



SEPTEMBER 2015

REPORT

Oral cancer – Dentists saving lives

Council of European Dentists

President Dr Wolfgang Doneus
Transparency register: 4885579968-84

Avenue de la Renaissance 1
B-1000 Brussels

T +32 (0)2 736 34 29
F +32 (0)2 740 20 26

ced@eudental.eu
www.eudental.eu

// INTRODUCTION

On 23 June 2015, Alojz Peterle, MEP and President of the MEPs Against Cancer (MAC) Group, hosted in the European Parliament in Brussels a panel discussion co-organised by the Council of European Dentists (CED), MEPs Against Cancer (MAC) and the Association of European Cancer Leagues (ECL). The event was entitled 'Oral cancer – Dentists saving lives'. Organised ahead of the European Oral Health Day on 12 September 2015, the event was intended to raise awareness about the importance of early detection and treatment of oral cancer and about the role of dentists. Speakers included representatives of academia, the European Commission, patients and representatives of member organisations of the CED (Irish Dental Association, Spanish Dental Association and Portuguese Dental Association). Around 40 participants attended the event, including 7 MEPs, delegates of 10 national dental associations and dental chambers from across Europe, as well as representatives of Standing Committee of European Doctors (CPME), European Heart Network (EHN), European Network for Smoking and Tobacco Prevention (ENSP), British Dental Health Foundation, World Health Organisation (WHO) and MEP assistants.



// MAIN MESSAGES

- Globally, oral cancer is the 8th most common cancer; it is the 10th most common cancer in Europe with 75,000 new cases each year in the EU;
- Oral cancer is very aggressive, 50% of those diagnosed do not survive 5 years;
- Oral cancer can seriously affect the quality of life of surviving patients; early detection can prevent disfiguring effects as the disease. If diagnosed late, oral cancer is one of the most debilitating and disfiguring of all cancers;
- Incidence of oral cancer is still higher in men than in women; there is an increase in incidence in young people due to lifestyle factors (tobacco use, alcohol and HPV);
- Oral cancer mostly affects people in lower socio-economic groups. These socially vulnerable and excluded groups of population face a higher burden of oral cancer and a greater barrier to accessing prevention and treatment.
- The increase of number of people with oral cancer in Europe means higher healthcare costs;

// OPENING REMARKS

MEP Lynn Boylan welcomed all the participants on behalf of the MEPs Against Cancer Group. She



explained that the MEPs Against Cancer Group (MAC) is an informal group of Members of the European Parliament (MEPs) at the European Parliament committed to actions against cancer. The MAC work together in order to improve cancer prevention and control in Europe, in the belief that European cooperation adds value to Member State actions. In order to

address the challenges faced by the EU, MAC work together with the European Commission and Council and collaborate with relevant organisations with the aim of reducing cancer incidence by 15% by the year 2020.

Ms Boylan further informed that in the 2014 to 2019 legislature the strategic goal of the MAC group is to reduce cancer incidence by promoting prevention, reducing mortality by ensuring equitable access to high quality treatment and care, and ensuring good quality of life for cancer patients and survivors.

Finally, **Ms Boylan** hoped that working together will contribute to raising awareness on oral cancer and the importance of early detection and treatment of the disease as well as the role of dentists.

Dr Wolfgang Doneus, President of the CED, thanked Ms Boylan for hosting the event on behalf of MEPs Against Cancer and for facilitating the start of the discussion about oral cancer in the European Parliament. He also thanked European Cancer Leagues for their invaluable assistance in organising the event. He hoped that the discussions will be the beginning of an on-going dialogue with the Members of the Parliament, policy makers and different stakeholders about the importance of early detection and treatment of oral cancer and the role of dentists in ensuring that patients across Europe are given the highest chance possible to prevent, detect and treat the disease.



Dr Doneus noted that cancer is one of the most common causes of morbidity and mortality today, with more than 10 million new cases and more than 6 million deaths each year worldwide. It is projected that by 2020 there will be every year 15 million new cancer cases and 10 million cancer deaths. Oropharyngeal cancer is significant component of the global burden of cancer. Tobacco use, alcohol consumption, unhealthy diet and lifestyles and infections are regarded as major risk factors for oral cancer. He looked forward to the discussion and hoped that it would conclude with some constructive recommendations for dental associations and for policy makers. He concluded by introducing the keynote speaker, Professor Saman Warnakulasuriya. Professor Warnakulasuriya is Professor of Oral Medicine & Experimental Pathology at King's College London, consultant to King's and Guy's Hospitals in London (UK) and Director of the World Health Organisation (WHO) Collaborating Centre for Oral Cancer (2005-2017).

