Mouth Cancer Action Month 2012
your guide to help save thousands of lives

www.mouthcancer.org
Hello, and welcome to the campaign for Mouth Cancer Action Month 2012. Firstly, let me thank you for your support as we continue to work to increase the awareness of mouth cancer both in the UK and around the world.

It has now been ten years since we took over the coordination of the campaign, and although each one has gone from strength to strength, with last year being one of our most successful yet, the fact remains that we need to continue to take action to reduce the incidence and mortality of mouth cancer.

The latest figures suggest that more than 6,000 people will be diagnosed with mouth cancer this year in the UK alone. At these current rates of growth, those diagnosed with the disease will have doubled within a single generation – a harrowing thought!

Another challenge we face comes from the vastly increased diversity of those suffering from mouth cancer. No longer is the disease limited to an older, male-dominated group who have smoked or consumed alcohol over a number of years. Recent societal changes in lifestyle choices have meant that poor diets, alcohol abuse from an early age and exposure to the human papilloma virus (HPV), contracted through sexual activity, have seen a growing prevalence of the disease among younger adults and women. A flourishing multiculturalism also means that smokeless tobacco is now common in many communities and poses a substantial threat, especially to South Asian women.

These factors, along with those within the at-risk groups, have forged a determination at the British Dental Health Foundation to take positive steps to tackle this disease. But we cannot do it alone.

We are urging dental and medical practices, pharmacies, health centres, oral health educators, schools and workplaces to help raise awareness of these risk factors, as well as the early warning signs, to help educate patients, members of the public and the next generation.

Making sure all risk patients have a thorough full mouth examination, organising displays and promotions as well as encouragement of smoking cessation are just a few steps we can take to help reduce the impact of this devastating condition. Oral screenings will again play an important part and it was fantastic to hear of so many free screenings and promotional events across the UK in last year’s campaign.

At the heart of the campaign will be the Blue Ribbon Appeal. By simply picking up a free box of badges dental practices, doctor’s surgeries, health centres and pharmacies can help kick-start a national debate on mouth cancer and raise important funds, as well as spreading the message that early detection is crucial to survival.

We look forward to your support in a successful campaign and hope this guide and our Mouth Cancer Action website will inspire you get involved.

Dr Nigel Carter OBE

Simply visit www.mouthcancer.org and register your interest in the campaign!

Don’t forget to ask for details of the Blue Ribbon Appeal Kit

We are once again hugely indebted to Denplan for their continued support for Mouth Cancer Action Month and a warm welcome to Simplyhealth, who are joining the campaign in 2012 for the first time. Their contributions really do make a difference.

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Mouth Cancer Action Month: Making a Difference

Last year, an initiative setup by Dublin Dental School and Hospital, Cork University Dental School and Hospital and the Irish Cancer Society offered free mouth cancer screenings as part of an awareness day.

Of the 6,728 people who attended the Dublin open days, there were a total of 83 urgent referrals. This directly led to 12 malignant lumps being detected. A further person, unable to remain in the queue on the day of the Dublin event, later attended his GP and was referred back to the Dublin Dental Hospital, where a cancer was discovered.

Raising awareness during Mouth Cancer Action Month, combined with free screenings, could help the early diagnosis of hundreds of cases. With over two thirds of smokers wanting to quit, now is the time for all health professionals to encourage those to give up smoking to aid the fight against mouth cancer.

Mouth Cancer Action Month continues to develop and play a fundamental part in raising the awareness of oral cancer around the UK and the 2011 campaign was no different. More materials and resources were distributed to members of the profession, public and press than ever before, creating increased levels of ‘quality’ educational media coverage, known events and income generated from the Blue Ribbon Badge Appeal.

Overall, campaign messages reached in excess of 37 million people! But there’s still more to do. In 2012, the campaign will experience a new transformation in design and activity. With a huge public survey currently underway, we’re hoping to discover trends in the public’s knowledge and understanding of mouth cancer while attempting to learn just why the G-word – “cancer” – is considered taboo.

We’re looking for everyone to open up and talk about their experiences with mouth cancer and become more confident discussing the subject with health professionals. With communication leading to comprehension, a greater grasp of the disease among the public will lead to more self-examinations, oral screenings, early diagnosis and in turn thousands of lives being saved. This is a call to action so please get involved!

Mouth Cancer Awareness in the News

With your help, last year’s Mouth Cancer Action Month generated the most media coverage our campaign has ever had!

