

Oral Premalignant Conditions and Oral Cancer

- From a General Dentist perspective

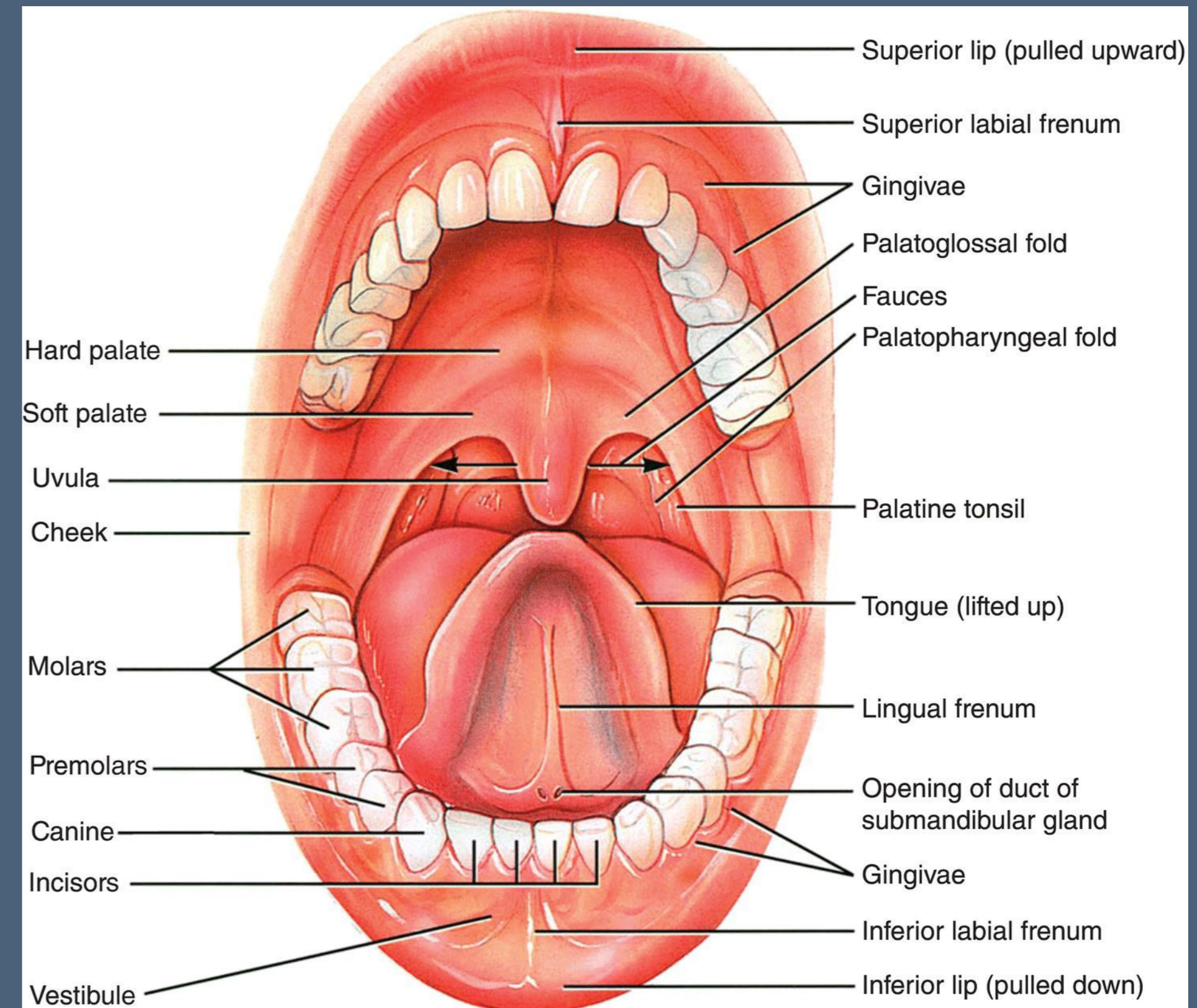
Learning Outcomes

- Students will be able to:
 - Describe an oral lesion
 - Describe features of pre-malignancy and oral cancer
 - Write a concise and impactful referral letter
 - Understand management strategies post-treatment patients in General Dental Practice.



