Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Oral cancer

So that we remember what mouth cancer is to us

Sir, on behalf of our patients we wish to thank the editors and contributors to the previous issues of the *BDJ* for doing everything the journal does so well and then raising the bar once more. In appreciation, we respectfully offer the following two points for professional and personal reflection.

Dr M A Riva's letter, 'Giacomo Puccini in dental history',¹ has stimulated further reading revealing a striking irony that the composer of perhaps the most popular tenor aria 'Nessun Dorma' died in 1924 of complications following radiotherapy for throat cancer.

One clinical symptom often overlooked, but a sign crying out for referral is any change in voice but especially hoarseness or rasping. Accordingly, the late Crispian Scully's RULE,^{2,3} can be further extended to become Scully's RULER now including both rasping and referral:

- Red or white patch Rasping or hoarseness
- Ulceration
- Lump, Loose tooth or Lymphadenopathy
- Extending for three weeks or more. Then:
- REFER immediately.

With respect to the contribution from Professor John Gibson, 'Oral Cancer – CPD and the GDC',⁴ citing a GDC determination,⁵ we should remember Scully's RULER as it reinforces our requirement to refer.

Following from this, we respectfully remember one point in the confluence of cancer and conflict, perhaps making it less than unusual that these mighty and significant themes should meet in the Armistice edition of the *BDJ*.

After serving his country as an army chaplain in the trenches and writing of those experiences as the final limit of damnable brutality, Padre Geoffery Anketell Studdert Kennedy MC preached as a pacifist against social inequalities and campaigned for an end to poverty. Such was his passion and intensity of this calling, that five years after Puccini's passing, Studdert Kennedy died in 1929, not from cancer (although he was a prolific smoker) but from exhaustion.

Today, for many, he is simply remembered as Woodbine Willie, the army chaplain who was lauded for handing out cigarettes and bibles, being awarded the Military Cross for conspicuous gallantry and devotion to duty.

Seeking out the wounded and the dying in no man's land, showing the greatest of courage and utter disregard for his safety, both his men and his enemy were given, with equality and with equanimity, comfort, care, compassion and cigarettes.

After surviving years of war fighting poor health, he died in poverty among the underprivileged and vulnerable – his congregation. As a true Christian he was certainly owed but categorically denied his place of rest in Westminster Abbey because of his call to end poverty.

Today the risk factors for oral cancer are well established and the cigarettes distributed by combatants in times of war are damned by civilians in times of peace, but perhaps mostly by those with higher incomes and a high educational attainment.

It is evident that the social inequalities Studdert Kennedy railed against one hundred years ago remain today and present a risk as high as any of the others for oral cancer, a risk that Professor Conway and colleagues note with a two-fold increase, is on par with the risks from smoking and alcohol.⁶

Reflecting on these issues and consideration for the words of the editor and

contributors should compel us to remember, to remember to refer and to not forget the cancer risks faced by the vulnerable and the underprivileged and the homeless in our communities, many of whom have served their country and are now in need of our service to them.

J. Laszlo and M. Lehmann, by email

1. Riva M A. Giacomo Puccini in dental history. *Br Dent J* 2018; **225**: 684.
2. Scully C. RULE for cancer diagnosis. *Br Dent J* 2013; **215**: 265–266.
3. Scully C. Mouth Cancer: Extending the RULE. *Br Dent J* 2016; **221**: 280.
4. Gibson J. Oral cancer – CPD and the GDC. *Br Dent J* 2018; **225**: 884–888.
5. General Dental Council. Determination of the Professional Conduct Committee from 25 November 2010.
6. Conway D I, Brenner D R, McMahon A D *et al*. Estimating and explaining the effect of education and income on head and neck cancer risk: INHANCE consortium pooled analysis of 31 case-controlled studies from 27 countries. *Int J Cancer* 2015; **136**: 1125–1139. DOI: 10.1038/sj.bdj.2019.139

Oral cancer: a plan for action

Sir, I was delighted to read the themed issue on mouth cancer (*BDJ* volume 225, issue 9, 2018) which coincided with Mouth Cancer Action Month in the UK. Although a wide range of topics related to mouth cancer was covered in the themed issue, the maxillofacial surgery aspect of mouth cancer was not included.

On 13 November 2018, BDA Scotland also launched *Oral cancer – A plan for action* at its Stand Up to Oral Cancer event at the Scottish Parliament. The Plan reviews the key trends in oral cancer, including incidence, mortality and estimated costs, and is structured around three key themes – prevention, early detection and joined-up services. It contains a number of recommendations for Scottish Government and NHS Boards.¹

Later in the same month, a systematic review was published in the *British Journal of General Practice* on diagnosis and referral delays in primary care for oral squamous cell