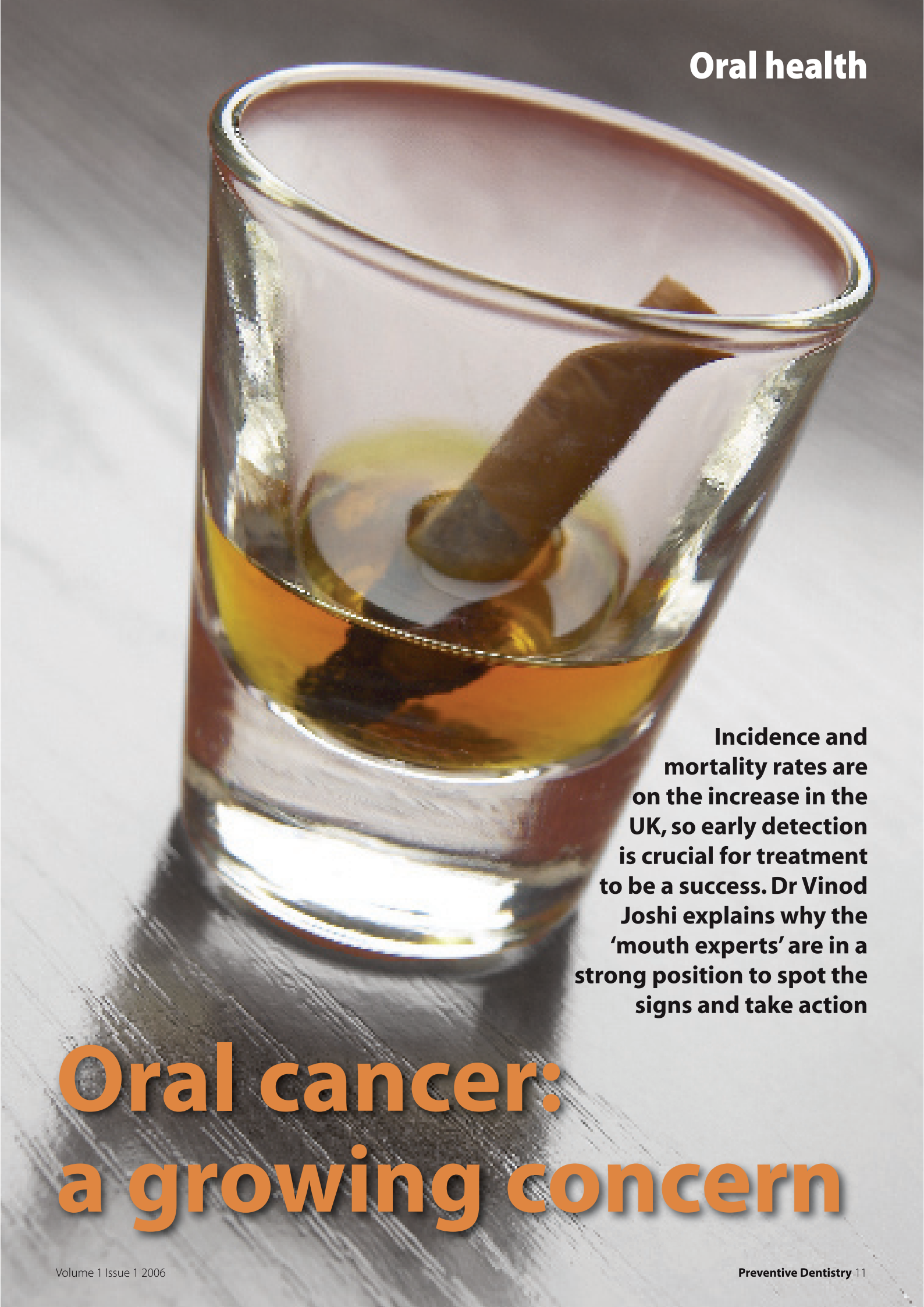

Incidence and mortality rates are on the increase in the UK, so early detection is crucial for treatment to be a success. Dr Vinod Joshi explains why the 'mouth experts' are in a strong position to spot the signs and take action

Oral cancer: a growing concern

Oral health

Preventive dentistry doesn't immediately conjure up an image of mouth cancer prevention, does it? But as dentists, our role is to prevent and treat oral disease. A qualified GDP can expect to see at least a couple of mouth cancer lesions during their practising lifetime. Obviously this is an average statistic affected by geographical location and social class of clientele, much like the statistics for caries. For both caries and mouth cancer, prevention of the disease is better than treatment, and early treatment results in less damage to the patient.

The oral cancer problem

In the UK, the registrations of oral cancer for the year 2000 were 4,459, of which 2,923 occurred in males and 1,536 in females. In recent years, the number of cases has increased steadily. This trend also reflects increasing incidence and mortality rates that have affected younger males, particularly in the 35-64 age group. Mortality remains high with over 50% of patients dying of their disease. There has only been a small improvement in survival over the decades. The estimated number of deaths from oral cancer in the UK during 2000 was 1,334 males and 717 females.

These figures do not fully indicate the magnitude of the disease burden. At any time, nearly 13,000 people in the UK are living under the shadow of oral cancer.

