

Oral Cancer Examinations in U.S. Dental Offices

Eligibility criteria

A2) Are you a practicing clinical general dentist or Registered Dental Hygienist?

1) General dentist

2) Registered Dental Hygienist

3) Neither (if neither, stop and “Thank you for your interest in this project. However, you are currently not eligible to participate.”)

B) Are you: a. licensed in the U.S. to treat patients, and b. treating patients in the U.S. on a recurring basis

1) Yes

2) No (if no, stop and “Thank you for your interest in this project. However, you are currently not eligible to participate.”)

Accurate responses are critical to obtaining meaningful study findings.

This is not a test; rather it is a survey of the dental profession regarding **actual practices**. Study results may have utility in terms of dental, medical, and public health policy and education.

The following questions should be answered in terms of **your dental practice** and **your patients**. Responses are confidential and will be analyzed only in aggregate with all other participant responses in order to paint a picture of oral cancer examinations nationally.

Thank you for your involvement with the project.

Survey definitions: Please review the following definitions prior to responding to the questionnaire.

- **Oral Cancer Examination (OCE):** OCE is the visual-tactile, external and intraoral examination of the soft tissues that can discover evidence of oral premalignancy and cancer. It is sometimes termed an oral cancer *screening* examination, and the **OCE** can be a major component of the **comprehensive head and neck examination**.
- **New Patient Examination (NPE):** CDT D0150- Comprehensive oral evaluation - new patient OR, patient of record
- **Recall Examination:** CDT D0120- Periodic oral evaluation
- **Malignant:** Cancer, for example (e.g.), Squamous Cell Carcinoma (SCCA), Salivary gland adenocarcinoma
- **Premalignant:** A lesion with-increased potential for transformation to a cancer, e.g. epithelial dysplasia
- **Lesion suspicious for pre malignancy/malignancy:** an oral lesion with characteristics suggesting it has the potential to transform, or has already transformed into an invasive cancer

Please note, “billing codes” are presented only to orient you to the type of examination being conducted.

ALL QUESTIONS APPLY TO ADULTS ≥ 21 YEARS OF AGE



1. On average, how many hours per week do you practice clinically? _____ (hours)

1a. **Did you complete an accredited residency program following dental school? (Please check all that apply)**

1ai. I am a hygienist: this question DOES NOT APPLY (programming note: **if checked**, all questions for dentists only should be auto- deleted for hygienists)

1a.ii No Yes Programmer note, if no go to Q#2

1a.iii. Completed Advanced Education in General Dentistry (AEGD) program, 1 year

1a.iv. Completed Advanced Education in General Dentistry (AEGD) program, 2 years

1a.v. Completed General Practice Residency (GPR) program, 1 year

1a.vi. Completed General Practice Residency (GPR) program, 2 years

1a.vii. Completed specialty residency (oral and maxillofacial surgery, oral pathology, orthodontics, periodontics, endodontics, pedodontics, prosthodontics, oral medicine) but practice as general dentist

1a.viii. Other (specify): _____)

The next set of questions is about how you conduct your routine new patient examinations (NPE CDT DO150) *not presenting as an emergency*
(Please mark on the slider below to indicate your response percentage or level of confidence)


(Programmer note: For the on-line version, the % shows up as slider moves, not to enter score. Should be positioned above slider. The mailed questionnaire, if used, will also have them mark the slider and enter the score)

2. When conducting your routine new patient examinations (NPE CDT DO150):

a. On what percentage of your NPE patients do you palpate for anterior cervical lymph nodes?

0%  100% ____% (Enter Score)


a1. How confident are you palpating these lymph nodes?

0%  100% ____% (Enter Score)
0% Completely unconfident 100% Completely confident

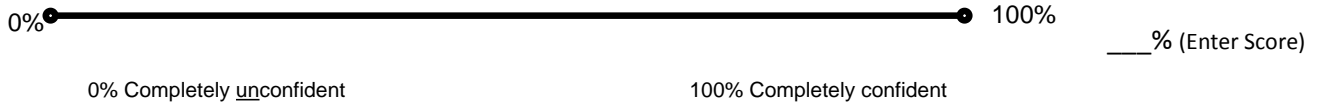
b. On what percentage of your NPE patients do you palpate submandibular lymph nodes?

