

# Oral Cancer Control: The New Jersey Model

**APHA**

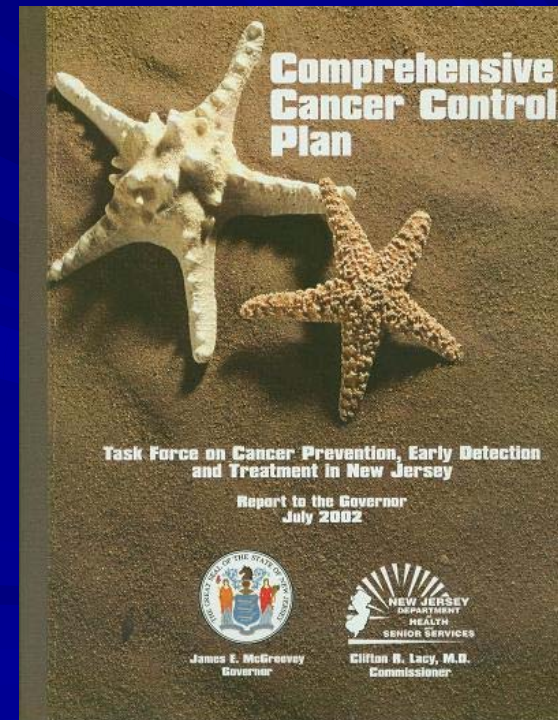
Washington, DC

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# Greetings from da Garden State



