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## **Importance of knowing what drugs the patient has taken in the referral pathway for suspected cancer.**

Boyes H, Kanatas A.

Dear Editor,

In 2014, there were 7026 new cases of oral cancer in England<sup>1</sup>. In 2015, NICE updated its guidance on referral pathways for suspected oral cancer<sup>2</sup>. It broke down its criteria into the following:

- Suspected cancer referral pathway (non-dentist referrer)
  - Unexplained ulceration > 3 weeks
  - Persistent and unexplained lump in the neck
- Urgent referral (for assessment for oral cancer by a dentist) or Suspected cancer referral pathway (dentist referrer)
  - Lump in the lip or oral cavity consistent with oral cancer
  - A red or red and white patch consistent with erythroplakia
  - Erythroleukoplakia

The result of these referrals to OMFS or Oral Medicine clinics usually comprise a detailed patient history, clinical imaging, and the decision to biopsy the lesion or monitor as appropriate.

A potentially overlooked aspect of the referral system is drug history. Many medications can result in an altered oral appearance, for example, gingival hyperplasia due to sodium valproate<sup>3</sup>. However, there has been recent evidence to suggest that antihypertensive medications may be associated with an increased risk of SCC of the lip.

Several antihypertensive medications, including Nifedipine, Lisinopril, and particularly Hydrochlorothiazide, have a side effect of photosensitivity. Studies have shown that this

photosensitivity has been linked to a potential four-fold increase in the risk of SCC of the lip<sup>3</sup>.

Antihypertensive medications are common drugs that are likely to be prescribed to patients who have other carcinogenic risk factors (i.e. smokers and drinkers). Therefore, an important aspect of the referral and management process for suspected cancer should include a thorough drug history, as it could be increasingly influential in the decision to biopsy or to monitor.

### **Conflict of Interest**

The authors have no conflict of interest to declare.

### **References**

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