State of Mouth Cancer UK Report 2024

A report by the Oral Health Foundation

Oral Health Foundation
Better oral health for all

Mouth Cancer Action Month
November 2024
Oral Health Foundation

Supported by

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Chapter one

About mouth cancer

What is mouth cancer?

Most people have heard of cancer affecting parts of the body such as the lungs or breasts. However, cancer can also appear in the mouth, where it can occur in areas like the lips, tongue, cheeks, tonsils and throat.

In the United Kingdom (and around the world), the number of people with mouth cancer continues to grow at an astonishing rate.

Anyone is at risk of mouth cancer, whether a person has their own teeth or not.

The signs and symptoms of mouth cancer include:

- A mouth ulcer that does not heal within three weeks.
- White or red patches in the mouth.
- Unusual lumps or swellings in the mouth, head or neck.
- Any persistent 'hoarseness'.

Early diagnosis is vital. It increases the chances of beating the disease, and gives the person a much better quality of life. Self-checks and regular dental visits are extremely important for spotting mouth cancer in its initial stages.

If in doubt, get checked out.

"Mouth cancer is a disease that does not discriminate. It can truly affect any one of us."

Dr Nigel Carter OBE
Chief Executive
Oral Health Foundation

The impact of mouth cancer

Coping with a diagnosis of mouth cancer can be challenging, both practically and emotionally. Initially, it's normal to feel very upset, frightened, and confused, with a sense of things being out of control. Obtaining the right information and support is crucial throughout the process.

The recovery period can also be difficult. Post-treatment issues may include problems with breathing, swallowing, drinking, and eating. Speech may be affected, and occasionally even lost. Facial disfigurement can also occur.

These challenges can lead to further problems such as nutritional deficiency and depression. Communication difficulties, low self-esteem, social isolation, and the impact on relationships can be as distressing as the cancer itself.

"I still suffer with a dry mouth, as the radiotherapy damaged my salvia glands. I also struggle with taste, that's a big problem."

Robert Powell

The scale and scope of mouth cancer

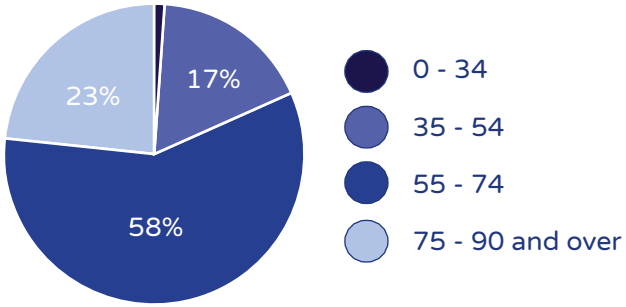
The latest figures show that 10,825 people in the UK are diagnosed with mouth cancer a year.[1-4]

In the UK, around 30 people are diagnosed with mouth cancer every day. Mouth cancer accounts for just over 2% of all cancers.[5]

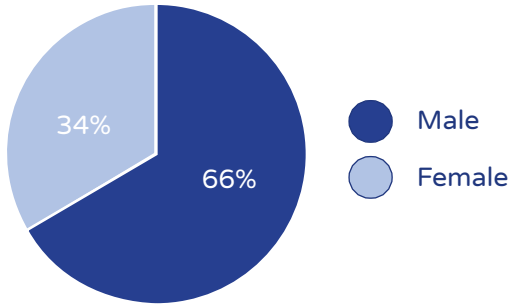
Statistics suggest that men are more likely to have mouth cancer than women. Two-thirds (66%) of all mouth cancer patients are male.[1-4]
Mouth cancer is the 10th most common cancer in the UK. For men, mouth cancer is now the 9th most common cancer.[5]

Mouth cancer is also strongly-related to age. More than four-in-five (81%) of new cases are in those over the age of 55.[1-4]

