



Living 15 Minutes at a Time

Dentist with oral cancer makes it his mission to educate his colleagues on this deadly disease.

Some people say “one day at a time.” Tomorrow is my 6-month PET scan. I’m trying to get through today 15 minutes at a time. How would you get through the day if you knew someone might tell you have cancer again tomorrow?

Seventy-eight percent of those diagnosed with Stage IV oral cancer are dead in 5 years. But today I am in remission.

Two years ago I was diagnosed with squamous cell carcinoma. Fortunately, I kept my tongue and vocal cords. I 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 disease.

The death rate for oral cancer is higher than that of cancers we hear about routinely, such as cervical, Hodgkin’s lymphoma, laryngeal, testicular, thyroid, or skin (malignant melanoma). 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 -18 via all forms of sex. For that reason, oral cancer is increasingly showing up in the young adult population, and the fastest growing group is females in their forties (like many hygienists).

I had a superball-size mass at the base of my tongue, with 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. Yet I ignored it for 6 months. Eventually, I asked my hygienist, and then a physician friend, what they thought of the lump. Ultimately, I had an MRI and biopsy. The hardest thing I had to do in my 53 years was to tell my wife and 9- and 10-year-old boys I had cancer.

Subsequently, I underwent 5 months of chemo treatments, 33 radiation sessions, radiation implant therapy, and

surgery at Beth Israel in New York. Apart from 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 be better!

Some say cancer is a gift because you learn so much, and surviving it inspires you to reach out to help others. I’m lucky to be alive, but it’s an even greater miracle that I can talk. I have become a crusader against what has become one of the deadliest cancers in America. I founded The Oral Cancer Awareness Foundation (OrCA)—dedicated to prevention and early detection of the disease—because together we can make a difference.

When I was in the midst of my chemo and radiation treatments, I reached out to Brian Hill, president of the Oral Cancer Foundation (www.oralcancerfoundation.com). He has become my friend and mentor, and always a great

source of information. I learned that people diagnosed with Stage One 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 several devices and techniques currently on the market; the newest is Trimira® LLC’s Identafi® 3000 ultra, a “multispectral” optical device that uses technology developed collaboratively by The University of Texas, Rice University, and British Columbia Cancer Research Centre. Adjunctive technology such as this is used in conjunction with the American Dental Association’s recommended conventional visual and tactile examination of the head, neck, and oral cavity.

The gold standard of determining whether a patient has oral cancer continues to be the biopsy. Certainly it is not practical to do a biopsy on every patient, when only 10% of patients have

“something” that may be of concern. But with one of the diagnostic screening devices currently available using state-of-the-art technology, you or your hygienist can do a thorough screening in just minutes.

Each dentist has to use his or her own judgment about which equipment and training they wish to invest in. But I think whatever methodology a dentist chooses, the thing to realize is that they are really not doing their job unless they regularly screen every adult patient at least once a year. I’ll never forget when I lectured on porcelain veneers with Dr. Gerry Kugel and he told our 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. I hope to further educate the profession in how to care for oral cancer patients while they’re going through treatment. Another future goal at OrCA is to support patients through their ordeal. In the meantime, even though I can no longer treat patients, I believe I am a better friend, husband, father, and dentist. I hope I can stick around for a while, change lives, and save lives, instead of just changing smiles. I hope I can 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 in our lifetime we can decrease the mortality rate of this horrible disease.

ABOUT THE AUTHOR

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