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web exclusive

Oral cancer could be killing your younger patients

Here's what you can do to help put a stop to it.

by Renee Knight, Senior Editor

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No longer is oral cancer only a smoker's disease, something that you'd usually see in someone 50 or older who at one point smoked and/or drank heavily.

Today, oral cancer is showing up in your younger patients, and the number of cases is rising.

For decades, the incidence of oral cancer held steady at about 30,000 people a year even though the population was increasing, said Brian Hill, stage 4 oral cancer survivor, and Executive Director of the Oral Cancer Foundation

That's not the case today. In 2007 there was an 11 percent increase in oral cancer cases, what Hill said is a huge hike for something that had stayed static for so long. And that shift happened even as the number of tobacco users in the U.S. was going down.

"The cause of the disease is changing, along with the demographics of those getting it. Historically, tobacco has been the dominant etiology of oral cancer, especially when combined with alcohol," Hill said. "While those are still important risk factors, the Human Papilloma Virus #16 is the cause of the fastest growing segment of the oral cancer population. With tobacco use in the U.S. on a steady decline for decades, we should have seen a matching reduction in incidence of oral cancers, but we did not. It turns out that HPV 16 was picking up, while tobacco was declining as a cause."

About 35,000 new U.S. cases of oral cancer are diagnosed each year (about 100 people per day) with young, non-smoking, white, upper middle class individuals as the fastest growing segment affected by the disease.

The incidence might be on the rise, but there is something you can do about it. Here are some tips to help protect your patients from this disease:

Awareness shouldn't lead to fear

Instead, it should instill a call to action for patients to come back to your practice and be screened every year, as people do for so many other diseases.

Screen everyone. You can't tell who has HPV 16, a virus that can be transmitted sexually or just by skin-to-skin contact, Hill said. Patients who have this virus won't have sores or any other visible signs. That means you have to screen all your patients, no matter their age or traditional risk factors.

Patients who have pre-cancers and even the disease itself may not be aware that something is wrong, Hill said. It is often painless and goes unnoticed until a trained screener picks up the signs and symptoms. It's an easy screening to conduct and only takes 3 to 5 minutes. There are also adjunctive devices that can help with the screening process, but a visual and tactile exam is very effective on its own. If more patients are screened opportunistically, oral cancer will be discovered at earlier stages when it is highly survivable, and the death rate will go down.

"If you're old enough to have sex, you're old enough to have oral cancer," Hill said. "Everybody who walks into your practice needs to be screened. We can't sort out the high risk groups any longer. You can't figure out who has HPV and who doesn't. You have to screen everyone."

Educate them about oral cancer and its risk factors. Make sure your younger patients are aware of oral cancer and exactly what it means to have HPV 16. They need to understand that just because they have the virus, it doesn't mean they'll get cancer.

Most people's immune systems clear this virus, Hill said. But some immune systems don't recognize cells mutated by HPV 16, and those are the ones who will develop oral cancer.

"That's an important thing to tell patients," Hill said. "The rates are increasing, the cause is increasing but even if they get it doesn't mean they'll get cancer."

Remember it's not your job to diagnose. Your job is discovery of suspect tissue and conditions. Do a thorough exam and know what you're looking for, Hill said. There are several characteristics that may or may not be cancer, including tissue that's colored differently than the surrounding tissue; tissue that bleeds easily when you touch it; hard tissue; and ulcerated tissue.

Many benign conditions in the mouth mimic oral cancer, Hill said. When you find something abnormal, one of the most important things to determine is if it has persisted for more than two weeks. Most benign OC mimics, from apthous ulcers, herpes simplex lesions, to trauma and even pizza burns, heal on their own, without treatments within that time period. Conditions that persist deserve a definitive diagnosis. Through the referral process for second opinion and perhaps biopsy, you'll either find out what you saw was nothing serious, or that you saved a patient's life.

Don't scare them. You don't have to use the "C" word with patients if you find something that concerns you during a routine screening, Hill said. Tell them you've found something

abnormal and visually you can't be certain what it is. To be safe, you're going to refer them to an oral surgeon for a second opinion who may take a small sample out of the problem area. It's not necessary to panic your patients. It's important to reassure them that most things like this are not serious, but it is better to be safe and know for sure.

Take a class. It never hurts to update your screening skills. Take some CE classes to make sure you know what you're looking for and how to look for it. Read related articles, go to conferences and do some research. Encourage your hygienists to do the same. The Oral Cancer Foundation's Web site is a good place to start.

About HPV

This is the most common sexually transferred disease in the U.S., Hill said. According to the Centers for Disease Control and Prevention, 80% of Americans will have some version of it in their lifetimes. There are more than 120 known versions of HPV, and only nine are known to cause cancers. How many will get a cancer causing version cannot be determined at this time.

"Most people's immune system clears this virus", Hill said. "But some individual's immune systems don't recognize the virus, and an oncogenic version of it like #16 will have the opportunity to prosper and cause a cascade of cellular events leading to cancer. Another unknown is why some people's immune systems are able to clear the virus and others are not."

But don't feel like you have to learn about every type of lesion out there, Hill said.

"No one is trying to turn you into a pathologist," Hill said. "Regardless of treatments and other cofactors, the most influencing factor in the long-term outcome for oral cancer patients is their stage at the time of discovery. That positive point is the result of opportunistic screening. Your role in all of this is highly important to survival."

The hygiene and general dental community are the first line of defense when it comes to oral cancers, Hill said, and will be the turning point in decreasing the death rate. Talk to your patients. Keep yourself and your staff informed. Be proactive and do your best to discover the cancer before it gets into the later stages.

"Oral cancer is not waiting for new science to develop better treatments to save lives," he said. "Existing treatments work well when applied to an early stage patient. But it is waiting for an engaged and informed dental population to make discovery of early stage disease a priority. Be the change we all wish to see in the world."

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