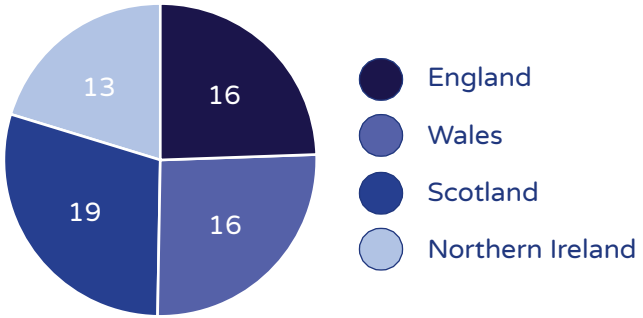
Mouth cancer in the UK by age



Mouth cancer in the UK by gender



Mouth cancer cases per 100,000 population

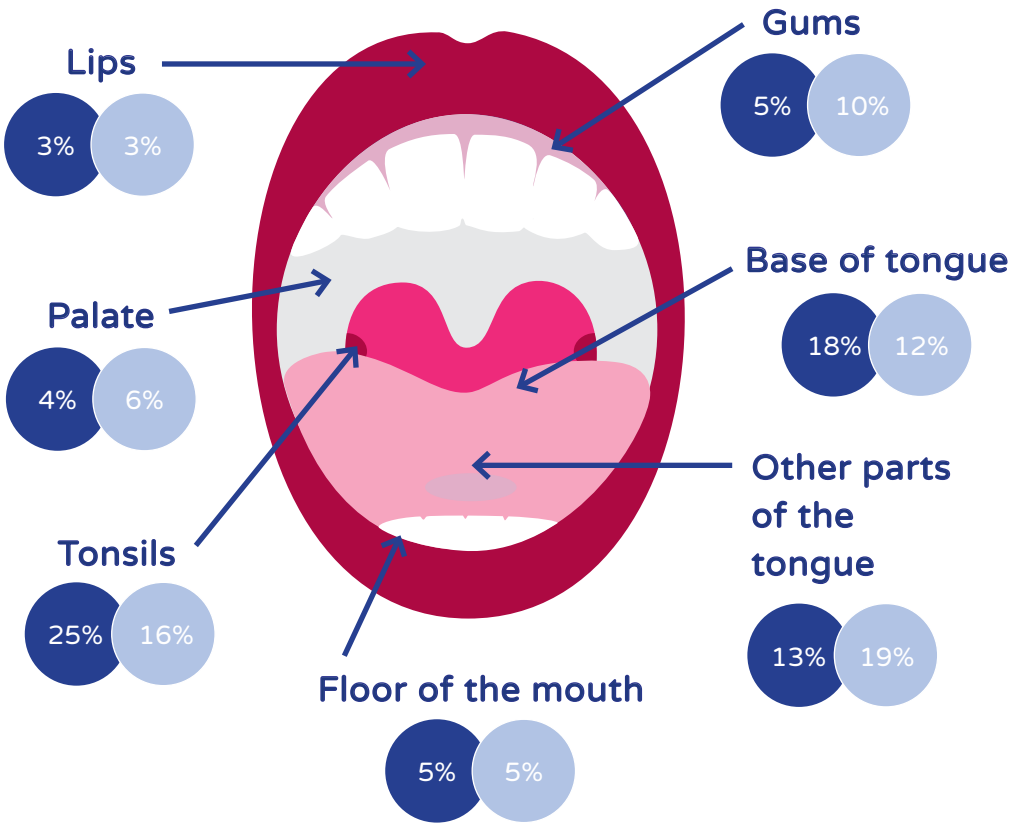


Living in areas of deprivation is also considered to significantly increase the risk of being diagnosed with mouth cancer. In England, mouth cancer rates increase by 101% for men living in the most deprived areas. For women, the increase is 64%.[5]

Mouth cancer rates are higher in Scotland compared with the rest of the UK (19.2 per 100,000).[1-4]

Where mouth cancer appears

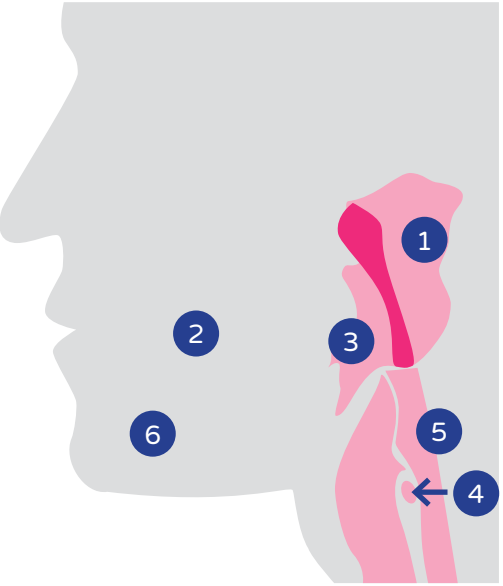
Mouth cancer is a disease that can present itself in a number of ways. We urge anybody who notices anything unusual in or around their mouth, head and neck to seek medical attention from a dentist or doctor as soon as possible. Mouth cancer is most likely to occur in the tongue, this contributes to almost a third of all cases (31%). This is followed by the tonsil area (22%).[1]



These illustrations show the percentage share of mouth cancer incidences for men and women.

Men Women

	Men	Women
1. Parotid gland	4%	8%
2. Salivary gland	1%	2%
3. Oropharynx	6%	4%
4. Piriform sinus	4%	2%
5. Hypopharanx	4%	3%
6. Other parts of the mouth	7%	10%



The causes and risk factors

Mouth cancer can affect anyone. However, there are several risk factors that can increase our chance of developing the disease.

The main causes associated with mouth cancer are:

Smoking

Around two-in-three mouth cancers directly caused by smoking.[6] The risk of being diagnosed with mouth cancer for a smoker is almost double (91%) that of a never-smoker.[7]

Alcohol

Drinking alcohol to excess is responsible for around a third of all mouth cancers.[7] Those who drink between 1.5 and 6 units of alcohol a day could be increasing the risk of mouth cancer by 81%.[8] Mouth cancer is 2.5 times higher in regular drinkers than non- and occasional drinkers,[9] and for those who heavily drink alcohol and also smoke, the risk increases by 30 times.

HPV

The human papillomavirus (HPV) type-16 and 18 are linked to around three-in-four (73%) of oropharyngeal cancers and more than one-in-ten (12%) oral cavity and hypopharynx cancers.

Age and gender

As we get older, our cells and DNA become more damaged. This is either biological or from exposure to the other risk factors. We do not know why mouth cancer rates are higher in men, however, it could be due to greater exposure to risk factors.

The other risk factors associated with mouth cancer include: areca (betel) nut, paan masala (Gutkha), chewing tobacco, smokeless tobacco, poor diet, x-rays and gamma radiation, over exposure to sunlight, family history of cancer and environmental smoke.

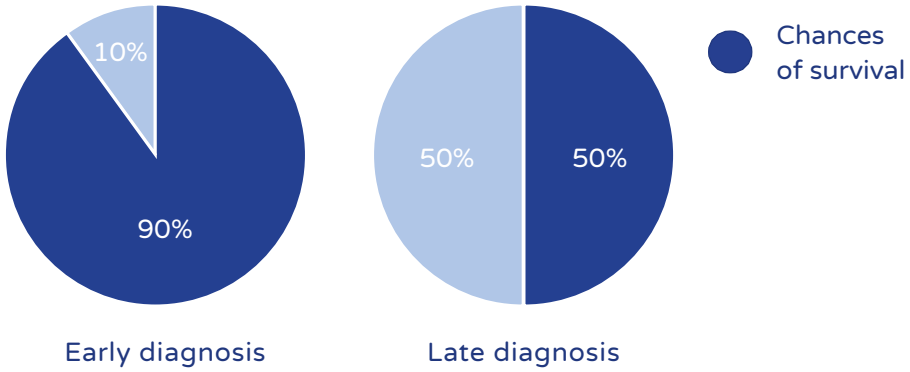
Mortality, survival and early detection

An estimated 3,637 people lost their life to mouth cancer in the UK last year.[10-12] That's ten people every day.

