



ORAL CANCER

Oral cancers are part of a group of cancers commonly referred to as head and neck cancers, and of all head and neck cancers, they comprise about 85 percent of that category.¹ Close to 53,000 Americans will be diagnosed with oral or oropharyngeal cancer this year.¹

Statistically, the death rate associated with this cancer is particularly high due to the fact that in its early stages, the cancer can grow without causing any symptoms or noticeable warning signs. For this reason, the cancer is routinely discovered late in its development after it has metastasized (spread) to another location – usually the lymph nodes of the neck. Survival rates at this stage of discovery is significantly worse than when it is caught in a localized intraoral area. In addition to the cancer spreading, at these later stages, the primary tumor has had time to invade deep into local structures, and has a high risk of producing second, primary tumors.

Where can oral cancer appear?

Oral cancer is divided into two categories:

1. Cancers occurring in the oral cavity (your lips, the inside of your lips and cheeks, teeth, gums, the front two-thirds of your tongue, and the floor of the mouth beneath the tongue and the hard palate that makes up the roof of your mouth).
2. Cancers occurring in the oropharynx (middle region of the throat, including the tonsils and base of the tongue). The throat (pharynx) starts at the soft part of the roof of your mouth and continues back into your throat. It includes the back of your tongue and the base where the tongue attaches to the floor of your mouth.

What are the symptoms of oral cancer?

Being aware of the signs and symptoms of oral cancer is critical, as early detection results in better treatment outcomes and survival rates. The following are things to look out for:

- A sore or irritation that does not go away
- Red or white patches
- Pain, tenderness, or numbness in mouth or lips
- A lump, thickening, rough spot, crust, or small eroded area
- Difficulty chewing, swallowing, speaking, or moving your tongue or jaw
- A change in the way your teeth fit together when you close your mouth.



Complaints of a sore throat or a feeling that something is caught in the throat have also been reported, in addition to numbness, hoarseness, or a change in voice.

If you experience any of these symptoms lasting longer than two weeks, let your dentist know right away.

What are the risk factors for oral cancer?

Several factors put people at a greater risk for developing oral cancers, and men are twice as likely to get oral cancer than women. Smokers and excessive alcohol drinkers over the age of 50 are most at risk.

The sexually transmitted disease called the human papilloma virus (HPV) has been linked with throat cancers at the back of the mouth and have contributed to a rise in throat cancers diagnosed in non-smoking adults. HPV-positive head and neck cancers typically are difficult to detect, developing in the far back of the throat at the base of the tongue and in the folds of the tonsils. Even though people with HPV-positive cancers have a lower risk of dying or having recurrence than those with HPV-negative cancers, early discovery is associated with better outcomes. Regular dental check-ups that include an examination of the entire head and neck can be lifesaving, helping to diagnose cancer in its early stages.

How can my dentist help detect oral cancer early?

During your regular dental visit, your dentist will talk with you about any changes in your medical history. This is a great time to discuss any new or different symptoms you've been having.

Then, your dentist will perform an oral cancer screening. He or she will thoroughly examine your lips, cheek lining, gums, the front part of your tongue, the floor of your mouth and the roof of your mouth. Your dentist will also inspect your throat (pharynx) at the soft part at the roof of your mouth, including your tonsils, the back section of your tongue, and where your tongue attaches to the bottom of your mouth. Lastly, the dentist will also feel your jaw and neck for any lumps or abnormalities.

What happens if my dentist finds something suspicious?

Try not to stress out or jump to conclusions. As with many cancers, a definitive diagnosis cannot always be made at first sight. Your dentist may refer you for additional testing if he or she sees something concerning. Your dentist might also want to see you again in a week or two to recheck any questionable spots that may have healed on their own before recommending additional follow-up measures. Together, you and your dentist can create the best strategy for diagnosis, treatment, and prevention.

24/7 Emergency Contact Number: 1-888-295-5156

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What can I do to prevent oral cancer?

Be aware of the risk factors. Men are twice as likely to get oral cancer as they get older. Behavior changes like eating healthier, quitting smoking, and decreasing alcohol intake can reduce your chances of developing oral cancer.

Remember that certain strains of HPV will also put you at risk. The Centers for Disease Control and Prevention recommends that 11- to 12-year-old boys and girls get two doses of HPV vaccine to prevent cervical and other less common genital cancers. It is possible that the HPV vaccine might also prevent head and neck cancers, since the vaccine prevents an initial infection with HPV types that can cause head and neck cancers. The studies currently underway do not yet have sufficient data to say whether the HPV vaccine will prevent these cancers.²

For more information

For more information, contact the Division of Public Health, Bureau of Oral Health and Dental Services at 302-622-4540 and www.dhss.delaware.gov/dhss/dph/hsm/ohphome.html.

Resources

1. The Oral Cancer Foundation. July 2020. *Oral Cancer Facts*. In Oral Cancer Foundation. Retrieved July 16, 2020 from: <http://www.oralcancerfoundation.org/facts/>
2. American Dental Association. 2020. *Oral Cancer*. In Mouth Healthy. Retrieved July 16, 2020 from: <https://www.mouthhealthy.org/en/az-topics/o/oral-cancer>