

How to save a life

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

Philip Lewis

Principal at Avenue Road Dental Practice



Dentistry: Tell us more about becoming president of the Mouth Cancer Foundation - how did it come about?

Philip Lewis (PL): I've had an interest in the early detection of mouth cancer for a very long time. I've been writing and lecturing about it for some 20 years now.

One of these lectures was attended by Krishan Joshi, whose father Vinod founded the Mouth Cancer Foundation. I was invited to become a clinical ambassador and worked on some of the material we now use on our website, as well as helping launch the Mouth Cancer Screening Accreditation Scheme.

I already felt honoured to be an ambassador for the Mouth Cancer Foundation and was truly surprised and delighted when I was asked to become the new president.

Dentistry: What sparked your interest in campaigning against mouth cancer?

PL: It all started when I attended an oral medicine lecture in the 1990s.

Among the slides of lichen planus, primary herpes and the like came one of an advanced tumour. The lecturer pointed out the poor prognosis of mouth cancer was often due to the fact that it was frequently only detected in its late stages.

It occurred to me that general dental practitioners could do a lot to improve outcomes if they examined soft tissues regularly at check-up appointments and I decided to try to do something to promote that.

Dentistry: What do you hope to achieve as president?

PL: I want to build on the fantastic work the Mouth Cancer Foundation has already produced.

We have a wonderful team of clinicians and survivors of the disease whose first-hand experience helps us to plan all our initiatives. We're also really lucky to have Liz Ayto Laverack who coordinates everything, works relentlessly and keeps us all on our toes!

I want to expand our educational activities and form a network of practices who can train others in early detection. I'd also like to enhance the services we provide direct to the public. We already have some exciting ideas. Watch this space!

Dentistry: What are the biggest challenges ahead of you and the Mouth Cancer Foundation? How do you plan on overcoming them?

PL: The challenges to the Mouth Cancer Foundation are the same as for all charities at present; how to maintain income and stay at the forefront of relevancy during these difficult times.

We've been working on a number of initiatives to address this. For example, we've moved our annual Awareness Walk online so that people can take part in any area of the country that suits them.

Meet the president

Name: Philip Lewis

Qualifications: BDS

Job title, and practice: Principal, Avenue Road Dental Practice

Dental interests: Dental education, early detection of mouth cancer, cosmetic dentistry

Interests outside of dentistry: Music, theatre, arts

We've increased our social media presence and joined other initiatives for enhancing awareness throughout the land.

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

PL: Mouth cancer in the UK is still increasing. There's been about a 50% 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

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.

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 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 full details 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! **D**

☎ Patient and carer helpline: 01924 950950
 📞 Head office: 020 8940 5680
 🌐 www.mouthcancerfoundation.org