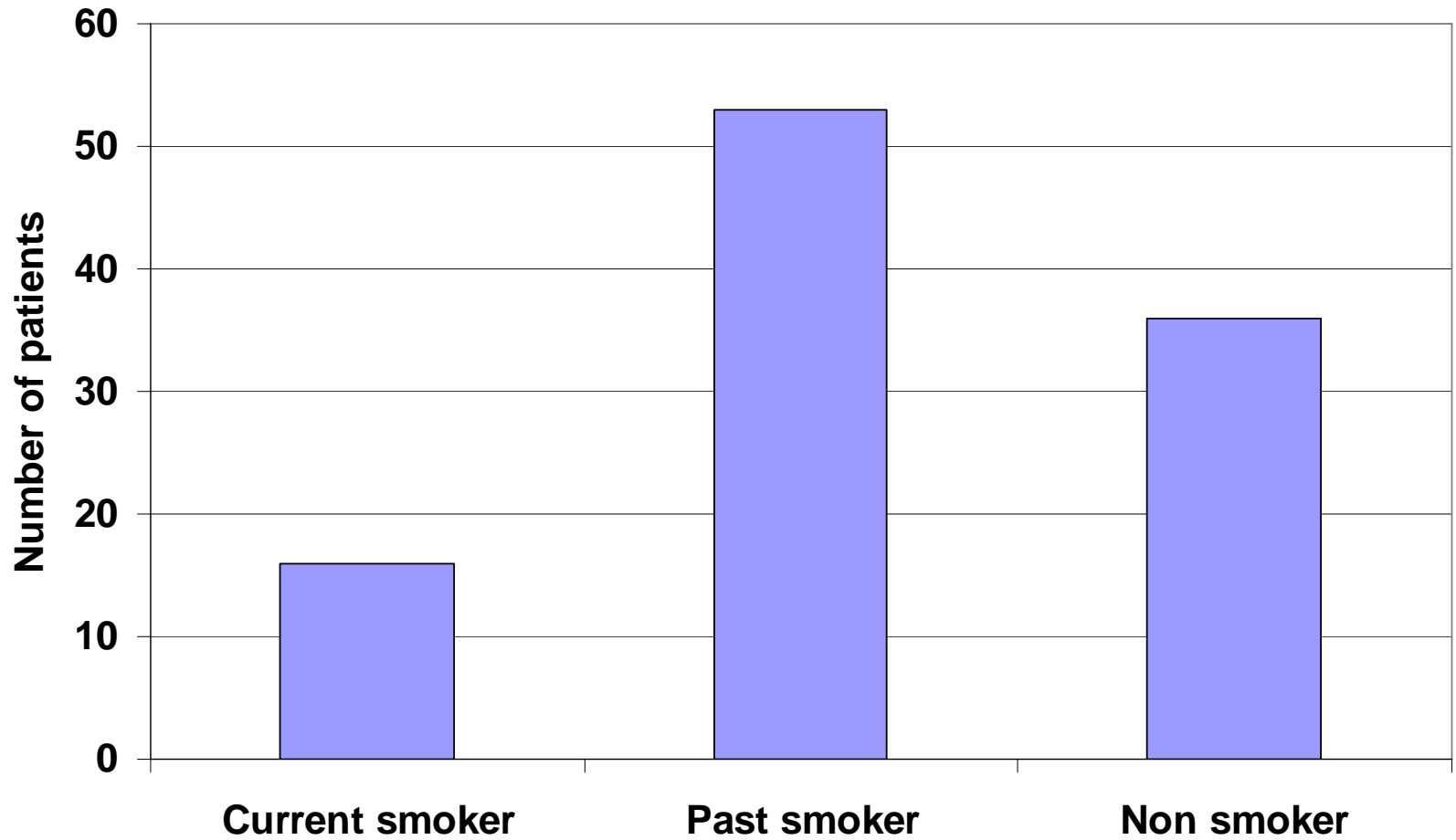
Patients education by race



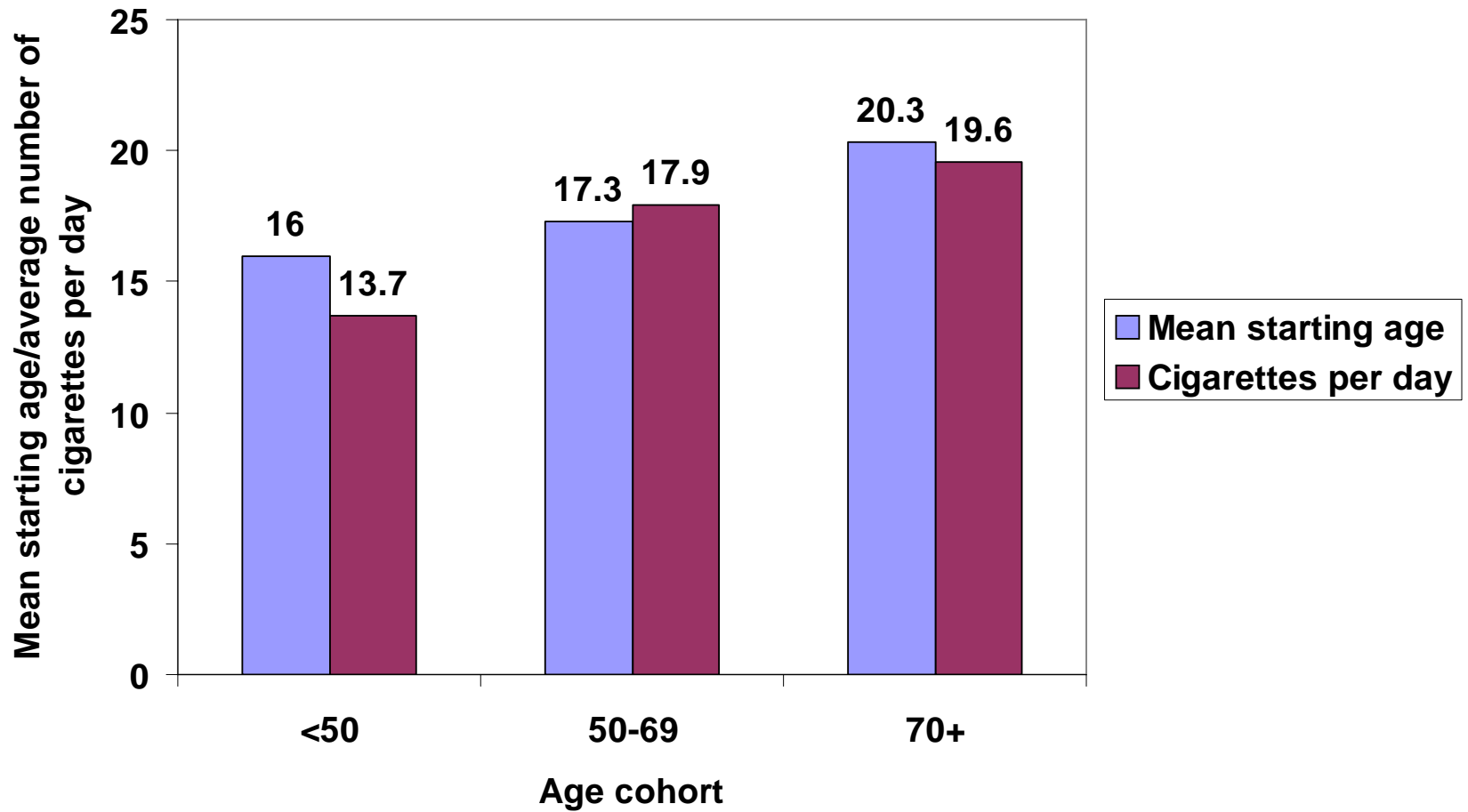
Per capita income by race



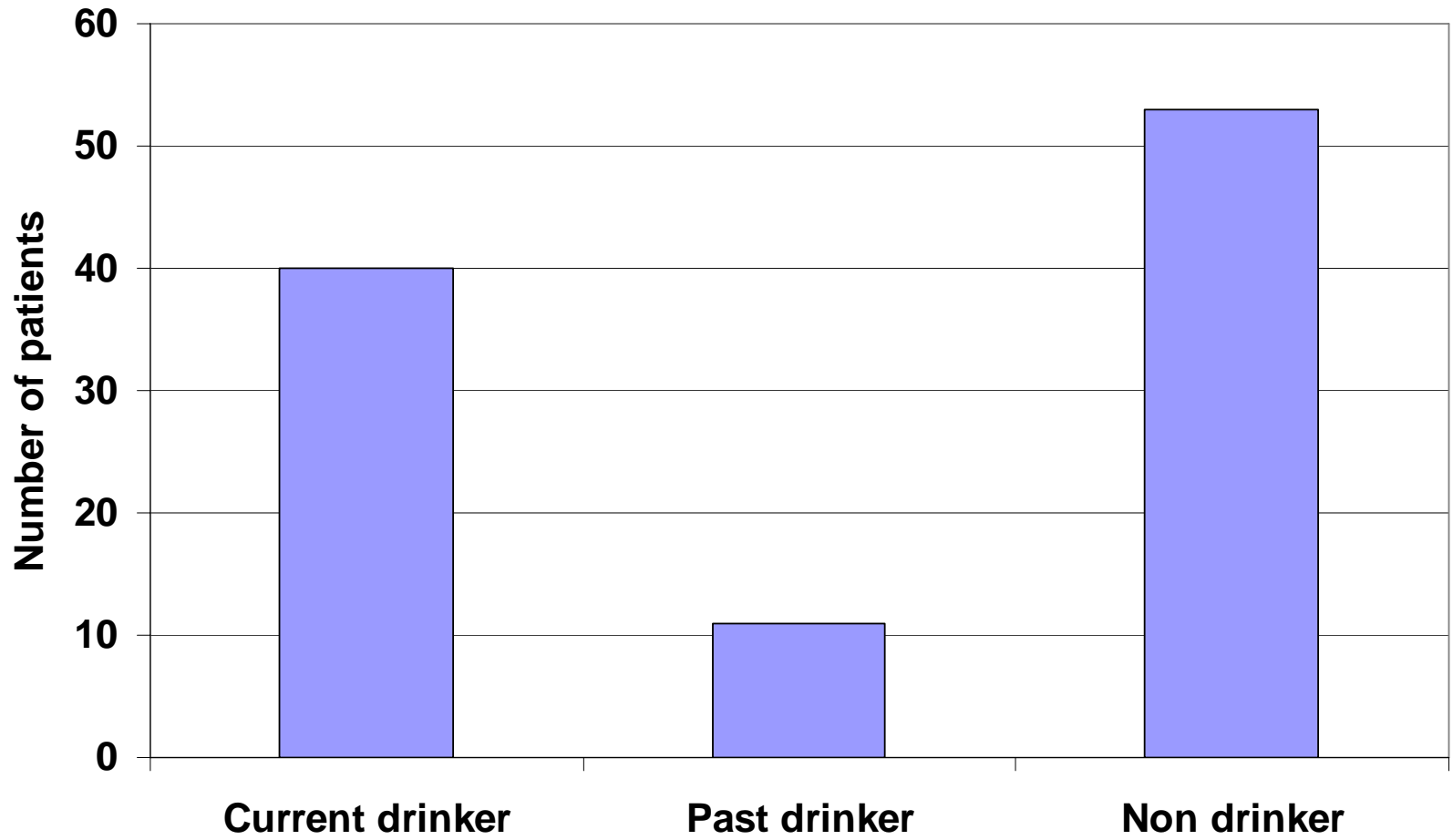
