For Ear, Nose and Throat Specialists:

Head and Neck Cancer and Patients with Fanconi Anemia

Otolaryngologists play an important role in the health care of patients with Fanconi anemia, a rare genetic disorder. Although primarily considered a blood disease, Fanconi anemia can affect all systems of the body and, in virtually all cases, leads to cancer.

Head and neck cancer is of particular concern for Fanconi anemia patients. Providing a thorough examination of the patient’s oral cavity at least two times per year will greatly increase the patient’s overall cancer surveillance. As with all patients, early detection and treatment offer the best chance for survival.

We invite you to review the information on this flyer, and contact us directly if you have any additional questions. (Contact information is on the back of this document.) More information about Fanconi anemia can be found on our website, www.fanconi.org. Thank you!

Overview

Patients with Fanconi anemia (FA):

- Have a 500- to 700-fold increase in the incidence of head and neck squamous cell carcinoma (HNSCC), with an increased prevalence of oral cancer
- Present with cancer at a younger age than the general population, with a median age of 27 years (youngest being 10 years)
- Typically present with multifocal changes, including non-cancerous lesions in addition to premalignant and invasive oral lesions
- Have more aggressive HNSCC, with a two-year survival rate of less than 50% after diagnosis
- Respond poorly to radiation and chemotherapy, therefore are dependent on early detection

Routine surveillance for head and neck cancer for patients with FA should:

- Begin by the age of 10-12 years
- Be performed on a semiannual basis by an experienced professional
- Comply with the World Health Organization (WHO) oral cancer examination method (summarized on back)
- Include a flexible fiberoptic exam of the nasopharynx, oropharynx, hypopharynx, and larynx

(over)
World Health Organization
Standardized Oral Cancer Examination Method*

➢ Extraoral Examination
  o Face: Inspect face, head, ears, and neck. Note any asymmetry or changes on the skin.
    o Bilaterally palpate regional lymph node areas to detect any enlarged nodes.

➢ Perioral and Intraoral Soft Tissue Examination
  o Lips: Observe lips with mouth both closed and open. Note color, texture, and any surface
    abnormalities.
  o Labial Mucosa: Examine the labial mucosa and sulcus of the maxillary vestibule and frenum and
    mandibular vestibule. Note color, texture, and any swelling or other abnormalities of the vestibular
    mucosa and gingiva.
  o Buccal Mucosa: Examine right and left buccal mucosa from the labial commissure to the anterior
    tonsillar pillar. Note any change in pigmentation, color, texture, mobility, and other abnormalities.
  o Gingiva:
    o Examine the buccal and labial aspects of the gingival and alveolar ridges from the right
      maxillary posterior gingival and alveolar ridge, around the arch to the left posterior area, and
      reverse.
    o Examine the palatal and lingual aspects from right to left on the palatal and left to right on the
      lingual.
  o Tongue:
    o With tongue at rest and mouth partially open, examine dorsum for swelling, ulceration,
      coating or variation in size, color or texture. Note any change in pattern of papillae covering
      on tongue surface and examine tip of tongue.
    o With tongue protruded, note any abnormality of mobility or positioning.
    o Using mouth mirrors, inspect right and left lateral margins of tongue.
    o Grasp tip of tongue and examine posterior aspects of tongue’s lateral borders.
    o Examineventral surface.
    o Palpate tongue to detect growths.
  o Floor: With tongue elevated, inspect floor of mouth for changes in color, texture, swellings or other
    surface abnormalities.
  o Palate:
    o Inspect hard and soft palate with mouth wide open, head back, and tongue depressed.
    o Examine all soft palate and oropharyngeal tissues.
    o Bimanually palpate floor of mouth for any abnormalities.
    o Palpate all mucosal or facial tissues that appear abnormal.

➢ Other Examination
  o In addition, a semiannual flexible fiberoptic exam including evaluation of the nasopharynx,
    oropharynx, hypopharynx, and larynx is recommended for patients with FA.

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*For complete information visit: http://www.nidcr.nih.gov/oralhealth/topics/oralcancer/detectingoralcancer.htm