

# Oral Cancer: From both sides

By Lawrence A. Hamburg, DDS

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There are many ways to learn, but I wish I had not had to learn firsthand the experience of Stage IV oral cancer. Seventy-eight percent of those diagnosed with Stage IV oral cancer are dead within five years. I'm lucky. I'm in remission.

Like Lou Gehrig, I feel I'm the luckiest man on the face of the earth — or, as I wrote in the Feb. 6, 2008 issue of *Newsweek*, “The luckiest person coming out of the 10th floor at Beth Israel’s head and neck cancer ward.”

Two years ago I was diagnosed with squamous cell carcinoma. Fortunately, I was able to save my tongue and vocal

cords. I firmly believe I was spared so that I could speak to you, my fellow dentists, and convey a first-person message of how critical it is for you to screen your patients for this dreaded disease.

Oral cancer is more deadly (in terms of five-year mortality rate) than cervical, breast, liver, kidney, thyroid, colon, or prostate cancers. It is growing at double-digit rates, despite declines in alcohol and tobacco use. This increase is due largely to the spread of HPV-16 and HPV-18 via all forms of sex, but particularly oral sex. For that reason, oral cancer is increasingly showing up in the young adult population, and the fastest growing group is females in their 40s.

I had a superball-size mass at the base of my tongue, and a secondary tumor the size of a baseball in a lymph node in my neck. I realized when I couldn't button my shirt collar that it was probably more than an infection, but I ignored this for six months! I eventually asked my hygienist what she thought of the lump, and then I asked a physician friend, and I ultimately had an MRI and biopsy.

Then I did the hardest thing I've ever had to do in my 53 years — I told my wife and 9- and 10-year-old boys that I had cancer.

Subsequently, I underwent five months of chemotherapy, 33 radiation sessions, radiation implant therapy, and surgery. Besides a lengthy scar on my neck, the loss of my taste buds and salivary gland function, and numbness in my hands and feet (from chemo), I am fine. In fact, I might even be better than I was!

Some say cancer is a gift because one learns so much, and surviving it inspires the patient to reach out and help others. Of course, it's almost ironic that I developed oral cancer, especially since I'm a dentist who hasn't smoked in the last 25 years, and I hardly ever drink alcohol. I'm lucky to be alive, but it's an even greater miracle that I can talk.

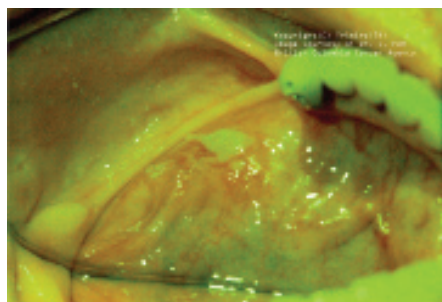
I am now on a crusade against what has become one of the deadliest cancers in America. I'm dedicated to prevention and early detection of the disease, and I know together we can make a difference.

When I was in the middle of my chemo and radiation treatments (not a particularly pleasant time), I reached out to Brian Hill, president of the Oral Cancer Foundation (OCF). He has become my friend and mentor, and is always a great source of information.

I wanted to help prevent others from contracting this



**Carcinoma in situ (CIS) - floor of mouth: white (top), violet (middle), and green amber (bottom)**



## Oral cancer: From both sides

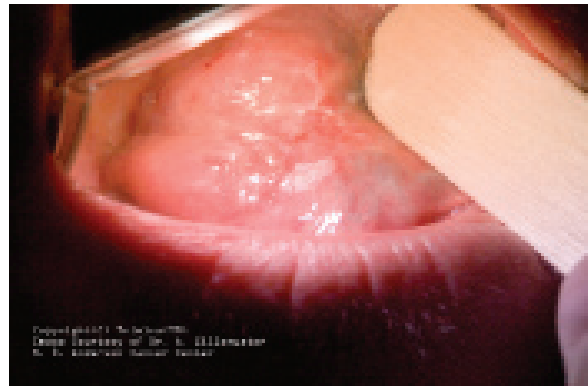
disease, or I at least want them to be able to catch it earlier. People diagnosed with Stage I have an 80% to 90% survival rate. Brian directed me toward the latest technology — early detection through fluorescence. Healthy tissue fluoresces, but unhealthy tissue does not. There are a few devices and techniques on the market. Among the newest is the “multispectral” optical technology developed by Trimira at M.D. Anderson Cancer Center in Houston (and others). I considered going for my treatments there when I learned they were considered the premier oral cancer center in the country. That’s why I became very interested and excited about this device.

