YANKEE DENTAL CONGRESS
JANUARY 29 — JANUARY 31, 2026
Thomas M. Menino Convention & Exhibition Center (formerly BCEC)

Advancing Care, Enhancing 2026 Smiles

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Educational Objectives:
To identify the trending etiologic factors contributing to the escalation of oral and OPC
To explore the critical components of today's extraoral/intraoral screening exam
To identify the subtle lifesaving symptoms so easily overlooked
To manage the referral pathway of an abnormal finding
To integrate best practices to discover abnormalities in the earliest stages
To self-evaluate your present screening protocols

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Images with permission granted from the Canadian Dental Hygienists Association online course "Oral & Oropharyngeal Cancer Screening for Today's Population"

Notes:

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WNL
Within Normal Limits or a Dangerous Assumption

2 MAJOR RISK FACTORS have changed the profile and demographic of 'typical' of oral/oropharyngeal cancers in North America

- The reduction in smoking has resulted in LOWER incidence of oral cavity cancer
- The widespread prevalence of HPV has resulted in SIGNIFICANT RISE in HPV-related oropharyngeal cancers (posterior/base of tongue, tonsils and soft palate)

The Impact of Societal Trends on Oral/Oropharyngeal Cancer
There's been a dramatic increase in the risk for oral/oropharyngeal cancer due to the COVID-19 pandemic

- Interruptions in dental care; practice closures, restricted access, hesitancy of patients to return to practice environment
- Changes in lifestyle risk factors

While use of e-cigarettes (vaping) have been advocated as harm reduction alternatives to tobacco products, recent studies have revealed detrimental effects
The impact of HPV-related cancers led to a strong increase in both OPC and anal cancers
A call to action for a more diligent, concerted effort towards oral cancer screening and treatment

The Facts about Oral Cavity Cancer (OCC)and Oropharyngeal Cancer (OPC) in the U.S.

- Estimated 59,660 new cases of OCC or OPC in the U.S. infected with HPV each year.
- About 12,770 deaths from OCC or OPC this year

The average age at diagnosis for both OCC and OPC is 64, however, seeing a greater number of cases in people younger than 55 (1 in 5 or 20%)
Since the mid-2000s, incidence rates have increased every year, because of a rise in cancers linked with human papillomavirus (HPV) infection.

- CDC states almost every sexually active American will have one or more HPV infections in their lifetime

How common is HPV in the U.S.?

If you are sexually active, you can get HPV,
even if you have had sex with only one person. You also can develop symptoms years after having sex with someone who has the infection. This makes it hard to know when you first got it.
The majority will clear the infection, however, for those who have a persistent infection with a high-risk strain, the risk of cancer development is real.

The Critical Components of Today's EO/IO Exam

WNL: We Never Looked
Our best intentions are often challenged by time constraints in our schedule, uncertainty of technique and lack of knowledge of changing profiles. How does this impact our professional liability?

Notes:

- It is the dental hygienist's responsibility to perform a thorough EO/IO assessment on every patient.
- Responsibility to describe/document, not to identify by name and/or diagnose

According to AZ attorney, Jeff Tonner, JD, specializing in risk management for dental practices states "*Failure to diagnose oral cancer is a growing area of liability. The dental hygienist can be named as a co-defendant if the doctor/employer is sued for failure to detect oral cancer. Since dental hygienists are licensees, they have a responsibility to patients. Performing an oral cancer assessment is an important part of any preventive care visit and omission is practicing in a neglectful manner. Oral cancer verdicts in a plaintiff's favor can exceed the limits of the doctor's malpractice coverage*."

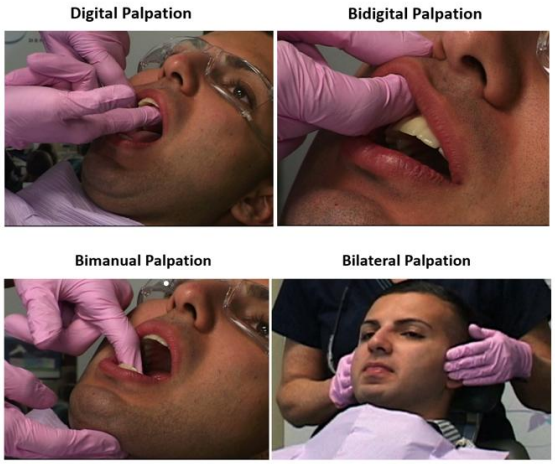
Dental Malpractice Claims

Failure to diagnose is the 2nd most common cause of dental malpractice claims

What are the contributing factors?

