

1549 Oral Cancer: Characteristics among 270 Subjects according to Risk Classification

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Objectives: The overall purpose of this study was to compare the diagnostic agreement between 5 oral cancer detection techniques (alone or in combination) to the 'gold standard' surgical biopsy. In this first report we describe the relationship between enrollment risk classifications and selected demographic and risk factor exposure.

Methods: Subjects with suspicious oral epithelial lesions were enrolled over a 5 year period into the oral cancer detection project. Using WHO classification criteria, lesions and subjects were assigned into a risk category of low cancer risk, high cancer risk or known cancer (based on pre-enrollment pathology report); when more than one lesion was present the most severe lesion determined the subject risk classification. Demographic, health history, and risk factor exposure (alcohol and tobacco) data were collected. Following risk classification all identified lesions were assessed using the following tests: salivary molecular markers for oral cancer, chemiluminescence, toluidine blue staining, brush biopsy and scalpel biopsy. We report here the relationship between enrollment risk classification, age, sex, race, ethnicity, and tobacco and alcohol exposure. Chi square tests were used for categorical data and ANOVA for quantitative data.

Results: 270 subjects (age 67% male; 68.4% Caucasian, 23.7% African American; 39% Hispanic / Latino) with a total of 389 lesions were enrolled as: 31% low risk, 41% high risk and 5% known cancer. We observed significant association between risk classification and age [(mean age \pm SD: low 50.5 \pm 13.3; high 55.9 \pm 12.5; known cancer 58.9 \pm 12.0 ($p < 0.002$)]; history of diabetes ($p < .05$); history of oral cancer ($p < 0.0001$); and hard liquor ever ($p < 0.005$) and wine now ($p < 0.005$).

Conclusion: Given these relationships between variables at the initial examination, future analyses of our data set will determine the detection capability of these 5 non-invasive techniques vs. surgical biopsy/.

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