If oral cancer is detected early, survival rates are in the 80-90% range. Late stage detection yields less than a 30% survival rate. Overall, only 50% of those diagnosed this year will survive five years. Given these statistics, it is clear that early detection is not routinely taking place. Unfortunately, there is a lack of public awareness and patients are slow to seek attention. Over 60% of all patients present with late lesions when the prognosis is already poor and metastatic spread has occurred. Treatment at a late stage causes problems with speech, eating, swallowing, taste and appearance resulting in greater disability than is associated with other cancers. In recognition of this problem, the Department of Health has funded Cancer-Research UK's 'Open up to Mouth Cancer' campaign to increase public awareness.

As the oral tissues are accessible, many individuals often indulge in self-diagnosis and medication of lesions in this part of the body. Public understanding of the potential seriousness of oral problems is still limited, with patients tending to view oral mucosal abnormalities, such as long-standing ulcers and white patches, as unimportant and treatable with Bonjela. But even when these patients visit the dentist, the possibility of malignancy is discounted. The early discovery of this disease at the premalignant or early malignant phase by members of the dental community is not routine. The precursor tissue changes that lead up to a malignancy are visible to the naked eye, making them an easy target for early detection. Given its ease of detection, the question is, why is it that most oral cancers are not discovered in their early stages by the dental profession?

Could it be that dentists do not wish to frighten their patients and therefore try to treat lumps, bumps and ulcers symptomatically in the hope that they will disappear? Or is it that the pressure of work means insufficient thought is given to the possibility of a mouth cancer?

Primary care health professionals have an important role to play in the public's education.

'When a patient over 40 presents with an enlarged neck node, cancer should be the first differential diagnosis. Please do not spend weeks using up your prescription pads on antibiotics'
Brian Hill, founder/executive director, The Oral Cancer Foundation

Opportunistic screening

The UK working group on screening for oral cancer and precancer reported in 1993 that there was insufficient evidence to support population screening. A viable alternative might be to carry out screening opportunistically, especially if high-risk groups could be targeted. Dental attendees are quite representative of the general population and so the most obvious place to evaluate opportunistic screening or case finding is in a general dental practice environment. The prevalence of mucosal lesions in a population attending typical general dental practices was 14.1%, with 4.2% of lesions regarded as malignant or potentially malignant.

A recent pivotal study in the UK has determined for the first time that opportunistic screening in general dental practice is ideal. It showed that a three-minute examination of patients, who had completed a short survey for high risk factors, was effective.

Oral health

Risk factors

Several risk factors for oral cancer have been identified, notably the use of tobacco and alcohol. Incidence is highest from lower socio-economic groups least likely to visit a dentist on a regular basis. An artificial neural network computer system showed that by preselecting high-risk individuals, it could identify 80% of all lesions by screening only 25% of the population. Heavy smokers and drinkers are at high risk. In our multicultural society, so are betel quid users. An informative UK study carried out among the Bangladeshi population of East London showed a leukoplakia prevalence of 25%, with a positive association with betel quid or paan chewing. Two studies from India and Cuba have provided encouraging results with evidence that morbidity and mortality can be reduced through early diagnosis of lesions in primary care settings.

Barriers to screening

However, a postal survey of primary care medical practitioners in Scotland has shown that there appears to be perceived barriers to mouth cancer screening examinations.

Many general medical practitioners felt that the dentist was the mouth specialist. Over 70% of GMPs identified lack of training as an important barrier to undertaking an oral cancer examination and 37% revealed that they had never received any organised tuition on the subject. 47% perceived lack of time during a consultation to be a significant barrier.

And what of the 'mouth specialists'? 43% of GDPs identified time and the NHS remuneration to be barriers to doing an oral cancer screening examination. 31% felt that the potential to generate patient anxiety during discussions was a barrier to oral cancer screening. Only 19% of GDPs routinely made enquiries into smoking habits, with a further 49% doing so occasionally. Only 3% routinely asked their patients about alcohol use, with the majority rarely or never doing so as they felt uncomfortable making such enquiries.

The benefits

By incorporating a programme of cancer screening and mouth cancer awareness into their practice of dentistry and dental hygiene, dentists and dental hygienists can significantly contribute to reducing the death rate and the morbidity of mouth cancer cases. Tumours discovered when small require less extensive treatment and support. Since 20% of oral cancer patients get another cancer within a five-year period, regular screenings in a general practice setting could also detect second lesions while they are small. Early diagnosis and treatment could result in substantial cost savings for our healthcare service.

A visit to the dentist should not be just about fillings and hygiene. Oral cancer screenings should be part of a complete dental examination relevant to a patient's risk profile. Training is available to all health professionals who wish for more experience in both the detection and prevention of oral cancer. We should identify and educate ourselves about mouth cancers and take the time to screen our high-risk patients.

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He is the founder of the Mouth Cancer Foundation, which provides support for mouth, throat and other head and neck cancer patients and promotes Mouth Cancer Awareness in the UK. He has won several awards for his work.

Information on learning packages, CD-ROMs, and other information on mouth cancers can be found at the Mouth Cancer Foundation's website www.mouthcancerfoundation.org