Policy Statement 6.10 – Oral Cancer

Position Summary

Oral cancers are associated with high morbidity and mortality. Screening for oral cancer should be part of any oral examination. Preventive programs encouraging oral cancer screening and risk minimisation are advocated.

1. Background

1.1. Collectively head and neck cancers contribute to significant illness and death on a global scale. Incidence and death rates vary significantly between countries depending on the degree of socioeconomic development and different aetiologic associations.

1.2. In 2020, the World Health Organisation ranked lip and oral cavity cancer 16th among all cancers. If oropharyngeal cancers are included in the statistics, then oral cancer is ranked as the 13th most common cancer worldwide. The global incidence rate is higher for men than for women, and mortality rates for men are more than double that of women (1).

1.3. The Australian Institute for Health and Welfare estimated that in 2022 an Australian had a 1 in 252 (or 0.40%) risk of dying from head and neck (including lip) cancer by the age of 85. This risk was approximately 3 times higher for men than women (2).

1.4. Human papillomavirus (HPV) is a common virus that is spread through sexual contact. It can cause cancers, including some head and neck cancers. Vaccination can protect against some strains of the virus (3).

1.5. Early detection of oral cancer and potentially malignant oral lesions can improve the clinical outcome for patients. Dentists are well-trained to identify such lesions. An oral cancer examination, as part of a comprehensive oral examination, takes only a short time.

1.6. Many cancers can be found early during routine oral exams by a dentist. It is recommended to have regular dental check-ups to detect changes in the mouth such as the development of white patches (leukoplakia), red patches (erythroplakia), pigmented patches, ulcers or lumps.

1.7. High risk factors for oral and oropharyngeal cancer include tobacco and alcohol use, betel quid chewing and chronic human papilloma virus (HPV) infection. Sun exposure is a high-risk factor for lip cancer (6).

1.8. Patients with a previous history of head and neck cancer are also at a higher risk of developing another cancer.

2. Position

2.1. Inspection for oral cancer should include direct visualization and palpation of the mucosa of the oral cavity and external lip, as well as palpation of the head and neck lymph nodes and should occur annually as part of comprehensive examination.

2.2. All people, including the edentulous, should be encouraged and supported to have an annual oral cancer screening. with suspicious findings to follow an appropriate referral pathway

2.3. The development of public health programs to encourage regular annual screening for oral cancers should be supported, particularly for those who have difficulty accessing a dentist, such as residents in aged care facilities.

2.4. Education and programs aiming to reduce high-risk behaviours should be supported and promoted.

2.5. HPV vaccination should be encouraged.

References:

1. Global oral health status report: towards universal health coverage for oral health by 2030, https://www.who.int/publications/i/item/9789240061484

2. Head and neck cancer in Australia statistics | Cancer Australia, https://www.canceraustralia.gov.au/cancer-types/head-and-neck-cancer/statistics

3. HPV and Cancer, HPV and Oropharyngeal Cancer | CDC, https://www.cdc.gov/cancer/hpv/basic_info/hpv_oropharyngeal.htm

4. Australian Dental Association. Oral Cancer. Oral cancer - Australian Dental Association (teeth.org.au)

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