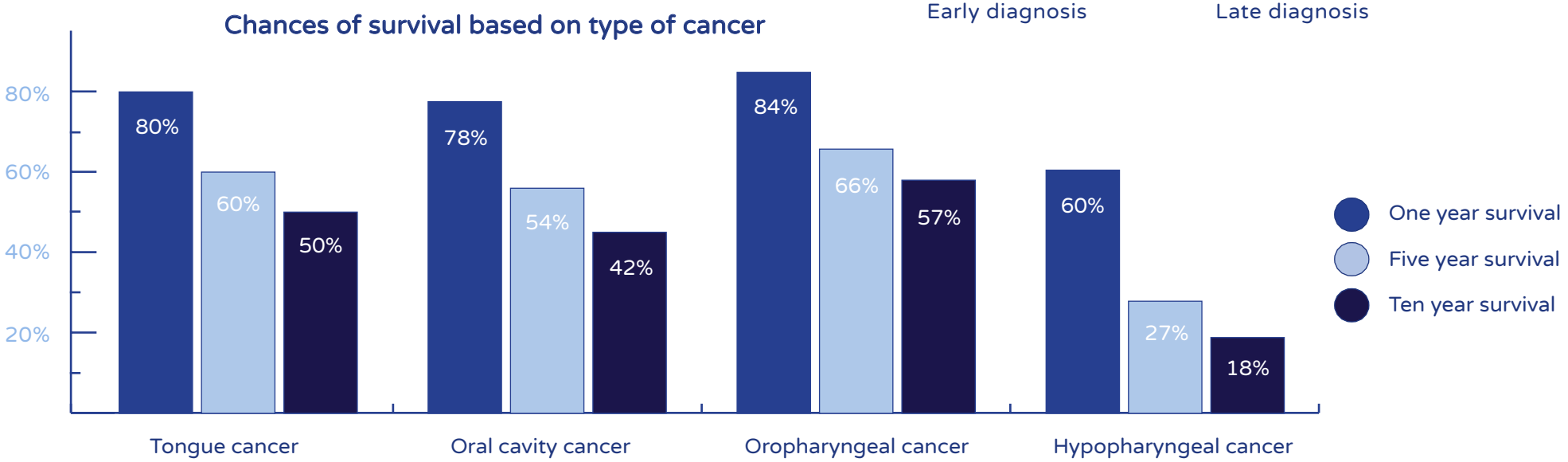
Spotting mouth cancer early is crucial in beating the disease. Early detection boosts our chances of survival from 50% to 90%.[13]

Depending on where the cancer strikes, the one year survival rate for mouth cancer is between 60% and 84%. This drops to between 18% and 57% after 10 years.[13]

Chances of survival based on early and late diagnosis



Chances of survival based on type of cancer



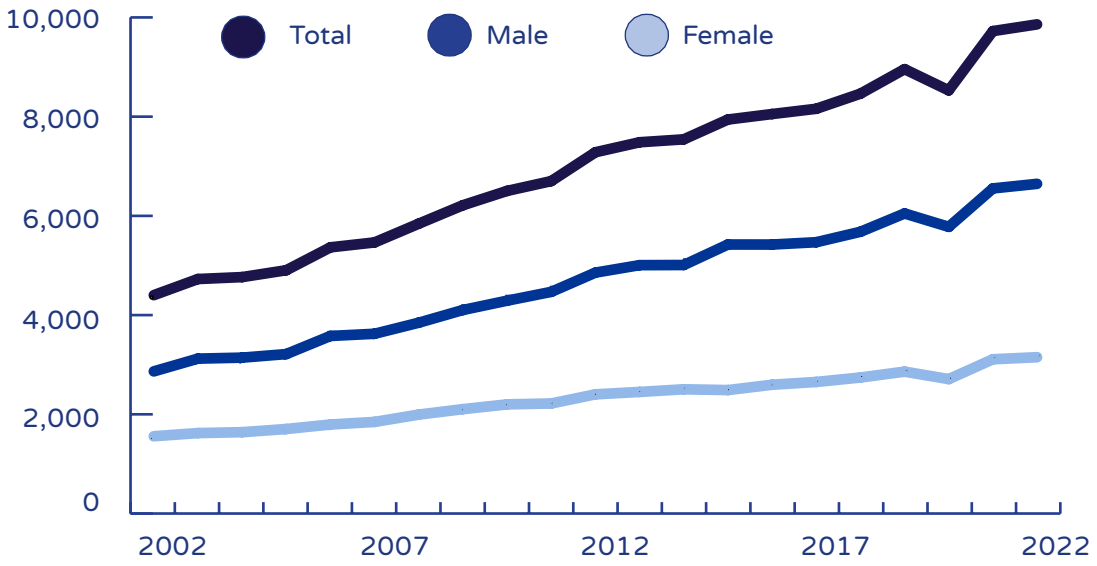
Trends over time

The number of people diagnosed with mouth cancer in the UK continues to increase.

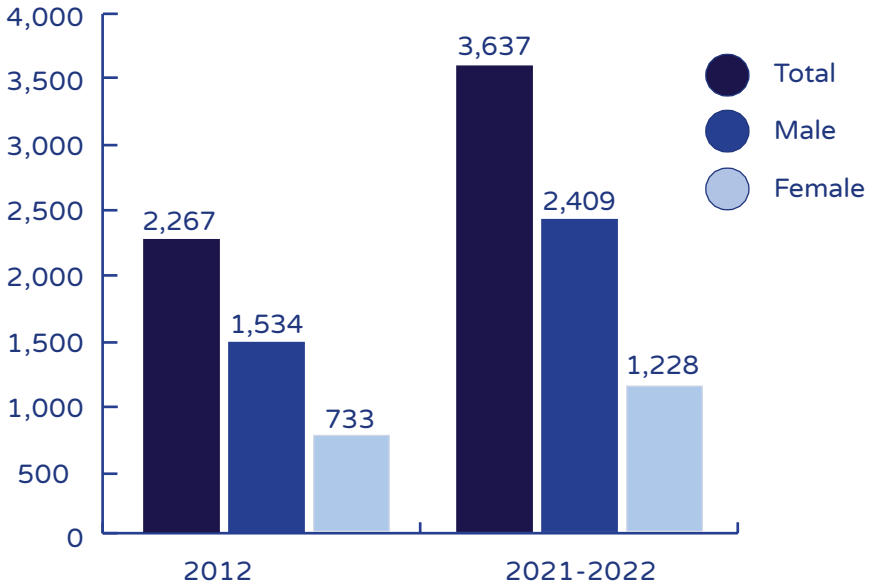
In England, incidences of mouth cancer have increased by 23% over the last five years. Data shows that mouth cancer cases have risen by 38% over the last decade and by 133% over the last 20 years.[1]

