



Study ID _____

Welcome to the Oral Cancer Examination: Clinical Case Presentation Questionnaire

You will be shown a series of 16 clinical photographs that are randomly assigned. After each of these photographs you will be asked the same 6 questions and provided the same response choices. Some of these photographs will be repeated. Therefore, please read each case description carefully.

Please click the 'Continue' button below once you are clear about this description of these 16 case presentations."

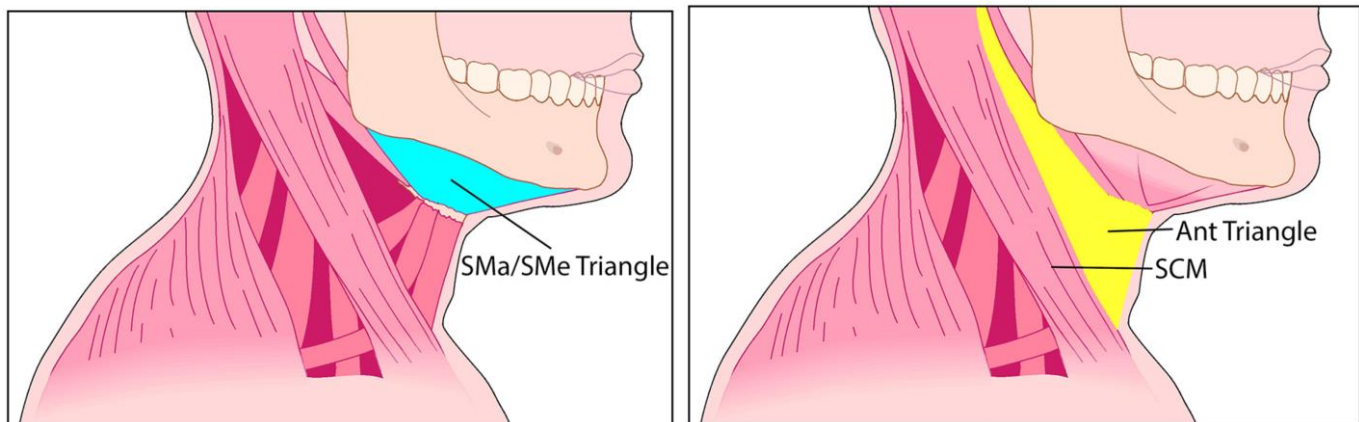
ORAL CANCER EXAMINATION: CLINICAL CASE PRESENTATION QUESTIONNAIRE

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

Definitions:

- **Oral Cancer Examination (OCE):** OCE is the visual-tactile, extraoral and intraoral examination of the soft tissues performed to detect oral premalignant lesions 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, patient of record
- **Recall Examination:** CDT D0120- Periodic oral evaluation
- **Malignant:** For example, Squamous Cell Carcinoma (SCCA), Salivary gland adenocarcinoma
- **Premalignant:** A lesion with increased potential for transformation to carcinoma, e.g. epithelial dysplasia
- **Induration:** firmness of the tissue.
- **Visualization/optical adjunct:** an adjunctive evaluation using a specific light source (e.g. auto fluorescence device)
- **Cytopathologic adjunct:** an adjunctive evaluation using a brush to procure a cellular sample which is then stained and analyzed by an outside laboratory (e.g. the CDX brush test)

Lymphatic Node Locations:



The submandibular (SMa) and submental (SMe) triangles contain superficial lymph nodes.

The anterior triangle of the neck contains the deep lateral cervical lymph nodes anterior and deep to the sternocleidomastoid muscle (SCM).



Overview

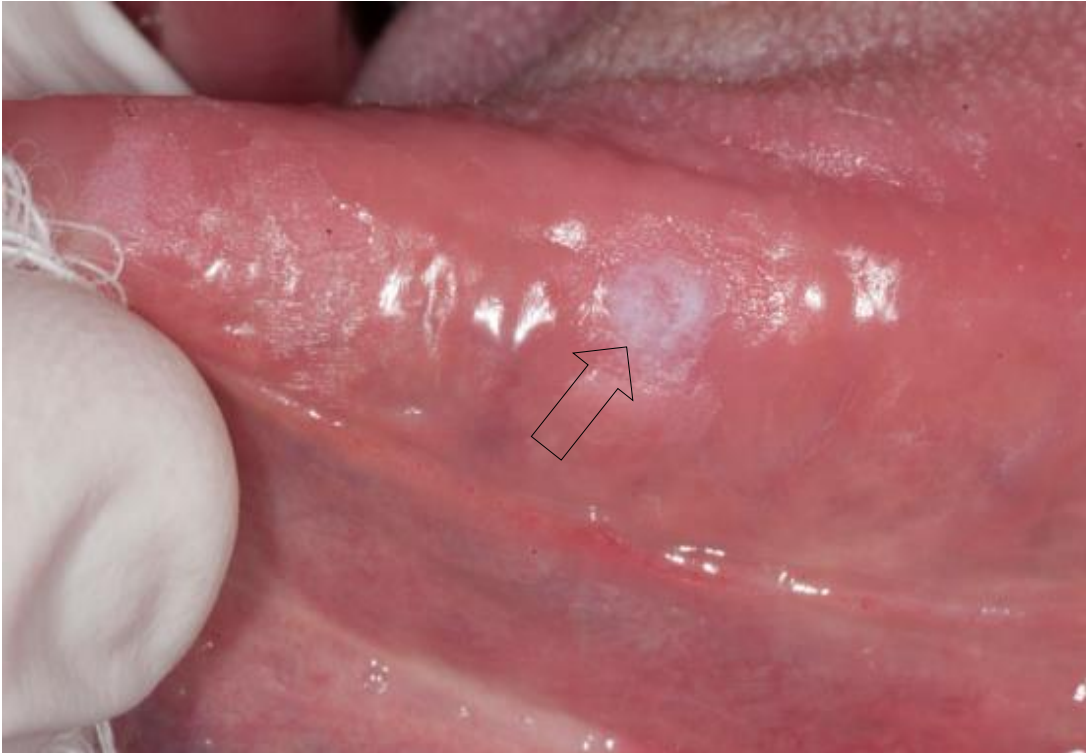
You will be shown a series of pictures that include a photograph of a lesion, and a standardized history and physical report and you will be asked to give your opinion. **Please pay careful attention to the description for each picture as there may be variations to the symptoms/presentation.**