How to describe lesions

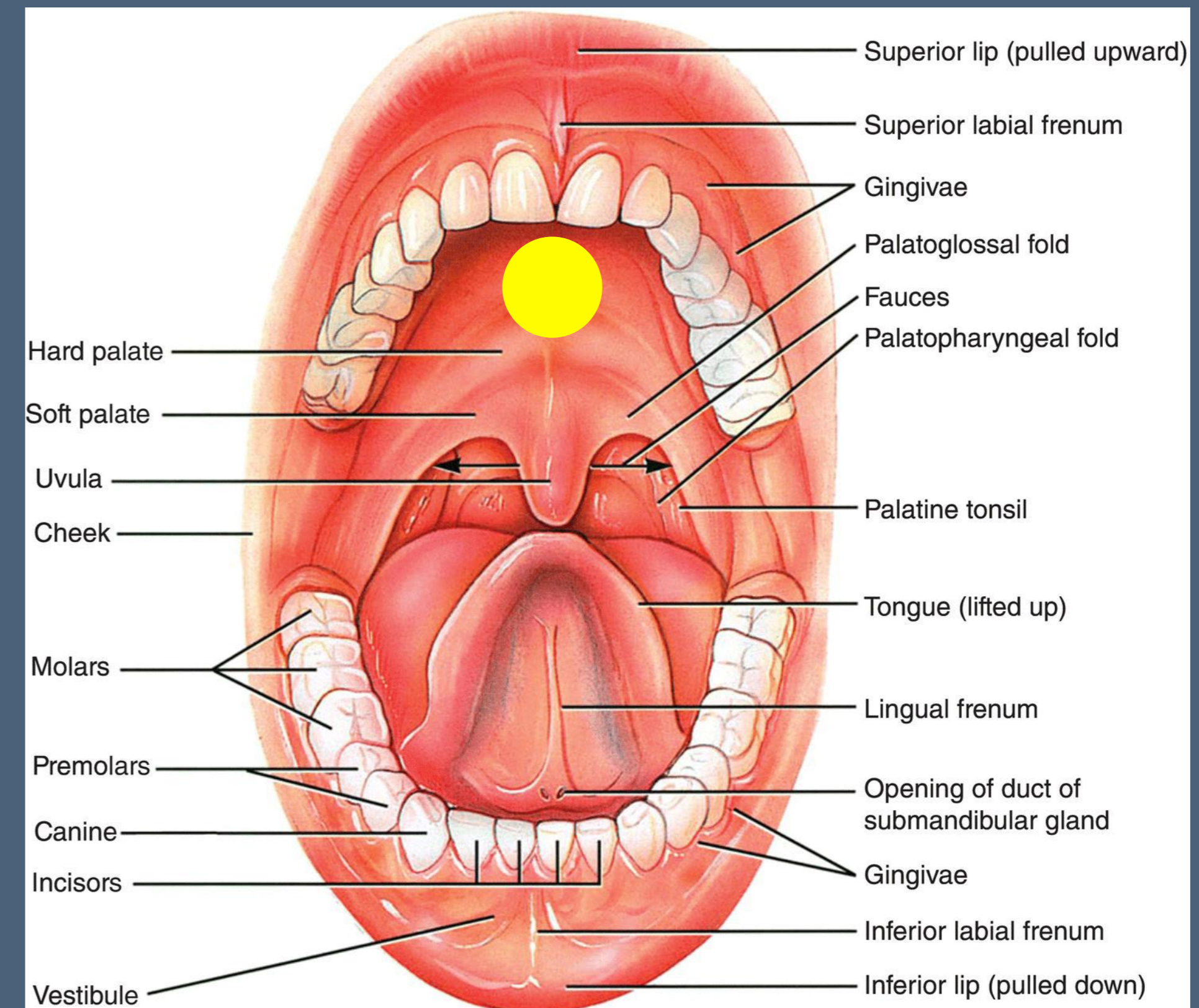
- Location



How to describe lesions

- Location

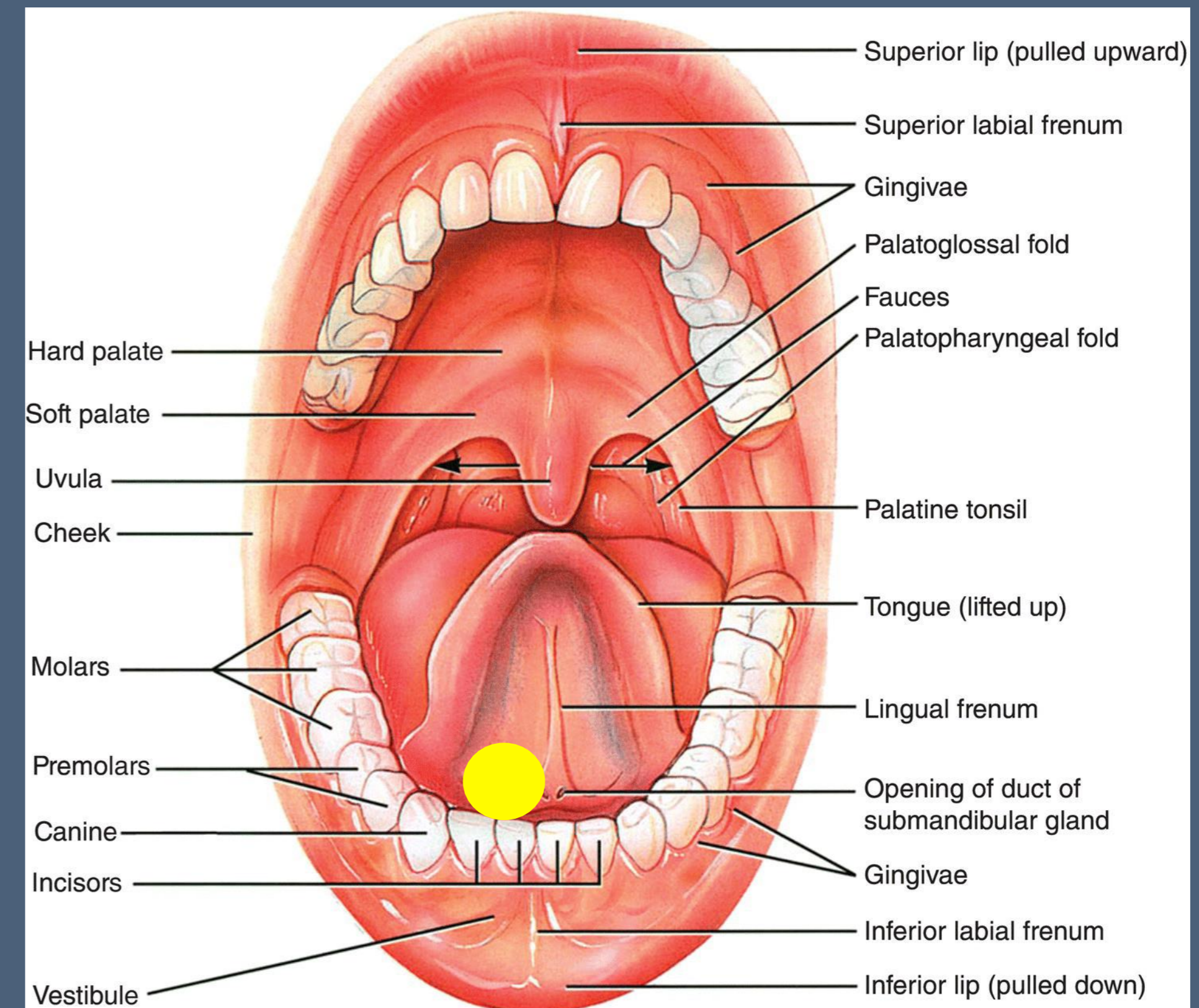
