

SOCIAL PROFILE OF THE ORAL SQUAMOUS CELL CARCINOMA PATIENTS: PRELIMINARY RESULTS

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INTRODUCTION

The reasons to study the social characteristics of the cancer patient has been acquiring a relevant importance, given that the analysis of the social issues should not be limited by the evaluation of higher or lower economic status of the population. It also must include factors such as educational level, occupation, place of residence, supply of basic services and health care access.

Mouth cancer is a tumor of easy diagnosis, with precursor lesions well defined. The most frequent type is the squamous cell carcinoma (SCC). It is most common among males over 50 years age, smokers and alcohol users.

OBJECTIVE

To assess the influence of social factors on size tumor of the oral squamous cell carcinoma patient seem at the National Cancer Institute of Brazil - Rio de Janeiro, between the years of 2000 and 2003 and to describe the social profile of this population study

METHODS

Population study data was collected from the Brazilian National Cancer Institute - Hospital-Based Cancer Registry, for patients diagnosed at 2000 – 2003 years with oral squamous cell carcinoma confirmed by histopathologic exams and information about tumor size.

Cases with metastasis in the oral cavity and classified as TX or T0 were excluded from the analysis (all cases were staged according the TNM classification – 5th edition).

Descriptive analysis and Mantel-Haenszel test was used to present the population study profile and to verify the power of association among variables (Chi-Square test with a 0.05 significance level and a confidence interval of 95%)

Grouped districts for residence place distribution was adopted:

AP 1: Centro, Rio Comprido, São Cristóvão, Santa Teresa, Zona Portuária e Paqueta

AP 2: Botafogo, Copacabana, Lagoa, Tijuca, Vila Isabel e Rocinha

AP 3: Ramos, Penha, Inhaúma, Méier, Irajá, Madureira, Ilha do Governador, Anchieta, Pavuna, Jacarezinho, Complexo do Alemão e Maré

