



#### Presented by: Jo-Anne Jones, RDH, FAIDFE

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#### **Educational Objectives:**

To explore the critical components of today's extraoral/intraoral screening exam

To identify the subtle lifesaving symptoms so easily overlooked

To manage the referral pathway of an abnormal finding

To integrate best practices to discover abnormalities in the earliest stages

To self-evaluate your present screening protocols

#### **References:**

All sites accessed March 2024.

Nath S, Ferreira J, McVicar A, Oshilaja T, Swann B. Rise in oral cancer risk factors associated with the COVID-19 pandemic mandates a more diligent approach to oral cancer screening and treatment. J Am Dent Assoc. 2022 Jun;153(6):495-499. doi: 10.1016/j.adaj.2022.01.001 Bailey L, Mason K. North American Quitline Consortium. Report on the Impact of the COVID-19 Pandemic on Smoking. March 2021. Phoenix, AZ.

#### https://cdn.ymaws.com/www.naquitline.org/resource/res mgr/reports-naqc/report\_impact\_\_of\_covid-19\_p.pdf

Canadian Cancer Statistics 2023. Canadian Cancer Statistics Advisory Committee in collaboration with the Canadian Cancer Society, Statistics Canada and the Public Health Agency of Canada. Canadian Cancer Statistics 2023. Toronto, ON: Canadian Cancer Society; 2023. Available at: cancer.ca/Canadian-Cancer-Statistics-2023-EN November 2023

Brenner DR, Poirier A, Woods RR, et al. Projected estimates of cancer in Canada in 2022 for the Canadian Cancer Statistics Advisory Committee. CMAJ 2022 May 2;194:E601-7. doi: 10.1503/cmaj.212097 Centers for Disease Control and Prevention. Human Papillomavirus (HPV) Fact Sheet.

https://www.cdc.gov/std/hpv/stdfact-hpv.htm

Images with permission granted from the Canadian Dental Hygienists Association online course "Oral & Oropharyngeal Cancer Screening for Today's Population"

Notes:

# **WNL** Within Normal Limits or a Dangerous Assumption

# **2 MAJOR RISK FACTORS** have changed the profile and demographic of 'typical' of oral/oropharyngeal cancers in North America

- The reduction in smoking has resulted in LOWER incidence of oral cavity cancer
- The widespread prevalence of HPV has resulted in SIGNIFICANT RISE in HPV-related oropharyngeal cancers (posterior/base of tongue, tonsils and soft palate)

### How Has Covid Impacted Oral/Oropharyngeal Cancer?

- Hesitancy of public to return to dental setting
- Interruptions in care
- Changes in lifestyle
  - Increased alcohol intake, tobacco use
- Weight gain/poor diet
- Increased reporting of anxiety/depression
   Impact of Rx medications, decreased motivation
- Masking resulting in decrease of daily oral hygiene measures

# The Facts About Oral and Oropharyngeal Cancer

- Estimated 550,000 Canadians infected with HPV each year
  - Estimated 75% of sexually active Canadians will have one or more HPV infections if not immunized
- 7,500 Canadians diagnosed with head and neck cancer this year
  - 5,400 men will be diagnosed with head and neck cancer and 1,500 will die
  - 2,000 women will be diagnosed with head and neck cancer and 560 will die
- Total of 2,100 Canadians will die of head and neck cancer this year

# If you are sexually active, you can get HPV,

even if you have had sex with only one person. You also can develop symptoms years after having sex with someone who has the infection. This makes it hard to know when you first got it.

# The Critical Components of Today's EO/IO Exam

#### WNL: We Never Looked

Our best intentions are often challenged by time constraints in our schedule, uncertainty of technique and lack of knowledge of changing profiles. How does this impact our professional liability? *"Upon review of the data, there have been claims circumstances where Dental Hygienists were named in a statement of claim, alleging negligence in their failure to detect oral cancer".* BMS, Professional Liability Insurance Provider for CDHA members

# **Dental Malpractice Claims**

Failure to diagnose is the 2nd most common cause of dental malpractice claims

What are the contributing factors?

- Inadequate training to perform effective screenings
- Lack of knowledge in recognizing subtle life-saving symptoms
- Wait and watch attitude
- Delays in making a referral
- Failure to identify risk factors
- Failure to obtain a complete medical history and/or updates

### Preventability and Detectability of Head and Neck Cancer *PREVENTABILITY*

**GREEN** represents cancers for which it is estimated that at least 50% of cancers are preventable through screening programs that can detect precancerous lesions.

