

# Mayo Clinic Q&A - Dr. Kevin Arce - Oral Cancer

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## SUMMARY KEYWORDS

cancers, oral cancer, mayo clinic, patients, reconstruction, oral cavity, treatment, risk factors, neck cancers, replace, mouth, surgery, part, tobacco, developing, reconstruct, type, advances, important, lymph nodes

## SPEAKERS

Dr. Kevin Arce, Narrator, DeeDee Stiepan

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**N** Narrator 00:00  
Coming up on Mayo Clinic Q&A,

**D** Dr. Kevin Arce 00:02  
Oral cancer is basically considered within the oral cavity. There's also, when we look at a statistics, it is cancers of the oral cavity as well as the back of the throat or pharynx. It's about 3% of new cancers in the U.S. on a yearly basis.

**N** Narrator 00:16  
Treatment for oral cancer depends on that cancer's location and stage. Treatment options can include surgery, radiation, and chemotherapy. But as the saying goes, the best treatment is often prevention. And there are some steps to take that can lessen the chance of contracting oral cancer.

**D** Dr. Kevin Arce 00:33  
The two main risk factors is tobacco use and tobacco of any type as well as alcohol. To that we see patients that are immunocompromised as another set of patients that have high risk factors. But when we think of risk factors that individuals that we can control, you know, certainly is the smoking or tobacco use in general, as well as heavy alcohol consumption.

**D** DeeDee Stiepan 00:55  
Welcome, everyone to Mayo Clinic Q&A, I'm Deedee Stiepan sitting in for Dr. Halena Gazelka. Oral Cancer refers to cancers that originate in the mouth, tongue and back of the throat. Early

Oral cancer refers to cancers that originate in the mouth, tongue and back of the throat. Early detection of oral cancer can lead to better treatment options and outcomes. April happens to be oral cancer awareness month, a time to remind the public that there are steps to take to reduce your risk of developing oral cancer. Joining us to discuss those risk factors, prevention and treatment of oral cancer is Mayo Clinic oral and maxillofacial surgeon, Dr. Kevin Arce. Welcome to the program. Dr. Arce.

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Dr. Kevin Arce 01:31

Thank you. Thank you for the opportunity of being here this afternoon.

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DeeDee Stiepan 01:34

Of course. So, let's start off with how common is oral cancer?

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Dr. Kevin Arce 01:39

So, oral cancer is basically considered within the oral cavity. But there's also, when we look at statistics, is cancers of the oral cavity as well as the back of the throat or pharynx. When we think of those cancers, you know, together, it's about 3% of new cancers in the U.S. on a yearly basis. So, it's approximately about 54,000 cases, you know, that we see yearly here in the United States.

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DeeDee Stiepan 02:04

Okay. So, would oral cancer be considered part of head and neck cancers or are we talking a separate category?

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Dr. Kevin Arce 02:11

It is one of the sub sites of the head and neck cancers. And when we think of the oral cavity cancers, we've got to think of the lips, you know, the gums, the floor of the mouth, the roof of the mouth, and also the lining in the cheek area, you know, as well. So, all those would be the areas where we think of, and the tongue itself, but all those areas are what would be considered oral cavity or oral cancers.

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DeeDee Stiepan 02:35

What are the risk factors for developing oral cancer?

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Dr. Kevin Arce 02:40

So, one of the main, the two main risk factors is tobacco use and tobacco of any type, as well as alcohol consumption, you know, as well. And then, you know, after that, you know, we see

as alcohol consumption, you know, as well. And then, you know, after that, you know, we see patients that are immunocompromised as another set of patients that have high risk factors for developing cancers, because those patients don't have the ability for their bodies to fight cancers of any type, you know, including this type of cancer. But when we think of risk factors that we can control, in some ways, it's you know, certainly is the smoking or tobacco use, you know, in general, as well as heavy alcohol consumption.

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DeeDee Stiepan 03:21

What are the signs and symptoms of oral cancer, and then how would it be diagnosed?

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Dr. Kevin Arce 03:27

So, one of the challenges with oral cancer is that when we think of the signs and symptoms, it can be very nonspecific. And that's why a lot of times it goes unrecognized, by both the patient as well as providers for a period of time before we figure it out that it's actually a cancer. But some of the most common signs that we see is a sore that doesn't heal, a lump or a bump, loose teeth, some patches that just look or feel different, and it's a new change, you know, for the patient. And then we also see pain, but that's at times what is somewhat confusing is that at times these cancers don't cause pain. We all associate cancer with being a painful condition, which it can be but not in its early phases, you know, at times. So, these lumps and bumps that can develop in the mouth at times are not painful, and that's why they go unrecognized. But those are the most common signs and symptoms that we see. And then also we can see, you know, later on in the evolution of the cancers, ear pain, you know, mouth pain, and also some difficulty with swallowing.

