

ORAL CANCER SCREENING

Fortunately, most oral "sores" or "lesions" are not harmful. But a small number are dangerous, and if not identified early, they may progress to a more advanced stage. Oral cancer is a devastating disease when detected in its latter stages. Late stage treatment usually involves major facial surgery with only half of such patients surviving past five years. Therefore, it is important to see your dentist regularly so that dangerous oral lesions can be detected at an early, easily curable stage.

WARNING SIGNS OF ORAL CANCER:

- A mouth sore that bleeds easily or fails to heal.
- A lump, thickening or soreness in the mouth, throat or tongue.
- Soreness or swelling that doesn't go away.
- A white or red patch in the mouth that doesn't go away.
- Difficulty in chewing, swallowing or moving your tongue or jaw.

THE IMPORTANCE OF EARLY DETECTION

EARLY DETECTION SAVES LIVES

With early detection and timely treatment, deaths from oral cancer could be dramatically reduced. The five-year survival rate for those with localized disease is 76 percent compared with only 19 percent for those whose cancer has spread to other parts of the body. Early detection of oral cancer is often possible. Tissue changes in the mouth that might signal the beginnings of cancer often can be seen and felt easily. Regular dental checkups, which include an examination of the entire mouth, are essential in the early detection of both cancerous and pre-cancerous conditions. A person may have a dangerous oral lesion and not be aware of it.

Oral Cancer occurs more often in those who use tobacco in any form including: cigarettes, chewing tobacco, pipes, and cigars; or those who consume large amounts of alcohol. But oral cancer can and does develop in people of all ages, races and lifestyle habits. Over 25% of oral cancers occur in people who do not smoke and who only drink alcohol socially.

An oral lesion may be a persistent sore or irritation, a small, flat, red or white patch, or a growth, lump, thickening, rough spot, crust or irritated area. It is often painless, and you

may not be aware of it. Because many oral lesions are flat, very small, or in an area of your mouth that you cannot see, they often only can be detected during an oral examination by your dentist.

WHAT IS INVOLVED IN AN ORAL CANCER SCREENING?

If you were to visit us for Cancer Screening, your appointment would involve a number of procedures, usually as follows:

- External X-ray (Panoramic type) - this all the bones of the jaws and some facial structures to be comprehensively examined.
- Other external X-rays: side-on and front/back views may also be indicated, but only usually as secondary requirement.
- Case history including review of lifestyle factors e.g. smoking, alcohol, culture.
- Clinical examination of all soft tissues above the neck externally.
- Clinical examination of all soft tissues internally.
- Use of slide photography of any areas of concern.
- Mapping of oral condition.

FOLLOW UP PROCEDURE

In the event of any concern about a lesion in the mouth, we would review you and test again two weeks after the first visit. If the indications are still present, then an urgent referral to a Maxillo-Facial Oral Surgeon would take place, initially by telephone, with follow up correspondence to your GP and the hospital as indicated.

WARNING SIGNS

Lesions that might signal oral cancer

Two lesions that could be precursors to cancer are leukoplakia (white lesions) and erythroplakia (red lesions) . Although less common than leukoplakia, erythroplakia and lesions with erythroplakia components have a much greater potential for becoming cancerous. Any white or red lesion that does not resolve itself in two weeks should be reevaluated and considered for a biopsy to obtain a definitive diagnosis.

Other possible signs/symptoms of oral cancer

- a lump or thickening in the oral soft tissues
- a soreness or feeling that something is caught in the throat

- difficulty chewing or swallowing
- ear pain
- difficulty moving the jaw or tongue
- hoarseness
- numbness of the tongue or other areas of the mouth
- a swelling of the jaw that causes dentures to fit poorly or become uncomfortable



Oral Cancer - Tongue

If any of these problems persist more than two weeks, a thorough clinical examination and laboratory tests, as necessary should be performed to obtain a definitive diagnosis. If a diagnosis cannot be obtained, you should seek an appropriate specialist.

Risk Factors

- Tobacco/Alcohol Use
- Tobacco and excessive alcohol use increase the risk of oral cancer. Using both tobacco and alcohol poses a much greater risk than using either substance alone.
- Sunlight
- Exposure to sunlight is a risk factor for lip cancer.

Age

Oral cancer is typically a disease of older people usually because of their longer exposure to risk factors. Incidence of oral cancer rises steadily with age, reaching a peak in persons ages 65-74. For African Americans, incidence peaks about 10 years earlier.

Gender

Oral cancer strikes men twice as often as it does women.

Race

Oral Cancer occurs more frequently in African Americans than whites.

SELF EXAMINATION

95% of Mouth Cancers occur in people over 40. About 5% of all cancers occur in the mouth. Unlike some cancers, mouth cancer can be successfully treated if caught early. Each year 31,000 people will be diagnosed with oral cancer and will prove fatal for about 10,000 people each year. There is an increased risk if you smoke, chew tobacco or use alcoholic products.

Self-examination of your mouth can help to detect mouth cancer early, as well as alert you to other mouth problems. It is also important to regularly visit your dentist and dental hygienist for a professional mouth examination.

Warning signs of mouth cancer:

- velvety red or white patches
- unexplained bleeding
- unexplained numbness, pain
- persistent sores, swellings



Oral Cancer - Lip

TO EXAMINE YOUR OWN MOUTH:

- Prepare for the exam. Wash your hands. Remove all dentures. Stand in front of a mirror in a well-lit room, wearing your eyeglasses if needed.
- As you look, run your index finger along your outer lower lip as you smile. Do the same for your outer upper lip.
- Using both index fingers and thumbs, pull down the sides of your lower lip on both sides of your face and look at the inner lower lip. Do the same for the upper inner lip



- Pull back your outer right cheek with two fingers and look at the right inner cheek. Do the same for the left inner cheek.



Leukoplakia a possible precancerous lesion inside of cheek

- Take your index finger and feel along your bottom gums and bottom of your mouth and underneath your tongue as you look. Be sure to include areas without teeth, as well as around your teeth if present. Do the same for the top gums and roof of your mouth. You may need to slightly tip your head back to see the roof of your mouth.
- Stick out and look at the top side of your tongue. Put your index finger in the middle of the tongue's top side. Gently press, say "ah" and look at your throat.

- Taking two fingers, pull the tip of your tongue to the right, look at the left side of the tongue. Now pull the tongue to the left, looking again at the right side of the tongue.
- Touch your tongue to the roof of your mouth and look at the underside of the tongue.

If you see any of the warning signs of mouth cancer mentioned above or any other mouth problems, contact your dentist. Doing a self-examination frequently and also seeing your dental professionals regularly will reduce your risk of mouth cancer and will help maintain the health of your mouth.