

Policy Statement 6.10 – Oral Cancer

Position Summary

Examination for oral cancer should be part of any oral examination. Preventive programs encouraging oral cancer risk minimisation are advocated.

1. Background

- 1.1. Oral cancers arising from lip, mouth and the oropharynx are generally of epithelial origin but can also arise from other tissues including salivary glands. They represent a subset of Head and Neck cancers which are a diverse group of tumours variable in terms of their associated risk factors, behaviour and prognosis.
- 1.2. Collectively head and neck cancers contribute to significant illness and death on a global scale. Incidence and death rates vary significantly between countries depending on the degree of socioeconomic development and different aetiologic associations.
- 1.3. Oral cancer is recognised as the fifteenth most common cancer globally. There were 447,751 new cases estimated for 2018 worldwide.
- 1.4. In Australia, head and neck cancers are recognised as the 7th most common cancer of which approximately half are oral cancers. In 2016 there were 534 deaths from oral and oropharyngeal cancer in Australia with a male to female ratio of 2.6:1
- 1.5. The mortality rate for oral cancer has remained relatively stable for the past few decades. While the incidence of lip cancer has declined, due to the increased use of sun protection, the incidence of tongue and oropharyngeal cancer is increasing due to the role of persistent Human Papilloma Virus (HPV) infection primarily transferred through oral sex.
- 1.6. It is now well established that early detection of oral cancer and potentially malignant oral lesions can improve the clinical outcome for patients. Dentists are well-trained to identify such lesions. An oral cancer examination, as part of a comprehensive oral examination, takes only a short time.
- 1.7. The American Cancer Society recommends an annual cancer-related check-up for all individuals aged 40 years and older, and every three years for those between the ages of 20 and 39 years. Included in this recommendation is an examination for cancers of the oral cavity.
- 1.8. High risk factors for oral and oropharyngeal cancer include tobacco and alcohol use, betel quid chewing and in particular, for oropharyngeal cancer, chronic human papilloma virus (HPV) infection.
- 1.9. Patients with a previous history of head and neck cancer are also at a higher risk of developing another cancer.

2. Position

- 2.1. All people, including the edentulous, should be encouraged to attend a dentist at least annually for comprehensive oral examinations.
- 2.2. Oral mucosal examination should be part of any oral examination. Inspection for oral cancer includes direct visualization and palpation of the mucosa of the oral cavity and external lip, as well as palpation of the head and neck lymph nodes.
- 2.3. Public health programs should be developed to discourage high-risk behaviours including:
 - tobacco and alcohol use;
 - unprotected oral sex;
 - excessive sun exposure.
- 2.4. All young people should be vaccinated against HPV.

References: <https://onlinelibrary.wiley.com/doi/full/10.1111/adj.12198> (Dr C Farah 2014)

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Amended by ADA Federal Council, November 17/18, 2011.

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