

# Performing a death-defying act

**ALICE M. HOROWITZ, Ph.D.;**  
**MICHAEL C. ALFANO, D.M.D., Ph.D.**

**O**ral and pharyngeal cancers afflict 30,000 Americans a year, killing more than one in four people affected—about one person each hour—and disfiguring many others. Unfortunately, the last few decades have seen little progress in the diagnosis, the treatment or the survival rates of patients with oral and pharyngeal cancer.

However, as we write this editorial, wonderful progress—catalyzed by the 1996 Oral Cancer Strategic Planning Conference—is unfolding.<sup>1</sup> For example, incisive editorials on oral cancer in recent years by JADA editor Dr. Lawrence Meskin<sup>2,3</sup> and by the authors<sup>4-6</sup>; the publication of this oral cancer supplement to *The Journal*; and the American Dental Association's collaboration in a 10-city billboard campaign on oral cancer all are indicative of a powerful effort led by the dental profession to increase awareness of this deadly disease. Moreover, the National Institute of Dental and Craniofacial Research is funding statewide model planning grants to study oral cancer prevention and early detection—a first. And, recently, an exciting report in the *New England Journal of Medicine* indicated that abnormalities in the number of chromosomes, a condition called aneuploidy, may be an excellent predictor of which cases of leukoplakia will progress to carcinoma.<sup>7</sup>

Powerful events? Yes, indeed. How do you think consumers will react to an effective oral cancer awareness outdoor advertising campaign co-sponsored by the American Dental Association, or by ever-increasing TV coverage of the issue? We have seen the effects con-

sumers can have on a profession when they demand specific services, and as our patients begin to demand comprehensive examinations for oral cancer, it is expected that the frequency of this “death-defying” examination will rise dramatically. This increase should have a significant impact on the five-year survival rates for patients with oral cancer; five-year survival after early diagnosis is about 80 percent, but that rate falls to only 20 percent after late diagnosis. At present, only about 35 percent of oral cancers are diagnosed in the early phase of the disease when it is most curable.

This is where you get involved. Although most dentists report that they perform oral cancer examinations, several studies<sup>8-11</sup> have indicated that their knowledge of the etiology of the disease, as well as of the examination process per se, is not adequate. These dentists also indicated that they were very interested in continuing education regarding oral cancer, especially regarding the conduct of a comprehensive oral cancer examination. Moreover, if you visit the Web site for Healthy People 2010<sup>12</sup> (“web.health.gov/healthypeople”), you will note that only 13 percent of Americans reported having an oral cancer examination in the past year, as is recommended by the American Cancer Society. Further, several objectives of Healthy People 2010 target a much larger role for dentists in the diagnosis of this disease, as well as in counseling patients about the primary cause of oral cancer—smoking.

This supplement is designed to help you meet your commitment not only to the nation's health objectives, but also to each and every one of your adult patients, including edentulous patients. Accordingly, we specifically designed this supplement to be a short, practical and readable resource, and we invited a few of the very best clinician scientists to assist us: Drs. Remy Blanchaert, Robert Ord, James Sciubba, Sol Sil-

**Working together, we can make a dramatic difference in the deadliness of oral and pharyngeal cancer.**

verman and Scott Tomar. Some very fine organizations, listed here in alphabetical order, have joined the ADA to provide financial support for this endeavor: the American Academy of Periodontology Foundation; Centers for Disease Control and Prevention, Division of Oral Health; Colgate-Palmolive Co.; DENTSPLY International Inc.; the Forsyth Institute; Laclede Inc.; the National Cancer Institute, Tobacco Control Research Branch; the National Institute of Dental and Craniofacial Research; the New York University College of Dentistry; and the Oral Cancer Foundation.

Working together, we can make a dramatic difference in the deadliness of oral and pharyngeal cancer. We can make an oral cancer examination for adults as routine as a Pap smear, a colorectal cancer evaluation or a prostate-specific antigen test; in other words, oral cancer examinations will become a routine, non-negotiable, must-have annual procedure in the minds of consumers. When we couple this examination with counseling our patients about the high risk of smoking and drinking, we will reduce the risk not only of oral cancer, but also of other deadly diseases. In doing these things, we will have served the public good, elevated the status of our profession, given our

patients one more good reason to visit us regularly and saved lives.

So take some time and read this supplement today. Your patients will be asking you. Your patients will be thanking you! ■

1. National Institute of Dental Research; American Dental Association; Centers for Disease Control and Prevention; National Institutes of Health. Proceedings: National Strategic Planning Conference for the Prevention and Control of Oral and Pharyngeal Cancer, Chicago, August 7-9, 1996. Chicago: American Dental Association; 1996.
2. Meskin LH. Do it or lose it. *JADA* 1997;128:1058-60.
3. Meskin LH. One more time. *JADA* 1999;130:910-6.
4. Horowitz AM. As we stand by ... 8,000 die from oral cancer each year. *J Public Health Dent* 1994;54(3):131.
5. Alfano MC. Whither oral medicine ... enter Ann Landers (commentary). *Dental Abstr* 1998;43:4-5.
6. Alfano MC. oral-cancer.org: a Web site, with foresight, to incite (commentary). *Dent Abstr* 1999;44:194-6.
7. Sudbo J, Kildal W, Risberg B, Koppang HS, Danielsen HE, Reith A. DNA content as a prognostic marker in patients with oral leukoplakia. *N Engl J Med* 2001;344:1270-8.
8. Horowitz AM, Nourjah PA. Factors associated with having oral cancer examinations among US adults 40 years of age or older. *J Public Health Dent* 1996;56:331-5.
9. Horowitz AM, Drury TF, Goodman HS, Yellowitz JA. Oral pharyngeal cancer prevention and early detection: dentists' opinions and practices. *JADA* 2000;131:453-62.
10. Yellowitz JA, Horowitz AM, Drury TF, Goodman HS. Survey of U.S. dentists' knowledge and opinions about oral pharyngeal cancer. *JADA* 2000;131:653-61.
11. Horowitz AM, Siriphant P, Sheikh A, Child WL. Perspectives of Maryland dentists on oral cancer. *JADA* 2001;132:65-72.
12. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2010: objective 21—oral health. Available at: "[www.health.gov/healthypeople/Document/HTML/Volume2/21Oral.htm](http://www.health.gov/healthypeople/Document/HTML/Volume2/21Oral.htm)" (scroll down to Objective 21-7). Accessed Sept. 23, 2001.