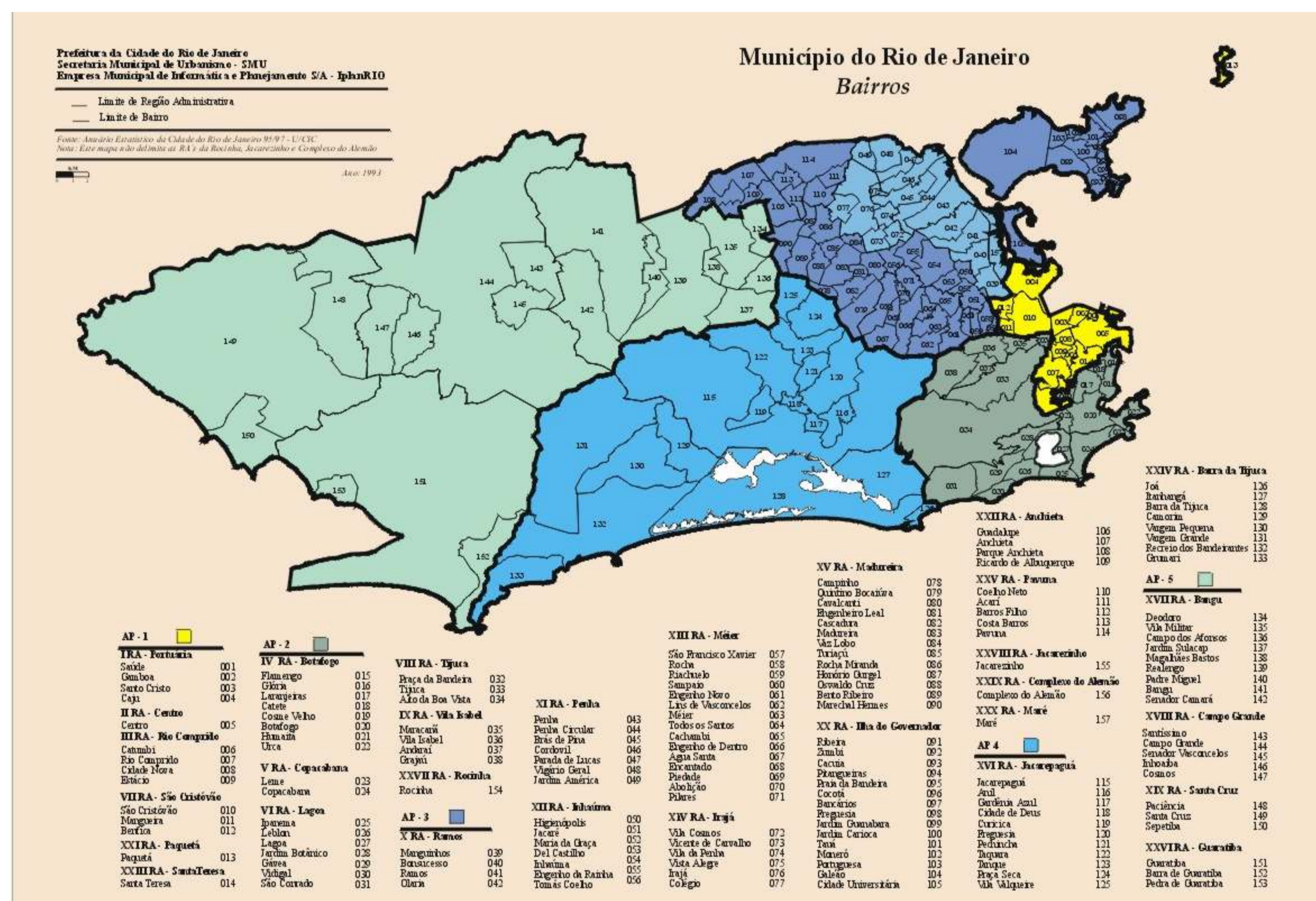
AP 4: Jacarepaguá e Barra da Tijuca

AP 5: Bangu, Campo Grande, Santa Cruz e Guaratiba

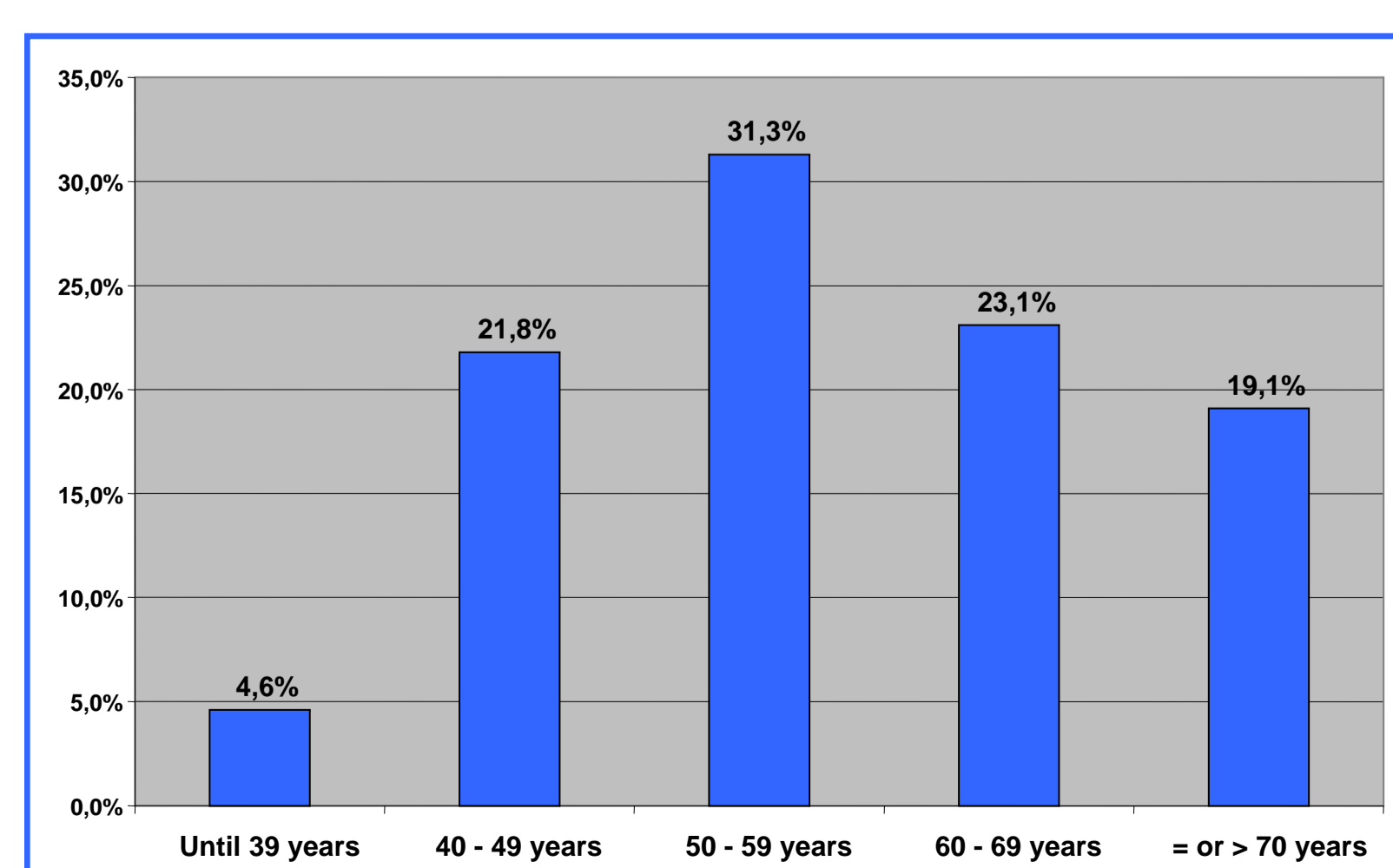
Others districts