# Oral/Oropharyngeal Cancer

**34,360 new cases each year**

**3 per hour**

More than Hodgkin lymphoma,  
cervical, ovarian, gastric or thyroid cancer

**7,550 deaths each year**

**1 per hour**

More than cervical cancer, thyroid or  
Hodgkin lymphoma

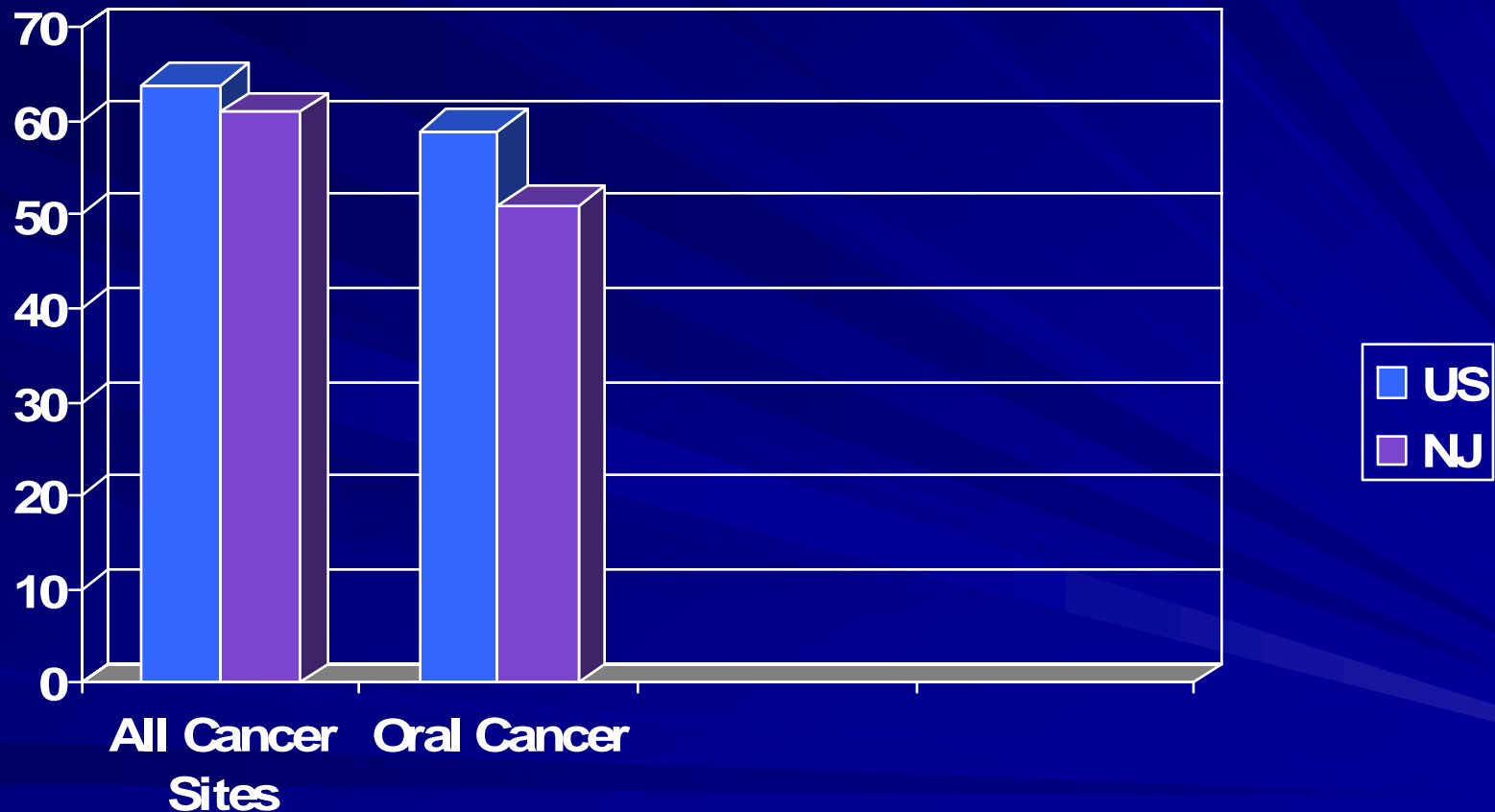
ACS Facts & Figures 2007

- In January 2007, the ACS reported the steepest drop in cancer deaths ever in the US
- Oral and oropharyngeal cancer mortality rates have not shown a comparable decline

# NJ compared to US

- Cancer incidence: NJ consistently ranked among the 3 highest states
- 5-year relative survival rate: poorer than the national average
- Cancer mortality: slightly higher than the national average
- Racial disparity: similar

# 5-Year Relative Survival Rate NJ Compared to US, 1994-1997



Source: Niu X, Agovino PK, Roche LM, Kohler BA, and Van Loon S. *Cancer Survival in New Jersey, 1979–1997*. Trenton, NJ: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services, September 2006.

- In 2000, Governor Whitman issued Executive Order 114 establishing the Task Force on Cancer Prevention, Early Detection and Treatment in NJ linking public and private entities and charging them to evaluate historic, current and emerging trends and to propose a 5-year cancer control plan for the state

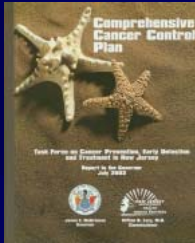
- Going beyond our mandate, the Task Force initiated and advocated for many of the specific needs we identified
- In 2002, Governor McGreevy accepted our 5-year plan and reappointed the Task Force charging us to continue doing what we could to implement it



- In April 2006, the state legislature institutionalized the Task Force and charged it with formulating the next 5-year plan, 2008 through 2012
- This new CCCP is now complete and has been sent to Governor Corzine

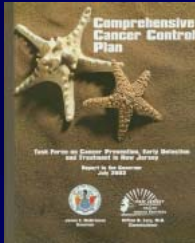
# In the beginning ...

- In 2000, on the recommendation of NJDA and NJDS, a dentist was appointed to be among the original 16 members
- In our earliest organizational meetings the Task Force agreed that O/OPC should be addressed by a separate workgroup
- Our Comprehensive Cancer Control Plan reflects this by devoting a separate chapter to O/OPC
- The NJ CCCP was the first with a separate workgroup and separate chapter for O/OPC



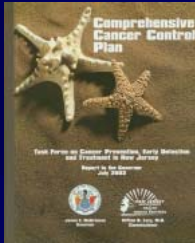
# Why a separate workgroup?