Smoking status at diagnosis



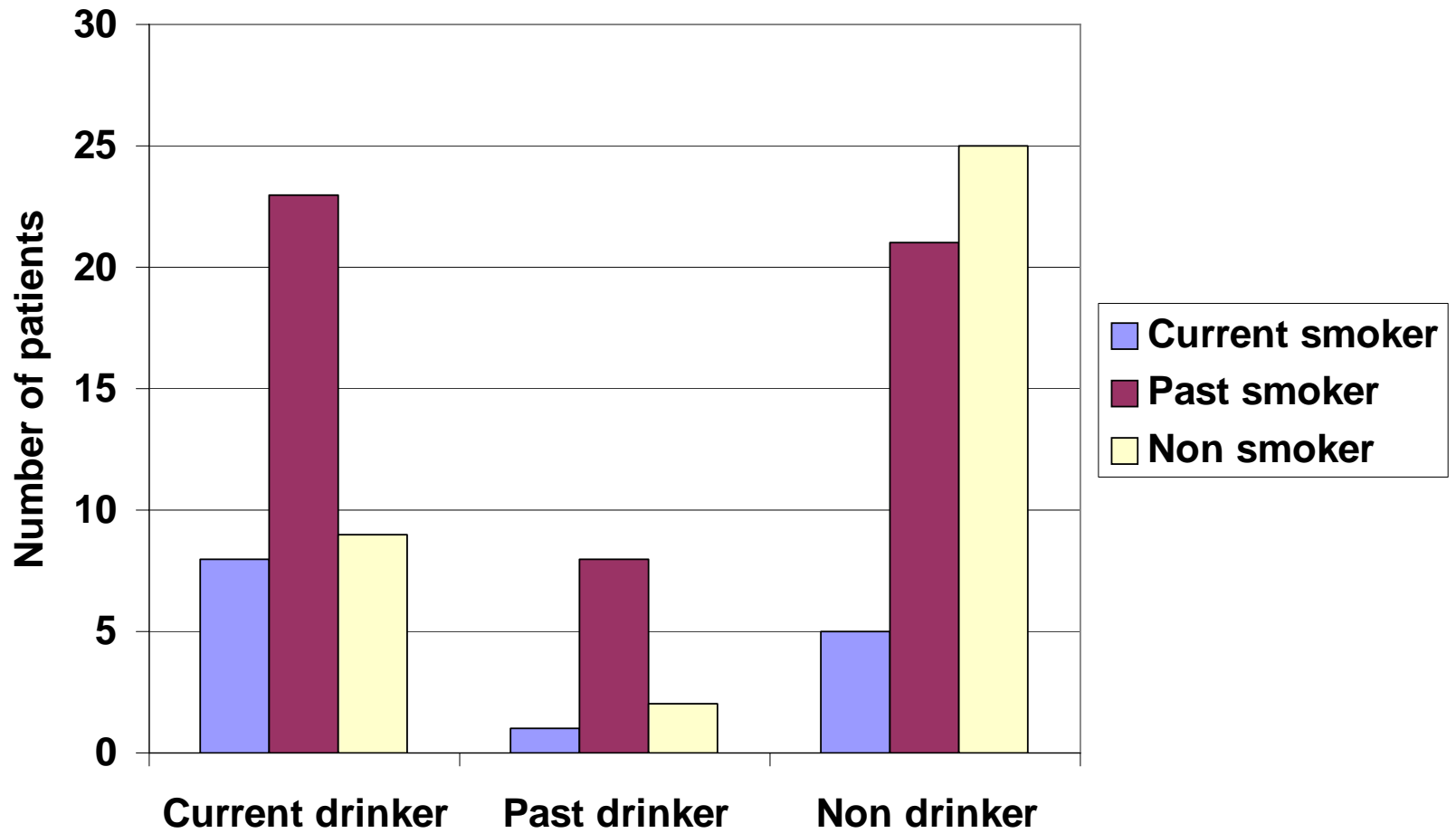
Mean age at starting smoking and number of cigarettes per day by age cohort