No information about residence place

Map of district distribution, in Rio de Janeiro city, by defined areas

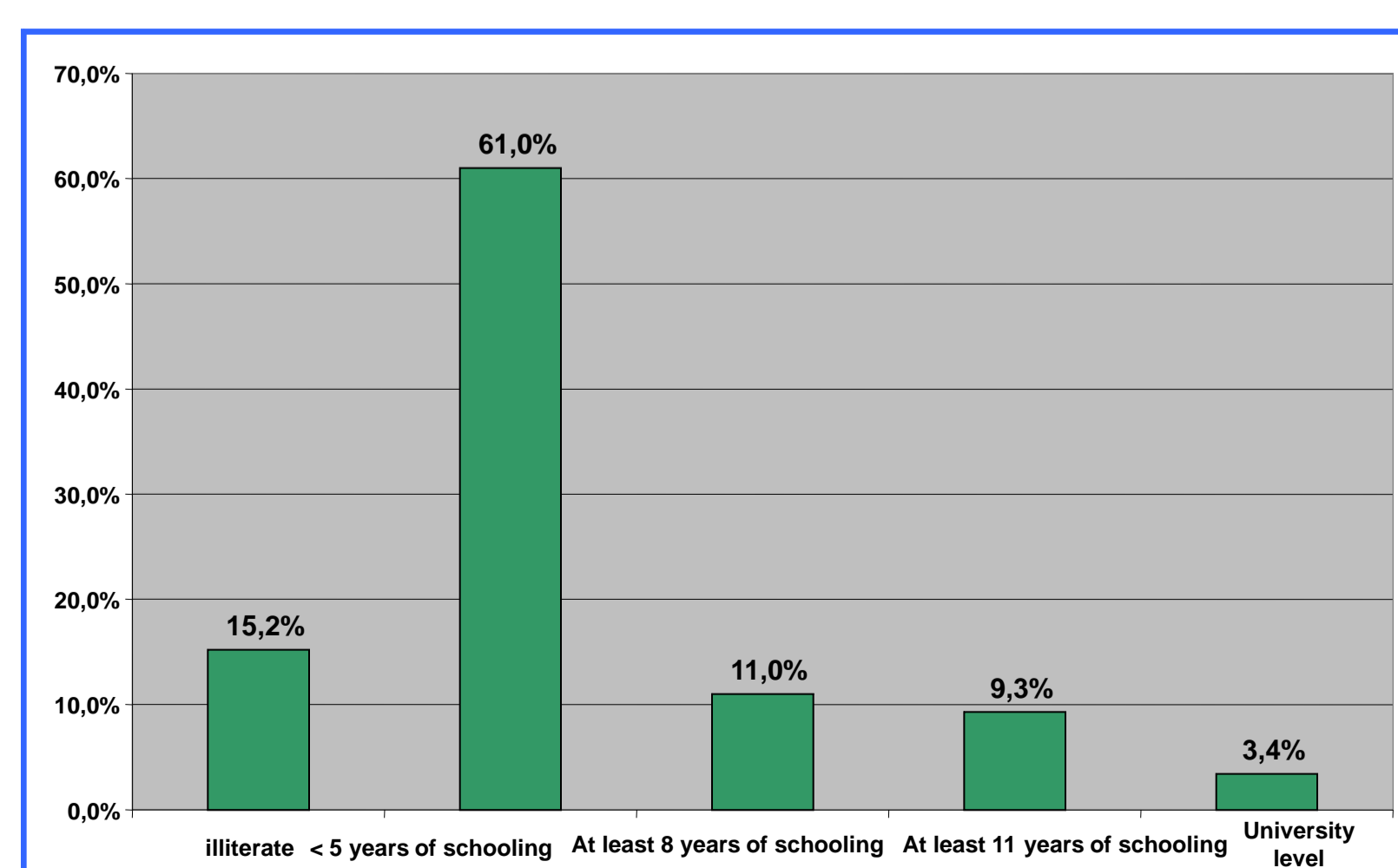


Map of district distribution, in Rio de Janeiro city, by defined areas



