New Oral Cancer Test

A new non-invasive technique of oral cancer diagnosis is in the process of development, which could mean screening is more accessible for those at risk.

A recent discussion on oral cancer in the House of Lords revealed increasing evidence suggesting that the condition is becoming more common in females and young adults than previously recorded.

Although this type of cancer has a relatively low profile in the public consciousness, and is less widespread than some other forms of the disease, it is still responsible for more deaths than testicular and cervical cancer combined.

Prof Stephen Porter, director of the UCL Eastman Dental Institute, said there remained a need for effective methods of early diagnosis once a clinician’s suspicions had been aroused. He pointed out that there was a growing case for the screening of those sections of the population with the highest potential risk of developing this form of cancer.

He said: “The analysis of a biopsy of the suspect lesion is currently the universally accepted best practice to achieve a definitive diagnosis of oral cancer, but this procedure is both invasive and time-consuming. Research carried out by the UCL Eastman Dental Institute, one of the UK’s leading centres for oral medicine, has also shown that some methods of non-invasive diagnosis may have limitations.

“However, researchers from the UCL Eastman Dental Institute and the University of Surrey are pursuing a study, funded by the National Institute for Health Research (NIHR), on the potential benefits and efficacy of a new, non-invasive method of diagnosing oral cancer and other potentially malignant diseases involving abnormal cellular development.”

The new technique, known as dielectrophoresis, detects electrophysiological changes within the cell structure. Although only in the early stages of development, it is hoped that this new analytical method will prove to be an effective diagnostic tool in the early identification of oral cancer prior to the creation of a tumour, or before the cancer itself actually develops.

Prof Porter said: “The sampling method is non-invasive and merely requires brushing the surface of the lesion; if the accuracy of dielectrophoresis is proven to deliver an accurate diagnosis, then the screening of large at risk populations will become both practical and cost effective, potentially saving many lives.”

Dental Prevention Study Funded

The University of Manchester’s oral health unit (OHU) has been awarded funding to lead a study focusing on prevention rather than treatment.

The £1.7 million research project will investigate as to whether a prevention package - delivered by dentists in their practices - can actually prevent the development of tooth decay in children.

The OHU, which was selected to run the trial following a call for applicants, has a good track record of delivering high-profile dental research. Its outcomes could be useful in informing the development of NHS dental services and interventions in the UK.

Although the three-year collaborative trial involves a team of dental experts led by Profesor Martin Tickle of the OHU at Manchester University, it actually takes place in Northern Ireland. The region has a particularly significant oral health problem, in that approximately 45 per cent of five-year-olds have tooth decay.

Professor Tickle said: “This trial is hugely significant for dentistry, because we were competing with all other areas of dental, health and health care research. It demonstrates our research reputation, in being selected to deliver a study with such important potential outcomes.”

Recent studies have shown that prevention of decay in children’s primary teeth in NHS general dental practice is not as effective as it could be. Studies have shown that over a three-year period, approximately 55 per cent of two-to-three-year-olds registered with a dentist develop tooth decay.

Although all NHS general dental practitioners in England have been sent Delivering Better Oral Health, an evidence-based toolkit for prevention, which identifies the best evidence for preventive care, research has yet to demonstrate as to whether these interventions are cost-effective when used in everyday NHS practice.

Therefore the trial will test the cost-effectiveness of fluoride varnish and family-strength fluoride toothpaste, which are provided in general practice two times a year to help prevent tooth decay.

Professor Tickle added: “The aim of the trial is to see if we can keep a larger proportion of children free of decay by using a fluoride varnish and toothpaste. Hopefully, the findings will help to inform future policy on children’s dental health and focus on proactively preventing tooth decay, rather than treating the disease once it has started.”

The trial, which is backed by the Department of Health, will be managed by a partnership of general dental practitioners and community dental service dentists, as well as academics from the University of Manchester and Queen’s University.
Eight ways to significantly increase your impact on those you treat

The experiences that your patients/customers have can vary between forgettable and memorable. The ideas which follow will ensure that what they take away from you will be positive, says Adrianne Morris...

1 Promise less, deliver more - experience has shown that it really pays to under-sell what you are giving and then over-deliver: the end result, a client who is thrilled to have gained a truly valuable product/result which vastly exceeded their expectations. At the same time you will have more than fulfilled your brief and hopefully have an extremely satisfied client who will be happy to recommend you and use your services again and again. Whatever you have gained profit-wise, you will have vastly exceeded as far as your reputation for performance, delivery and reliability is concerned.

2 Play full out - you know this isn't a dress rehearsal! Treat each and every opportunity as if it's the most important in your life and give it everything you've got. You never know who is watching you from the sidelines to see how you're performing and even if they don't sign up this time, it may just take one more occasion for them to see you or the results of your work in action to convinces them that you've got what they want. Don't be disappointed if they don't give you an order or booking at the first meeting or the next - you have to build up trust and confidence and hopefully if you're always giving of your best, that will be enhanced each time they meet you or hear about you.

3 Pay attention to detail - don't be sloppy - attend to even the smallest detail because all those minute details add up to a great professional finish and that's always going to make a good impression. Check spellings of names, check titles and do so! Hopefully in time they will reciprocate.

