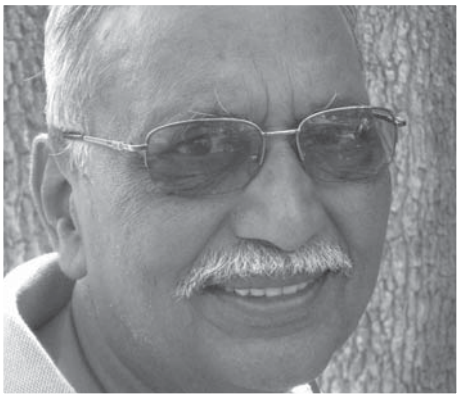

Learning about Mouth Cancer

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India Cancer Initiative

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TOTAL MANAGEMENT OF CANCER

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What is mouth cancer?

Our bodies are made up of many small units called cells. These cells have a limited lifespan. The process of forming new cells and dying of older or injured cells is a continuous one. This keeps a person in good health. For some reason, this process may get disturbed and cells can start to grow out of control. When this happens, it is called cancer. These cells either invade the surrounding areas or spread to distant parts of the body through the blood or lymph circulation (metastasis).

Mouth cancer, also called oral cancer, is a major health concern in India. It is the most common cancer among men and the 3rd most common cancer among women. Chewing tobacco in its many forms causes nearly 90% of the cases. Of all these patients, almost 70-80% are diagnosed with an advanced cancer, making it difficult to treat and control the disease. These facts underscore the need for ways to prevent the disease and diagnose it early before it becomes advanced.

What causes mouth cancer?

Tobacco use, epecially the use of gutkha, jarda, and other forms of smokeless tobacco and betel nut (either used by itself or mixed with paan), is the single most important risk factor for mouth cancer in India. The habit of keeping the tobacco quid against the cheek and gums has led to the high numbers of people with cancer of the gums, cheek, and inner side of the cheek. The chemicals that cause the cancer can also spread elsewhere inside the mouth via saliva, making the entire mouth prone to cancer.

Cigarette/beedi smoking and other forms of tobacco use also increase the risk of mouth cancer, and alcohol use increases the effect of tobacco. How long a person has used tobacco is more important in causing cancer than the actual amount of tobacco used. For example, the longer a person uses tobacco, the greater the chance of developing mouth cancer. Other risk factors include constant irritation of the gums or cheek by sharp teeth or dentures, poor nutrition, and infections due to the human papilloma virus (HPV).

How will I know if I have mouth cancer?

Mouth cancer commonly starts as one of the following:

- An ulcer or wound in the mouth or on the tongue that does not go away
- A swelling over the cheek and gum (which may be painful or painless)
- Difficulty opening the mouth completely and swelling in the neck
- Persistent sore throat
- Difficulty in swallowing or moving the tongue
- Slurred speech

Some patients may go to the dentist with sudden loosening of teeth or pain in the jaw.

How is mouth cancer diagnosed?

A simple examination of the mouth with a good light source helps in diagnosing most patients with mouth cancer. To confirm the diagnosis, a fine needle aspiration (FNA) or a small biopsy is done. These procedures can be done on an outpatient basis, too. In case of a disease in the larynx (voice box), nasopharynx (area above and behind the nose), and upper esophagus (food pipe), a procedure called endoscopy may be needed. This procedure is done by a specialist and under anaesthesia. A piece of tissue is sent for examination by a pathologist. Other tests, including x-rays, CT scans, and some blood tests, are done to look for spread of the disease and the physical fitness of the patient
for treatment.

Questions to ask the doctor

- Why do you think I might have mouth cancer?
- Could my problem be caused by something else?
- Would you please write down the kind of cancer you think I might have?
- What tests will I need to have?
- Who will explain the test results to me?
- What do I need to do next?

How will my mouth cancer be treated?

Surgery:

Surgery or physical removal of the affected part is the most important treatment for mouth cancer. In this procedure, the affected part with a margin of normal tissue is removed and sent for examination. If the pathologist finds cancer cells in this normal margin, the patient may need a second surgery to make certain a clear margin is present around the cancerous part.

It is a common belief that surgery for mouth cancer is often disfiguring and causes loss of normal function. However, this is not always true. An extensive surgery is needed only in cases where the tumor has grown to a large size. If the tumor is found when it is small, the surgery to remove it is limited and does not cause disfigurement or loss of function. At the time of surgery, the surgeon may also remove the lymph glands in the neck. This is done to look for spread of the cancer in the lymph glands of the neck.

Radiotherapy/Radiation therapy:

Radiation therapy is the use of radiation to treat cancer. There are different types of radiation. One that you may know about is x-rays. If you've ever had an x-ray of the chest or any other body part, you have had some radiation. This same type of radiation, but in much higher doses, can also be used to treat some types of cancer.

Some people believe that this treatment involves giving "shocks," but that is not true. The procedure is similar to a CT scan, where a patient is placed on the table and the source of radiation is positioned at a distance from the area to be treated. Radiation is then delivered for a few minutes. Patients do not experience

pain while this treatment is being given. Another form of radiation therapy, called brachytherapy, involves applying the source of radiation in close contact with the body.

Radiotherapy is used to treat tumors that are large in size and cannot be removed with surgery. It is also used to treat smaller cancers that do not need radical surgery. It is also given to some patients after surgery to prevent the cancer from coming back.

Chemotherapy/Systemic therapy:

Systemic treatment involves using medicines (drugs) to kill cancer cells wherever they are in the body. The medicines kill cancer cells that are fast growing, but also kill normal body cells that grow rapidly. As a result, these drugs can produce side effects like hair loss, low blood cell count, weakness, mouth sores, and some others. Recently, some drugs have been designed to attack only the tumor cells and spare the normal cells (targeted therapy).

Chemotherapy is used in mouth cancers that are too large to be removed with surgery. The chemotherapy helps reduce the size of the tumor so it can then be removed with surgery or treated with radiation therapy. This approach is used only in some patients, and the decision to use it should be made only after a detailed discussion with a doctor who specializes in treating these types of cancers. Chemotherapy is used mostly with radiation therapy for advanced mouth cancer after surgery. It is also given with radiation therapy to enhance the effect of radiation. This approach has been used for large mouth cancers that cannot be removed with surgery. And chemotherapy is also used for treating symptoms when surgical removal is not possible or difficult to do.

Questions to ask the doctor

- What treatment do you think I should have?
- What is the goal of this treatment?
- Do you think it could cure the cancer?
- What side effects could I have from these treatments?
- What should I do to be ready for treatment?
- Is there anything I can do to help my treatment work better?

Can mouth cancer be prevented or found early?

Mouth cancer is often (but not always) preceded by some changes in the mouth. These changes serve as warning signs for cancer. Some patients may have white (leukoplakia) or red (erythroplakia) patches in the mouth. These patches bleed on removal and can be painless or painful. Stopping the use of tobacco and alcohol and eating a healthy, nutritious diet may help prevent progression of these patches to a cancer.

Quitting tobacco is an important step in the prevention of mouth cancers. Chewing betel nut and leaves (paan with supari) has also been found to increase the risk of cancer and should be stopped. Looking at your mouth every day can also find early signs and help in diagnosing cancer at an early stage.

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