Sadly, the number of people losing their life to mouth cancer has also grown. The latest research says that deaths from mouth cancer have increased by 52% compared with ten years ago.[1-3]

Mouth cancer incidences in the UK | Year-on-year



Mouth cancer deaths in the UK | Year-on-year



Chapter two

Research into awareness

Our knowledge about mouth cancer

Recognising that cancer can develop in the mouth is an important aspect of public awareness, yet only three-in-four (77%) adults are aware of this possibility.[14]

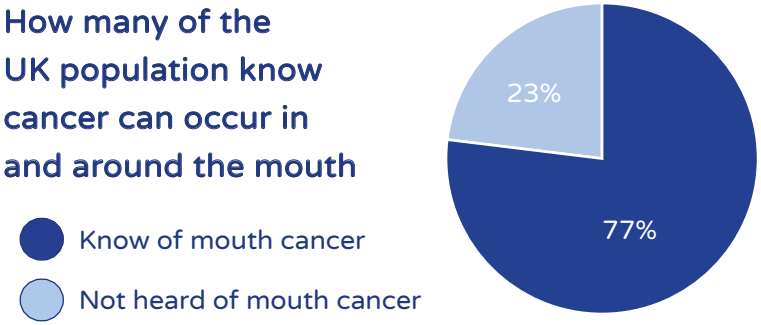
While awareness is higher among females (80%) compared to males (74%), a significant proportion of younger individuals aged 18-to-24 show lower recognition, with only just over half (53%) knowing that cancer can occur in and around the mouth. This lack of awareness can hinder early detection and treatment, particularly in demographics that are less informed.[14]

When considering the specific areas of the mouth where cancer might develop, awareness varies. Just under two-thirds (60%) of respondents identify the throat as a potential site, while similar recognition exists for the back of the mouth (57%) and gums (57%).[14]

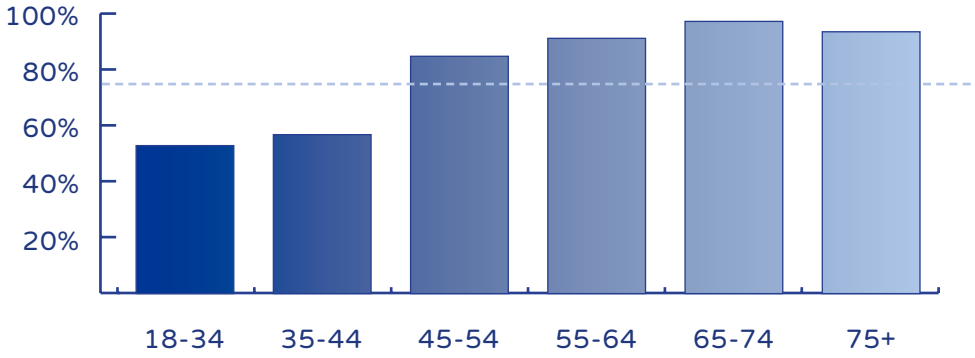
Slightly more than half (56%) know cancer can appear on the tongue. Notably, the knowledge of cancer potentially developing in the neck and jawbone is lower, at 45%, indicating a gap in understanding concerning these areas. [14]

Compared to other types of cancer, awareness of mouth cancer

How many of the UK population know cancer can occur in and around the mouth



Awareness of mouth cancer in the UK by age



lags behind more commonly recognised cancers, such as breast cancer (88%) and skin cancer (84%). The general public's knowledge of mouth cancer is considerably lower than for cancers like lung cancer (82%) and prostate cancer (80%). This discrepancy underscores the need for targeted educational efforts to enhance awareness of mouth cancer's risks and symptoms.[14]

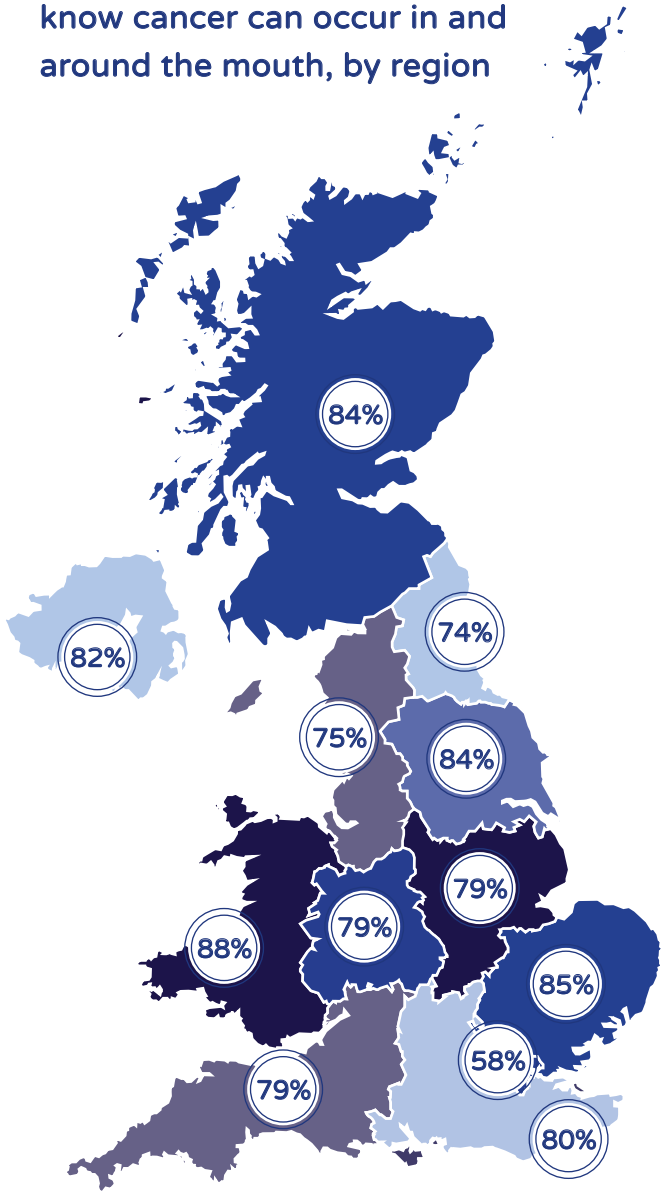
Further compounding the issue, as few as one-in-20 (5%) of the adult population have a reasonable understanding of the prevalence of mouth cancer. People are around six times more likely to underestimate its commonality.[15]