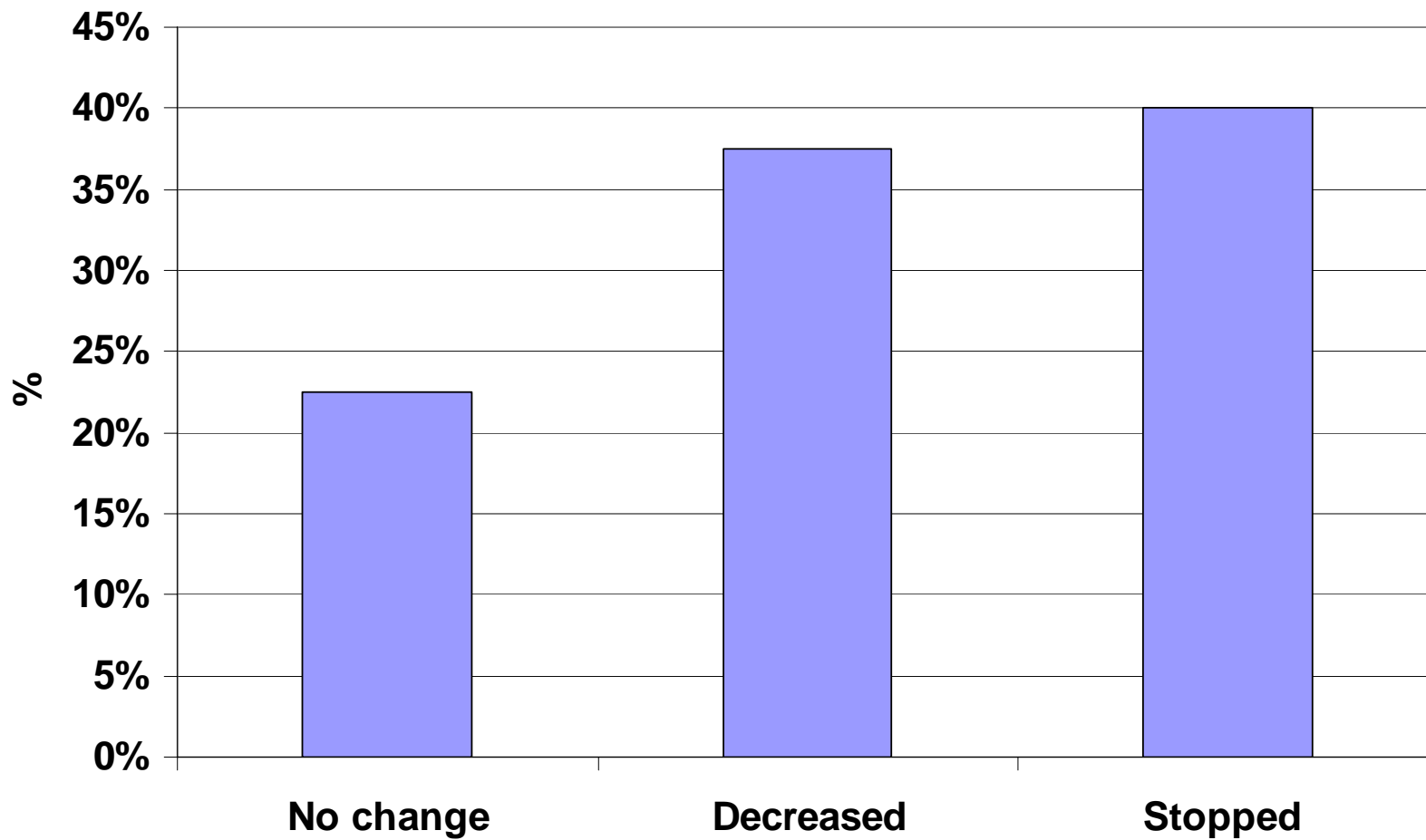
Drinking status at diagnosis



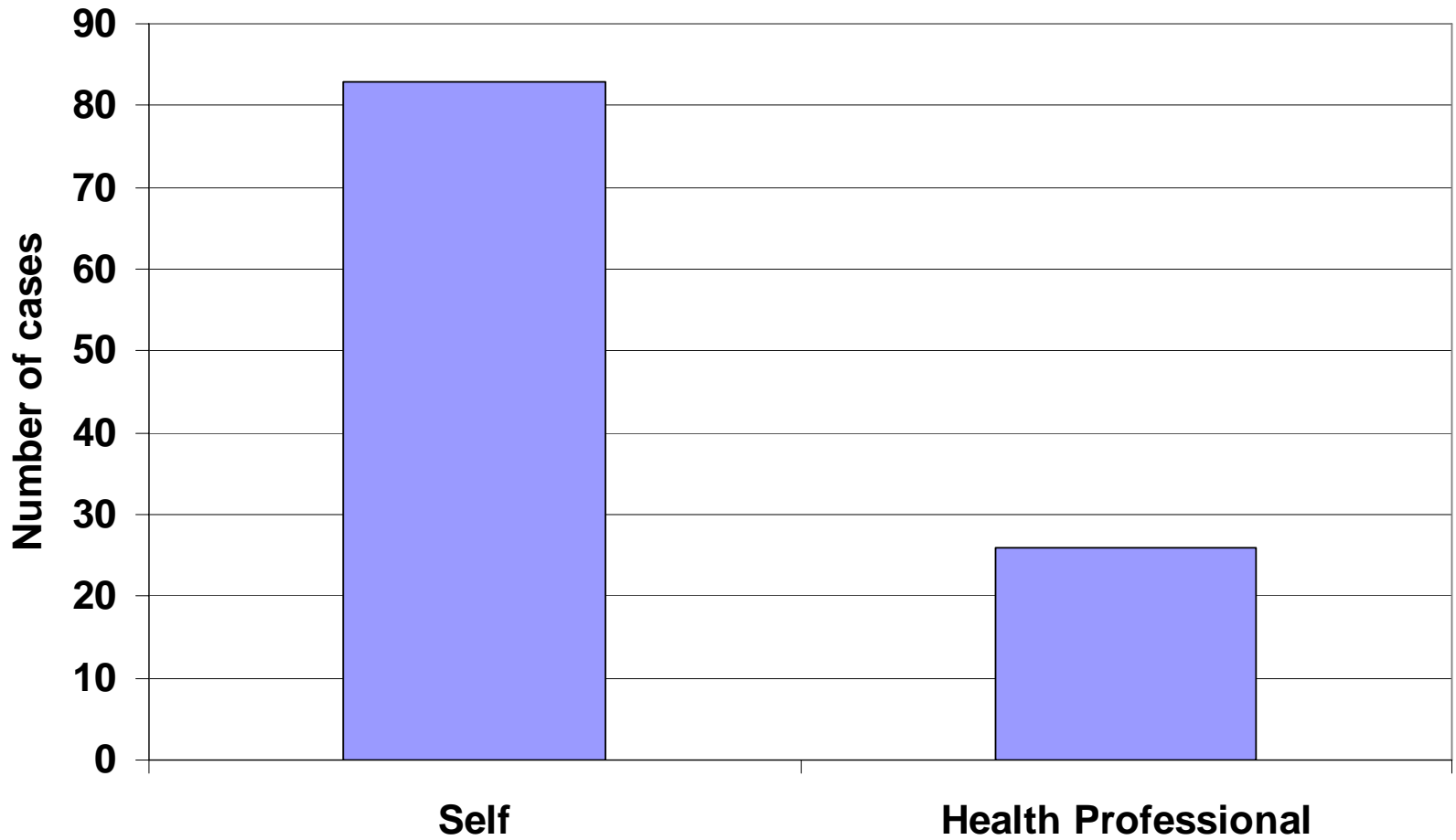
