Editorial comment

It’s time to take action

An ex-colleague of mine has just died of throat cancer – his funeral was on Friday. That was bad enough, but to hear that his wife was recently diagnosed with terminal cancer left me cold. He did not smoke and neither does his wife. They have an 11-year-old daughter, and I used to see her beautiful face on his screen saver. He adored her.

This personal news broke just before writing this editorial – the timing, though eerie was suitably apt. Because cancer is one of those ‘bad’ things that happen to other people but rarely gets close enough to you to make an impact. But not anymore. Somebody always knows somebody else who is suffering from this disease. As recent surveys stipulate – mouth cancer is on the rise.

According to the Mouth Cancer Foundation, mouth cancer causes more deaths per number of cases than breast cancer, cervical cancer or melanomas. The mortality rate from these cancers is just over 50 per cent because it is detected too late. Despite treatment, there were 2,718 deaths in 2005 – approximately one death every three hours. The chances of survival are massively improved if the cancer is detected early and treated rapidly.

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So when news stories of mouth cancer unawareness hits the headlines it’s time to take action. There’s no doubt that diagnosing this disease is no easy task. But not recognising blindly obvious symptoms of mouth cancer over the phone is worrying. And not getting an appointment for over a week when a patient practically rings the death bell is jaw-dropping.

It is heartening to hear that ‘increased focus on these symptoms of mouth cancer has improved awareness amongst dentists’, but clearly this is not enough. Are oral cancer screenings routine in your practice? Would a Velscope help with the detection? (Read Oral cancer screening – page 21)

The profession must take action to beat this disease, and if that means training team members and receptionists to spot the signs then what are we waiting for?

Don’t miss these symptoms

1. A sore or ulcer in the mouth that does not heal within three weeks
2. A lump or overgrowth of tissue anywhere in the mouth
3. A white or red patch on the gums, tongue, or lining of the mouth
4. Difficulty in swallowing
5. Difficulty in chewing or moving the jaw or tongue
6. Number or tenderness of the tongue or other area of the mouth
7. A feeling that something is caught in the throat
8. A chronic sore throat or hoarseness that persists more than six weeks, particularly smokers over 50 years old and heavy drinkers
9. Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
10. Neck swelling present for more than three weeks
11. Unexplained tooth mobility persisting for more than three weeks
12. Unilateral nasal mucus discharge

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Source: The Mouth Cancer Foundation

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