

# BDJ Team CPD



## CPD questions January 2023

To answer these questions and earn one free hour of CPD, visit the CPD Hub: <https://bit.ly/3XuF4Tv>

### Article: Early detection and prevention of head and neck cancers

FEATURE



#### Early detection and prevention of head and neck cancers

**Peter Glen** and **Etienne Botha** say that dental professionals have a unique opportunity to screen for head and neck cancers and cutaneous malignancies

CPD questions

The article has a CPD questions section at the end of the article. CPD questions are available on the CPD Hub at <https://bit.ly/3XuF4Tv>

**Abstract:** Oral cavity cancer forms the vast majority of head and neck malignancies, with advanced disease accounting for long-term survival. Early detection and prompt specialist referral allows the patient a greater chance of cure. Furthermore, head-of-cancer is the most common malignancy in humans, with the vast majority presenting in the head and neck regions. Dentists have a unique opportunity to screen for cutaneous malignancies during routine visits.

**Introduction:** The terms 'head and neck cancer' broadly refer to cancers arising in regions including the oral cavity, nasal cavity, paranasal sinuses, larynx and pharynx, esophagus, thyroid, salivary glands, the most common type of head and neck cancer is squamous cell carcinoma (SCC), which makes up 90% of head and neck cancers. Other types include lymphomas, adenocarcinoma and sarcomas. Approximately 12,000 new cases of head and neck cancer were diagnosed in the UK between 2016 and 2018.<sup>1</sup>

Advanced disease gives poorer outcomes in terms of mortality and morbidity. In oral cavity cancer, early stage disease gives an 80% three-year survival rate, whereas late disease shows only 30% survival at three years. Early detection and timely referral of suspected malignancies allows for the best prognosis. In addition to early detection and referral, prompt specialist referral allows the patient a greater chance of cure. Furthermore, head-of-cancer is the most common malignancy in humans, with the vast majority presenting in the head and neck regions. Dentists have a unique opportunity to screen for cutaneous malignancies during routine visits.

Cancer screening should be common practice within dental professionals. In addition to enquiring about common oral flag symptoms, a comprehensive and systematic extra- and intra-oral examination should be undertaken at each new and check-up appointment. Urgent referral to an appropriate secondary care provider should be made at the earliest opportunity where cancer is suspected.

**Box 1: Red flag symptoms for head and neck cancer (oral or cutaneous)**

- Unexplained weight loss
- Progressive dysphagia
- Unexplained odour
- Hoarseness of voice
- Redness or change in voice
- Night sweats
- Swollen lymph nodes
- Altered sensation in the distribution of the trigeminal nerve or sensory of the tongue
- Swelling of the tongue/lip/cheek/oral cavity
- Neck lump

**Table 1: Risk of malignant transformation depending on duration of exposure**

Oral potential malignant disease	Malignant transformation risk
Erythroplakia	14-50%
Oral submucosal fibrosis	2-6%
Chronic hyperplastic candidiasis	5-10%
Leukoplakia	2-6%
Leukoplakia	1-2% (higher risk in laryngeal and oropharyngeal sites)
Candidiasis (pseud)	

**Table 2: Risk factors in head and neck cancers**

Risk factor	Details
Tobacco	MS of head and neck cancer is linked to tobacco use
Alcohol	Excessive alcohol consumption increases the risk of head and neck cancer. Synergistic risk when combined with tobacco
HPV	Infection with HPV is a risk factor for oropharyngeal with HPV 16 is a subtype being present in 80% of oropharyngeal squamous cell carcinomas

**Table 3: Key features of cutaneous malignancies**

Basal cell carcinoma	Squamous cell carcinoma	Melanoma
Slow growing	Rapidly growing	Asymptomatic appearance
Pearly	Crust or ulcer	Irregular shape
Occasionally bleeds	Ulcerated	Irregular colour
Occasionally bleeds	Ulcerated	Irregular colour
Non-healing crusting	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour

**Box 2: Red flag symptoms for head and neck cancer (oral or cutaneous)**

- Unexplained weight loss
- Progressive dysphagia
- Unexplained odour
- Hoarseness of voice
- Redness or change in voice
- Night sweats
- Swollen lymph nodes
- Altered sensation in the distribution of the trigeminal nerve or sensory of the tongue
- Swelling of the tongue/lip/cheek/oral cavity
- Neck lump

**Table 4: Key features of cutaneous malignancies**

Basal cell carcinoma	Squamous cell carcinoma	Melanoma
Slow growing	Rapidly growing	Asymptomatic appearance
Pearly	Crust or ulcer	Irregular shape
Occasionally bleeds	Ulcerated	Irregular colour
Occasionally bleeds	Ulcerated	Irregular colour
Non-healing crusting	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour

**Author information:**  
 Peter Glen, Registrar in Oral and Maxillofacial Surgery, Gloucestershire Health Foundation Trust, Gloucestershire, UK.  
 Etienne Botha, Registrar in Oral and Maxillofacial Surgery, Head of Oral Hospital Foundation Trust, South UK.