Patients by drinking and smoking status



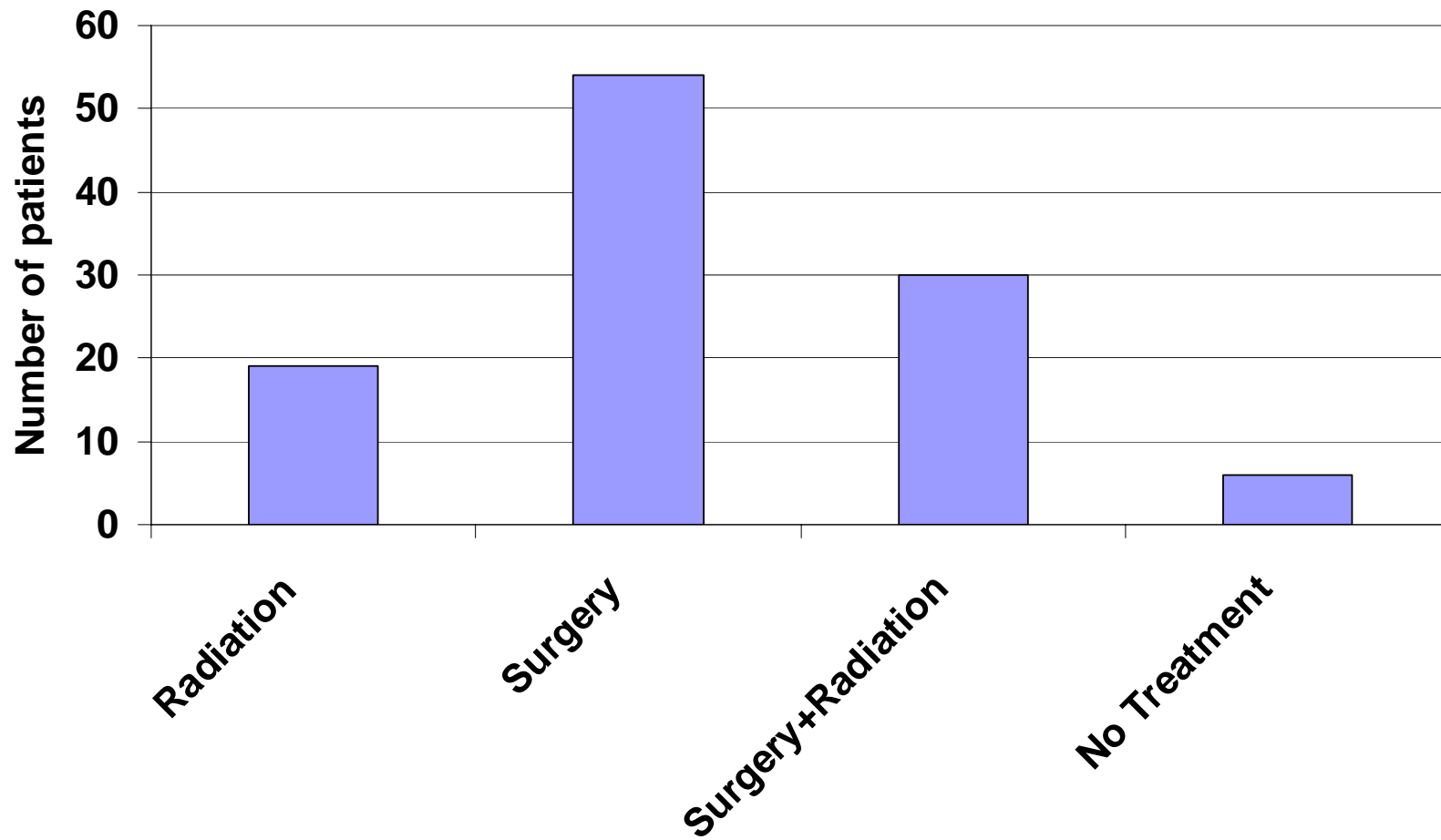
Drinking status after diagnosis among current drinkers