- Inadequate training to perform effective screenings
- Lack of knowledge in recognizing subtle life-saving symptoms
- Wait and watch attitude
- Delays in making a referral
- Failure to identify risk factors
- Failure to obtain a complete medical history and/or updates

Tactile Examination Techniques



Overall Evaluation of the Head and Neck

Face & neck

- Symmetry, coloration
- Removal of eyeglasses
- Moles, freckles, scars etc.
- Trauma (domestic abuse)

Patient's voice

- Hoarseness, quality of speech

Eye movements & response

- Tearing, redness, dilation/constriction, color of sclera

References:

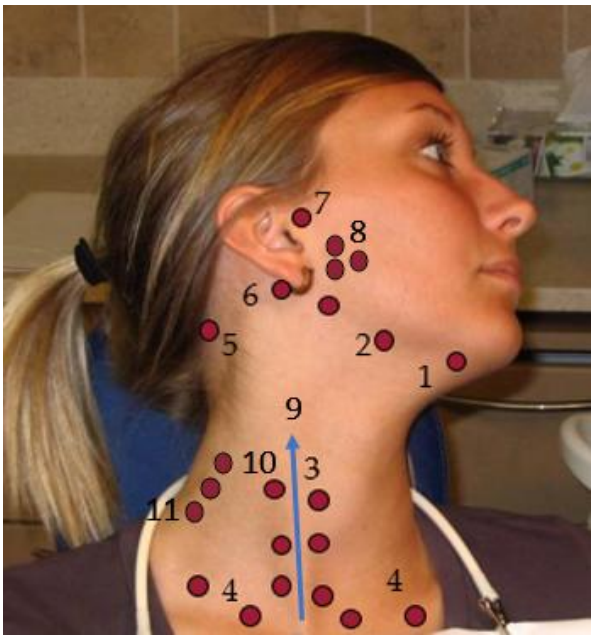
https://www.skincancer.org/early-detection/self-exams/
https://www.rdhmag.com/pathology/oral-pathology/article/16406303/top-reasons-hygienists-are-sued

Notes:

The ABCDE's of Malignant Melanoma
Asymmetry, Border, Color, Diameter, Evolution

1ST Story: Knowledge Translation into Practice
Assess facial symmetry
Bilateral palpation of head and neck comparing symmetry of structures
Assessment of tissue consistency
Follow up evaluation
Referral to physician/specialist
Product recommendations to combat radiation side effects and specifically salivary depletion (xerostomia)
BE an ADVOCATE for our patients and our own health!

Systematic Examination of Lymph Nodes
1. Submental
2. **Submandibular**
3. **Anterior deep and superficial cervical**
4. **Supraclavicular**
5. Occipital
6. Posterior auricular
7. Anterior auricular
8. Parotid gland
9. Sternocleidomastoid muscle
10. **Deep cervical**
11. **Posterior cervical**



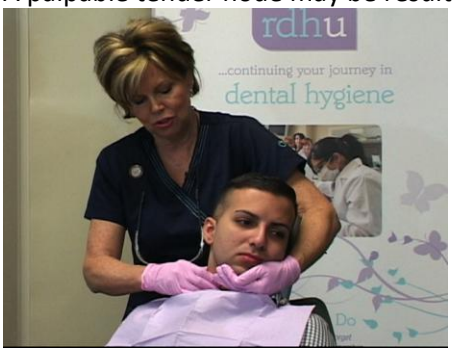
Extraoral Palpation of Submandibular Nodes:
Palpation Technique
Initial bilateral palpation (rolling stroke, piano playing stroke)
Chin down, ear to shoulder; employ unilateral palpation with firm pressure
Note any enlargement, tenderness, hardness and asymmetry; nodes should not be clinically palpable or visible
If enlargement is detected, determine whether fixed or mobile and assess consistency of the node

Notes:

2nd Story: Knowledge Translation to Practice

Advocacy is of critical importance for our patients and ourselves.
Obtain a 2nd opinion and explore options.
If a node persists for more than 14 days with no known etiologic factor, it requires further evaluation.
Be proactive in our treatment/product recommendations for a patient who will be undergoing radiation therapy and/or chemotherapy.