Oral cancer includes cancers of the lip, tongue and oral cavity. It is the 10th most common cancer in Europe, with around 75,000 new cases diagnosed each year in the EU. Incidence is still higher in men than in women. The disease remains highly lethal and very aggressive and is one of the most disfiguring of all malignancies.

Oral cancer presents dentists with important obligations, challenges and opportunities to save lives.

The following risk factors enhance the incidence of oral cancer:

- Excessive alcohol consumption
- Any form of tobacco use
- Lifestyle (HPV¹)
- Infections of oral mucosa (*Candida albicans*)

Other factors such as being on an immune suppression regime (e.g. following organ transplantation)

// KEYNOTE PRESENTATION



Professor Saman Warnakulasuriya explained that oral cancer is a malignant disease, which if untreated can spread rapidly; it develops on the lining of the mouth. Oral cancer is very aggressive and most life threatening of all conditions affecting head and neck. Fifty percent of patients die with or of the disease. Even for the fifty percent who survive the disease is visually deforming and can cause functional impairment and psychological disturbance.

Oral cancer presents with a new growth or an ulcer of the lining mucosa present in the mouth for more than three weeks. Some early changes can be observed as red or whites plaques.

Professor Warnakulasuriya noted that oral cancer is largely a disease of the deprived – incidence rates are correlated to socio-economic status (education, income, occupation).

Professor Warnakulasuriya further presented the trends for oral cancer. There has been a dramatic increase in head and neck cancers in Central and Eastern Europe. He explained that the increase is a result of the smoking epidemic and rising alcohol consumption.

Professor Warnakulasuriya stressed the importance of screening test for oral cancer consisting of a visual oral examination and palpation of the neck. To this end, a reliable and valid training is essential and should be included in both dental and medical curricula. He presented the results of a research study in primary care in Finland which documented the cases of 221 patients were later found to have cancer – 56% of them received referrals, 24% were retained in primary care for too long after being diagnosed as an infection or a benign lesion and 20% were completely overlooked. He explained that the delay in diagnosis had three components: patient, professional and system. Studies show that

patients often ignore oral cancer symptoms and/or have poor access to healthcare; general practitioners happen to misinterpret the symptoms of the disease and; health system is overwhelmed with costs and ongoing priorities. Lack of public awareness about oral cancer, its symptoms and causes is alarming. In the United Kingdom, a Mouth Cancer Awareness Month is organized to raise public awareness about risk factors of the disease (tobacco, alcohol and other addictions).

Professor Warnakulasuriya stressed that late diagnosis needs to be tackled as well as the issues of equity, to ensure that everybody has access to primary healthcare. An e-learning programme entitled [‘The use of lifelong learning and e-learning as an educational tool to improve oral cancer screening and early detection by medical and dental professionals in Europe’](#) has been developed with EU funding by various partners and the results are freely accessible via the project’s website containing information about oral cancer. He also mentioned another initiative he is involved in, the Global Oral Cancer Forum which is an international group and will meet in March 2016 in New York. The Forum will mainly discuss how to tackle the issue of delay in diagnosis of oral cancer.

Professor Warnakulasuriya also emphasized the importance of screening for oral cancer and encouraged the European organizations to undertake screening programmes for detection of oral cancer.

Professor Warnakulasuriya concluded that an EU policy on oral cancer is necessary. That policy should include education at undergraduate level for both dentists and general practitioners. Oral cancer is a disease that can be prevented and its incidence reduced of 20%. This can be done through education, increasing public awareness and improving the health systems.

The keynote presentation was followed by a discussion.

Dr Andrej Kansky, member of the Dentistry Committee at the Medical Chamber of Slovenia, stressed that dentists play an important role in oral cancer detection because they work in the mouth every day. He explained that surgical statistics show that there is a difference in survival rates depending on the treatment- 5 year survival in a patient who underwent surgery is of 80% but in case of a radio- or chemotherapy the survival rate is much lower.

// PATIENTS’ PERSPECTIVE

Ms Lia Mills gave a touching, thought-provoking and inspiring account of her experience of the disease from a patient’s perspective. **Ms Mills** was diagnosed with oral cancer nine years ago. She explained that her case was a case of a late diagnosis which was due to the lack of knowledge and awareness about the disease. She did not know that it was possible to get cancer of the mouth. If she had known, she would have been more vigilant. Late diagnosis can affect treatment results, residual effects and have implications for a person’s quality of life after treatment.