The gold standard of determining whether a patient has cancer or pre-cancer continues to be the biopsy. It certainly is not practical to do a biopsy on every patient when only about 10% of patients have “something” that may be of concern. The Identafi™ 3000 ultra by Trimira minimizes false positives/negatives and reveals abnormalities in oral tissue missed by the naked eye. It does this with a bright white light, a fluorescent violet light, and a green-amber light that identifies irregular, disorganized vascularization associated with tumors.

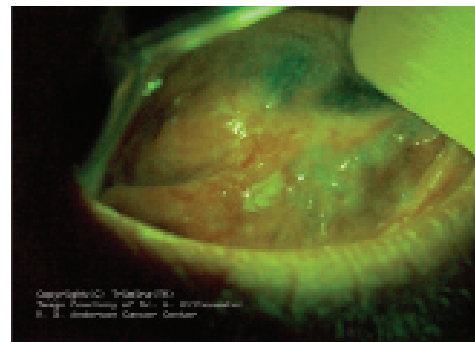
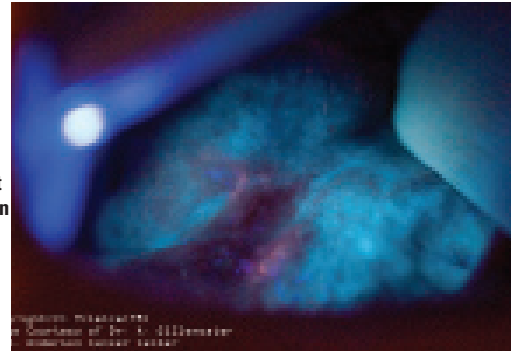
My staff and I especially appreciate that the light fits into the mouth, which means that we can see the area at the base of the tongue (where my tumor was, and where a large percentage of cancers are found). My discussions with the researchers at M.D. Anderson convinced me that this really does represent a quantum leap in the visualization of mucosal abnormalities, including oral cancer or premalignant dysplasia. One of the features that ultimately attracted me to this small, lightweight, cordless, handheld unit is that it was created exclusively for intraoral use. You (or your hygienist) can do a thorough screening in just two or three minutes. Also, I find that my hygienists feel better about the screening they’re doing when they use a device that’s convenient and makes it easy to do a thorough exam.

Each dentist has to make his or her own judgment about what equipment and training to invest in. Whether an oral cancer detection device is cost-effective or not is something for the dentist to decide. But I think whatever methodology dentists choose, they need to realize they’re really not doing their job as a dentist unless they regularly screen every adult patient for oral cancer at least once a year. I’ll never forget when I lectured on porcelain veneers with Dr. Gerry Kugel, and he told the students, “You don’t deserve to be a dentist if you’re not doing an oral cancer screening on every patient.” I couldn’t agree more.

I’ve learned so much from my experience, from both sides, and I hope to further educate our profession in how to care for these patients while they’re going through treatment. Another goal of ours at the Oral Cancer Awareness Foundation is to support patients through their ordeal. In the meantime, I believe I’m a better friend, husband, father, and dentist (even though I can’t treat patients anymore). I



**Squamous cell carcinoma (SCC)**  
- lateral tongue:  
white (top), violet  
(middle), and green  
amber (bottom)



hope I can change lives and save lives instead of just “changing smiles,” and really make a difference in the fight against cancer. But I can’t do it without your help. Let’s screen every patient and see if we can see a decrease in the mortality from this horrible disease in our lifetime! **DE**

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