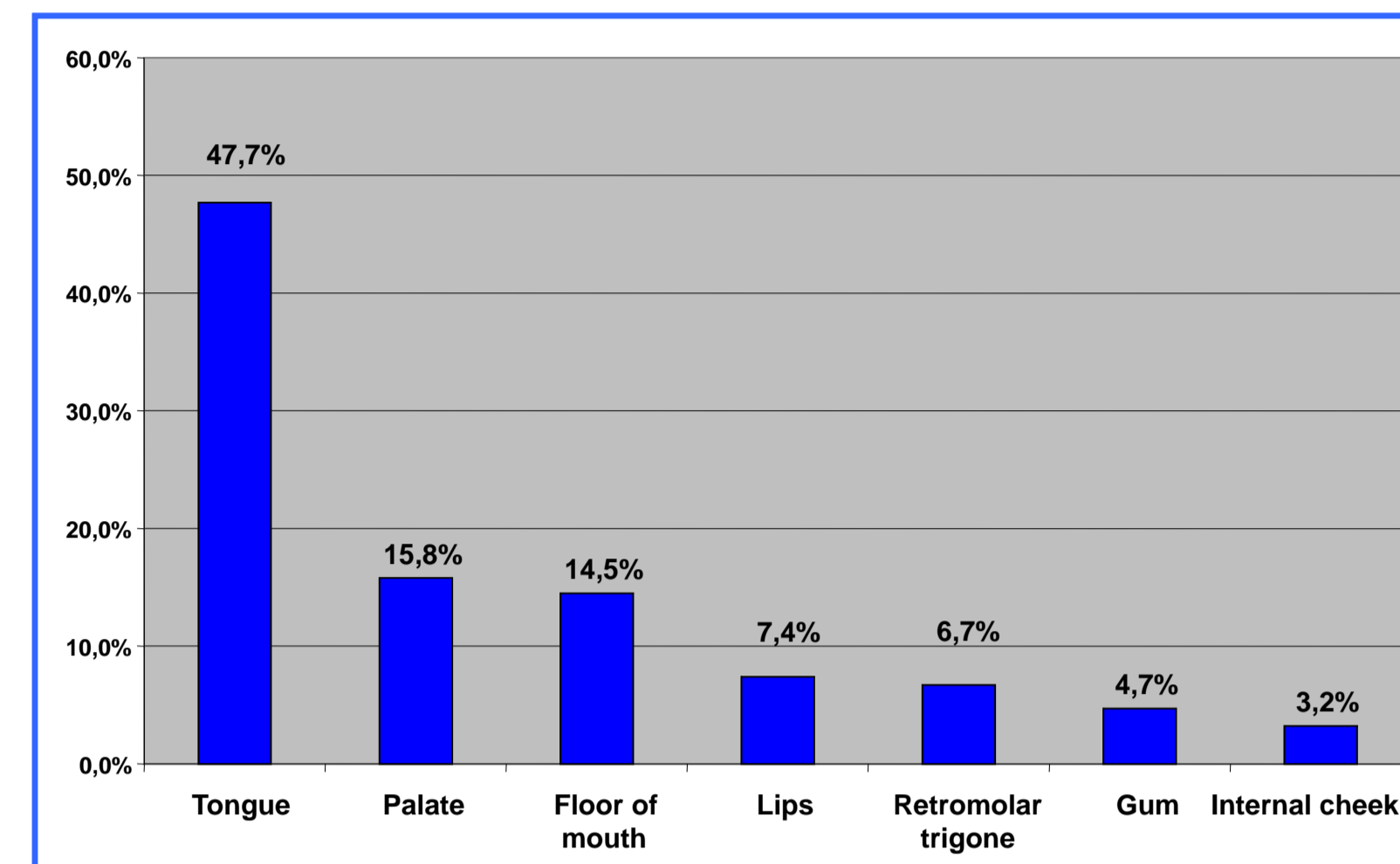
Source: INCA/Hospital do C. ncer I /Registro Hospitalar de Câncer
Notes: Proportion by sex: males (78,7%) | females (21,3%) p<0,001