Extraoral Palpation of Cervical Nodes:
Palpation Technique
Palpate the superficial and deep cervical nodes
With the patient looking straight ahead, position the hand to palpate the entire chain anterior to the sternocleidomastoid muscle (SCM)
Instruct the patient to turn the head to reposition the SCM and allow deeper palpation of the chain of lymph nodes
A palpable tender node may be result of past chronic infection



Extraoral Palpation of Supraclavicular Nodes:
Palpation Technique
Location - superior to the clavicle in the supraclavicular fossa directly above the collarbone
Technique – positioned behind the patient
Bilateral palpation; shoulders raised and rounded forward
Enlargement should always be investigated
Clinical Consideration: Supraclavicular Nodes
Among this group of lymph nodes, supraclavicular nodes have the greatest potential to likely be malignant.
An enlargement that persists more than 14 days should always be investigated; a hard, fixed node should be referred. Prevalence in malignancy possess a rate of 54-84% according to biopsy series reports.

Notes:

Lymphadenopathy Considerations:

Infection Related

- Soft, often painful or tender
- Moveable
- Patient often aware of underlying infection

Neoplasia Related

- Firm, usually not symptomatic
- Firm and fixed
- Patient often unaware

3rd Story: Knowledge Translation to Practice

IMRT – Intensity Modulated Radiation Therapy

IMRT is a more advanced type of radiation therapy to treat both cancer and noncancerous tumors

Photons are manipulated to conform to the shape of a tumor or the area of irradiation; radiation intensity of each beam is controlled and changes throughout each treatment

The goal is to reduce collateral damage of healthy tissue and preserve salivary function

70 Gy; significant and detrimental effect on both skin and oral mucosal tissues

Feeding tube becomes essential for survival

Consideration of radiation side effects

Proactive chairside and self-care protocols to combat salivary depletion

Interval of care to meet the needs of a compromised patient

If something doesn't appear normal, refer!

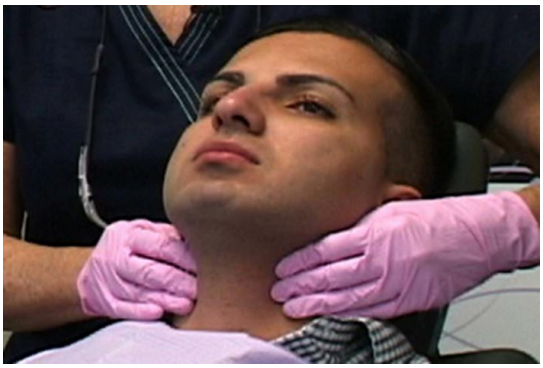
"Attitude is everything"

Palpation of Thyroid Gland:

Located on both sides as well as below the thyroid cartilage

Instruct patient to swallow noting any enlargement, immobility or asymmetrical movement

Normally not detected by palpation or clinically visible; gland should rise up and down during swallowing



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Karadeniz C, Oguz A, Ezer U, Ozturk G, Dursun A. The etiology of peripheral lymphadenopathy in children. Pediatr Hematol Oncol. 1999;16:525–31.

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PDQ Adult Treatment Editorial Board. Oropharyngeal Cancer Treatment (Adult) (PDQ®): Health Professional Version. 2021 Jun 11.

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Notes:

7 Step Intraoral Examination

1. Lips
2. Labial mucosa
3. Buccal mucosa
4. Gingival tissues
5. **Tongue**
6. **Floor of Mouth**
7. **Oropharyngeal and Palatal Tissues**

Step 1: Lips

Inspection with lips closed and open
Bidigital palpation
Note deviation from normal
Reinforce need for sunblock protection

Step 2: Labial Mucosa

With the patient's mouth partially open, visually examine the labial mucosa and sulcus of the maxillary and mandibular vestibule and frenum

4th Story: Knowledge Translation to Practice

A systematic review confirms that both oral lichen planus and oral lichenoid lesions (the latter with a slightly higher transformation rate), may be considered potentially malignant disorders and suggest that erosive type, female gender, and tongue site should be considered as risk factors for oral lichen planus transformation.
Major efforts should be made to establish strict clinical and histological criteria to diagnose oral lichen.
The reported transformation rates vary from 0 to 9%.
Debate continues as to recommendations for monitoring lesions however microscopic re-evaluation should definitely be considered.

