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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

Notes:



2nd 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.

Product Information

Orasoptic



VELscope Vx



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.spring15.CancerJourney.iCicci.pdf>

Additional Learning:

CDHA Online Course – Oral and Oropharyngeal Cancer Screening for Today's Population

https://www.cdha.ca/cdha/Education/Online_Courses/Oral_Oropharyngeal_Cancer_Screening_for_Today_s_Population/CDHA/Education/Courses/Oral_Oropharyngeal_Cancer_Screening_for_Today_s_Population.aspx

Educational Materials

<https://www.mahpvcoalition.org/download-our-dental-toolkit>

<https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-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.bccrccdc.org/wp-content/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. www.checkyourmouth.org

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

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 jjones@jo-annejones.com. 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. www.rdhu.ca/HPVTalkingPoints



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Extraoral and Intraoral Lesion Documentation Form

Client Name: _____

What gender do you most identify with?

- Male
- Female
- Transgender male
- Transgender female
- Non-binary/non-conforming
- Not listed: _____
- Prefer not to respond

Date of birth (dd/mm/yyyy): _____

Relevant health history/status: _____

Known risk factors: _____

Pain/symptoms/duration: _____

Action Taken

Re-appoint/re-evaluate in (time frame): _____

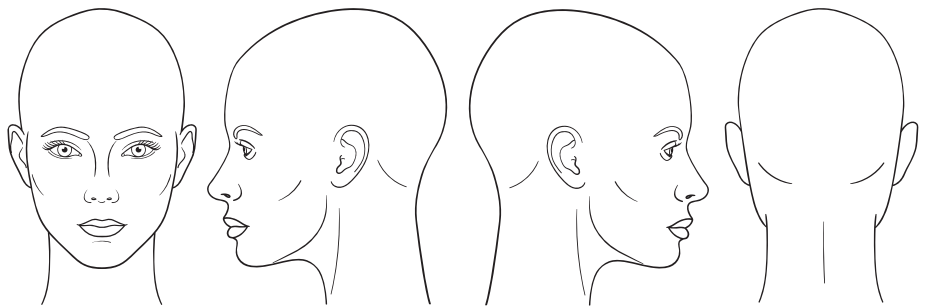
Refer to: _____

Comments: _____

Extraoral Examination: Description of Findings

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

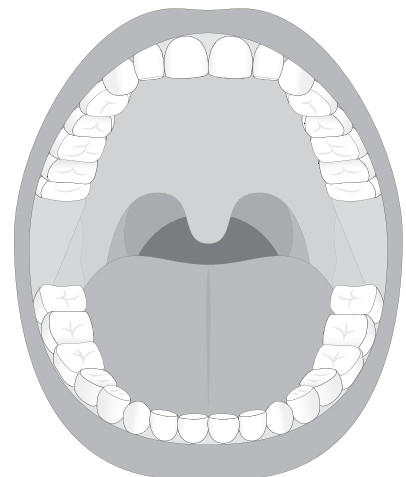
Location Reference (indicate on drawing):



Intraoral Examination: Description of Findings

- | | |
|---|---|
| <input type="checkbox"/> Lips | <input type="checkbox"/> Floor of mouth |
| <input type="checkbox"/> Labial mucosa | <input type="checkbox"/> Palate |
| <input type="checkbox"/> Buccal mucosa | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Gingival tissues | <input type="checkbox"/> Hard |
| <input type="checkbox"/> Tongue | <input type="checkbox"/> Oropharynx |
| <input type="checkbox"/> Dorsum | <input type="checkbox"/> Tonsillar pillar |
| <input type="checkbox"/> Lateral | |
| <input type="checkbox"/> Left | |
| <input type="checkbox"/> Right | |
| <input type="checkbox"/> Ventral | |

Location Reference (indicate on drawing):



Extraoral and Intraoral Lesion Documentation Form

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

- 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

Notes: _____

RDH Signature: _____

DDS Signature: _____

Date: _____