Mouth Cancer Awareness

Dr Vinod K Joshi

Dr Vinod K Joshi is a consultant in restorative dentistry at the Restorative Dentistry Oncology Clinics held at St Luke's Hospital, Bradford and at Pinderfields Hospital, Wakefield. He is the founder of the award-winning Mouth Cancer Foundation, which provides support for mouth, throat and other head and neck cancer patients and promotes mouth cancer awareness in the UK.

Mouth Cancer Awareness Week

Mouth cancer causes more deaths per number of cases than breast cancer, cervical cancer or skin melanoma. In the UK, there has been a 19% increase in cases from 3,673 in 1995 to 4,405 in 2002 and 13,000 people in the UK are currently living in the shadow of this debilitating disease. The mortality rate from mouth cancer is just over 50% due to late detection. Despite treatment, there were 1,703 deaths in 2002 – that's approximately one death every 5 hours. The chances of survival are much improved if the cancer is detected early and rapidly treated.

Mouth cancer patients suffer greater owing to various disabilities like facial deformity, loss of teeth, damage to tongue and throat with consequent difficulty in talking and eating in public places. Yet they do not receive the attention and support other cancers invoke.

As dental health professionals, we are the oral carers for our patients and are best placed to be the lead advocates in the fight against mouth cancer. We should be warning our patients of the dangers of tobacco use and alcohol abuse. We should alert our Asian patients and public of the dangers of paan and gutka chewing. We should be screening our patients for mouth cancers. We should also be involved in efforts to increase awareness of mouth cancers.

"Mouth cancer causes more deaths per number of cases than breast cancer, cervical cancer or skin melanoma."

This year, Mouth Cancer Awareness Week will be running from Sunday 12 November to Saturday 18 November 2006. To end the Week the Mouth Cancer Foundation is organizing a free, sponsored 10K Walk on Sunday 19 November in Hyde Park, London, at 10am. It is planned to be a big event among the dental profession and public with much media coverage. All in the dental profession are invited to make this Mouth Cancer walk their event by participating individually or by sending teams (dental practices, dental schools, dental hospitals, speciality associations and dental companies) to take part and show the professions solidarity in fighting mouth cancer. There will be a mobile screening unit for mouth cancer. Dentists will be offering free screening on the day. The BDA, the GDPA, the FGDP, the BDHF and the dental press will be helping with publicity. Many other organisations are being invited to participate. You are invited to particpate in the Walk and/or the screening. It would also be a great opportunity for the various organisations to be involved in Mouth Cancer Awareness Week by coming together in a high publicity event. We hope to make this event a successful one for all participants.

Mouth Cancer

Oral and pharyngeal cancer is the sixth most common malignancy reported worldwide, and one with high mortality ratios among all malignancies. The global number of new cases is estimated at 405,318 annually, with about two-thirds of them arising in developing countries. The proportion of deaths per number of cases is markedly higher from oral cancer than breast cancer, cervical cancer or skin melanoma. This is largely due to late diagnosis. Yet the precursor tissue changes that lead up to a malignancy are visible to the naked eye, making them an easy target for identification.

"In the UK, there has been a 19% increase in cases from 3,673 in 1995 to 4,405 in 2002 and 13,000 people in the UK are currently living in the shadow of this debilitating disease."

So the question is, why is the early detection rate so low?

Screening

One answer may be poor screening rates. A recent study of primary care medical practitioners revealed that many GPs felt routine head and neck screening should fall to dentists. Implementing opportunistic screening in a primary care setting, alongside education on risk factors, could increase early discovery of lesions and have a positive impact or morbidity and mortality. Identifiable co-existing risk factors like smoking and alcohol consumption in patients with a lesion should heighten suspicion, but it is important to remember that 25% of mouth cancer patients have no known risk factor. Aside from the risk factors of smoking and chewing tobacco, oral cancer occurs more frequently among people who chew areca nuts in betel quids, such as paan, supari and gutka. This is a common cultural practice among the immigrant population in the United Kingdom from Pakistan, Bangladesh, India and other countries in that region.

Screenings are quick, painless and cost-effective and can significantly contribute to reducing the death rate of mouth cancer cases. Take the time to educate and screen your high-risk patients. Remember, mouth cancer is both preventable and treatable if found early.

Suspect to detect

A high index of suspicion is a prerequisite for early diagnosis and referral of patients with oral cancer. The oral mucosa tends to heal itself in two weeks, so any changes to a patient's mouth that last three weeks or more should be checked out. Extraoral and perioral tissues should be examined first, followed by the intraoral tissue. Malignant lesions, usually discrete entities located in the high-risk areas of the mouth, are not associated with a specific aetiology, and persist despite removal of local factors. Patients with urgent referral symptoms should be referred to a specialist immediately.