Step 3: Buccal Mucosa

Visual inspection and tactile palpation
Systematic approach
Bidigital palpation
Assessment of parotid salivary gland, maxillary tuberosities and retromolar pad

References:

Giuliani M, Troiano G, Cordaro M, et a. Rate of malignant transformation of oral lichen planus: A systematic review. Oral Dis 2019 Apr;25(3):693-709.

Notes:

Step 4: Gingival Tissues

Dry the tissues and then observe attached and free gingiva assessing for normal colour and contour

Bidigital palpation with alveolar ridges palpated using index finger and thumb

5th Story: Knowledge Translation to Practice

If you were standing in front of a dental audience, what would you like them to know?

"Don't be afraid to think the worst because the stakes are high, and time is of the essence. It does no harm to speculate, but waiting and hoping and waiting some more can be deadly. And if you aren't sure, please don't hesitate to pass your patient off to someone else. There's nobility in that too."

Step 5: Tongue

A. Dorsum

B: Lateral Borders

C. Ventral Surface

Visual observation and tactile examination

High risk anatomical area for HPV and non-HPV related oral cancer

Examine for unrestricted movement, swelling or fixed mass, ulceration, coating or variations in size, colour or texture

References:

Rearranged: An Opera Singer's Facial Cancer And Life Transposed Paperback Available at
www.amazon.com
www.kathleenwatt.com

Notes:

References:

Latini G, DE Felice C, Barducci A, et al. Oral mucosal color changes as a clinical biomarker for cancer detection. *Eur J Cancer Prev* 2012 Jul;21(4):360-6. Doi: 10.1097/CEJ.0b013e328350de51

Link to EO/IO Screening Examination:

www.dentalhygienecanada.ca/oralcancer

https://www.youtube.com/watch?v=q9kPdQMyU40&t=13s

JADA The limitations of the clinical oral examination in detecting dysplastic oral lesions and oral squamous cell carcinoma.

http://jada.ada.org/content/143/12/1332.abstract

6th Story: Knowledge Translation into Practice

Careful intraoral assessment of the tongue

Instruct patient to stick tongue out and move side to side evaluating for symmetrical movement

Extraoral palpation of lymph nodes that may be associated with metastases from cancers among oral cavity and oropharynx

Treatment/product recommendations following radiation therapy

Step 6: Floor of the Mouth

Particularly vulnerable area

Inspect floor of mouth for any changes in;

Colour, Texture, Swelling or Surface abnormalities

Use bimanual palpation; compare technique to palpation intraoral alone

Bimanual palpation is the only way to detect an area of induration or swelling

7th Story: Knowledge Translation into Practice

Bimanual palpation of the floor of the mouth is critically important; high risk area

Changes in colour, size, texture, asymmetry that persist beyond 14 days need to be referred for further evaluation always

Clearly document findings including photo documentation and lesion measurements (width/length/height)

Step 7: Oropharynx, Palatal Tissues and Tonsillar Area

- Examine the entire area of the oropharynx including the tonsil region, uvula, tonsillar pillars and palatine tonsils for presence, color, size or any noted abnormalities
- Depress the tongue towards the floor of the mouth using either a tongue blade or the back of the mouth mirror
- Instruct the patient to take a deep breath and hold while depressing the tongue preferably with a tongue depressor; this enables the clinician improved visual acuity

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Tiwari L, Kujan O, Farah CS. Optical fluorescence imaging in oral cancer and potentially malignant disorders: A systematic review. Oral Dis. 2019;00:1–20.

Laronde et al: Influence of fluorescence on screening decisions for oral mucosal lesions in community dental practices. J Oral Pathol Med 2013.

