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Spotting oral cancer early: innovations in screening and treatment you should know

By Michelle Fitzgerald, Crain's Content Studio



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A growth or sore on the mouth that doesn't go away can be more than a nuisance — it can be oral cancer.

But innovations in oral cancer screenings, treatments and surgeries can provide

better outcomes for patients who are diagnosed with this aggressive form of cancer.

“When oral cancer starts, it spreads very quickly and it can be very deadly,” said Jehan Wakeem, a St. Clair Shores dentist and president of the Detroit District Dental Society, a Dearborn-based membership organization. “It’s important to catch it early and treat it right away.”

R. Graham Greenland, a Grand Rapids-based maxillofacial prosthodontist and oral oncologist, said the clinical recognition and evaluation of oral mucosal lesions can detect up to 99% of oral cancers/pre-malignancies.



R. Graham Greenland

“Every lesion must be recognized promptly, accurately diagnosed and treated as appropriate,” he said. “As stated by the World Health Organization, any suspicious lesion that does not subside within two weeks from detection and removal of local causes of irritation must be biopsied.”

When oral cancer is identified and treated in the early stage, the 5-year survival rate is 84%, Greenland said. The survival rate drops to below 40% with a late-stage oral cancer diagnosis.

“Unlike some cancers in other parts of the body, where screening methods are highly advanced and already in use for patients, the same cannot be said for oral cancers, including salivary gland tumors,” said Felipe Nor, a clinical assistant professor at the University of Michigan School of Dentistry. “Extensive research has been conducted on cancer biomarkers, saliva-based screening methods and the role of artificial intelligence in detecting pre-malignant lesions, among others, in an attempt to better understand and anticipate when and if a pre-malignant lesion will transform into cancer and to detect early lesions more proactively using minimally invasive techniques.”



Early stage cancers are usually treated with surgery.



Felipe Nor

Radiation and chemotherapy, in addition to surgery, often are used to treat later-stage cancers.

Advancements also have been made in reconstructive surgeries, both in harvesting other body parts and providing the use of implants or prostheses.

“The true innovation comes in the reconstruction,” Wakeem said. “Of course, it’s not 100%, but for someone who is not able to function at all when part or all of their jaw was removed can perhaps wear an appliance or get some implants in the bone that was harvested. This way they will have some function and can wear a prosthesis so they can chew food and not be relegated to a liquid diet or very soft diet.”

More recently, research has evaluated the performance of personalized therapies that target specific genetic markers of cancers.


“The idea of this therapeutic modality is to target a specific gene that is responsible for the development of a particular tumor,” Nor said. “Another promising area of research in oral cancer is immunotherapy. In this therapy, medications are used to essentially boost the patient’s own immune system to fight the cancer.

Such innovative treatments are still at experimental stages in clinical trials.”

There are two types of oral cancers: HPV-positive and HPV-negative. The HPV vaccine, which was FDA-approved in 2006, can reduce the risk of HPV-positive oral cancer.

“HPV vaccination has been shown to reduce the prevalence of infections that lead to HPV-associated cancers, such as those occurring at the back of the throat and the base of the tongue,” Greenland said. “With about 70% of oropharyngeal cancers linked to HPV, this vaccine offers a valuable preventive measure to combat the increasing incidence of these cancers.”

By Michelle Fitzgerald, Crain's Content Studio

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