Your continuing support meant that more than 300 articles were printed in the press, reaching over 3 million people while radio coverage of the campaign was circulated to more than 30 million people. This wide-scale national presence makes a vital difference for increasing the awareness of mouth cancer.

Proof that participation is vital

Visit our mouth cancer website to learn more.

Charity Encourages Houses of Parliament to host cancer awareness day.

Oral health campaigners the British Dental Health Foundation are delighted to announce that the launch of Mouth Cancer Action Month is to be held in the Houses of Parliament on 11th March 2012.

As part of the launch of Mouth Cancer Action Month, an exhibition and discussion will take place in the main lobby of the Houses of Parliament. The discussion will focus on the latest research and findings from the British Dental Health Foundation (BDHF) and the British Oral Health Foundation (BOHF).

The launch of Mouth Cancer Action Month is an important opportunity to raise awareness of the disease amongst those in the UK who are most likely to visit their local doctor or dentist.

If you would like to attend the launch please contact your local representative.

Pharmacies have major role in detecting mouth cancer

To highlight the role that pharmacists have in detecting mouth cancer, a team of dental professionals is embarking on a tour of health centres and pharmacies across the UK.

The World Health Organization estimates that 90 percent of mouth cancer cases are preventable. However, many people still do not know the symptoms of mouth cancer or when to seek advice from a health professional.

Charity Encourages

The British Dental Health Foundation has identified nearly one in six people concerned about mouth cancer are likely to visit their local pharmacist first, rather than seek help from their doctor or dentist.

Your Guide to the Risk Factors

Smoking

Still considered to be the leading cause of mouth cancer in the UK, tobacco use transforms saliva into a deadly cocktail that damages cells in the mouth and can turn them cancerous. With over two thirds of smokers wanting to quit, now is the time for all health professionals to encourage those to give up smoking to aid the fight against mouth cancer.

Smokers are up to four times more likely to develop mouth cancer by four times.

Human Papilloma Virus (HPV)

HPV, transmitted through sexual activity, is increasingly being linked to mouth cancer and is considered to be a direct cause of the rise in cases among younger people. Experts suggest HPV may rival tobacco and alcohol as a leading risk factor within 10 years, although some research indicates that people with mouth cancer caused by HPV may have a greater chance of survival.

Poor diet

It is recommended that people eat a healthy balanced diet including five portions of fruit and vegetables each day. Increasing evidence suggests that Omega 3, found in foods such as eggs and fish can help lower risks as can foods high in fibre such as nuts, seeds, whole-wheat pasta and brown rice.

The dangers of chewing or smokeless tobacco

Smokeless tobacco is normally defined as any tobacco product that is placed in the mouth or nose and not burned. Although some people believe this type of tobacco is safer than smoking, the reality is that it is much more dangerous.

Smokeless tobacco is used particularly by South Asian communities, especially women. The incidence of mouth cancer is significantly greater among South Asian women. Other parts of South Asian communities are also at risk from the effects of smokeless tobacco including people of Bangladeshi origin; those in older age groups and people from lower socioeconomic groups.

Who is most at risk?

Mouth cancer incidence has always been strongly related to age. In the UK, just under half (44 per cent) of all mouth cancer cases were diagnosed in people aged 65 and over, with more than a quarter (25 per cent) diagnosed in the under 55s.

Although the gap has significantly diminished over time, men are still twice more likely to develop mouth cancer than women, although for men, age-specific incidence rates peak at ages 60-69, whereas for women it peaks in the over-80s.

Given the existence of well established risk factors for the major types of oral cancer are excessive alcohol consumption and smoking, it is not surprising that mouth cancer incidence is strongly associated with deprivation.

The most recent England-wide data shows incidence rates for head and neck cancer are more than double (130 per cent) for men living in more deprived areas compared with the least deprived, and more than 34 per cent higher for women. Similar results have also been published for Northern Ireland and Wales while Scotland shows an even larger deprivation gap.

 Symptoms

Mouth cancer can strike a number of different places, including the lips, tongue, gums and cheek, so it is important that people examine their own mouths on a regular basis.

Non-healing mouth ulcers or red or white patches on the tongue or gums and unusual lumps or swellings in the mouth are the most common symptoms of mouth cancer.

Other less common symptoms include pain on chewing or swallowing; a sore throat that won’t go away; a thickening of the cheek and unusual pain, bleeding or numbness in the mouth.

Early Detection Saves Lives!