Proportion of oral squamous cell carcinoma by schooling INCA/HC I – Rio de Janeiro, 2000-2003



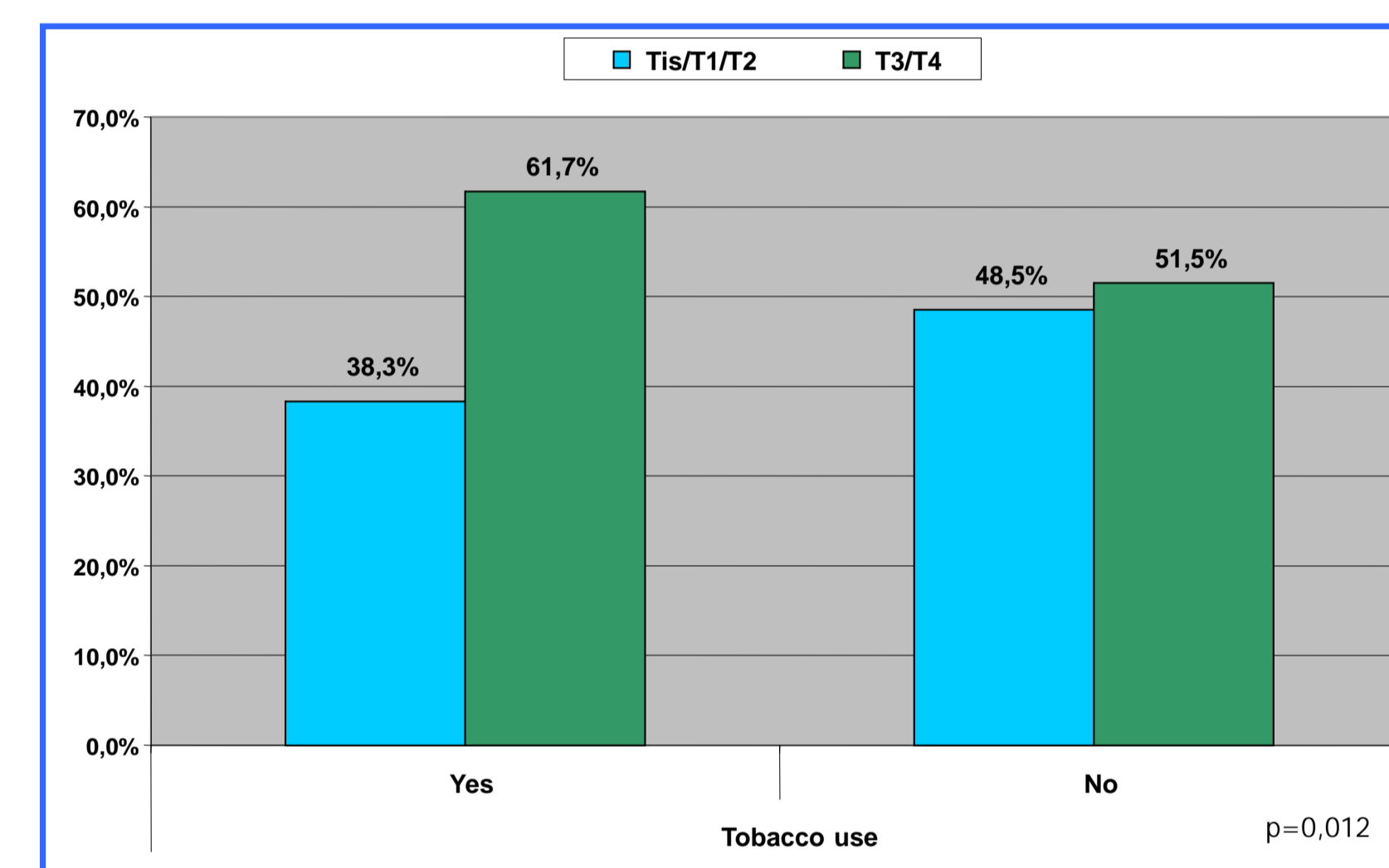
Source: INCA/Hospital do Câncer I /Registro Hospitalar de Câncer n = 1.305