Truelove E et al: Narrow band (light) imaging of oral mucosa in routine dental patients. Part I: Assessment of value in detection of mucosal changes. Gen Dent. 2010 Jul-Aug; 281.

Additional clinical study listing; https://velscope.com/velscope/education/clinical-studies/

Salivary Gland Neoplasm

Palate is most common site

Hard palate off the midline

Deep seated ulcerated mass often exhibiting a mass of dilated blood vessels

Clinical consideration; approximately ½ are malignant, metastasize often to lungs and bone

The Subtle and Life-Saving Symptoms

Continuous sore throat; persistent infection
Pain when swallowing or difficulty swallowing
Unilateral ear pain; ringing in the ears or trouble hearing
Pain when chewing
Non-healing oral lesions
Bleeding in the mouth or throat
Hoarseness
A lump in the throat or the feeling that something is stuck in the throat
Continual lymphadenopathy
Unexplained weight loss
Trouble breathing, speaking, slurred speech
Tongue that tracks to 1 side when stuck out
Asymmetry in tonsillar area
Persistent neck masses despite antibiotic therapy

Management of an Abnormal Finding

Best Management Strategies

Management of the compromised patient

- proactive vs. reactive strategies
- treating oral dysbiosis, caries, periodontal disease and dry mouth

Recognize and elevate awareness of risk factors

Magnification (loupes) and illumination (dedicated light source)

Employment of adjunctive screening devices

- Majority of cellular changes start beneath the surface at the basement membrane
- More than 2/3's of oral cancers are discovered in later stages

Perform opportunistic on every adult on an annual basis

Educate your patients on the HPV vaccine…the anti-cancer vaccine!

Proactive vs. Reactive Treatment

The Oral Microbiota

Second largest microbial community

Consists mainly of bacteria, which live and thrive in the oral biofilm

Most of the bacteria are commensals, but a small proportion are pathogens associated with periodontal disease

Imbalance, or dysbiosis allows the pathogenic bacteria to thrive increasing inflammation and periodontal destruction

Increasingly recognized for role in cancer development (oral, gastric)

Water-Based vs. Evidence-Based Solutions for Dry Mouth

A systematic Cochrane Review, published comparing xerostomia interventions concluded greater efficacy with lipid-based OGT technology

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References:

Furness, S., Worthington, H. V., Bryan, G., Birchenough, S., & McMillan, R. Interventions for the management of dry mouth: topical therapies. Cochrane Database of Systematic Reviews 2011, Issue 12.

Piaton s, Duconseille A, Roger-Leroi V, et al. (2021) Could the use of saliva substitutes improve food oral processing in individuals with xerostomia? A systematic review. Journal of Texture Studies, 52(3), 307-320.

Preshaw P. (2004). A positive control, one centre, parallel group study to evaluate the efficacy of OGT lubricant versus reference product in the management of xerostomia. School of Dental Sciences, University of Newcastle, UK.

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Ligtenberg, A. J. M., & Veerman, E. C. I. (Eds.). (2014). Saliva: Secretion and Functions. Monographs in Oral Science, 24, 71-87.

Yang, J. (2018). Novel in-vitro Moisture Retention Test for Xerostomia Products [Abstract]. Journal of Dental Research, 97, Special Issue(A).SEER Cancer Stat Facts: Oral Cavity and Pharynx Cancer. National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/statfacts/html/oralcav.html

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JAMA Otolaryngol Head Neck Surg. 2016;142(3):209-216.

Epstein J, Guneri P, Boyacioglu H et al. The limitations of the clinical oral examination in detecting dysplastic oral lesions and oral squamous cell carcinoma. JADA December 2012Volume 143, Issue 12, Pages 1332–1342.
http://jada.ada.org/article/S0002-8177(14)62187-5/abstract

VELscope studies: https://velscope.com/clinical-studies/

Lipid-based solution adheres and protects restoring viscoelasticity of oral mucosa
Studies conducted by 3M researchers demonstrated significantly less water loss with lipid-based OGT technology compared to water-based OTC products
Additional protection - Application of Fluoride varnish – water-based vs. rosin/colophony based

Management & Referral Pathway

Step 1

Complete medical/dental history (objective0subjective interview) and review of risk factors.