**Table 1: Risk of malignant transformation depending on duration of exposure**

Oral potential malignant disease	Malignant transformation risk
Erythroplakia	14-50%
Oral submucosal fibrosis	2-6%
Chronic hyperplastic candidiasis	5-10%
Leukoplakia	2-6%
Leukoplakia	1-2% (higher risk in laryngeal and oropharyngeal sites)
Candidiasis (pseud)	

**Table 2: Risk factors in head and neck cancers**

Risk factor	Details
Tobacco	MS of head and neck cancer is linked to tobacco use
Alcohol	Excessive alcohol consumption increases the risk of head and neck cancer. Synergistic risk when combined with tobacco
HPV	Infection with HPV is a risk factor for oropharyngeal with HPV 16 is a subtype being present in 80% of oropharyngeal squamous cell carcinomas

**Table 3: Key features of cutaneous malignancies**

Basal cell carcinoma	Squamous cell carcinoma	Melanoma
Slow growing	Rapidly growing	Asymptomatic appearance
Pearly	Crust or ulcer	Irregular shape
Occasionally bleeds	Ulcerated	Irregular colour
Occasionally bleeds	Ulcerated	Irregular colour
Non-healing crusting	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour

**Box 1: Red flag symptoms for head and neck cancer (oral or cutaneous)**

- Unexplained weight loss
- Progressive dysphagia
- Unexplained odour
- Hoarseness of voice
- Redness or change in voice
- Night sweats
- Swollen lymph nodes
- Altered sensation in the distribution of the trigeminal nerve or sensory of the tongue
- Swelling of the tongue/lip/cheek/oral cavity
- Neck lump

**Table 1: Risk of malignant transformation depending on duration of exposure**

Oral potential malignant disease	Malignant transformation risk
Erythroplakia	14-50%
Oral submucosal fibrosis	2-6%
Chronic hyperplastic candidiasis	5-10%
Leukoplakia	2-6%
Leukoplakia	1-2% (higher risk in laryngeal and oropharyngeal sites)
Candidiasis (pseud)	

**Table 2: Risk factors in head and neck cancers**

Risk factor	Details
Tobacco	MS of head and neck cancer is linked to tobacco use
Alcohol	Excessive alcohol consumption increases the risk of head and neck cancer. Synergistic risk when combined with tobacco
HPV	Infection with HPV is a risk factor for oropharyngeal with HPV 16 is a subtype being present in 80% of oropharyngeal squamous cell carcinomas

**Table 3: Key features of cutaneous malignancies**

Basal cell carcinoma	Squamous cell carcinoma	Melanoma
Slow growing	Rapidly growing	Asymptomatic appearance
Pearly	Crust or ulcer	Irregular shape
Occasionally bleeds	Ulcerated	Irregular colour
Occasionally bleeds	Ulcerated	Irregular colour
Non-healing crusting	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour

**Box 2: Red flag symptoms for head and neck cancer (oral or cutaneous)**

- Unexplained weight loss
- Progressive dysphagia
- Unexplained odour
- Hoarseness of voice
- Redness or change in voice
- Night sweats
- Swollen lymph nodes
- Altered sensation in the distribution of the trigeminal nerve or sensory of the tongue
- Swelling of the tongue/lip/cheek/oral cavity
- Neck lump

**Table 4: Key features of cutaneous malignancies**

Basal cell carcinoma	Squamous cell carcinoma	Melanoma
Slow growing	Rapidly growing	Asymptomatic appearance
Pearly	Crust or ulcer	Irregular shape
Occasionally bleeds	Ulcerated	Irregular colour
Occasionally bleeds	Ulcerated	Irregular colour
Non-healing crusting	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour
Ulcerated	Ulcerated	Irregular colour

34 | BJD Team

[www.bit.ly/3XuF4Tv](https://bit.ly/3XuF4Tv)

[www.bit.ly/3XuF4Tv](https://bit.ly/3XuF4Tv)

[www.bit.ly/3XuF4Tv](https://bit.ly/3XuF4Tv)

[www.bit.ly/3XuF4Tv](https://bit.ly/3XuF4Tv)

[www.bit.ly/3XuF4Tv](https://bit.ly/3XuF4Tv)

### 1. The most common type of head and neck cancer is:

- A. squamous cell
- B. lymphomas
- C. adenocarcinoma
- D. sarcomas

### 2. Which of the following is not a criterion for head and neck cancer referral?

- A. an unexplained armpit lump
- B. non-healing extraction sockets (>4 weeks duration) or suspicious loosening of teeth, where malignancy is suspected
- C. an unexplained palpable lump in the neck of recent onset
- D. unexplained ulceration of the oral cavity or mass persisting for more than three weeks

### 3. Which of the following checklist observations for pigmented lesions scores '1 point'?

- A. largest diameter 7 mm or more
- B. change in size
- C. irregular shape
- D. irregular colour

### 4. Under the NHS's recently published Long Term Plan for improving the delivery of cancer care, any patient referred on a suspected cancer pathway should be seen:

- A. the same day
- B. no later than three months from the initial appointment

- C. within 14 days of the date the care provider receives the referral
- D. within eight working days of the date the care provider receives the referral

To answer these questions and earn one free hour of CPD, visit the CPD Hub: <https://bit.ly/3XuF4Tv>