



HUNTINGTON DENTAL GROUP

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Oral Cancer - What You Should Know...

More than 34,000 Americans will be diagnosed with oral or pharyngeal cancer this year. It will cause over 8,000 deaths, killing roughly 1 person per hour, 24 hours per day. Of those 34,000 newly diagnosed individuals, only half will be alive in 5 years. This is a number which has not significantly improved in decades. The death rate for oral cancer is higher than that of cancers which we hear about routinely such as cervical cancer, Hodgkin's lymphoma, laryngeal cancer, cancer of the testes, endocrine system cancers such as thyroid, or skin cancer (malignant melanoma). If you expand the definition of oral cancers to include cancer of the larynx, for which the risk factors are the same, the numbers of diagnosed cases grow to 41,000 individuals, and 12,500 deaths per year in the US alone.

The death rate associated with this cancer is particularly high not because it is hard to discover or diagnose, but due to the cancer being routinely discovered late in its development. Often it is only discovered when the cancer has metastasized to another location, most likely the lymph nodes of the neck. Prognosis at this stage of discovery is significantly worse than when it is caught in a localized intra oral area. Besides the metastasis, at these later stages, the primary tumor has had time to invade deep into local structures. Oral cancer is particularly dangerous because in its early stages it may not be noticed by the patient, as it can frequently prosper without producing pain or symptoms they might readily recognize, and because it has a high risk of producing second, primary tumors. This means that patients who survive a first encounter with the disease, have up to a 20 times higher risk of developing a second cancer. This heightened risk factor can last for 5 to 10 years after the first occurrence. There are several types of oral cancers, but around 90% are squamous cell carcinomas

After an informed public that is knowledgeable about the risk factors for oral cancer, the dental community is the first line of defense in early detection of the disease. Including both generalists and specialists, there are over 100,000 dentists in the US, each one seeing between 8 and 15 patients per day. If you include those patients who come to a practice and see someone other than the dentist, such as the hygienist, the number of patient visits is significantly higher. The American Dental Association states that 60% of the US population sees a dentist every year. Just doing "opportunistic" cancer screenings of the existing patient population which visits a dental office every day, would yield tens of thousands of opportunities to catch oral cancer in its early stages. One only has to look at the impact of the annual PAP smear, mammogram, and prostate exam, to see how effectively an aware and involved public can contribute to early detection, when coupled with a motivated medical community.

It is now commonplace to annually get a PAP smear for cervical cancer, a mammogram to check for breast cancer, or PSA and digital rectal exams for prostate cancer. These screening efforts have been possible as a result of the increased public awareness of the value of catching cancers in their earliest forms, combined with effective technologies for conducting the examinations. Oral cancer is no different. Actually, it is potentially easier to obtain public compliance for oral cancer screenings, since unlike many other cancer screening procedures, there is no invasive technique necessary to look for it, no discomfort or pain involved, and it is relatively inexpensive to have your mouth screened for the early signs of disease.

Dental examinations, when properly done and which include a screening for oral cancer, will save lives.





Once suspect tissues have been detected, the only way a definitive diagnosis of oral cancer may be made is through biopsy. The first question which may help in the determination of which abnormality bears closer examination, is how long has the suspect condition been present? Any condition that has existed for 14 days or more without resolution should be considered suspect and worthy of further diagnostic procedures or referral. Certainly, it is common knowledge that two of the most prevalent lesions that mimic oral cancer, are the herpes simplex ulceration, and aphthous ulcerations, each resolving of their own accord in approximately 10-14 days. A oral biopsy brush is available that makes this decision to get an early diagnosis through biopsy

easier to make. Simple, Painless, and accurate diagnosis of soft tissue abnormalities can be obtained through it's use (ORAL CDx System)

Positive identification of oral cancers at the earliest stages, result in the best prognosis for cure and long-term survivability.

One of the most common virus groups in the world today affecting the skin and mucosal areas of the body, is the human papilloma virus. Over 100 different types/versions of HPV have been identified. Different types of the human papilloma virus are known to infect different parts of the body. The most visible forms of the virus produce warts (papilloma's) on the hands, arms, legs, and other areas of the skin. Most HPV's of this type are very common, harmless, non cancerous, and easily treatable.

It has now been established that the path that brings people to oral cancer contains at least two distinct etiologies; one through tobacco and alcohol and another via the HPV virus, particularly version 16, though other versions of the virus might be implicated as the research unravels further. The anatomical malignancy sites associated with each pathway appear to also be different from each other. In the broadest terms they can be differentiated into these areas; HPV related appear to occur on the tonsillar area, the base of the tongue and the oropharynx, and non-HPV positive tumors tend to involve the anterior tongue, floor of the mouth, the mucosa that covers the inside of the cheeks and alveolar ridges (the ridge area in which the teeth reside). The data on these two distinct etiologies is coming out of researchers more rapidly now, and there are further definitions that seem to be apparent between the two. In general it appears that HPV positive tumors occur most frequently in a younger group of individuals than tobacco related malignancies. They also occur more in white males, and in non smokers.

The addition of HPV as a risk factor for oral cancer has made it difficult if not impossible to easily define high risk individuals. OPPORTUNISTIC mass screening is the only viable choice to find oral cancer at precancerous or very early stage high survival stages. The HPV group is now the fastest growing segment of the oral cancer population in the U.S.

Discovery and diagnosis

Historically, it has been difficult to determine which abnormal tissues in the mouth are worthy of concern. The fact is, the average person routinely has conditions existing in their mouths that mimic the appearance of pre-cancerous changes, and very early cancers of the soft tissues. One study determined that the average dentist sees 3-5 patients a day who exhibit soft tissue abnormalities, most of which are benign in nature. Even the simplest things, such as a canker sore (herpes simplex), the wound left by accidentally biting the inside of your cheek, or sore spots from a poorly fitting prosthetic appliance or denture, all at first examination, share similarities with dangerous lesions. Some of these conditions cause physical discomfort, others are painless. The question is which ones deserve action, and which ones bear watching and waiting?

There has been a tendency to watch these areas over an extended period to determine if they are dangerous or not. Unfortunately, this philosophy leads to a situation in which a dangerous lesion may continue to prosper and grow into a later stage, hard to cure cancer. Any sore, discoloration, induration, prominent tissue, irritation, hoarseness, **which does not resolve within a two week period on its own, with or without treatment**, should be considered suspect and worthy of further examination or referral. Besides a routine visit to the dental office for regular examinations, it is the patient's responsibility to be aware of changes in their oral environment. When these changes occur, they need to be brought to the attention of a qualified dental professional for examination. The dental professional needs to be current in the knowledge base necessary to make a proper diagnosis, and be competent in the proper screening procedures to identify oral cancer.