The Minutes of Derby Medical Society 5th October 2016

Held Held on Wednesday 5th October 2019, Derby Medical School Lecture Theatre

Apologies: Dr John Charlton, Dr Wendy Scott, Dr David Young

Matters of Business

Mr Steve Milner (Senior Secretary) tabled some proposed amendments to the rules of the Society which the Committee felt reflected the current running of the Society.

Rules of Society

Rule IV: Subscriptions charges. For many years doctors in training and medical students have been welcome the DMS meetings with no obligation to pay an annual subscription. Council motion was raised that an amendment was made to Rule VI making this explicit.

No objections were raised to change by the members present

Rule VIII: Rules currently state that meetings are held on alternate Tuesday from October to April inclusive. Council motion was raised that this wording be amendment to state that meetings be held on alternate weeks from October to April inclusive.

Comment from member that a constant day of the week should be maintained as concern that Lecture Theatre may get booked up
No objections to change wording to alternate *weeks* but preference for Tuesday's unless exceptional circumstances

Rule XII: Currently rules state that an Annual Dinner is held in November. Council motion raised to amend the wording to state that an Annual Dinner will be held...

No objections were raised by members present

Best GEM student prize. Concern amongst the Council members that this prize is now outdated and it has not been awarded for some years. Council motion raised to remove the best GEM student prize and instead to offer a third elective bursary.
No objections were raised by members present

Presidential Welcome

Welcome by Mr Keith Jones. He gave thanks to the Society to asking him to be President. He thanked all Society members for their understanding for changing the meeting day to Wednesday for his Presidential term. The change is due to him operating late into the evening on a Tuesday and being unable to change his Job Plan.

Mr Jones proposed his idea to have the Medical Society Annual dinner at St Georges Park with offer of tour of facilities before the dinner. This suggestion was popular with members present.

Timetable of speakers is to be confirmed shortly and the booklet will be issued as soon as possible.

Presidential Address

Mr Jones came to Derby as a consultant in Maxillofacial Surgery in 199. He has been lead consultant for Head and Neck Surgery from 2009.

As a consultant in oral, facial and head & neck surgery, the major part of Mr Jones workload is taken up with treating oral cancer. His presentation focussed on the presentation and screening for oral cancers to increase awareness that this is an increasingly common cancer.

Oral Cancer Screening

Oral cancers are a large problem with a 5 year survival of only 50%. Death rates are not falling.
Dentists and dental healthcare team have almost a greater role in detection of oral cancers than doctors.
Early detection requires understanding of disease, effective management, regular examination, management of detected lesions.
The incidence of oral cancer has been increasing since the mid-1970's with a 39% increase in incidence in the past decade. There has been an alarming increase in young men.
Modification of patient lifestyles is a key to preventing cancers developing and the public need to be aware of lifestyle risks.
Doctors and dentists have key role in detection through careful examination of the head and neck and early referral of concerning lesions.
NICE guidelines for referral need to be used:

- Unexplained oral ulceration for more than 3 weeks OR persistent unexplained neck lump.
- Dental 2ww referral for lump in mouth or erythroplakia or leukoplakia.

Oral cancers cover a number of areas(lip, tongue, mouth oropharynx, tonsil, piriform sinus, hypopharynx) of which the survival rates vary, for example lip cancers have 96% 5 year survival and 90% are squamous cell carcinomas.

Oral cancer is the 14th most common cancer in UK and represents 2% of all new cancers in UK
It is the 11th most common cancer in males, and 16th most common cancer in females.
Larger increase in older females than older males
More common in white males and Asian males than black males
Glasgow used to have highest incidence of oral cancer and levels still very high.
5 year survival low compared to other cancers with mortality has increasing in past 5 years by 21%

Mr Jones went on to demonstrate the rise in cases in Derby alone:

- 2014 - 117 cases
- 2015 - 137 cases excludes skin and salivary gland malignancy

As 50% of oral cancer patients require log and "life changing surgery", these 10 additional cases in Derby have required 10 additional days of theatre time and staffing to treat.

The incidence of oral cancer in their 40's has risen by approx 25% in past 10 years

Risk factors for Oral Cancer:

- Increasing Age
- Genetics
- Immunosuppressant drugs
- Exposure to risk factors:
  - Lip - sun
  - Tongue and mouth - smoking (65%) and alcohol (30%)
- Infection (13%) - HPV (32x higher risk of oral cancer if have high risk HPV) and Hep C (Mahale et al)
- Betel nut quid chewing in Asian population
- Insufficient fruit, vegetable and vitamin intake.
- Oral lesions and conditions eg Lichen planus
- Previous cancer diagnosis (iatrogenic DXT) - 30 fold increase risk of oral cancer.

Drinkers who also smoke increase their oral cancer risk by 38x
The concern is that alcohol consumption in UK is increasing, whereas it is reducing in other parts of Europe.
HPV cancers seem to respond well to chemo-radiotherapy.

Smoking risks include Shisha pipes and possibly electronic cigarettes
91% of oral cancers are preventable.

Think of GREEN - AMBER - RED for oral lesions
Lesions can be painless

Mr Jones went on to show the audience pictures of lesions to demonstrate presentations of different conditions:
Lichen planus
Hyperkeratotic cobblestone tongue of a smoker
Fissure in chronic candida - can be pre-malignant
Fibrous hyperplasia
Viral wart on tongue
Pyogenic granoluma
Calcium channel blocker induced painless tongue ulceration
Chronic traumatic ulceration
Median rhomboid glossitis
Geographic tongue

More worrying lesions:
Severe erosive LP
Pre-malignant and malignant changes
Frank cancers are often painless until a later stage
Tongue tumours can affect speech

Patients can present with other cancers very frequently after treatment for oral cancer. They need to have regular follow-up, something which Trust managers may not understand.

Summary

Prevention and lifestyle
Stop recurrence and spread - secondary care f/u
Frequency of dental visits - must not reduce to once a year
Primary care awareness of lymph node drainage
Survival depends on stage (see photo)

Core Head and neck MDT (see photo) - plus all the rest of the team

50% need radical surgery (life changing surgery)
Radiotherapy
LN dissection and 1cm clear margins
Close examination of pathology
Chemotherapy
Close follow up as 80% of recurrences occur in first year of follow up

Mr Jones finished by showing pictures of his long theatre day yesterday during and after surgery!

There were many questions from the audience including how much alcohol is needed to increase risks of developing cancer, view on HPV vaccination in boys to reduce oral cancer rates and foci of cancers in China

Register: 28 members Next meeting: Wednesday 19th October 2016

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Mr K Jones, President