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DeeDee Stiepan 04:41

Okay, interesting. What's the typical treatment?

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Dr. Kevin Arce 04:45

So, the typical treatment is once we evaluate a patient, we go in and have to do a biopsy because even if it looks abnormal, and somewhat what we call suspicious, you know, it just doesn't look like it should but that it belongs there and it's worrisome for a cancer we go in and do a biopsy. Once we get confirmation that it is a cancer, then the oral cavity cancers within the head and neck cancers are predominantly treated with surgery first, because for one thing is we can get to them, and we can actually remove them. And then once we do that, then we go ahead and do other treatments such as radiation therapy and chemotherapy. It's not for all patients, you know, it depends on the size of, the extent of the involvement of the cancer or how big it is. And also, these cancers do have a tendency to go elsewhere, you know, in the body, but elsewhere the lymph nodes do a good job of filtering them. So, when we think of treatments, most of the time we're treating both the cancer where this starts in the oral cavity, but also doing some sampling of the lymph nodes or so-called neck dissection, you know, as well. And that's going to determine whether patient's then need extra treatment like radiation therapy, or chemotherapy, or both.

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DeeDee Stiepan 06:04

Does Mayo Clinic approach treatment differently?

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Dr. Kevin Arce 06:08

Well, the approach is similar to what the guidelines are at other cancer centers across the country. We have an integrated practice, so the communication with other disciplines or other specialists, such as medical oncology, and radiation oncology is very seamless. So, it's very straightforward in that aspect. We do have technology that can be unique to some centers, you know, for example, for proton beam therapy, which is along the lines of radiation type treatments that are given to patients with these type of cancers, you know, at times.

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DeeDee Stiepan 06:46

Let's talk about the advances being made in surgery for oral cancer. So, starting with anatomic modeling lab and 3D printing, what can you tell us about that?

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Dr. Kevin Arce 06:56

Yes, absolutely. So, one of the advances that we've seen in the last, you know, 20 or 30 years in the treatment of head and neck cancers certainly has to do with the reconstruction. We have better abilities to reconstruct, you know, the structures that have been lost. Because, you know, as part of the cancer, we have to remove not only the cancer, but also surrounding the tissue that is, you know, at times normal tissues. And to replace that can be quite challenging. But we've made advances in general in the treatment of head and neck cancers, so we can bring tissues from different areas of the body and reconstruct either a tongue or rebuild a jaw. When it comes to jaw reconstruction, the anatomical lab, 3D printing has helped tremendously because we can do a patient specific type of reconstruction. So, we can replace what's been lost, and place it where it was, you know, prior to the surgery. We can replace what's been lost, but also make sure that the function, you know, is there after this type of reconstruction. Here at Mayo Clinic, we also have the discipline of maxillofacial prosthodontics, which allows us to not only replace the tissue parts, but also the dental alveolar. And what I mean by that is, basically replace the teeth, the dentition, you know, as part of the comprehensive reconstruction, which is important to be able to restore form and function. So, patients can obviously not only look the same, but speak, eat, you know, as they did prior to the surgery. And at Mayo Clinic we can also do that, you know, all in house, you know, within, you know, within the institution. We have a group of neuroradiologists, biomedical engineers, that are a part of the institution, and we collaborate with them in these types of reconstructions.

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DeeDee Stiepan 08:54

Great to hear about those advances for sure. Dr. Arce, is there anything else that you'd like to share? Anything else that you think is important for people to know?

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Dr. Kevin Arce 09:02

I think it's, you know, the awareness is important. You know, it's when we think of percentage of cancers, new cancers in United States, you know, per year, you know, it would be considered relatively low. But I think it's still in the awareness that, you know, oral cavity cancers do happen. And it's also important to maintain that relationship with either your dentist or your primary care physician that they do at least an annual screen of the oral cavity to make sure that there is nothing unusual or a lesion that needs more attention.

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DeeDee Stiepan 09:36

Very good. Well, our thanks to Mayo Clinic oral Surgeon, Dr. Kevin Arce, for being here today to discuss diagnosing and treating oral cancer. Thanks so much, Dr. Arce.

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Narrator 09:46

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