

Oral cancer: Can we do better?



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The diagnosis and treatment of oral cancer is shared between the dentist and physicians. Patients with oral lesions suspected in malignancy are often seen by oral and maxillofacial surgeons, oral medicine experts, general dentists, otolaryngologists, and even plastic surgeons, depending on the site of the disease, and sometimes on the accessibility of the patient to care. In the United States, approximately 50,000 people are diagnosed with oral or pharyngeal cancer every year, and only half will live 5 years or more. Early diagnosis is critical. The survival of early stage oral cavity cancer after adequate treatment is estimated to be between 95% and 98%; the survival drops to 20% to 30% in advanced stage diseases. Malignant and premalignant lesions are relatively easy to detect by trained dentists; however, the majority of oral cancers in the US are detected at late stage. This may be attributed, at least in part, to poor knowledge of the signs and symptoms by health care professionals and the general public. There is often confusion regarding the etiology of mouth lesions and pain. Health care providers should perform detailed examination of the oral cavity and not simply look at the tonsils and throat.

Dentists should also play a significant and active role in the posttreatment care. The treatment for oral cancer, which may include surgical procedures, radiation, and chemotherapy, saves lives but is accompanied by significant side effects such as tissue and teeth loss, reduction in saliva secretion, mucositis, and compromised wound healing. Following the treatment, patients often require oral rehabilitation and close follow-up by dentists that are familiar with and trained to treat the condition and the side effects. The

cure longevity and the patients' quality of life are extremely dependent on this treatment.

Dental schools and medical centers should consider developing inter- and multidisciplinary oral cancer teams of general dentists, oral medicine specialists, prosthodontists, and oral and maxillofacial surgeons, who will be involved in diagnosis, treatment, and posttreatment care.

Prior to and during the cancer therapy (surgery, chemotherapy, radiation) the patients are treated by general dentists and oral medicine experts for mucositis and hyposalivation, as well as any acute dental issues. A variety of reconstructive options can be offered by the oral and maxillofacial surgeons in collaboration with plastic and reconstructive surgeons. The oral and dental rehabilitation components should be discussed in the reconstruction treatment plan. Input from a prosthodontist in this phase will improve the treatment outcome and make it more efficient.

Once patients are found to be free of disease they should undergo final dental rehabilitation, which often is complicated and challenging. This has to be followed by routine maintenance and examination visits for oral and dental pathologies.

Timely treatment and collaborative work, with ongoing discussion between the various disciplines, are key elements for the successful treatment of oral cancer patients.

The model of a team approach should be used for the treatment of oral cancer patients before, during, and after the cure of the active malignant disease.

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