

Talking Ethics



Oral & Oropharyngeal Cancer Screening Is Not a Choice

by Jo-Anne Jones, RDH • jjones@jo-annejones.com

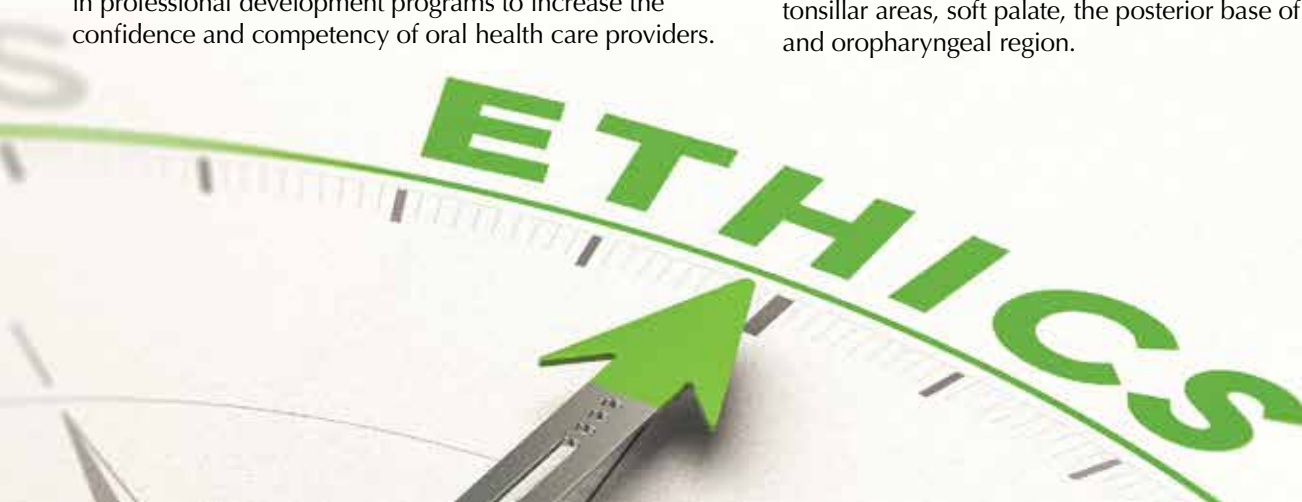
As dental hygienists and regulated health care professionals, we are entrusted with the oral health care of our community. Our responsibility and accountability to safeguard public health and well-being are the cornerstone of our profession. Canadians are counting on us!

The requirement to write on the topic of oral cancer screening seems unnecessary until you consider that omission may cost a life and performance may save a life. Our well-intentioned focus as we enter our place of practice each day is to deliver the highest quality of care we are capable of. However, when it comes to oral cancer screening, survey data paint a different picture. Have we somehow forgotten how vital the extraoral and intraoral examination really is?

According to a National Health and Nutrition Examination Survey (NHANES) in 2015–2016, which collected data from survey participants reporting a dental visit, 25.8% of US adults aged 30 years or older were screened for oral and oropharyngeal cancer.¹ The analysis of this data concluded that “increased awareness of [oral cancer] and [oropharyngeal cancer] risk factors by oral health care professionals and intensified screening and counseling for [oral cancer] and [oropharyngeal cancer] and tobacco use among dental patients could improve the health of the public.”² It was also noted that there was an imminent need for oral health educators to include oral and oropharyngeal cancer screening and smoking cessation counselling in professional development programs to increase the confidence and competency of oral health care providers.

A recent, strong call to action from the Office of the Chief Dental Officer of Canada delivered a sobering message to our community.³ The impetus for this plea to oral health professionals is the alarming and escalating rate of human papillomavirus (HPV)-associated oropharyngeal cancer in Canada. We’ve made significant inroads in the battle against HPV-associated cervical cancer, with Canada now having one of the lowest incidence rates in the world thanks to prevention strategies such as opportunistic screening and, for the most part, the HPV 9-valent vaccine. Herein lies the dilemma: vaccination uptake has been far greater among females due to HPV being the etiologic pathway behind the majority of cervical cancers. However, the incidence rate of HPV-associated oropharyngeal cancer is more than 4.5 times higher in males than females.⁴ Oral health care providers have a significant role to play in education, counselling, and the promotion of evidence-based preventive strategies.

How does this information and call to action translate into our day-to-day clinical practice? Research shows that smoking and alcohol consumption are etiologic pathways of cancers primarily affecting the tissues of the oral cavity. Close visual examination and palpation of high-risk areas, including the palate, tongue (dorsum, ventral, and later borders), and floor of the mouth, are critically important. HPV-associated oropharyngeal cancer has an affinity for lymphoid tissues and is found primarily in the posterior areas distal to the sulcus terminalis or V-shaped trough on the dorsum of the tongue, including the uvula, lingual and palatal tonsillar areas, soft palate, the posterior base of the tongue, and oropharyngeal region.



Continued...

>>>> Talking Ethics

Oral & Oropharyngeal Cancer Screening Is Not a Choice...cont'd

The signs and symptoms of oral and oropharyngeal cancer range from the obvious to very subtle and often overlooked indicators of pathology. HPV-associated oropharyngeal cancer has the added challenge of impeded visual acuity, making the recognition of related symptoms of utmost importance. As with both oral and oropharyngeal cancer, any ulcer or lesion that persists beyond 14 days should always be further investigated. Other signs to prompt further investigation include, but are not limited to, the following:

- bleeding in the mouth or throat
- a continuous sore throat or persistent infection that does not respond to antibiotics
- an enlarged, painless tonsil; tonsils should be bilaterally symmetrical
- pain when swallowing or difficulty swallowing
- pain when chewing
- unilateral ear pain that persists
- hoarseness
- continuous cough
- slurred speech
- a lump in the throat or a feeling that something is stuck in the throat; continual clearing of the throat
- a tongue that tracks to one side when stuck out
- unexplained weight loss

In between professional visits, our clients need to be encouraged to examine their oral cavity for any changes, particularly anything new that persists beyond 14 days. The “Check Your Mouth” campaign has been launched in North America specifically for this purpose. The dedicated website, www.checkyourmouth.org, provides step-by-step instruction and a simple how-to-video depicting the areas to be examined and what to look for. An informed public is critical to the earlier discovery of these cancers.

Unfortunately, oral and oropharyngeal cancer is diagnosed the majority of the time in later stages and is often terminal or life altering. The oral health community needs to take a leadership role in order to reduce the toll this insidious disease is taking on the lives of Canadians.



In conclusion, I'd like to share a sentiment placed in my autograph book by a wise family friend when I was a very young girl. “Your life is like a path of snow; walk carefully for every step will show.” The power is within our hands to impact the earlier discovery of oral cancer. It is your practice, your legacy, and above all, your responsibility.

References

1. www.ada.org/en/publications/ada-news/2019-archive/november/december-jada-finds-dentists-underscreen-for-cancer-among-high-risk-groups
2. Nelson JL, Kennedy EN, Aldosari M, Agaku I, Vardavas C. Patient-reported receipt of oral cancer screenings and smoking cessation counseling from US oral health care providers: National Health and Nutrition Examination Survey, 2015-2016. *J Am Dent Assoc.* 2019 Dec;150(12):995-1003.
3. Office of the Chief Dental Officer of Canada. Human papillomavirus and oral health. *Can Commun Dis Rep.* 2020;46(11/12):380-83.
4. Canadian Cancer Society's Advisory Committee on Cancer Statistics. *Canadian cancer statistics 2016. Special topic: HPV-associated cancers.* Toronto (ON): Canadian Cancer Society; 2016.