Ms Mills stressed the importance of early detection and appropriate treatment. Early diagnosis increases chances of survival and spares the patient a lengthy and painful treatment. She noted that appropriate and timely diagnosis and treatment can not only save lives but also bring important savings to health systems. She explained that awareness and early intervention (clean and easy removal of an isolated tumor) are easy.

Oral cancer remains a highly lethal and very aggressive disease. Early detection of the disease can increase the chances of survival up to 90%. Oral cancer can develop at any stage of life, regardless of age; however, it is increasingly likely as people get older.

Any changes or abnormality in the mouth (lips, tongue and cheeks) should be examined by the dentist. As a rule of thumb, lesions which remain for 2 weeks should be consulted as soon as possible.

Incidence of risk of oral cancer increases with the following risk factors:

- Any form of tobacco use
- Excessive alcohol consumption
- Other lifestyle factors (e.g. HPV, excessive sunlight exposure)
- Infections of the mouth
- Poor oral health and hygiene
- Age

Therefore, visiting a dentist on a regular basis (1-2 times a year), quitting tobacco use, reducing alcohol consumption, having healthy lifestyle (including HPV vaccination) and developing and maintaining good oral health and hygiene are essential in preventing development of oral cancer.

// EUROPEAN UNION ACTION AGAINST CANCER

Mr Martin Seychell, Deputy Director-General for Consumers and Health, thanked the organisers for the opportunity of putting in context of a wider framework what the EU has been doing in the field of



cancer. He noted that cancer has been on the European Union's public health policy agenda for three decades. Thirty years ago, the Heads of State of the then twelve members of the EU met in Milan and committed to launching the first Europe Against Cancer Programme. From then on, actions that stem from that meeting

led to the first European Code Against Cancer and some landmark pieces of legislation like prohibition of advertising of tobacco products and regulating tobacco products, chemicals, pesticides and carcinogenics at work. Numerous supporting actions have been undertaken.

Mr Seychell also noted that the action against cancer at EU level aims at supporting Member States in their endeavours by providing a framework for sharing information, capacity and expertise. The purpose is to reduce the burden of cancer through evidence-based strategies for prevention and cancer control. In order to ensure coordination of cancer initiatives, a Commission Expert Group on Cancer Control has been set up with participation of Member States, cancer policy experts and

relevant stakeholders. The Commission also supports Member States in adopting and improving national cancer control plans. Thanks to the Joint Action European Partnership Against Cancer, 25 out of 28 Member States have already adopted such plans. Currently, Joint Action CANCON (Quality Improvement in Comprehensive Cancer Control) will cover the period 2014-2016. Its main deliverable will be the European Guide on Quality Improvement in Comprehensive Cancer Control.

Mr Seychell stressed that prevention is key to efforts and major health determinants such as smoking, alcohol, unhealthy diet and physical inactivity need to be tackled. This is a long-term priority for the Commission. A key prevention tool is the European Code Against Cancer which is a comprehensive list of recommendations in a citizen-friendly format and which has been revised by the Commission in cooperation with the International Agency for Research on Cancer.

Mr Seychell further stressed that oral health is an area where prevention is key. The challenge remains how to convey information that is very basic but difficult to communicate. It is necessary to talk about prevention to the public, starting in early childhood. Oral cancer can be life-threatening if not diagnosed early. It is one of the most common cancers in the world and in Europe. The trends are worrying and due to a number of risk factors. Important message that needs to be taken forward is that most of these cancers can be prevented. To achieve further results, a common fight against tobacco use and alcohol consumption is necessary. The needs of disadvantaged socio-economic groups also need to be addressed.

Mr Seychell concluded that a close dialogue and joint approaches of Member States and stakeholders on oral health matters are key. He invited oral health stakeholders to link up and play an even more active role in the work on oral cancer which is part of the Commission's wider efforts to ensure a strong policy framework for the prevention and management of chronic diseases. He noted that specifically on oral cancer dentists play a key role in the area of health promotion as dentist is very often the only channel of communication regarding risk factors of oral cancer, particularly for young people; dentist is the only health professional they see on a regular basis.

// EXCHANGE OF GOOD PRACTICES

Dr Hendrike van Drie, chair of the CED Working Group Oral Health briefly presented the Working Group and its activities. She introduced the panel of speakers and opened the discussion on exchange of good practices.



Dr Conor McAlister thanked MAC and CED for the opportunity to share the oral cancer campaign in Ireland. He particularly thanked the Irish MEPs for their presence at the meeting and Professor Warnakulasuriya for his excellent presentation.

