

North Carolina Veterans' Oral cancer Knowledge and Experiences

Oral pharyngeal cancer (OPC) is a potentially devastating malignant disease that has been linked to alcohol use, smoking, and sunlight exposure. Public awareness of the risk factors signs and symptoms of OPC is very low. Most cases are diagnosed at a late stage metastases have already occurred, and 5-year survival rates from oral cancer have not risen above 50% over the past 20 years. For North Carolina veterans, cigarette prices are low, smoking is socially acceptable, alcohol consumption is high, and access to dental and other health care is limited. While all patients of the Durham Veterans Administration Medical Center (DVAMC) are offered smoking and alcohol cessation programs, the success of efforts to prevent oral cancer by risk behavior modification remains unknown. This application builds and expands on an ongoing study of oral cancer in the North Carolina adults by focusing on veterans, a high-risk population characterized by racial diversity and socioeconomic deprivation. The long-term goals of the proposed study are to assess the knowledge of risk factors, signs and symptoms of OPC and smoking and alcohol history among newly diagnosed veteran OPC patients and an equal number of veteran dental patient controls, and to determine if OPC patients differ from the unaffected dental patient controls on these parameters. Any observed differences between veteran cases and controls will be related to personal OPC history and experience with DVAMC education programs or alcohol and smoking cessation programs. Veterans knowledge about OPC risk factors, signs and symptoms and experience with smoking and alcohol cessation programs will also be compared to that of North Carolina adults and North Carolina OPC patients obtained from the funded and ongoing "North Carolina Needs Assessment for Oral and Pharyngeal Cancer Control" project. By assessing the differences between newly diagnosed cases and controls, it will be possible to identify potential intervention opportunities to reduce oral cancer risk among veterans. By comparing the knowledge, behaviors, cessation experience, and screening experience of veteran cases and controls to that of North Carolina oral cancer patients and the public, it will be possible to translate positive aspects of the VA health care process to improve the health of North Carolina adults.

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