Editorial comment
It’s time to take action

An ex-colleague of mine has just died of throat cancer – his funeral was on Friday. That was bad enough, but to hear that his wife was recently diagnosed with terminal cancer left me cold. He did not smoke and neither does his wife. They have an 11-year-old daughter, and I used to see her beautiful face on his screen saver. He adored her.

This personal news broke just before writing this editorial – the timing, though eerie was suitably apt. Apt because cancer is one of those ‘bad’ things that happen to other people but rarely gets close enough to you to make an impact. But not anymore. Somebody always knows somebody else who is suffering from this disease. As recent surveys stipulate – mouth cancer is on the rise.

According to the Mouth Cancer Foundation, mouth cancer causes more deaths per number of cases than breast cancer, cervical cancer or melanomas. The mortality rate from these cancers is just over 50 per cent because it is detected too late. Despite treatment, there were 2,718 deaths in 2005 – approximately one death every three hours. The chances of survival are massively improved if the cancer is detected early and treated rapidly.

So when news stories of mouth cancer unawareness hits the headlines it’s time to take action. There’s no doubt that diagnosing this disease is no easy task. But not recognising blindly obvious symptoms of mouth cancer over the phone is worrying. And not getting an appointment for over a week when a patient practically rings the death bell is jaw-dropping.

It is heartening to hear that increased focus on these symptoms of mouth cancer has improved awareness amongst dentists, but clearly this is not enough. Are oral cancer screenings routine in your practice? Would a Velscope help with the detection? (Read Oral cancer screening – page 21).

The profession must take action to beat this disease, and if that means training team members and receptionists to spot the signs then what are we waiting for? If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA. Or email: penny@dentaltribuneuk.com

Don’t miss these symptoms
1. A sore or ulcer in the mouth that does not heal within three weeks
2. A lump or overgrowth of tissue anywhere in the mouth
3. A white or red patch on the gums, tongue, or lining of the mouth
4. Difficulty in swallowing
5. Difficulty in chewing or moving the jaw or tongue
6. Number of the tongue or other area of the mouth
7. A feeling that something is caught in the throat
8. A chronic sore throat or hoarseness that persists for more than six weeks, particularly smokers over 50 years old and heavy drinkers
9. Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
10. Neck swelling present for more than three weeks
11. Unexplained tooth mobility persisting for more than three weeks
12. Unilateral nasal nasal discharge/obstruction, particularly associated with purulent or bloody discharge.

Source: The Mouth Cancer Foundation

This personal news broke just before writing this editorial – the timing, though eerie was suitably apt. Apt because cancer is one of those ‘bad’ things that happen to other people but rarely gets close enough to you to make an impact. But not anymore. Somebody always knows somebody else who is suffering from this disease. As recent surveys stipulate – mouth cancer is on the rise.

According to the Mouth Cancer Foundation, mouth cancer causes more deaths per number of cases than breast cancer, cervical cancer or melanomas. The mortality rate from these cancers is just over 50 per cent because it is detected too late. Despite treatment, there were 2,718 deaths in 2005 – approximately one death every three hours. The chances of survival are massively improved if the cancer is detected early and treated rapidly.

So when news stories of mouth cancer unawareness hits the headlines it’s time to take action. There’s no doubt that diagnosing this disease is no easy task. But not recognising blindly obvious symptoms of mouth cancer over the phone is worrying. And not getting an appointment for over a week when a patient practically rings the death bell is jaw-dropping.

It is heartening to hear that increased focus on these symptoms of mouth cancer has improved awareness amongst dentists, but clearly this is not enough. Are oral cancer screenings routine in your practice? Would a Velscope help with the detection? (Read Oral cancer screening – page 21).