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- Anatomical location and adjacent structures present unique limitations on treatment options
- Initial detection of early lesions involves dentists and dental auxiliaries rather than medical personnel

# Oral Cancer

- Most are diagnosed by physicians and are in the late, symptomatic stages
- Only 1/3 of oral cancers are diagnosed in early stages
- 2/3 already have grown to a large size, spread regionally or metastasized

Holmes JD et al, 2003 J Oral Maxillofac Surg 61:285-91

# 5-year relative survival rate ~59%

1996-2002

ACS, 2007

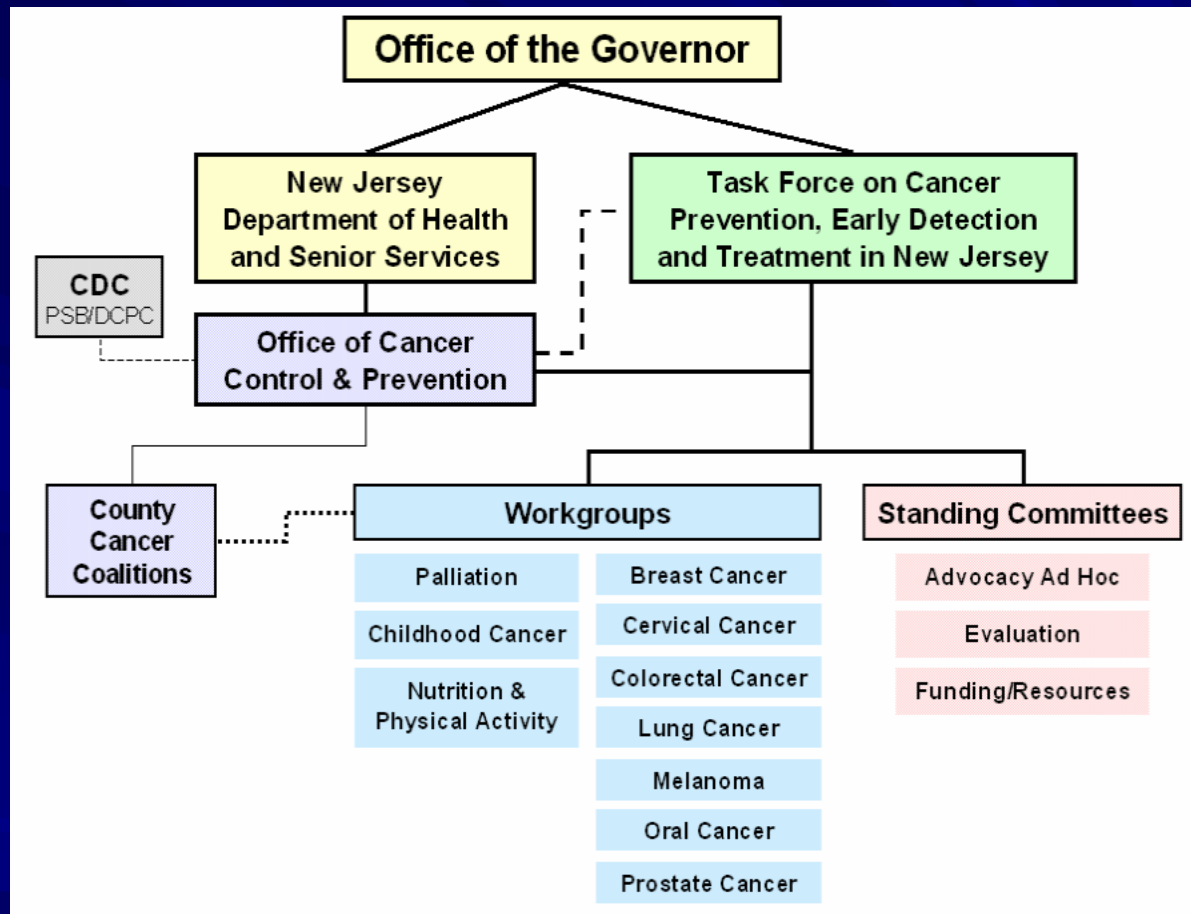
ACS Stage	TNM Stage	5-yr survival
Local	I and II	81%
Regional	III	52%
Distant	IV	26%

# 5-year survival rate ~ 59% overall

- White American males — 61%
  - 38% are diagnosed early
- African American males – 39%
  - 19% are diagnosed early