There are six (6) questions that are asked of you that are identical for each of the cases. Completing the case series takes approximately 25-30 minutes.

**Please respond to all questions. Where applicable, mark the visual analogue scale to score your response.
Your thoughtfulness is critical to meaningful (and important) study findings**

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 1.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed some firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

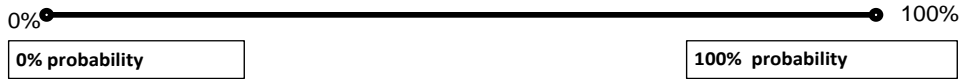
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

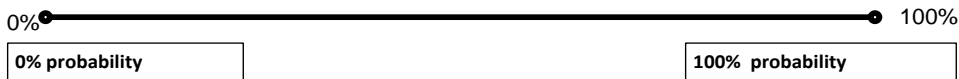
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

1. benign?



2. premalignant?



3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy* ?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 2.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed some firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

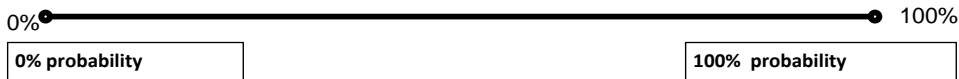
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

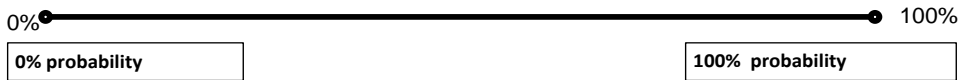
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

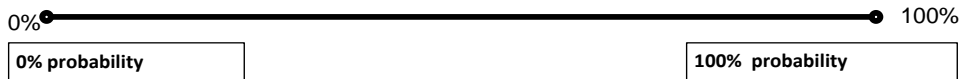
1. benign?



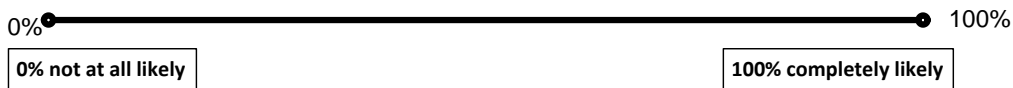
2. premalignant?



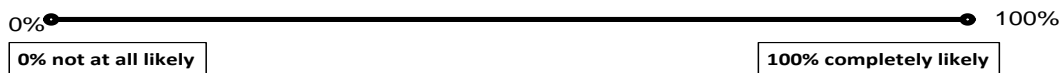
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most

likely proceed:

- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
- (1) schedule patient for lesion follow-up in approximately 3 weeks
- (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
- (3) refer for expert diagnostic consultation at the time of lesion discovery
- (4) perform, schedule for, or refer for a biopsy
- (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 3.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed no firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

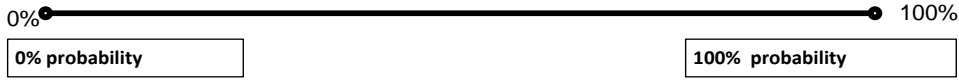
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

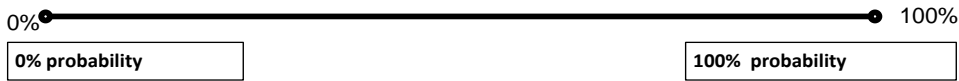
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

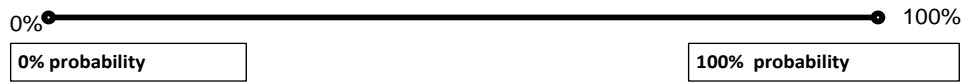
1. benign?



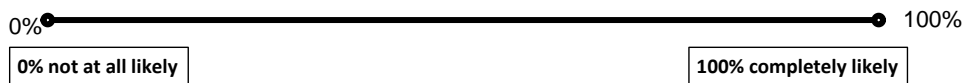
2. premalignant?