Public education about mouth cancer is severely lacking, with the majority (80%) of the population unable to recall any public health messages related to the disease. Alarmingly, only one-in-seven (15%) adults reported encountering information about mouth cancer in the past year. In regions with higher incidence rates, such as Scotland and Wales, nine-in-ten (90%) adults claim they have not seen any educational materials regarding mouth cancer.[15]

In occupational health settings, only one-in-three (33%) employers provide their workforce with information about health and wellbeing, and a scant few offers advice about smoking cessation (13%), alcohol consumption (11%), healthy diets (8%), or the importance of regular dental visits (11%). Each of these areas is vital for reducing the incidence of mouth cancer or facilitating its early detection.[15]

There is a clear demand for more information about mouth cancer among the general public, with two-in-three (66%) UK adults expressing a desire for better understanding and access to materials that would help them stay informed.[15] This indicates a pressing need for more robust awareness campaigns and educational initiatives to enhance knowledge and encourage proactive health behaviours related to mouth cancer.

How many of the UK population know cancer can occur in and around the mouth, by region



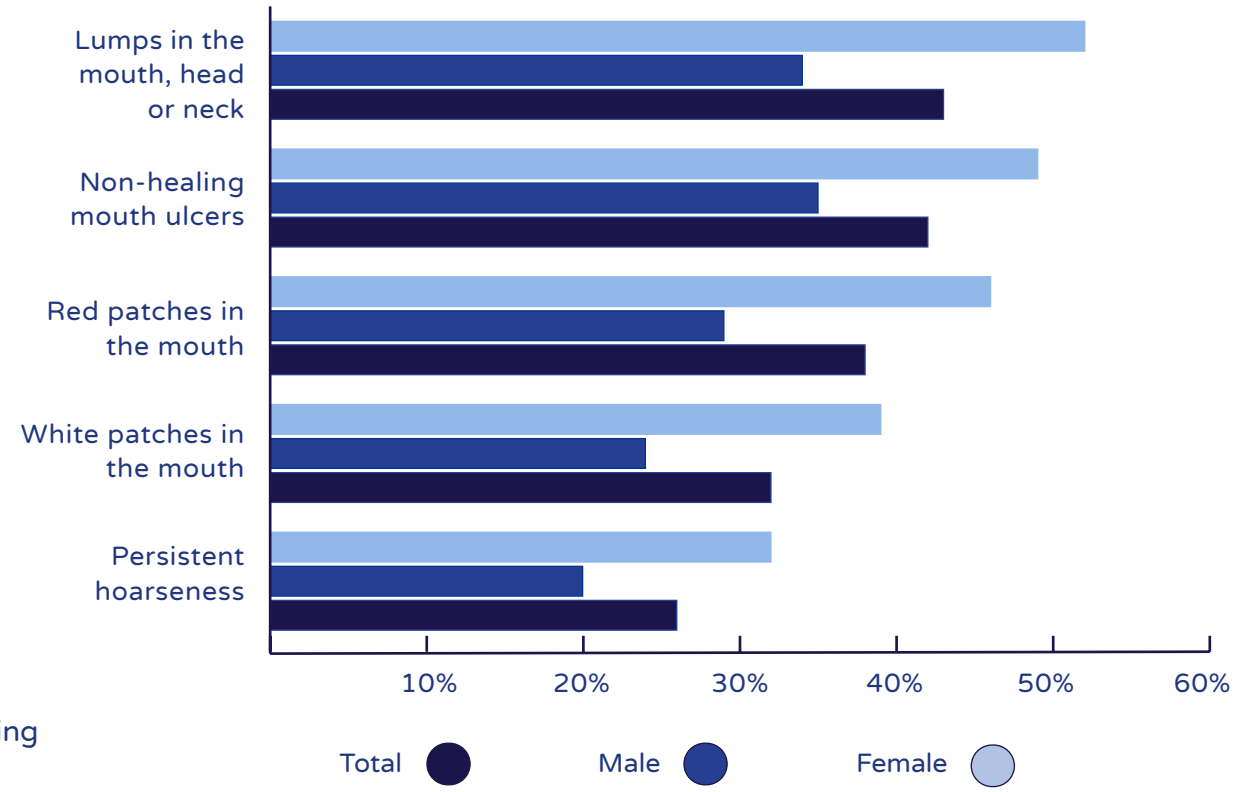
Signs and symptoms

Recognising specific symptoms linked to mouth cancer is crucial for early diagnosis and intervention. Among the listed symptoms, non-healing mouth ulcers are identified by just under half (42%) of the population.[14] While this reflects a significant level of awareness, it also reveals that more than half may not associate this symptom with potential malignancy.

Lumps and swelling in the head, neck, or mouth are recognised by a similar proportion (43%), showing that a large number of people remain unaware of the possible severity of these signs. Especially worrying is that only one-in-five (20%) younger individuals aged 18-to-24 recognise lumps and swelling, which may hinder early detection in this group.[14]

Red and white patches in the mouth are identified by just over one-in-three (38%) respondents, highlighting another crucial symptom that requires greater public awareness.[14] With over half the population not connecting

The UK's awareness of the major signs and symptoms of mouth cancer



these patches to a serious condition, there is a clear need for educational initiatives.

