

Oral Cancer: Support, Advocacy, Research and Hope

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I lost my mother to Cancer. Therefore, sharing my story, gives me a purpose. I have had the privilege of inspiring healthcare professionals, survivors and caregivers with a first-hand account of hardships -unanticipated and overcome, courage unknown and discovered wherein a son's love has been tested and triumphant. I have learned the following from my mother's battle with cancer.

You are a 'survivor' from the day that you are diagnosed. The word, 'Survivor' isn't just a title, it's an attitude. If we have a diagnosis that has been made early, we have a better chance of being a survivor; not specifically as an individual but as a population. If we can diagnose patients at Stages 1 or 2, with the absence of nodal disease, we have a 70 to 90% chance of a five-year survival. However, if diagnosed at Stages 3 or 4 with lymph node involvement then their five-year survival significantly drops to 10 to 30% with 50% of the patients succumbing to local recurrence even after a 'successful' surgical intervention.

Now the answer to that, might we think, be mass screening which would identify Stage 1 and 2 cancers but the question and answer is probably not, won't or not sure, since the screening oral cancer exam according to larger trials has a sensitivity of about only 60%. That means people who developed oral cancer had a screening exam soon before and it was felt that the lesion was overlooked. The specificity however of the screening exam is pretty good.

Unfortunately for oral cancer, we don't have a way other than surgical removal of the lesion. Globalize the lesion anywhere in the oral cavity, regardless of the age, sex, racial status and treatment they receive is the same. With oropharyngeal cancers, even if the lesion has moved back a centimeter or two, that becomes a different disease - that we know could be HPV related, a sexually transmitted disease. Move it a centimeter up towards the oral cavity and we are completely lost.

Historically, those at high risk for oral cancer have been heavy smokers, drinkers and older than age 50. It is to be noted that alcohol in moderation is NOT a risk factor in and of itself. High alcohol intake (four or more drinks per day) has a relative risk of 5.5% and is synergistic with tobacco which means alcohol and tobacco together have a relative risk of 22.1% according to the U.S. National Cancer Institute. No data exists for smokeless tobacco in regards to cancer risk.

Today, cancer is occurring in younger, non-smoking individuals (men 3:1 over women), due to the sexually transmitted Human Papilloma Virus (HPV16), commonly associated with cervical cancer. Studies have shown the association between HPV and oropharyngeal cancer (base of tongue, back of throat, tonsils). Currently, the only way to reduce the epidemic rise in oral cancer due to HPV is Gardasil vaccination.

During the course of my career, I have met far too many patients who have died from this disease due to a delayed diagnosis. In our practice, I have what I call my ten minute cancer talk where I will sit knee to knee with my patients and tell them apologetically they have

cancer. I will tell them what that means in regards to staging, endoscopy, imaging and serology. I cannot tell them much about the etiology in many cases but I certainly tell them that smoking and alcohol are known factors associated with oral cancer. I, then, talk about the treatment of the primary disease and of the neck, their reconstructive options and ultimately their overall prognosis.

The American Cancer Society estimates that 53,000 plus people will be newly diagnosed with oral and oropharyngeal cancer in 2019 with 10,030 deaths from the disease in 2018. This number is expected to rise as there is no national screening policy or protocol, and the risk factors for the disease continue to be relatively unchanged. Most patients don't even know whether or not they receive an oral cancer screening at their dental check-up.

According to the American Dental Association, an oral cancer screening is a routine part of every dental check-up. Be wary of dental professionals who might say to him/herself, "I only do teeth and gums". In other words, your dentist or dental hygienist, 20 years out of school, may not have current knowledge about the disease and its early signs. Don't be embarrassed to ask the receptionist when you make your appointment about the recent continuing education of your dental provider.

From an ethical standpoint, our first mandate is public health. The public doesn't know about it, and because we haven't told them, there's no expectation for an oral cancer screening. If you have noticed something unusual in your mouth, make a note of the date you first noticed it. Take a photo with your cell phone. Sores, white spots and rough areas should heal within a couple of weeks. If the problem persists after TWO WEEKS, it warrants a closer look. Schedule an appointment with a dentist or an oral surgeon.

A critical component of semi-annual visit to the dentist is a thorough oral cancer screening complete with visual and tactile exam that includes palpation of the neck. An adjunct device (Identafi, Oral ID, VELscope) can help identify differences in diseased and healthy tissue. These devices however do not provide a definitive diagnosis. The gold standard is a biopsy. An oral pathologist vs. a general medical pathologist is essential in the diagnosis of oral and pre-cancerous lesions. They provide the most accurate, efficient and cost-effective diagnostic services for oral biopsies.

In 1949, a renowned world class head and neck surgeon, Dr. Hayes Martin from Sloan-Kettering Cancer Center said, "If the possibility of a serious disease is realized at the first visit, the major difficulty has been overcome, the problem is well on its way of being solved, provided the individual Dentist or Physician who first sees a patient with oral cancer has a sound knowledge of this disease and suspects a diagnosis". That profession with a higher index of suspicion is unquestionably the dental professional.

April is Oral Cancer awareness month. My objective is to raise awareness and become more vigilant. DEMAND an oral cancer screening for yourself and your loved ones, whether 18 or 65 year old. Together we can save lives. Take responsibility for an early detection. There is value in patient education, accurate diagnosis, adequate follow-up and specialist referrals. Accepting help is an act of reciprocation. You can't spell 'overall health' without 'oral health'. When there is hope, you can persevere. I'm happy to communicate with anyone to provide hope in any way I can. I have lost my mother to cancer. It's my obligation to help those who are diagnosed with this horrendous disease that changed my life forever.

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