



Mouth Cancer

What are the aims of this leaflet?

This leaflet has been written to help you understand more about mouth cancer. It tells you what it is, what may cause it, what can be done about it and where you can find out more about it.

What is Mouth Cancer?

Cancer can affect any part the mouth or oral cavity including the lips, tongue, gum tissue, cheek lining, floor and roof of the mouth. It can affect both men and women of any age. However, for every one female case there are two male cases.

More than 8,300 people in the UK are diagnosed with mouth cancer each year, accounting for just over 2% of all cancers. The number of oral cancer cases in the UK has risen significantly in the last decade. Mouth cancer is one of the ten most common cancers globally and among men in the UK.

What causes mouth cancer?

Tobacco and alcohol are known to cause mouth cancer. Heavy smokers have a 20-times greater risk and heavy alcohol drinkers have a 5-times greater risk of developing mouth cancer. Those who smoke and drink heavily have a 50-times greater risk. Chewing betel nut or areca nut, alone or in combination with tobacco

and other products, also increases the risk of cancer. Prolonged sun exposure, known to cause skin cancer, increases the risk of lip cancer especially in the lower lip. Human papillomaviruses (HPV) are associated with some cancers of the throat and tonsils (called oropharyngeal cancers).

In the mouth, there are also associations between potentially malignant disorders such as leukoplakia (white patch), lichen planus and mouth cancer. A small number of people with no known risk factors can develop oral cancer, probably due to a genetic susceptibility.

Is mouth cancer hereditary?

There is little or no evidence to suggest that mouth cancer is inherited.

What does cancer look like?

Cancer in the mouth can be a red or white patch, a raised area, a lump or an ulcer. A lump or an ulcer that bleeds easily or does not heal may be an important sign. Lip cancer appears as a heaped up crusty outgrowth with a raw surface. If more than one spot in the mouth is ulcerated (multiple ulcers) this is unlikely to be cancer.

What are the symptoms of mouth cancer?

- An ulcer or sore area in your mouth that will not heal. But remember cancer is not always painful.
- Difficulty in chewing, swallowing, speaking or moving your jaw or tongue.



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- Numbness in areas of your mouth
 - A change in the way your teeth fit together. If you wear a denture, a swelling beneath it that affects the denture fit and causes discomfort can be an important sign.
 - Following a tooth extraction, if the socket does not heal in the usual way this can also be a sign of mouth cancer.

You should go to your dentist or doctor if any of these signs or symptoms lasts for more than two weeks.

What Happens next?

Your dentist or doctor will undertake a thorough mouth and neck examination and will consider referring you promptly to the nearest Oral medicine or Maxillofacial department in a hospital for further investigation.

If your GP or dentist has made a referral marked urgent or stating that cancer is suspected you should receive an appointment from the local hospital to see a hospital consultant. Under the NICE Guidelines you should be seen within 2 weeks of your referral letter reaching the hospital.



How is mouth cancer diagnosed?

If the clinician is suspicious that you may have mouth cancer, a small sample (biopsy) of the tissue is taken from the affected area inside the mouth. It is necessary to have a local anaesthetic injection to 'numb' the biopsy site before the procedure.

Can mouth cancer be cured?

Yes. The opportunity for cure is greatest when mouth cancer is detected early or at the pre-cancerous stage.

How can mouth cancer be treated?

There are several treatments available. These include surgery and / or radiotherapy or chemotherapy. Head and neck surgeons, oncologists and dentists are jointly involved in deciding the most suitable treatment option. Early detection and treatment have been shown to greatly improve the survival rate and outcome.

Surgery for mouth cancer will involve removing the lump or ulcer from your mouth along with some normal-looking tissues around the lesion. This is to make sure all of the cancer has been removed. It may be necessary to have some lymph nodes removed from the neck as this is the most common place for the cancer to spread. Some patients will be offered radiotherapy in addition to surgery. For more advanced disease, chemotherapy may also be added to your treatment regimen.



What can I do?

- Do not use tobacco or any of its products. Reducing the amount you smoke can also reduce the risk. If you have difficulty giving up the habit help is available from your doctor or your local hospital. There is also an NHS quit smoking line (0800 022 4 332) and website (<http://smokefree.nhs.uk/waystoquit>) for advice.
- Do not chew paan (betel nut alone or in combination with areca nut or tobacco). It is known to cause mouth cancer.
- If you drink alcohol do so in moderation. Men and women should not drink more than 2-3 units a day. That is no more than a standard 175ml glass of wine (2.4 units) (ABV 14%).or a pint of strong lager, beer or cider (ABV 5.2%).
- Limit exposure to strong sunlight by using a lip balm with sun block.
- Eating at least 5 helpings of fruit and vegetables a day can reduce the risk of developing mouth cancer.
- Many pre-cancers and cancers of the mouth can be found early. Regular screening examination by the dentist, doctor, or dental hygienist is highly recommended for early detection. You can also self- examine your mouth every month to look for any unusual signs.



Where can I get more information?

<http://www.cancerresearchuk.org/cancer-help/type/mouth-cancer/>

This leaflet has been prepared by the British and Irish Society for Oral Medicine (BISOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BISOM is not responsible for information on web sites where links are provided.

This leaflet is available online at www.bisom.org.uk

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