INCIDENCE AND SURVIVAL
Oral cancer accounts for roughly two percent of all cancers diagnosed annually in the United States. Approximately 10,000 people will be diagnosed with oral cancer each year. About 4,500 of these will die of the disease. On average, 60 percent of those with the disease will survive more than 5 years from diagnosis.

THE IMPORTANCE OF EARLY DETECTION
It's important to find oral cancer early when it can be treated successfully.

In people over the age of 40, oral cancer accounts for roughly two percent of all cancers diagnosed annually in the United States. Approximately 40,000 people will be diagnosed with oral cancer each year.

Early detection of oral cancer is often possible. Tissue changes in the mouth that might signal the beginnings of oral cancer development can be seen and felt early.

WARNING SIGNS
Lesions that are suspicious for oral cancer
Two lesions that could be precursors to cancer are leukoplakia (white lesions) and erythroplakia (red lesions). Although less common than leukoplakia, erythroplakia and lesions with erythroplakic components have a much greater potential for becoming cancerous. Any white or red lesion that does not resolve itself in 2 weeks should be reevaluated and considered for biopsy to obtain a definitive diagnosis.

RISE FACTORS
Smoking and Alcohol Use
Tobacco use (cigarettes, pipes, and smokeless tobacco) is a risk factor for oral cancer. Heavy alcohol use also increases the chance of developing the disease. The risk is even greater for people who are both tobacco- and alcohol users. More than 90 percent of those with oral cancer are smokers or heavy alcohol users.

WHAT YOU CAN DO
A guide for health care professionals

ORAL LESIONS
Suspicious for Oral Cancer

THE EXAMINATION
The examination is conducted with the patient seated. Any intraoral tissues are examined first, followed by the extraoral tissues.

I. The External Examination
A. Face
II. Palatal and Intraoral Soft Tissue Examination

FOLLOW-UP

WHAT YOU CAN DO

A guide for health care professionals
EXAM REVIEW

The examination is conducted with the patient seated. Any intraoral prostheses (dentures or partial dentures) are removed before starting the examination. The extraoral and perioral tissues are examined first, followed by the intraoral tissues.

I. THE EXTRAORAL EXAMINATION

- FACE: (Figure 1) The extraoral assessment includes an inspection of the face, head, and neck. The face, ears, and neck are observed, noting any asymmetry or changes on the skin such as crusts, fissuring, growths, and/or color change. The regional lymph node areas are bilaterally palpated to detect any enlarged nodes, and if detected, their mobility and consistency. A recommended order of examination includes the preauricular, submandibular, anterior cervical, posterior auricular, and posterior cervical regions.

II. PERIORAL AND INTRAORAL SOFT TISSUE EXAMINATION

- LIPS: (Figure 2) Begin examination by observing the lips with the patient’s mouth both closed and open. Note the color, texture and any surface abnormalities of the upper and lower vermilion borders.

- LABIAL MUCOSA: (Figures 3 and 4) With the patient’s mouth partially open, visually examine the labial mucosa and sulcus of the maxillary vestibule and frenum and the mandibular vestibule. Observe the color, texture, and any swelling or other abnormalities of the vestibular mucosa and gingiva.

- BUCCAL MUCOSA: (Figures 5 and 6) Retract the buccal mucosa. Examine first the right then the left buccal mucosa extending from the labial commissure and back to the anterior tonsillar pillar. Note any change in pigmentation, color, texture, and any swelling or other abnormalities of the vestibular mucosa and gingiva.

- GINGIVA: (Figure 7) First, examine the buccal and labial aspects of the gingiva and alveolar ridges (processes) by starting with the right maxillary posterior gingiva and alveolar ridge and then move around the arch to the left posterior area. Deep to the left mandibular posterior gingiva and alveolar ridge and move around the arch to the right posterior area.

- TONGUE: (Figure 8) With the patient’s tongue at rest, and mouth partially open, inspect the dorsum of the tongue for any swelling, ulceration, coating or variation in size, color, or texture. Also note any change in the pattern of the papillae covering the surface of the tongue and examine the tip of the tongue. The patient should then protrude the tongue, and the examiner should note any abnormality of mobility or positioning.

- FLOOR: (Figure 9) With the aid of mouth mirrors, inspect the right and left lateral margins of the tongue.

- PALATE: (Figures 13 and 14) With the mouth wide open and the patient’s head tilted back, gently depress the base of the tongue with a mouth mirror. First inspect the hard and then the soft palate.

- A. VINCENT’S INFECTION: (Figure 15) Bimanually palpate the floor of the mouth for any abnormalities. All mucosal or facial tissues that seem to be abnormal should be palpated.

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