Cancer of the Nasopharynx

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Summary

Incidence

In most countries of the world, and in most human races, nasopharyngeal cancer is a rare neoplasm. On the other hand, this neoplasm occurs with extraordinarily high frequencies among Chinese and among some of the peoples of Southeast Asia. An elevated frequency has also been reported in some tribes of Kenya.

Dr. Clemmesen discussed the incidence of the neoplasm in Europe, a low incidence area, with particular reference to Scandinavian experience. It is probable that the largest population under registration for malignant neoplasms is represented by the Scandinavian countries (Denmark, Finland, Iceland, Norway, and Sweden) with a total of about 20 million inhabitants. The incidence rates for nasopharyngeal cancer in Norway for the years 1959-1961 are 0.4 per 100,000 per annum for males and 0.1 for females. In Denmark the incidence rates for combined cancers of the pharynx (i.e. including pharynx, hypopharynx and pharynx unspecified) were 0.8 per 100,000 for males and 0.4 for females for the period 1943-1957, based on 259 and 123 cases respectively.

Dr. Ho reviewed the incidence in China, a high incidence area, with particular reference to Hong Kong. In 1965 there were 661 “new” cases of nasopharyngeal cancer from the Hong Kong population, 75 per cent of which were confirmed by nasopharyngeal biopsy, giving a crude incidence of 25.2 per 100,000 for males and 10.6 for females. In a series of 1,438 consecutive cases

1 It should be noted in this context that Sweden so far restricts registration to patients visiting hospitals (out- and in-patients).
seen during 1956—61 the peak age specific incidence was in the 40—44 age group in both sexes. An analysis of a smaller series of 367 cases in 1961 (Census year) showed the peak incidence rate to be in the 40—44 group in males and in the 60—64 age group in females; the peak age specific incidence was, however, also in the 40—44 group in both sexes. In China the incidence is particularly high in the Southern Provinces. In Hongkong the crude and standardised incidence rates were significantly higher in Chinese originating from the Southern Chinese province of Kwantung than in Chinese from central coastal provinces; the incidence was particularly high among the so-called “Tan Ka” or boat people of Hongkong who traditionally lived in boats and seldom settled ashore. Dr. Ho also reported an incidence rate of 26.7 per 100,000 per annum among the Hongkong Macaonese; such a high incidence among persons of mixed Chinese-Portuguese descent is most interesting but it was noted that the rate was derived from a small number of cases — 4 cases seen during the period 1959—1963 in a small population, roughly estimated to be about 3,000 persons.

Dr. Shanmugaratnam reviewed the incidence of the disease in Southeast Asia where high relative frequencies have been reported in Indonesia, Malaya, Philippines, Singapore, Thailand and Vietnam. In these countries the highest frequencies are found in persons of the Chinese race, but the frequencies in Malays, Indonesians, Vietnamese, Thais and Filipinos are also higher than in Western populations. In Singapore there were 1019 histologically diagnosed primary carcinomas of the nasopharynx in the period 1950—1961. The age adjusted minimum incidence rate, using Segi’s (1960) standard population, was particularly high among the Chinese, being 14.4 per 100,000 per annum for males and 5.6 for females; it was also significantly raised in Malays, being 2.4 for males and 2.0 for females (the true incidence is probably much higher in view of the relative infrequency with which Malay patients report to hospital) but low in Indians, being only 0.7 for males (there were no cases among female Indians). Nasopharyngeal cancer is rare in other parts of Asia, viz. Japan, Ceylon and India.

Dr. Clifford discussed the incidence of the disease in Kenya. Between the years 1961—1965, 177 Kenyan African patients with nasopharyngeal cancer were found at the Kenyatta National Hospital in Nairobi. In both the Bantu and the Nilo-Hamitic groups the highest incidences occurred in those tribes which occupy the higher and colder areas of Kenya, e.g. the Kikuyu (57 cases — incidence rates of 1.01 per 100,000 for males and 0.36 for females), and the Embu/Meru (15 cases — 0.83 for males and 0.29 for females) — both central Bantu, and the Kipsigis (13 cases — 1.05 for males and 0.47 for females) and the Nandi (12 cases — 2.40 for males and 0.46 for females) — both Nilo-Hamitic. The disease showed a significantly lower incidence among the coastal Bantu living in the hot coastal areas of Kenya and in the Nilo-Hamitic tribes who live in hot desert country.