- Mid-line, central hard palate



How to describe lesions

- Location

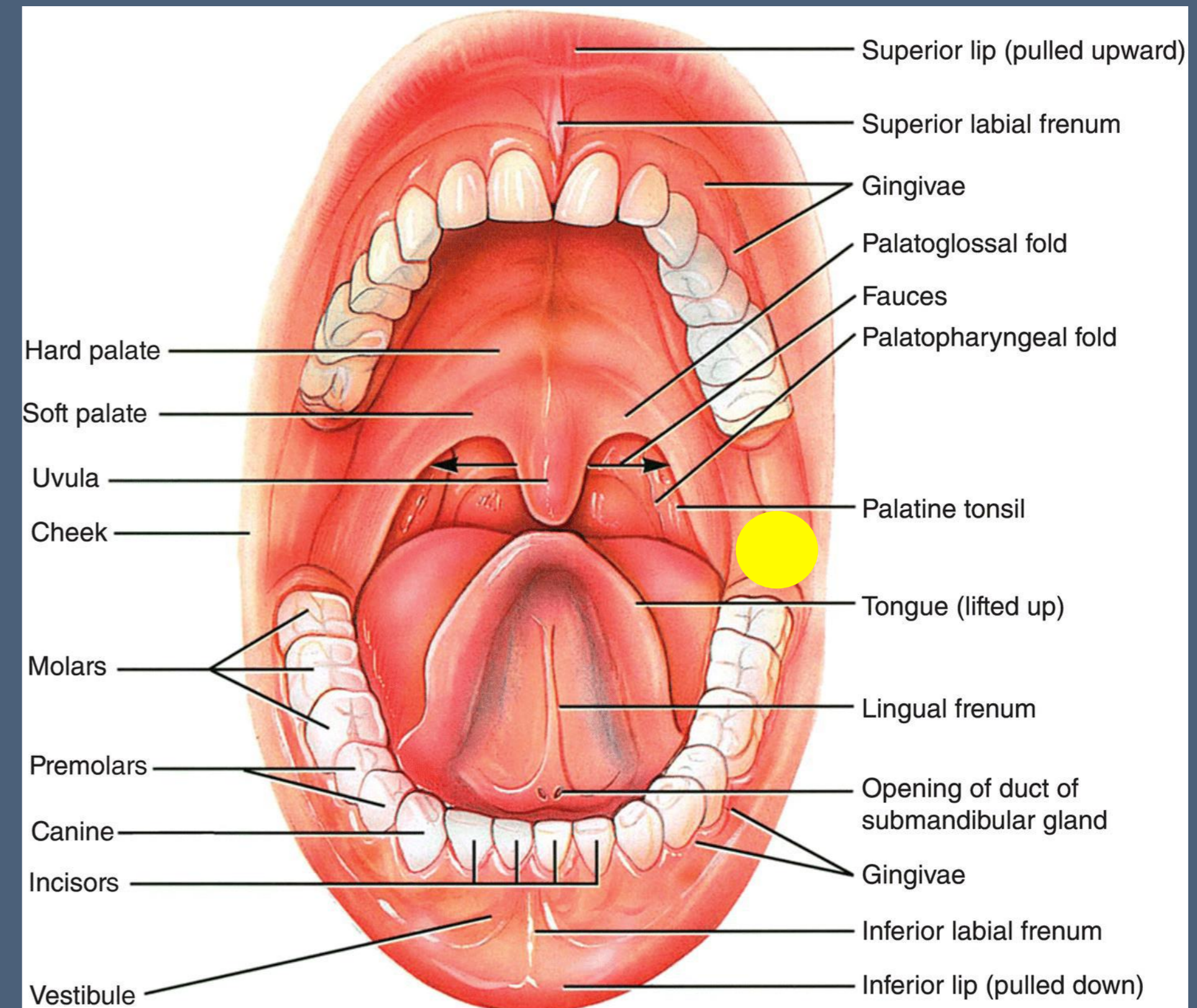
- Right floor of mouth, adjacent to submandibular duct.