0%  100% ____% (Enter Score)

b1. How confident are you palpating the submandibular lymph nodes?

0%  100% ____% (Enter Score)
0% Completely unconfident 100% Completely confident

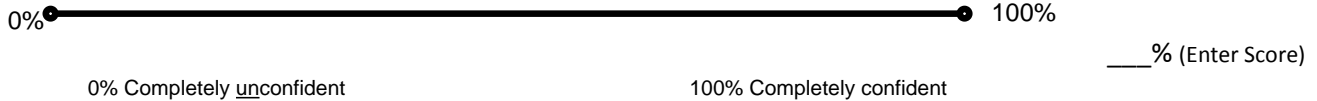
h3. How confident are you in performing a visual exam while *holding the tongue with gauze* to visualize the lateral borders?



i. On what percentage of your NPE patients do you **visually examine the undersurface of the tongue?**



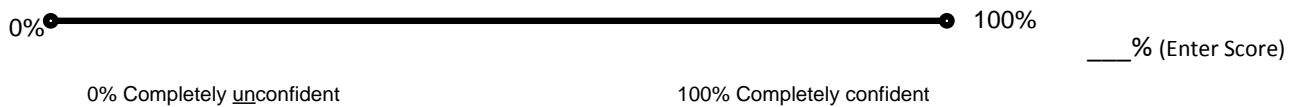
i1. How confident are you in visually examining the undersurface of the tongue?



j. On what percentage of your NPE patients do you **visually examine the floor of mouth?**



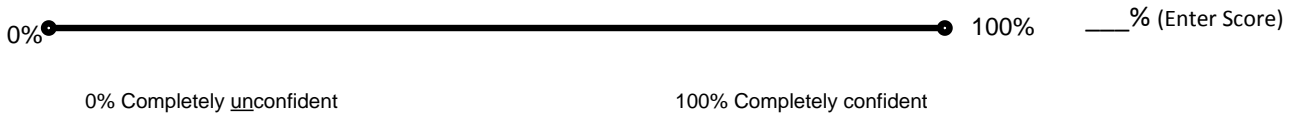
j1. How confident are you in visually examining the floor of mouth?



j2. On what percentage of your NPE patients do you **palpate the floor of mouth?**



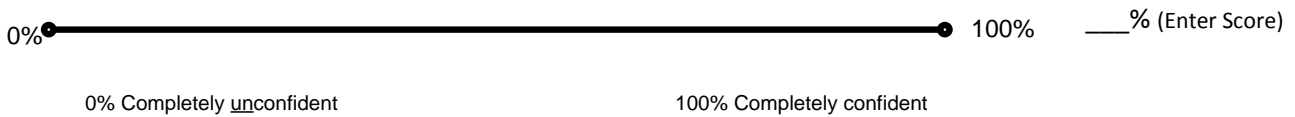
J3. How confident are you palpating the floor of mouth?



k. On what percentage of your NPE patients do you visually examine the retromolar pad area?



k1. How confident are you visually examining the retromolar pad area?



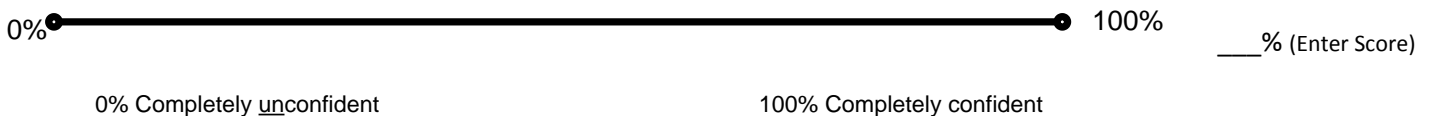
This next set of questions is about various aspects concerning your OCE.

3. **(Programmer note: if hygienists:** “Who conducts most of the initial and recall comprehensive oral cancer examinations for **your** patients? (if in a group practice, please average across your dentists):”
(Programmer note: if dentists: “Who conducts most of the initial and recall comprehensive oral cancer examinations for **your** patients?”

(Please check one box ONLY in each row)

- 3a. For new patient examinations: Dentist (2):___Hygienist(1) ___(not generally conducted) ___(0)
 3b. For recall patient examinations: Dentist (2):___Hygienist(1) ___(not generally conducted) ___(0)

4. When conducting a comprehensive oral cancer examination, how confident are you in your ability to classify oral mucosa as “**not within normal limits**”.



