



Dr. Simon Sutcliffe

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Oral Cancer — Time for Another Look?

Is oral cancer a problem? While it may not be the most common cancer in our society, oral cancer is highly prevalent in some countries and associated with diverse risk factors. Regrettably, it is often diagnosed at an advanced stage, when it costs more to treat and when functional impairment and morbidity rates are high. In Canada, the 5-year survival probability is 62%. This figure has shown little improvement over the past 2 decades. The preferred therapy for localized or non-disseminated disease remains radical surgery with or without radiation and chemotherapy. Although this traditional course of treatment is potentially curative, it substantially impairs functionality and can have detrimental effects on self-esteem, employability and social engagement. Clearly, there is plenty of room for improvement.

Are we making any progress with our interventions? We have learned valuable lessons over time, including the importance of adopting a “cancer control” approach, rather than focusing solely on treatment or care for the established disease. This comprehensive approach includes addressing disease management from prevention to end-of-life care. It also includes assessing the impact of effective prevention and early detection strategies and the role of supplementary therapies for patients with “high risk” local disease. Combined modality therapy has been shown to improve treatment effectiveness and maximize functionality. We must also ensure that health care providers have access to interventions through effective education, communication and information initiatives. Programs should be established to ensure that appropriately trained professionals conduct interventional services. Ultimately, this multidimensional cancer control approach better positions us to move new knowledge into practice.

How will we reduce the incidence and mortality rates for oral cancer and its related illnesses and complications, while also enhancing patient functionality and quality of life? By adopting an oral cancer screening program designed to detect relevant lesions earlier, be they precursor conditions or locally invasive cancers. The concepts underlying an effective screening program are already at hand — a population that can be stratified by risk; a procedure that is acceptable to the client population; low-cost procedures that can improve detection and determine the severity of relevant mucosal lesions (e.g., toluidine blue staining and the direct fluorescence visualization examination); personnel, often dentists and dental hygienists, who can be trained to examine the oral cavity as part of regular, low-cost ambulatory visits; and evidence that early intervention for localized lesions leads to improved survival rates and functionality compared with interventions that occur later, when the lesions are more advanced, symptomatic and clinically apparent.

In this special edition of the *JCDA*, Dr. Miriam Rosin and her colleagues from the BC Cancer Agency describe an opportunistic oral cancer screening program in British Columbia — in essence, a population study within the “living laboratory” of B.C. — as a means of demonstrating the potential global value of an organized initiative. The program provides a tangible answer to the question of how to put into practice what we know, not just in terms of applying a particular technology, but also of creating a framework for quality, safety, access and knowledge transfer to all groups who might benefit from this technology. Given that the current body of evidence does not allow for the eradication of oral cancer, the B.C. Oral Cancer Screening Program constitutes an important step in translating knowledge discovery and research programs into our practice of care for those at risk of, or suffering from, oral cavity cancer.

It would be very satisfying to add oral cancer to a growing list of cancers — breast, cervix, colorectal — whose impact is being reduced at a personal, community and societal level, through the introduction of a population-based screening program. We hope that the continuing efforts of the BC Cancer Agency can help achieve this goal.

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