

The American Cancer Society estimates that in 2017 there were almost 50,000 cases of oral and oropharyngeal cancer diagnosed that resulted in more than 9700 deaths. The survival rates vary from over 80% to 30%, depending on the regional and distal metastases along with early or late detection. Unfortunately, the vast majority of new cases are not diagnosed until they have reached later stages.

The dental practitioner may serve as the first line of defense to discover oral lesions that appear to have abnormal characteristics. Conventional visual and tactile examination (CVTE) done intraorally and extra orally should be combined with a current and accurate patient health history to aid in identifying risk factors for oral cancers. When appropriate, biopsy and pathology diagnosis should be performed.

Although the CVTE is universal and conventional to most practitioners, there are many new adjuncts that are on the market to assist in oral cancer screening. The efficacy of these screening adjuncts has not been thoroughly and adequately established, and therefore, cannot replace the above mentioned conventional protocols.

A panel of experts with the Center for Evidence-Based Dentistry in 2017 concluded that the strength of evidence for these adjuncts was low to very low, and therefore do not recommend their use. That is not to say that newer screening tools should not be used, but rather, the practitioner should use professional judgement when their use is appropriate.

There should also be very clear and strong communication with the patient by the doctor and staff regarding the management of any suspicious lesion and follow up care, including referral to a specialist. All this information should be carefully documented in the patient records, including what tests were performed, the date tested, the date ordered, and the date the report was received. Any report should receive the Doctor's signature when it has been reviewed, with specific recommended treatment and notification to the patient. Any referral to a specialist must be given all appropriate information and reports.

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Patient's non-compliance must be managed carefully. The thought of receiving bad news can be overwhelming for some patients. The practitioner must directly communicate with the patient to educate, to assume responsibility, and to stress that the patient has an active role to play which is vital to the best clinical outcome.

Thorough and complete documentation in the patient records is mandated and critical for risk and liability mitigation to avoid allegations of failure to address the proper course of action when managing this issue.

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