5. **Auto-delete for hygienists**

Overall, my confidence level in *assigning a presumptive diagnosis* to oral mucosal lesions is:



6. **(Programmer note: if hygienists the question is:**

“In your *primary* practice site what percentage of **your** adult patients currently receives a comprehensive OCE? (in a group practice, please average across your dentists):”

(Programmer note: if dentists:

“In your *primary* practice site what percentage of **your** adult patients currently receives a comprehensive OCE?”

	Adult Patients <40 years old	Adult Patients <u>40-50</u> years old	Adult Patients > 50 years old
6a. New patients	6ai.	6aii.	6aiii.
6b. Recall patients (at least twice a year*)	6bi.	6bii.	6biii.
6c. Recall patients (at least annually*)	6ci.	6cii.	6ciii.
6d. New Emergency patients at Emergency visit (auto- deleted for hygienists)	6di.	6dii.	6diii.

*Subject to their coming in

7a. Do you solicit a history of HPV infection on your medical history form?

- Yes
- No

7b. Do you *verbally* solicit a history of HPV infection?

- Never or almost never
- Yes, but only when the patient indicates ‘yes’ on medical history form and/or an oral lesion is present
- Yes, for most adults
- Other: _____

7c. Do you solicit a history of behaviors associated with HPV-related infection on your medical history form?

- Yes
- No

7d. Do you *verbally* solicit a history of behaviors associated with HPV infection?

- Never or almost never
- Yes, but only when the patient indicates 'yes' on medical history form and/or an oral lesion is present
- Yes, for most adults
- Other: _____

8. Which (if any) of the following factors influence the **Frequency** or **Comprehensiveness** of your new or recall OCEs? (Please mark a response for each box) **Programmer note: each Exam Frequency and Exam Comprehensiveness question is labeled as 8x1 and 8x2 respectively (x = 8a-j)**

	8a-j1 Exam Frequency	8a-j2 Exam Comprehensiveness
8a. Any current smoking	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8b. Ever Smoke > 1 pack/day of cigarettes	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8c. Use smokeless (chewing) tobacco	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8d. Drink "socially"	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8e. Heavy drinking	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8f. Wear dentures	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8g. History of sexually transmitted disease	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8h. Any history of HPV or associated behaviors	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8i. Being a male	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change
8j. Family history of oral or oral-pharyngeal cancer	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change



9a. (auto- deleted for hygienists)

In the past six (6) months, approximately how many biopsies did you personally perform on patients with oral lesions suspicious for pre malignancy/malignancy?

___ (number) (If "0" go to 9b)

9a1. Of the oral lesions suspicious for pre malignancy/malignancy you **biopsied yourself** in the past six (6) months, how many had a histopathologic diagnosis that was:

- 9a1i) potentially premalignant- _____
- 9a1ii) carcinoma *in situ* or a cancer: _____

9b. (auto- deleted for hygienists)

In the past three (3) months, how many patients with oral lesions suspicious for pre malignancy/malignancy did you **refer for consultation / biopsy**:

___ (number)

9b1. Of the patients with lesions suspicious for pre malignancy/malignancy that you **referred for consultation/biopsy** in the past three (3) months, how many had a histopathologic diagnosis that was:

- 9b1i) potentially premalignant _____
- 9b1ii) a carcinoma *in situ* or a cancer: _____
- 9b1iii) generally do not learn histopathologic diagnoses _____

9c. (auto- deleted for hygienists)

In the past six (6) months, how many patients with oral lesions suspicious for pre malignancy/malignancy did you **refer for consultation / biopsy**:

___ (number)

9c1. Of the patients with lesions suspicious for pre malignancy/malignancy that you **referred for consultation/biopsy** in the past 6 months, how many had a histopathologic diagnosis that was:

- 9b1i) potentially premalignant _____
- 9b1ii) a carcinoma *in situ* or a cancer: _____
- 9b1iii) generally do not learn histopathologic diagnoses _____

10. (auto- deleted for hygienists)

Do you use the following as part of your new or recall examination armamentarium?

