

Smoking and Head and Neck Cancer

Tobacco use is a risk factor for developing head and neck cancer.

Head and neck cancers are the eighth most common group of cancers globally. These include cancers located in the nose, sinuses, mouth, throat, and voice box. There are different types of head and neck cancers. The most common is called squamous cell carcinoma.

Using tobacco is the biggest risk factor for developing head and neck cancer. In fact, smoking doubles the risk of developing head and neck squamous cell carcinoma. Heavier tobacco use leads to even higher risk. Drinking alcohol also increases the risk.

How Are Tobacco Use and Head and Neck Cancer Connected?

Tobacco contains carcinogens. Carcinogens are substances that can cause cancer. Any form of tobacco use can increase the risk of developing head and neck cancer. This includes using smoked tobacco (eg, cigarettes, cigars, electronic cigarettes) and smokeless tobacco (eg, chewing tobacco, betel quid).

For patients who have head and neck cancer, tobacco use negatively affects cancer treatment. Smoking is associated with slow or poor recovery after treatment. In addition, patients who continue to smoke are less likely to survive. Their cancers are also more likely to return.

What Are Symptoms of Head and Neck Cancer?

Lumps and bumps in the head and neck may be a sign of cancer but most are not dangerous. Talk to your primary care doctor if any of these symptoms last more than 2 weeks: mouth ulcers, mouth masses, neck masses, 1-sided throat pain, 1-sided ear pain, coughing blood, unintentional weight loss.

How to Quit or Help Someone Quit

Quitting is not easy. Studies show that counseling and medications can help. A combination of counseling and medications is even more effective.

Counseling comes in many forms: face-to-face sessions, telephone hotlines, websites, and apps. These help tobacco users build a plan to quit and stick to it.

Medication options include nicotine replacement therapies (NRTs), varenicline, and bupropion. Nicotine is the substance that makes cigarettes addictive. Nicotine replacement therapies, like nicotine patches, contain nicotine but no carcinogens. Use of NRTs helps diminish cravings without exposing users to substances that cause cancer.

Nicotine replacement therapies come in several forms. These include a long-acting form (the nicotine patch) and short-acting forms (nicotine lozenge, gum, nasal spray, and oral inhaler). The patch and a short-acting NRT can be used together to make treatment more effective.

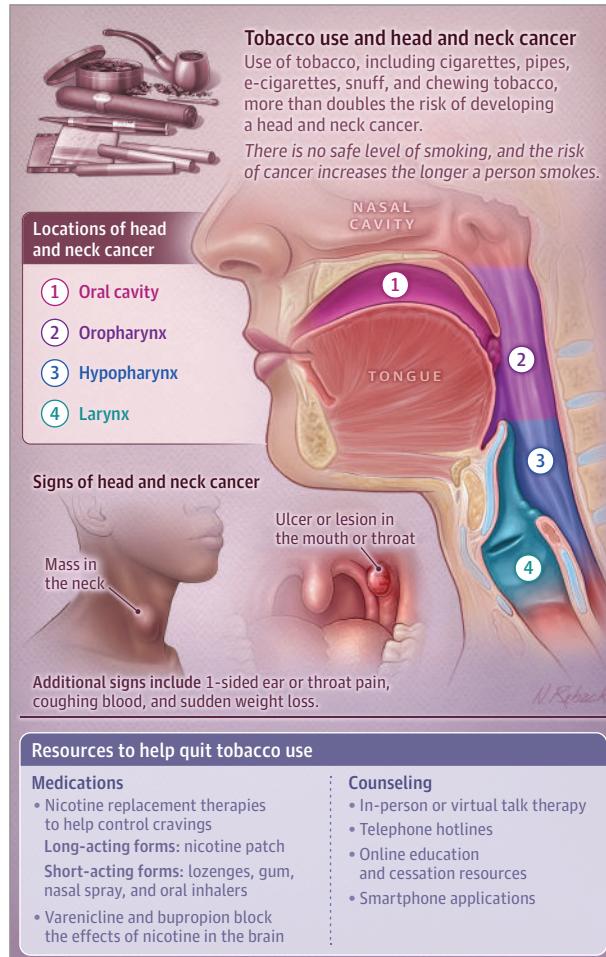
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Resources to help quit tobacco use

Medications

- Nicotine replacement therapies to help control cravings
Long-acting forms: nicotine patch
Short-acting forms: lozenges, gum, nasal spray, and oral inhalers
- Varenicline and bupropion block the effects of nicotine in the brain

Counseling

- In-person or virtual talk therapy
- Telephone hotlines
- Online education and cessation resources
- Smartphone applications

Varenicline and bupropion block the effects of nicotine. This makes cigarettes less enjoyable to the brain. Varenicline and bupropion can have adverse effects that should be discussed with a primary care physician.

FOR MORE INFORMATION

To learn more about the effects of smoking

<https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet>

For resources to quit smoking

https://www.cdc.gov/tobacco/quit_smoking/index.htm

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