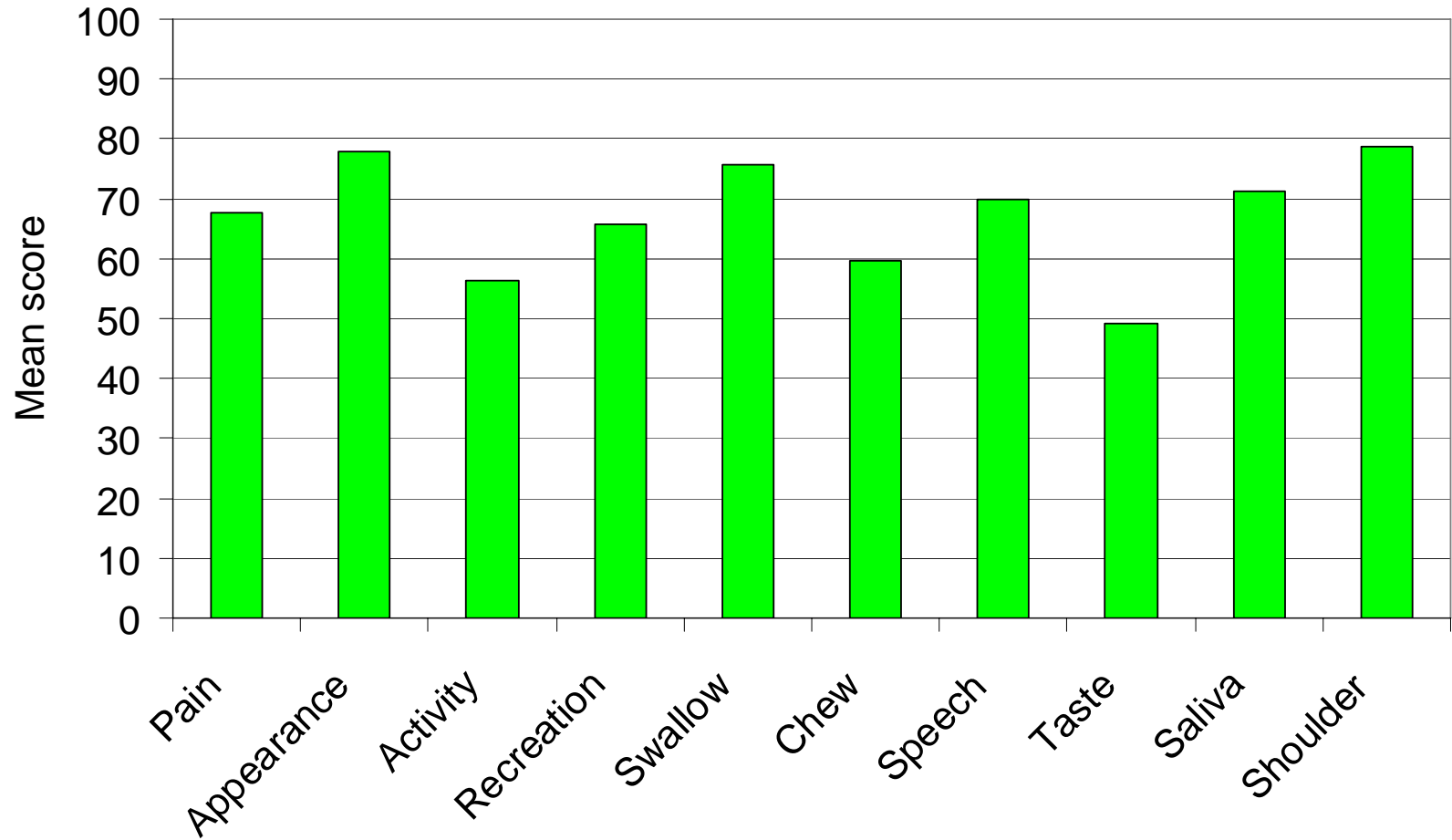
Who first noticed any symptoms



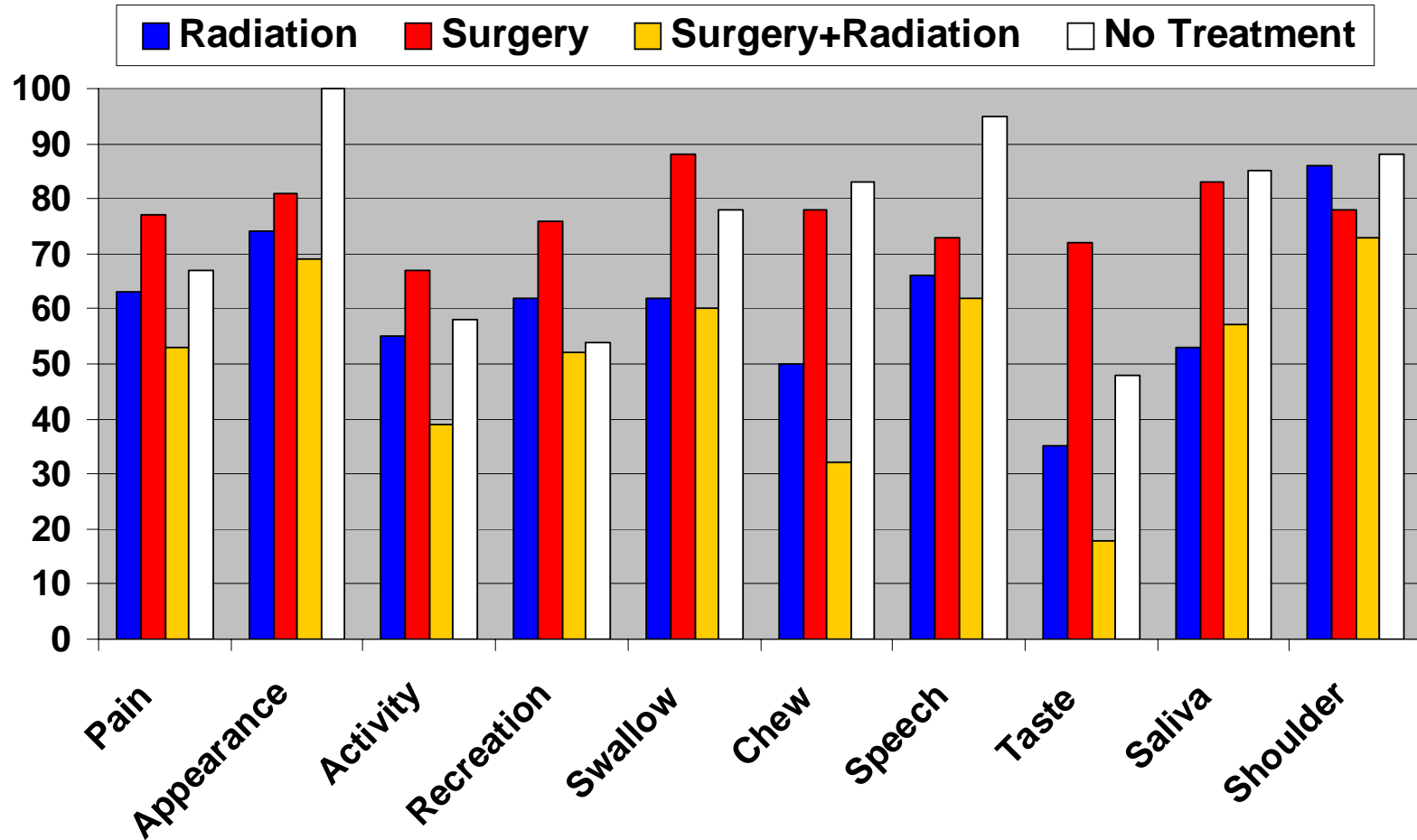