# Oral/Oropharyngeal Workgroup

NJ Dental School/UMDNJ  
NJDA + some components  
Seton Hall Grad. Med. Ed.  
Hospitals with dental  
residency programs  
UMDNJ Sch. Public Health

NJDHSS  
ACS  
Delta Dental of NJ  
CDX Labs  
NJGASP  
SPOHNC  
Local public health  
depts

# O/OPC Workgroup committees

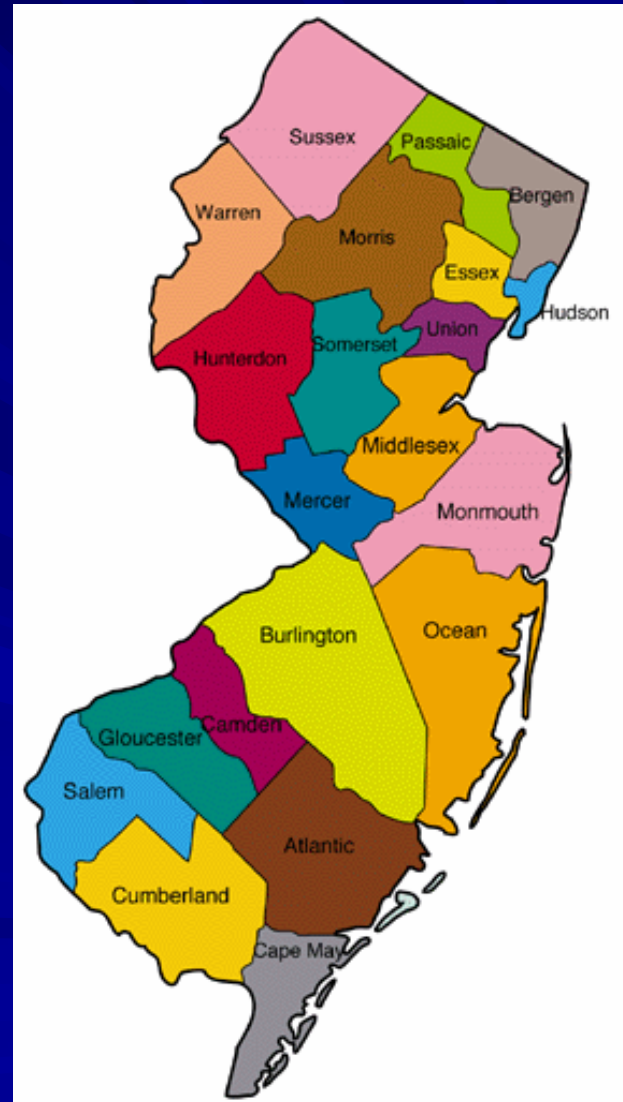
- Patient awareness and education
  - Review literature and making it available
  - PSA's, lectures, interviews, media, etc.
- Patient access
  - Private dental offices, public health facilities, hospitals, dental and dental hygiene schools, mobile vans, etc.
- Professional awareness and education
  - Speakers bureau
  - CE programs
- Surveillance and evaluation
  - UMDNJ School of Public Health
- Advocacy
  - Partnering through Task Force
  - i.e. NJ Smoke-Free Indoor Air Act, 4/2006

# County Cancer Coalitions

- Each of the 21 counties did its own capacity/needs assessment
- Enlisted hospitals, health departments and other institutions, organizations and individuals
- Innovates and coordinates county-wide projects most suitable to its needs and resources
- Interfaces with Task Force and OCCP