Bad breath is recognised by about one-in-three (34%) respondents. Often seen as a common issue, it may be dismissed as a minor problem rather than a potential warning sign of mouth cancer.[14] This common perception underscores the importance of raising awareness about the possible link between persistent bad breath and serious health issues.

Numbness in the mouth is recognised by just over one-in-four (27%) people, indicating a lack of awareness about the significance of this symptom. Similarly, persistent hoarseness is acknowledged by around one-in-four (26%) respondents.[14] This symptom can signal underlying health concerns, including mouth cancer, and awareness is essential since it may also relate to other serious conditions.

Overall, while some awareness of these symptoms exists, a significant portion of the population remains uninformed about their potential implications. Targeted educational campaigns are essential, particularly for younger demographics and groups with lower awareness. Raising awareness could encourage earlier medical consultations, improving outcomes for those at risk of mouth cancer.

Awareness of the major signs and symptoms of mouth cancer, by region

	UK average	East Anglia	London	Midlands	North East	North West	Northern Ireland	Scotland	South East	South West	Wales	Yorkshire
Lumps and swelling in the head, neck or mouth	43%	50%	32%	44%	41%	43%	41%	47%	44%	46%	53%	46%
Non-healing mouth ulcers	42%	44%	29%	42%	38%	42%	48%	48%	41%	49%	52%	50%
Red patches in the mouth	38%	40%	33%	34%	27%	36%	50%	41%	36%	41%	47%	48%
White patches in the mouth	32%	35%	21%	29%	27%	32%	32%	40%	29%	36%	40%	45%
Persistent hoarseness	26%	32%	18%	22%	22%	30%	41%	27%	25%	28%	41%	27%

Self-examinations and dental visits

One of the key components for early diagnosis of mouth cancer is the practice of self-examination at home, alongside regular dental visits where visual checks for mouth cancer are integrated into routine appointments. However, given the widespread lack of awareness surrounding the symptoms, it is concerning that nearly three-in-four (71%) individuals have never checked their mouths for signs of cancer, with only one-in-ten (9%) conducting a quick check on a monthly basis.[14]

Research has highlighted that most people - around five-in-six (83%) - either lack confidence in what they should be looking for or are entirely unaware of the symptoms to monitor. The disparity is stark, as the population is approximately three times more likely to carry out routine self-checks for testicular and breast cancer compared to mouth cancer.[14]

There is also a clear need to strengthen the connection between mouth cancer and oral health. A mere four-in-ten (41%) individuals recognise that dentists routinely check for mouth cancer during appointments. Additionally, only about one-in-four (26%) people have had discussions with their dentists regarding mouth cancer.[14]

Experiences of early warning signs

Almost one-in-five (19%) individuals reported experiencing at least one potential early warning sign of mouth cancer within the past year, yet less than one-in-three (31%) sought advice from a health professional. Among those who did seek help, over one-in-five (22%) opted to see a GP, while nearly one-in-five (19%) consulted a dentist and a small percentage, around one-in-16 (6%), reached out to a pharmacist.[14]

For more than two-in-three (69%) who chose not to seek professional help, many believed their symptoms were not serious, while others expressed concerns about the potential cost of treatment.[14] Some individuals were unable to secure an appointment, and a portion refrained from seeking help due to fears of receiving negative news. In summary, the data underscores the urgent need for increased awareness about the importance of self-checks and the crucial role dental professionals play in the early detection of mouth cancer.

How the UK population seeks advice

One of the crucial aspects of addressing mouth cancer is understanding where individuals seek advice when they suspect symptoms. A significant majority of people, approximately one-in-five (81%) turn to their doctors for guidance, with only minor variations across gender - around one-in-five (82%) of men and one-in-five (80%) of women choose this route.[14]

In contrast, dentists are consulted by just over one-in-three (38%) of the population, revealing a gap in the perceived role of dental professionals in cancer detection, with around one-in-three (34%) of men and nearly one-in-two (42%) of women acknowledging this option.[14]

Emergency departments attract around one-in-five (20%) individuals, showing that some view mouth cancer symptoms as emergencies rather than health concerns to be managed in dental settings. Interestingly, only around one-in-seven (14%) consult pharmacists, and digital resources like Google are referenced by around one-in-ten (11%) of the respondents, highlighting a reliance on non-professional sources for health information.[14]

Family members and friends are minimal sources of support, each accounting for around one-in-12 (8%) and one-in-20 (5%) respectively. Social media and colleagues are even less influential, with around one-in-thirty (3%) and one-in-50 (2%) respectively turning to these platforms for guidance.[14]

Alarmingly, a small percentage, about one-in-33 (3%), report that they seek no help at all, with this figure rising to one-in-five (20%) among the “other” gender category, suggesting that certain demographics may feel particularly isolated or unsupported when faced with potential symptoms of mouth cancer.[14]

Overall, the data underscores the pressing need for heightened awareness regarding the importance of dental consultations in cancer detection and for better educating the public on recognising and addressing mouth cancer symptoms early.

Where UK adults would seek advice when exhibiting symptoms associated with mouth cancer

Doctor	81%
Dentist	38%
A&E	20%
Pharmacist	14%
Google	11%
Family member	8%
Friend	5%
Social media	3%
Colleague	2%
Nobody	3%

Risk factors

Awareness of the primary risk factors for mouth cancer remains limited across the UK population, despite regional and demographic differences. The data shows that while some risk factors like smoking and chewing tobacco are recognised by a majority, many other contributors, including excessive alcohol use and HPV, are less commonly known.

