Editorial



Catherine K. Draper, RDH, MS, FADHA

Oral and Oropharyngeal Cancers: Moving beyond awareness

April marks the 15th year of "Oral Cancer Awareness Month" a national observance promoting regular oral cancer screening examinations, tobacco avoidance education and the promotion of the HPV vaccine as a means to prevent oral (OC) and oropharyngeal (OPC) cancers. We know from the American Cancer Society that an estimated 58,450 people will develop an OC or OPC in 2024 and about 12,230 will die from the disease.¹ Countless others will experience a lifetime of debilitating side effects as a result of their cancer therapies.

As primary oral health care providers, dental hygienists can play a leadership role in moving past "awareness" to early diagnosis and disease prevention. We spend more time with our patients than their primary health care providers and we know the head, neck, and oral cavity well. The question is, "Are we meeting this challenge to move past awareness?" Recommendations from professional organizations including the American Dental Hygienists' Association, the American Dental Association, the Academy of Oral Medicine, the American Academy of Periodontology, and others, state that a regular OC/OPC screening examination by an oral health care provider is the best method for detecting these cancers at their earliest stages, but how well are we performing this service?

We know that while visual and tactile extra and intraoral examinations are minimally invasive, require no special equipment and take only a few minutes to perform, approximately 70% of OC/OPCs will be

diagnosed in their late stages.² With the increasing rates of HPV positive OPCs, the need for a regular extraoral examination of the head and neck lymph nodes is even more critical given that painless lymphadenopathy is a common presenting sign of an OPC.³ Yet, in the limited data collected on dental hygienists' practices related to head and neck examinations, it has been shown that lymph node palpation is the most commonly omitted step in the extra/intraoral examination process.⁴

Of further concern is the variable knowledge regarding the HPV vaccination that was identified in a recent scoping review of dentists and dental hygienists.⁵
Results from the review indicated that discussions related to HPV were infrequent in the oral health care setting, a finding that may be related to a lack of knowledge or comfort in discussing HPV vaccination as a means to prevent OPC.⁵ Date collected from the Behavioral Risk Factor Surveillance System also showed that most of the people who had not been vaccinated for HPV had also visited their oral health care provider during the surveillance period, indicating the potential role oral health care providers might play in promoting awareness and vaccination acceptance.⁵

There are great opportunities for intraprofessional collaboration in facing the challenge of truly making a difference in changing "Oral Cancer Awareness" to "Oral Cancer Prevention" with the ultimate goal of reducing the incidence of OCs and OPCs. Now is the time to partner with our dental colleagues and attend

a continuing education program on OC, OPC and the HPV vaccine. Develop a clinical protocol for your clinical practice settings that includes OC and OPC education as well as screening examinations and information about the HPV vaccine. Cultivate relationships with oral medicine specialists and oral surgeons for referrals to facilitate definitive diagnoses and management of oral potentially malignant disorders. Last, but not least, be prepared to support patients with OC and OPCs through their cancer therapy and beyond. Dental hygienists can lead the way in changing the outcomes of this critical health challenge.

On a closing note, I would be remiss not to remember the passing of Mary Alice Gaston, Editor Emeritus of the *Journal of Dental Hygiene*. Mary Alice began her dental hygiene education after raising her family and quickly embraced all aspects of the profession as a dental hygiene educator, program director, college administrator, and leader in the American Dental Hygienists' Association. She served as Editor of the *Journal of Dental Hygiene* for 8 years and her scholarly work was published in numerous professional journals. Mary Alice will be remembered for her dedication to the profession and the many students and colleagues she mentored over her many years as a leader and contributor to scholarly work in dental hygiene.

Catherine K. Draper, RDH, MS, FADHA is the Managing Editor of the *Journal of Dental Hygiene*.

REFERENCES

- Siegel RL, Miller KD, Wagle NS, Jemal A. Cancer statistics, 2023. CA Cancer J Clin. 2023 Jan;73(1):17-48.
- Lingen MW, Abt E, et al. Evidence-based clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity: A report of the American Dental Association. J Am Dent Assoc. 2017 Oct;148(10):712-727.e10.
- 3. McIlwain WR, Sood AJ, Nguyen SA, Day TA. Initial symptoms in patients with HPV-positive and HPV-negative oropharyngeal cancer. JAMA Otolaryngol Head Neck Surg. 2014 May;140(5):441-7.
- 4. Barao DMH, Essex G, Lazar AA, Rowe DJ. Detection of early-stage oral cancer lesions: A survey of California dental hygienists. J Dent Hyg. 2016 Dec;90(6):346-53.
- Casey SM, Paiva T, Perkins RB, et al. Could oral health care professionals help increase human papillomavirus vaccination rates by engaging patients in discussions? J Am Dent Assoc. 2023 Jan;154(1):10-23.e17.