

Article from the ADG (Association of Dental Groups)

Oral cancer: early detection

In May 2012, the General Dental Council (GDC) confirmed the addition of 'Oral Cancer: Improving Early Detection' to the list of recommended topics for CPD. This followed concerns over the continuing rise in numbers of reported oral cancer cases, and this trend doesn't unfortunately look set to change any time soon.

Utilising Opportunities

As a dental professional, it is well documented that you will see your patients more often than their GP. You are therefore well positioned to offer advice and support of a range of health related issues from smoking to trouble sleeping. The initial detection of oral cancer is no different – and for many opportunistic screening has become a standard element of every routine patient check-up.

There are almost 7,000 new cases of oral cancer diagnosed each year, with a 30% rise in the number of annual cases seen between 2000 and 2011.¹ Unfortunately, the five-year survival rate is around 50%; a statistic that has not seen much of an improvement² in the past few decades despite raised awareness. In the UK alone, one person dies every three hours due to late diagnosis of oral cancer.² The key is early detection, and diagnosis of the disease in its early stages has been found to enhance survival rates by up to 90%.³ The importance of utilising your regular appointments with patients in order to complete a thorough clinical assessment and background check, cannot be stressed enough. As well as a full soft tissue examination, a full medical and family history should be taken, including lifestyle factors that may increase the patient's risk of developing oral cancer such as smoking or alcohol consumption.

Smoking

The link between smoking and lung cancer is well established and the majority of the public seem to be well aware of the association. It is equally as important that people realise the potential risks that smoking poses with regards to oral cancer.

Most reported cases of the disease are linked to lifestyle factors and approximately 90% of those affected are tobacco users.⁴ Smokeless tobacco is just as dangerous as smoking cigarettes, and some cultures chew tobacco, areca nuts, betel nuts, paan and gutka, all of which can also increase the risk of oral cancer.⁵ It is therefore important to ensure your medical history questions reflect all possible intakes of tobacco.

Alcohol

An estimated 30% of oral and oropharyngeal cancers in the UK are linked to alcohol.⁶ Again, many people are aware of the links between liver cancer and

alcohol, yet more needs to be done regarding awareness of the connection with oral cancer. Many people believe that the risk of cancer rises only if they indulge in binge drinking or regular high intakes of alcohol, but this is not the case. In fact, regularly drinking a large glass of wine or a pint of lager a day can significantly increase the risk of oral (and other) cancers. This highlights the importance of discussing alcohol intake with patients in detail, and encouraging them to stay firmly within the standard recommended limits for men and women. It is important to remember that many people do not know, or underestimate, the number of units in their drinks.

The Human Papilloma Virus

The human papillomavirus (HPV) is another leading cause of oral cancer. HPV infects the epithelial cells of skin and mucosa, which includes areas such as the mouth, throat, tongue, tonsils, vagina, penis and anus. Infection with the virus occurs when these areas come into contact with a virus, allowing it to transfer between epithelial cells.⁷ The most dangerous strains of HPV are believed to be types 16 and 18, which are transmitted by sexual contact and are linked to oral cancer via oral sex. This has contributed to the increase in younger adults being affected by oral cancer, who don't have a history of smoking or alcohol consumption. Statistics show that more than 70% of cancers found in the back of the throat, including at the base of the tongue and tonsils, are HPV-related.⁸

Remaining Abreast of the Situation

Regardless of whether the topic is one of the GDC's CPD recommendations, the early detection of oral cancer should be a priority for every dental professional. Keeping up-to-date with the latest research findings and screening techniques is important to ensure you have the knowledge and confidence you need to identify oral cancer in its earliest stages. The interactive Oral Cancer module designed by IDH and the Association of Dental Groups (ADG) is a great tool to help refresh and advance your skills and further raise awareness of the potentially fatal disease. Available free for all UK healthcare professionals, those who seek a CPD certificate need only pay £25 +VAT, £5 of which goes to the British Dental Health Foundation.

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Signs and symptoms – a checklist

- A sore or ulcer in the mouth that does not heal within three weeks
- A lump or overgrowth of tissue anywhere in the mouth
- A white or red patch on the gums, tongue, or lining of the mouth
- Difficulty in swallowing
- Difficulty in chewing or moving the jaw or tongue
- Numbness of the tongue or other area of the mouth
- A feeling that something is caught in the throat
- Neck swelling present for more than three weeks.

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Helpful sources of information:

- The Mouth Cancer Foundation – www.mouthcancerfoundation.org, 01924 950 950
- The British Dental Health Foundation – www.mouthcancer.org, runs Mouth Cancer Action Month www.mouthcancer.org
- Macmillan Cancer Support – www.macmillan.org.uk, 0808 808 0000
- Cancer Research UK – www.cancerresearchuk.org, 0808 80 4040

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To find out more about the free oral cancer training available visit http://www.dentalgroups.co.uk/mouth_cancer.php.

For more information about the ADG visit www.dentalgroups.co.uk.

¹ British Dental Health Foundation, Mouth Cancer Awareness press pack, pub 23 Nov 2011, link <http://www.dentalhealth.org/news/details/309>

² The Mouth Cancer Foundation <http://www.mouthcancerfoundation.org/get-info/learn-about> (accessed 23 November 2014)

³ The Oral Cancer Foundation, facts. Link <http://www.oralcancerfoundation.org/> [accessed 26 November 2014]

⁴ Mouth Cancer Foundation, Smoking Tobacco <http://www.mouthcancerfoundation.org/patients-guide/smoking-tobacco>

⁵ Mouth Cancer Foundation. areca nut, betel nut, paan and gutka <http://www.mouthcancerfoundation.org/patients-guide/areca-betel-nut>

⁶ Parkin DM. [Cancers attributable to consumption of alcohol in the UK in 2010](#). Br J Cancer 2011; 105 (S2):S14-S18.

⁷ Mouth Cancer Foundation, HPV Risks <http://www.mouthcancerfoundation.org/patients-guide/hpv-risks> (accessed 23 November 2014)

⁸ The American Cancer Society, HPV and Cancer. <http://www.cancer.org/cancer/cancercauses/othercarcinogens/infectiousagents/hpv/hpv-and-cancer-info> (accessed 24 November 2014)