

## POSITION STATEMENT:

# Support Oral Cancer Early-Detection Examinations

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In response to the increasing incidence of certain oral cancers,<sup>1</sup> the Society of Behavioral Medicine calls on healthcare providers and legislators to expand awareness of oral cancer risk factors, increase early detection of oral cancers, support policies that increase utilization of dental services, and enhance education related to oral cancers.

The Society of Behavioral Medicine (SBM) supports the American Dental Association's 2017 guideline for evaluating potentially malignant oral cavity disorders.<sup>2</sup> SBM encourages additional action by healthcare providers and legislators.

## BACKGROUND

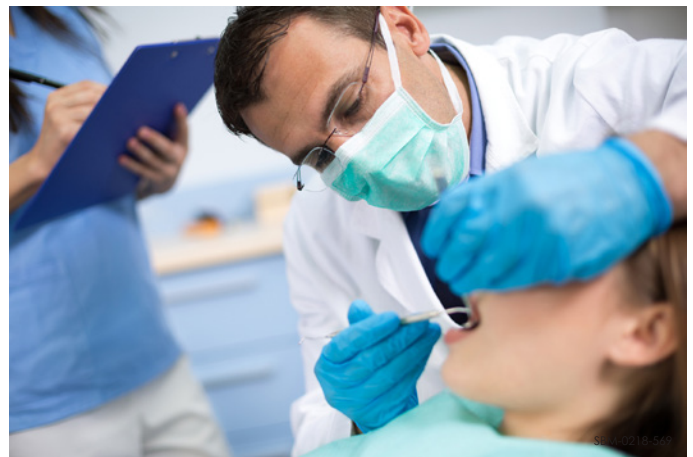
Risk factors for oral squamous cell carcinoma differ depending upon the location of tumors.

In the United States, tobacco and heavy alcohol use are the major risk factors for cancers found inside the oral cavity.<sup>3</sup>

Oral human papillomavirus (HPV) infection, especially HPV-16, is the major risk factor for cancers of the oropharynx and is a minor risk factor for tumors inside the oral cavity.<sup>4-6</sup>

These cancers are among the most expensive cancers to treat<sup>7,8</sup> and can have profound effects on quality of life including impaired speech,<sup>9</sup> eating and breathing difficulties,<sup>10</sup> permanent disfigurement,<sup>11</sup> and chronic pain.<sup>12</sup>

Because late detection leads to higher adverse impacts on quality of life and greater risk of death,<sup>13</sup> early detection and treatment are paramount.



## EARLY DETECTION

Screening has been effective in increasing detection of early cancerous and precancerous lesions for a variety of cancers, and routine examination of asymptomatic and symptomatic patients through oral exams may lead to early detection of cancerous and precancerous lesions.

Visual and tactile examination of the oral cavity by dental care providers and primary care providers can help detect certain oral cancers and precancerous lesions.

Importantly, about two-thirds of oral cancers occur on the tongue and floor of the mouth,<sup>14</sup> sites that are accessible to oral visual and tactile examination.

Many dental providers routinely perform oral visual and tactile exams, but many adults do not receive regular dental care.<sup>11-13</sup>

Although primary care providers can perform oral exams, most do not receive adequate training.<sup>14</sup>

## 2017 AMERICAN DENTAL ASSOCIATION EXPERT PANEL RECOMMENDATIONS

1. **Routine visual and tactile exam and history:** Clinicians should perform routine oral exams for all adult patients, accompanied by a comprehensive history that includes signs and symptoms of head and neck malignancy.\*
2. **Suspicious lesion:** If the clinician detects a lesion that is suspicious for malignancy or potential malignancy, they should either perform a biopsy of the lesion or immediately refer the patient to a specialist who can perform the biopsy, and obtain a definitive diagnosis.\*  
2a: If the patient declines biopsy or referral, the clinician may consider a cytologic adjunct for triage and additional assessment. A positive or atypical test result from cytologic testing warrants a biopsy or immediate referral to obtain a definitive diagnosis. A negative cytologic test result warrants periodic follow-up to ensure this was not a false-negative result (see non-suspicious lesion).\*\*
3. **Non-suspicious lesion:** If the clinician detects a lesion that does not seem suspicious for malignancy or potential malignancy, or receives a test result of negative on cytologic testing of a suspicious lesion, they should follow up until resolution of the lesion. If it persists or potential malignancy cannot be ruled out, it should be treated as a suspicious lesion.\*\*

\* No quality of the evidence rating and no strength of recommendation assigned

\*\* Quality of evidence low and strength of recommendation conditional

## RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

Dental care providers and primary care providers are key to reducing oral cancer incidence and increasing early detection of oral cancer and precancerous lesions. They must:

- Treat oral and oropharyngeal exams as a routine part of patient examination.
- Communicate to patients about oral cancers and risk factors.
- Encourage HPV vaccination for appropriate patients based on recommendations from the Advisory Committee on Immunization Practices.<sup>15</sup>
- Support the avoidance of tobacco use and minimal alcohol intake.
- Follow evidence-based recommendations for evaluating potentially malignant oral cavity lesions.<sup>16</sup>

## RECOMMENDATIONS FOR LEGISLATORS

Legislators must support policies to increase utilization of health services, including oral health services, specifically:

- Expand Medicaid to cover adult dental services.
- Increase Medicaid reimbursement for dental services.
- Require dental care under any modifications to the Affordable Care Act or replacement legislation.

## ENDORSEMENTS



## REFERENCES

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