How to describe lesions

- Location

- Mid-crestal, left retromolar pad.



How to describe lesions

- Location
- Distribution and definition
 - Localised?
 - Single/multiple
 - Regular/irregular border
 - Poorly defined?





How to describe lesions

- Location
- Distribution and definition
- Size



How to describe lesions

- Location
- Distribution and definition
- Size
- Shape
- Macule
- Vesicle
- Pustule
- Papule
- Nodule
- Plaque
- Sessile-based / pedunculate
- Ulcers / erosions

How to describe lesions

- Location
- Distribution and definition
- Size
- Shape
- Colour
 - Homogenous?
 - Red (erythroplakia)
 - White (leukoplakia)

How to describe lesions

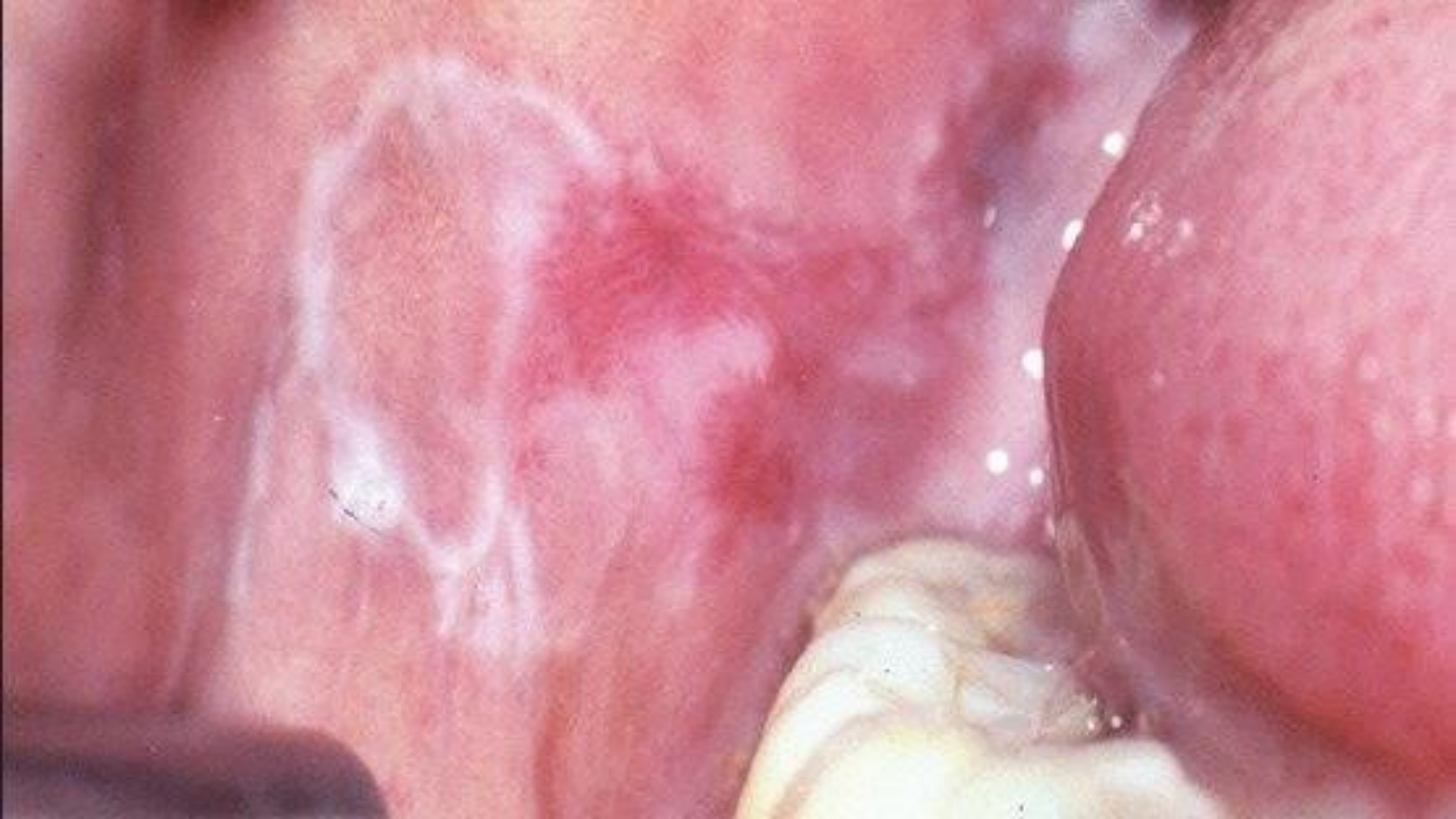
- Location
 - Distribution and definition
 - Size
 - Shape
 - Colour
 - Consistency
- Soft
 - Hard
 - Fluctuant