Dr McAlister presented the background of the oral cancer campaign in Ireland. The campaign was



initiated by a group of oral cancer survivors (among them Ms Lia Mills). The reasons for the campaign were lack of awareness and knowledge about the disease, worrying increase in incidence and lack of a co-ordinated action plan. In Ireland, there is an alarming increase in the disease - an estimated 400 new cases are diagnosed each year. Two Irish dental schools, Irish Cancer Society, Dental Health Foundation in Ireland and the Irish Dental Association came together to start the campaign. Its objectives were to produce a leaflet with explanation of the disease, to promote knowledge about the disease in the dental profession, to involve media, to create a website for general public, dental professionals and medical professionals and to establish and hold an annual Mouth Cancer Awareness Day. The first Awareness Day took place in 2010 and triggered a lot of interest. More than 3000 people came for free examinations; 6 cancers were diagnosed on the Day. It was decided that the initiative should be taken forward to general practices in Ireland. There was a need to extend the continuous education campaign, to upskill dentists so that they would not refer too many lesions that did not need to be referred and to expand the media campaign.

Dr McAlister informed that Ireland was invited together with Greece, Spain and the United Kingdom to join an initiative to promote knowledge about the disease among healthcare professionals in Europe. The initiative is a project in the framework of the Leonardo da Vinci Partnerships and is entitled [‘The use of lifelong learning and e-learning as an educational tool to improve oral cancer screening and early detection by medical and dental professionals in Europe’](#).

Dr McAlister noted that the Irish campaign still requires improvements. One of the huge challenges in the campaign is to upskill not only the medical profession in the area of oral cancer but also other healthcare professionals because patients with suspicious lesions in their mouth tend to present not only to dentists but also to doctors, pharmacists and other healthcare professionals.

He stressed that the campaign also aims at reducing the delay in diagnosis as already mentioned by previous speakers. To this end, a proper communication between healthcare professionals is crucial. There is also a need to develop a strategy for various disadvantaged groups in our communities, to participate in the development of national cancer control strategies and to create a kind of a European network to work together towards a common goal.

Dr McAlister concluded by expressing his wish for establishing a European Mouth Cancer Awareness Day in the future.

Dr Francisco Rodriguez Lozano thanked CED for the invitation to the meeting and MAC for their interest in cancer. As the preceding speakers, he repeated that 50% of patients diagnosed with oral cancer die due to a delay in diagnosis. He stressed that early diagnosis hugely increases the chances of survival. Five- year survival rates after diagnosis show that diagnosis in early stages gives an 80% chance of survival, when regionally spread of 40% but drop drastically to only 20% when oral cancer is

diagnosed at metastasis stage. He noted that according to 2012 data, 61,400 new cases were diagnoses in Europe and 23,600 died.

Dr Rodriguez Lozano identified three causes of delay in diagnosis: patient, healthcare professional and health system. The delay related to patient can be tackled through educational campaigns to increase knowledge about tobacco and alcohol, healthy diet and HPV. In Spain, for example, a [video about self-examination of the mouth](#) was created for patients. Regarding the healthcare professional delay, dentists must be well-prepared to diagnose oral cancer. Therefore, undergraduate education and continuous education must be designed in a way to equip dental professionals with the necessary skills. In connection to the delay caused by the health system, he explained that this remained an issue in only a few EU countries.



Dr Rodriguez Lozano also stressed the important role of dentists in smoking cessation.

Dr Rodriguez Lozano further presented the national campaign on early diagnosis and prevention of oral cancer in Spain. The campaign included free examinations offered to patients during one week, courses for dentists on oral cancer and workshops on oral biopsy, media campaigns, clinical guidelines on oral cancer sent to every dentist in Spain, a book on oral biopsy and establishment of a Permanent Board of Experts within the Spanish Dental Association to discuss oral cancer matters.

Dr Rodriguez Lozano concluded his presentation by stressing that it is important to establish referral pathways from primary/private care to secondary care. He gave the example of a temporary agreement with the Spanish Society of Maxillo-Facial Surgery for direct referral from healthcare professional to relevant services where cancer has to be treated. The agreement was supported by the national health system authority.

Dr Pedro Ferreira Trancoso thanked for the invitation and the opportunity to present the Portuguese



national strategy on early intervention in oral cancer. The project was drafted and implemented by the Portuguese Ministry of Health (Directorate General for Health) and the Portuguese Dental Association. It involves general medical practitioners, dentists, oncology units of national cancer hospitals and the reference pathology laboratory.

Dr Ferreira Trancoso presented the data from 2012: 1294 new cases of oral cancer were reported (968 of them were men). Oral cancer is the sixth most common cancer in Portugal and its incidence has been increasing in the past decade. In terms of oral cancer awareness, the Portuguese society shows a lack of awareness about the signs and symptoms of the disease and fail to identify its risk factors. However, most of the population recognises that early diagnosis increases the chances of successful treatment.

