

**Oral Cancer--Minimal Elements for
Screening, Diagnosis, and Evaluation of Oral Lesions
Office of Oral Health and Center for Cancer Surveillance and Control
Maryland Department of Health and Mental Hygiene
August 2001; Revised July 2005; Revised January 2014**

Major Changes

1. Section I. A., defines oral cancer as being cancer of the mouth and pharynx **in direct field of view or of palpation**. This excludes the base of the tongue and portions of the oropharynx not in direct vision or palpation.
2. Section I. C. includes signs and symptoms of oral cancer.
3. Section II on Risk Factors is expanded to include potentially malignant lesions such as leukoplakia and erythroplakia, personal history of immunosuppression or erosive lichen planus, and other behavioral risk factors such as chewing betel nuts. Epstein Barr virus and herpes simplex virus were removed from the list.
4. Section III on Screening and Risk Reduction no longer recommends routine oral cancer screening. The U.S. Preventive Services Task Force states there is inadequate evidence to state whether oral cancer screening decreases mortality from oral cancer. However two settings may warrant additional consideration: 1) opportunistic screening for oral cancer during routine dental or medical care; and 2) targeted public health screening for high risk populations; e.g., heavy smokers and/or chronic alcohol users.
5. Section V. D. The use of “assist devices” such as the ViziLite-TBlue, VelScope, OraRisk HPV test, etc. are not recommended in oral cancer screening, outside of an IRB approved protocol.
6. Section V. E. The use of the transepithelial brush biopsy is no longer recommended. Use of the transepithelial oral brush biopsy in oral cancer screening should be reserved for situations where the use and results are studied in an IRB-approved protocol. Surgical biopsy should be used for definitive diagnosis of suspected oral cancer lesions.
7. Section VI. Recommendations on Diagnosis and Further Evaluation are under the direction of the patient’s medical case manager and are beyond the scope of this document. Sections on Staging Evaluation, Histologic Classification of Tumors, Staging, and Treatment have been removed from this document.