

Watch your mouth

By Nicky Pellegrino

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Despite the decline of smoking in New Zealand, we continue to have one of the world's highest rates for head and neck cancers, with about 500-550 new cases diagnosed each year (worldwide, about a million cases are detected annually).

There are several reasons for this, says Hadleigh Clark, one of a small number of specialist oral and maxillofacial surgeons based in this country.

"The issue isn't just smoking, it's alcohol as well," he explains. "Independently, they are both risk factors, but synergistically, they combine to make for a really terrible scenario."

Cigarettes and alcohol are strongly associated with cancers of the oral cavity, primarily the tongue. These have been on the rise in recent years.

Also, over the past couple of decades, New Zealand has seen a significant increase in oropharyngeal cancers - the oropharynx is the part of the throat at the back of the mouth, behind the oral cavity, that includes the back of the tongue, soft palate, the walls of the throat and the tonsils. Cancers in this area are often caused by human papillomavirus (HPV).

Without immunisation, at some point in their lives about 80% of adults will be infected with HPV, which is commonly spread through sexual contact. For most, it will resolve without a problem, but some go on to develop cancer, usually 10 or more years later. This is why it is so important that young people have the Gardasil 9 vaccine, which is funded for everyone aged 9-26.

Originally, Gardasil was offered only to girls, to protect them from future cervical cancer. "But it's actually males that are more at risk of developing the oropharyngeal cancers," says Clark, "so it's an important measure for them, too. There is clear evidence it is effective, although we're not going to appreciate the true benefit for another couple of decades."

Because of our high UV exposure, New Zealanders are at greater risk of lip cancers. And among some of our South-east Asian and Micronesian populations, there is a common practice of chewing areca nut, often combined with chewing tobacco, which is known to be a major cause of oral cancer.

"Areca nut is also available in a powdered form that people rub on their teeth and gums, and that's got an even higher risk associated with it," says Clark.

And although New Zealand's progress towards a Smokefree Aotearoa 2025 is encouraging, he remains concerned about the impact of vaping.

"We know that vaping exposes people to carcinogens but we don't have the long term data yet," says Clark. "Generally, I say that if people are looking to switch from smoking to vaping they must view that as a short-term strategy rather than a replacement."

With many head and neck cancers, the symptoms are subtle, so they are diagnosed at a later stage, after the cancer has spread. That can mean major surgery is required, after which a patient may need therapy to regain their speech or movement.

"A lot of the oropharyngeal cancers don't require surgical treatment, just radiotherapy," says Clark. "But that can affect things like the salivary glands, so patients end up with a very dry mouth and, as a consequence, their teeth are at risk of damage and decay."

Catching a head and neck cancer earlier can mean a better outcome, so it pays to be aware of any changes in that anatomically complex part of your body.

"For the oral cavity cancers, the high-risk sites are the sides and underneath of the tongue and the floor of the mouth," says Clark. "Particularly if someone is a smoker/drinker, if they notice an ulcer that's not healing up after three weeks or any white or red patches, they should see a GP or dentist.

"More than 90% of mouth ulcers are due to having bitten yourself accidentally or a sharp piece of food. But the mouth is good at healing itself so those tend to disappear quite quickly. If something is persisting, particularly if it bleeds or there are unusual painful sensations that aren't provoked by food, then get it checked out."

Oropharyngeal cancers have less obvious signs. "It could be a persistent sore throat or earache, vocal changes such as loss of voice or a hoarse voice, perhaps also issues with swallowing. Again, the best thing is to see your GP and they can refer you to a specialist to investigate further."



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