

# Oral Cancer Screening

Oral cancer screening (OCS) may be the best way to detect oral cancer early, and dental hygienists have an important role. They screen for oral cancer as part of every dental hygiene appointment, regardless of age, and educate clients about risk factors and how to detect potential problems. Detecting the disease in the early stages is key to the survival rate. Thousands of new cases of oral cancer are diagnosed in Canada each year; the five-year survival rate of all oral cancer cases is about 50 per cent. Some estimates suggest that screening could detect as many as 80 per cent of new cases.

## COMMON AREAS FOR ORAL CANCER

Most oral cancers begin in the cells on the surface of the tissue of the mouth. They are shallow but over time penetrate deeper into the tissue and potentially the bone. Generally, if caught early, they can be easily treated. Unfortunately, oral cancer is usually discovered in the later stages, which increases the risk for invasive treatment, serious side effects and even death.

Oral cancer may develop in any of the following areas:

- Lips
- Oral cavity (tongue, gums, inside the cheeks, under the tongue, roof of the mouth)
- Oropharynx (back of the mouth, throat and tonsils)

## SIGNS AND SYMPTOMS

The normal course of healing is **two weeks**. Anyone experiencing the following problems beyond this timeframe should consult a dental professional or seek medical attention:

- White or red patches anywhere in the mouth
- Mouth sore that bleeds easily and/or won't heal
- A colour change in the oral tissues
- Teeth that suddenly become loose
- Dentures that stop fitting
- Pain or difficulty swallowing/speaking
- Swelling or lumps
- Indurations (indented areas)
- Enlarged and/or hard lymph nodes or glands
- Persistent earache



## CAUSES AND RISK FACTORS

There is no single cause of oral cancer, but some factors increase the risk. However, even people without the usual risk factors could develop the disease, underlining the importance of OCS. Some of the risk factors include:

- Tobacco use, including cigarettes, cigars, pipes and smokeless/chewing tobacco
- Drinking excessive amounts of alcohol
- An infection from certain types of human papilloma-virus (HPV) – a risk that is increasing among younger adults
- A lack of fruit and vegetables
- Too much exposure to sunlight (ultraviolet rays), including tanning beds
- Age, however, while most oral cancers occur in people older than 45, an increasing number of adults under 40 are being diagnosed

## ORAL CANCER DETECTION/ PREVENTION

- Stop smoking and limit alcohol consumption.
- Use sunscreen protection for face, neck and lips.
- Maintain a well-balanced diet.
- See a dental hygienist for regular examinations.
- Know the risk factors and request routine cancer screening tests.

- Conduct ongoing self-examinations for oral cancer. (See Fact Sheet on “Oral Cancer Self-Examination”)

## WHAT TO EXPECT DURING OCS

Prior to and during OCS, dental hygienists explain to their clients the purpose and the various steps in the process. Increased client knowledge and understanding are important for obtaining informed consent and reducing any stress the exam may cause.

**Risk assessment** – Discussions with clients are important to find out if there are any factors that may place them at a higher risk of developing cancer.

**Health history** – A thorough review of the client’s medical history may reveal factors that could cause mucosal (tissue lining the mouth) abnormalities. Information is collected concerning certain behaviours, such as drinking, smoking and sun exposure. Findings are documented and updated at each appointment.

**Techniques** – Dental hygienists keep their skills and knowledge up to date on the various screening tools, products and techniques for performing screening exams.

**Extra-oral examination** – This involves the use of sight, sound and touch to find abnormalities outside the mouth that could indicate early stages of oral cancer. Dental hygienists conduct a visual examination of the head, face, front and back of the neck, including behind eyeglasses and

under the hairline and ears. They listen to the client’s voice for chronic hoarseness and feel the head and neck, a technique called palpation, in which the examiner checks neck nodes and glands, and the temporomandibular joint (TMJ) for swelling and lumps and symmetry or differences between the right and left side.

**Intra-oral examination** – Dental hygienists conduct a visual check for mucosal abnormalities and look for anything unusual in the mouth. They feel the structures and surfaces for swelling, enlarged or swollen salivary glands, indentations, ulcer/crusting, symmetry and any changes in texture or colour such as white, red or mixed red and white patches or lesions.

**Referrals** – If dental hygienists detect a pathology or abnormality that could be considered a cancerous or pre-cancerous condition, they will consult with a dentist or refer the client to a medical professional. Dental hygienists collaborate with physicians, dermatologists and oncologists on such matters.

**Information and resources** – In addition to oral cancer screening, dental hygienists can provide clients with valuable information and educational materials on smoking cessation, nutrition, oral cancer self-examination, choosing the right sunscreen and skin protection.