The five-year survival rate of mouth cancer patients is just 50 per cent. But early diagnosis can increase the risk of developing mouth cancer by four times.

Visit our mouth cancer website to learn more.

Tell Me About: Smokeless Tobacco

Smokeless tobacco is now used in many communities across the UK, with the true dangers largely unknown. That’s why we have created a new Tell Me About leaflet, purely on smokeless tobacco. Display them in your waiting room and let patients learn about the true risks.

Visit our mouth cancer website to learn more.

Mouth Cancer Action Month follow-up trends in the public’s knowledge and understanding of mouth cancer while attempting to learn just why the G-word – “cancer” – is considered taboo.

Last year’s Mouth Cancer Action Month was no different. More materials and resources were distributed to members of the profession, public and press than ever before, creating increased levels of ‘quality’ educational media coverage, known events and income generated from the Blue Ribbon Badge Appeal.

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Fighting a Death Sentence Geoffrey Boycott

He may have faced up to some of the most fearsome bowling attacks the game of cricket has ever seen, but there’s only one battle that truly mattered to former England and Yorkshire batsman Geoffrey Boycott. In support of Mouth Cancer Action Month, Geoff shared his experience to prove cancer doesn’t discriminate.

“It was unusual in a way,” he said. “I’d never smoked, and I only had the occasional glass of wine, so to be told I had throat cancer was a shock.”

Although he amassed 8,114 test runs and 1,082 One Day International runs during a glittering career, Geoff was in no doubt over the biggest challenge he ever faced, the scale of which was made clear during the conversation.

“My mouth is always dry,” he said. “The treatment left me with no saliva glands so I have to carry a bottle of water around with me to stop it from drying out.

“This day I still remember what happened. I found a lump in my neck. While I was shaving. It was late August 2002. I went to see a throat specialist in Leeds and then to Cookridge Hospital to get it checked out. There was some confusion over the size of the tumour. At first they thought it was quite a small tumour which could be operated on. Then they said it was as big as a small orange! Apparently the surgery would have taken a good eight hours. That gets your attention.

“I went to see Dr Pat Bradley, a leading figure on head and neck cancer within the NHS in Nottingham for a second opinion. Under anaesthetic, he did a biopsy and discovered the lump was as big as a fifty pence piece. He told me due to the proximity of the tumour to my voice box if they operated I may lose my voice. His recommendation was a course of radiation and chemotherapy.

“If I did nothing, Dr Bradley gave me three months to live. My oncologist at Cookridge Hospital decided I should undergo a course of chemotherapy and radiation for seven weeks. It was an unbelievably stressful time.

“It was the most horrific ordeal I’ve ever been through,” he said. “I had my upper chest, neck and face burned every day for seven weeks with a laser in order to kill the tumour. I couldn’t eat solids; I was fed through a tube in my nose for one and a half months. I lost three stone in weight which reduced me to skin and bone and had huge burn pads on my neck and face every day going in and out of hospital. I was always tired and falling asleep; and it was pretty harrowing time.

“The hardest thing I found was that no matter how positive I was, no matter what the oncologist said, many people still die from head and neck cancer; as no treatment is 100 per cent successful.

“Having a positive outlook is vital. It may not guarantee you beat the disease, but it certainly will help you fight and give you the mental strength you need in order to give it your best shot. I’m lucky and I’m grateful I’m still here. I got checked out pretty much as soon as I found the lump in my neck, and given what the doctors found that probably saved my life.”

For further information on Geoff, or to read his own testimony, please visit www.geoffboycott.com. For more about the charity he works with, please visit www.canceractive.com.

Kicking out Mouth Cancer with Clyde FC

Last year, we were delighted to welcome on board Clyde Football Club, who were heavily involved in pushing the campaign and its messages throughout Scotland – and we are thrilled to say they’re back in 2012!

Scotland continues to suffer the highest incidence rate for oral cancer in the UK and by supporting the campaign again in 2012, Clyde FC have reinforced their status not only as a club in the community but as a club that represents the true value of support.

Dr David MacPherson, Director and club dentist of Clyde Football Club and owner of Whitnemoor Dental Practice, first approached the Foundation with the idea of his club supporting the campaign in May of 2011. The Mouth Cancer Action Month logo was printed on the club’s home strip throughout the season, with a supporting feature in the club programme during November.

