

Dispelling The Myths

About Oral Cancer

SESSION TIME FRAME:

Webinar or 1 ½ or 3 hours

AUDIENCE:

Dentists+the entire dental team

LEARNING POINTS:

Each myth plus corresponding truth

Oral Cancer is an 'epidemic' in our country and around the world. As more people become aware of the risks, demographics, and treatments, there have developed many areas of misunderstanding or 'myths' about oral cancer and the new technologies for enhanced detection both by patients and the dentist/entire dental team. Dispelling these myths is critical for the profession and for effective patient care.

Having been a frequent presenter on oral cancer throughout the country as well as coach and consultant, I have become keenly aware of these myths. The goal of this program is to move both patients and dental healthcare providers in a positive direction using the 'facts' as their guide.

Myths

Myths of patients:

- I cannot get oral cancer. I don't smoke nor drink.
- Oral Cancer is a rare disease so my chances of getting it are very rare.
- My teeth and gums are in great shape. There is no reason for me to go to the dentist regularly.
- I have full dentures. I don't need to go to the dentist regularly for an examination that includes an oral cancer screening.
- Oral Cancer is for older people. I am young so I do not need to worry about it now.
- If I should be diagnosed with oral cancer, it will be easily treated and I will be cured.

Myths of dentists/ entire dental team

- I'm not qualified to diagnose oral cancer.
- I should not use the words 'oral cancer' because it will unnecessarily frighten my patients.
- The dentist does an oral cancer screening examination, so it is not necessary for me, as a hygienist, to do that as well.
- The more basic cancer screenings I do, the more needless referrals to a specialist will occur.
- Using any enhanced detection technology creates many false positives.
- If I use an enhanced oral cancer detection technology, I will increase my exposure for a malpractice suit.



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Truths: 'Facts' For Moving Forward

Truths: For Patients

- **Oral cancer is a very common disease affecting over 40,000 people in the US alone.** The number of people with oral cancer is growing exponentially. Every 60 minutes of every day someone in our country dies from oral cancer. Oral Cancer is literally becoming an out of control epidemic.
- **Oral Cancer is an oftentimes fatal or disfiguring disease.** The biggest concern is that 2/3 of all oral cancers are detected 'late stage' thus making the average survival rate for the disease is 50% at five years. This overall oral cancer survival rate is worse than almost all cancers that we commonly know.
- **The earlier oral cancer is detected, the better the chances there are for limited surgery intervention and a much longer survival rate.** Therefore, if you have teeth with healthy gums or no teeth at all, routine screenings are very important
- **Oral cancer is no longer a disease of people over 45 who use alcohol or tobacco.** The incidence of oral cancers at 30 years or less have spiked because of the spread of HPV (human papilloma virus). If a person has never used tobacco nor had a drink of alcohol, the risk of oral cancer is still VERY high if they have had repeated exposures of HPV.

Truths For The Dentist/ Entire Dental Team

- **The goal of all general dental offices is detection.** A diagnosis through a biopsy (by a surgeon) is determined if the area of concern remains after a 2-3 week waiting period. Detection does NOT equal diagnosis.
- **Using the words 'oral cancer' screening is educational not fear provoking.** When an area that looks abnormal is discovered, using the words 'an area of concern' verses 'pathology' or 'lesion' will reduce unnecessary patient anxiety.
- **Malpractice risk does not increase with more screening examinations nor with the use of any of the six enhanced oral cancer detection devices.** As long as the protocols for these examinations are being performed and recorded properly with accepted patient follow-up, the risk is reduced to almost zero.
- **False positives are almost totally eliminated by using the 2-3 week waiting rule.** The vast large majority of 'areas of concern' will go away in 2-3 weeks particularly if irritational and environmental factors are eliminated. Also, only those areas that remain after this aforementioned time are evaluated/biopsied by the oral surgeon.