Patients by treatment type



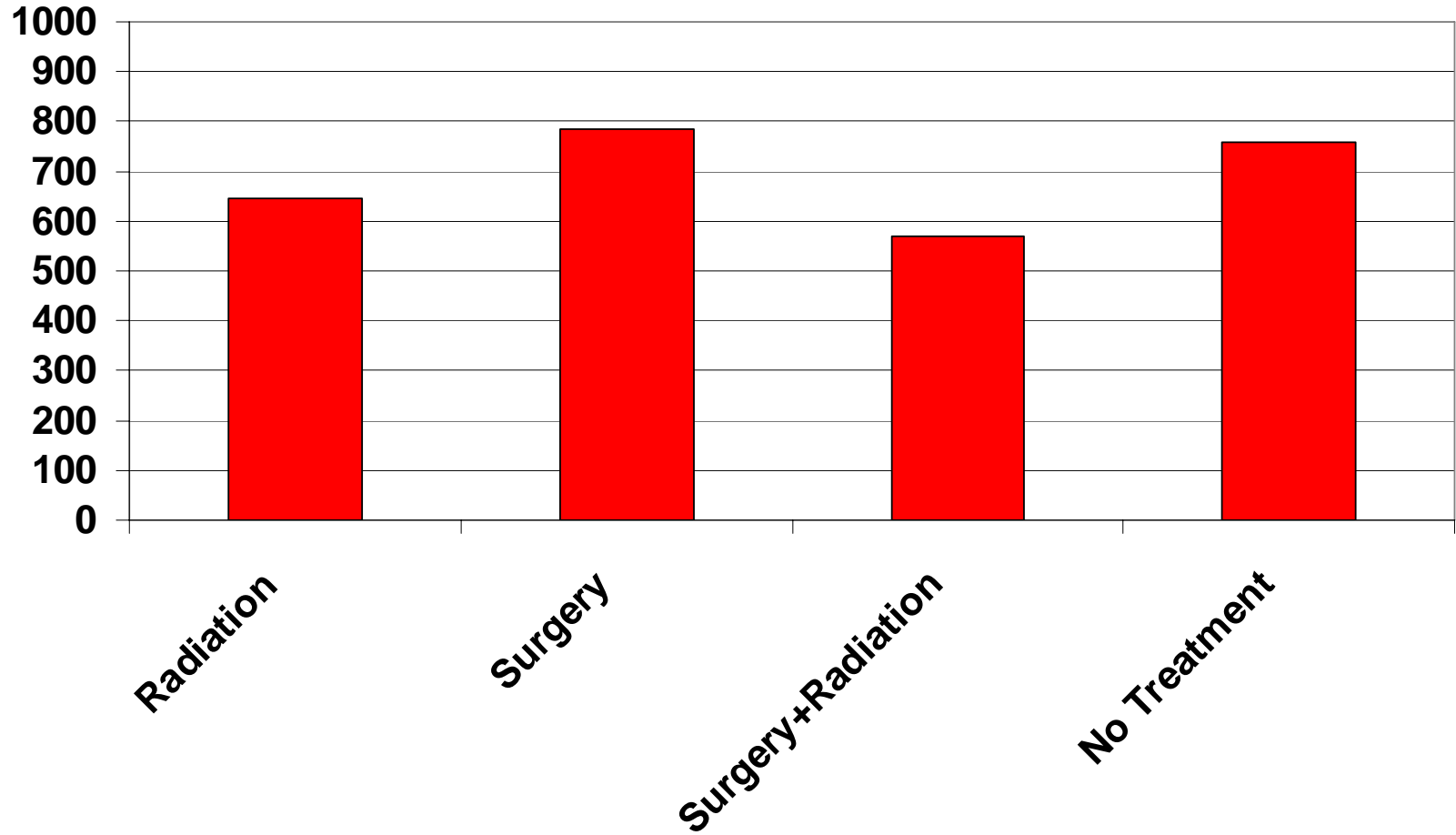
Mean scores of QOL assessment (best score = 100)



