Detecting and managing potentially malignant disorders of the mouth: challenges to dental professionals worldwide. At the 2015 AVDIC in Boston, Prof. Porter outlined the opportunity to speak with FDI presenter Prof. Stephen Porter from the UCL Eastman Dental Institute in London about new risk factors, prevention strategies and why actor Michael Douglas is not a good poster boy for change, awareness of head and neck cancer.

Dental Tribune reported the interview with Prof. Porter.

“Oral cancer certainly is a huge increase in the developed world.”

The current rule of thumb is that the more people smoke and drink, the greater the risk of mouth cancer. The same applies to alcohol. There are some nuances as regards the type of tobacco or alcohol that may affect risk but these are not really of notable concern when communicating a disease prevention message. Of significance is that the risk of cancer developing if someone smokes and drinks is much higher than if they smoke or drink individually (i.e. there is a synergistic rather than additive effect).

Of course, many dentists will indicate that they have no experience of having seen oral cancer or having managed any patient who has previously had such disease. However, there are some simple rules. If a lesion is solitary, has been present for more than three weeks and has no local cause, the patient should be referred. Any lesion that strikes a dental professional as odd and/or destructive warrants referral.

Dentists should always keep an accurate and contemporaneous record of what is observed during clinical examination and be familiar with the contact details of local oral cancer specialists (typically oral and maxillofacial surgery or oral medicine).

Finally, the patient should be told the truth, i.e. that the dental practitioner is not aware of a change in their gingivae or oral mucosa that persists for more than three weeks and has no obvious local cause, or example a sharp tooth or filling, they should seek advice from their dentist.

In its 2008 policy statement, the FDI stresses the important role of dental professionals in the detection of oral cancer and patient education. To what extent are dental professionals fulfilling this role?

The majority of patients ultimately found to have oral cancer will have been identified by a dentist or other dental professional. Dental professionals are fulfilling this role to a great extent. However, dental professionals are much less able to provide advice about oral cancer prevention, for example tobacco and alcohol cessation, and information on where additional advice can be obtained, for example tobacco cessation services.

There is no evidence that a particular frequency of dental examination will lessen the risk of mouth cancer.

However, overzealous review of the oral cavity by the dentist, and thus all patients should be advised that any change in their gingivae may be potentially malignant, and therefore be aware of a change in their gingivae or oral mucosa that persists for more than three weeks and has no obvious local cause, or example a sharp tooth or filling, they should seek advice from their dentist.

There is no evidence that a particular frequency of dental examination will lessen the risk of mouth cancer. However, it is possible that a clinician may be unable to see the cancer.

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