



Oral Cancer Protocol Essential as Legal Cases Rise

By TDIC Risk Management Staff

The Dentists Insurance Company reports an increase in claims related to oral cancer and advises dentists to conduct regular oral cancer screenings on all patients. Consistent documentation of screenings is strongly recommended, in addition to follow-up and referral if any suspicious lesion or area is discovered.

"If dentists do not follow-up on something they see in a patient's mouth that looks suspicious, they risk missing an oral cancer diagnosis and early treatment," said Gary V. Gittleman, a Philadelphia-based attorney specializing in defending dentists for more than 40 years. Gittleman said he has seen a spike in lawsuits related to oral cancer, a trend that began around 2010.

"What we are seeing is that some practitioners are just not keeping up with conducting screenings," he said. "Also, oral cancer was typically thought of as a disease associated with older male patients who smoke and drink, but younger people can be at risk too."

Gittleman emphasized that a comprehensive oral exam must include an oral cancer screening that begins with the lips and includes the gums, floor of the mouth, tongue and hard and soft palate. Documentation of oral cancer screenings is equally important. "It has to be noted in the patient's chart that the screening was negative or within normal limits," he said.

If dentists find any lesion or spot that looks unusual, Gittleman advises photographing the area, if an intraoral camera is not used. Cell phone photos are acceptable. If a camera is not available, make a drawing of the lesion. Add the photo or drawing to the patient's chart and be as descriptive as possible about the width, height, shape and color of the lesion including any subjective complaints from the patient such as swelling or pain. "I suggest that all dental practitioners use a 'SOAP' note for each visit," Gittleman added.

"My rule is that if you see a lesion, you must get the patient back in your office in two weeks," Gittleman said. "The problem is that some patients will not follow-up, so every office must have a 'tickler' system where two letters are sent, one certified and one regular mail, advising the patient that follow-up is imperative. Inform patients that they must return to your office or see an oral and maxillofacial surgeon to have the lesion checked." He added that dentists need a system for documenting communication with patients who neglect to follow-up with appointments, especially if there is a risk of oral cancer.

A patient must be referred to an oral and maxillofacial surgeon if a lesion looks abnormal or changes in appearance over a two-week period. "This is best for the patient and the doctor," Gittleman said. An oral surgeon will perform a biopsy, and an oral pathologist will make the call. "It is only under the microscope that the nature of the cells can be determined."

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