The national strategy on early intervention started on 1 March 2014. The Portuguese government spends around 500,000 € for the national oral health programme; this includes the oral cancer project. The project is also supported by a specifically designed software to ensure communication between all parties involved.

Dr Ferreira Trancoso further explained the clinical and socio-economic objectives of the project which included early diagnosis, increasing awareness, reduction of mortality and morbidity and reduction of costs of treatment, rehabilitation and long-term complications due to treatment.

He further presented the organisation of the project. Two hundred and forty dentists were allocated to the project according to geographical distribution and density of population in the country. The aim was also to promote knowledge about oral cancer among general medical practitioners and other healthcare professionals. A guide on early intervention in oral cancer for healthcare professionals has been published and distributed to all dentists registered with the Portuguese Dental Association as well as to the general medical practitioners within the national health system. Two theoretical courses have also been organised (921 applicants) followed by a written exam. Successful applicants were required to follow a practical course aimed at standardising biopsy criteria nationwide.

The strategy also requires general medical practitioners to do an oral examination when a patient has an oral complaint or is referred for an oral complaint. Male smokers and heavy drinkers above the age of 40 will have a mandatory mouth examination by a general medical practitioner every 2 years. The strategy further requires that in case of a suspicious lesion detected by a general medical practitioner a diagnostic voucher is issued and the patient is referred to a dentist participating in the project. If the dentist assesses that a biopsy is indicated, a biopsy voucher is issued, a biopsy is performed and the results are sent to the reference pathology laboratory for analysis. The average time from clinical detection of an oral lesion to the appointment at a cancer hospital is between 10 and 15 days. In the first year, data also show that only roughly 30% of the vouchers issued were actually used by patients. Recent data show that the percentage of biopsy vouchers used reached 90% meaning that almost every suspicious lesion has been biopsied by a dentist.

To conclude, Dr **Ferreira Trancoso** pointed out that the project could still be improved by increasing awareness of the Portuguese population about oral cancer (e.g. through media campaigns), reducing exposure to risk factors, increasing the use of both diagnostic and biopsy vouchers and increasing awareness of other healthcare professionals about the disease.

// CONCLUSIONS

MEP Nessa Childers concluded the meeting on behalf of MAC. She noted that most of cancers are so-called ‘silent killers’ but this is not the case for oral cancer as lesions are visible and can be examined quickly. She stressed the importance of using social media to raise awareness on oral cancer. She also noted that



financing of detection and treatment of oral cancer is a political issue which has to be dealt with political tools.

Dr Wolfgang Doneus thanked MAC for hosting the event in the European Parliament. He expressed his gratitude to the keynote speaker, Professor Saman Warnakulasuriya for his excellent presentation, as well as to all the speakers and panellists for giving their perspectives on oral cancer. He thanked the CED Working Group Oral Health for preparing the event. He was convinced that the Working Group will be able to take the many points made during the meeting and carry on the work needed to continue to raise awareness about the importance of early detection and treatment of oral cancer and the role of dentists.

Finally, **Dr Doneus** thanked the audience and particularly Members of the European Parliament (Biljana Borzan, Lynn Boylan, Matt Carthy, Nessa Childers, Brian Hayes, Seán Kelly, Mairead McGuinness) for joining the meeting. He hoped that with their support it will be possible to ensure better prevention, early detection and treatment of oral cancer.

* * *

The [Council of European Dentists \(CED\)](#) is the representative organisation for the dental profession in the EU, representing over 340,000 practising dentists through 32 national dental associations. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED promotes high standards of oral healthcare and effective patient safety centred and evidence based professional practice across Europe.

The [MEPs Against Cancer \(MAC\)](#) group is an informal group of Members of the European Parliament (MEPs) committed to actions against cancer. The MEPs Against Cancer work together in order to improve cancer prevention and control in Europe, in the belief that European cooperation adds value to member state actions. In order to address the challenges faced by the EU, MAC works together with the European Commission and Council and collaborate with relevant organisations to reduce cancer incidence by 15% by the year 2020.

The vision of [Association of European Cancer Leagues \(ECL\)](#) is for a **Europe Free of Cancers**. The role of ECL is to facilitate the collaboration between cancer leagues throughout Europe and to influence EU and pan-European policies. The mission of the Association of European Cancer Leagues is to influence and improve cancer control and cancer care in Europe through collaboration between its members in their fight against cancer, and to influence EU and pan-European policies. ECL provides the Secretariat for the MEPs Against Cancer Group in the European Parliament.