



Body System: Special Sensory		
Session Topic: Oral Lesions and Oral Cancers		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> • Less than half the U.S. population frequently visits a dentist for routine oral care. • Diagnosis of oral cancer can be delayed by several months if clinicians treat the patient’s complaints with drugs, rather than providing a thorough physical examination and workup • It is challenging to identify red flags, such as oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders • Physicians have significant knowledge gaps with regard to making timely diagnoses of oral cancers and managing oral lesions in the outpatient setting 	<ol style="list-style-type: none"> 1. Identify patients who are at risk for having inadequate dental care and may need to be examined for oral lesions; especially among pregnant or older patients. 2. Identify red flags, such as oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders 3. Follow evidence-based recommendations for diagnosing oral cancer. 4. Develop collaborative care plans for referral and management of patients with oral cancer. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



ACGME Core Competencies Addressed (select all that apply)			
X	Medical Knowledge		Patient Care
	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism	X	Systems-Based Practice
Faculty Instructional Goals			
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> • Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations • Facilitate learner engagement during the session • Address related practice barriers to foster optimal patient management • Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start <ul style="list-style-type: none"> ○ Visit http://www.aafp.org/journals for additional resources ○ Visit http://familydoctor.org for patient education and resources • Provide evidence-based recommendations to identify patients who are at risk for having inadequate dental care and may need to be examined for oral lesions; especially among pregnant or older patients. • Provide evidence-based recommendations to identify red flags, such as oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders • Provide evidence-based recommendations for diagnosing oral cancer. • Provide strategies and resources for developing collaborative care plans for referral and management of patients with oral cancer. • Provide recommendations regarding guidelines for Medicare reimbursement. • Provide recommendations to maximize office efficiency and guideline adherence to the diagnosis and management of oral lesions and oral cancers. • Provide an overview of newly available treatments, including efficacy, safety, contraindications, and cost/benefit relative to existing treatments. 			

Needs Assessment:

Healthy People 2020 made oral health one of its top nine health indicators, however, only 44.5 percent of people age 2 years and older had a dental visit during the past 12 months, and half of U.S. seniors perceive their dental health as poor or very poor.^{1,2} Physicians regularly encounter oral health issues, such as oral lesions, in practice. Fever blisters and canker sores, the two most common recurrent oral lesions, frequently occur in 80% of the U.S. population between the ages of 10 to 20.³ Many oral lesions are benign, but physicians must be prepared to identify neoplasia, or oral cancer.⁴ Oral cancer of the oral cavity and pharynx, which may appear as a cancerous oral lesion, are diagnosed in more than 30,000 new cases each year, and cause over 8,000 deaths



annually.⁵ Diagnosis of oral cancer can be delayed by several months if clinicians treat the patient's complaints with drugs, rather than providing a thorough physical examination and workup.⁶ A review of the literature indicates that primary care physicians often receive inadequate oral health training during residency.⁷⁻⁹ For example, while easily examined, abnormalities of the tongue can present a diagnostic and therapeutic challenge for physicians.¹⁰

It is particularly important for family physicians to be able to identify red flags, such as oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders; particularly among pregnant patients and older patients.^{4,11-14} However, the AAFP and the U.S. Preventive Services Task Force (USPSTF) make no recommendation for or against routine screening of adult patients for oral cancers, patients who use tobacco in any form are at increased risk for developing oral cancer and should be considered for screening during routine wellness visits.^{15,16}

Primary care physicians have a knowledge gap with regard to making timely diagnoses in the outpatient setting; and therefore, require education and training to help them consistently apply evidence-based clinical recommendations and guidelines to practice.¹⁷ Additionally, American Academy of Family Physicians (AAFP) CME Needs Assessment Survey data suggests that family physicians have a statistically significant and meaningful knowledge and skill gap in managing oral lesions, and identifying oral cancers.¹⁸ More specifically, CME outcomes data from the 2012 and 2015 AAFP FMX (formerly Assembly): *Oral Lesions* sessions, suggests that family physicians have knowledge and practice gaps with regard to recognition of oral lesions; knowing when to biopsy; performing specific exams on high risk patient populations (e.g. smokers); routine screening pediatric patients for oral health; the use of pediatric fluoride application; oral hygiene of diabetic patients; and patient education for oral health.^{19,20}

Physicians may improve their care of patients with oral lesions and oral cancer by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:

- When treating recurrent herpes labialis with systemic antivirals such as acyclovir (Zovirax) or valacyclovir (Valtrex), therapy should be initiated during the prodrome. Topical penciclovir (Denavir) may help speed healing and reduce pain even if started after the prodrome.¹²
- Patients with severe recurrent aphthous stomatitis should be evaluated for possible underlying systemic diseases and vitamin deficiencies.¹²
- Observation is appropriate for pregnancy-related oral pyogenic granulomas because they have a high recurrence rate with excision and often resolve after parturition.⁴
- For persistent erythematous or white oral lesions, biopsy should be performed.⁴
- Screening by visual inspection of the oral cavity does not appear to reduce deaths from oral cancer in the general population, although there is some evidence that it could be effective in high-risk patients who use tobacco and alcohol.^{21,22}
- In patients with Crohn disease, oral lesions that persist despite systemic treatment of underlying intestinal disease may respond to topical or intralesionally injected corticosteroids.¹¹