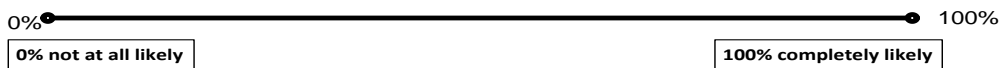
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



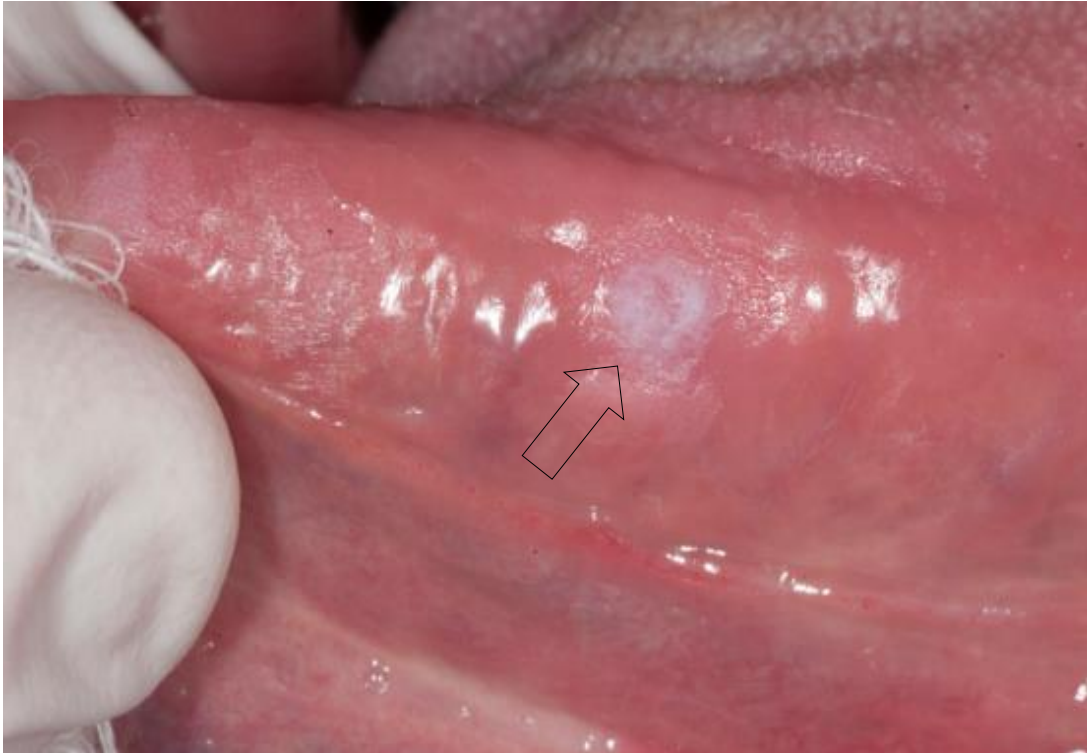
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
- (1) schedule patient for lesion follow-up in approximately 3 weeks
- (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
- (3) refer for expert diagnostic consultation at the time of lesion discovery
- (4) perform, schedule for, or refer for a biopsy
- (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 4.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

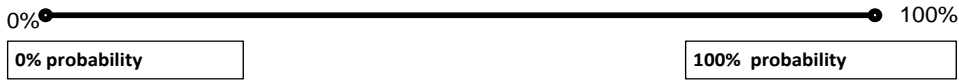
Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed no firmness/ induration.
No obvious source of irritation that might otherwise explain the presence of the lesion.
The lesion does not wipe off.
The contralateral tissue is of normal appearance.

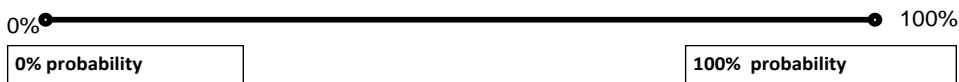
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

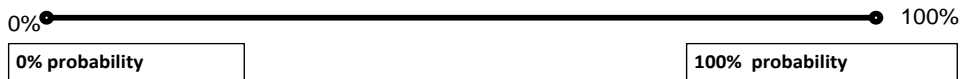
1. benign?



2. premalignant?



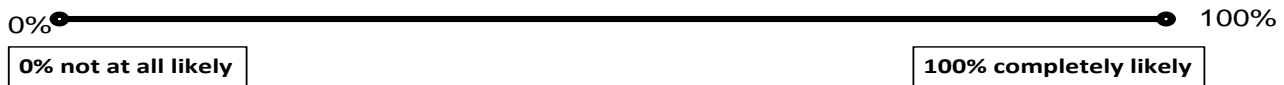
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?