Proportion of oral squamous cell carcinoma by specific topography INCA/HC I – Rio de Janeiro, 2000-2003



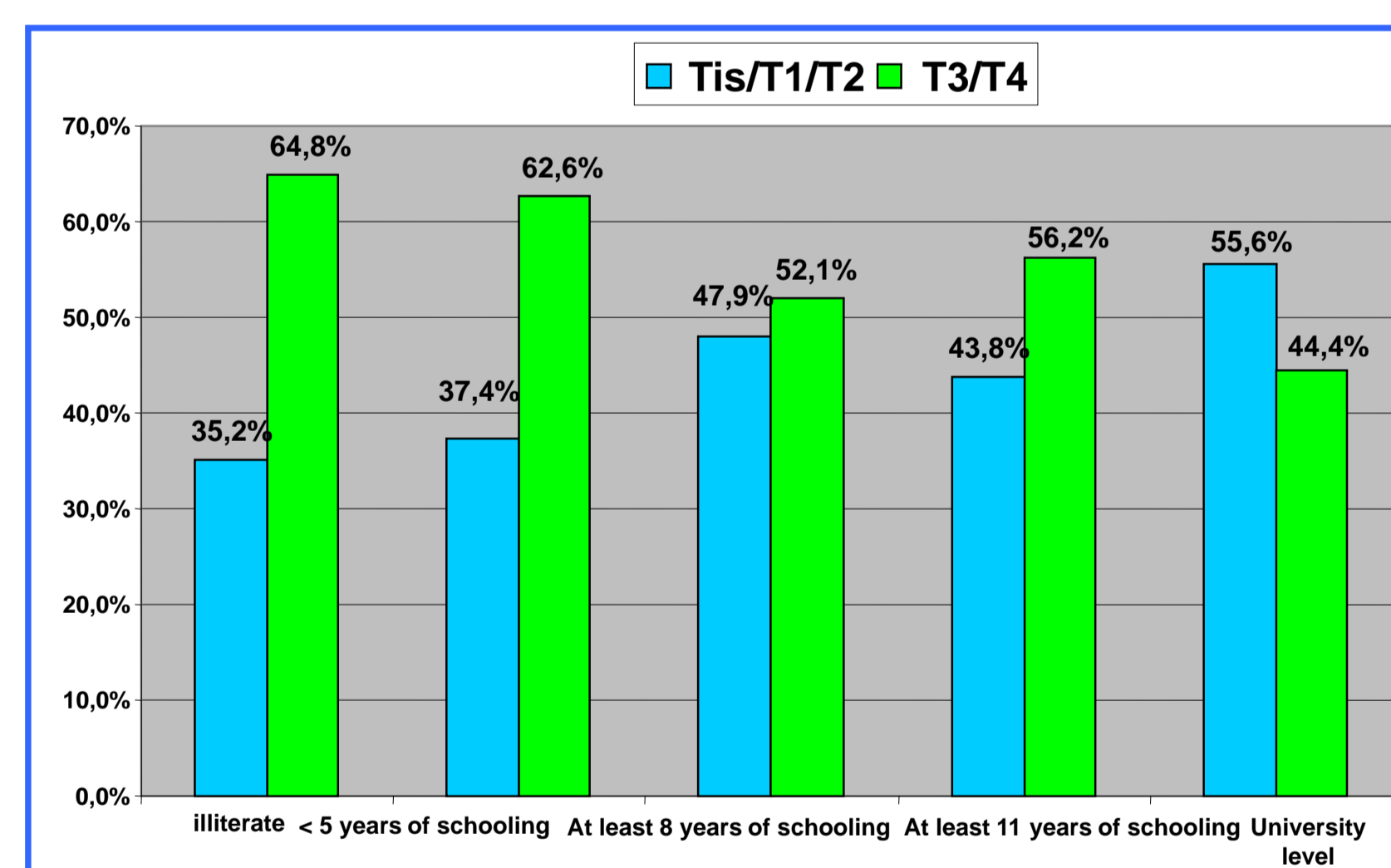
Notes: Tobacco use: Yes (87,0%) | No (13,0%) p<0,001 n = 1.285 n = 1.020
Alcohol use: Yes (77,0%) | No (23,0%) p<0,001 n = 1.278

