Q&A WITH...

JOSS HARDING

MOUTH CARE FOR PATIENTS WITH CANCER

Q. HOW COMMON IS ORAL CANCER?

A. According to the Mouth Cancer Foundation, there are more than 8,846 new cases each year in the UK, and over 2,700 deaths. Head and neck cancers are on the rise; there are now more new cases than cervical and testicular cancer put together.

Q. WHY IS THE MORTALITY RATE SO HIGH?

A. Lack of public awareness of oral cancer is a major reason, which leads to late detection. Once the lesion is bigger than a thumbnail, your life expectancy falls dramatically. If people could self-check once a month, learn what is normal in their own mouth and recognise any changes, it could save their life.

Q. HOW DID YOU BECOME INTERESTED IN CANCER CARE, ESPECIALLY CANCERS OF THE HEAD AND NECK?

A. I started to become interested in the 1990s. When a mouth cancer patient arrived for an appointment who had had surgery and radiotherapy, I realised I didn't know how to help them with their late effects. There was little information for dental professionals, so I started asking questions and wrote my first leaflet. It has grown from there.

Q. WHAT ARE THE MAIN SYMPTOMS/ SIDE-EFFECTS OF TREATMENT?

A. The commonest problems can't all be avoided, but they can sometimes be minimised:

- Xerostomia. A dry mouth can vary greatly and can affect the ability to chew, speak and swallow. Patients who have undergone radiotherapy may suffer for this for the rest of their life
- Infection. Oral mucositis can vary in soreness and make cleaning tricky, allowing thrush to proliferate
- Dysgeusia. Change of taste can vary, and food and drink preferences may be quite different throughout and after treatment. This may be long-term
- Tooth decay. There is an elevated risk of tooth decay, especially to root surfaces. Root surfaces are tricky to treat routinely, so extra care with mouth care is crucial, though it is not always possible.

Q. HOW CAN YOU BEST HELP PATIENTS?

A. By listening. When patients receive a diagnosis, the anxiety it causes means that mouth care will often go out of the window. Aside from the cancer itself, they will be facing a wide variety of challenges to their oral health – potentially including pre-existing problems such as decay, periodontal diseases, xerostomia, halitosis and poor diet. They may also be worrying about finances, the impact on their family, and so on. Dental hygiene will likely be a low priority. It's essential to listen to what they are saying and adapt your approach.

Q. WHAT ADVICE DO YOU GIVE?

A. A well-controlled diet is ideal; however, frequent high calorie/sweet food and drinks may be necessary to improve appetite and quality of life – these, in combination with a dry mouth, raise the risk of tooth decay. I recommend using a fluoride toothpaste and mouthwash at different times, trying to eat or drink at one sitting, alternate with water if possible, or consider drinking through a straw.

Q. WHAT ORAL HYGIENE PRODUCTS DO YOU RECOMMEND?

A. I recommend a variety of products, including fluoride toothpastes and varnishes, mouth rinses, dry mouth products, chewing gums, etc, as everyone's response to treatment is different. I like to give patients a goody bag of products to take home and try, with the agreement of their oncologist. In particular, I recommend Biomin F, a remineralising toothpaste that alleviates dentine hypersensitivity and is ideal for cancer patients as it has a mild flavour. As an ethical product, it is not tested on animals and contains no animal products. Biomin C offers patients a proven and effective alternative without fluoride, which matters to many patients with cancer.

Q. WHAT WOULD BE YOUR TOP TIP?

A. Oral health is not always patients' priority when diagnosed. On commencing cancer treatment, due to the potential to lose weight, I say to them: eat and drink everything. When you come back to us, we will help get you back on the right road. Our role is to offer support for patients – however, we must also appreciate if patients wish to decline this support. CD