"The mortality rate from mouth cancer is just over 50% due to late detection."

The most common areas for mouth cancer to develop are on the tongue and the floor of the mouth. Individuals that use chewing tobacco are likely to have them develop in the sulcus between the lip or cheek and teeth in the lower jaw. Cancers of the hard palate are uncommon, though not unknown. The bases of the tongues at the back of the mouth and on the pillars of the tonsils are other sites where it is commonly found.

The earliest and most consistent clinical presentation of squamous carcinoma is the persistent red (erythroplakia) or mixed red and white (erytholeukoplakia) lesion. This is an innocuous appearing lesion, which is inflammatory, atrophic and shows mucosal alteration, with or without a keratinised component. Purely white (leukoplakia) lesions, that can't be rubbed off and arise without apparent cause, are considered to be premalignant, but the rate of change to malignancy in the Western World is comparatively slow with only 0.13 to 6% eventually becoming malignant. Only 6% of early invasive carcinomas or carcinoma in-situ have been shown to be purely white lesions.

The standard appearance of oral cancer is an ulcer with a raised rolled edge, which feels firm on palpation. Unfortunately, this typical presentation is often a late sign of oral cancer. In some cases the lesion may be raised without ulceration and there may be erythroplakia or leukoplakia associated with the lesion. In some cases of tongue cancer, the ulceration may be posterior and difficult to observe. In these cases, palpation of the tongue can reveal a mass or thickening, which may confirm the need for urgent referral. Any lesion, whether it looks benign or malignant, should be palpated.

Educate to eliminate

It is easy for high-risk patients to fall through the screening net as the incidence of risk behaviour, such as smoking and alcohol consumption, is highest among lower socio-economic groups that are least likely to visit the dentist. There is thus also a need for public education about mouth cancer and risky life-style behaviours.

Very few people know the early warning signs for mouth cancer, with many patients tending to view oral mucosal abnormalities, such as long-standing ulcers and white patches, as unimportant and treatable with over-the-counter products. Most people don't realise that a persistent mouth ulcer can be an early sign of mouth cancer when, in fact, it is one of the most common symptoms.

Tobacco is the predominant risk factor for mouth cancer. 75% of oral cancers are related to tobacco use, alcohol use, or use of both substances together. Using both tobacco and alcohol puts you at much greater risk than using either substance alone. The World Cancer Research Fund recommends that patients at risk avoid alcohol entirely. If abstinence is not an option, then guidelines indicate that men should consume less than two alcoholic drinks a day, and women less than one. The combined effect of tobacco and alcohol on mouth cancer risk is much greater. People who combine tobacco and excessive alcohol use face a 38% greater risk of developing oral cancer than those who abstain from both products. Asian patients should be educated about the risks of paan, supari and gutkha chewing.

Dentists have a key role to play in increasing awareness and early detection. Patients with lifestyles that put them at risk should be provided with health promotion advice to help them reduce their susceptibility. Leaflets and posters on lowering the risk of mouth cancer are available free of charge from the Mouth Cancer Foundation and can be used as discussion tools during consultations or displayed in the waiting room (see web site details below).

The Mouth Cancer Foundation

The Mouth Cancer Foundation is a registered charity (No: 1109298) that is dedicated to supporting people with mouth, throat and other head and neck cancer face the crisis of cancer and increasing public awareness of mouth cancer. It provides mouth cancer awareness materials and organizes the annual Mouth Cancer Walk.

"Register for this years 10k Mouth Cancer Walk at www.mouthcancerwalk.org"

Mouth Cancer Walk
www.mouthcancerwalk.org

Mouth Cancer Awareness Week
12 - 18 NOVEMBER 2006

Walk the talk at the end of **Mouth Cancer Awareness Week**

FREE ENTRY

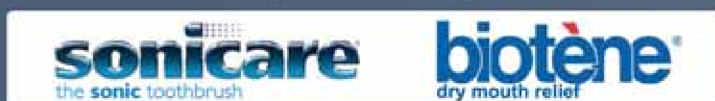
for individuals and teams to the 10K Mouth Cancer Walk
in Hyde Park, London

Everyone's invited from 9.30am on Sunday 19 November 2006
Goodie bags, freebies and prizes!

Register today at
www.mouthcancerwalk.org

Organised by the **Mouth Cancer Foundation** registered charity no. 1109298
For t-shirts, wristbands, leaflets, posters and other awareness raising material
please visit **www.mouthcancerfoundation.org**

Sponsored by



and supported by various other organisations and individuals