

Should we screen for Oral Cancer?

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Oral cancer is a serious and growing problem in many parts of the world. Taken as a group, oral and pharyngeal cancers are the sixth most common in the world and increases in incidence are being seen in some populations. The UK is one area where incidence is increasing (an average age standardised increase of 2.7% per year has been observed since 1989) with the number of oral and pharyngeal tumours approaching 5000 per annum, with rates higher in Scotland than the rest of the UK.¹

Given that five year survival rates for these cancers has not shown significant improvement in the UK in recent decades and that many oral cancers present late there have been welcome developments in raising awareness of mouth cancer as well as growing pressure for a screening programme.

During November here in the UK, in fact, we have just had the first Mouth Cancer Action Month (www.mouthcancer.org) to raise public awareness of oral cancer. This campaign was led by the British Dental Health Foundation and extended the Mouth Cancer Awareness Week that was established by the Mouth Cancer Foundation in 2002. These awareness campaigns are helping to increase public knowledge of oral cancer in from a low base.

To coincide with the campaign the NHS-Evidence-Oral Health Specialist Collection

(NHS-EOHSC) has provided one of its regular annual evidence updates (www.library.nhs.uk/ORALHEALTH/ViewResource.aspx?resID=297162&tabID=289).

For those of you who have not already browsed the content of the NHS-EOHSC (www.library.nhs.uk/oralhealth/) there is a wealth of high quality material there to be accessed on a wide range of dental topics.

Committee members at the October 2009 meeting of the UK National Screening Committee (UKNSC) discussed a paper that evaluated how we screen for oral cancer against the UKNSC Criteria. The committee's main recommendation was similar to the one from last time oral cancer was reviewed at the meeting: "that population screening was not appropriate." The minutes of the meeting (www.screening.nhs.uk/meetings) note that there was also discussion of case-finding and of opportunistic testing of high-risk groups. The committee agreed, however, that recommendations about these issues were outside the remit of the UKNSC. Therefore they agreed to share the paper with relevant stakeholders, 'to both assess what other drivers there are to screen and what other information, or factors to be taken into account, had not been uncovered by this review.' The paper (which is available at www.screening.nhs.uk/consultations) is now open to consultation until the 18th February 2010.

My own view is strongly supportive of the UKNSC's position on population screening. And while I agree that examination of the oral soft tissues should be a routine part of dental examination I am very concerned at the use of the term screening to describe this element of dental examination. This is because with the development of carefully structured population screening programmes like the UK breast and cervical screening (both of which have suffered quality assurance problems in the past) the term screening has developed a level of robustness and public trust.

In the case of oral cancer, the evidence summarised in the UKNSC paper clearly indicates that there are still considerable gaps in the evidence-base to support oral cancer screening; until such time as these gaps are closed, I also argue strongly against the use of the term screening in relation to the examination of the oral soft tissues at all.

For readers want to understand some of the issues related to health screening the Sense About Science Group has a good publication *Making Sense of Screening* available from their website (www.senseaboutscience.org.uk/index.php/site/project/415).

1. Warnakulasuriya S. (2009) Global epidemiology of oral and oropharyngeal cancer. *Oral Oncology* **45**: 309-331

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