The oral cavity, consists of the tongue, lips, gums, the top and bottom of the mouth, the lining of the lips and cheeks, gums and the area behind the wisdom teeth (retromolar trigone). The main functions of the oral cavity include eating, beginning the process of digestion, producing saliva and speaking. The lining of the mouth consists of a mucous membrane called the oral mucosa which is made of stratified squamous epithelium.

**WHAT IS THE ORAL CAVITY?**

**ORAL CANCER**

Oral cancer is a malignant tumor that starts in the oral cavity. This cancer can develop on the surface of the tongue, the lips, the gums, the roof of the mouth, the tonsils or inside the cheeks. The signs and symptoms of oral cancer include white or red patches on the tongue or inside the cheeks, a persistent sore on the lip or tongue, lump on the lip, trouble chewing or swallowing and swelling or pain in the jaw.

**TYPES OF ORAL CANCER**

**LYMPHOMA** This type of cancer begins in the tonsils and the base of the tongue where there is lymphoid tissue.

**MINOR SALIVARY GLAND CARCINOMAS** This type of cancer begins in glands in the lining of the throat and the mouth. Some types of minor salivary gland carcinomas are mucoepidermoid carcinoma, polymorphous low-grade adenocarcinoma and adenoid cystic carcinoma.

**SQUAMOUS CELL CARCINOMA** The most common type of oral cancer is squamous cell carcinoma which contributes to about 90% of oral cancer cases.

**VERRUCOUS CARCINOMA** Verrucous carcinoma is a rare type of oral cancer that contributes to about 5 percent of all oral cancer cases.

**STAGES OF ORAL CANCER**

**STAGE 0:** Abnormal cancer cells are present in the lining of the lips or the oral cavity. This stage is also known as carcinoma in situ.

**STAGE 1:** The tumor is less than 2 centimeters and the cancer has not spread to the lymph nodes or other parts of the body.

**STAGE 2:** The tumor is between 2 to 4 centimeters in size and has not spread to the lymph nodes.

**STAGE 3:** One of the following conditions applies

- The tumor is larger than 4 centimeters and has not spread to the lymph nodes or,
- The tumor can be any size and has spread to nearby lymph nodes but not to other areas of the body.

**STAGE 4:** The tumor can be any size and has spread to lymph nodes or other parts of the body.
UNDER THE MICROSCOPE

This pathology slide shows that the oral cancer cells look similar to regular mouth lining cells (which are typically a single flat layer) but have disorganized growth patterns, very abnormal cells, and grow into and through normal tissue.

DIAGNOSIS OF ORAL CANCER

The diagnosis of oral cancer is mostly dependent on a few laboratory tests, primarily biopsies.

DIAGNOSIS

BIOPSY: This is a procedure where a sample of tissue is removed from a suspicious area in the oral cavity. The sample is examined in the laboratory to determine if the cells are benign (non-cancerous) or malignant (cancerous).

The type of biopsy performed depends on the location of the cancer. Below are the types of biopsies performed to help diagnose oral cancer.

FINE NEEDLE ASPIRATION BIOPSY (FNA): This is a procedure where a small sample of tissue is removed using a hollow needle. The sample is examined under a microscope to identify whether the cells from the sample are benign or malignant. The FNA also helps determine the type of cancer.

ORAL BRUSH BIOPSY: This is a procedure where a small brush is used to collect cells from a suspicious area. The brush biopsy performed in the dentist’s office and the cells are then analyzed in the laboratory. A traditional biopsy is then performed if cancerous cells are found.

PHYSICAL EXAM: An examination of the lips and mouth is done by a doctor or dentist to search for areas of irritation such as sores and white patches.

ASK YOUR DOCTOR

1. What type of oral cancer do I have?
2. What is the course of action based on my biopsy results?
3. What are all my treatment options?
4. Why do you recommend this particular treatment option?
5. How do we know the procedure was successful?
6. Will the treatment affect my ability to eat or talk?
7. What type of rehabilitation will I need?
8. What are the follow-up tests and what are we looking for?
9. Are there additional tests that could be used to better understand my disease and prognosis?
MEET EVA

“If I had been educated about oral cancer by my dental professionals about the signs and symptoms, I would have been more proactive and could have advocated to have my first biopsy read by a specialized pathologist, possibly catching my cancer earlier”.

Eva was diagnosed with Stage IV oral squamous cell carcinoma after years of dealing with a persistent sore on the tongue. Following a biopsy, she had been initially diagnosed with hyper ketosis, a callous on the tongue, but after treating it with gels, rinses and even shaving down her molars, nothing seemed to work. A second biopsy and a review from a specialized head and neck pathologist revealed her oral cancer diagnosis and she began treatment. Eva continues to have changes to her tongue, requiring multiple biopsies but she is in remission.

To learn more about Eva, go to www.ascp.org/patients

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