#### DETECTABILITY

YELLOW if opportunistic early detection is available

#### **Tactile Examination Techniques**



**Bimanual Palpation** 

**Bilateral Palpation** 



### **Overall Evaluation of the Head and Neck** Face & neck

- Symmetry, coloration
- Removal of eyeglasses
- Moles, freckles, scars etc.
- Trauma (domestic abuse)

Patient's voice

- Hoarseness, quality of speech
- Eye movements & response
- Tearing, redness, dilation/constriction, color of sclera

#### The ABCDE's of Malignant Melanoma

## **1**<sup>ST</sup> Story: Knowledge Translation into Practice

Assess facial symmetry Bilateral palpation of head and neck comparing symmetry of structures Assessment of tissue consistency Follow up evaluation Referral to physician/specialist

#### **References:**

Canadian Cancer Statistics 2023. https://www.canadianskincancerfoundation.com https://www.skincancer.org/early-detection/self-exams/

Product recommendations to combat radiation side effects and specifically salivary depletion (xerostomia) BE an ADVOCATE for our patients and our own health!

#### Systematic Examination of Lymph Nodes

- 1. Submental
- 2. Submandibular
- 3. Anterior deep and superficial cervical
- 4. Supraclavicular
- 5. Occipital
- 6. Posterior auricular
- 7. Anterior auricular
- 8. Parotid gland
- 9. Sternocleidomastoid muscle
- 10. Deep cervical
- **11. Posterior cervical**



#### Preference of HPV for the Oropharynx

May be related to histological similarities of tonsillar tissue to the cervical mucosa

Tonsillar crypt epithelium may foster survival of HPV; invaginations may favour virus capture and maintenance

Defined by its boundary with the oral cavity posterior to the sulcus terminalus

Base of the tongue, soft palate, uvula and tonsillar region, which includes the fossa and the anterior and posterior pillars collectively forming a ringed arrangement known as Waldeyer's ring.

# Extraoral Palpation of Submandibular Nodes: Palpation Technique

Initial bilateral palpation (rolling stroke, piano playing stroke)

Chin down, ear to shoulder; employ unilateral palpation with firm pressure

Note any enlargement, tenderness, hardness and asymmetry; nodes should not be clinically palpable or visible

If enlargement is detected, determine whether fixed or mobile and assess consistency of the node



### 2<sup>nd</sup> Story: Knowledge Translation to Practice

Advocacy is of critical importance for our patients and ourselves. Obtain a 2nd opinion and explore options.

If a node persists for more than 14 days with no known etiologic factor, it requires further evaluation.

Be proactive in our treatment/product recommendations for a patient who will be undergoing radiation therapy and/or chemotherapy.

# Extraoral Palpation of Cervical Nodes: Palpation Technique

Palpate the superficial and deep cervical nodes With the patient looking straight ahead, position the hand to palpate the entire chain anterior to the sternocleidomastoid muscle (SCM) Instruct the patient to turn the head to reposition the SCM and allow deeper palpation of the chain of lymph nodes

A palpable tender node may be result of past chronic infection



# Extraoral Palpation of Supraclavicular Nodes: Palpation Technique

Location - superior to the clavicle in the supraclavicular fossa directly above the collarbone

Technique – positioned behind the patient Bilateral palpation; shoulders raised and rounded forward

Enlargement should always be investigated

# **Clinical Consideration: Supraclavicular Nodes**

Among this group of lymph nodes, supraclavicular nodes have the greatest potential to likely be malignant.

An enlargement that persists more than 14 days should always be investigated; a hard, fixed node should be referred.

Prevalence in malignancy possess a rate of 54 - 84% according to biopsy series reports.

## Lymphadenopathy Considerations

A persistent neck lump (fixed, firm mass) in an adult should be considered malignant until proven otherwise.

According to HPV tumor status, neck mass was significantly more common in patients with HPV-positive OPSCC vs HPV-negative OPSCC (51% vs 18%, respectively)

Patients with HPV-positive OPSCC are more likely to present with a neck mass indicative of regional disease; patients with HPV-negative OPSCC with symptoms associated with primary tumor site.

HPV-positive OPSCC often originating in tonsillar crypts resulting in early cervical metastasis whereas HPV-negative OPSCC is more likely to be locally invasive correlating with initial symptoms at primary tumor site.

