

# Course Synopsis for Dyspelling Dysplasia

**Presenter:** Kevin D. Huff, DDS, MAGD

**Presentation format:** Half Day: Lecture and Case Discussion

**Intended Audience:** Dentists, Dental Hygienists, Dental Assistants

Oral cancer is one of the most curable forms of cancer if diagnosed early. With early intervention success rates are greater than 90%. When oral conditions are discovered and management occurs in early dysplasia before cancerous lesions develop, prevention of oral cancer improves dramatically. Presently approximately 35,000 patients in the USA are diagnosed annually with oral cancer. The 5-year survival rate is only about 50-55%, attributing to more than 7,000 deaths in America each year. The high mortality rate is due to the lack of regular dental oral cancer screening examinations and low dental IQ. Some major contributing factors to the development of oral cancer include tobacco use, alcohol use, and exposure to the same strains of human papilloma virus that cause cervical cancer. Since nearly everyone has been exposed to one of these risk factors, routine oral cancer screening is essential. Early detection and intervention saves lives.

The technologies of today and others that are still being developed are increasingly giving practitioners the ability to detect and diagnose potentially malignant conditions at the earliest stages. These sophisticated but simple to use diagnostic modalities range from specialized non-invasive direct optical fluorescence visualization technologies, like the VELscope®, to easy-to-use minimally invasive tissue collection techniques designed for use by general practitioners. Early stage lesions are difficult to recognize with the human eye under normal examination conditions. These new technologies facilitate early diagnosis, possibly before lesions are even visible to the naked eye. They may become the new standard of care. There is an abundance of published research that makes one question the ethics of not being proactive in oral disease detection as early as possible, but the topic of adjunctive mucosal screening modalities remains controversial.

New screening technologies are easily implemented by dentists and dental hygienists. Increased involvement in the oral health education and screening increases staff moral and overall practice growth. However, proper training is needed for proper and efficient implementation of new oral cancer screening protocols.

This course is designed to simplify the identification protocols for early oral cancer detection and to review a published technique for a physical oral screening. Screening, diagnosis, documentation, and patient management are all important aspects of this process. This course will enhance the ability of all dental professionals and staff to confidently deal with these important issues.

Upon the completion of this course, attendees should be able to:

- Understand current literature about oral cancer, systemic disease links, and screening technologies
- Adequately describe and perform a basic physical oral cancer screening
- Discuss modern early detection tools and their indications, advantages, and disadvantages
- Establish a protocol for referral and or performance of biopsy techniques
- Identify risk factors and suspicious oral lesions, with and without adjunctive screening devices
- Understand the science, technology and process of oral mucosal screenings utilizing direct optical fluorescence visualization techniques for oral cancer and potentially malignant disease
- Implement appropriate communication skills, mechanisms, and terminology to use with patients when discussing findings
- Understand basic medico-legal risk management issues related to early diagnosis.

Hands on participation workshop activities include:

- Manual and visual head and neck examination techniques
- Direct optical fluorescence visualization techniques
- Interactive case discussions

**NOTE:** This is not a typical oral pathology course. The focus is on early identification of mucosal lesions. The management of definitive oral cancer is left to the role of qualified oral pathologists and oncologists.