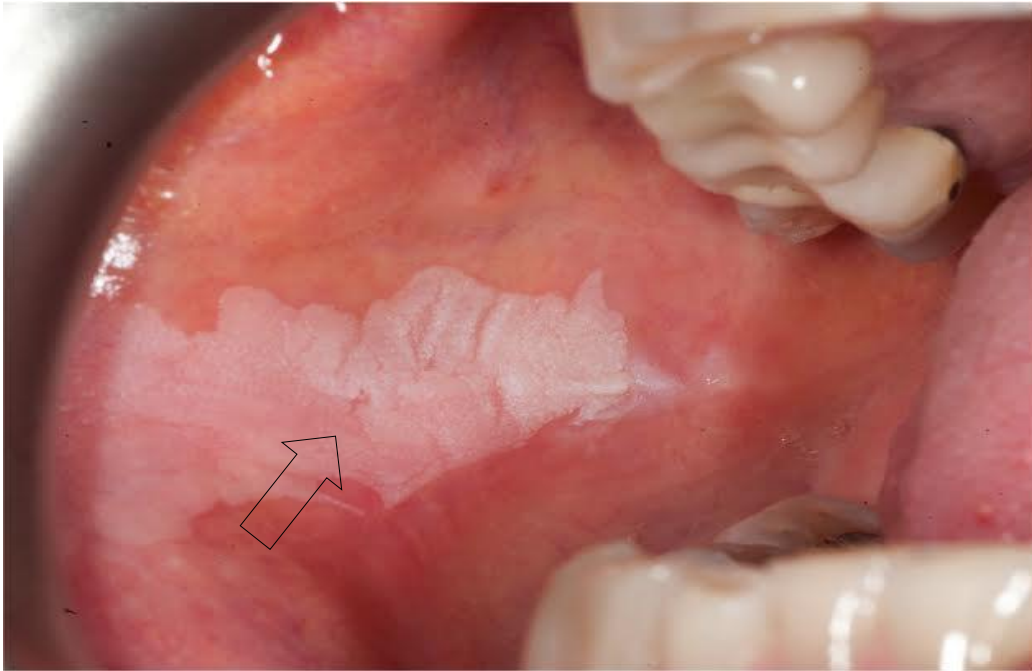


6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 5.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed some firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

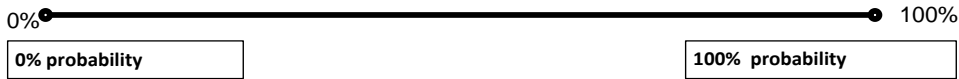
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

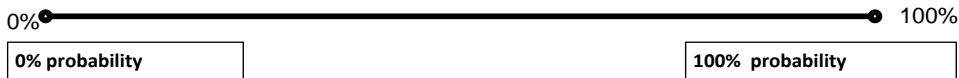
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

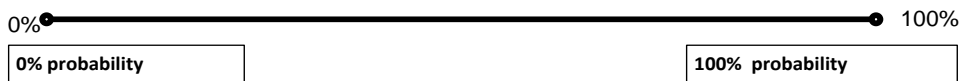
1. benign?



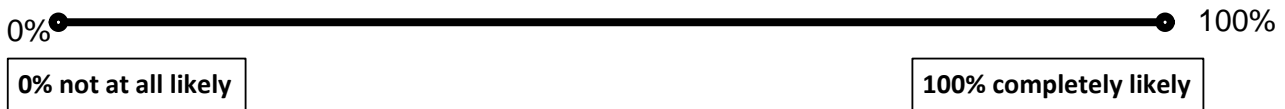
2. premalignant?



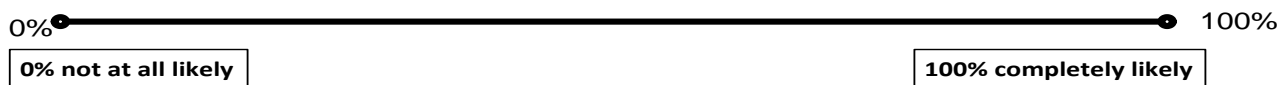
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?

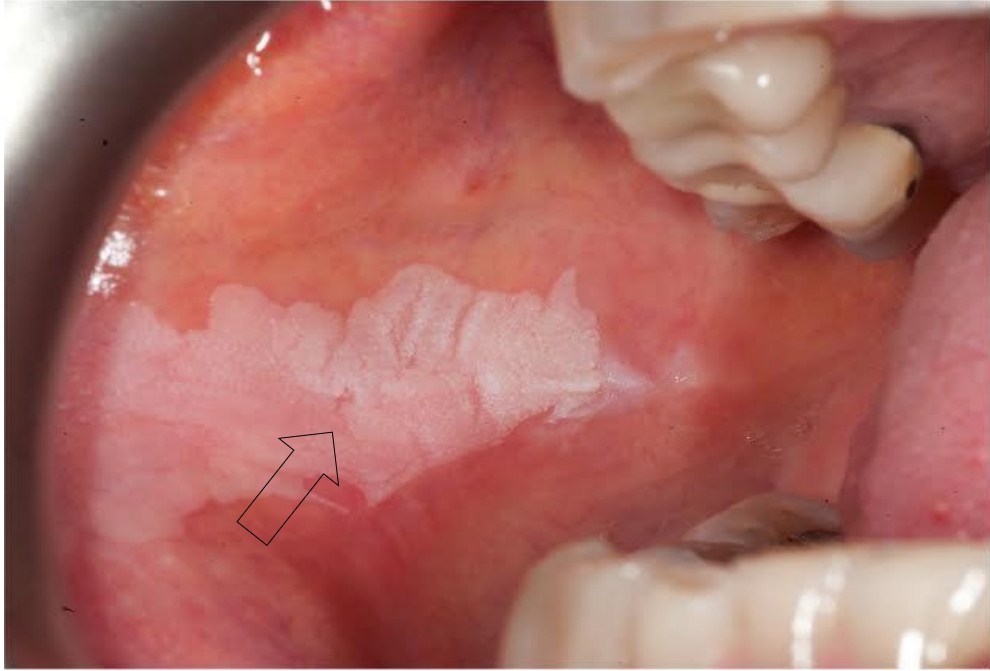


6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 6.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed some firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

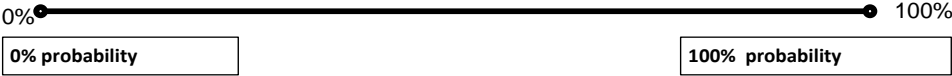
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

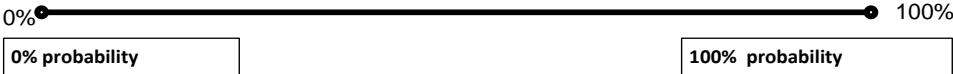
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

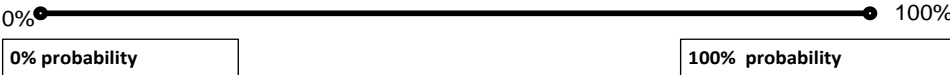
1. benign?