Step 2

Perform a visual and tactile extraoral and intraoral examination. Use of adjunctive screening devices/tool if available and photography at this time.

Step 3

Evaluate and document clinical findings.

Step 4

Determine risk of lesion;
Low risk (Ex. Aphthous ulcer. Patient instructed to re-appoint if not resolved in 7-10 days
Suspicious lesion
Identified risk factors, patient awareness and known etiology; remove causative factor and re-appoint in 14 days to verify resolution
Identified/non-identified risk factors, no known etiology, lack of patient awareness; refer for biopsy if lesion is highly suspect or re-appoint to re-evaluate in 14 days

Step 5

a. Abnormal finding has resolved
b. Lesion has not resolved. Referral for further investigation. Options may include oral medicine specialist, oral/maxillofacial surgeon, periodontist, ENT.

Step 6

Patient education, appropriate recare interval, chairside and self-care protocols if undergoing treatment for a malignant lesion.

Best Practices for Earliest Discovery of Oral and OPC

Magnification and Illumination

Ability to assess early changes in oral mucosa
Alleviate strain, prevent injury, and enhance comfort, ultimately improving professional performance and longevity by ensuring perfect posture and zero-degree neck flexion

Proactive vs. Reactive – Late Stage vs. Early Stage Discovery

Technology Platform of Direct Fluorescence Visualization (VELscope Vx)

Pre-cancerous lesions typically start below the surface at the basement membrane remaining unseen
Normally healthy tissue will fluoresce
Abnormal cell differentiation results in;

- Collagen stroma breakdown
- Increased vascularity
- Normal metabolic activity significantly diminished

Notes:

The Facts About the HPV Anti-Cancer Vaccine

The fastest-growing segment of oropharyngeal cancers is attributed to HPV. Yet it can be prevented by the Gardasil HPV nine-valent vaccine (Gardasil 9 [9vHPV]). More than 500 million doses of the HPV vaccine have been given worldwide.

92% of HPV-attributable cancers in the future can be prevented by the HPV vaccination.

Gardasil 9 is a non-infectious recombinant vaccine prepared from virus-like particles (VLPs) of the protein of HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58.

Declines in prevalence of HPV infection among teen girls was **88%** after introduction of vaccine.

HPV vaccination reduces recurrence of abnormal paps by **70 – 80%** and recurrence of genital warts by 75%.

Efficacy denotes expansion of recommendation for adult immunization.

Final Story: Knowledge Translation into Practice

Extraoral palpation of lymph nodes that may be associated with metastases from cancers among oral cavity and oropharynx

Know and pay attention to subtle life saving symptoms

Question efficacy of medications for treatment of conditions such as GERD which may clinically present like symptoms to OPC

Treatment/product recommendations following radiation therapy

Enroll your patients in self-examination between dental visits

Evaluate Your Current Screening Practices

- Are you performing a complete head and neck examination including an oral cancer screening at least 1x/year on all adult patients?
- Does your clinical team use magnification (loupes) and a dedicated light source?
- Are you using any adjunctive screening techniques such as VELscope?
- Are your patients aware of the fast growing sexually transmitted head and neck cancer profile?
- Do you have any printed material on the new profile for head and neck cancers?
- Does your medical history and updates include any questions regarding presence of subtle symptoms that may be related to HPV profile?
- Do you have a risk factor questionnaire or screening form?
- Is there updated information on the link between HPV and oral/oropharyngeal cancer on your website?
- Are your patients aware of the HPV vaccination and indication for oropharyngeal cancer prevention?
- Are you enrolling your patients in self-examination?

