

Patient Protectors: How Dentists Can Increase the Oral Cancer Survival Rate

It was January 2007.

Stephanie S. was a typical 18-year-old Northeastern Pennsylvania college student ... young, determined and by all accounts healthy. Studying and working took up the majority of her days as she advanced toward a degree in elementary education.

Only one thing concerned her—a painful spot on her tongue.

“I had never had a cold sore in my whole life,” she remembers. “It bothered me.”

Stephanie consulted her family doctor about the sore. He gave her medication, but the spot progressively worsened, thickening. Finally, she headed to her dentist. Although he presumed the thickness was simply scar tissue, he sent Stephanie to a specialist who biopsied the area.

The results were horrifying—Stage 4 adenosquamous carcinoma, a rare form of oral cancer with a low rate of survival. Stephanie was stunned.

“I had no cancer in my whole family,” she said. “That was the last thing on my mind.”

Stephanie was suddenly thrown into a cycle of radiation, chemotherapy and surgery. She took a leave of absence from school and focused on remission. Throughout her difficult medical journey, she remained grateful to the dentist who took action.

“He has done a lot and is being more cautious,” she asserts. “My dentist sends a lot more people for oral cancer screenings now than he ever did before... just because of my case.”

A First Line of Defense

Dentists and hygienists may not see themselves as potential life-savers, but Stephanie’s case illustrates the power that professionals in the field of dentistry possess.

According to the American Cancer Society (ACS), oral cancer is diagnosed in roughly 35,000 Americans annually. For those stricken, the five-year survival rate is 82 percent if the cancer is localized and caught early. Unfortunately, most oral cancers are diagnosed much later in their development, lowering the five-year survival rate to 59 percent. Early detection is the key to improving oral cancer survival rates. The problem is that most patients are not screened during the earliest stages.

Oral cancer’s typical warning signs often go unnoticed or misdiagnosed by patients and physicians—changes in the oral tissues, crusty spots, pain, sores and red spots mimic so many other conditions that they are frequently ignored or treated improperly. And even when

symptoms are present, many cancer victims never notice them. Thus, the onus of discovery falls upon the persons with regular access to individuals' oral cavities: dentists and hygienists.

Dr. Matthew Patterson at Dentistry for Life in Lancaster constantly looks for newer and better ways to uncover potential oral cancers in his patients before the cancers reach high stages of development or metastasize to other body parts.

“There are several ways to look for oral cancer,” Patterson explains. “One is a visual exam. Our hygienists can see the upper throat, lips, inside the mouth. They also can do bi-manual palpation, feeling the lips, the cheeks, the floor of the mouth and the tongue for lumps or bumps that don't belong there.”

Additionally, Patterson uses a VELscope (a device that uses a specific light wavelength) to detect abnormal, potentially cancerous, tissues when his hygienists bring a questionable area to his attention.

“The VELscope is an early diagnostic tool,” says Patterson. “If we see something that looks suspicious, we do a brush biopsy—no anesthesia is required and it doesn't take a ton of time.”

But time may be one reason that many dental offices are hesitant to add another task to their dentists' and hygienists' routines. In Patterson's experience, though, it's worth spending a few minutes to potentially save a life.

“Dentists should know that it's part of our training,” he states. “It's part of our professional responsibility... and it only takes 5 minutes. I cannot think of a more valuable service that we can provide our patients.”

Saving Lives through Screenings

One person who wishes her dentist had been more proactive in screening for oral cancer is Eva Grayzel Cohen, a nationally-recognized performance artist from Southeastern Pennsylvania. At 33, Cohen was diagnosed with stage 4 squamous cell carcinoma, but it took months to obtain her diagnosis.

Like Stephanie, Cohen had what she thought was a canker sore on the side of her tongue. Eventually, she concluded something was wrong when it didn't go away. Bounced from her dentist to an oral surgeon for nine months, each of whom told her that she was fine, she persisted until she finally had a biopsy and an answer. After enduring a partial tongue reconstruction, modified radical neck dissection and radiation therapy, she's now in her early forties and passionate about making certain other men and women don't have an experience similar to hers.

