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Embracing the Powers of Prevention

April is Head and Neck Cancer Awareness Month, a time to focus on opportunities to raise awareness of the prevalence of these cancers and the importance of head and neck examinations, screenings and disease prevention — including tobacco cessation and HPV vaccinations.

In April, we also highlight our profession during Dental Hygiene Week, recognizing the important role dental hygienists play in overall health care. There is no better time to call attention to the critical role dental hygienists play in early detection and patient education, especially considering the evolving dynamics of oral and oropharyngeal cancers. As dental hygienists, we are fundamentally prevention oriented. Our education trains us to assess risk, identify deviations from normal, and apply evidence-based best practices to stop disease before it progresses. Effectively leveraging these skills is essential for early identification of disease, including oral/oropharyngeal cancers, and to help guide patients towards timely care and treatment.

According to the American Cancer Society, an estimated 60,480 new cases of oral/oropharyngeal cancers will be diagnosed in 2026 and 13,150 people will die from their disease in the United States (US) alone.¹ Although tobacco, especially when paired with heavy alcohol use, remains a significant risk factor for oral/oropharyngeal cancer, incidence rates have demonstrated a declining trend, most likely due to changes in tobacco use. In contrast, the overall

incidence rate of HPV associated oropharyngeal squamous cell carcinomas (OPSCC) has increased significantly.² To put this into perspective, from 1988 to 2004, there was a 225% population-level increase in HPV-positive OPSCC in the US and a concomitant 50% decrease in HPV negative OPSCC.³ Moreover, the incidence rate of HPV positive OPSCC has surpassed the incidence of HPV positive cervical cancers.⁴

Both the dental and dental hygiene curricula include specific education and training on performing a comprehensive oral soft tissue examination. As dental hygienists, the Commission on Dental Accreditation (CODA) Standard 2-13 requires that graduates are competent in the comprehensive collection of patient data to identify the physical and oral health status.⁵ A systematically performed, comprehensive visual and tactile intra and extra oral head and neck examination should be regularly performed on all patients and is considered to be part of the standard of care.⁶ In addition, a risk assessment should be conducted, derived from the patient's health history and patient interview. Clinicians should regularly inquire about any signs and symptoms, including difficulty swallowing, unilateral ear pain, a persistent sore throat, swelling or lumps in the mouth, or voice changes, that may be related to a possible finding.⁶

A large percentage of oral cavity lesions can be detected utilizing white light and magnification,⁵ however, HPV+ primary lesions may be small and difficult to locate and detect intraorally. In many cases,

the first symptom may be a persistent, painless lump in the neck noticed by the patient or the health care provider.⁶ The American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) guidelines encourage all health care professionals, including dental providers, to address neck masses to increase early diagnosis, which in turn improves patient outcomes.⁷ As oral health care providers, our overall evaluations of our patients need to be performed with consistency and thoroughness. Head and neck examinations should be treated with the same urgency as periodontal charting or radiographic evaluation. It is also important to inform patients of what you are doing during the examination and why it is important. This provides a key opportunity to teach self-examination skills. Many patients with HPV OPSCC actually present for care because they have identified the abnormality themselves.

Early detection is only effective when it leads to clear, actionable next steps. Without a reliable referral process in place, patients can be left navigating a fragmented health care system on their own.⁶ Developing a referral process is critical — and will likely require addressing real-world barriers, including insurance requirements, prior authorizations, and primary care referral mandates. When caring for patients with a possible malignancy, interprofessional collaboration is no longer an optional aspect of comprehensive oral health care, it is essential. Establishing professional relationships with oral surgeons and ear nose and throat (ENT) specialists allows for seamless referrals, faster diagnoses, and better outcomes for patients. This also supports continuity of care and ongoing patient management.

Moving beyond early detection, dental hygienists also play a critical role in cancer prevention. Incorporating HPV vaccination history and exposure-related questions into the medical history facilitates conversations about OPSCC cancers mediated by HPV and the role of the vaccine. The Centers for Disease Control (CDC) offers tools and materials to help support health care providers to discuss the HPV vaccine with confidence

and accuracy.⁸ Being prepared for these conversations ahead of time also helps us minimize bias and rebut false information. Providing evidence-based information empowers patients and families to make informed decisions and can be easily integrated into disease prevention discussions in parallel with fluoride and tobacco cessation counseling. The HPV vaccine is cancer prevention and should be discussed as such. Over 90% of HPV-related cancers can be prevented by the vaccine.⁸

Compassion is what drives us to go beyond providing routine care and truly advocating for the patient in our care. That level of advocacy becomes especially powerful considering the impact of early detection. For me, the importance of performing a consistent and thorough head and neck examination along with timely referral is deeply personal. Within just three months of graduation from my dental hygiene program, I identified two base-of-tongue lesions that required further treatment. Those experiences permanently shaped how I practice today. As dental hygienists, we are expected to accomplish countless tasks during a routine prophylaxis appointment, but few tasks have the potential to save a life. Disease prevention has always been our defining strength. It is time we fully embrace it, uphold it, and use it to change lives!

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