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COVID-19 AIRBORNE TRANSMISSION

Urgent call to prevent late stage presentation of head and neck cancer

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We agree with Tang and colleagues that safer indoor environments are needed as covid-19 becomes something we may have to live with.¹

The pandemic has placed significant strain on primary care medical and dental services. Consultations have primarily moved to a telemedicine service with limited face-to-face contact. GPs were initially advised not to examine the oral cavity unless deemed essential.² In the UK dental sector, over 14 million appointments were missed in 2020.³ Although routine dentistry has now resumed, emergencies are still being prioritised and fewer patients are seen per session.⁴

Before covid-19, head and neck cancer was already a disease that presented late, with 62% of cases diagnosed at stage III or IV. Access to both primary medical and dental services is currently limited and patients with head and neck cancer will be missing lifesaving opportunities for detection. One US study in May 2020 reported a 25% reduction in newly diagnosed head and neck malignancy and the median primary tumour size was statistically significantly larger.⁵ Similar evidence was observed in Turin, Italy, during their March 2020 lockdown when they received significantly fewer urgent referrals and diagnosed only 12% of predicted head and neck oncology caseload.⁶

Given the decline in prevalence of covid-19 in the community, we believe it is time to recommence examination of the oral cavity face to face. Likewise, there is a growing public health need to encourage patients to book routine check-ups with their dentist. As well as detecting cancer, inspection of the oral cavity is often a prognostic indicator for general health. Telemedicine is suboptimal for inspection of this complex area. Head and neck cancer is a ticking time bomb which will require the union of medical and dental specialties in the wake of the pandemic.

Competing interests: None declared.

Full response at: www.bmj.com/content/373/bmj.n913/rr-9.

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