2. premalignant?



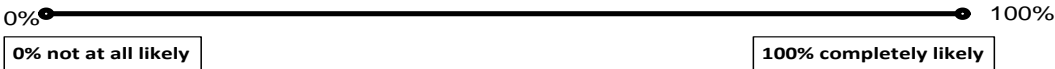
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?

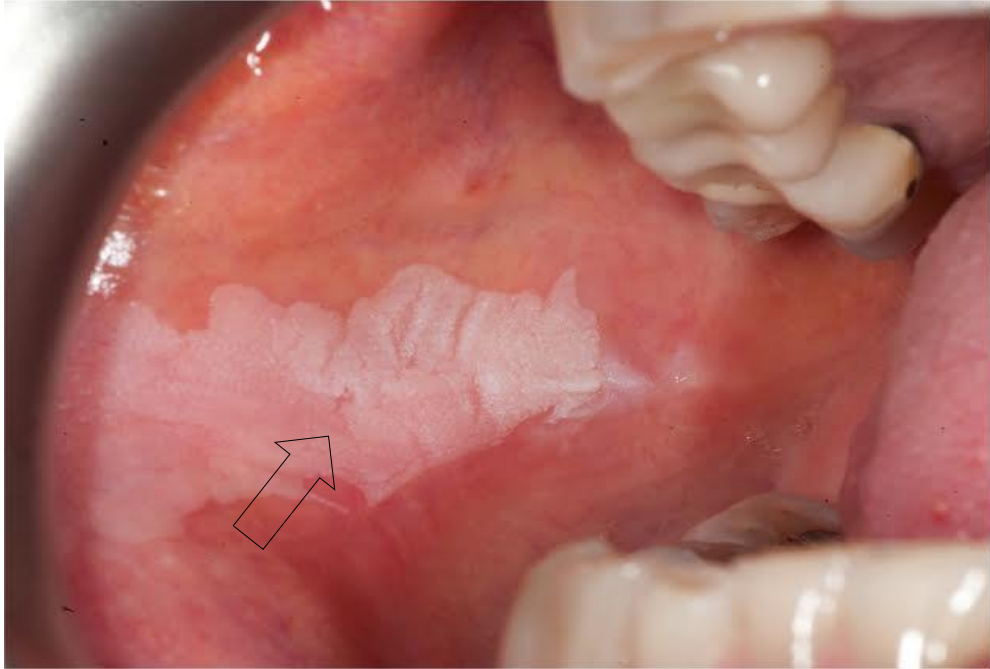


6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 7.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicits no pain or discomfort and revealed no firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

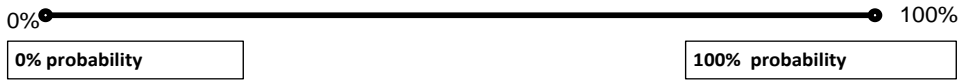
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

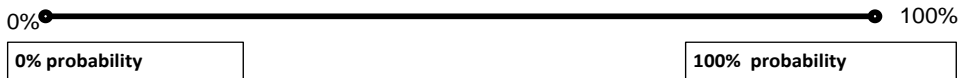
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

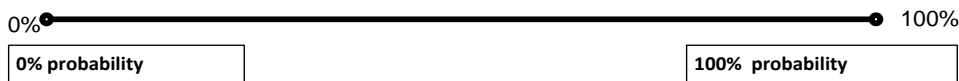
1. benign?



2. premalignant?



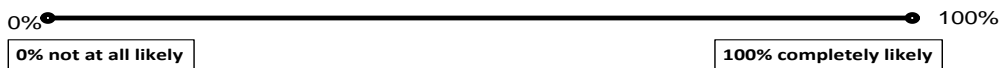
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?