	Never (0)	Sometimes (1)	Always (2)
10a. Tissue autofluorescence/ Chemireflectance, e.g., VELscope, Identifi, OralID, Vizilite, Microlux			
10b. Vital stains, e.g., Vizilite Plus (toluidine blue), OraBlu (toluidine blue), Lugol's Iodine			
10c. Salivary test (oral cancer), e.g., SaliMark:			
10d. Salivary test (HPV), e.g., Oral DNA, OraRisk [®] HPV with Reflex			

11. (auto- deleted for hygienists)

Do you use the following **after** an oral lesion is discovered?

	Never (0)	Sometimes (1)	Always (2)
11a. Tissue autofluorescence/ Chemireflectance, e.g., VELscope, Identifi, OralID, Vizilite, Microlux			
11b. Vital stains, e.g., Vizilite Plus (toluidine blue), OraBlu (toluidine blue), Lugol's Iodine			
11c. Cytopathological platforms, e.g., Oral CDX Brush Test, CtyID, Oral Advance			
11d. Salivary test (oral cancer), e.g., SaliMark:			
11e. Salivary test (HPV), e.g., Oral DNA, OraRisk [®] HPV with Reflex			

12a. Do you have optical "loupes" available? Yes___ No___ (If no go to Q13)

12b. Do you generally wear optical "loupes" for your restorative dentistry? Yes___ No___

12c. What-percentage of the time do you wear optical "loupes" to visually examine the oral soft tissue when conducting an OCE?

0% 100% ___% (Enter Score)

13. (auto-deleted for hygienists)

To what extent do the following signs and symptoms increase your suspicion that a lesion could be premalignant or malignant in the absence of an obvious cause, e.g., aphthous ulcer, "pizza burn"?

14. (auto- deleted for hygienists)

What are the three (3) most important factors in deciding that an oral lesion requires *consult or biopsy* rather than first conducting a short-term observation: (***Check up to three***)

- 14a. Patient age
- 14b. Lesion duration
- 14c. Lesion color
- 14d. Lesion induration
- 14e. Lesion ulceration
- 14f. Lesion location
- 14g. Family history of OC
- 14h. Smoker
- 14i. Evidence of heavy alcohol consumption
- 14j. Gender
- 14k. Pain in lesion area
- 14l. Patient expressing concern about oral lesion/requesting further consultation/biopsy

The next set of questions will ask about referral/management of suspicious oral lesions.

15. (auto- deleted for hygienists)

To which type of practitioner do you *generally* refer patients with oral lesions suspicious for premalignancy or malignancy? (***Check one only***)

- 1. Oral and Maxillofacial surgeon
- 2. Oral medicine specialist
- 3. Oral Pathologist
- 4. ENT specialist
- 5. Head & neck surgeon
- 6. Dermatologist
- 7. Primary care physician
- 8. Other, Specify: _____
- 9. I do not refer patients with oral lesions suspicious for premalignancy or malignancy
- 10i. I do not refer, I am someone to whom patients with lesions are referred

16. (auto- deleted for hygienists)

Do any of your patients' medical/dental insurance plans require you to:

- 16a. use specific plan-defined referral specialists?
 - Yes
 - No
 - Don't know/Not sure

16b. refer to a primary care physician first (gatekeeper)?

- Yes
- No
- Don't know/Not sure

17. (auto- deleted for hygienists)

When you refer for a consult and/or biopsy, do you routinely provide any of the following information to the practitioner to whom you are referring? (**Check all that apply**)

- 17a. Medical history
- 17b. Dental history
- 17c. Signs and symptoms associated with lesion of concern
- 17d. History of lesion (e.g., duration)
- 17e. Physical description of lesion
- 17f. Lesion location
- 17g. Radiographs
- 17h. Results from diagnostic adjuncts, e.g., VELscope
- 17i. Photographs
- 17j. Results from diagnostic salivary
- 17k. Other; Specify: _____
- 17l. N/A - I generally do not refer

18. (auto- deleted for hygienists)

When you refer a patient with an oral lesion suspicious for premalignancy or malignancy, how do you most often communicate the purpose of the referral appointment to the practitioner? (**Check all that apply**):

- 18a. I call the practitioner's office myself
- 18b. A member of my staff calls the practitioner's office
- 18c. Written communication is sent to the practitioner
- 18d. Written communication is taken to the practitioner by the patient
- 18e. My office and I do not communicate with the office to which the patient is being referred
- 18f. Other (specify) _____
- 18g. N/A - I generally do not refer

19a. When conducting an OCE, do you provide your patient with a general *overview of the OCE procedures* you will be using?

