

EDITORIAL

Collaboration for improved cancer care

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On behalf of the British Association of Head and Neck Oncologists (BAHNO) and Restorative Dentistry UK (RD-UK), we are delighted to bring you this *BDJ* themed issue on head and neck cancer (HNC). November is, of course, Mouth Cancer Action Month. Mouth cancer, however, is just one of many types of HNCs. The aim of this issue, therefore, is to widen the focus to all HNCs and to describe the importance of dental health and dental care in this context.

The incidence of HNC is rising; the World Health Organisation's Global Cancer Observatory estimates that the global incidence of HNC will increase by around 30% by 2030.¹ UK cancer registry data demonstrate that the majority of HNCs are diagnosed at an advanced stage, with 58.5% at stage III or IV.

This issue describes the multidisciplinary care pathway for the HNC patient, from the perspective of managing dental health effectively, as the individual progresses from diagnosis to treatment and beyond. The issue aims to: highlight the role of GDPs in early detection (including a wider role in identifying HNCs); explain the patient pathway while under care of the HNC multidisciplinary team (MDT); and describe how lifelong dental health after cancer treatment is optimised.

The HNC pathway is one of the most complex of all cancer sites, often involving arduous treatments that can last months, can cause significant acute toxicity and long-term adverse effects. HNC and its treatment can adversely affect breathing, speech, voice, vision, mastication, swallowing, appearance and saliva production and control. This complexity is reflected in the range of healthcare professionals required to assist the patient through this cancer treatment journey.

Our expert contributors, representatives from each of the core MDT disciplines who manage this disease, will give an account of

the complex pathway that patients experience following diagnosis. Of course, beyond the core MDT, the care of patients with HNC extends to many other disciplines including primary care medical and dental practitioners, special care dentists and dental hygienists. Additionally, several cross-cutting and ancillary specialties within hospital medicine are involved in HNC care such as psychology, palliative care, reconstructive scientists, physiotherapists and anaesthesiologists. While this issue captures the essence of the pathway as relevant to a GDP, a full description of all these is beyond the scope of this issue.



It is a privilege for the guest editors to work within HNC teams and witness on a weekly basis the enormous depth and breadth of experience, skill, training and knowledge it takes to care for a patient through their individual pathway and hopefully through to survivorship. Given the emphasis on early diagnosis and the recognition of longer-term support needed for survivors within constrained resource settings, never has the role of the GDP been more important.

Dentists are in the unique position of being a healthcare profession who provide regular screening for diseases of the mouth. Well-trained, vigilant primary care teams are vital as early diagnosis is key to improving outcomes. We must capitalise on the skill of primary care dentists by making every contact count. We hope that this issue will highlight this important role.

The BAHNO Council recently voted to include restorative dentistry representation within its executive body, thus marking inclusion of all the core MDT disciplines in this organisation, recognising the importance our patients place on oral health, allowing us to advocate for them and to continue to improve dental care for patients with HNC by collaboration with MDT colleagues. The awe-inspiring content and calibre of presentations at the BAHNO annual scientific meeting is outstanding where the overwhelming majority of scientific papers have multidisciplinary authorship. As Mother Teresa once said: 'I

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Our contributors include world-renowned researchers from all of the core MDT disciplines, individuals who are pioneering and continue to push the envelope of what can be achieved, and most importantly patients themselves. We wish to acknowledge and thank all our contributors for sharing their expertise. We hope you enjoy reading this issue, adding to your knowledge of this complex subject, and hopefully we may even have inspired some readers to follow a career in this highly rewarding field. ■

References

1. Sung H, Ferlay J, Siegel R L et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin* 2021; **71**: 209–249.

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