Foundation Chief Executive Dr Nigel Carter OBE said: “It is a great honour to have Clyde Football Club supporting Mouth Cancer Action. To have the backing of such an organisation that can spread the awareness of mouth cancer to thousands of people at once is invaluable exposure, particularly in Scotland.”

Worst Fear come True Anna Robb

For many 23 year olds, life doesn’t have too many drawbacks. Few give a second thought to the possibility life could be taken away, yet for Anna Robb, that’s exactly what she was faced with.

“My immediate thought was I’m going to die,” she said. “I’ve never known a feeling like it. I might have been surrounded by people, but I’d never felt so alone.”

Having noticed a lump the size of a pea just below her lip when she was 13, doctors assured Anna it wouldn’t cause any harm. In late 2010 at the age of 23, Anna decided to get it checked out again. “I thought it had got slightly bigger”, she said. “Because of the advice from my doctor I didn’t think it was anything to worry about, but I wanted to get it removed as the tingling sensation I could feel was odd.”

After a biopsy the week before, Anna can recall the day she went to pick up her results. “It was pretty much business as usual for me”, she explained. “I even remember saying to my colleagues that I was just popping out and I’d be back in an hour or so.

“My previous appointments had all been fairly quick, but on this occasion I have to wait over an hour before I saw someone. The thought of crossing my mind that all might not be well, but it was nothing more than a passing thought. When my name was called I stood up, and the consultant who called my name said to me ‘did you come alone’? At this point my heart sank. I knew it was going to be bad news.”

The surgeon confirmed Anna’s worst fears. She had cancer.

"Given the nature of cancer, my first thought was I’m going to die. The surgeon asked me to keep in mind it doesn’t have to mean that, but it was pretty difficult. My second thought, being a single 23 year old female was the proximity of the tumour if they operated I may lose my voice, he said. “I had my upper chest, neck and face burned every day for seven weeks with a laser in order to kill the tumour. I couldn’t eat solids, I was fed through a tube in my nose for one and a half months. I lost three stone in weight which reduced me to skin and bone and I had huge burn pads on my neck and face every day going in and out of hospital. I was always tired and falling asleep; and it was pretty harrowing time.

“The hardest thing I found was that no matter how positive I was, no matter what the oncologist said, many people still die from head and neck cancer; as no treatment is 100 per cent successful.

“Having a positive outlook is vital. It may not guarantee you beat the disease, but it certainly will help you fight and give you the mental strength you need in order to give it your best shot. I’m lucky and I’m grateful I’m still here. I got checked out pretty much as soon as I found the lump in my neck, and given what the doctors found that probably saved my life.”

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“During the immediate aftermath lots of children on the tube would do nothing but stare, so you can imagine how difficult it was for me. The swelling started to subside after a month or two, and now it’s much better. I have my confidence back.”
Healthcare professionals are in the perfect position to inform and educate the public about mouth cancer – during the campaign and all year round.

Pharmacists
Pharmacy staff have a key role in the fight against mouth cancer. As many people will purchase a treatment for mouth ulcers or other oral problems while consulting a health professional, it is up to staff to ask how long they have had the problem. The customer must then be advised that if it is longer than three weeks they should visit their dentist or doctor as soon as possible. Pharmacists should use their unique public-facing position to promote awareness of the early warning signs and common risk factors to the public.

Oral Health Educators
Doctors, nurses, health visitors and health educators can help by supplying literature to patients who might be at risk of the condition or who are considering giving up smoking. The Foundation’s ‘Tell Me About…’ leaflets cover a range of topics including mouth cancer diet, smoking and oral health and smokeless tobacco – which is new for 2012. The information is broken down into an easy-to-understand format and covers all the facts patients will need to know.

When speaking with a patient complaining of an ulcer, use the opportunity to warn them about the risks of mouth cancer and explain the benefits of a healthy lifestyle. Do not be afraid to refer a patient to a specialist if you are in any doubt – it is better for a specialist to give advice which proves to be negative, than to be faced with a difficult case with poor prognosis.

Supporting those who wish to give up smoking and helping people with drinking and diet issues is also equally important, while sexual health educators need to be aware of the danger of HPV and help spread the messages to younger audiences.

Some shocking statistics...

An estimated 400,000 new cases of mouth cancer are diagnosed across the world every year.

Chance of developing mouth cancer are around 130% higher for men living in more deprived areas compared with the least deprived, and more than 74% higher for women.

Latest recorded figures (2009) show 6,236 people a year are diagnosed with oral cancer in the UK.

