Mouth cancer ignorance continues

A

facial surgery research charity has announced a survey results that some dental practice staff are still not adequately informed about the signs of mouth cancer, thereby ‘delaying treatment and resulting in ‘invasive and disfiguring surgery for thousands.’

The telephone survey conducted by The Facial Surgery Research Foundation, (FSBF) Saving Faces, looked at responses from 444 dental practices in London. Lack of knowledge on oral cancer was revealed to be the case, even when a patient rang a surgery with clear symptoms. The survey showed that in 45 per cent of cases, patients with suspicious symptoms were not offered an appointment within one week. In eight per cent of cases, patients were told they had to wait between three weeks and four months. In a further seven per cent, patients were told they could not be seen at all, because the surgery had met its NHS quota.

The survey revealed that the majority of calls were taken by receptionists who did not recognise the symptoms of mouth cancer, even though patients in- form them they had suffered from tongue ulcers which had not healed for more than four weeks, despite self-medication with over the counter remedies.

Oral and maxilla-facial sur- geon, Professor Iain Hutchinson, the CEO of Saving Faces, said: ‘Increased focus on the symptoms of mouth cancer has certainly improved awareness amongst den- tists, but the first person a patient speaks to is usually a receptionist. The study reveals these people often do not recognise even obvi- ously risky cases.

We see thousands of patients that are only referred to us when their mouth cancer is at an advanced stage.

The FSBF has been leading a campaign to increase public awareness of mouth cancer along with risk factors such as smoking. The charity conducts clinical re- search to improve the treatment of cancer of the head and neck, facial injury and deformity and also runs tobacco and alcohol educational intervention programmes for more than 8,000 children.

In the United Kingdom alone 4,700 people develop oral cancer every year and 1,700 people die from this specific type of cancer. Saving Faces researchers are cur- rently working on a study funded by Cancer Research UK, the first large scale surgical clinical trial in the UK for patients with oral can- cer. The trial involves more than 600 patients nationwide and aims to answer important questions about the treatment of patients with oral cancer to benefit both patients and the NHS.

Dr Nigel Carter, CEO of the British Dental Health Foun- dation, (BDHF) which is spearhead- ing the awareness campaign, Mouth Cancer Action Week later this year, said: ‘We are very disappoin- ted with the survey results. Mouth cancer kills one person every five hours in the UK and it is up to health professionals to act on the front line against this disease. It is vital the entire practice team plus pharmacists can recognise symptoms so patients can be screened quickly, because early detection of mouth cancer raises survival chances to more than 90 per cent.

The BDHF urges dental prac- tioners to take action by training team members, support staff and receptionists to spot warning signs, screening patients for mouth cancer at every visit and discussing the issues and warn- ing signs with patients.

But Derek Watson, CEO of the Dental Practitioners Association commented, ‘Oral cancer is diffi- cult to diagnose, particularly in the early stages, even for dentists. This was highlighted by the recent case of Dr Nalin Dhamecha who was advised by the GDC to retrain on recognising oral cancer, after he failed to recognise a lesion from which the patient later died. Ur- gent appointments are usually re- served by receptionists for patients in pain and most cancers are pain- less in the early stages. Reception- ists could be asked to add ‘painless ulcers which are not healing’ to their list of emergency conditions, but expecting them to recognise mouth cancer from a telephone description is really disguised frustration at the time it takes to see a dentist. I think that reducing non-attendance rates and delay by patients in seeking advice – espe- cially drinkers and smokers – and setting up fast-track referrals into secondary care, are higher priori- ties than blaming overworked re- ceptionists.'