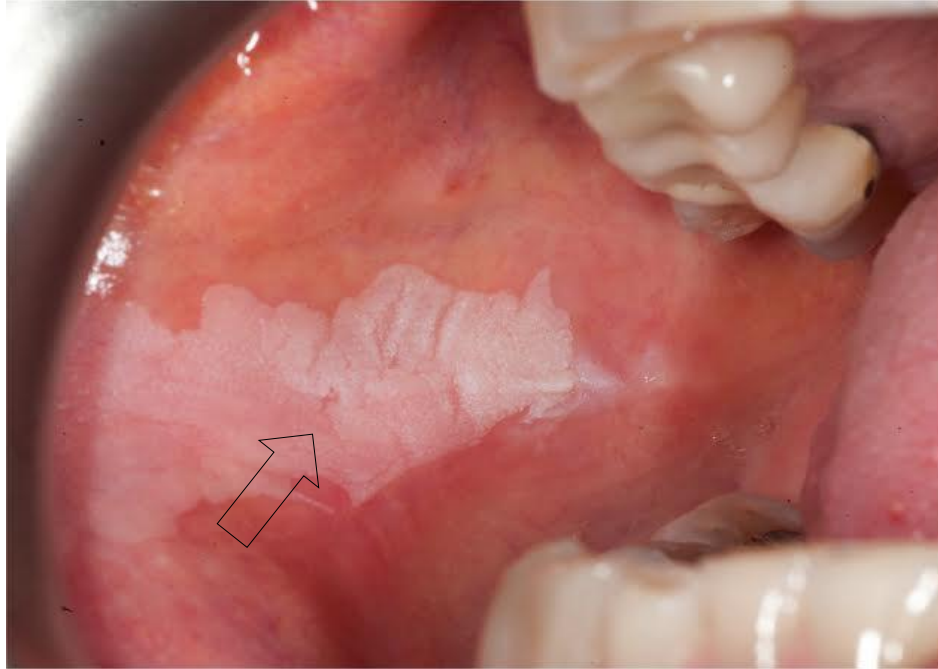


6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 8.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

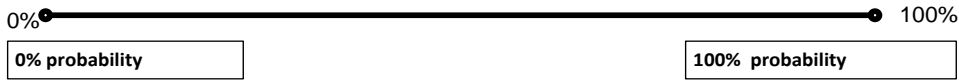
Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed no firmness/ induration.
No obvious source of irritation that might otherwise explain the presence of the lesion.
The lesion does not wipe off.
The contralateral tissue is of normal appearance.

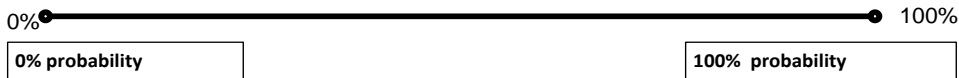
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

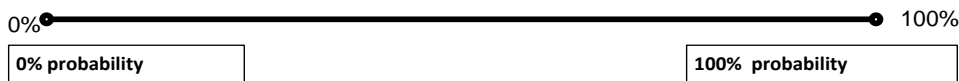
1. benign?



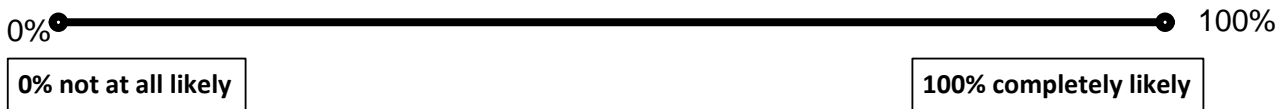
2. premalignant?



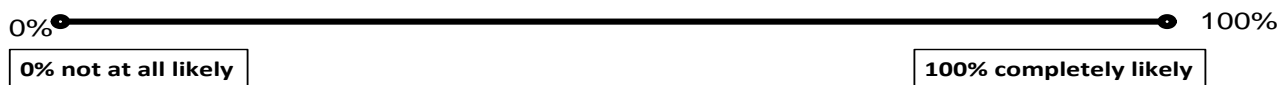
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 9.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed some firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

The lesion does not wipe off.

The contralateral tissue is of normal appearance.

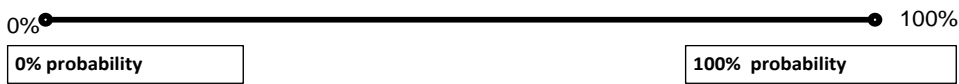
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

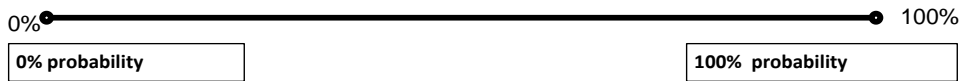
1. benign?



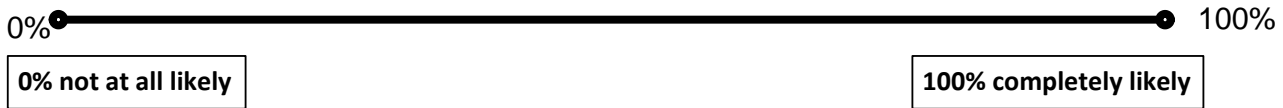
2. premalignant?



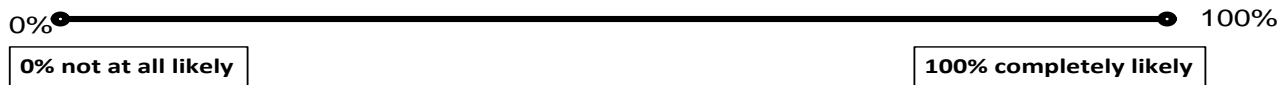
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 10.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

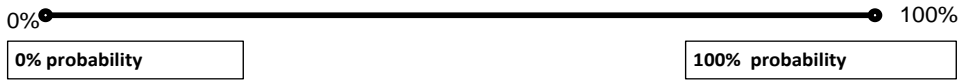
Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed some firmness/ induration.
No obvious source of irritation that might otherwise explain the presence of the lesion.
The lesion does not wipe off.
The contralateral tissue is of normal appearance.

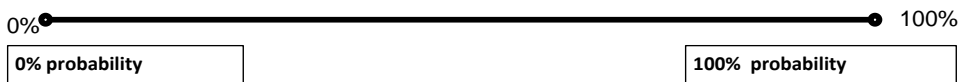
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

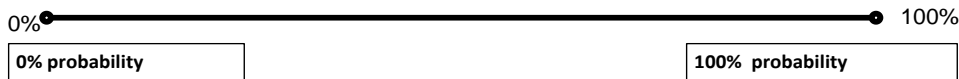
1. benign?