- Yes
- No

19b. In general, how comfortable are you talking about the OCE with *most* of your patients?



0% Completely uncomfortable

100% Completely comfortable

20a. When conducting an OCE, how likely are you to tell *most of* your patients that you will be checking for oral cancer?

- Not at all likely
- Somewhat likely
- Very likely

20b. (auto- deleted for hygienists)

When a patient with an oral lesion suspicious for premalignancy/malignancy is referred by you for a consult and/or biopsy, do you or your staff routinely follow up with a telephone call to the patient or specialist to confirm the appointment was kept?

- Yes
- No
- I do not refer patients with oral lesions

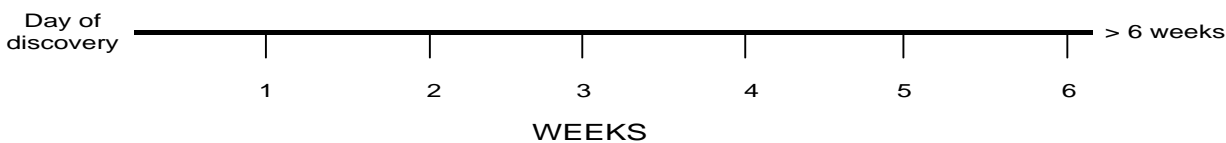
21a. Please check box if you have not seen a suspicious lesion in the past 3 years.

Programmer note: if #21a is checked, go to question #22.-For any paper questionnaire, add "and go to question #22."

21b. Estimate the average time between your initial detection of a potentially premalignant or malignant lesion and your biopsying that lesion or referring for a consultation-biopsy.

Please move slide marker to average time in days / weeks

Programmer note: place minor markers for days leaving major markers for weeks.



21c. Comment(s) regarding this question (optional): _____

22. (auto- deleted for hygienists)

When you refer a patient with an oral lesion suspicious of premalignancy or malignancy for a consult and/or biopsy, how likely is it that you schedule the patient for a follow-up appointment with you after the scheduled referral?

- a. Not at all likely (0)
- b. Somewhat likely (1)
- c. Very likely (2)
- d. I do not refer patients with oral lesions (7)

28c. Emergency patient visits	<input type="checkbox"/> Yes (28ci) <input type="checkbox"/> No	<input type="checkbox"/> Yes (28cii) <input type="checkbox"/> No
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29. (auto- deleted for hygienists)

Does the practice have a hygienist?

- Yes
- No (Go to Q31)

30. (auto- deleted if #29 is no)

In my practice there is sufficient *time / reimbursement* for the **hygienist(s)** to conduct complete/comprehensive/ thorough OCEs for

	Time	Reimbursement
30a. New patient visits	<input type="checkbox"/> Yes (30ai) <input type="checkbox"/> No	<input type="checkbox"/> Yes (30aai) <input type="checkbox"/> No <input checked="" type="checkbox"/> Do not know
30b. Recall patient visits	<input type="checkbox"/> Yes (30b1) <input type="checkbox"/> No	<input type="checkbox"/> Yes (30bii) <input type="checkbox"/> No <input type="checkbox"/> Do not know

31. Is there an important question or questions that we did not ask? If so, please type the question(s) in the following space, we may add it to a follow-up questionnaire.

31a. _____

31b. _____

31c. _____

32. (auto- deleted for dentists)

(RDH only) My Dental Hygiene credentialing includes: (Please check highest obtained credentials)

- Certification
- Associate degree
- Bachelor degree



Bachelor degree and other degree (MS, MPH, PhD etc)

33. Are you employed in any of the following dental firms? If so, please check your organization.
(please check one)

- No
- HealthPartners
- Permanente Dental Associates
- Park Dental

34. Would you like us to send you or your practice organization a \$50.00 as a thank you for completing this survey?

- Yes, please send compensation [SKIP QUESTION 34a]
- No [SKIP TO Question 35]

34a. Please let us know where you would like the compensation sent:

- Address on File
- Other Address:

Name: _____
(First) (Last) (Suffix)

Practice Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

35. Would you be willing to retake this questionnaire within 2 weeks of completing it (a test-retest validation)?

- Yes
- No