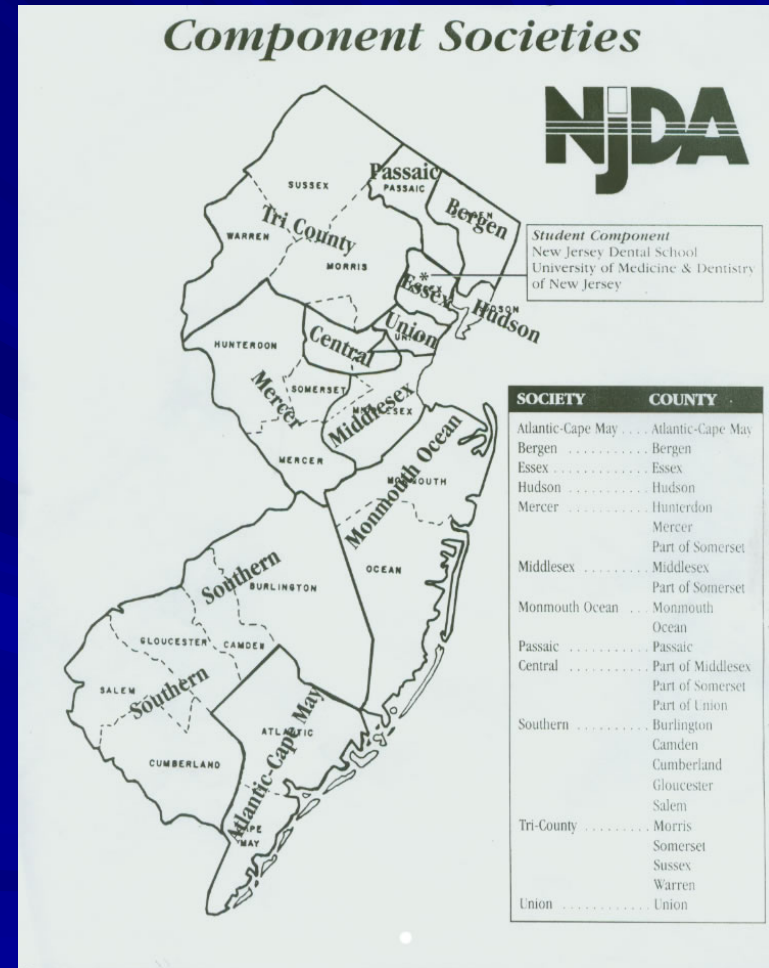
# County Cancer Coalitions

- In 2007, 9 of our 21 counties held oral cancer screenings and provided oral cancer information
- Our goal is to have at least one dentist or dental auxiliary participate as a member of his/her County Cancer Coalition
- Currently 6 counties have dental representation



# NJDA components

- All 13 NJDA components participate in some oral cancer related activities
- Our goal is to have each non-student component form an oral cancer committee with a liaison to the Workgroup
- Currently 4 components covering 6 counties are so represented



# Networking beyond state borders

## ■ Oral Cancer Consortium

- NY, NJ Region
- Annual free oral cancer screening
- Media events
- Oral Cancer Walk

## ■ American Academy of Oral Medicine

- Task Force on Oral Cancer
- Oral cancer symposia
- Patient information on website
- Clinician's Guide to Oral Cancer and Dental Management of Cancer Patients (in preparation)



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- reach out to individuals and entities not previously involved in cancer control
- coordinate and cooperate with other interested groups within and beyond NJ
- elevate the priority of oral cancer within organized dentistry, hospital-based dental departments, residency programs, and among individual dentists and auxiliaries,
- as well as our medical and nursing schools and the public

# Current Task Force Members and Staff of the Office of Cancer Control & Prevention

## Task Force Members

Arnold Baskies, MD, FACS (Chair)  
Ansar Batool  
James Chandler, MD, FACS, FCCP  
Teri Cox, MBA  
Marco Gottardis, PhD  
Nancy Healey  
Linda Johnson  
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Nancy Librera, MA, BSN  
Barbara Rabinowitz, PhD  
George Rhoads, MD, MPH  
Arnold Rosenheck, DMD  
Michelle Tropper, MPH  
Firoozeh Vali, PhD  
James Robert Wong, MD

## OCCP Staff

Executive Director  
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Research Scientist  
Sharon Smith, MPH

Public Health Representatives  
Stephanie Hill, BS, CTR  
Susan Sanna, RN, BSN, CTR

Assistant  
Mary Ann Scepanisky

Cancer is everybody's issue

FIGHTING ORAL AND  
OROPHARYNGEAL CANCER IS  
DENTISTRY'S RESPONSIBILITY

