Greater Manchester Cancer

Managing Patients Oral Cancer Journey

Mohsan Ahmad / Dentist, Chair GM Local Dental Network Head and Neck Symposium 4th November 2022

Guide

- 1. Prevention
- 2. Early detection
- 3. Referral
- 4. Patient support
- 5. Dental care during cancer journey
- 6. Living with cancer





Oral/Mouth Cancer

8722 new cases in the UK each year 2700+ lives lost to mouth cancer Affects 650,000 per year worldwide

**Mouth cancer foundation



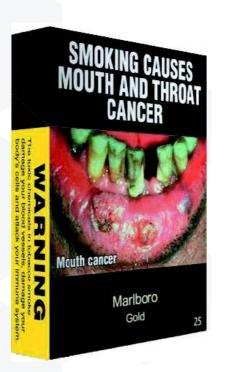


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Prevention

Risk Factors

- TOBACCO
- Alcohol
- Poor Diet
- Social Deprivation
- HPV could become main factor within the next decade
- Exposure to sun lips and face
- See the Dentist +/or GP





Early Detection

- Ulcer/White/Red patch doesn't heal within 3 weeks
- Lump/swelling persist more than 3 weeks
- Difficulty swallowing/chewing
- Numbness tongue/mouth
- Feeling of something caught in throat
- Pain in the ear
- Unexplained loosening of teeth





NHS Dental Referrals

HSC205 HEAD AND NECK CANCER REFERRAL FORM

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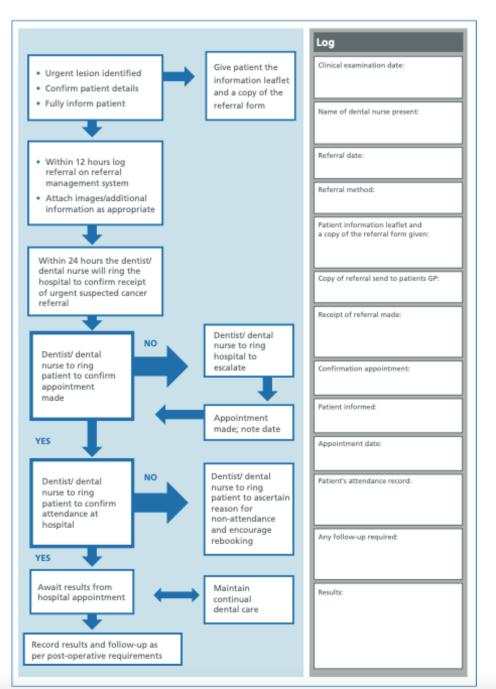
Referral

FOR LESIONS HIGHLY SUSPICIOUS OF CANCER – ONLY – URGENT 2 WEEK PATHWAY

Age of Patient in years: Patient's Title & Name:						Sex	Date of Birth (DD/MM/YY) / /
Patient's Address:	1					1	, , ,
Patient's Town or City:			Preferred Contact No:				Patient's Postcode
Referrer's Name: Practice Postcode: Date		e of Decision to refer / /		Interpreter required? L YES / NO		Language?	
Practice Name and Address:	· · · ·				Practice Pho	ne Numbe	r:
GDC Number: URGENT CARE R TWO WEEK PA					REQUIRED - DO NOT SUBMIT TO RMC		
Patient's GP Name and Address ir	ncluding Postcode:						
CANCER AREA SUSPECTED ORAL CAVITY PHARYNX THYROID LARYNX NECK / LYMPH NODES EAR NOSE OTHER:	RISK FACTORS POOR DIET SMOKER ALCOHOL PREVIOUS H&N CANCE PAAN CHEWING PREVIOUS RADIOTHER IMMUNOSUPRESSED HIV/AIDS		Con and a second			2	
SYMPTOMS PAIN ON SWALLOWING MOUTH ULCER UNILATERAL DEAFNESS TRISMUS SORE THROAT PERSISTENT HOARSENESS NASAL OBSTRUCTION / DISH		E)			X		

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Referral Flowchart



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Figure 1. Good practice urgent referral flowchart and log:

Patient support

Cancer treatments, surgery, radiotherapy to the mouth and chemo affect the mouth & dental care

Dental teams will provide care for some patients with oral cancer and others may need to be seen in secondary care

Some patients will need dental treatment before their cancer treatment begins

Often care during cancer treatment involves managing symptoms and any infections

There are long-term care needs for patients who have had surgery and radiotherapy





Complications

Short term risks:

- Pain & mucositis
- Dry mouth (xerostomia)
- Infection
- Functional issues (difficulty opening, swallowing etc)
- Bleeding
- Neurotoxicity

Longer term risks:

- Dry Mouth
- Dental caries
- Trismus (difficulty opening mouth)
- Functional issues
- Osteonecrosis (dead bone)





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Dental Care During Cancer Journey

- An assessment,
- Removal of teeth that are likely to cause sepsis
- Stabilising other teeth and periodontal condition
- Advice on mouthcare during treatment
- Dietary advise on caries prevention
- Prescribe high fluoride toothpaste 5000 ppm in patients at increased risk of caries
- Saliva replacement if patient has a dry mouth



Dental Care Post-Treatment

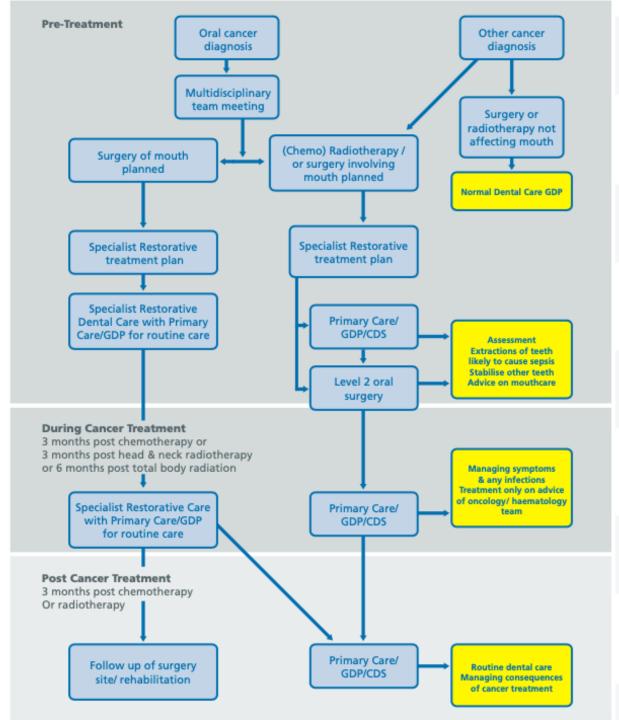
- Oral cancer screening- to check for any signs of recurrence
- Continue fluoride therapy, reinforce prevention
- Monitor dental pathology, tooth mobility
- Monitor for osteonecrosis
- Monitor for trismus





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Dental Care Summary



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Living with Cancer

Dental teams have an important role to play in care of patients:

- Listening to patients and taking on board their views.
- Engaging patients in their dental care and providing choices and tailored care- e.g. recall intervals.
- Knowing what cancer support services are available in your local area.
- Supporting patients to be physically active, stop smoking and eat well and signposting patients to these services as needed
- Checking with patients about their eligibility for free dental care and signposting them to Macmillan Cancer support or citizens advice who may be able to help with healthcare costs.
- Providing a dental check and operative treatment were possible prior to any treatment that increases these risks
- Prescribe proactive preventive care- fluoride varnish and high fluoride toothpaste.
- Being alert to recurrence or spread, particularly in the oral cavity by continuing to visually screen patients for oral cancer as part of routine care.



Oral Cancer Guide





in Greater Manchester

https://gmpcb.org.uk/dentistry/dentistryresources/#Toolkits

Look out for the refresh in 2023!!!



prevention - early-detection - referral - care

Advice and guidance for the primary dental care team





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Adapted with kind permission from the Cheshire and Merseyside Local Dental Network

Glodwick Dental Centre

Oral Cancer Excellence Award

Has achieved the

Greater Manchester

ORAL CANCER EXCELLENCE

AWARD

To achieve this award:

- Clinical team members have read & familiarised themselves with the GM LDN Oral cancer guide
- At least one dentist and one team member have attended the HEE oral cancer course
- · Clinical team to complete online training: 'Carrying out a head and neck exam'
- Clinical team to familiarise themselves with online referral system.
- The practice undertakes to see patients with cancer needing an urgent assessment prior to cancer treatment.
- · Practice staff will participate in a facilitated team meeting to:
 - Increase knowledge related to the local oral cancer good practice guide
 - Disseminate learning from training
 - Implement this team action plan to enable tools from within the good practice guides to become embedded within the daily routine of the practice protocols

Mohsan Ahmad

Dr Mohsan Ahmad, Chair of Greater Manchester's Local Dental Network, NHS Greater Manchester Integrated Care

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