

About Mouth and Oropharyngeal Cancer - A Quick Guide



Contents

This is a brief summary of the information on 'About mouth and oropharyngeal cancer' from CancerHelp UK. You will find more detailed information on the website.

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The mouth and oropharynx

The mouth (or oral cavity)

The medical term for the mouth is the oral cavity. Mouth cancer includes cancer that starts anywhere in the oral cavity. In other words, the lips or the inside lining of the cheeks and lips, the front two thirds of the tongue, the gums, the floor of the mouth,

or roof of the mouth (the hard palate) and the area behind the wisdom teeth

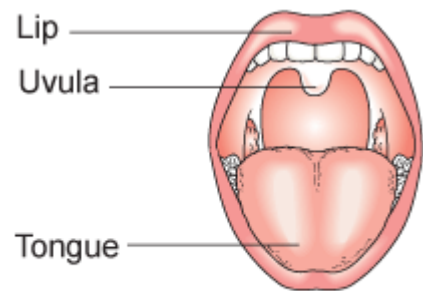


Diagram showing the parts of the mouth above the tongue
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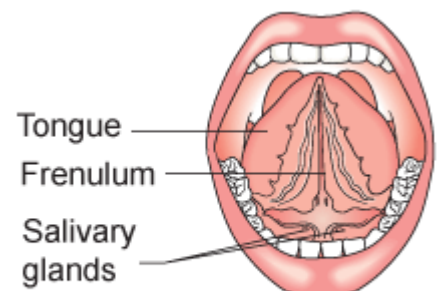


Diagram showing the parts of the mouth below the tongue
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The oropharynx

Pharynx is the medical name for the throat. The pharynx is divided into 3 parts. The oropharynx is the part of the throat just



behind the mouth. Cancers that start in this area are called oropharyngeal cancers.

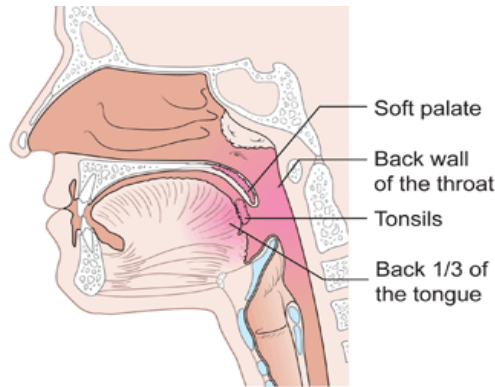


Diagram showing the parts of the oropharynx
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What throat cancer means

People sometimes use the term throat cancer to describe cancer that develops in any of the 3 parts of the pharynx, or even the thyroid gland, the voice box (larynx) or the gullet (oesophagus). It is important to know the exact medical name of the cancer you have so that you can find the right information.

Lymph nodes in your neck

Lymph nodes are small, bean shaped glands that are part of the lymphatic system. There are major groups of lymph nodes in the neck. Cancers that start in the mouth and oropharynx can spread to these lymph nodes because they are close by.

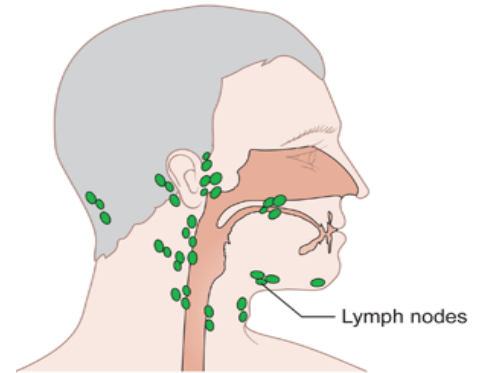


Diagram showing the lymph nodes in the head and neck
Copyright © CancerHelp UK

Risks and causes of mouth cancer

Definite risks for mouth and oropharyngeal cancer

Cancers of the mouth and oropharynx are rare. We don't know exactly what causes them, but we do know that several things affect your risk.

