Up to 70% of oral cancers are preceded by premalignant oral lesions, such as persistent red or white patches in the mouth. This chairside guide focuses on the most common sites of oral cancer: the tongue, the insides of the cheeks, and the floor of the mouth.

### MAIN RISK FACTORS

- **Tobacco**
  - cigarettes
  - bidi
  - kreteks
  - smokeless
  - chewing tobacco

- **Alcohol**
  - All three forms of alcohol (beer, spirits, and wine) have been associated with oral cancer, although spirits and beer have a higher associated risk.

### OTHER RISK FACTORS

- **HPV**
- **UV sun exposure**
- **Environmental, infectious, and other factors**
  - Poor oral hygiene
  - Chronic candidiasis
  - Herpes virus infections
  - Immunosuppressive conditions (HIV...)

### PATIENT MANAGEMENT

#### BEFORE CANCER TREATMENT
- Prepare patients before cancer treatment
  - **STEP 1** Eliminate oral infectious focus
  - **STEP 2** Conduct non-invasive treatment
  - **STEP 3** Apply fluoride dental tray
  - **STEP 4** Recommend maxillofacial prosthesis if indicated

#### DURING CANCER TREATMENT
- Minimize the side effects of radiotherapy
  - Use local antiseptic, anaesthetic gel and non-alcoholic alkaline rinses in case of post radiotherapy mucositis.
  - Prevent caries by recommending brushing twice daily with a soft toothbrush and fluoride toothpaste between 2800ppm and 5000ppm and/or apply fluoride dental tray.
  - Recommend sugar-free chewing gum and salivary substitutes in case of xerostomia.

#### AFTER CANCER TREATMENT
- Monitor the healing process and possible recurrence of oral cancer
  - Follow-up and recall at least twice a year.
  - Use antibiotic therapy in case of traumatic dental procedures after radiotherapy.
  - Conduct non-traumatic prosthetics for rehabilitation within 6 to 12 months.
Oral screening

Oral health professionals are well-placed to screen high-risk patients for early signs of oral cancer. Survival rates can be improved with early detection and timely referral to multi-disciplinary treatment centres.

STEP 1
Examine the inner cheek

STEP 2
Examine the lateral border of the tongue

STEP 3
Examine the floor of the mouth

STEP 4
Examine the palate

STEP 5

Diagnosis

WHITE LESIONS

SCREENING BY PALPATION
Ask patient if he/she is a smoker

REMOVABLE

Lichen planus, pemphigus

Tobacco Leukoplakia

Idiopathic Leukoplakia

NON-REMOVABLE

Homogenous
(smooth and translucent)

Non-homogenous
(thick, white with red spots, rugous)

SWAB TEST

If candidiosis, anti-fungal treatment is needed

If no candidiosis, consultation needed regarding oral hygiene (plaque bacteria)

STOP TOBACCO
and regular follow-up

Biopsy: OIN, Dysplasia, SCC (Squamous Cell Carcinoma)

UNIQUE ULCERATION

SCREENING BY PALPATION

TRAUMATIC

Eliminate all traumatic factors and conduct two week follow-up

Biopsy and timely referral

INFECTION LESIONS
(tuberculosis, HIV, syphilis, etc.)

APHTHOSIS

Biopsy to confirm if oral cell carcinoma and timely referral

DISCLAIMER Please note that in this document 'oral cancer' refers to squamous cell carcinoma.

NOTE Please consult national guidelines and recommendations on oral cancer management and prevention.