What You Can Do – A Call to Action

Stay up to date on current research and statistics

Educate your patients on the risk factors including tobacco, alcohol, sexual/lifestyle behaviours; being ALIVE is a risk factor

References:

Sullivan-Chang L, Saraiya M, Dunne EF, Brooks JT. More Testing, More Questions. Screening Tests for Oral Human Papillomavirus Infection. JADA 148(11) http://jada.ada.org November 2017 https://jada.ada.org/article/S0002-8177(17)30750-X/pdf

https://www.canada.ca/en/public-health/services/publications/healthy-living/updated-recommendations-human-papillomavirus-immunization-schedule-immunocompromised-populations.html

https://www.cancer.gov/news-events/cancer-currents-blog/2017/hpv-vaccine-oral-infection

https://cancer.ca/en/cancer-information/cancer-types/oral/statistics (2023 statistics)

World Health Organization. Weekly epidemiological record 16 DECEMBER 2022, 97th YEAR No 50, 2022, 97, 645–672 http://www.who.int/wer

Rosenblum HG, Lewis RM, Gargano JW, Querec TD, Unger ER, Markowitz LE. Declines in Prevalence of Human Papillomavirus Vaccine-Type Infection Among Females after Introduction of Vaccine — United States, 2003–2018. MMWR Morb Mortal Wkly Rep 2021;70:415–420.

Resources:
Head & Neck Cancer – Insights from Dr. Mike Miligan, a Survivor
https://aquoralspray.com/head-amp-neck-cancer-insights-from-dr-mike-milligan-a-survivor/
Cancer Prevention Through HPV Vaccination: An Action Guide for Dental Health Care Providers
https://hpvroundtable.org/wp-content/uploads/2018/04/DENTAL-Action-Guide-WEB.pdf
www.hpvandme.org
https://www.mahpvcoalition.org/download-our-dental-toolkit
https://downloads.aap.org/AAP/PDF/AAP_OPCHPV_WhatDentalProsNeedToKnow_final.pdf
5 KEY Points that Dental Professionals Need to Know
https://www.bccrcdc.org/wp-content/uploads/2019/05/OPC-AAP-Handouts.pdf
HPV Talking points developed in collaboration with rdhu may be downloaded here;
www.rdhu.ca/hpvtalkingpointsresource
HPV Vaccination Social Media Toolkit Monthly Patient Messaging chrome-
https://p1.aprimocdn.net/americancancersociety/ec99fb09-8011-40d1-8e5d-b2b9015d352e_Original_file.pdf
Medical Billing for Cancer Patient's Dentistry
PODCAST https://oralcancerfoundation.org/oral-cancer-answers-kandra-sellers-rdh-ba/
Practice LOCATOR:
https://tipsmedicalbilling.com/patient-resources/

Recommended Reading
Life Interrupted
Dr. Dua's Survival Guide
Available online www.amazon.com
Jennifer Cicci: My Journey with Cancer – A Dental Hygienist's Perspective
https://files.cdha.ca/Profession/OhCanada/OHC.spring15.CancerJourney.jCicci.pdf
REARRANGED. An Opera Singer's Cancer and Life Transposed.
www.kathleenwatt.com

Share the '**Check Your Mouth'** website with your patients and enroll them in monthly screening at home. www.checkyourmouth.org
MERCH…postcards, brochures and materials for your dental practice available through the Oral Cancer Foundation. www.ocfstore.org
GET INVOLVED: Organize a 5K Walk and Free Oral Cancer Screening Clinic in your area
https://oralcancerfoundation.org/ocf-walk-run-events/

If anything PERSISTS more than 14 days, refer for further investigation
Promote the HPV vaccine to parents, young adults and older adults should their lifestyle be placing them unknowingly at risk
Refer your patients to www.checkyourmouth.org to self-check between professional visits
Be an ADVOCATE for your patients and yourself

Product Information

VELscope Mantis **Lipid-Based Oral Spray Free Trial** **Oral Probiotics Samples**

SCAN ME

SCAN ME

Enhancing Patient Acceptance and Saving Lives
VELscope Certification Training Course
https://velscope.com/CLOUD-Dentistry-Certification
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Magnification and Illumination

Thank you to LED Dental Inc., and to the Canadian Dental Hygienists Asssociation for the use of the photographs used in this presentation. Special thanks also to Dr. Samson Ng, certified specialist in Oral Medicine and Oral Pathology, Clinical Assistant Professor at UBC Faculty of Dentistry for permission of clinical photographs in the lecture. Acknowledgment and thanks to the CDHA for the provision of the lesion documentation form for use in clinical practice.

If I may assist you with any further information regarding today's presentation, please don't hesitate to contact me at jjones@jo-annejones.com Thank you for joining me in the quest for earlier discovery of oral and oropharyngeal cancer.

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