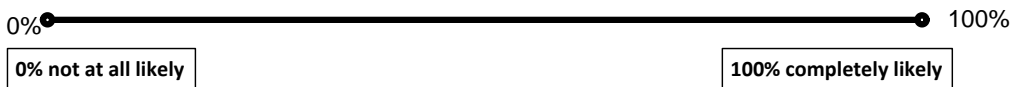
2. premalignant?



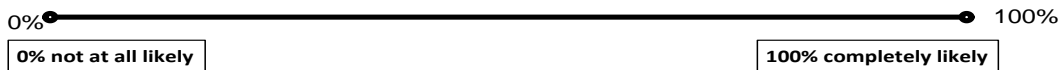
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case11.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed no firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

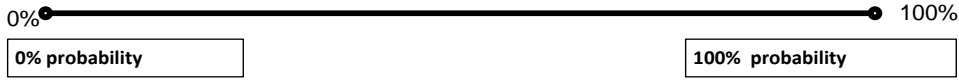
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

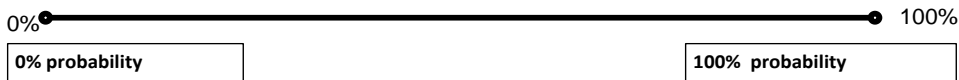
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

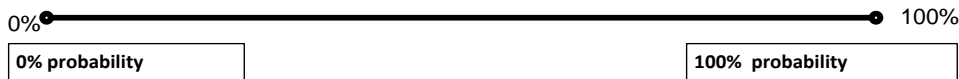
1. benign?



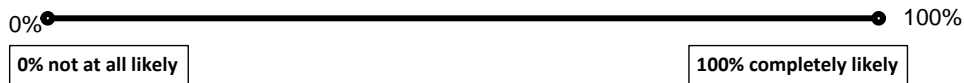
2. premalignant?



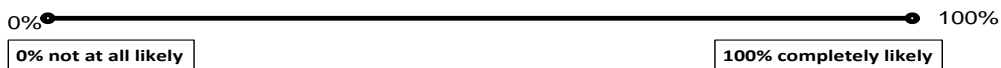
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 12.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

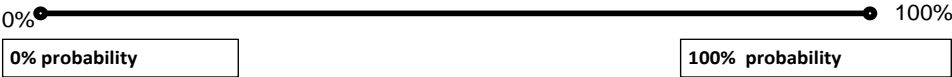
Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed no firmness/ induration.
No obvious source of irritation that might otherwise explain the presence of the lesion.
The lesion does not wipe off.
The contralateral tissue is of normal appearance.

The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

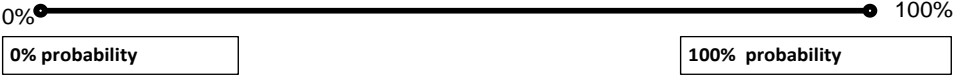
1. benign?



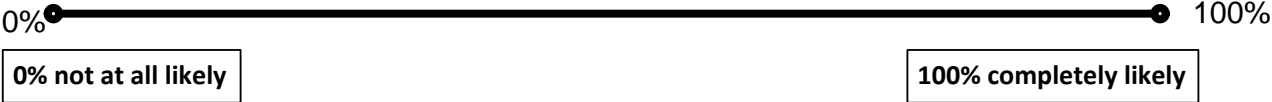
2. premalignant?



3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 13.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed some firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

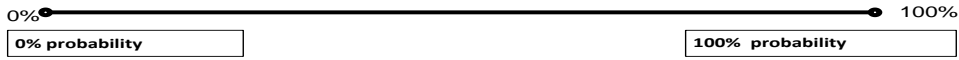
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

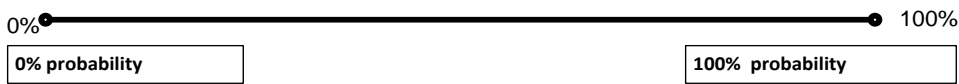
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

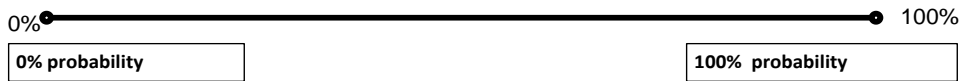
1. benign?



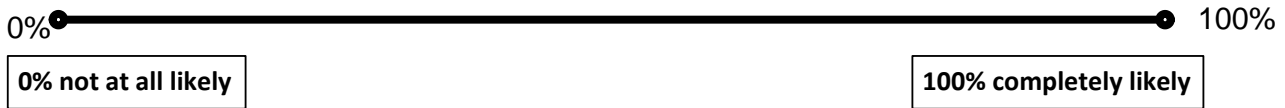
2. premalignant?



