Letters to the Editor

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Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

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LETTERS

FUNDAMENTAL MISUNDERSTANDINGS

Sir, the Scottish Health Technologies Group (SHTG) read with concern the 'Opinion' piece authored by Andrew Smith (published on 27 July 2013 [*BDJ* 2013; 215: 65–67]) that demonstrated fundamental misunderstandings of SHTG processes and methods. The SHTG is an NHS Scotland evidence review group that aims to provide advice on the clinical and cost effectiveness of non-medicine technologies likely to have significant implications for patient care. SHTG agrees that the principles of health technology assessment (HTA) are to be enthusiastically supported. Through Healthcare Improvement Scotland, SHTG is an active member of the International Network of Agencies for Health Technology Assessment (INAHTA) and recently received NICE accreditation for its technology assessment processes.¹ SHTG uses a variety of technology assessment methods, mainly rapid reviews with a full HTA on occasion.

The SHTG publications on wrapping dental instruments and benchtop steam sterilisers were technology scoping reports, which are prepared in the first instance for all topics submitted to SHTG for consideration. The aim of scoping is to ascertain the quantity and quality of the published clinical and cost-effectiveness evidence to answer the question posed in order to assess the feasibility of producing a more comprehensive evidence review. On these dental topics SHTG was concerned with answering questions posed by the Chief Dental Officer for NHS Scotland, which was to ascer-

tain the available evidence on the impact of these technologies on patient health outcomes. As such, measures of biological contamination of dental instruments related to the technical performance of the technologies were not assessed. The literature searches (full details of which, as indicated in the reports, are available on request) yielded mainly guidance and guideline documents, none of which cited research evidence to support their recommendations thus precluding assessment of either the clinical or cost effectiveness of these technologies.

Consequently, the SHTG determined that it was not feasible to progress from scoping to a more comprehensive evidence review. The SHTG Advice Statements indicated that there was insufficient research evidence to support changes in practice and routine use of these technologies, particularly given the significant anticipated resource impact.

The Chief Dental Officer for Scotland and consultees indicated their satisfaction with the SHTG scoping reviews and advice. Shortly after publication of the advice, the British Dental Association (BDA) issued a press release applauding the SHTG for its common-sense approach to decontamination in Scotland.² The SHTG undertakes to regularly update its evidence reviews and advice statements. Both the dental wrapping and benchtop steriliser topics are currently being considered for update but early indications suggest that the research evidence has not progressed sufficiently to make this worthwhile.

P. Rutledge, Chair SHTG
S. Myles, Professional Lead SHTG

1. Full details of the standard operating procedure followed in the production of our evidence review and advice products are available on our website at www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg.aspx (accessed September 2013).
2. British Dental Association. BDA applauds common-sense approach to decontamination in Scotland. Available at: www.bda.org/news-centre/press-releases/31407-bda-applauds-common-sense-approach-to-decontamination-in-scotland.aspx (accessed September 2013).

DOI: 10.1038/sj.bdj.2013.883

RULE FOR CANCER DIAGNOSIS

Sir, there is not only evidence for an increase in oral (mouth) cancer in the UK and many other countries, but also an increase in interest in the early diagnosis both from patients, the profession, regulators, charities and the legal profession.^{1–5}

There are already a number of lists and tables highlighting warning signs but, in an effort to facilitate learning as in other areas,⁶ I suggest the RULE for suspecting oral cancer should be any single mucosal:

- Red and/or white lesion
- Ulcer
- Lump
- Exceeding three weeks duration.

This is not to say that other signs/symptoms may herald cancer, as referenced elsewhere: if in doubt – ask.

C. Scully
By email

1. Siddique I, Mitchell D A. The impact of a community-based health education programme on oral cancer risk factor awareness among a Gujarati community. *Br Dent J* 2013; **215**: E7.
2. Dave B. Why do GPs fail to recognise oral cancer? The argument for an oral cancer checklist. *Br Dent J* 2013; **214**: 223–225.
3. Hertrampf K, Wenz H J, Koller M, Grund S, Wiltfang J. Early detection of oral cancer: dentists' opinions and practices before and after educational interventions in Northern-Germany. *J Craniomaxillofac Surg* 2013; pii: S1010-5182(13)00034-6. DOI: 10.1016/j.jcms.2013.01.019. [Epub ahead of print].