

Screening for Oral Squamous Cell Carcinomas¹

In patients reporting for routine dental care, screening for oral cancer provided by dentists, is one component of the patient evaluation to detect any oral abnormality.

Recommendations	Classification
Remain alert for signs of potentially malignant lesions or early-stage cancers in all patients [†] , particularly for patients who use tobacco or who are heavy [‡] consumers of alcohol.	D
Follow-up in 7-14 days for seemingly innocuous lesions.	D
Communicate the potential benefits and risks of early diagnosis for lesions that raise suspicion of cancer or for lesions that persist after removal of a possible cause. Considerations include: <ul style="list-style-type: none">• that even suspicious lesions identified during the course of a routine visual and tactile examination may represent false positives;• that clinical confirmation (a second opinion) can be sought;• that a malignancy or non-malignancy can be confirmed only via microscopic examination that requires a surgical biopsy;• that a decision to pursue a biopsy should be made in the context of informed consent.	D
† Use of Screening Adjuncts: <ul style="list-style-type: none">• There is insufficient evidence that use of commercial devices for lesion detection that are based on autofluorescence or tissue reflectance enhances visual detection of potentially malignant lesions beyond a conventional visual and tactile examination.• Although transepithelial cytology has validity in identifying disaggregated dysplastic cells, the panel suggests surgical biopsy for definitive diagnosis (Classification: D)	
‡ Heavy alcohol consumption is defined as follows: for men, consumption of an average of more than two drinks per day; for women, consumption of an average of more than one drink per day. Sources: Pelucchi and colleagues and Centers for Disease Control and Prevention.	

Classification levels of evidence and strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.



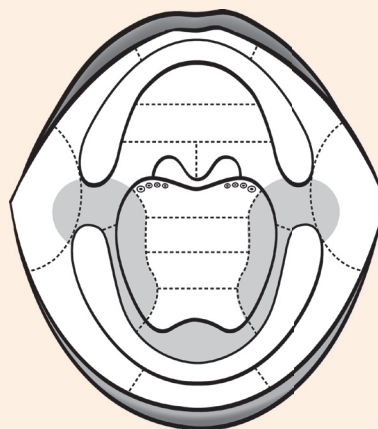
Detecting Oral Cancer Through Visual and Tactile Examination

Signs of potentially malignant lesions



- sharp or distinct margins;
- a red component (color variation);
- a non homogenous white component (surface irregularity);
- persistent ulceration;
- size larger than 1 centimeter;
- lesion of the ventro lateral tongue or the floor of the mouth.

Zones at high-risk for squamous cell carcinomas



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¹ ADA Council on Scientific Affairs. Oral Cancer Screening: Evidence-based clinical recommendations. JADA 2010; 141:509-519. Copyright © 2010 American Dental Association, All rights reserved. Adapted with permission. To see the full text of this article, please go to <http://jada.ada.org/current.dtl>

Images provided courtesy of Dr. Brad W. Neville, College of Dental Medicine, Medical University of South Carolina, Dr. John R. Kalmar, College of Dentistry, The Ohio State University and National Institutes of Health: Detecting Oral Cancer.

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