Main risk factors

Smoking tobacco (cigarettes, cigars and pipes) and drinking a lot of alcohol are the main risk factors for mouth and oropharyngeal cancers in the western world. Mouth cancer is much more common in parts of the world where people chew tobacco or betel quid with tobacco (also called paan).

Other risk factors

Poor diet is common in heavy drinkers and may increase mouth cancer risk. Other factors include human papilloma virus (HPV) infection, having had cancer before, and sun exposure. About 1 in 3 people diagnosed with lip cancer work outdoors.



Possible risks for mouth and oropharyngeal cancer

But there is not enough evidence for these to be thought of as definite risk factors. With further research, some may turn out not to be risk factors at all.

Irritation to the lining of the mouth

Some people have worried that long term irritation to the lining of the mouth can cause mouth cancer. For example, dentures that do not fit properly could cause irritation. But most research studies have not found a link. Even so, you should have dentures checked by your dentist at least once every 5 years.

Mouth cleanliness

Studies show that people who brush their teeth only once a day or less, and people who go to the dentist rarely, have a slightly increased risk of oral cancer

Mouthwash

Some studies have suggested that mouthwashes with high alcohol content could increase mouth cancer risk. But other studies found that this is not the case.

Family history

There does seem to be a slightly higher risk of getting mouth cancer if you have a close relative with the disease.

Symptoms of mouth and oropharyngeal cancer

The two most common symptoms of mouth cancer are

- An ulcer in the mouth that will not heal – 80 out of every 100 people with

mouth cancer (80%) have this symptom

- Discomfort or pain in the mouth that will not go away

Other symptoms can include

- A white or red patch in the mouth or throat that will not go away
- A lump or thickening on the lip, or in the mouth or throat
- Difficulty or pain with chewing or swallowing
- A feeling that something is caught in the throat
- Unusual bleeding or numbness in the mouth
- Loose teeth for no apparent reason
- Difficulty moving the jaw
- Speech problems
- A lump in the neck
- Weight loss
- Bad breath (halitosis)

Less serious conditions than cancer may cause many of these symptoms. But it is important that you report any of these symptoms to your doctor or dentist.

Pictures of mouth cancer

These photos will give you an idea of what possible mouth cancers can look like, but remember they might appear differently to this. On the next page, there are pictures of

- A shallow ulcer
- A speckled ulcer
- Tongue cancer
- A red patch under the tongue



A shallow ulcer

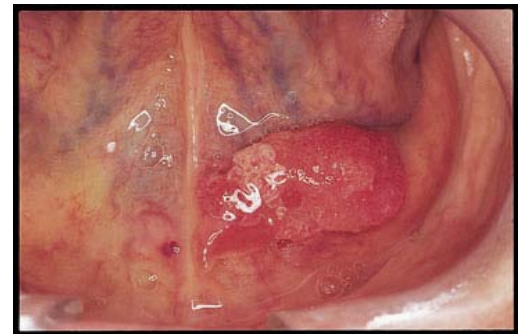
Below is a picture of a shallow ulcer on the lower lip



Photograph reproduced with permission from Health Scotland and Glasgow Dental Hospital

A red patch under the tongue

And below is a picture of a red patch underneath the tongue



Photograph reproduced with permission from Health Scotland and Glasgow Dental Hospital

A speckled ulcer

The picture below shows a speckled ulcer affecting the inside of the cheek



Photograph reproduced with permission from Health Scotland and Glasgow Dental Hospital

Screening for mouth cancer

Screening means testing people for early signs of cancer before they have any symptoms.

There is no national screening programme in the UK for mouth or oropharyngeal cancer, because these cancers are relatively uncommon.