- Treatment of periodontitis in patients with diabetes mellitus can lead to improved glycemic control.¹¹
- Improvement in glycemic control found in all studies, although not all reached statistical significance¹¹
- Various preventive protocols (e.g., acyclovir [Zovirax], nystatin, chlorhexidine [Peridex], oral hygiene care) may be considered to minimize secondary oral opportunistic infection and chemotherapy-related oral mucositis in patients receiving treatment for leukemia.¹¹
- Topical calcineurin inhibitors, such as tacrolimus (Protopic) and pimecrolimus (Elidel), should be used as second-line therapies to treat genital and oral lichen planus.²³
- Oral acyclovir suspension (Zovirax) is an effective treatment for children with primary herpetic gingivostomatitis.²⁴
- Oral acyclovir, valacyclovir (Valtrex), and famciclovir (Famvir) are effective for the treatment of acute recurrences of herpes labialis.²⁴
- Recurrences of herpes labialis are suppressed with daily oral acyclovir or valacyclovir.²⁴
- Topical acyclovir, penciclovir (Denavir), and docosanol (Abreva) are optional treatments for recurrent herpes labialis.²⁴
- Ulcerative lichen planus can be treated with topical steroids, such as clobetasol (Temovate) or fluocinonide dental paste.¹⁰
- Some oral leukoplakias may become malignant; therefore, biopsy and microscopic analysis should be considered.¹⁰
- Only alpha-lipoic acid, clonazepam (Klonopin), and cognitive behavior therapy have been shown to reduce symptoms of burning tongue.¹⁰
- Frenulectomy is an effective approach in infants with tongue-tie (ankyloglossia) who have breastfeeding difficulties.¹⁰

Physicians may also want to consider the following National Institute for Health and Care Excellence (NICE) guideline, *Suspected cancer: recognition and referral (NG12)* recommendations regarding oral cancers:²⁵

- 1.8.2 Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for oral cancer in people with either:
 - unexplained ulceration in the oral cavity lasting for more than 3 weeks or
 - a persistent and unexplained lump in the neck. [new 2015]
- 1.8.3 Consider an urgent referral (for an appointment within 2 weeks) for assessment for possible oral cancer by a dentist in people who have either:
 - a lump on the lip or in the oral cavity or
 - a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia. [new 2015]
- 1.8.4 Consider a suspected cancer pathway referral by the dentist (for an appointment within 2 weeks) for oral cancer in people when assessed by a dentist as having either:
 - a lump on the lip or in the oral cavity consistent with oral cancer or
 - a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia. [new 2015]

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference



resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Physicians should become familiar with easy to use risk assessment tools, exam techniques, and techniques for counseling parents on oral health through continuing medical education and AAFP-endorsed programs such as the *Smiles for Life* curriculum.²⁶

Family physicians providing care for a broad spectrum of patients, from birth to geriatric care, can be challenged to remain up to date on evidence-based guidelines and recommendations, especially when those guidelines are updated, vague or contradictory. Physicians need continuing medical education that will help them to apply the most current and clinically relevant evidence-based recommendations to practice.

Physicians can improve patient satisfaction with the referral process by using readily available strategies and tools such as, improving internal office communication, engaging patients in scheduling, facilitating the appointment, tracking referral results, analyzing data for improvement opportunities, and gathering patient feedback.^{27,28}

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Common oral lesions: Part I. Superficial mucosal lesions¹²
- Common oral lesions: Part II. Masses and neoplasia⁴
- Common oral conditions in older persons¹³
- Common Tongue Conditions in Primary Care¹⁰
- Diagnosis and treatment of lichen planus²³
- Nongenital herpes simplex virus²⁴
- Society of Teachers of Family Medicine. Smiles For Life²⁹
- AAPD Oral Health Clinical Guidelines³⁰
- Oral health during pregnancy¹⁴
- Oral manifestations of systemic disease¹¹
- NICE Suspected cancer: recognition and referral²⁵
- National Comprehensive Cancer Network (NCCN): Clinical practice guidelines in oncology³¹
- HealthPartners Dental Group and Clinics oral cancer guideline³²
- CDC Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers At A Glance³³
- The Oral Cancer Foundation: Oral Cancer: Early Detection, Diagnosis and Staging⁶
- Head and neck cancers, version 2.2013. Featured updates to the NCCN guidelines³⁴
- Engaging Patients in Collaborative Care Plans³⁵
- Health Coaching: Teaching Patients to Fish³⁶
- Offering oral health services in your office²⁶



- Simple tools to increase patient satisfaction with the referral process²⁷
- FPM Toolbox: Referral Management²⁸
- Encouraging patients to change unhealthy behaviors with motivational interviewing³⁷
- Documenting and coding preventive visits: a physician's perspective³⁸
- FamilyDoctor.org. Mouth and Teeth: How to Keep Them Healthy (patient resource)³⁹
- FamilyDoctor.org. Dental Hygiene: How to Care for Your Child's Teeth (patient resource)⁴⁰

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