Proportion of oral squamous cell carcinoma by size tumor and tobacco use INCA/HC I – Rio de Janeiro, 2000-2003



Source: INCA/Hospital do Câncer I /Registro Hospitalar de Câncer n = 1.308
Notes: Proportion by stage group: T1s/T1/T2 (39,4%) | T3/T4 (60,6%) p<0,001

Proportion of oral squamous cell carcinoma by tumor size and schooling INCA/HC I – Rio de Janeiro, 2000-2003



Source: INCA/Hospital do Câncer I /Registro Hospitalar de Câncer p=0,011

Association among related social variables and tumor size INCA/HC I – Rio de Janeiro, 2000 a 2003

Variables	Tumor size				Total	Mantel-Haenszel Test
	T1s/T1/T2		T3/T4			
	N	%	N	%	N	%
Schooling						
> 4 years	78	47	88	53	166	100
Until 4 years	437	38,4	702	61,6	1139	100
Total	515	39,5	790	60,5	1305	100
						$\chi^2 = 4,507$ p=0,034
Residence place						
AP 1/AP 2 (near)	59	35,1	109	64,9	168	100
AP 3/AP 4/AP 5 (far)	185	39,7	281	60,3	466	100
Total	244	38,5	390	61,5	634	100
						$\chi^2 = 1,094$ p=0,296