You can do a couple of things to make sure early signs are spotted

- Have regular dental check ups, at least yearly - even if you have false teeth
- Check inside your mouth with a small mirror for any changes or suspicious signs

Tongue cancer

This picture below shows cancer on the side of the tongue



Reproduced with permission from Health Scotland and Glasgow Dental Hospital

Dentists play an important role in picking up early mouth cancers. Many dentists do routinely check for mouth or oropharyngeal cancer. So they are often the first to spot these cancers in their patients. You need to report any changes you or your dentist find to your GP. This is especially important if you drink alcohol and also smoke.



Types of mouth and oropharyngeal cancer

Most mouth and oropharyngeal cancers are squamous cell cancers. But there are other less common types.

Squamous cell cancers of the mouth and oropharyngeal cancers

More than 9 out of 10 mouth and oropharyngeal cancers (90%) are squamous cell carcinomas. Squamous cells are the flat, skin like cells that cover the inside of the mouth, nose, larynx and throat. Carcinoma just means cancer. So squamous cell carcinoma is cancer that starts in these cells.

There is an unusual type of squamous cell carcinoma called verrucous carcinoma. About 1 in 20 mouth cancers (5%) are this type. Verrucous carcinoma rarely spreads to other parts of the body but can grow very deeply into surrounding tissues.

Other types of mouth and oropharyngeal cancers

About 1 in 10 mouth and oropharyngeal cancers (10%) are either salivary gland cancers, lymphomas or melanomas. CancerHelp UK has separate sections about these cancers.

Non cancerous growths of the mouth and oropharynx

A growth or tumour may not always be cancer. Some mouth and oropharynx tumours are non cancerous (benign). The main difference is that a cancer can spread, while a benign tumour will not.

Pre-cancerous conditions

There are two medical conditions that cause abnormal areas in the mouth or throat. They are harmless to begin with but if left untreated can turn into a cancer.

One condition is leukoplakia, which causes white patches in the mouth. The other is erythroplakia, which is a slightly raised red area in the mouth that bleeds easily.

Should I see a mouth cancer specialist?

It can be very difficult for GPs to decide who to refer to a specialist. The National Institute for Health and Clinical Excellence (NICE) has produced guidelines for GPs to help them decide which patients need to be seen urgently by a specialist.

Urgent referral guidelines

The guidelines say that you may need urgent referral to a specialist if you have

- Mouth ulcers that do not go away after 3 weeks
- Swelling in the mouth that does not go away after 3 weeks
- Red and white patches in the mouth (that are not thrush) and are painful, swollen or bleeding
- An unexplained sore or painful throat that has lasted longer than it should
- An unexplained lump in your neck
- Unexplained swelling in the glands under your ear, or around your lower jaw, that does not go away
- Unexplained pain on one side of your head or neck for more than 4 weeks, with ear ache for no apparent reason
- Any other signs or symptoms affecting your mouth that can't be explained and have lasted for more than 6 weeks

Your doctor may refer you to a dentist urgently if you have a loose tooth for more than 3 weeks, for no apparent reason. Your GP should refer you for urgent chest X-ray if you've had a hoarse, husky or



quieter voice for over 3 weeks, especially if you're a heavy drinker or a smoker over 50.

What to ask your doctor about mouth cancer

- Am I more likely to get cancer of the mouth or oropharynx than anyone else?
- I used to smoke (chew paan, betel quid or tobacco) - does this mean I will get a mouth or oropharyngeal cancer?
- How should I go about giving up smoking?
- What is a safe amount of alcohol to drink each week?
- How will I know if I have cancer of the mouth or oropharynx?
- Will my diet increase my risk of a mouth or oropharyngeal cancer?
- I am exposed to soot (diesel fumes, metal dust) at work. Does this affect my risk of mouth and oropharyngeal cancers?
- Can I be screened for mouth and oropharyngeal cancers?
- Do mouth and oropharyngeal cancers run in families?
- Is there anything I can do to reduce my risk of mouth and oropharyngeal cancers?

More information

For more information about mouth and oropharyngeal cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040**
9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in October 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).