Clinical Correlation
Head and Neck Cancer

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Head and Neck Cancer

- Accounts for approximately 5.6% of all new cancers.

- Gender ratio is 5:1 male to female, but an increasing percentage is occurring in women. This is likely the result of increased cigarette consumption by women.

- Head and neck cancer is generally considered a disease of the 5th and 6th decade of life although it does occur at younger ages.

Risk Factors and Etiology

- Cigarettes and alcohol
- Smokeless tobacco
- Human Papilloma virus (HPV 16 and 18)
- Other:
  Prolonged exposure to sunlight
  Poor oral hygiene
  Ill fitting dentures and jagged fractured teeth

Oral Tongue SCCA

Right True Vocal Cord SCCA
Cellular pleomorphism (differentiation), intercellular bridges, keratinization

CT 3 Axial

Numbers correspond to individual images that follow.
Table 2
Indications for Postoperative Radiotherapy in Cancer of the Head and Neck

Clinical Stages I and II (T1 N0 or T2 N0)
- Margin of resection was unsatisfactory
- Multiple metastatic lymph nodes were found, or extracapsular extension was discovered at neck dissections
- Elective neck dissections were not feasible, although significant likelihood existed that occult metastases were present

Clinical Stages III and IV
- All patients

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Dx: Left Tonsil SCCA
T3     Primary > 4 cm
N2c    Bilat. Or Contra. <6 cm
MO     no distant mets

XRT: 7000 rads
Surgery: Bilateral Neck Dissections