

---

## Mouth Cancer

### What are the aims of this leaflet?

This leaflet has been written to help you understand more about mouth cancer. It tells you what it is, what may cause it, what can be done about it and where you can find out more about it.

### What is Mouth Cancer?

Cancer can affect any part the mouth or oral cavity including the lips, tongue, gum tissue, cheek lining, floor and roof of the mouth. It can affect both men and women of any age. However, men are more likely develop mouth cancer in a ratio of 2:1 compared with women.

In 2012, 7300 people in the UK were diagnosed with mouth cancer, accounting for 3% of all cancers. The number of oral cancer cases in the UK has risen by more than a quarter in the last decade. Mouth cancer is one of the ten most common cancers globally and among men in the UK.

### What causes mouth cancer?

Tobacco and alcohol are known to cause mouth cancer. Heavy smokers have a 20-times greater risk and heavy alcohol drinkers have a 5-times greater risk of developing mouth cancer. Those who smoke and drink heavily have a 50-times greater risk. Chewing betel nut or areca nut, alone or in combination with tobacco and other products, also increases the risk of cancer. Prolonged sun exposure, known to cause skin cancer, increases the risk of lip cancer especially in the lower lip. More recently sexually aquired human papillomaviruses (HPV) have been shown to be a risk factor for oral cancer.

In the mouth, there are also associations between potentially malignant disorders such as leukoplakia (white patch), lichen planus and mouth cancer. A small number of people with none of these risk factors also get oral cancer, probably due to minute abnormalities with their genetic make-up.

### **Is mouth cancer hereditary?**

There is little or no evidence to suggest that mouth cancer is inherited.

### **What does cancer look like?**

Cancer in the mouth can be a red or white patch, a raised area, a lump or an ulcer. A lump or an ulcer that bleeds easily or does not heal may be an important sign. Lip cancer appears as a heaped up crusty outgrowth with a raw surface. If more than one spot in the mouth is ulcerated (multiple ulcers) that is unlikely to be cancer.

### **What are the symptoms of mouth cancer?**

You may have a sore area in your mouth that will not heal, but cancer is not always painful. You may notice difficulty in chewing, swallowing, speaking or moving your jaw or tongue. Other symptoms include numbness in areas of your mouth or a change in the way your teeth fit together. If you wear a denture, a swelling beneath it that affects the denture fit and causes discomfort can be an important sign. Following a tooth extraction, if the socket does not heal in the usual way this can also be a sign of mouth cancer.

You should go to your dentist or doctor if any of these signs or symptoms lasts for more than two weeks. Your dentist or doctor will perform a thorough mouth and neck examination and will consider referring you promptly to the nearest Oral medicine or Maxillofacial department in a hospital for further investigation.

### **What Happens next?**

If your GP or dentist has made a referral marked urgent or stating that cancer is suspected you should receive an appointment from the local hospital to see a hospital consultant. Under the NICE Guidelines you should be seen within 2 weeks of your referral letter reaching the hospital.

**How is mouth cancer diagnosed?**

Some specific signs, such as a new lump or an ulcer that does not heal with a hard base may make the clinician suspicious that you may have mouth cancer. In most cases a small sample of the tissue called a biopsy will be taken under local anaesthetic to confirm the diagnosis.

**Can mouth cancer be cured?**

Yes. The opportunity for cure is greatest when mouth cancer is detected early or at the precancerous stage so early detection is important.

**How can mouth cancer be treated?**

There are several treatments available. These include surgery and / or radiotherapy or chemotherapy. Head and neck surgeons, radiation oncologists and dentists are jointly involved in deciding the most suitable treatment option. Early detection and treatment have been shown to significantly improve the survival rate and outcome.

Surgery for mouth cancer may not only involve removing the lump or ulcer from your mouth with normal looking marginal tissues, but also removing some lymph nodes in the neck if investigations show signs of disease spread. If surgery alone is considered insufficient to eliminate all affected tissue, you will be offered a course of radiotherapy. For more advanced disease, chemotherapy may also be added to your treatment regimen.

**What can I do?**

Some oral cancer is preventable.

- Do not use tobacco or any of its products. Reducing the amount you smoke can also reduce the risk. If you have difficulty giving up the habit help is available from your doctor or your local hospital. There is also an NHS quit smoking line<sup>1</sup> and weblink<sup>2</sup> site for advice.

- Do not chew paan (betel nut alone or in combination with areca nut or tobacco). It is known to cause mouth cancer..
- If you drink alcohol do so in moderation. Men and women should not drink more than 2-3 units a day. That is no more than a standard 175ml glass of wine (2.4 units) (ABV 14%).or a pint of strong lager, beer or cider (ABV 5.2%).
- Protect your lips from cancer by using a lip balm with sun block.
- Eating at least 5 helpings of fruit and vegetables a day can reduce the risk of developing mouth cancer.
- Many pre-cancers and cancers of the mouth can be found early. Regular screening examination by the dentist, doctor, or dental hygienist is highly recommended for early detection. You can also self-examine your mouth every month to look for any unusual signs.

**Where can I get more information?**

Call smoke free: 0800 022 4 332 - <http://smokefree.nhs.uk/>

<http://www.cancerresearchuk.org/cancer-help/type/mouth-cancer/>

*This leaflet has been prepared by the British Society for Oral Medicine (BSOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BSOM is not responsible for information on web sites where links are provided.*

*This leaflet is available online at [www.bsom.org.uk](http://www.bsom.org.uk)*

Review date: April 2019