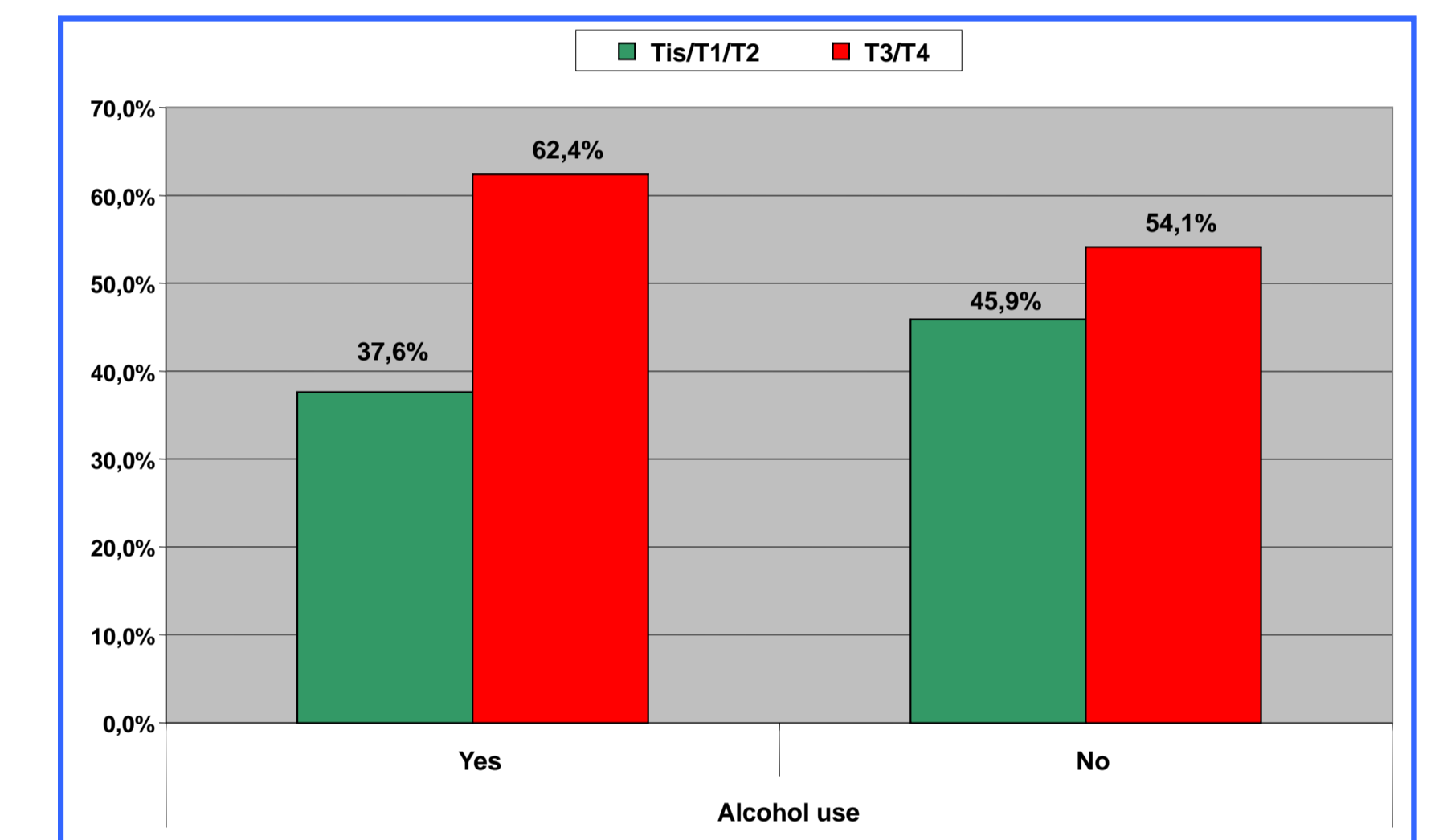
Proportion of oral squamous cell carcinoma by schooling and tobacco use INCA/HC I – Rio de Janeiro, 2000-2003

Schooling	Tobacco use				Total	
	Yes		No		N	%
	N	%	N	%	N	%
Until 4 years	982	87,8	137	12,2	1119	100
> 4 years	133	81,6	30	18,4	163	100
Total	1115	87	167	13	1282	100

Source: INCA/Hospital do Câncer I /Registro Hospitalar de Câncer p=0,029

Notes: Tobacco use: males (92,4%) | females (66,7%) p<0,001
Alcohol use: males (86,5%) | females (41,9%) p<0,001

Proportion of oral squamous cell carcinoma by schooling and alcohol use INCA/HC I – Rio de Janeiro, 2000-2003



Source: INCA/Hospital do Câncer I /Registro Hospitalar de Câncer p=0,01

Proportion of oral squamous cell carcinoma by tumor size and residence place INCA/HC I – Rio de Janeiro, 2000-2003

Residence place	Tumor size (TNM classification)				Total	
	T1s/T1/T2		T3/T4		N	%
	N	%	N	%	N	%
AP 1	20	51,3	19	48,7	39	100
AP 2	39	30,2	90	69,8	129	100
AP 3	93	39,1	145	60,9	238	100
AP 4	27	46,6	31	53,4	58	100
AP 5	65	38,2	105	61,8	170	100
Others districts	271	40,3	401	59,7	672	100
Total	515	39,4	791	60,6	1306	100

Notes: AP 1 / AP 2 (near): 12,9%
AP 3 / AP 4 / AP 5 (far): 35,6%
Others districts: 51,5% p=0,134

Conclusion

By the preliminary analysis of the results, the social profile of the oral SCC patient became known, indicating the importance of the implementation of preventive and early detection measures for the oral cancer in Brazil

No correlations among tumor size and sex, age, tobacco use, alcohol use, residence place and schooling was observed

Low schooling presented a positive association with tumor size (1.42; CI-95%: 1.03 - 1.98)

Residence place at long distance presented a negative association with tumor size (0.82; CI-95%: 0,57 -1,19)