4 Know your subjects - if you're trying to reach someone, get names of the 'gatekeepers' i.e. secretaries, personal assistants, receptionists - establish a rapport with them - they're the ones who might just get you through the door when they're rejecting everyone else (Peter Thomson, the renowned business consultant, refers to receptionists as 'rejectionists' with good reason!).

5 Follow up good contacts - always follow-up when you meet someone new with whom you feel you have really connected - drop them an email and remind them of what it was you had in common or had chatted about, remind them what it is you do, and for whom you have done it. If you have to write a thank you, a hand-written note will always leave a good lasting impression, as long as it's legible! Mention that if you meet someone who could be a potential client for them in whatever they do, you will definitely put them in touch - and do so! Hopefully in time they will reciprocate.

6 Be positive and put on a happy face - sure it's hard to remain positive when you're feeling overwhelmed but wingeing isn't an attractive quality. The Tony Robbins mantra "attitude of gratitude" really does have power. Whenever you're facing a setback, do a mental checklist of what IS working in your life right now, what you DO have going for you, who IS in your corner cheering you on, and give thanks for your good health, for a roof over your head, for your friends and family, the strength and courage you have to be striving to do better. Lift up your head, put your shoulders back and smile - you should feel better straight away!

7 Focus on solutions, not problems - you have to switch your focus to solving the issues preventing you from getting to where you want to be. During the process every step will be a learning exercise and it is this learning that is going to help you grow and in itself be life-changing. This, as well as the end result, is going to make a significant difference to you in the long run. Facing a seemingly daunting task but breaking it down into manageable chunks and dealing with each of these, one step at a time, will make it seem much more approachable.

The learning you will get from your setbacks will be invaluable and make you stronger. Focusing on the solutions rather than the problems is a much more positive approach.

8 Walk, the walk - spend time with the peer group you want to be in - in other words, hang out with people already living the kind of life you want, doing what you want, who have what you want! You learn so much by listening carefully - remember God gave you two ears and one mouth - use them in that proportion! By just listening carefully you will pick up so much from them. Don't be nervous about asking for advice - you must have noticed how people love to give it, even when you haven't asked for any! Copy their behaviour, their style, dress the part, talk the talk - but only if it feels right for you because if you don't feel relaxed, it will show in your body language. Be a "player" - remember the coaches' adage - "fake it 'til you make it!"

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**About the author**

Adrianne Morris is a success coach helping professionals and small businesses reach new heights of success in all areas but in particular confidence, self-image, communications and relationship issues. She can be reached on 07756 345714 or coachad@alphalifecoach.co.uk. Read more at http://alphalifecoach.com

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**DENTAL TRIBUNE United Kingdom Edition - November 9-28, 2009**
GDPUK round-up
Tony Jacobs shares the most recent snippets of conversation from his ever-growing GDPUK online community

One of the things colleagues on GDPUK like to discuss is their input to other forums. Often, when there are articles in the mainstream media, the public is encouraged to comment on the story, which is often done so in ignorance, when of course, we are better informed. When this type of article is highlighted on GDPUK, it can often be seen that our members are wading in and righting the wrong impressions and negative PR put about by the doomsters.

One of the GDPUK stalwarts has spent years patrolling the forums of moneysavingexpert.com and correcting errors and misconceptions about dentistry, dentistry and how the system works. Recently there was a call for colleagues to help out in the same way on another more obscure forum, to repel those ill-conceived ideas and spread positive PR on dentistry. A worthwhile occupation.

Will a pay freeze in dentistry help dentists find further efficiency savings? Or has the owner operator system in UK dentistry made dental practices lean and efficient already, and indeed increasingly so for the last 50 years? The Department of Health evidence to the Review Body calls for a freeze in dentists’ pay. It will be some time before any freeze or change in pay will be announced, which usually happens in the new year. Dentists also have to factor in that VAT will rise in January, and thus expenses next year will rise, as well as inflationary pressures. Something has to give – where do you think the fracture lines will appear?

What would you do in this situation? A patient, two years ago had a crown prep. They paid in full, and you make an excellent temporary crown. The patient is phobic however, and before the crown can be fitted, he gets in touch with the practice and decides to live with the interim situation, meaning the crown and models remain in the cupboard. Now, 27 months down the line, the patient calls and asks for the crown to be sent, and for another dentist to fit it – she has paid for this service, but has decided to ask for this elsewhere. Do you send it without question, or refuse? Contact the other dentist? Warn the patient of the risks? Contact your defence society?

Here is another thread, which has not been fully discussed at the time of writing. Suppose Key Performance Indicators are contracted, and dental income is partly based on patient responses following treatment. What do patients really know about their treatment? In other countries, it is illegal to publish a website where patients can compare services from medical and dental providers, including hospitals. It is considered that patient’s opinions are not appropriate to judge professional services. Does this hold in the UK? Should dentists be revolting against this? Or will there be some colleagues who will accept and sign the new accords and provisions?

These short summaries of topics are just a small sample of the complex and interesting ideas and concepts discussed – there are hundreds more online at GDPUK.com.

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About the author

Tony Jacobs, 52, is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental (www.406dental.com). He has had roles in his LDC, local BDA and with the annual conference of LDCOs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDPUK, the web group for UK dentists to discuss their profession online, www.gdpuk.com. Tony founded this group in 1997 which now has around 7,000 unique visitors per month, who make 55,000 visits and generate more than a million pages on the site per month. Tony is sure GDPUK.com is the liveliest and most topical UK dental website.