

Oral Cancer in Wisconsin: the Good the Bad and the Ugly

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Oral and pharyngeal cancer is more common and more deadly than most people think.

Of the more than 26,000 new cases of cancer in Wisconsin in 2006, approximately three percent (800) of them will be oral and pharyngeal cancers. Of the 10,000 projected Wisconsin cancer deaths in 2006, close to 325 will be from oral and pharyngeal cancer.

With nearly 3,000 Wisconsin Dental Association (WDA) member dentists, it is likely that one in four dentists saw a case of oral cancer last year.

The sad reality is not all patients with oral cancer are being diagnosed and those who are often are in the later stages of their disease. It is precisely for this reason the five-year survival rate continues to hover at 50 percent.

Nationally, only one-third of all new cases of oral and pharyngeal cancer is diagnosed when the lesion is localized (there has been invasion of the underlying connective tissue, but no lymph node metastases). In 2006, more than half of the oral and pharyngeal cancers that will be diagnosed will already have metastasized to the lymph nodes and 10 percent of those will have metastasized to distant sites. Obviously, the presence of regional, and especially distant metastases, dramatically decreases the long-term survival of these cancer victims.

Patients with regional metastases at the time of initial cancer diagnosis have only a 50 percent chance of being alive in five years. The five-year survival of patients with distant metastases is a dismal 28 percent. On average, the five-year survival of patients with oral and pharyngeal cancer is only 59 percent with the survival rate for

blacks approximately 20 percent lower than that for Caucasians. These figures have not changed significantly in the past 50 years.

What can be done?

First, dentists must be more aggressive in diagnosing oral and pharyngeal cancers.

Second, since most patients diagnosed with oral and pharyngeal cancer use tobacco in some form, dentists can help their patients quit tobacco use. Through intervention in the dental office via patient education and tobacco cessation efforts, many oral and pharyngeal cancer cases can be prevented.

Dentistry's Role in Prevention

Perhaps the best way to avoid having to deal with oral cancer in the dental office setting is to prevent it from occurring in the first place. Given dentistry's long-standing support of prevention relative to dental caries and periodontal disease, it is natural for dentistry to embrace oral cancer prevention through tobacco cessation efforts.

The WDA is working with the University of Wisconsin-Madison's Center for Tobacco Research and Intervention (UW-CTRI) to make tobacco cessation activities easier to adopt as a routine part of patient care activities.

There are a variety of simple, effective techniques that can be used in the dental office to intervene with patients who are tobacco-dependent. The best known are the five As: ask, advise, assess, assist and arrange. These can be provided by the dentist or initiated by the dental hygienist.

1. **Ask** every patient about his/her tobacco use at every visit

as part of the patient's medical history.

2. **Advise** every patient who currently uses tobacco to quit. Patients respect advice from dental professionals regarding oral health issues, including oral cancer screening and tobacco use.

Relating the advice to quit to the patient's specific disease or potential disease is most effective.

3. **Assess** every patient who currently uses tobacco regarding his/her willingness to try to quitting. Asking patients openly about their desire to quit and assuring them you can help is important. They must have a strong desire to quit and make the commitment in order to be successful.

4. **Assist** every patient who expresses an interest in quitting in the preparation, counseling and pharmacotherapy aspects of quitting. This may mean writing a prescription for nicotine replacement medication or advising patients to see a physician to obtain medication. It also should include referral to the Wisconsin Tobacco Quit Line or a local tobacco treatment program for counseling/coaching support.

5. **Arrange** the process and follow-up visits for every patient who wants to quit.

A number of excellent Web sites also provide current information designed for health care providers and patients, including UW-CTRI (www.ctri.wisc.edu), U.S. Department of Health and Human Services (www.surgeongeneral.gov/tobacco) and the American Cancer Society (www.cancer.org).



Routine pharmacologic management of tobacco cessation efforts is within the scope of dental practice and dependent on the training, experience and interest of the treating dentist. Joint care with the patient's primary care physician also is a well-accepted method of management of tobacco-dependent patients.

Of all of the wonderful activities we are involved with through the profession of dentistry, there are few occasions where we literally have a chance to save someone's life. This is one of them and the opportunity is open to each and every one of us.

Be a hero!

Counseling tobacco-dependent patients can be as simple as referring them to the Wisconsin Tobacco Quit Line at 800-QUIT-NOW (800-784-8669) or 877-2NO-FUME (Spanish). This is a free service for Wisconsin residents. Counselors are on duty seven days a week.