How to describe lesions

- Location
- Distribution and definition
- Size
- Shape
- Colour
- Consistency
- Texture
 - Smooth
 - Rough

How to describe lesions

- Location
- Distribution and definition
- Size
- Shape
- Colour
- Consistency
- Texture
- History
- When did it start?
- Pain
- Experience of trauma
- Medication changes
- Medical Hx changes



Surgical Sieve

VITAMINS CDE

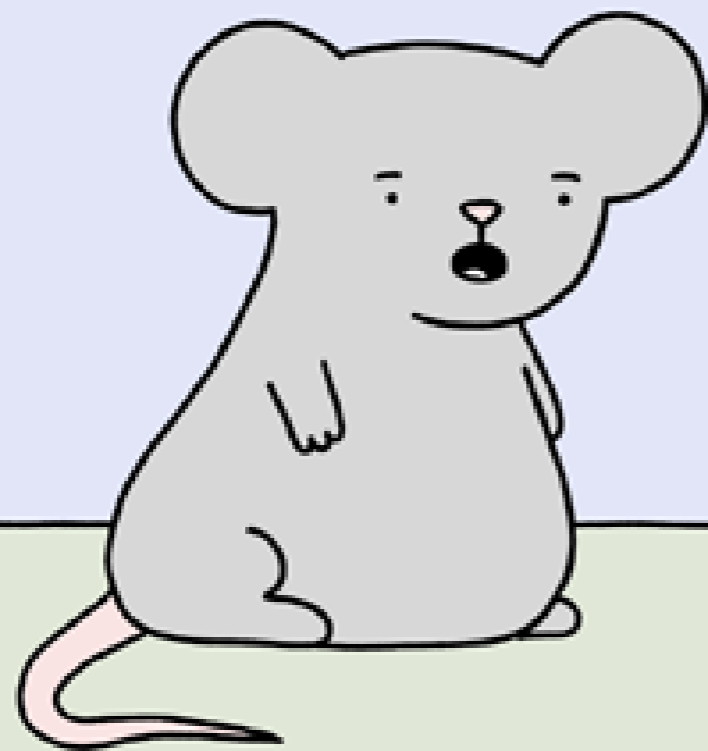
VITAMINS CDE

- Vascular - haemangioma, vascular malformations
- Infective or Inflammatory - odontogenic / non-odontogenic eg tonsillitis
- Trauma - mucocele / polyps
- Autoimmune - pemphigus vulgaris
- Metabolic - hyperparathyroidism
- Idiopathic or Iatrogenic (thermal / chemical / laceration)
- Neoplasia - including potentially malignant disorders
- Socio-cultural - e.g paan chewing and oral submucous fibrosis
- Congenital - exostoses
- Degenerative / Drug related - calcium channel blockers
- Endocrine / Exocrine - pleomorphic adenoma

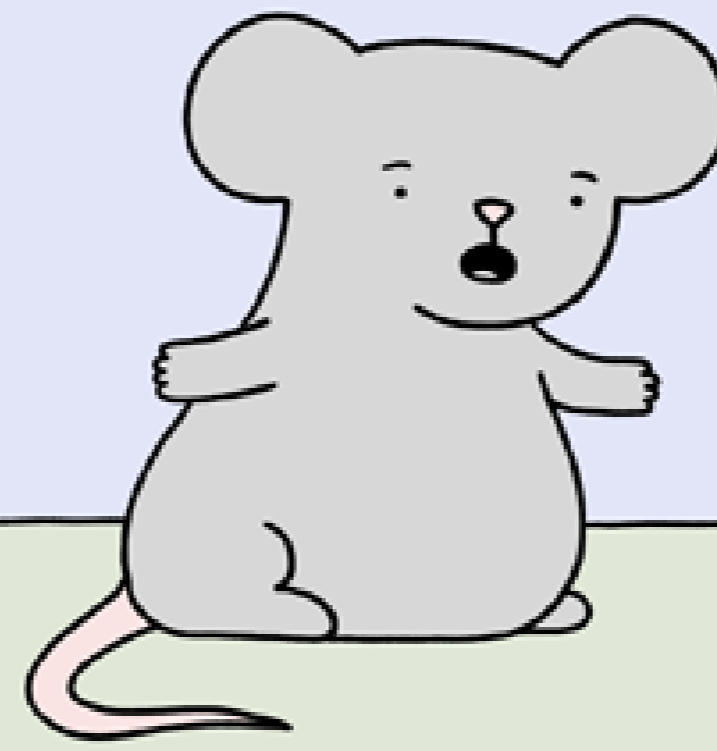
Other Sieves - ACTIVE MINDS

- Autoimmune
- Congenital
- Trauma
- Infection
- Vascular
- Endocrine
- Metabolic
- Inflammatory
- Neoplasia
- Degenerative / Drugs
- Safety (iatrogenic)

AM I LOSING
SIGHT OF WHAT'S
IMPORTANT?



