

Want Some Life Saving Advice?

Ask Your Dental Hygienist About Oral Cancer

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This year alone, more than 30,000 Americans will be diagnosed with oral cancer and 8,000 will die of the disease. More common than leukemia, Hodgkin's disease, and cancers of the brain, liver, bone, thyroid gland, stomach, ovaries, and cervix, oral cancer is a major cause of death and disfigurement in the United States, according to the National Cancer Institute (NCI).

Risk Factors

Approximately 75% of all oral cavity and pharyngeal cancers—mouth, tongue, lips, throat, parts of the nose, and larynx—are attributed to the use of smoked and smokeless tobacco, according to the Centers for Disease Control and Prevention (CDC). Those who choose to use cigarettes, cigars, pipes, chewing tobacco, snuff, and/or bidis (cigarettes from India that come in a variety of flavors and contain less tobacco than regular U.S. cigarettes, but have three times more nicotine and five times more tar) place themselves at a much higher risk of developing oral cancer and other diseases, such as heart disease and chronic obstructive pulmonary disease (COPD)—a term used to describe emphysema and chronic bronchitis. Studies also have linked chronic alcohol use to oral cancer. Researchers believe that chronic alcohol use, combined with the use of tobacco products, multiplies the risk. In addition, sun exposure is a risk factor for lip cancer.

According to CDC, oral cancer occurs twice as often in males as in females. This is considerably different from the 5:1 male to female ratio of 40 years ago. Increased tobacco use among women is the main reason for the changes in cancer rates compared with the rates in the 1950s. Age is also a factor; 95% of oral cancer occur in persons over the age of 40, with 60 being the average age of diagnosis.

Early Detection Is Key

In its early stages, oral cancer can be treated in up to 90% of cases. However, if the cancer goes undetected, it can spread to other parts of the body and become more difficult or nearly impossible to treat.

The oral cancer screening—head and neck exam—is one of the most critical components of a routine dental hygiene and dental exam. Dental hygienists and dentists can alert patients to suspicious growths and changes, noted during head and neck exams, and urge them to seek medical care.

Signs and symptoms of oral cancer can include:

- Sores that do not heal
- Lumps on the lip or in the mouth or throat
- White or red patches on the gums, tongue, or lining of the mouth
- Unusual bleeding, pain, or numbness in the mouth
- Sore throats that do not go away, or a feeling that something is caught in the throat
- Difficulty or pain with chewing or swallowing

Treatment

As researchers continually seek out more effective drugs and drug combinations to help combat oral cancer, the most common current treatment for oral cancer, according to NCI, is to remove any tumors surgically.

Oral cancer also may be treated using intensive chemotherapy. Chemotherapy uses drugs to destroy the cancer cells. Anticancer drugs stop cancerous cells from growing and multiplying. Often, combination chemotherapy—multiple

Oral Cancer Self-Exam

The following is an oral cancer self-examination that can be taught to patients.

Look at and feel your:

1. Head and neck—look at your face and neck in a mirror. Normally, the left and right sides of the face have the same shape and are symmetrical. Look for any lumps, bumps, or swellings that are only on one side of your face.
2. Face—examine the skin on your face for changes in color or size, sores, moles, or growths.
3. Neck—press along the sides and front of the neck for tenderness or lumps.
4. Lips—pull your lower lip down and look for sores or color changes. Then, use your thumb and forefinger to feel the lip for lumps, bumps, or changes in texture. Repeat this on your upper lip.
5. Cheek—examine your inner cheek for red, white, or dark patches. Put your index finger on the inside of your cheek and your thumb on the outside. Gently squeeze and roll your both sides of your cheeks between your fingers to check for any lumps or areas of tenderness.
6. Roof of the mouth—tilt your head back and open your mouth wide to look for any lumps and see if the color is different from usual. Touch the roof of your mouth to feel for lumps.
7. Floor of the mouth and tongue—extend your tongue and look at the top surface for color and texture. Pull your tongue forward to look at both sides for any swellings or color changes. Examine the underside of the tongue by placing the tip of your tongue on the roof of your mouth. Look at the floor of your mouth and the underside of your tongue for color changes, and press your finger against the underside of your tongue to feel for any lumps or swellings.

If you find anything out of the ordinary—particularly anything that does not heal or go away in two weeks, or that has recently changed—discuss it with your oral health professional or physician.

Source: Perno Goldie M: Oral Cancer. Access. 2002;(4)16:32-38.

drugs administered together—are more effective than single agents.

Radiation is another option for patients with small tumors. Larger tumors may require both radiation and surgery. Recovery usually takes place through outpatient therapy that requires several days a week for multiple weeks for best results. To help prevent serious problems and eliminate the chance for undesirable side effects, patients should see their oral health care providers at least two weeks before starting radiation, for a full mouth evaluation.

Rehabilitation may range from speech therapy and reconstructive plastic surgery to nutritional and psychological counseling. Whatever the treatment used to treat oral cancer,

regular oral health care is essential to prevent infection and support the healing process.

And for more information about oral health care, please ask your registered dental hygienist, visit the ADHAWeb site at **www.adha.org**.

Source: National Institute of Dental and Craniofacial Research's (NIDCR) National Oral Health Information Clearinghouse in partnership with the National Cancer Institute, the National Institute of Nursing Research, the Centers for Disease Control and Prevention, and the Friends of the NIDCR.



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