Philip Lewis opens up about his presidential plans for the future of the Mouth Cancer Foundation and highlights the crucial role dental professionals play in early detection

How to save a life

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**Dentistry: Why is mouth cancer still such a serious issue in the UK?**

PL: Mouth cancer in the UK is still increasing. There’s been a 30% rise in incidence over the last 10 years alone and numbers continue to go up.

Any clinical team member, with proper instruction, can carry out an early detection examination. In fact, the more people involved the better.

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My own greatest personal challenge is not being 30 years younger, although despite my misleading chronological age I still haven’t decided yet what I want to do when I grow up!

**Dentistry: What do you hope to achieve as president?**

PL: We need to inform patients what we’re doing and why. It always traditionally considered a disease of old men but this has now changed.

The effects of late detection can be life-changing, both for the sufferer and everyone around them. Early diagnosis really is a game-changer and both the profession and the public need to be well-informed on what to look for and how to report early symptoms.

**Dentistry: What’s particularly disturbing is the rise in cases among young people and women; mouth cancer was always traditionally considered a disease of old men but this has now changed.**

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**Dentistry: What impact do you think the coronavirus pandemic is going to have on mouth cancer detection and mortality rates in the UK?**

PL: The pandemic has resulted in a serious shortage of GDP appointments. Many patients are still unable to access routine examinations and this situation may well continue over the months to come. Early detection is the key to improving outcomes for mouth cancer sufferers and often this detection takes place at a routine dental examination.

It is therefore reasonable to assume that a number of cases will now be discovered at a later stage. Our colleagues in secondary care have already noted that recently they have seen more advanced cases than usual.

There’s more to it than this: even when access has not been a problem, significant numbers of people have been unwilling to attend face-to-face appointments with any healthcare professional because of the perceived risk of being exposed to the virus.

As we all know, the dental profession has been at the forefront of providing COVID-19-safe premises and care. It’s vital we get this message across to the public.

We can also be proactive in promoting self-examination for mouth cancer at home. While we can’t any longer hand out information leaflets as we did in the past, dental team members can still draw patients’ attention to the procedure and we can distribute material electronically or on our websites. As well as this, we can direct patients to www.mouthcancerfoundation.org where facts about self-examination, including a video, are available.

**Dentistry: Who should be carrying out mouth cancer checks in the practice – is it something only dentists are qualified to do?**

PL: Those of us in primary care only collect information. Diagnosis is made by secondary care, usually on the basis of a biopsy.

For that reason, any clinical team member, with proper instruction, can carry out an early detection examination. In fact, the more people involved the better. The more involved, the less risk of missing something.

**Dentistry: Do you have any tips for fitting mouth cancer checks into an already busy practice schedule?**

PL: The early detection examination should form an integral part of the general examination in the same way as we routinely examine the gums and the teeth.

It’s not an ‘optional extra’ that we need to find a way of fitting in. We have a moral and ethical duty to provide this service. With proper training a full extra- and intraoral early detection examination can be completed in less than two minutes. That’s not long to potentially save a life!

**Dentistry: What can dental professionals do to raise awareness of mouth cancer?**

PL: We need to inform patients what we’re doing and why. In surveys, many patients have claimed they’ve never received a mouth cancer examination even though their dentists say they do them routinely. How would a patient know if we don’t tell them what we’re doing?

Just a few words like ‘mouth cancer and soft tissue examination clear’ can be enough to elicit a comment from a patient. That can then develop into a conversation, or, if time is an issue, we can go on to direct them to our own websites (if appropriate), or the Mouth Cancer Foundation website to find out more.

There’s much more we can do. As well as including information on our websites, we can send newsletters, we can put posts on social media and even videos or live streams.

Those of us who accept patients on referral should also ensure early detection checks are being carried out without assuming the GDP is doing it and can again bring the importance of the procedure to the attention of patients.

It doesn’t take long and it really could save a life.

We don’t have many opportunities in this profession to be lifesavers but this really is one of them.

**Let’s do it!**