What are oral and/or facial cancers?

Orofacial cancers are cancers of the mouth cavity or face. They can be classified by pathologists as different histological types and more than 80% of the cancers that we see at Addenbrooke's are squamous cell carcinomas (SCC) that have arisen from the skin (mucosa) of the mouth and lip.

How common are oral or facial cancers?

Mouth cancer is not one of the most common cancers but it is as common as cervical cancer, and it seems to be becoming more common (we don't yet understand why this is).

Each year, there are over 2,500 new cases of orofacial cancer diagnosed in people living in the UK. This figure might be up to 25% higher because people don't recognise that they have a small cancer and do not seek help at an early stage. Taken together, oral and facial (orofacial) cancers are the sixth most common cancers worldwide.

Are oral and facial cancers becoming more common?

Worryingly, the incidence of orofacial cancers has risen over the past 20 years in both the oral cavity and its adjacent structures such as the lips.

Specialists are particularly concerned about the increase in incidence of cancer of the tongue, which tends to affect younger people, aged under 40 years old and more women than men.

How treatable are oral and facial cancers?

There has been much progress in the diagnosis and treatment of most cancers over the past few decades. Unfortunately, the prognosis of orofacial cancers has not yet benefited from these advances. Taken together, the 5-year survival rate remains at less than 55%, which is low for cancers in general.

Despite our best efforts, at least 1,400 people will die each year in England and Wales as a
result of their oral and facial cancer.

Why is early detection of oral and facial cancers important?

There are real advantages to be gained from the early detection and treatment of oral and facial cancers. In general the earlier we recognise cancers the better the outcome in terms of restoration of appearance and function and also survival rate. The patient can work in partnership with health professionals in spotting changes in their mouth, face and neck and seeking early advice from their dentist or doctor.

How can I keep watch for early oral and facial cancers?

As for many cancers, we should be aware of what is normal for our body and keep an eye out for changes that might be early warning signals. The patients themselves are most likely to spot changes that might be early cancers of the mouth or face. The general rule is that if you see anything that is ‘new’ and doesn’t go away after three weeks of careful watching, go to see your dentist (if it is in your mouth) or doctor, who can refer you to a specialist oral and maxillofacial surgeon.

If I have a cancer, what will happen next?

If a specialist has given you a diagnosis of cancer, you will be offered assessment by a number of specialists working together to agree the most appropriate treatment plan for you.

Although your cancer might be in just your mouth or on your face it is important that we check you carefully for spread of the cancer, which can affect ‘deeper’ tissues such as the throat or neck.

You will be guided through this process by the Oral and Maxillofacial Team and colleagues in the combined Oncology Clinic.

Who are the people who will plan and carry out my treatment for mouth or face cancer?

At Addenbrooke’s, this team works from The Combined Head and Neck Oncology (Cancer) Clinic. The medical team consists of surgeons, radiotherapists and oncologists, with the essential support of many other health professionals including maxillofacial technicians, dental hygienists, restorative/prosthetic dental surgeons, Macmillan sister, dietitians, speech therapists, physiotherapists, trained nurse practitioners/counselors. The team also works closely with specialist histopathologists and the Radiology Department.

If I have oral or facial cancer, what treatment options will I have?

The multidisciplinary team will offer you a treatment plan that will take into account the type
of cancer you have, how far it has progressed and your general health and other factors.

Treatment options that we have include surgery, radiotherapy and/or chemotherapy on their own or in combination. The reasons for the choice will be explained to you by the Team and you will have sufficient time to ask questions and think about it before you start treatment.

What facilities does the Unit at Addenbrooke's have for the treatment and care of people who have mouth or face cancer?

The specialist unit at Addenbrooke's has access to appropriate surgical facilities for minor or more complex surgery, which includes full anaesthetic and intensive care support if required. We believe in a holistic approach to patient care, which is supported by specially trained nurses and other support staff.