DO I EVEN KNOW
WHAT'S IMPORTANT
TO LOSE SIGHT OF?



POORLY DRAWN LINES

What's important?

What's important?

- Persistent oral mucosal lesions - red or white
- Ulcerations
- Indurations
- Fixated to deep tissue
- Rapidly growing (excluding meal time syndromes)
- Bleeding easily (spontaneous in the absence of periodontal disease)
- Numbness (in the absence of a clear cause eg M3M removal)
- Trismus
- Neck lumps

Classification (WHO 2005)

- WHO classification of tumours: Pathology and Genetics of Head and neck tumours

- Mild dysplasia
- Moderate dysplasia
- Severe Dysplasia
- Carcinoma in situ
- (Carcinoma)



Increasing severity

Classification

Ranganathan K, Kavitha L. Oral epithelial dysplasia: Classifications and clinical relevance in risk assessment of oral potentially malignant disorders. J Oral Maxillofac Pathol. 2019 Jan-Apr;23(1):19-27. doi: 10.4103/jomfp.JOMFP_13_19. PMID: 31110412; PMCID: PMC6503768.

| WHO 1978 classification | WHO 2005 classification | WHO 2017 classification | SIN 2005 | | Ljubljana classification 2003 | SIL 1988 | OIN/CIS (JSOP) system 2010 | Binary system 2006 |
|-------------------------|-------------------------|-------------------------|----------|----------------------|------------------------------------|-----------------------|------------------------------|--------------------|
| Mild dysplasia | Squamouhyperplasia | Mild dysplasia | SIN 1 | Low grade dysplasia | Squamous cell (simple) hyperplasia | Hyperplasia/keratosis | Reactive atypical epithelium | Low risk |
| | Mild dysplasia | | | | Basal/parabasal cell hyperplasia* | SIL I (low grade) | Oral epithelial dysplasia | |
| Moderate dysplasia | Moderate dysplasia | Moderate dysplasia | SIN 2 | High grade dysplasia | Atypical hyperplasia** | SIL II (high grade) | OIN/CIS (JSOP) [†] | High risk |
| Severe dysplasia | Severe dysplasia | Severe dysplasia | SIN 3*** | | Carcinoma <i>in situ</i> | | | |

Oral pre-malignant conditions

Transformation Rates - there will be variations in literature...

- Oral lichen planus - 1.4%
- Oral Lichenoid lesions - 3.8%



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- Erythroplakia - 33.1%



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- Erythroplakia - 33.1%
- Proliferative verrucous leukoplakia - 49.5%



Oral malignant conditions

- Squamous cell carcinoma
- Melanoma
- Others...

You're not a specialist - why is a differential diagnosis important?

Referral...

Referral Process

Important to make sure not wasting time or resources.

- Identify which pathway the patient will need to go down:
 - Public
 - OHCWA referral?
 - Private
 - Letter
 - +/- phonecall

OHCWA

- Typically for:
 - Government patients
 - Patients seen in private practice under the government subsidy scheme.
- Referral form is completed and sent in to OHCWA
- Please note **URGENCY** is critical for triaging process

Referred from ALB ARM BBY GDC GLD LDC
 MID MH MOR NPC RCK RNG
 VAS WWK

Or Other

REFERRING DENTIST POSITION.....

PATIENT NAME REGISTRATION NO
(SURNAME) (GIVEN NAME)

DATE OF BIRTH

ADDRESS POST CODE

TELEPHONE NO MOBILE

Referred for ENDO ORAL MED** ORAL SURG. ORTHO
 PAEDO PERIO SPEC. REST STUDENT OTHER_____

Urgency HIGH MEDIUM WAITING LIST

Details

Relevant Medical History.....

| If Oral Surgery for 8's | Number of Teeth | Distal Impact (Y/N) |
|-------------------------------|--|---------------------|
| Upper | | |
| Lower | | |
| Requires general anaesthetic? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Why? | | |

Signature Date

How urgent?

- Suspected malignancy is **urgent**. Within 2 weeks as a maximum.
- Suspected pre-malignant may be **urgent** due to the potential that there may have already been a malignant change within the lesion.
- Other conditions should be prioritised on their own merits.
- If unsure:
 - Seek advice from a more experienced colleague in the practice
 - Consider calling referral practice for advice
 - If all else fails, send urgent referral

Private

1. Decide on who the patient needs to see:
 1. Do you have a preferred clinic or clinician? (Either geographical or personal preference).
 2. Is this so urgent you need the patient to ring around for first available? Could the clinic reception do this?
2. Make the referral:
 1. Referral pad - which needs scanning and sending via secure mail.
 2. Referral web form.
 3. Referral letter - which needs sending via secure mail.