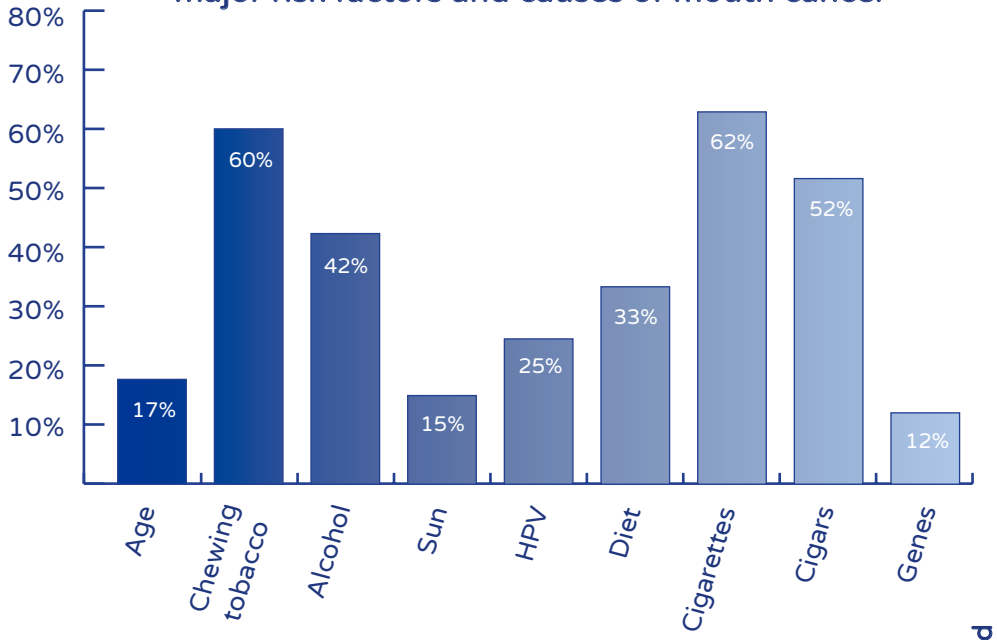
Smoking

Overall, 62% of UK adults identified smoking as a risk factor. However, awareness varied significantly by age and region. Older age groups (45+) showed higher awareness (66%-73%), while younger adults aged 18-24 (44%) were less informed. Regionally, residents in the Wales (71%) and Yorkshire (70%) had the highest awareness, while London (49%) and the North East (52%) showed poorer awareness levels.[14]

Chewing tobacco and smokeless tobacco

Recognition of chewing tobacco and smokeless products like paan and gutkha as risk factors was at 60% overall, with female respondents slightly more aware than male (62% vs. 58%).[14]

The number of UK adults who are aware of the major risk factors and causes of mouth cancer



UK smoking status

Cigarette smoker	13%
Vaper	8%
Ex-smoker	25%

UK weekly alcohol intake

	England	Scotland	Wales	Northern Ireland
Up to 14 units a week (low risk)	76%	78%	83%	84%
More than 14 units a week (high risk)	24%	22%	17%	16%

Interestingly, Yorkshire (69%) and the South West (66%) again showed above-average awareness, while the North East and North West fell below at 44% and 57%, respectively. These differences could guide targeted health messaging in lower-awareness regions.[14]

Alcohol consumption

Only 42% identified alcohol consumption as a risk factor, with regional and age-based disparities. Younger age groups (18-34) showed especially low awareness, while older adults (45+) displayed higher recognition (48%). Regions like Scotland (50%) and Yorkshire (48%) exceeded the national average, which may reflect successful awareness campaigns.[14]

HPV

HPV's connection to mouth cancer is one of the least understood risk factors, with 48% of respondents reporting they have "never heard" of HPV's link to mouth cancer. Only 8% of respondents identified HPV's connection to mouth cancer, with men (7%) showing slightly less awareness than women (9%).[14]

Awareness decreases with age. Younger adults (18-34) are more likely to report some knowledge, with 10% of 18-24-year-olds and 12% of 25-34-year-olds aware of HPV and its link to mouth cancer. Among those aged 55+, only 3% reported substantial knowledge.[14]

A significant 66% of older adults (55+) and 55% of men report no knowledge of the connection, indicating a key area for targeted educational outreach.[14]

Other less-known risk factors

Awareness that sun exposure or tanning bed use can increase mouth cancer risk was low, with only 15% overall recognition. Regions such as the South East (16%) and Scotland (17%) were slightly above the average. Poor diet as a risk factor was recognised by 33% of respondents, with the highest awareness in older adults (40%) and among those in a relationship status like "married" (37%).[14]

Chapter three

Real life stories

Suwinder Singh

Suwinder, known as Sid, Singh discovered he had mouth cancer after a routine check-up with his doctor. Now, he's determined to spread the message about being "mouth aware" and urges everyone to see their dentist if they notice anything unusual.

Sid, from Manchester in the Northwest, says: "I had a small ulcer on the inside of my cheek that was irritating. It went away but came back two weeks later, much worse."

Concerned, Sid saw his doctor, which led to hospital tests and a diagnosis of T3 mouth cancer. "It was a shock," he recalls. "I needed a week to process it before telling my family so I could be strong for them."

Sid's treatment included surgery, six weeks of radiotherapy, and eighty hours of chemotherapy, along with skin grafts and a PEG tube for nutrition. "Smelling my wife and daughter-in-law's cooking was tough," he admits. "But I realised the family still had to eat, so I chose to focus on being positive."

Having his grandchildren around kept him strong. Now, Sid cherishes moments with family and volunteers with Macmillan, raising awareness. "It's rewarding to share my story and encourage people to get checked," he says.

"It's rewarding to share my story and encourage people to get checked."

Suwinder "Sid" Singh

Laura Marston

Laura was diagnosed with advanced stage 4 squamous cell carcinoma (SCC) of the tongue. The tumor, which she named Larry, measured 5.5cm by 1.5cm, making it impossible to save her tongue. She underwent a total glossectomy, leaving just 5mm of tongue tissue.

Initially, Laura was told she would never speak unaided again and would need a permanent tracheostomy and feeding tube. “As a foodie who had worked as a chef and trained as a baker, it was devastating,” she shares. “How would I cope without a tongue or the ability to talk? My job as a recruiter involved speaking all day.”

After a second opinion, Laura learned she wouldn’t need a permanent feeding tube, and there was hope she could speak after surgery. Treated at the Royal Marsden Hospital, she joined an immunotherapy trial and underwent radiotherapy and chemotherapy. “The side effects were harsh,” she recalls. “I often wondered if I’d make it through.”

With support from friends, her medical team, and support groups, Laura overcame treatment and relearned to speak and eat. She used her culinary skills to adapt recipes, eventually writing Eating With Confidence, a cookbook for mouth cancer survivors. “I still have some taste buds,” she says.

