

Oral cancer

About oral cancer

Oral cancer is an increasingly common disease which has little understanding amongst the general public. In 2012, there were 61,400 new cases of oral cancer in Europe, proving this disease to be a cause for serious concern. Furthermore, oral cancer incidence has increased by 25% in the last 10 years. Oral cancers account for 2% of cancers worldwide, which totals 300,000 cases per year.

Oral cancer refers to cancers that start in the mouth – this includes the inside lining of the cheeks and lips, the front two-thirds of the tongue, the base of the tongue, the tonsils, the gums, the floor of the mouth, the roof of the mouth and the area behind the wisdom teeth. It also includes the oropharynx – the part of the throat just behind the mouth – which is known as oropharyngeal cancer.

Another major concern is that over half of oral cancer cases present at an advanced stage; as a result treatment is very complex and can be less effective. Only 30–40% of patients are cured of advanced stage oral cancer, and even in the survivors there are permanent and unavoidable effects on the mouth, causing problems with chewing, swallowing and speech. The good news for those patients who get help early is that treatment is simpler, cure rates are very good (about 80%) and functional problems are much less serious.

One of the reasons patients present late is thought to be the poor stigma associated with oral cancer, and the potential seriousness of their symptoms is not appreciated.

Risk factors

There are thought to be three main causes of oral cancer: tobacco, alcohol and Human Papillomavirus (HPV) infections.

- **Tobacco and alcohol:** According to the latest Cancer Research UK study into risk factors for cancer, tobacco accounts for around 65% and alcohol is linked to about 20% of cases.
- **Human Papillomavirus:** It has become apparent that the rate of HPV-related oral cancer is rising fast. Patients with HPV-related head and neck cancer are generally younger, in good health and may not be associated with the classic history of tobacco and/or alcohol abuse.

Human Papillomavirus (HPV)

HPV is a very common virus that will infect the majority of people at some point in their life. It can affect the skin and the moist membranes that line certain parts of the body in several areas, including the:

- mouth and throat
- anus
- cervix
- vagina
- vulva

Over 100 different types of HPV have been identified, with each type known by a number. Some types of HPV have been linked to non-cancerous tumours, but other types are known to cause cancer.

Some types of HPV, known as 'high-risk' HPVs, are known to increase the risk of developing particular types of cancer, including anal, cervical, and head and neck cancers. Recent estimates suggest that over 5% of all cancers are attributed to HPV.

The HPV most widely linked to cancer is HPV-16; it is accountable for 50–60% of cervical cancers and 80–90% of non-cervical cancers, such as head and neck cancers. Other types of high-risk HPVs linked to head and neck cancers are HPV-18, 31 and 33, but these are much rarer than HPV-16.

Symptoms

The two most common symptoms of mouth cancer are:

- An ulcer or lump in the mouth that will not heal (80% of people with mouth cancer have this symptom)
- Discomfort or pain in the mouth that will not go away

Other symptoms can include:

- A painless lump in the neck: increasingly important with rising HPV-related cases
- A white or red patch in the mouth or throat that will not go away
- Difficulty or pain with chewing or swallowing
- A feeling that something is caught in the throat
- Unusual bleeding or numbness in the mouth
- Loss of teeth for no apparent reason
- Difficulty moving the jaw
- Speech problems
- Weight loss
- Bad breath (halitosis)

Diagnosis

Less serious conditions than cancer may cause many of these symptoms, but it is important to report any symptoms to your doctor or dentist. Dentists, in particular, have an important role in spotting oral cancer early and encouraging patients to take care of their mouths.

If a doctor or dentist sees a patient with these symptoms, they have rapid access to a network of specialist centres with particular skills and training in treating mouth cancer. Many of these centres are equipped with multidisciplinary teams, which have experts in surgery, radiotherapy, chemotherapy, diagnostic tests, dental care, speech therapy and rehabilitation that are specific to the care of oral cancer.

Treatment

Most patients with early stage oral cancer can be treated with minor surgery, from which recovery is often rapid. For more advanced stages, treatment involves combinations of major surgery, radiotherapy and chemotherapy. Research has led to major advances in surgical reconstruction and rehabilitation of the mouth, and of better targeting for radiotherapy and chemotherapy to optimise treatment and minimise patient discomfort.