PERTH ORAL MEDICINE &
DENTAL SLEEP CENTRE

PATIENT DETAILS

Name _____

Date of Birth _____ Email _____

Address _____

Telephone (Mobile) _____ Telephone (Home/Work) _____

CONSULTATION TYPE

Orofacial Pain Temporomandibular Disorders Oral Mucosal Lesions

Orofacial Disorders Oral Appliance for Snoring & Sleep Apnoea Other _____
(Sleep Study required)

CLINICAL DETAILS

Adult Paediatric _____

REFERRING PRACTITIONER

Name _____ Practice _____

Telephone _____ Email _____

Signature _____ Date _____

LOCATION

WEST LEEDERVILLE
Unit 6, 24 McCourt Street,
West Leederville WA 6007

JANDAKOT
Unit 15, 233 Berrigan Drive,
Jandakot WA 6164

PADBURY
Unit 5, 6 Blackwattle Parade,
Padbury WA 6025

9376 6789
www.oralmedsleep.com.au
 admin@pomds.com.au | Fax: 9376 6710
 Please send all correspondence to: Unit 6, 24 McCourt Street,
 West Leederville WA 6007



PERTH ORAL MEDICINE &
DENTAL SLEEP CENTRE

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Refer a Patient



Refer a Patient

Patient First Name * _____ Patient Last Name * _____ Patient Date of Birth _____

Patient Address * _____ Patient Email * _____

Phone (Mobile) * _____ Phone (Home) _____ Phone (Work) _____

Consultation Type: Choose an option Preferred Clinician: Choose an option

*Other clinics are available

Referral letter

Best practice guidance

- Your name, clinic and contact details
- Patient name, patient details including contact details
- Medical history
- Clinical findings - description - photos if possible
- Differential diagnoses (not critical but good to include)
- What you want them to do

Pre-treatment Screening

Pre-treatment screening

- Occasionally you may be asked to provide a pre-treatment screen for a patient about to undergo treatment.
- If asked to perform a pre-treatment screen it is important to consider what the treatment is likely to be and what the long term effects may be.
- Check for caries and apical pathology.
 - Important to take an OPG for screening. Can consider full mouth series of PA's to assess.
 - BWs still have a place in caries diagnosis.

Treatment

- Broadly treatment will fall into:
 - Surgical
 - Chemotherapy
 - Radiation therapy
 - Combination of the above

Effects of treatment

- Surgical treatment may change the anatomy of the oral cavity
 - Lymph node chain removal
- Radiation therapy:
 - Oral mucositis
 - Salivary gland dysfunction (>50Gys) and radiation caries
 - Dysphasia, dysgeusia and oral candidiasis
 - Trismus and difficulty opening
 - Osteoradionecrosis
 - Woody neck (anatomical variation)

