



## 2025 AHNS Cancer Prevention Service Community Service Award Application

Primary Contact: Amanda Bastien PGY4

Other team members: Evan Walgama, Jon Mallen-St.Clair, Allen Ho

### Early Detection, Lifesaving Action: Oral Cancer Screening in the Primary Care Setting

#### A. Background & Targeted Population:

- a. Currently the United States Preventive Services Task Force (USPSTF) **does not recommend routine oral cancer screening.**<sup>1</sup> According to the task force there is insufficient evidence to evaluate the benefits and harms of screening. Though screening seems to carry little risk but offer major benefits to our patients. Interestingly on Moffitt's Cancer Website, it is recommended "adults over the age of 20 should have an oral screening every three years while those over 40 should have annual screenings." Furthermore, by training primary care physicians to screen for oral cancer it can significantly enhance early detection, leading to improved patient outcomes and prevention. Recently in the past six months JAMA-OTO and JAMA Internal Medicine published opposing strong viewpoints on dentistry entitled: "**Too Much Dentistry**"<sup>2</sup> and "**Not Enough Dentistry**"<sup>3</sup>. **Oral care is important, and these two fields have an opportunity to align forces and identify oral cancer and other oral pathologies in our shared patient populations.**

The oral exam is not frequently taught as a mandatory component of the physical exam to medical students and residents.<sup>4</sup> Some believe adult oral exams should be performed by specialists such as Otolaryngology and/or Oral Surgeons or by the patient's dentist. However in 2022, only 45% of the U.S. population had a dental visit in the past 12 months and wait times to see the previously mentioned specialists can be long. Patients with poor socioeconomic backgrounds have greater morbidity and mortality up to 10 years earlier than patients from higher socioeconomic backgrounds.<sup>5</sup> This is likely multifaceted but studies have found socioeconomic inequalities in physician utilization which are more pronounced in visiting specialists compared to primary-care physicians.<sup>6,7</sup> The oral exam as part of the standard physical exam should not add too much burden to routine visits but address this current unmet need.

We know oral cancer is frequently diagnosed at advanced stages. **Furthermore, by educating and equipping primary care providers with the knowledge and skills to conduct thorough oral cancer screenings, they can identify suspicious lesions or changes in the mouth during routine exams allowing for prevention and quicker diagnosis, and quicker referrals to Otolaryngology.**

This proposal aims to assess the current practice and beliefs of primary care physicians about oral cancer screening. We will then send a follow-up guide with a summary about oral cancer and its prevalence including the link to the available AAO-HNS physical exam videos.

#### B. Recruitment

- a. Primary Care Physicians including geriatricians will be sent a survey to the American Academy of Family Physicians (AAFP) listserv.
- b. The National Association of Free & Charitable Clinic Listserv of primary care physicians will also be included in recruitment.

#### B. Methods

Primary care physicians will be sent an email with a Redcap survey to participate in this study. This invite will also include information about Oral Head & Neck Cancer Awareness Week (OHANCAW) as April 16-22 and information about the Head & Neck Cancer Alliance. An honorarium will be given to the first 100 participants to thank them for their time. The AAFP has contracted with an outside company to exclusively handle all external facets of its member mailing list rental program. This will be utilized for member identification.

At the end of the survey, participants will have an option to select if they would like to volunteer in an oral cancer screening in Los Angeles. This will be an opportunity to learn how to perform a thorough oral exam with a headlight, tongue blade, and palpation during our institution's screening event in April. This will provide hands on training with Otolaryngology residents and attendings. All participants in the study will receive a follow-up guide with a summary about oral cancer and its prevalence including the link to the available AAO-HNS physical exam videos.

**C. The expected outcome:**

1. **Increased Awareness.** The main goal of this study is to Increase awareness about oral cancers in the primary care setting.
2. **Increased knowledge with hands on skills training.** Participants located near Los Angeles will have an opportunity to join to learn how to complete a thorough oral exam.
3. If awarded, we would like to share our findings with the greater Otolaryngology and primary care physician communities in addition to the required Head and Neck Alliance Report which will include the pictures of the screening at our institution.

**D. Cost:**

1. Screening at our institution \$1500
2. Honorarium \$1,000
3. Renting Listserv for AAFP members \$300

**Any other available funding the project has or will receive.** N/A

**References:**

1. U.S. Preventive Services Task Force. Screening for Oral Cancer: Recommendation Statement.
2. Nadanovsky P, Pires Dos Santos AP, Nunan D. Too Much Dentistry. *JAMA Intern Med.* 2024;184(7):713. doi:10.1001/jamainternmed.2024.0222
3. Mady LJ, Najjar W, Hayes C, Shanti RM. Not Enough Dentistry. *JAMA Otolaryngol Neck Surg.* Published online January 23, 2025. doi:10.1001/jamaoto.2024.4851
4. Why Should Primary Care Clinicians Learn to Routinely Examine the Mouth? *AMA J Ethics.* 2022;24(1):E19-26. doi:10.1001/amajethics.2022.19
5. Al Alwan I, Magzoub ME, Al Haqwi A, et al. Do poor patients suffer from inaccurate diagnoses more than well-to-do patients? A randomized control trial. *BMC Med Educ.* 2019;19(1):386. doi:10.1186/s12909-019-1805-6
6. Lueckmann SL, Hoebel J, Roick J, et al. Socioeconomic inequalities in primary-care and specialist physician visits: a systematic review. *Int J Equity Health.* 2021;20(1):58. doi:10.1186/s12939-020-01375-1
7. Chen A, Lakdawalla DN. Healing the poor: The influence of patient socioeconomic status on physician supply responses. *J Health Econ.* 2019;64:43-54. doi:10.1016/j.jhealeco.2019.02.001

Sample Survey:

- **Do you routinely perform an oral exam during patient visits?**
  - Yes
  - No
  - Occasionally
- **How often do you screen for oral cancers in your practice?**
  - During every routine check-up
  - Only when symptoms are present
  - Rarely or never
- **Are there any factors that influence your decision to perform an oral exam?(check all that apply)**
  - Patient age
  - Gender
  - Risk factors (e.g., smoking, alcohol use)
  - Patient complaints or symptoms
  - I do not perform an oral exam
  - I always perform an oral exam
- **Do you feel confident in your ability to conduct a thorough oral exam and identify concerning lesions?**
  - Yes
  - No
  - Somewhat

**If you looked in the patient's mouth and saw a concerning lesion, what would you do next?**

- Biopsy
  - Referral to dentist
  - Referral to Oral Surgeon
  - Referral to ENT
- 
- **Do you feel confident in being able to biopsy oral lesions in clinic?**

- Yes
- No
- Somewhat
- I always send referral to specialists.

• **What resources or support would help you integrate oral cancer screenings more regularly in your practice?**

- Educational materials
- Training workshops
- More time during patient visits
- Access to specialists for referrals
- Other (please specify)

• **In your opinion, how important is it for primary care providers to screen for oral cancers?**

- Very important
- Somewhat important
- Not important

• **What barriers, if any, do you face in screening for oral cancers?**

- Lack of time
- Lack of training
- Limited resources or equipment
- Role of dentist
- Role of specialist
- Other (please specify)

• **Any additional comments or suggestions on improving oral cancer screening in primary care?**

*(Open-ended response)*