

## Oral cancers are on the rise

### Time to step up prevention and equitable access to dental care

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Oral cancers are in the news in the UK. Mouth Cancer Action Month (November 2023) and campaigning by an independent advocacy charity, the Oral Health Foundation, along with a public and personal account by high profile comedian Rhod Gilbert have highlighted the increasing burden of this devastating and insidious disease<sup>1,2</sup> – which often requires substantial surgical and oncological treatment, affects quality of life, and has an uncertain prognosis.

Oral cancers include tumours of the oral cavity (mouth) and oropharynx (throat). For both types combined, over 475,000 new cases and 225,000 deaths were recorded globally in 2020.<sup>3</sup> Oral cancer cases have risen over recent decades: between 2001 and 2019 in England, the age-standardised incidence rate (per 100,000) for cancers of the lip, oral cavity, and pharynx rose from 6.6 to 10.0 for women and from 13.9 to 22.0 for men.<sup>4</sup> The majority of recent increases are driven by oropharyngeal cancers.<sup>5</sup>

Mortality rates have also gone up. Cancer Research UK figures for head and neck cancers (including oral cavity, pharynx, and larynx) show that age-standardised mortality rates have increased by 15% over the last decade and are projected to rise further.<sup>6</sup> In England, mortality rates for cancers of the lip, oral cavity, and pharynx increased by about 25% for men and about 5% for women between 2013 and 2021.<sup>7</sup> Around 50% of people with head and neck cancer survive for at least 5 years, with limited improvement observed in recent decades.<sup>5</sup>

The main causes of oral cancers are tobacco and alcohol (especially in combination); with human papillomavirus (HPV) a major risk factor for oropharyngeal cancer.<sup>8</sup> The burden of oral cancers is subject to socioeconomic inequalities.<sup>5,9</sup> For example, people with head and neck cancer from the most socioeconomically deprived areas have been found to have 50% higher mortality risk by 3 years than those in the least deprived areas.<sup>10</sup>

### **Bold policy needed**

Many oral cancers are preventable – with the latest evidence evaluated in the WHO International Agency for Research on Cancer Oral Cancer Prevention Handbook just published on 6 December 2023.<sup>8,11,12</sup> Bold public health measures are urgently needed to tackle tobacco and alcohol use. Through the adoption of a comprehensive package of tobacco control measures, significant progress has been made in recent decades in reducing smoking rates across the UK population. The UK Government's recent announcement to raise the minimum age of smoking year on year from 2027<sup>13</sup> is welcomed but requires on-going political support and commitment to avoid any pushbacks such as has occurred in

New Zealand, where similar legislation has just been repealed by their new centre-right Government.<sup>14</sup> Tighter legislation and regulation are also needed to reduce the use of smokeless tobacco, a recognised risk factor for oral cancers.<sup>8</sup>

At the 75<sup>th</sup> World Health Assembly in May 2022 the World Health Organisation (WHO) highlighted the global public health importance of alcohol and agreed that a range of policy measures were urgently needed to combat alcohol harm.<sup>15</sup> Despite supporting the WHO mandate on alcohol, the UK Government has failed to take the necessary policy action on reducing alcohol. Upstream policy measures on the pricing, availability, and marketing of alcohol are urgently needed.<sup>16</sup> These population-wide measures are known to be effective in reducing alcohol harm but require strategic policy support from Government.<sup>17</sup>

The UK HPV school vaccination programme launched in 2008 has dramatically lowered rates of infection and cervical cancer amongst younger women,<sup>18</sup> and will potentially provide protection against oropharyngeal cancer in the future – further helped by the extension of the vaccination programme to include boys from 2019. The latest data from the UK Health Security Agency, however, show that vaccination rates have still not returned to pre-pandemic levels and vary considerably by region.<sup>19</sup> Targeted support for schools is therefore needed to maximise HPV vaccination coverage across the UK.

### **Reform of dental services**

The House of Commons Health and Social Care Committee recently declared that "NHS dentistry is facing a crisis of access".<sup>20</sup> Although access problems with NHS dentistry cannot explain the rising incidence of oral cancers in the UK, dentists and their wider teams have an important role in the early detection of oral cancers and in providing tobacco and alcohol brief interventions to their high-risk patients.<sup>8</sup> While there is currently no screening tool that meets the UK National Screening Committee criteria for establishing a population screening programme,<sup>21</sup> "opportunistic screening" through a comprehensive clinical oral examination by the dentist or via other healthcare providers remains the best option.<sup>22</sup>

In a welcome development in Scotland, NHS dental services have recently introduced the option of a more flexible and risk-based assessment recall interval, and remuneration for prevention activities that can include smoking and alcohol cessation interventions.<sup>23</sup> However, those at highest risk are also most likely to miss out on dental care,<sup>20</sup> therefore special efforts are needed to improve access for the most vulnerable and socially disadvantaged groups.

A strong consensus now exists across the dental profession, patient advocacy groups and even political parties, that a radical system-level reform of NHS dentistry is urgently needed.<sup>24</sup> Such a reform of NHS dentistry needs to greatly strengthen the role of prevention and address unmet need and oral health inequalities.

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