

Background

- Squamous cell carcinoma of the oral cavity (OSCC) is among the most common forms of head and neck cancer. In the United States (US), OSCC is expected to account for approximately 54,540 new cases and 11,580 deaths in 2023 (Oral Cancer, WHO, 2023).
- OSCC • Despite advances IN treatment, mortality this from disease has not changed in the last 40 years, in part due to diagnostic delay, yielding a high percentage of advanced stage cancers (González-Ruiz 2023; et al, Peacock et al, 2008).
- underexplored • One area that intersects both concepts is how to oral health providers access affects the incidence of OSCC. the existing literature Indeed, exploring the role of significant sociodemographic factors, such as income, employment status, and education level, in the context of the relationship between access to adequate dental care and OSCC is notably limited.



Study Objectives

 To analyze the relationship between dental healthcare access and 5year oral cancer incidence in the city of Chicago and the state of Illinois.



Oral cancer incidence is associated with access to dental care: city and statewide analyses

Henrique Ochoa Scussiatto^{1,2}; Seunghee Kim¹, Marynia A. Kolak, PhD³, Cheryl C. Nocon, MD⁴, UChicago Medicine Jayant M. Pinto, MD^{2;} Mihir K. Bhayani, MD¹ 1. Department of Otorhinolaryngology—Head and Neck Surgery, Rush University Medical Center, Chicago, IL. 2. Section of Otolaryngology—Head and Neck Surgery, The University of Chicago, Chicago, IL. 3. Department of Geography & Geographic Information Science, University of Illinois Urbana, IL. 4. Department of Otorhinolaryngology—Head and Neck Surgery, Northshore University Health System, Evanston, IL

Access to dental care and ≥1 dental care visit are associated with squamous Methods cell carcinoma of the oral cavity in Illinois counties (model 1) and Chicago communities (model 2), respectively • We extracted 5-year averages of the county and city-level OSCC incidence from 2015 to 2019 from the Illinois Department of Public Health.

• Dental care access information was also collected for each county for the same period, as well as the percentage of people that had at least one visit to a dentist in the previous year in Chicago.

• Multivariate logistic and linear regressions were used to investigate the relationship between county-level access to dental care (and city-level dentist visits) and OSCC incidence, controlling for confounders.

Average (2015-2019) oral cancer incidence-rate (A) and dental healthcare

Average (2015-2019) oral cancer incidence-rate (A) and ≥1 dental care visit in the previous year (B) in Chicago communities

	Model 1			Model 2		
Variables ^a	OR	p value ^b	95% CI	OR	p value ^b	95% CI
Dental care						
Access to dental care insurance	0.89	0.01	0.82, 0.97			
≥1 dental care visit in the previous				0.90	0.04	0.81, 0.99
year						
Cigarette smoking	2.55	0.04	1.01, 6.73	1.06	0.16	0.98, 1.15
Heavy/binge alcohol use	0.42	0.35	0.07, 2.60	0.87	0.06	0.75, 1.00
Age						
Less than 18 years old	0.62	0.43	0.18, 2.05	0.89	0.70	0.48, 1.64
More than 65 years old	0.97	0.94	0.42, 2.22	0.92	0.72	0.59, 1.44
Gender						
Females	0.75	0.61	0.25, 2.25	1.02	0.93	0.65, 1.59
Race						
White	1.66	0.30	0.64, 4.33	1.07	0.49	0.88, 1.29
Black	3.38	0.08	0.88, 13.03	1.06	0.47	0.90, 1.26
Hispanic	0.97	0.96	0.33, 2.89	1.05	0.52	0.90, 1.22
Education						
No High School				0.23	0.18	0.03, 2.02
High School or more	1.06	0.76	0.72, 1.56	0.94	0.26	0.83, 1.05
Household income						
Less than \$25.000	1.01	0.04	1.00, 1.02	1.02	0.35	0.97, 1.07
Employment						
Unemployed	2.17	0.40	0.36, 13.18	0.93	0.68	0.65, 1.32
Access to healthy food	0.42	0.02	0.20, 0.89	0.91	0.01	0.85, 0.97

- we cannot draw conclusions about individual cases.
- communities available to analyze.

- preventative services.

González-Ruiz I, et. al. Early Diagnosis of Oral Cancer: A Complex Polyhedral Problem with a Difficult Solution. Cancers (Basel). 2023.

Peacock ZS, et. al. Exploring the reasons for delay in treatment of oral cancer. J Am Dent Assoc. 2008.



Limitations

Our findings reflect associations at the population and not individual level; thus,

• The city-wide analysis had less power than the state-wide one, due to fewer

Conclusions

• We are one of the first studies to show that low access to dental care is associated with increased incidence of OSCC in a major US state and a large urban city.

Our results have implications for future policy discussions surrounding healthcare reform that can focus on targeting at-risk populations for improved oral health

References

https://www.who.int/news-room/fact-sheets/detail/oral-health. Accessed July 24, 2023.