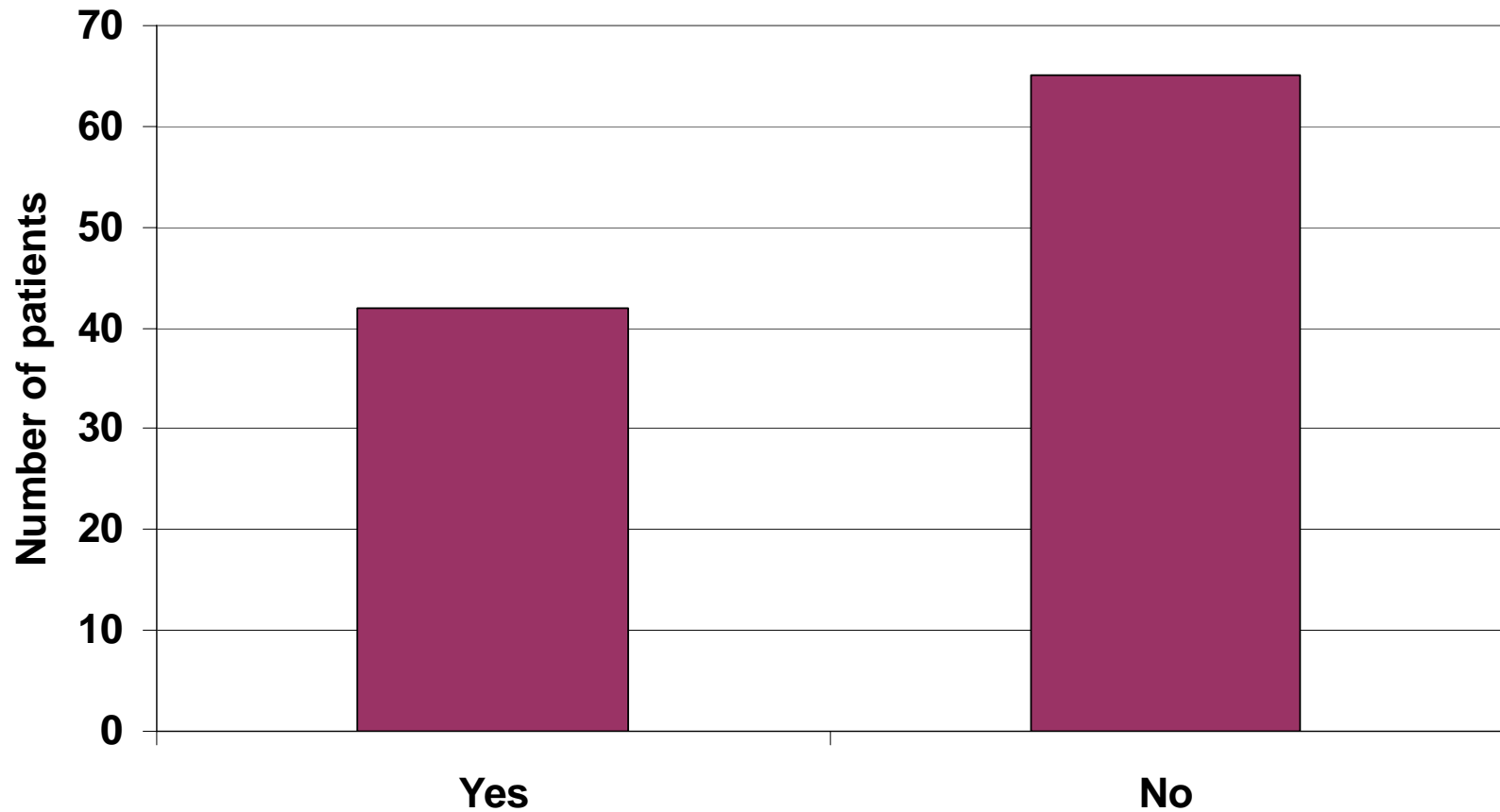
Average quality of life score by specific assessment (best = 100)



