

Screening & Early Detection of Oral Cancer

Dental Health Article

Premalignant lesions in the mouth

Several types of white and red lesions commonly develop within the mucosa that lines many of the cavities in the head and neck (lining of the mouth, upper airway and digestive tract). These premalignant lesions can transform, in a multistep fashion, into invasive cancer. The process of transformation occurs at a different rate in each site. A series of events starting from an increase in the number of cells, to architectural changes within the cells, leads to the initiation, promotion and progression of invasive cancer.

Risk factors for oral cancer

There is great variability in the incidence and site of oral cancers among different populations. This reflects the prevalence of certain risk factors. For example, repeated exposure of the oral mucosa to the effect of tobacco and alcohol can cause multiple tumours. Tell your doctor if you smoke, chew tobacco or betel nuts, consume alcohol, or had exposure to radiation of the head and neck.

Furthermore, Human Papilloma Virus (HPV) has been established as a causative factor for oral cancer. HPV-associated oral cancers occur primarily in the oropharynx (tonsils and base of tongue). Tell your doctor if you have had or are planning to have HPV vaccination (e.g. Gardasil®).

Signs and symptoms

Common symptoms of oral cancer include persistent sore throat, referred pain to the ear, nonhealing ulcers in the mouth, hoarseness of the voice, difficulty swallowing, persistent cough and neck masses. However in many cases, oral cancer presents with no symptoms. The premalignant white and red lesions usually present without symptoms.

Appropriate referral

Oral cancers are generally treated with a combination of surgery, radiation therapy, and chemotherapy. Treatment may involve a surgeon, medical oncologist, radiation oncologists, specialized dentist, dietitian and rehabilitation therapist. This multidisciplinary approach is generally required for treatment planning and managing patients with oral cancer. After treatment, regular follow-up is also essential. Your dentist will provide appropriate referral, usually to a regional cancer centre, once a lesion has been identified.



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The importance of screening and early detection

Once a premalignant lesion is identified, avoidance of further exposure to the cancer-causing agent can reverse or stop progression of the lesion. Furthermore, if oral cancer is detected early, treatment results in better outcomes. Early detection often occurs during routine dental examinations, for example before a tooth cleaning, or during a visit to the family doctor. Medical and dental professionals are trained to look for signs of oral cancer.

Physical examination should include visual examination and palpation of lesions in the mouth. This includes the lining of the floor of the mouth, the visible portion of the tongue, palate, cheeks and gums. The examination includes direct visualization, mirror examination and scoping the oral cavity using blue-spectrum light (eg. VELscope® oral cancer screening).

The latter helps detect abnormal changes in the soft tissues of the mouth before they are visible to the naked eye. Imaging studies, such as a CT scan or MRI can provide additional information, such as assessment for local invasion and involvement of lymph nodes. Biopsy and assessment of HPV status provide more diagnostic information.

Ask for an oral cancer screening

Identifying premalignant and cancerous lesions before they have had a chance to spread not only results in more effective and less invasive treatment, but can potentially save lives. Ask your dental professional for an oral cancer screening during regular clinic visits. Oral cancer screenings are provided in all Altima Dental Centres (including VELscope® blue-spectrum light examinations).

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