The lifetime risk of developing oral cancer in the UK is estimated to be 1 in 93 for men and 1 in 186 for women.

Over two thirds of mouth cancer cases are detected at a late stage, reducing chances of survival.

Mouth cancer kills more people than cervical cancer and testicular cancer combined.

Out of these, 66 per cent were in men and 34 per cent in women.

Under half of those diagnosed survive beyond five years of diagnosis.

South-Central Asia has the highest global incidence rates of mouth cancer.

Oral cancer caused 1,985 deaths in the UK in 2010.

Just under half of oral cancer cases are diagnosed in people aged 65.

(Source: Cancer Research UK 2012)

Our findings reveal...

• Only a third of people think mouth cancer is preventable.
• Mouth cancer is ranked 9th out of 10 likely of cancers most likely to be supported. Breast cancer is ranked number one.
• Four in five people don’t know the symptoms of mouth cancer.
• Almost two thirds don’t know if their dentist checks for mouth cancer.
• One in five people from South East Asia say they have used smokeless tobacco.
• While one in four from South East Asia say other members of their family use smokeless tobacco.
• HPV is the least well known sexually transmitted disease.
• Only one in 20 people (5%) know HPV is a cause of mouth cancer.
• Over two thirds of 12-16 year olds admit to drinking alcohol and one in seven have admitted to smoking.
• 87% of young people say they are aware of the harmful effects of drinking alcohol to excess.
• One third of young people say they have not heard of mouth cancer.
• Only 14 per cent of young people say they had ever received any educational material on mouth cancer.

(Source: British Dental Health Foundation 2011)

Knowing the WARNING Signs Improves Survival

Helping to screen for mouth cancer, or helping to educate patients and the public to examine their own mouths, is one of the most positive steps any healthcare professional can undertake during Mouth Cancer Action Month. Encouraging people to self-examine also means they can watch out for the warning signs themselves and act quickly.

• Ulcers which do not heal within 3 weeks
• Red and white patches in the mouth
• Unusual lumps or swellings in the mouth
1. If you have dentures – full or partial – you will be asked to take them out.
2. Your dentist will inspect your face, neck, lips and mouth and the side of your neck, checking for unusual lumps.
3. They will then look at and feel the inside of your mouth, as well as the back of your throat.
4. First one side, then the other, to check the base of your tongue.
5. They will also check the underside of your tongue.
6. They will then look at and feel the inside of your mouth, as well as the back of your throat.
7. They will then look at and feel the inside of your mouth, as well as the back of your throat.
8. Finally, your dentist will put a finger on the floor of your mouth, as well as the back of your throat.

A mouth cancer examination is quick and painless and it only takes a few minutes.

If your dentist does notice anything unusual or unexpected during this examination, they may specialist for more tests.
Thanks to your support 75,000 Blue Ribbon Appeal Kits have been distributed in the past two years, raising funds to set up and maintain the campaign, create hundreds of media stories raising the awareness of mouth cancer and lobby Government on anti-smoking legislation and oral screening programmes.

The Blue Ribbon badges continue to play a key role in directly engaging the public with the issues but we need your help to spread the word.

The badges provide an excellent opportunity to discuss mouth cancer and steps that can be taken to combat the disease. Get in touch and we’ll send your appeal kit at no cost.

Useful websites:
www.mouthcancer.org
www.cancerresearchuk.org
www.benwaltontrust.org
www.savingfaces.co.uk
www.heads2gether.net

Our Dental Helpline

Patients seeking advice around the issues of mouth cancer can also contact our free-advice Dental Helpline. Our dental advisors can:

• Discuss signs and symptoms, risk factors and self-examination techniques.
• Re-assure patients who are concerned and discuss the next steps with them.
• Sign post them to other organisations such as stop smoking centres and alcohol awareness groups.
• Send them copies of relevant ‘Tell Me About’ leaflets on ‘mouth cancer’, ‘mouth ulcers’, ‘smoking and oral health’, ‘smokeless tobacco’ and ‘dry mouth’.

To order your Blue Ribbon Appeal Kit, please contact us by:

phone: 01788 546365   fax: 01788 541982
email: bluebadge@dentalhealth.org
web: www.mouthcancer.org

We are looking to find people who have suffered from mouth or head and neck cancer to further help raise awareness of the disease. If you have any patients, family, friends or colleagues who like to tell their story, please ask them to get in touch and contact the British Dental Health Foundation. Thank you!