Oral Cancer Screening Is Effective in Primary Care

BY BRUCE JANCIN

ESTES PARK, Colo.—A brush biopsy kit is highly useful for doing oral cancer screening when patients at high risk for such cancer have an uncomfortable cold-stimulated biopsy.

This is a very effective tool you might want to have in your office. The sensitivity and specificity are both about 98%. It doesn’t require local anesthesia. It’s very simple to do, and an instruction sheet is included with each kit. The company faxes you the results in 3 days.

The study was sponsored by a confer- ence on internal medicine sponsored by the University of Colorado.

The OralCDx kits are marketed by OralCDx Laboratories Inc. They are available through the company (www. soperpreventable.com or 877-712-7674) for about $17 per kit. The test is widely cov- ered by insurance as well as Medicare, said Eric Hirsch, a spokesperson for OralCDx.

“Nobody in my family owns stock in the company, and I don’t advocate the brush biopsy because when I see a suspicious lesion I cut. But I do have patients who don’t want to be cut,” noted Dr. McDowell, professor and director of oral medicine and forensic sciences in the university’s school of dentistry.

The brush biopsy report does not specify the type of oral cancer, whether it is only atypical epithelial or malignant cells were present. But those aren’t huge disadvantages because the biopsy is typically performed to check out a vi- sually suspicious lesion, and more than 90% of all oropharyngeal cancers are squamous cell carcinoma.

A thorough screening exam takes only 2-5 minutes, and can be lifesaving as part of routine primary care. Oral cancer is the sixth most common type of cancer in the United States. Five-year survival after dia- gnosis is less than 60%, because oropharyngeal cancers are often diagnosed at an advanced stage. They generally start small and are slow growing, but are typically asymptomatic.

The classic oropharyngeal squamous cell carcinoma is a mixture of red and white in color and is hard, with depth to the lesion. “The vast majority of these squamous cell carcinomas are clinically early at an stage, but they’re only visible if you’re looking for them. A few years ago the American Dental Associa- tion did a survey showing only about half of dentists do a regular oral cancer screen- ing exam,” Dr. McDowell continued.

The average age at diagnosis of orophan- egy cancer is 65 years. Men outnum- ber women 2.1. The vast majority of squamous cell carcinomas of the oropharynx is insidious, in geographical terms,chemotherapy is the preferred treatment. Apine orifice and palatal ulceration is observed.

The human papillomavirus (HPV) is an oncogenic virus that may play a critical role in cancer induction. HPV has been isolated from 90% of all oropharyngeal cancers. HPV-16 is also associated with oropharyngeal, anal, and uterine cervical cancers.

The tongue is the site of detection of oral cancer.