# Lymphadenopathy Considerations: *Infection Related*

- Soft, often painful or tender
- Moveable
- Patient often aware of underlying infection *Neoplasia Related*
- Firm, usually not symptomatic
- Firm and fixed
- Patient often unaware



# 3<sup>rd</sup> Story: Knowledge Translation to Practice

#### **IMRT – Intensity Modulated Radiation Therapy**

IMRT is a more advanced type of radiation therapy to treat both cancer and noncancerous tumors

Photons are manipulated to conform to the shape of a tumor or the area of irradiation; radiation intensity of each beam is controlled and changes throughout each treatment

The goal is to reduce collateral damage of healthy tissue and preserve salivary function

70 Gy; significant and detrimental effect on both skin and oral mucosal tissues

Feeding tube becomes essential for survival

Consideration of radiation side effects

Proactive chairside and self-care protocols to combat salivary depletion

Interval of care to meet the needs of a compromised patient If something doesn't appear normal, refer!

"Attitude is everything"

#### Palpation of Thyroid Gland:

Located on both sides as well as below the thyroid cartilage Instruct patient to swallow noting any enlargement, immobility or asymmetrical movement

Normally not detected by palpation or clinically visible; gland should rise up and down during swallowing

References:

Karadeniz C, Oguz A, Ezer U, Ozturk G, Dursun A. The etiology of peripheral lymphadenopathy in children. Pediatr Hematol Oncol. 1999;16:525–31.

Steel BL, Schwartz MR, Ramzy I. Fine needle aspiration biopsy in the diagnosis of lymphadenopathy in 1,103 patients. Role, limitations and analysis of diagnostic pitfalls. Acta Cytol. 1995;39:76–81.

#### https://jamanetwork.com/journals/jamaotolaryngolo gy/fullarticle/1847508

McIlwain WR, Sood AJ, Nguyen SA, Day TA. Initial symptoms in patients with HPV-positive and HPVnegative oropharyngeal cancer. JAMA Otolaryngol Head Neck Surg. 2014 May;140(5):441-7.

PDQ Adult Treatment Editorial Board. Oropharyngeal Cancer Treatment (Adult) (PDQ<sup>®</sup>): Health Professional Version. 2021 Jun 11.

https://www.ncbi.nlm.nih.gov/books/NBK65723/





# 7 Step Intraoral Examination

- 1. Lips
- 2. Labial mucosa
- 3. Buccal mucosa
- 4. Gingival tissues
- 5. Tongue
- 6. Floor of Mouth
- 7. Oropharyngeal and Palatal Tissues

#### Step 1: Lips

Inspection with lips closed and open Bidigital palpation Note deviation from normal Reinforce need for sunblock protection

#### Step 2: Labial Mucosa

With the patient's mouth partially open, visually examine the labial mucosa and sulcus of the maxillary and mandibular vestibule and frenum

#### 4<sup>th</sup> Story: Knowledge Translation to Practice

A systematic review confirms that both oral lichen planus and oral lichenoid lesions (the latter with a slightly higher transformation rate), may be considered potentially malignant disorders and suggest that erosive type, female gender, and tongue site should be considered as risk factors for oral lichen planus transformation. Major efforts should be made to establish strict clinical and histological criteria to diagnose oral lichen.

The reported transformation rates vary from 0 to 9%. Debate continues as to recommendations for monitoring lesions however microscopic re-evaluation should definitely be considered.

#### Step 3: Buccal Mucosa



Visual inspection and tactile palpation Systematic approach Bidigital palpation Assessment of parotid salivary gland, maxillary tuberosities and retromolar pad

#### **References:**

Giuliani M, Troiano G, Cordaro M, et a. Rate of malignant transformation of oral lichen planus: A systematic review. Oral Dis 2019 Apr;25(3):693-709.



#### Step 4: Gingival Tissues



Dry the tissues and then observe attached and free gingiva assessing for normal colour and contour

Bidigital palpation with alveolar ridges palpated using index finger and thumb



#### 5<sup>th</sup> Story: Knowledge Translation to Practice

# If you were standing in front of a dental audience, what would you like them to know?

"Don't be afraid to think the worst because the stakes are high, and time is of the essence. It does no harm to speculate, but waiting and hoping and waiting some more can be deadly. And if you aren't sure, please don't hesitate to pass your patient off to someone else. There's nobility in that too."