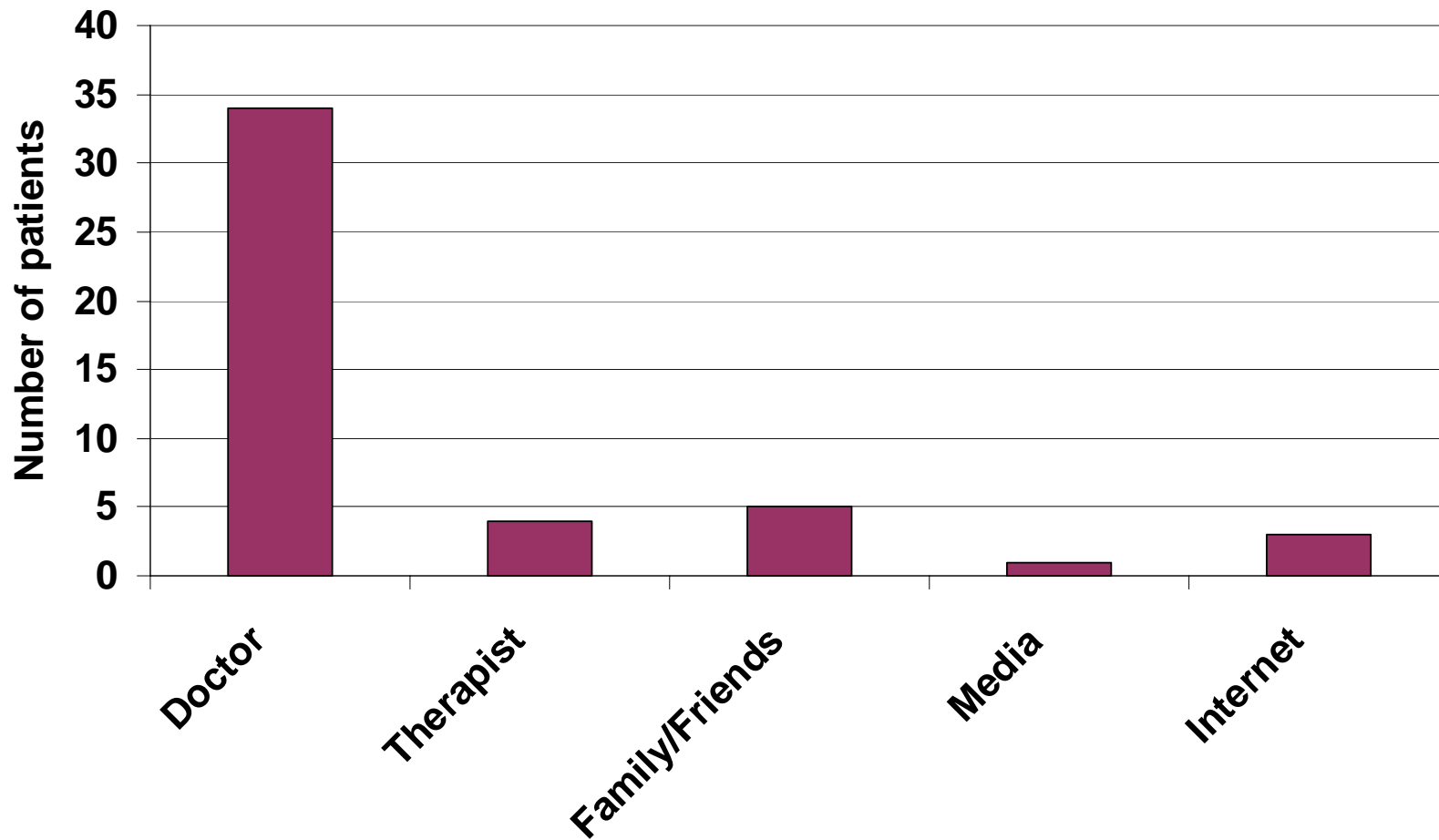
Overall quality of life scores (best = 1,000)



Have you heard about therapies that may help reduce difficulties with eating and/or talking?



Source of learning rehab programs



Notes

- 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.”*