

RESEARCH SUMMARY

Oral cancer prevention and detection in primary healthcare

The role of primary healthcare professionals in oral cancer prevention and detection **L. M. D. Macpherson, M. F. McCann, J. Gibson, V. I. Binnie and K. W. Stephen** *Br Dent J* 2003; 195: 277–281

Aim

To investigate current knowledge, examination habits and preventive practices of primary healthcare professionals in Scotland, with respect to oral cancer, and to determine any relevant training needs.

Setting

Primary care.

Method

Questionnaires were sent to a random sample of 357 general medical practitioners (GMPs) and 331 dental practitioners throughout Scotland. Additionally, focus group research and interviews were conducted amongst primary healthcare team members.

Results

Whilst 58% of dental respondents reported examining regularly for signs of oral cancer, GMPs examined patients' mouths usually in response to a complaint of soreness. The majority of GMPs (85%) and dentists (63%) indicated that they felt less than confident in detecting oral cancer, with over 70% of GMPs identifying lack of training as an important barrier. Many practitioners were unclear concerning the relative importance of the presence of potentially malignant lesions in the oral cavity. A high proportion of the GMPs indicated that they should have a major role to play in oral cancer detection (66%) but many felt strongly that this should be primarily the remit of the dental team.

Conclusion

The study revealed a need for continuing education programmes for primary care practitioners in oral cancer-related activities. This should aim to improve diagnostic skills and seek to increase practitioners' participation in preventive activities.

IN BRIEF

- This paper gives an insight into primary healthcare professionals' perceptions and knowledge of oral cancer.
- The paper highlights potential training needs of medical and dental team members.
- It identifies potential methods for delivering oral cancer educational programmes.

COMMENT

Oral cancer is on the increase with incidence rates having doubled over the last ten to 15 years. This paper by McPherson *et al.* is therefore timely in that it sets out to investigate current knowledge, examination habits and preventive practice undertaken by a variety of primary healthcare professionals within Scotland. Their aims were:

1. To assess knowledge and awareness of oral cancer.
2. Assess current practice in detection and referral of such patients.
3. To determine perceptions regarding their role in detection and prevention of oral cancer.
4. To assess the training needs.

The study was based upon quantitative (postal questionnaire) and qualitative (primary care health professionals interviews) research. In the former a random sample of 357 GMPs and 331 dental practitioners throughout Scotland were sent a postal questionnaire. Although particular attention was taken to recruit community dental surgeons, comparison between the opinions of the GDPs and those within the community dental service were not made. A response rate of 57% from medical practitioners and 68% from dental practitioners resulted in an overall response rate of 62%.

Whilst nearly all doctors were aware of the role of smoking, one in five did not appreciate the role of alcohol consumption as a risk factor. Perhaps surprisingly two out of five doctors felt that trauma was an important risk factor. A third of all dentists felt that trauma and fungal/viral infections were important risk factors. Whilst over 70% of doctors and dentists considered leukoplakia a very important potentially malignant lesion worryingly only one in five doctors appear to appreciate the significance of erythroplakia which has a much higher rate of malignant change. As regards screening for oral cancer only 50% of those completing the questionnaire, routinely did this. The majority of practitioners did not feel confident in diagnosing early potential malignant conditions.

Interestingly, 40% of dental respondents claimed a lack of training in regard to oral cancer. Given that this is potentially the most serious condition that a GDP can prevent/diagnose, consideration should be given to it becoming a mandatory subject for continuing professional development/education. Whilst dentists are familiar with the prevention of dental disease, few feel able to ask about smoking and alcohol habits. One in five dentists asked routinely about smoking habits and less than one in 20 asked routinely about alcohol use.

This study provides further evidence that more training is required of doctors and dentists at both post graduate and undergraduate levels.¹ The authors of this paper are to be commended for the development of their learning package that has done much to raise awareness of the problem of oral cancer in Scotland.²

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2. Macpherson L.M.D, Gibson J, Binnie V.I, Stephen K.W. *Oral cancer prevention and detection for the primary health care team*. Glasgow: University of Glasgow, 2000.