#### Step 5: Tongue A. Dorsum



#### **B: Lateral Borders**





#### C. Ventral Surface



Visual observation and tactile examination High risk anatomical area for HPV and non-HPV related oral cancer Examine for unrestricted movement, swelling or fixed mass, ulceration, coating or variations in size, colour or texture

#### **References:**

Rearranged: An Opera Singer's Facial Cancer And Life Transposed Paperback Available at <u>www.amazon.ca</u> <u>www.kathleenwatt.com</u>

#### 6<sup>th</sup> Story: Knowledge Translation into Practice

Careful intraoral assessment of the tongue

Instruct patient to stick tongue out and move side to side evaluating for symmetrical movement

Extraoral palpation of lymph nodes that may be associated with metastases from cancers among oral cavity and oropharynx Treatment/product recommendations following radiation therapy

## Step 6: Floor of the Mouth

Particularly vulnerable area

Inspect floor of mouth for any changes in;

Colour, Texture, Swelling or Surface abnormalities

Use bimanual palpation; compare technique to palpation intraoral alone

Bimanual palpation is the only way to detect an area of induration or swelling



# 7<sup>th</sup> Story: Knowledge Translation into Practice

Bimanual palpation of the floor of the mouth is critically important; high risk area

Changes in colour, size, texture, asymmetry that persist beyond 14 days need to be referred for further evaluation always

Clearly document findings including photo documentation and lesion measurements (width/length/height)

#### Step 7: Oropharynx, Palatal Tissues and Tonsillar Area

- Examine the entire area of the oropharynx including the tonsil region, uvula, tonsillar pillars and palatine tonsils for presence, color, size or any noted abnormalities
- Depress the tongue towards the floor of the mouth using either a tongue blade or the back of the mouth mirror
- Instruct the patient to take a deep breath and hold while depressing the tongue preferably with a tongue depressor; this enables the clinician improved visual acuity



#### References:

Latini G, DE Felice C, Barducci A, et al. Oral mucosal color changes as a clinical biomarker for cancer detection. *Eur J Cancer Prev* 2012 Jul;21(4):360-6. Doi: 10.1097/CEJ.0b013e328350de51 Link to EO/IO Screening Examination: www.dentalhygienecanada.ca/oralcancer https://www.youtube.com/watch?v=q9kPdQMyU40

<u>&t=13s</u>

JADA The limitations of the clinical oral examination in detecting dysplastic oral lesions and oral squamous cell carcinoma. http://jada.ada.org/content/143/12/1332.abstract

#### Salivary Gland Neoplasm

Palate is most common site

Hard palate off the midline

Deep seated ulcerated mass often exhibiting a mass of dilated blood vessels

Clinical consideration; approximately  $\frac{1}{2}$  are malignant, metastasize often to lungs and bone

# The Subtle and Life-Saving Symptoms

Continuous sore throat; persistent infection Pain when swallowing or difficulty swallowing Unilateral ear pain; ringing in the ears or trouble hearing Pain when chewing Non-healing oral lesions Bleeding in the mouth or throat Hoarseness A lump in the throat or the feeling that something is stuck in the throat Continual lymphadenopathy Unexplained weight loss Trouble breathing, speaking, slurred speech

Tongue that tracks to 1 side when stuck out

Asymmetry in tonsillar area

Persistent neck masses despite antibiotic therapy

# Management of an Abnormal Finding

HPV Infection and Transformation to Malignancy

More than 200 types of HPV, only a few are high-risk factors for oral cancer; primarily HPV-16 and 18; over 90% of HPV-positive oral/oropharyngeal cancers are HPV-16 positive HPV-6, 11, 16 and 18 are related to a venereal wart and present in the oral cavity as condyloma acuminatum; 9 strains have been identified as being oncogenic

HPV mechanism – affinity for lymphoid tissues; virus' DNA integrates into nuclei of healthy cells to produce oncogenic proteins; E6 and E7. Both bind to tumour-suppressor proteins, p53 and pRb

Improved survival rates for HPV-related oral/oropharyngeal cancer

### **Best Practices for Earliest Discovery of Oral and OPC**

We've had over 100 years to eliminate oral disease...why have we not been successful?

