

A mouthwash saved my life

Nearly 4,000 people in Britain are diagnosed with mouth cancer every year, and it kills almost half of them. This is largely because most people ignore the symptoms. Now a new, easy-to-use mouthwash has been developed that can detect mouth cancer in its early stages. JILL TODD investigates



PAT: Tumours detected early

PAT HARE believes she is only alive today because of a revolutionary mouthwash. It provided a crucial early warning that the cancer she thought she had beaten 10 years ago had returned.

Retired schoolteacher Pat, 65, who lives with her husband, Maurice, in Morden, Surrey, had been going to St Bart's Hospital in Central London for regular three-monthly check-ups since tumours were discovered in her mouth in 1991.

Then, in July, oral surgeon Iain Hutchison from St Barts and the London Hospital asked her to try a new mouth cancer screening technique during a check-up.

"Thank goodness I did," says Pat. "Swilling that blue mouthwash around was such a simple thing to do but it picked up some early-stage tumours. I was horrified to think the cancer had returned but hugely relieved the dye caught it before it had gone below the surface of the tongue."

"Now I'm not only alive and hugely grateful, but at the very least it's stopped me losing my tongue completely."

Almost half the 3,800 people in Britain diagnosed with mouth cancer every year will die from it. Many people have never heard of the disease, so most tumours are discovered only when they are too well advanced to treat.

Those most at risk include people over 40 who smoke and drink, and the condition is twice as common in men. The number of sufferers is growing, and they

are getting younger because people drink and smoke earlier.

"The symptoms of mouth cancer are easy to recognise," says Iain. "They include ulcers that don't heal within two weeks, red or white patches in the mouth or persistent one-sided sore throats. People are aware of the symptoms but don't consult anyone about them because they don't know mouth cancer exists."

If the disease is detected early enough, when a tumour has a diameter of less than one centimetre, the cure rate is more than 90 per cent, and the only treatment required is a simple 30-minute operation. It is often performed under local anaesthetic and does not interfere with speech or swallowing afterwards.

A late diagnosis has a less than 50 per cent success rate. "Even patients who survive late treatment can be left with a drastically reduced quality of life," says Iain, who is also research director of the Saving Faces charity, which funds research into mouth cancer and other diseases and injuries affecting the mouth and face.

"Some patients lose the power of speech and find chewing, swallowing and breathing difficult. Disfigurement of the face, head and neck is not unusual, either."

The mouthwash, called OraTest, was launched in Britain last year but has only just been made available nationwide. Now almost 1,000 dentists have been trained to use the telenium chloride solution, which stains rapidly proliferating cancer cells a

deep blue.

Used with a soft-tissue examination of the mouth, the dye can detect barely visible lesions and pre-cancerous cells.

It is reckoned the simple, painless, two-minute procedure, which costs patients between £35 and £50, could help save nearly 2,000 lives a year.

DR PETER Wilkins, a dental surgeon from Banbury, Oxfordshire, has used the OraTest to confirm several cases of mouth cancer among his patients. "The dye is so sensitive it can sometimes also stain harmless lesions, ulcers or even skin tissue burnt by hot food, so I carry out two tests," he says.

"If the second test stains the original suspicious patch, the patient is referred to an oral surgeon, who will take a biopsy and make a final diagnosis."

"Not only has it picked up potentially dangerous lesions but it has also enabled me to give others the all-clear."

Mr Hutchison has used OraTest on 160 patients so far. "Some people referred to me have pre-cancerous patches but only 10 per cent will transform into cancer," he says. "In the past, we had to perform extensive surgery to be on the safe side or, at the very least, do a biopsy on everyone. Now we can pick up dangerous cells long before they turn nasty and patients who are in the clear can avoid a biopsy or surgery."

Pat, who is not in the high-risk group for the disease because

she rarely drinks and doesn't smoke, says: "To have the cancer come back again after such a long time was awful."

"I was first diagnosed when my doctor picked up a small ulcer on my tongue that wasn't healing. I was so shocked because it never dawned on me you could get cancer of the mouth."

"I lost a quarter of my tongue. I couldn't eat for a month after the operation and my speech was affected."

This time Pat had three small tumours removed and once again lost part of her tongue's surface.

"I lost part of my taste buds this time and had to have speech therapy but I was very determined to speak again, and it paid off," she says.

"I'm a positive person and I've tried to be philosophical about getting the disease. I've had wonderful support from my family and the very best treatment."

"I'm so thankful there's now a test that can detect anything suspicious before it gets really nasty. That test could have saved my life, and I'll never stop being grateful for that."

● Consult your dentist to find out if the OraTest is available in your surgery. For help and advice on mouth cancer, contact Cancer BACUP on 0908 800 1234. To contact the Facial Surgery Research Foundation's Saving Faces charity, call 01962 861571 or visit www.savingfaces.co.uk or www.oralcancer.org