

MOUTH CANCER REFERRAL GUIDELINES FOR DENTISTS

Assessing patients for mouth cancer

- Patients should be examined for potential malignancy at every dental examination
- Assessing patients for mouth cancer symptoms requires a high level of suspicion, but many other conditions may present with similar changes. On the right are examples of malignant and potentially malignant lesions.
- The level of suspicion should be higher if the patient is a smoker or heavy alcohol drinker; chews betel nut (areca nut) or tobacco, or is over 40 years.

The Referral Process For Oral Soft Tissue Lesions

- If an abnormal area has been detected in the mouth, a biopsy is the only way to know for certain whether or not it is malignant. This should be carried out in a specialist referral centre of either oral medicine, oral and maxillofacial surgery or plastic surgery.
- Referrals should be divided into three categories (**non-urgent**, **prompt** and **urgent**) according to the urgency of the referral. The table opposite provides more detail on referral classification.

Referral details

It is essential for the consultant to know certain details about the patient, the lesion, and the clinical diagnosis, in order to prioritise the waiting list.

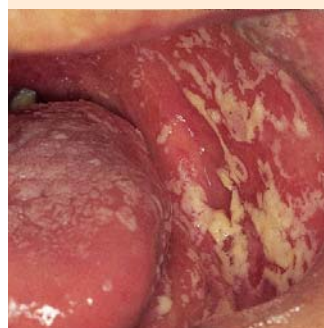
- **Patient's details** including current telephone number so the patient can be contacted to attend a clinic at short notice
- **Short medical history** including name and address of patient's general medical practitioner
- **Relevant social history** including smoking and drinking status
- **Detailed description of the lesion** including duration, site, size, colour, texture and findings upon palpation
- **Clinical diagnosis** (or diagnoses) in order to categorise the urgency of the referral

NON-URGENT



Fibroepithelial polyp of the buccal mucosa

PROMPT REFERRAL



Pseudomembranous candidosis of the buccal mucosa



Lichen planus of the buccal mucosa



White patch on ventral surface of the tongue

URGENT REFERRAL – within 2 weeks



Solitary ulcer with rolled borders on the lateral border of the tongue



Red patch on ventral surface of tongue and floor of mouth



Speckled lesion on left buccal mucosa



Shallow ulcer on lower lip

Referral guidelines for mouth cancer

Type of referral	Example	Refer to
Urgent (within 2 weeks)*	<ul style="list-style-type: none"> Unexplained oral ulceration or mass persisting for more than 3 weeks Unexplained red, or red and white patches that are painful, swollen or bleeding <p>If patches are not painful, swollen or bleeding, referral can be made non-urgently.</p> <ul style="list-style-type: none"> Unexplained one-sided pain in the head and neck area for more than 4 weeks, associated with ear ache, but with a normal otoscopy Unexplained recent lump in the neck, or a previously undiagnosed lump that has changed over a period of 3 to 6 weeks Unexplained persistent sore or painful throat Signs and symptoms in the oral cavity persisting for more than 6 weeks, that cannot be definitively diagnosed as a benign lesion Unexplained tooth mobility persisting for more than 3 weeks, that cannot be attributed to a dental cause 	<p>The local maxillofacial surgery, oral medicine, oral surgery or plastic surgery unit.</p> <p>Referrals can be done by telephone or fax, or by filling out a 2WW (2 week wait) referral form, depending on arrangements with local specialist units.</p>
	<ul style="list-style-type: none"> Hoarseness persisting for more than 3 weeks, especially in smokers aged over 50, and heavy drinkers 	<p>A chest X-ray. If positive, refer urgently to a team specialising in lung cancer. If negative, refer urgently to a team specialising in head and neck cancer.</p>
Prompt	<ul style="list-style-type: none"> Lichen planus. Patients with confirmed oral lichen planus should be monitored for oral cancer as part of a routine dental examination White patches with no redness or ulceration Chronic hyperplastic/pseudomembranous candidosis Oral sub-mucous fibrosis Painful traumatic ulcers Recent unilateral salivary gland swellings Mucocitis 	<p>A specialist unit by the normal route (usually a written referral), If you have doubts about the urgency of a lesion, phone the local maxillofacial surgery, oral medicine, oral surgery or plastic surgery unit to consult a specialist.</p>
Non-urgent	<ul style="list-style-type: none"> Polyps Mucocele Pyogenic granulomas Areas of lichenoid reactions Amalgam tattoos Recurrent oral ulcers 	<p>As in Prompt</p>

For more information

For more information on oral cancer, and Cancer Research UK's new **Open Up to Mouth Cancer** campaign, visit www.openuptomouthcancer.org

Produced by Cancer Research UK in conjunction with specialists
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* National Institute for Health and Clinical Excellence. 2005.

Referral guidelines for suspected cancer:

