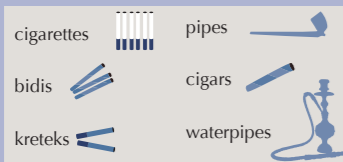


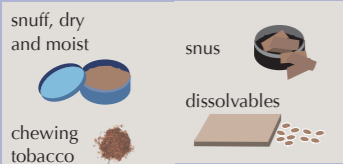
Up to 70% of oral cancers are preceded by premalignant oral lesions, such as persistent red or white patches in the mouth. This chairside guide focuses on the most common sites of oral cancer: the tongue, the insides of the cheeks, and the floor of the mouth.

MAIN RISK FACTORS

Tobacco



Smokeless



Alcohol

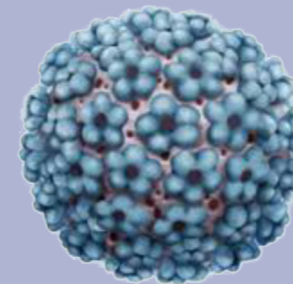
All three forms of alcohol (beer, spirits, and wine) have been associated with oral cancer, although spirits and beer have a higher associated risk.



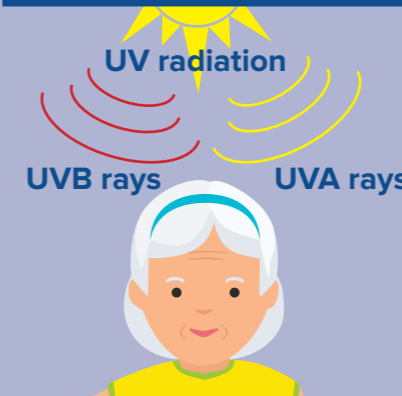
Oral cancer is among the 10 most common cancers, but can largely be prevented by reducing exposure to risk factors

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

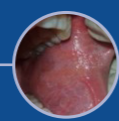


Monitor the healing process and possible recurrence of oral cancer

- 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.

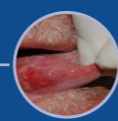
Oral screening

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



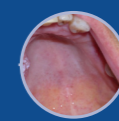
STEP 2

Examine the lateral border of the tongue



STEP 3

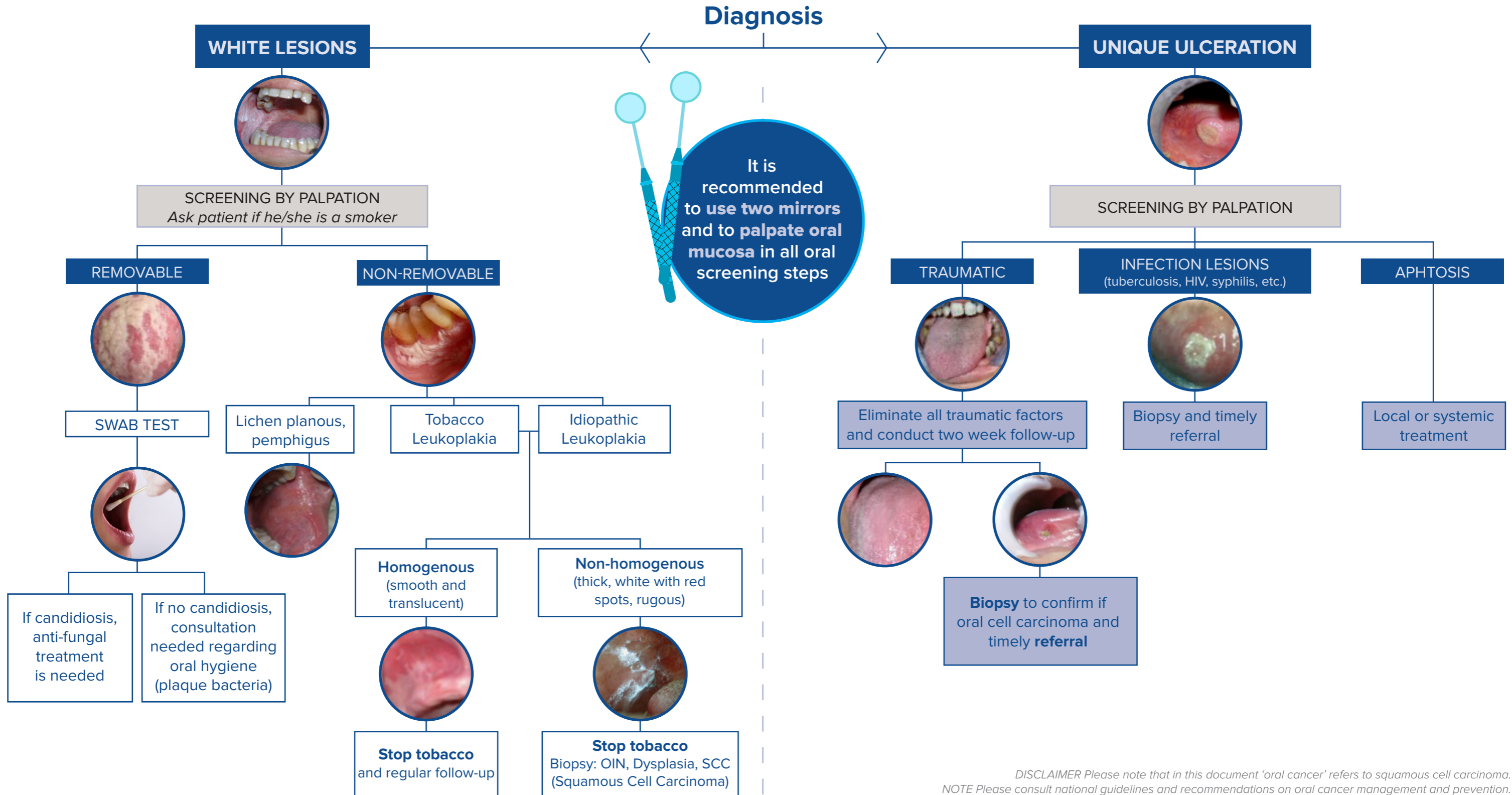
Examine the floor of the mouth



STEP 4

Examine the palate

STEP 5 ○



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.