Recognize the etiologic pathways related to both oral and oropharyngeal cancer

Magnification (loupes) and illumination (dedicated light source) are critical component enabling best possible opportunity to assess visual changes

Employment of adjunctive screening devices adds another layer of assessment capability to see beyond white light examination or the naked eye may reveal

# References:

Pfister DG, Fury MG. New Chapter in Our Understanding of Human Papillomavirus-Related Head and Neck Cancer. J Clin Oncol. Vol 32, 2014. Mehanna H, Taberna M, von Buchwald C, et al. Prognostic implications of p16 and HPV discordance in oropharyngeal cancer (HNCIG-EPIC-OPC): a multicentre, multinational, individual patient data analysis. The Lancet Oncology. March 2023. Vol 24. Iss 3, p.239-251. Office of the Chief Dental Officer of Canada1. Human papillomavirus and oral health. Can Commun Dis Rep. 2020 Nov 5;46(1112):380-383.

Tiwari L, Kujan O, Farah CS. Optical fluorescence imaging in oral cancer and potentially malignant disorders: A systematic review. Oral Dis. 2019;00:1–20. Laronde et al: Influence of fluorescence on screening decisions for oral mucosal lesions in community dental practices. J Oral Pathol Med 2013.

Truelove E et al: Narrow band (light) imaging of oral mucosa in routine dental patients. Part I: Assessment of value in detection of mucosal changes. Gen Dent. 2010 Jul-Aug; 281.

Additional clinical study listing;

https://velscope.com/velscope/education/clinicalstudies/

Majority of cellular changes start beneath the surface at the basement membrane

More than 2/3's of oral cancers are discovered in later stages Most of all...perform opportunistic on every adult on an annual basis Educate your patients on the HPV vaccine...the anti-cancer vaccine!

# Technology Platform of Direct Fluorescence Visualization (VELscope Vx)

Pre-cancerous lesions typically start below the surface of the tissue, at the basement membrane, and can remain unseen until they reach the outer layer.

It is critical that discovery and intervention occur during the earliest stages of dysplastic progression before it has developed and expanded beyond the basement membrane.

67% of oral cancer is currently discovered during this later stage. VELscope uses a proprietary wavelength that can penetrate beneath the surface to the basement membrane. In normal healthy tissue, the excitation from the light will cause an apple-green glow in real time feedback. As abnormal cell differentiation beings to occur, the collagen cross links begin to deteriorate, increased vascularity occurs, and enzymes associated with normal metabolic activity significantly diminish. The tissue is unable to absorb and reflect the light. Instead of an apple-green glow, a dark, very well demarcated border appears that is in stark contrast to the surrounding tissue appearance.

## What False Positives?

VELscope is not a diagnostic tool; it identifies oral abnormalities that are not visible to the naked eye and may require further assessment Simple principles will help determine further management pathway

- Application of diascopic pressure
- Identification of etiologic factor

Critical thinking and golden rule always apply if unknown etiology, unilateral vs. bilateral etc. Always follow up within two weeks! And lastly, take time to understand what you are seeing...a wealth of resources and tools available to VELscope practice users

# The Anti-Cancer Vaccine

Health Canada Approves GARDASIL<sup>®</sup> (Human Papillomavirus 9valent vaccine, Recombinant) for the Prevention of Oropharyngeal and Other Head and Neck Cancers

# APPROVED April 2022



The fastest-growing segment of oropharyngeal cancers is attributed to HPV. Yet it can be prevented by the Gardasil HPV nine-valent vaccine

#### **References:**

SEER Cancer Stat Facts: Oral Cavity and Pharynx Cancer. National Cancer Institute. Bethesda, MD,

https://seer.cancer.gov/statfacts/html/oralcav.html Poh, CF. Anderson, DW, Durham, S. et al. Fluorescence Visualization–Guided Surgery for Early-Stage Oral Cancer

JAMA Otolaryngol Head Neck Surg. 2016;142(3):209-216.

Epstein J, Guneri P, Boyacioglu H et al. The limitations of the clinical oral examination in detecting dysplastic oral lesions and oral squamous cell carcinoma. JADA December 2012Volume 143, Issue 12, Pages 1332– 1342.

http://jada.ada.org/article/S0002-8177(14)62187-5/abstract VELscope studies: https://velscope.com/clinicalstudies/

(Gardasil 9 [9vHPV]). More than 500 million doses of the HPV vaccine have been given worldwide.

92% of HPV-attributable cancers in the future can be prevented by the HPV vaccination.