The profession must take action to beat this disease, and if that means training team members and receptionists to spot the signs then what are we waiting for? If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA. Or email: penny@dentaltribuneuk.com

Don’t miss these symptoms
1. A sore or ulcer in the mouth that does not heal within three weeks
2. A lump or overgrowth of tissue anywhere in the mouth
3. A white or red patch on the gums, tongue, or lining of the mouth
4. Difficulty in swallowing
5. Difficulty in chewing or moving the jaw or tongue
6. Number of the tongue or other area of the mouth
7. A feeling that something is caught in the throat
8. A chronic sore throat or hoarseness that persists for more than six weeks, particularly smokers over 50 years old and heavy drinkers
9. Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
10. Neck swelling present for more than three weeks
11. Unexplained tooth mobility persisting for more than three weeks
12. Unilateral nasal nasal discharge/obstruction, particularly associated with purulent or bloody discharge.

Source: The Mouth Cancer Foundation

This personal news broke just before writing this editorial – the timing, though eerie was suitably apt. Apt because cancer is one of those ‘bad’ things that happen to other people but rarely gets close enough to you to make an impact. But not anymore. Somebody always knows somebody else who is suffering from this disease. As recent surveys stipulate – mouth cancer is on the rise.

According to the Mouth Cancer Foundation, mouth cancer causes more deaths per number of cases than breast cancer, cervical cancer or melanomas. The mortality rate from these cancers is just over 50 per cent because it is detected too late. Despite treatment, there were 2,718 deaths in 2005 – approximately one death every three hours. The chances of survival are massively improved if the cancer is detected early and treated rapidly.

So when news stories of mouth cancer unawareness hits the headlines it’s time to take action. There’s no doubt that diagnosing this disease is no easy task. But not recognising blindly obvious symptoms of mouth cancer over the phone is worrying. And not getting an appointment for over a week when a patient practically rings the death bell is jaw-dropping.

It is heartening to hear that increased focus on these symptoms of mouth cancer has improved awareness amongst dentists, but clearly this is not enough. Are oral cancer screenings routine in your practice? Would a Velscope help with the detection? (Read Oral cancer screening – page 21).

The profession must take action to beat this disease, and if that means training team members and receptionists to spot the signs then what are we waiting for? If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA. Or email: penny@dentaltribuneuk.com

Don’t miss these symptoms
1. A sore or ulcer in the mouth that does not heal within three weeks
2. A lump or overgrowth of tissue anywhere in the mouth
3. A white or red patch on the gums, tongue, or lining of the mouth
4. Difficulty in swallowing
5. Difficulty in chewing or moving the jaw or tongue
6. Number of the tongue or other area of the mouth
7. A feeling that something is caught in the throat
8. A chronic sore throat or hoarseness that persists for more than six weeks, particularly smokers over 50 years old and heavy drinkers
9. Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
10. Neck swelling present for more than three weeks
11. Unexplained tooth mobility persisting for more than three weeks
12. Unilateral nasal nasal discharge/obstruction, particularly associated with purulent or bloody discharge.

Source: The Mouth Cancer Foundation

Introducing a NEW alcohol free chlorhexidine mouthrinse

✓ For the prevention and treatment of gingivitis
✓ For pre and post surgery use
✓ Clinically proven to be as effective as a 0.2% chlorhexidine mouthrinse containing alcohol

For further information please call the Colgate Customer Care Team on 01483 401 901.

Trade name of the medicinal product: Colgate Periogard 0.2% Oral rinse Solution Active ingredient: Chlorhexidine Digluconate 0.2% Indications for the short-term adjunctive treatment of infections of the gums and the oral mucosa and for pre- and post-operative use in peri-implant therapy to prevent infections of oral surgical wounds, lesions and ulcers. For use in adults and children above the age of 6. Rinse with 10ml rinse six times a day (mornings, midday, evening) for 2 weeks followed by a maintenance regime used as needed. Contraindications: Known hypersensitivity to the active substance, or to any of the excipients, muscle rigidity, myasthenia gravis, shock, and anaesthesia effects. For acute active stage of dental disease or local infection. Other rare side effects in patients with immune system disorders. Legal classification: CII, Product licence number: 411701/31 Product licence holder: GAMA GmbH, Germany. Recommended retail price: £3.99 (325ml), Date of revision of leaflet February 2009.

Colgate
YOUR PARTNER IN ORAL HEALTH

www.colgateprofessional.co.uk