Oral cancer and potentially malignant lesions: knowledge, attitudes and practices of Portuguese dentists

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catarinapinto@outlook.com

Pinto AC*, Henriques I*, Cardoso I*, Louraço A**, Freitas F**, Trancoso P*, Azul A*

*Clínica Integrada de Medicina Oral, Oral Surgery and Oral Medicine Department - Lisbon Portugal

**Faculty of Dental Medicine, University of Lisbon, Oral Surgery and Oral Medicine Department - Lisbon Portugal

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Oral cancer (OC) treatment success and prognosis depends on early diagnosis with dentists having a primary role. Despite this fact, there are very few surveys on dentist's knowledge about this disease in Europe.

Aim

To assess the knowledge, opinions and clinical practice of Portuguese dentists in relation to OC and potentially malignant lesions (PMLs).

Materials and Methods

A 40-item, online (see at https://pt.surveymonkey.com/r/inquerito-osmedicosdentistasportugueseseocancrooral), anonymous questionnaire was posted in Portuguese dentist's forums. The original version of the survey was piloted among a convenient group of 10 dentists to ensure practicability, validity and interpretation of answers. Based on the comments obtained, the questionnaire was revised according to item, wording and format before distribution to the study sample. Descriptive, inferential statistical analysis (Chi-Square with significance level 5%) was performed.

Results and Discussion

Of the 317 respondents (69.6% females, 30.4% males), 53.7% were aged between 23-34 years and nearly half graduated after 2011.

The great majority of the respondents recognize tobacco (99.7%) and alcohol (93.9%) as the major risk factors for OC, similar to other studies results[1-7].

Gender		Age group				
Female n(%)	Male n(%)	23-34 y n (%)	35-46 y n (%)	47-58 y n (%)	59-70 y n (%)	>70 y n (%)
215 (69.6%)	94 (30.4%)	167 (53.7%)	101 (32.4%)	38 (12.2%)	5 (1.6%)	0 (0%)

Table 1: Participants distribution by gender and age.

Nearly 90% identifies HPV as a risk factor as well, which is a higher percentage than other studies[1,4,5,7]. 82% associated the HPV with the OC cases in younger and non-smoker patients. Almost 88% recognize also PMLs as a risk factor for OC, mainly leukoplakia (93.9%) and erythroplakia (73.3%), although about 37% considered friccional keratosis as a PML as well. 93% considered non-healing ulceration as OC's primary clinical characteristic, like in other studies[2,7]. 47.9% identified the tongue as the most frequent location. Only 40.2% perform complete intra-oral examination at least every 6 months, which is low compared with two European studies[2,8], and only 7.4% look for enlarged cervical lymph nodes. For the last 2 years, 61.2% observed at least one suspicious OC lesion, confirmed in 54.4% cases. Comparison of our results with international published data is in table 2.

Author/Year of publication	Questions							
	Risk Factors	Potencially malignant lesions	Clinical Presentation	Common location	Diagnosis hability	Patient education	OC screening	Atittude with suspicious lesions
Pinto AC *et al.* (2018)	Tobacco 99.7%; alcohol 93.9%; sun exposure for lip cancer 89.4% ; HPV 87.8%; PMLs 87.8%; previous history of oropharyngeal cancer 70.1%; trauma (ex. poor fitting dentures) 70.4%	Leukoplakia 93.9%; erythroplakia 73.3%; OLP 49.5%; actinic queilitis 38.3%; friccional keratosis 36.7%; liquenoid lesions 32.5%; fibroma 10,9%; lupus 7,7%; candidosis 5.8%	92.6% ulcer that do not heal for more than 2 weeks	47.9% tongue; 32% floor of the mouth	37% do not feel comfortable to do OC clinical diagnosis	73.3% and 33.1%, respectively, always ask their patients about tobacco and alcohol consumption. 43.1% and 19.9%, respectively, always provide education to tobacco and alcohol cessation	40.2% always do a complete examination of oral mucosa, tongue, floor of the mouth and retromolar region, at least every 6 months. 7.4% always look for enlarged cervical lymph nodes at least every 6 months and 33.5% only if the patients has complaints	43% refer patients with a suspicious PML to a specialist in Oral Surgery/Oral Medicine;35.2% refer patients with a suspicious OC lesion to the Portuguese Instuitute of Oncology
López-Jornet P *et al.* (2010)	Tobacco 100%; alcohol 96.4%; sun exposure for lip cancer 96.2%; pior OC lesion 95.5%; poor fitting dentures 95.5%	95% of dentists are aware that leukoplakia and erythroplakia are mucosal lesions associated with OC		89.1% tongue and the floor of the mouth, excluding the lip	49.7% considered their OC knowledge current. 52.6% considered themselves to be adequately trained to carry out an exploration of cervical adenopathies	41.5% agreed that they were sufficiently well trained to provide education on tobacco cessation and 27.6% on alcohol cessation		90.5% refer patients to specialists
Hertrampf K *et al.* (2010)	Tobacco nearly 100%; alcohol and prior OC lesions were identified by at least 90%; sun exposure for lip cancer 68%; HPV <60%	Just over 60% correctly recognized erythroplakia and leukoplakia		>70% tongue and the floor of the mouth				
Colella G *et al.* (2008)	Tobacco 94.1%; alcohol 79.2%; prior OC lesion 89.5%	53.8% identified erythroplakia and leukoplakia	59.5% identified ulceration	32% tongue and the floor of the mouth	53.8% and 66.8%, respectively, believed that they were comfortable performing an intraoral examination and palpating cervical lymph nodes	89.3% and 74.4% , respectively, asked patients about current and previous use of tobacco; 81% and 62.8%, respectively, asked patients about the present and past use of alcohol	53.8% routinely perform an oral cancer examination on all patients	2/3 refer patients to a specialist when detect a suspicious PML or OC lesion
Warnakulasuriya S and Johnson N (1999)						30% inquired their patients regarding smoking habits and 19% questioned on both smoking and alcohol use	84% always perform a complete examination, irrespective of the patient's complaint; 2% attend mainly to teeth and gums	

Table 2

Conclusion

In general, our results are better than most of European studies (with exception of the regular examination) probably reflecting the continuous education programs carried out by our scientific societies. Nevertheless, only 21% considered themselves adequately trained to perform OC's clinical diagnosis and 99% supports additional training on OC and PMLs, which emphasizes the effort for continuing education in this area and the reinforcement of the need for a full oral mucosa evaluation at the traditional 6-month dental check-up.

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