Gardasil 9 is a non-infectious recombinant vaccine prepared from viruslike particles (VLPs) of the protein of HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58.

Declines in prevalence of HPV infection among teen girls was **88%** after introduction of vaccine.

HPV vaccination reduces recurrence of abnormal paps by

**70 – 80%** and recurrence of genital warts by 75%.

Efficacy denotes expansion of recommendation for adult immunization.

# 8<sup>th</sup> Story: Knowledge Translation into Practice

Extraoral palpation of lymph nodes that may be associated with metastases from cancers among oral cavity and oropharynx Know and pay attention to subtle life saving symptoms Question efficacy of medications for treatment of conditions such as GERD which may clinically present like symptoms to OPC Treatment/product recommendations following radiation therapy Enroll your patients in self-examination between dental visits

# **Evaluate Our Current Screening Practices**

- Are you performing a complete head and neck examination including an oral cancer screening at least 1x/year on all adult patients?
- Does your clinical team use magnification (loupes) and a dedicated light source?
- Are you using any adjunctive screening techniques such as VELscope?
- Are your patients aware of the fast growing sexually transmitted head and neck cancer profile?
- Do you have any printed material on the new profile for head and neck cancers?
- Does your medical history and updates include any questions regarding presence of subtle symptoms that may be related to HPV profile?
- Do you have a risk factor questionnaire or screening form?
- Is there updated information on the link between HPV and oral/oropharyngeal cancer on your website?
- Are your patients aware of the HPV vaccination and indication for oropharyngeal cancer prevention?
- Are you enrolling your patients in self-examination?

# 9<sup>th</sup> Story: Knowledge Translation into Practice

Seek a 2nd opinion if necessary

Don't watch and wait

If it persists, it's not normal and requires further investigation Above all, be an ADVOCATE for YOU, YOUR FAMILY, and your PATIENTS

#### **References:**

Sullivan-Chang L, Saraiya M, Dunne EF, Brooks JT. More Testing, More Questions. Screening Tests for Oral Human Papillomavirus Infection. JADA 148(11) <u>http://jada.ada.org</u> November 2017 <u>https://jada.ada.org/article/S0002-</u> <u>8177(17)30750-X/pdf</u> <u>https://www.canada.ca/en/public-</u>

health/services/publications/healthyliving/updated-recommendations-humanpapillomavirus-immunization-scheduleimmunocompromised-populations.html https://www.cancer.gov/news-events/cancercurrents-blog/2017/hpv-vaccine-oral-infection https://cancer.ca/en/cancer-information/cancertypes/oral/statistics (2023 statistics) World Health Organization. Weekly epidemiological record 16 DECEMBER 2022, 97th YEAR No 50, 2022, 97, 645-672 http://www.who.int/wer Rosenblum HG, Lewis RM, Gargano JW, Querec TD, Unger ER, Markowitz LE. Declines in Prevalence of Human Papillomavirus Vaccine-Type Infection Among Females after Introduction of Vaccine — United States, 2003–2018. MMWR Morb Mortal Wkly Rep 2021;70:415-420.

# **Product Information**



VELscope Vx



CAN ME

Oral Science – Pads and Samples/CE Meeting



Recommended Reading Life Interrupted Dr. Dua's Survival Guide Available online www.amazon.com Jennifer Cicci: My Journey with Cancer – A Dental Hygienist's Perspective https://files.cdha.ca/Profession/OhCanada/OHC.s pring15.CancerJourney.jCicci.pdf

#### **Additional Learning:**

CDHA Online Course – Oral and Oropharyngeal Cancer Screening for Today's Population https://www.cdha.ca/cdha/Education/Online Co urses/Oral Oropharyngeal Cancer Screening for Today s Population/CDHA/Education/Course s/Oral Oropharyngeal Cancer Screening for Today s Population.aspx Educational Materials

https://www.mahpvcoalition.org/download-ourdental-toolkit

https://www.cancer.org/cancer/oral-cavity-andoropharyngeal-cancer.html

Cancer Prevention Through HPV Vaccination: An Action Guide for Dental Health Care Providers

https://hpvroundtable.org/wp-

content/uploads/2018/04/DENTAL-Action-Guide-WEB.pdf

www.hpvandme.org

5 KEY Points that Dental Professionals Need to Know

https://www.bccrcdc.org/wpcontent/uploads/2019/05/OPC-AAP-Handouts.pdf

# What You Can Do – A Call to Action from the Chief Dental Officer of Canada

Stay up to date on current research and statistics Educate your patients on the risk factors including tobacco, alcohol, sexual/lifestyle behaviours; being ALIVE is a risk factor If anything PERSISTS more than 14 days, refer for further investigation Promote the HPV vaccine to parents, young adults and older adults should their lifestyle be placing them unknowingly at risk Lobby dental/dental hygiene regulatory bodies for the possibility of administering the HPV vaccine in dental office (This authorization already exists in the Province of Alberta)

