The Voice of an Oral Cancer Patient

Heather Biggar, DipDH, BDSc; Catherine F. Poh, DDS, PhD, FRCD(C); Miriam Rosin, BSc, PhD; P. Michele Williams, BSN, DMD, FRCD(C)

Gail is a warm and friendly 59-year-old retired banker. She enjoyed working but retirement has offered her the luxury of time. She now has the opportunity to pursue other interests including reading, walking, working out and visiting with her many friends.

Recently, we spoke with Gail about her experiences with oral cancer and the importance of the oral screening examination performed at her routine dental visit.

Gail, can you tell us how your cancer was initially detected?

I first noticed a flat, dark spot on my gum. There was no pain, but it had an unusual appearance. When I went to my dentist for my regular semi-annual check-up, I pointed the spot out to him. He referred me to a periodontist who removed it. That seemed to help for a while but then I noticed a little growth.

I don’t remember the time frame exactly, but a year or two later, I was referred to an oral medicine specialist who took a little piece of flesh from the area for biopsy. I was told that it was not totally abnormal tissue but something that needed to be monitored on a regular basis. Occasionally a biopsy would be done, and on one such occasion, I had a growth that turned out to be malignant. That year, I had my first surgery.

What would you say about the importance of oral cancer screening as part of your regular dental visit?

People should go to their dentist at least once a year, as part of their routine. Even once a year is probably not enough but it’s better than nothing. I think that going to the dentist is something that should happen right from the time you’re young. Nowadays it seems that kids are visiting the dentist earlier and I think that’s where the education should start.

You visit the dentist to have your teeth cleaned, they look at your gums, and if you go on a regular basis, your dentist will know what’s normal for you and what’s not. The procedure for detecting oral cancer is simple: the dentist holds your tongue and twists it around to have a look. You really should have your mouth looked at by someone who knows what a healthy mouth should look like. My dentist didn’t hesitate to refer me on when he noticed a problem. Something unusual needs to be followed up as quickly as possible, just to eliminate, if nothing else, the fact that it could be cancerous.

Before your own experience had you ever heard about oral cancer?

One thing that I remember about oral cancer has to do with when I worked in a bank. I had a client who had a cancer on his
Gail’s History

Gail was a light smoker and a social drinker in her early twenties. She quit smoking more than 20 years ago. Her history begins with self-identification of a painless colour change in her mouth that she brought to the attention of her dentist at a regular dental visit. The mucosal abnormality involved the tissues of the right hard palate and gingiva. When the lesion failed to resolve, Gail’s dentist referred her to a community-based specialist. The abnormality was biopsied and diagnosed as proliferative verrucous leukoplakia with mild dysplasia. A program of regular monitoring was established. During regular follow-up, which included a series of comparative biopsies, the degree of dysplasia worsened. Gail was therefore referred to the BC Cancer Agency. In this specialized referral centre, she continued to be followed closely. Despite careful monitoring and repeated minor surgeries, the condition progressed to a verrucous carcinoma. Surgical resection, including removal of multiple teeth and the associated alveolar bone, was eventually required. It is now more than 4 years since this surgery was performed. Gail continues to be monitored at regular intervals. She remains symptom and disease free. Following prosthetic rehabilitation she has regained normal oral function.

What is your message to dentists?

Don’t delay. If there’s anything unusual with a patient it needs to be followed up as quickly as possible. I think I’m a very good example of what happens when it’s detected quickly and monitored regularly. Yes, I’ve had surgeries, but in my mind it’s been contained and kept to a minimum. This goes hand in hand with people noticing what’s going on in their mouth and visiting the dentist on a regular basis.

I consider myself lucky, considering that I could have lost the entire roof of my mouth and had to wear a prosthesis that would be forever. Right now I’m wearing a partial denture, for which I am thankful. I believe the fact that my cancer was detected early and followed on a regular basis really made a difference. I consider myself one of the fortunate ones, I really do.

THE AUTHORS

Ms. Biggar is a dental hygienist and graduate student, dentistry, University of British Columbia and BC Oral Cancer Prevention Program, BC Cancer Agency/Cancer Research Centre, Vancouver, British Columbia.


Dr. Rosin is a translational scientist and professor, applied science, Simon Fraser University, medicine, University of British Columbia and director, BC Oral Cancer Prevention Program, BC Cancer Agency/Cancer Research Centre, Vancouver, British Columbia.

Dr. Williams is an oral medicine specialist and clinical professor, dentistry, University of British Columbia and oral medicine leader, BC Oral Cancer Prevention Program and department of oral oncology, BC Cancer Agency/Cancer Research Centre, Vancouver, British Columbia. Email: mwill@bccancer.bc.ca

Correspondence to: Dr. P. Michele Williams, Division of Oral Oncology, BC Cancer Agency, 600 West 10th Avenue, Vancouver, BC V5Z 4E6.

The views expressed are those of the authors and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.