Screening Recommendations of Professional and Governmental Organizations

Organization	Oral Cancer Screening Recommendations
American Cancer Society (2009)	1. Regular dental checkups that include an exam of the entire mouth are important in finding oral and oropharyngeal cancers (and precancers) early. 2. The ACS also recommends that doctors examine the mouth and throat as part of a routine cancer-related checkup. 3. Many doctors and dentist recommend looking at the mouth in a mirror every month to check for abnormal areas. 4. Unfortunately, some cancers may not cause symptoms until they've reached an advanced stage or may cause symptoms similar to those caused by a disease other than cancer, such as a toothache.
American Dental Association (2009)	1. Oral cancer screening is a routine part of a dental examination. 2. Regular check-up, including an examination of the entire mouth, are essential in early detection of cancerous and pre-cancerous conditions. 3. Routine careful examination of patients is appropriate and necessary. 4. The stage at which an oral cancer is diagnosed is critical to the course of the disease. 5. When detected at its earliest stage, oral cancer is more easily treated and cured. 6. The ADA Council on Scientific Affairs encourages clinicians to provide routine oral soft tissue examinations of all patients, not just those with the traditional tobacco use and alcohol consumption risk factors. 7. Detection of oral cancer at an early stage significantly increases the five-year survival rate. 8. Dentists should continue to provide advice and guidance to their patients regarding the known risks for oral cancer from smoking and heavy alcohol consumption. 9. In addition, providers should be aware of the head and neck cancer-HPV relationship, especially the growing prevalence of oropharyngeal cancer in younger non-smokers and non-drinkers.
Canadian Task Force on Preventative Health Care (2003)	*For Oral Cancer Prevention* 1. There is insufficient evidence to include or exclude screening by oral physical examination from periodic health exams. Annual examination by physician and/or dentist should be considered for men and women over 60 years (of age) with risk factors for oral cancer and precancers. *For Oral Cancer Mortality* 1. Fair evidence to exclude screening the general population for oral cancer by clinical examination. 2. Insufficient evidence to recommend inclusion or exclusion of screening for oral cancer by clinical examination of asymptomatic patients.

Organization	Oral Cancer Screening Recommendations
	3. For high risk patients, annual examination by physician or dentist should be considered.
Guide to Community Preventive Services (2009)	Available studies did not report the effects of the programs on morbidity, mortality, or quality of life outcomes.
National Cancer Institute (2009)	There is inadequate evidence to establish that screening would result in a decrease in mortality from oral cancer.
U.S Preventative Services Task Force (2004)	Insufficient evidence to recommend for or against routinely providing screening (the service) of adults for oral cancer. Evidence that the (service) is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.

Since the publication of the previous oral cancer recommendations (MD Oral Cancer, Chapter 12, 2005) the number of Maryland dentists who routinely screen patients for oral cancer has increased. This is a probable result of the many oral cancer education programs conducted in every Maryland County and Baltimore City between 2004-2008. The continuing education sessions included a demonstration of an oral cancer-screening exam and encouraged improved assessment and documentation of a patient's tobacco history.

Although the organizations and task force reports cited above mention oral cancer examinations in patient with high risks, some studies have shown that clinicians either do not adequately assess or are unaware of patients' high risk behaviors. For example, a study in Maryland (1999) showed that approximately one third of Maryland dentists did not ask about present use of alcohol and that 23% of these respondents failed to inquire about past history of tobacco use and the type and amounts used.

All health care professionals and the general public now have another challenge before them as it relates to the correlation between HPV and oral cancer. Patients need to be informed of the risks of oral sex and asked about this sensitive subject as part of an oral examination.