Laura now raises awareness about mouth cancer through social media, where she has built a large following.

“How would I cope without a tongue or the ability to talk? My job as a recruiter involved speaking all day.”

Laura Marston

Chapter four

Shaping a better future

Six major challenges

1. Low awareness

Mouth cancer rates have surged by 133% in two decades, yet most people in the UK still cannot recognise early warning signs.[1]

Only half of mouth cancer patients survive beyond five years, largely due to late diagnosis.[5]

Sporadic and poorly funded government campaigns have failed to raise adequate awareness about key risk factors, such as tobacco use, alcohol consumption, HPV, and poor oral hygiene.

Without a comprehensive effort to inform the public, countless lives continue to be at risk.

2. Barriers to check-ups

Access to regular dental care is critical for identifying mouth cancer early, but many face barriers, particularly in underserved communities.

Nearly 40% of adults have not visited a dentist in the past two years due to cost, geographic limitations, or service availability.[16]

In areas with scarce NHS dental services, mouth cancer rates are higher, and patients have poorer outcomes.

People from lower socioeconomic backgrounds are especially vulnerable, as they are less likely to receive the regular check-ups needed for early cancer detection.

3. Lack of training

General Practitioners (GPs) and many other healthcare professionals, such as nurses, carers, and pharmacists, often lack confidence and specialised training in identifying early signs of mouth cancer.

Our conversations with GPs reveal a feeling of being unequipped to recognise mouth cancer symptoms, despite being responsible for half of all hospital referrals.

Additionally, non-dental healthcare staff seldom receive education on this issue, leading to missed early detection opportunities. Without a unified, well-trained workforce, patients continue to face delayed diagnoses and poorer outcomes.

4. Financial impact

Mouth cancer patients often require extensive, ongoing dental treatment as part of their recovery.

Unfortunately, the current NHS dental contract does not provide free restorative care, leaving patients to shoulder significant financial burdens.

This lack of support contrasts starkly with other cancer treatments, which are typically free. Many mouth cancer survivors struggle to afford necessary care, impacting their recovery and quality of life.

The financial strain adds to the physical and emotional challenges already faced by these patients.

5. Diagnostic methods

Current methods for diagnosing mouth cancer, like visual examinations and biopsies, are often invasive, uncomfortable, and prone to delays.

These inefficiencies not only worsen patient experiences but also contribute to late-stage cancer detection, significantly reducing survival rates.

With emerging technologies showing promise, the potential for quicker, non-invasive, and more accurate diagnoses exists but remains underfunded and underutilised in clinical practice, delaying widespread advancements in patient care and outcomes.

6. Waiting times

Mouth cancer patients experience some of the longest delays in receiving treatment, with only 55% in England starting within the critical 62-day window from a GP referral.[17]

Current referral pathways often require multiple appointments and assessments, creating bottlenecks that worsen outcomes.

The fragmented nature of the system is stressful for patients and reduces the likelihood of successful treatment.

These inefficiencies contribute to mouth cancer's low survival rates compared to other types of cancer.

Six key recommendations

1. Launch a comprehensive awareness campaign

A well-funded, nationwide campaign using social media, community outreach, and partnerships with healthcare professionals is essential. The goal should be to increase public understanding of mouth cancer risk factors and early symptoms by 40% within three years, promoting preventative behavior and encouraging timely medical attention. This campaign must run continuously and be accessible, providing clear, actionable information that empowers people to seek help early. With this initiative, thousands of lives could be saved through education and early detection.

2. Expand access to dental services

Investing in community-based dental services is vital to bridge this care gap.

The NHS should receive increased funding, incentivise dentists to work in underserved regions, and revise the dental contract to prioritise flexibility and fair remuneration for complex cases.

The plan must also include public education on the importance of routine dental visits for cancer prevention. By removing barriers to dental care, early detection rates can improve, ultimately saving lives and reducing the severity of mouth cancer cases across the UK.

3. Comprehensive training and revised guidelines

Provide extensive and interdisciplinary training for GPs and other healthcare professionals, focusing on early symptoms, risk factors, and effective referral processes. Update NICE guidelines to allow GPs to make direct referrals to secondary care when mouth cancer is suspected, bypassing unnecessary steps. Additionally, ensure non-dental healthcare staff are trained to recognise signs and understand when to refer patients. These measures will create a more cohesive and proactive healthcare network, improving early detection and significantly boosting patient survival rates.

4. Free dental care for mouth cancer patients

The government should ensure mouth cancer patients receive free dental check-ups and restorative treatment.

Removing financial barriers will encourage regular monitoring, facilitate recovery, and improve long-term outcomes. This initiative aligns with the provisions for other cancer patients, promoting fairness in healthcare.

By alleviating the financial burden, patients can focus on healing and resuming their lives. Implementing free dental care for survivors will make a significant difference, offering vital support and fostering a more equitable healthcare system.

5. Invest in advanced diagnostic tech

Fund the development and integration of cutting-edge diagnostic tools, such as biosensors, AI, and non-invasive devices. These technologies can detect mouth cancer quickly and painlessly, making early diagnosis more accessible.

Provide training for healthcare professionals on using these tools effectively and update clinical guidelines to include these advancements.

By prioritising innovation, we can reduce delays, enhance patient comfort, and improve survival rates, transforming the approach to mouth cancer diagnosis and care.

6. Streamline referral processes

Adopt direct referral pathways, enabling pharmacists to refer suspected cases to cancer specialists without GP or dental delays.

Implement one-stop clinics to provide a diagnosis, imaging, and treatment plan in one visit, reducing wait times. Invest in better diagnostic tools and training for GPs, pharmacists, and dentists to minimise unnecessary referrals and ensure timely access to care.

These changes will expedite treatment, improve survival rates, and offer a more efficient, patient-centered healthcare experience.

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For more information about mouth cancer and November's Mouth Cancer Action Month, please visit

www.mouthcancer.org

#mouthcanceraction

Mouth Cancer Action Month November 2024 Oral Health Foundation

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Better oral health for all

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