3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 14.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed some firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

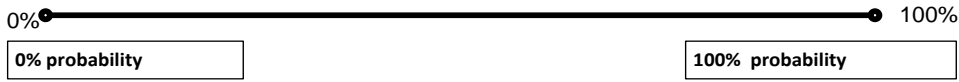
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

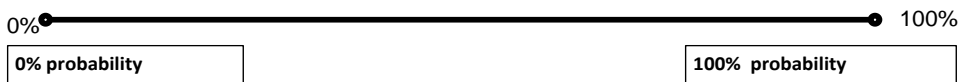
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

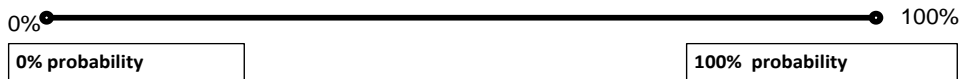
1. benign?



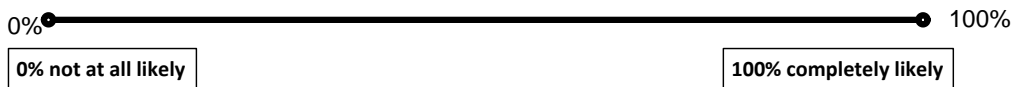
2. premalignant?



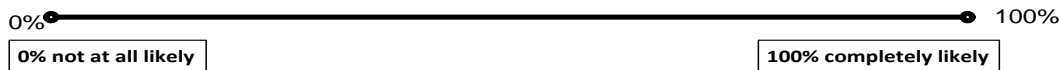
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy* ?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case15.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed no firmness/ induration.

No obvious source of irritation that might otherwise explain the presence of the lesion.

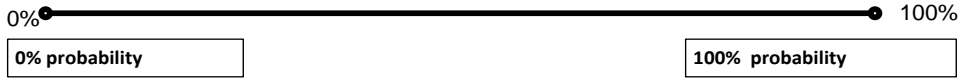
The lesion does not wipe off.

The contralateral tissue is of normal appearance.

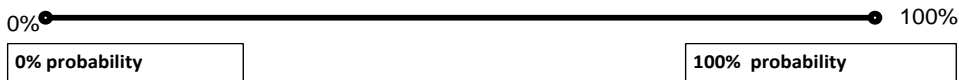
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

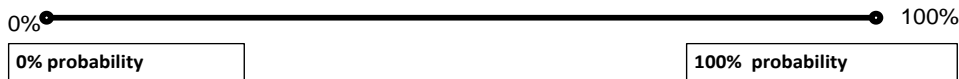
1. benign?



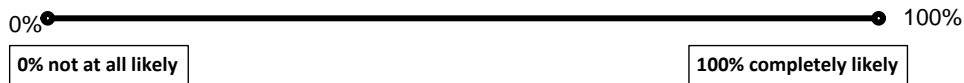
2. premalignant?



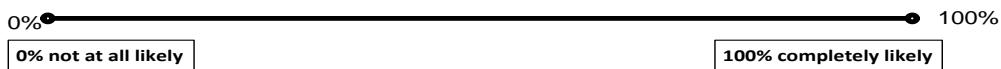
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
 - (1) schedule patient for lesion follow-up in approximately 3 weeks
 - (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
 - (3) refer for expert diagnostic consultation at the time of lesion discovery
 - (4) perform, schedule for, or refer for a biopsy
 - (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 16.



DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

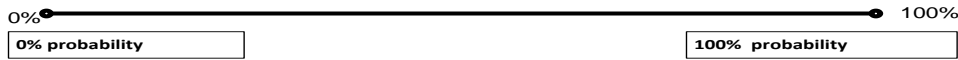
Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed no firmness/ induration.
No obvious source of irritation that might otherwise explain the presence of the lesion.
The lesion does not wipe off.
The contralateral tissue is of normal appearance.

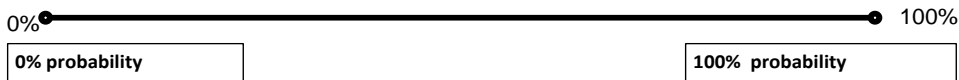
The slider must be moved (even if back to 0) in order to indicate a response.

Questions 1-3. How would you rate the probability that the lesion is:

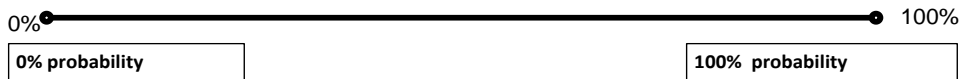
1. benign?



2. premalignant?



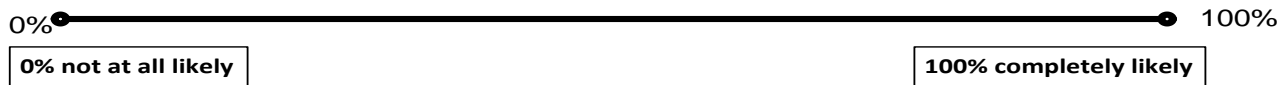
3. malignant?



4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?



5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for *anterior cervical lymphadenopathy*?



6. Given the patient history and examination features of the lesion, how would you most likely proceed:

- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
- (1) schedule patient for lesion follow-up in approximately 3 weeks
- (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
- (3) refer for expert diagnostic consultation at the time of lesion discovery
- (4) perform, schedule for, or refer for a biopsy
- (7) Other: _____

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Programmer note: LAST PAGE FOLLOWING RANDOMIZATIONS OF VIGNETTES

Thank you for your participation in this study. You have made a valuable contribution to our understanding of issues related to oral cancer examinations.

AA. 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

BB. Would you like us to send you/your practice organization \$50 as a thank you for completing this survey?

- Yes, please send compensation
- No (Skip to End of Survey)

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: _____