

MOUTH CANCER CHARTER

1. Conduct a government funded public health awareness campaign of the signs and symptoms of mouth cancer.

Mouth cancer is now the 14th most common cancer in the UK and 9th most common amongst men. Over the last year, almost 9,000 people have been diagnosed with the disease, twice as many as 20 years ago. Just under half (45%) of all mouth cancers are diagnosed in stage IV, when the cancer is at its most advanced stage. As a result of late diagnosis, the UK has seen a 48% rise in the number of people losing their life to mouth cancer over the last decade. Yet, there is a poor understanding of the signs and symptoms of mouth cancer, as well as the risk factors that cause mouth cancer including tobacco use, alcohol use, and HPV. Sadly, survival rates have barely improved over the last 30 years.

Increasing awareness of the dangers of Areca (Betel) nut chewing should also be a risk factor highlighted in a public awareness campaign as this is the main reason for mouth cancer being the most prevalent cancer in the Asian subcontinent. This can also be seen in more ethnically diverse UK locations, where language barriers may further delay detection and diagnosis.

In recent research we commissioned to explore the public's awareness of mouth cancer, 80% couldn't recall any public health messages about the disease. Given the prevalence of mouth cancer in the UK, we believe the government should conduct a public health campaign to raise awareness of the disease to aid early detection.

2. Improve access to routine dentistry so more oral cancers can be detected at an earlier stage.

Dentists play a critical role in the early detection of mouth cancer by spotting the early signs and symptoms of this disease when they examine patients' mouths during routine check-ups.

Restrictions placed on dentistry during the pandemic have created a backlog of an estimated 30 million missed dental appointments. This raises serious concerns about the number of undetected oral cancers, and the impact this will have on prognosis, complexity of treatment and patient outcomes. It's important that dentists can prioritise seeing patients who have suspected mouth cancer symptoms.

The government must urgently support dentists to manage the aftermath of the pandemic, which will ultimately help more patients access dentistry. This will aid the earlier detection of mouth cancer cases that otherwise might be missed due to difficulties accessing dental services.

3. Enable enhanced training of GPs to identify suspected mouth cancers and change the NICE guidelines so that more cases can be referred to secondary care.

Approximately 50% of hospital referrals of mouth cancer come from General Medical Practices but the key is training more doctors to know what to look for in terms of the signs and symptoms.

We recommend the government enable more specialist training for GPs to be able to spot cases of mouth cancer and thereby allowing more direct referrals for mouth cancer to secondary care, to ensure patients can quickly access the vital treatment they need.

We also recommend that the NICE guidelines are amended so that if GP's suspect any kind of oral cancer, they will be able to urgently refer those patients to secondary care (not necessarily needing to be assessed by a dentist first). This would enable more cases of oral cancer to be diagnosed by GP's at an earlier stage and help fast track these referrals. The evidence is clear that early detection is everything, increasing someone's chances of survival from 50% to 90%.

4. Improve training programmes for healthcare staff to look for signs of mouth cancer.

Mouth cancer is a recommended Continuing Professional Development (CPD) subject for dental professionals, but very little is taught about the disease amongst other healthcare professionals.

In support of the public health awareness campaign, we believe that information and education about mouth cancer should be routinely given to non-dental health professionals too, including GPs and pharmacists. Care home and nursing staff should also be trained to look for signs of mouth cancer, in addition to providing effective oral hygiene and oral health care and support.

5. Introduce free dental check-ups and treatment for mouth cancer patients.

Current NHS dental contract arrangements do not allow all patients recovering from mouth cancer to receive free restorative treatment on the NHS, despite many patients having complex and expensive restorative needs for life. This is not fair and singles out mouth cancer sufferers from other cancer patients.

We therefore urge the government to ensure that, as with all other cancers, mouth cancer sufferers do not have to carry the financial burden for returning their lives to normal and recovering from their condition. Oral cancer patients usually have greater needs for ongoing and complex oral treatment.

6. Support the development of better technology to diagnose mouth cancers.

Innovation, data and technology is helping to make dentistry safer, faster and more accessible. With one in four practices providing virtual consultations, digital tech in dentistry is following the same path as the wider healthcare sector with telemedicine, monitoring and diagnostics increasingly becoming the norm.

As the role of technology in diagnostics becomes more important, we would welcome the support from NHSX to develop a mobile app that would enable patients to share photographs of their mouth lesions that would then be reviewed by a consultant within 72 hours.

A similar app, MySkinDoctor, was recently developed by dermatologists to diagnose skin cancer, which has reduced the need for face-to-face clinic appointments and improved waiting time.