Refer your patients to www.checkyourmouth.org to self-check between professional visits

Be an ADVOCATE for your patients and yourself

Office of the Chief Dental Officer of Canada. Human papillomavirus and oral health. Can Commun Dis Rep 2020;46(11/12):380–3

Share the '**Check Your Mouth'** website with your patients and enroll them in monthly screening at home. <u>www.checkyourmouth.org</u>

Postcards, brochures and materials for your dental practice available through the Oral Cancer Foundation. <u>www.ocfstore.org</u>

Thank you to LED Dental Inc., and to the Canadian Dental Hygienists Association for the use of the photographs used in this presentation. Special thanks also to Dr. Samson Ng, certified specialist in Oral Medicine and Oral Pathology, Clinical Assistant Professor at UBC Faculty of Dentistry for permission of clinical photographs in the lecture. Acknowledgment and thanks to the CDHA for the provision of the lesion documentation form for use in clinical practice.

If I may assist you with any further information regarding today's presentation, please don't hesitate to contact me at <u>jjones@jo-annejones.com</u> Thank you for joining me in the quest for earlier discovery of oral and oropharyngeal cancer!

The HPV Talking Points developed in collaboration with rdhu, may be downloaded at the following link of using the QR code below. <u>www.rdhu.ca/HPVTalkingPoints</u>



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# Extraoral and Intraoral Lesion Documentation Form

Client Name:	Action Taken		
<ul> <li>What gender do you most identify with?</li> <li>Male</li> <li>Female</li> <li>Transgender male</li> <li>Transgender female</li> <li>Non-binary/non-conforming</li> <li>Not listed:</li></ul>	Re-appoint/re-evaluate in (time frame):      Refer to:      Comments:		
Date of birth (dd/mm/yyyy):			
Relevant health history/status:			
Known risk factors:			
Pain/symptoms/duration:			

# Extraoral Examination: Description of Findings

- Face
- Hairline
- Neck
- Palpable node(s)
  - Soft/firm (circle)
  - □ Mobile/fixed (circle)
  - □ Tender/non-tender (circle)
- **D** TMJ
- Thyroid

Location Reference (indicate on drawing):



# Intraoral Examination: Description of Findings

- Lips
- Labial mucosa
- Buccal mucosa
- Gingival tissues
- Tongue
  - Dorsum
  - Lateral
    - 🛛 Left
    - 🛛 Right
  - Ventral

- □ Floor of mouth
- Palate
  - □ Soft
  - Harc
- Oropharynx
- Tonsillar pillar



- uth Location Reference (indicate on drawing):
- . +
- □ Hard

# **Description of Lesion**

#### Shape

- Round
- Oval
- □ Triangular
- □ Linear
- Other

#### Size

□ \_\_\_\_mm x \_\_\_\_mm

□ \_\_\_\_cm x \_\_\_\_cm

## Colour

- Normal
- White
- Red
- □ Yellow
- Brown, blue or black
- Other

## Surface of Lesion

- □ Smooth (covered with intact mucosa)
- □ Rough (pebbly, papillary or corrugated)
- □ Hyperkeratinized
- □ Erosive (thinning, ulcerated, fissured)
- □ Verrucous/wart-like

# Mode of Attachment

Notes:

- □ Broad (sessile)
- Narrow (pedunculated stalk)

#### Symmetry

- Bilateral
- Unilateral

# Consistency

- Soft
- 🛛 Firm
- Fluctuant

#### Number

- Single
- Multiple

#### Margins

- □ Circumscribed (defined)
- Ill-defined
- Irregular

#### **Overall Configuration**

- □ Flat/Macular
- Raised/nodular \_\_\_mm x \_\_\_mm

#### Mobility

- Mobile
- Fixed

RDH Signature:	 	 
DDS Signature:	 	 
Date:	 	 