



RE: Early Detection of Mouth Cancer

Dear Chief Dental Officer,

We are writing to share our concerns with you about the indirect harm caused to the nation's oral health as a result of COVID-19, with specific reference to mouth cancer. The closure of dental practices for public health reasons has resulted in the removal of a vital pillar in the early detection of oral cancer. We are sure you share these concerns and would like to offer our help and support to mitigate the negative impact.

The opportunistic screening/case finding of mouth cancer during a dental examination has not been available to the population for the past nine weeks. Those with signs and symptoms will now have gone unchecked for some time. We know from the literature that tumour stage continues to be one of the most important prognostic factors for oral cancer. Prior to the pandemic our charity continued to promote Mouth Self Examination (MSE) to the population with the aim of empowering the public with skills and knowledge to find the disease earlier for themselves.

Our message is clear and unambiguous, a simple five point check starting from the outside of the mouth. It begins with the lips moving to the inside of the cheeks, all sides the tongue, roof of the mouth and floor of the mouth. Attached to this letter is a copy of our Mouth Self Examination leaflet that we would be more than happy for you to share amongst health board leads.

In order for MSE to be a helpful addition to the early detection of oral cancer, a clear pathway for patients to seek help/advice with appropriate onward referral is required. The common argument against a public awareness campaign and self examination programme is around concern of overwhelming services with the worried well. This should not be a barrier to action and should not be used as a reason to hold back on sharing appropriate information on signs and symptoms of life threatening disease.

We are asking that you turn to each health board and ask for a clear pathway to support the early detection of oral cancer that takes into account the changes to services caused by COVID-19. We believe there is an urgent need for an interim measure to be put in place as dental practices begin a slow considered return to operation.

We propose below the fundamentals of an interim pathway that makes use of the current service design of GDP triage and referral to urgent care centres.

1. The public should be empowered with skills and knowledge to detect the early signs of mouth cancer.
2. GDPs should be supported to triage patients presenting via telephone with early signs and symptoms of mouth cancer. This may require further guidance and clear algorithms to aid with escalation of concerns and providing reassurance to patients.

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3. Each board/trust should have in place a process to assess urgent suspicion of mouth cancer in a 2 week period unhindered by the COVID-19 situation. This should be supplemented with a process whereby lesions that cannot be assessed adequately by telephone but give some concern are reviewed in a timely fashion, either by use of video consultation or face to face. Perhaps the Urgent Dental Care Centres could act as the interim measure to checking signs and symptoms and facilitating onward referral to surgical services as required. This will require close working with OMFS colleagues and clear communication to GDPs.

In the coming days we will be reinvigorating our MSE message on social media and mainstream media to take into account the COVID-19 situation. We will once again use the #mouthcheck for this campaign.

We are grateful for your continued service to the nation's health and hope you find our approach supportive. Please do not hesitate to contact us if you think we can be of assistance.

We look forward to hearing from you about what processes health boards/trusts have in place to mitigate the impact of COVID-19 on the early detection of mouth cancer.

Kind Regards

The trustees of LTAMC

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