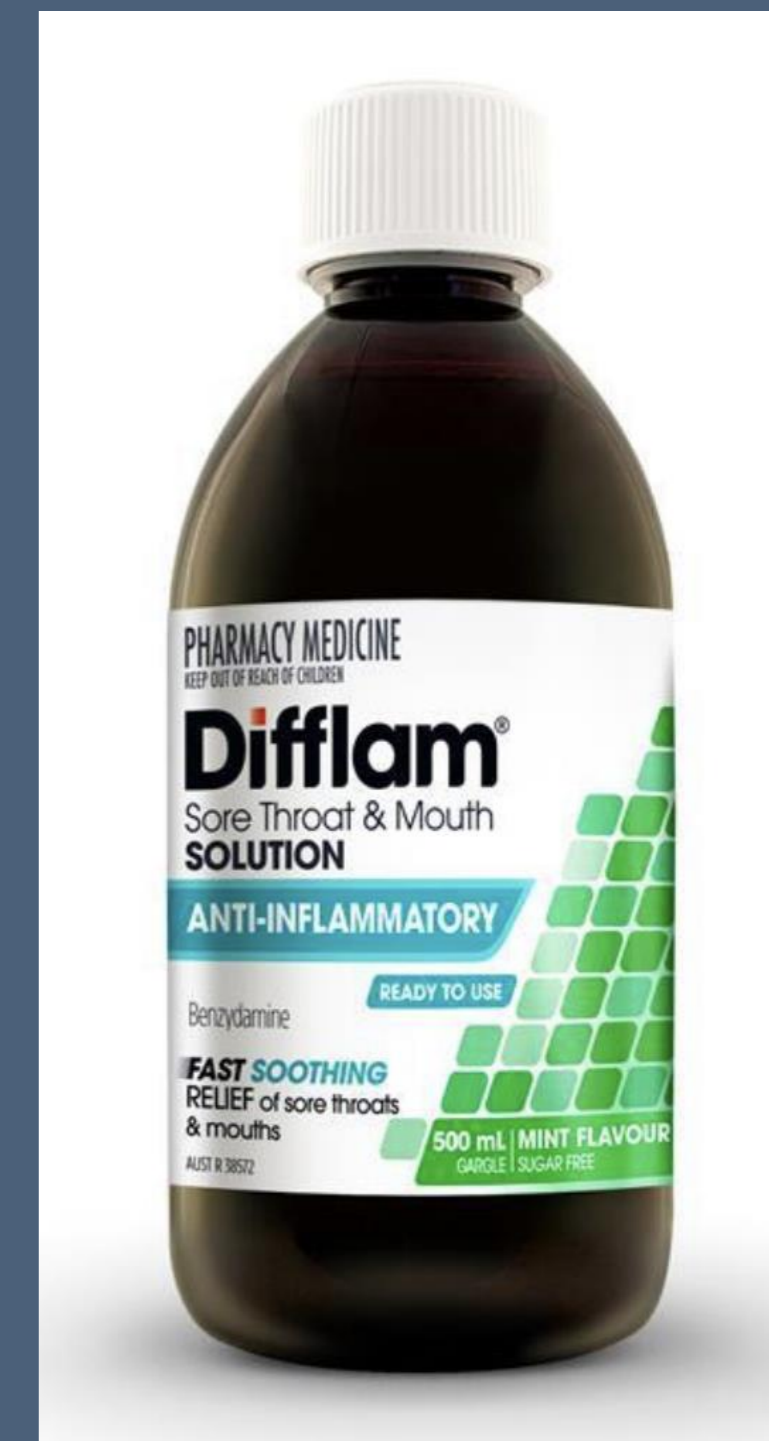
Effects of treatment

- Chemotherapy
 - Oral mucositis
 - Candidiasis and other oral infections

Long term care requirements

Most oral care advice will be provided by oncology clinic

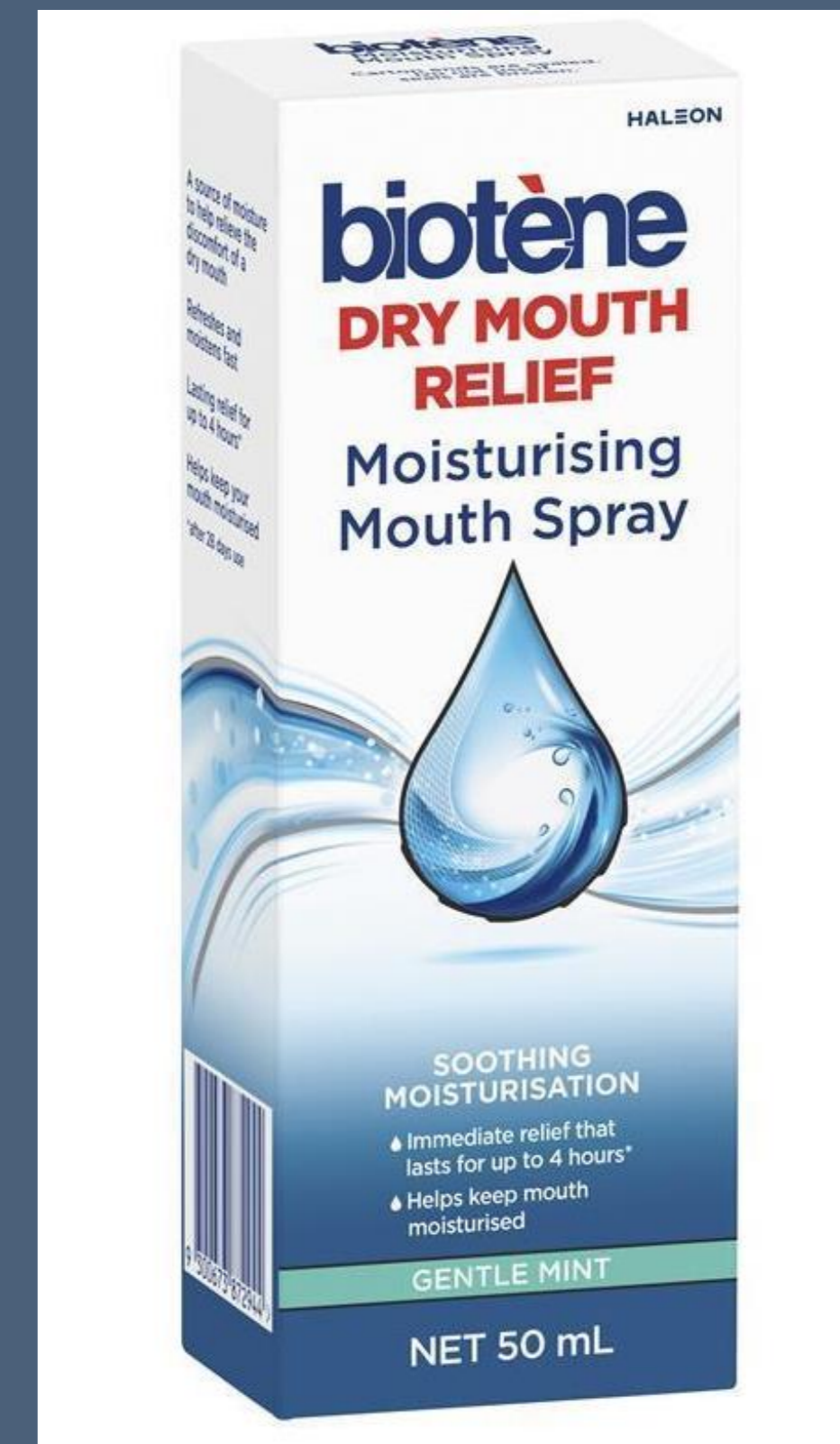
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- Oral dryness - Biotene mouthwash, oral gels, toothpastes



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- Oral dryness - Biotene mouthwash, oral gels, toothpastes
- Radiation caries - Neutrafluor 5000 and other topically applied fluoride products.
 - Consider the use of silver diamine fluoride



40% recurrence
within 5 years