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Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

Cancer of the Mouth

Oral (mouth) cancer occurs when a cancerous tumour develops anywhere within the mouth including the soft tissues of the cheeks, roof or floor of the mouth, tongue, gums or the soft palate, tonsils, the salivary glands or the pharynx (where the throat extends back to the oesophagus). Over the last thirty years, treatment of these cancers has improved considerably.

Worldwide, oral cancer is relatively common, being the sixth most frequently occurring malignancy. It only occurs in about one in fifty cancers in the UK. Approximately 8,500 patients develop the disease annually. It occurs more commonly in men than women and over seventy percent of cases occur in people over the age of 55. If diagnosed early 9 out of 10 patients can be cured with surgery alone.

Overall, about 60% of those diagnosed with the disease will live more than five years.

The cancer may affect any area in the mouth:

- The tongue and cheeks
- Lips
- Gums
- Roof and floor of the mouth
- Soft palate and tissues in the tonsillar area

The disease may occur in a variety of ways. It may develop insidiously and changes may initially be attributed to a dental cause such as an abscess or a sharp tooth. Presenting features may include:

- An ulcerated or inflamed area on the tongue, lip or cheeks which does not heal
- A lump or growth anywhere in the mouth
- A white (or sometimes red) patch in the mouth
- Sockets that do not heal after extraction
- Pain in the mouth, ear or face or difficulty and pain when swallowing

Successful management of oral cancers depends on their early diagnosis. Anything that does not resolve within two to three weeks should be investigated by making an appointment with a dentist or a doctor.

In many cases oral abnormalities are associated with a dental cause which can be easily resolved but any suspicious areas require urgent (two-week) referral and more detailed assessment.

The clinician will undertake a history of the suspicious area. It will include the duration, changes, and other associated symptoms.

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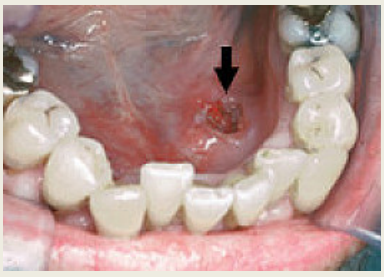
Factors which may increase the risk of developing oral cancer include:

- Tobacco usage. Any form, including cigarettes, pipe, cigars, chewing tobacco and snuff are implicated
- Chewing betel nut
- Heavy alcohol consumption
- The sexually transmitted disease, human papillomavirus (HPV), which accounts for most tumours in younger people
- Weakened immunity, such as with HIV
- In patients with excessive exposure to sunlight, damage to the outer aspects of the lips

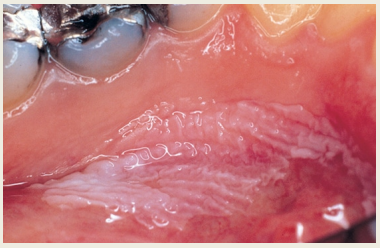
A physical examination of the mouth and the surrounding soft tissues of the head and neck will be undertaken.

This will include checking for:

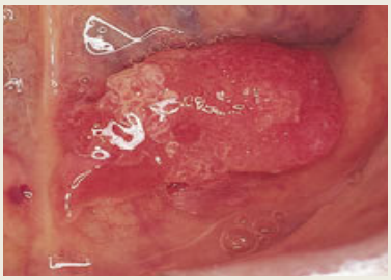
- An ulcer not associated with trauma or lasting more than three weeks



- A patch of reddened or white mucosa called leukoplakia (leuko-white, plakia-patch)



- A lump or swelling



- Or any other suspicious area within the mouth

The examination should also include the examination of the face and neck and the identification of any enlarged lymph nodes.

A sample of any suspicious area may be taken (biopsy) for examination under the microscope to search for any pre-cancerous or cancerous changes.

Precancerous changes are alterations in cellular structure which, though not cancerous, may lead to future cancer if untreated.

Any suspicious or cancerous area will be managed by a team which normally includes a head and neck (maxillo-facial) surgeon and an oncologist.

Once diagnosed, the cancer is staged. This is a process where any degree of spread is identified, using stages I to IV. Stage I is where the cancer is localised to a single area in the mouth.

Stages II and III indicate spread from the local site and Stage IV indicates spread to other areas of the head and neck or more widely within the body.

Most mouth cancers are called squamous cell carcinomas, developing from the superficial coverings of the mouth.

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Treatment of oral cancer
The management of a cancer depends on a variety of factors including:

- Location
- Size and nature
- Degree of spread
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In addition it is necessary to consider

- Consequences of treatment in terms of function and appearance. In such circumstances some treatments may result in less disability and fewer cosmetic and functional consequences than others.

The options for treatment are:

- Surgery
- Radiotherapy
- Chemotherapy
- Other newer therapies such as Targeted Drug Therapy and Immunotherapy

Surgery
This involves excision of the tumour with a margin of healthy tissue.

Small lesions may require only minor surgery whereas larger tumours may need extensive surgery which may require, for example excision of part of the jaw, the tongue or floor of the mouth.

If the tumour has spread to the neck and involves the regional lymph nodes, the surgeon may remove the regional nodes in what is called a block dissection.

These days, there are skilled surgeons able to carry out reconstructive surgery in patients where excision required large areas of tissue removal.

The surgeon can use grafts of bone, muscle or skin to rebuild the removed areas and can successfully restore lost ability to speak or eat.

Teeth lost during the surgery can be restored with the use of dental implants.

Surgery on such an important area in terms of appearance, feeding, chewing and swallowing, and appearance may result in distressing outcomes, at least until reconstruction can be provided where possible.

It may be necessary to provide food through a feeding tube into the nose or mouth, or by fitting a PEG tube through the abdominal skin into the stomach.

Radiotherapy
Radiotherapy can be used to treat a patient following surgery, or may be used alone depending on the size and area of the tumour. It may also be used in combination with chemotherapy.

These days, radiotherapy is effective and can be very accurately targeted. However, in head and neck treatment, there may often be side effects including dry mouth, loss of teeth and damage (radiation necrosis) to the jawbone.

Chemotherapy
Modern chemotherapy may be very effective, either alone or in combination. The side effects of head and neck chemotherapy are the same as those for other areas of use and include nausea, vomiting, loss of appetite and hair loss.

Prevention of Oral Cancer
Not surprisingly, eliminate of factors which may promote its occurrence are important.

Tobacco – should be avoided or usage stopped to avoid exposure to the carcinogens in the tar.

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Alcohol – should be consumed only in moderation, following Government guidance.
Sunlight – Sun exposure, especially along the vermilion borders of the lips, may result in cancer formation. Wide brimmed hats or avoidance of exposure is good practice.

Dental Examinations – As part of the dental examination, the dentist should examine all the soft tissues of the mouth and throat as well as examination of the face and neck. Any suspicious lesions should be reported and the patient referred as required if persistent or of concern.

paullambden@compuserve.com

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