“It's my mission to do whatever it is I can to save all the other people who are coming after me,” Cohen said. “That's why I'm here.”

As part of what she sees as her duty, Cohen, along with Barbara Boland, a fellow oral-cancer survivor and dental hygienist by trade, developed an oral cancer screening process for hygienists and dentists to follow. Cohen and Boland call their method “The Sextet Six-Step Screening.”

The Sextet Screening includes a neck caress, lip and cheek roll, double digit probe, palate tickle, “tongue ‘n gauze,” and “tonsil ahhhh.” Cohen and Boland’s simple but effective process won an award from the American Academy of Oral Medicine. They hope it encourages dental professionals to routinely check for anomalies.

“A lot of dentists are really uncomfortable with cancer, but if they can save just one life during a career, it’s worth it,” Cohen asserts.

Education as a Key Element of Intervention

Boland and Cohen aren’t the only ones who believe education is a fundamental element in changing the way dentists, hygienists and patients think about oral cancer.

Numerous online and in-person continuing education courses devoted to the topic of oral cancer detection are regularly offered through a variety of accredited organizations, making it easier than ever for dental professionals to stay current on what’s new in terms of devices, screenings and risk factors. In 2007, the ADA and OralCDx Laboratories launched a nationwide oral cancer awareness public service campaign to educate dental professionals, media and the public on the facts surrounding the disease. Their campaign is scheduled to continue through 2010 and is hoped to result in a lowering of the mortality rate of oral cancers thanks to early detection.

One of the latest findings in the area of oral cancer risks is a connection between the human papillomavirus (HPV) (especially HPV16) and oral cancer. HPV, a sexually-transmitted infection that affects around 20 million Americans, is well-known to contribute to cervical cancer. However, HPV’s connection with oral cancer isn’t as widely recognized but is beginning to gain momentum.

Dr. Patterson believes that the link between HPV and oral cancer might explain why patients under 40 are diagnosed at a rate five times more than a generation ago.

“Kids assume oral sex is safe sex; it’s not,” Dr. Patterson said. “HPV brings you at a much higher risk for oral cancer. Three times as many cases of oral cancer occur in association with HPV as do cervical cancers.”

Another correlation being studied is that between the mononucleosis virus (Epstein-Barr virus) and oral cancer. In Stephanie’s case, a test revealed that she most likely had contracted mono during the year before her diagnosis. Her doctors at The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, have told her that this isn’t the first time they’ve seen such a link, though cancer organizations have yet to fully embrace the connection due to lack of conclusive evidence.

By keeping abreast of these latest findings as well as investing in tools and methods to screen for lesions and tissue abnormalities, dental professionals can routinely update the health questions they ask patients, thereby increasing the chances of intercepting oral cancer in its earliest stages.

A New Direction in Life

Today, Stephanie is 20 and back in school. Though a recurrence in her oral cancer in late 2008 forced her to have the majority of her tongue removed and completely reconstructed, she's optimistic about her future.

However, she was hesitant to continue her goal to become an educator, lest she be unable to speak clearly in a classroom setting. To allay her fears, Johns Hopkins put her in touch with a 28-year-old special education teacher who almost identically shared Stephanie's oral cancer experience when she was in her early twenties.

"Her speech is pretty close to mine right now," says Stephanie, whose verbal communication has remarkably improved just months after her surgery.

As a result of her discussion with that teacher, Stephanie has changed her major to special education so she can help those who need an extra measure of patience and caring. Additionally, she has been asked by Johns Hopkins to take on a mentoring role for other young oral cancer victims.

To patients, dentists, and hygienists, Stephanie has very pointed words of advice: "Pay attention to sores and the pain."

Dr. Patterson echoes Stephanie's sentiments and is unwavering in his counsel.

"If it's not gone in two weeks, have it checked."

SIDEBAR INFORMATION:

Oral Cancer Facts:

- ✓ Approximately 25% of oral cancer patients have no known risk factors.
- ✓ At least 25% of those diagnosed with oral cancer are non-smokers.
- ✓ Oral cancers are considered rare

Sources: Oral Cancer Foundation, American Cancer Society, Journal of the National Cancer Institute