

**Table 13.1.** Recommendations of the American Dental Association Council on Scientific Affairs Expert Panel on Screening for Oral Squamous Cell Carcinomas, Based on Evidence (April 2009)

Topic	Recommendation
Screening during routine examinations <sup>a</sup>	The panel suggests that clinicians remain alert for signs of potentially malignant lesions or early-stage cancers in all patients while performing routine visual and tactile examinations, particularly for patients who use tobacco or who are heavy <sup>b</sup> consumers of alcohol.
Follow-up for seemingly innocuous lesions	For seemingly innocuous lesions, the panel suggests that clinicians follow up in 7–14 days to confirm persistence after removing any possible cause to reduce the potential for false-positive screening results.
Follow-up for lesions that raise suspicion of cancer and those that are persistent	For lesions that raise suspicion of cancer or for lesions that persist after removal of a possible cause, the panel suggests that clinicians communicate the potential benefits and risks of early diagnosis. Considerations include the following: <ul style="list-style-type: none"> <li>• that even suspicious lesions identified during the course of a routine visual and tactile examination may represent false positives.</li> <li>• that clinical confirmation (a second opinion) can be sought from a dental or medical care provider with advanced training and experience in diagnosis of oral mucosal disease so as to reduce the potential for a false-positive or false-negative oral cancer screening result.</li> <li>• that a malignancy or nonmalignancy can be confirmed only via microscopic examination that requires a surgical biopsy.</li> <li>• that a decision to pursue a biopsy to confirm the presence or absence of a malignancy should be made in the context of informed consent.</li> </ul>
Use of lesion assessment devices	Although transepithelial cytology has validity in identifying disaggregated dysplastic cells, the panel suggests surgical biopsy for definitive diagnosis.

<sup>a</sup> There is insufficient evidence that use of commercial devices for lesion detection that are based on autofluorescence or tissue reflectance enhance visual detection of potentially malignant lesions beyond a conventional visual and tactile examination. Source: Patton et al.<sup>9</sup>

<sup>b</sup> Heavy alcohol consumption is defined as follows: for men, consumption of an average of more than two drinks per day; for women, consumption of an average of more than one drink per day. Sources: Pelucchi et al.<sup>10</sup> and Centers for Disease Control and Prevention.<sup>11</sup>

Source: Adapted from Rethman et al.<sup>8</sup>