

YOU CAN'T FIND WHAT YOU CAN'T SEE

This article is about good news and bad news. I will give you the good news first – that is, we, the dental profession, now really have the tool to detect and identify oral cancer much earlier than ever before. You can guess the bad news – oral cancer is one of the few cancers in the United States whose numbers have actually stayed the same or has gone up over the last 30 years. Many other cancers, because of early screening techniques, have actually gone down over the past 30 years. Here is another statistic that I would consider bad news – only 15% of patients who go to the dentist surveyed responded that they indeed had an oral cancer examination by their dentist or hygienist. That is just 15%! 85% of patients surveyed said that they had never had an oral cancer examination after going to the dentist.

Now I believe, being that I speak to so many dental professionals each year, that most dentists and hygienists are careful to do oral cancer examinations as part of their initial patient examination and recall hygiene examinations. The one thing we are not doing is telling patients that we are looking for oral cancer.

Now let's define our terms because many dentists I know are confused as to what they themselves may be doing in the office. There are oral cancer examinations and oral cancer screenings. What you provide for your patient in the office on a routine basis is an oral cancer examination. What is that examination? In this short article, I cannot give you the entire procedure on how to give an oral cancer (you can find that in text books and certainly on many web sites), but an oral cancer examination is you looking around the mouth and looking for any red or white lesions, any unusual lumps or bumps that do not look normal, palpating the tongue and the cheeks and under the chin for any swellings or unusual anatomy. That is your basic oral cancer examination that every dentist and hygienist has been trained to do and should be doing on a regular basis.

An oral cancer screening is something different entirely. Let's take a look at other cancer screenings that you know are given on a routine basis. A pap smear for cervical cancer, mammography for breast cancer, colonoscopy for colon cancer, and PSA test for prostate cancer are all examples of some kind of routine screening process, which the patient submits to in order to provide early detection of any kind of cancerous cells. Those cancer screenings, since they have been introduced, have dramatically brought down the mortality rate for those specific cancers because of early detection and early

treatment. Those screenings are entirely different from your physical examination of the patient in which you can only see or feel so much and it only provides very basic oral cancer detection.

Let me define one more term for you. Biopsy is a microscopic examination of a tissue sample to see if the cells are indeed cancer cells or not. Biopsy only occurs after you have identified the lesion. Biopsy is the next step in this entire process. What I really want you to focus on is adding an oral cancer screening to your patients' examinations as they come through your office. You already do the examination and you know all about the biopsy. What we have been missing in dentistry is this screening process which can easily identify pre-malignant and malignant lesions before you can either possibly see them or if in fact you do see them but are not sure if they should be biopsied.

We are blessed today to have oral cancer screening tools available. Another recent addition to the oral cancer screening market is a device called Velscope by LED Dental. Velscope by LED Dental is a device that you insert into the patient's mouth while you do the oral examination and through the process of autofluorescence, it enables you to visualize abnormalities that may be clinically occult. Healthy tissue has natural fluorescence and through a Velscope, healthy tissue will take on an apple-green tint and abnormal tissue stands out as irregular, dark areas. This is a fairly new device that will require a significant capital investment and therefore long-term studies are still needed even though it is based on some other established technologies that have not yet been used in the oral cavity. The FDA recently cleared Velscope for two critical indications including enhancing the visualization of oral mucosal abnormalities that may not be apparent to the naked eye.

ViziLite Plus with T-Blue 630 by Zila Pharmaceuticals, Inc. is the industry leader in oral cancer screening device. It has been very well studied and should be an integral part of your office. The procedure is really fairly simple. The patient rinses with a raspberry-vinaigrette tasting solution, then a special glow stick kind of device is opened and activated and you shine it in the patients' mouth. Through the science of chemiluminescence, these lesions will literally light up so that you can easily identify them. Let's be honest – when you do an oral cancer examination, and you are searching for lesions that may be ½ mm in size, it is hard to find those things with your regular eyes and possibly it is easier if you wear loops. I don't know how

many dentists routinely wear loupes while doing the oral cancer examination but we certainly should. Here with chemiluminescence the lesions literally light up so it is easy to see these lesions. If found, T-Blue is placed on the lesions so that the area around it will turn blue, you can take an intra-oral photograph and send that along with the patient to the oral surgeon or keep it in your own files so that you can find the lesion again in order to biopsy it.

The efficacy of chemiluminescence, the technology behind ViziLite, has been evaluated in more than 13,000 patients including four FDA trials and in multiple published studies in peer-reviewed journals. Chemiluminescence has been widely used for more than a decade as an adjunct to the Pap smear, and has been demonstrated to significantly enhance the sensitivity of the Pap smear. There is abundant evidence-based medicine related to the efficacy of generic toluidine blue and its demonstrated use as a preferential stain of pre-malignant lesions and oral cancer.

ViziLite was FDA-cleared in November 2001; the ViziLite Plus with Tblue Oral Lesion Identification and Marking System was FDA-cleared in February 2005. The marking system is FDA-cleared to mark suspicious lesions identified during the ViziLite exam. The ViziLite Plus system is the only FDA-cleared adjunctive screening technology for the identification, evaluation and monitoring of oral mucosal abnormalities, including pre-malignant lesions and oral cancer, in a patient population at increased risk for oral cancer (healthy patients age 18 and older).

Much of the ViziLite Plus screening process can be delegated to assistants and hygienists. The team members will prep the patient and I will come in and do the screening, even though my dental team will also look into the patient's mouth and do a screening as well. It never hurts to have an extra set of eyes. This takes approximately 30 seconds of my time for each patient that goes through a ViziLite Plus screening. ViziLite Plus is a very simple system to use and there is no large initial capital investment to get into this technology. The cost per patient is approximately \$19 per use, of which the patient charge for this adjunctive oral cancer screening is a very reasonable \$65. Many dental and medical insurances reimburse for this procedure as well. ViziLite Plus is a very well studied system and has proven efficacy in multiple general screening trials.

I could go on and on in this article and try to scare you into doing an oral cancer screening because of the risk management aspects involved. That is

not the point of this article. I could even make the case from the revenue perspective about how oral cancer screening can increase your production and cash flow. The practice management benefits have been incredible – in addition to lighting up our patients mouths with Vizilite Plus, our patients now see us in a different light as more than just dentists but as real physicians of the mouth who are interested in their overall health. Again, these are not the main reasons to include oral cancer screening into your office.

The real reason I want you to go ahead and institute oral cancer screening into your office immediately is because it is simply the right thing to do. It is, at this point, an enhanced standard of care, you are doing what is best for your patients who you care so much about, and we as dentists can also be the heroes to our patients. It is time to become the real physicians of the mouth that our patients expect us to be.

Disclosure: Dr. Malcmacher has received educational grant support from Zila, Inc. for some of his lecture schedule.

Dr. Louis Malcmacher is a practicing general dentist in Bay Village, Ohio and an internationally known lecturer and author, known for his comprehensive and entertaining style. An evaluator for Clinical Research Associate, Dr. Malcmacher has served as a spokesman for the AGD and is a consultant to the Council on Dental Practice of the American Dental Association. He works closely with dental manufacturers as a clinical researcher in developing new products and techniques. For close to three decades, Dr. Malcmacher has inspired his audiences to truly enjoy doing dentistry by providing the knowledge necessary for excellent clinical and practice management. His group dental practice has maintained a 45% overhead since 1988. You can contact him at 440 892-1810 or email dryowza@mail.com . You can also see his lecture schedule at www.commonensedentistry.com and sign up for his free monthly e-newsletter.