

## Using the PreViser Oral Cancer Report in Your Practice

PreViser analytic tools are designed not only to improve patient outcomes but also to enhance practice productivity and efficiency. This can happen because PreViser makes simple some current processes that can be time consuming. One such activity that PreViser can streamline is collecting the information needed to do an appropriate oral cancer screening, with the further advantage that once the information is collected, a PreViser oral cancer risk analysis can be quickly performed that will help guide preventive interventions and ensure greater patient compliance.

## The Facts

- Every hour of every day, someone in the U.S. dies of oral cancer
- Most cancers are not found until they have metastasized – 43% mortality
- Oral cancer is 90% curable if detected early
- **You are the front line of defense for your patient for this terrible disease**

\*Oral cancer is a serious disease that kills many Americans. \*Sadly, most lesions are not detected until they are stage 4 and 5, at a point when cure is very difficult. \*Early detection is the key, and \*you are the clinical professional who stands on the front line of defense against this terrible disease.

## The Problem

- Patients don't tell the truth about their risk factors
- PreViser can be used to help motivate patients to be honest in reporting on their risk factors

\*Unfortunately, many patients will not provide completely accurate health information that could guide you to an understanding of potential risk. \*The use of PreViser's oral cancer risk assessment software can not only generate accurate risk assessments for the disease, but give you a way to get more accurate information in less time than your current methods may involve.

# Office Strategies

- Print Oral Cancer Risk Assessment Form from your PreViser application

**Oral Cancer Risk Assessment Input Form**

<b>Prepared By:</b> Dr. John Martin 20840 Cascade Ridge Drive, Mount Vernon, Washington, 98274 360.941.4715 Exam Date:	<b>Prepared For:</b> Name: _____ Date of Birth: _____ PreViser Patient ID: _____
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Patient and Family History		
<b>Patient Cancer History</b> <input type="checkbox"/> Breast <input type="checkbox"/> Colon or Rectum <input type="checkbox"/> Lung and Bronchus <input type="checkbox"/> Oral Cavity <input type="checkbox"/> Prostate	<input type="checkbox"/> Skin <input type="checkbox"/> Urinary Bladder <input type="checkbox"/> Uterine <input type="checkbox"/> Other <input type="checkbox"/> None	<b>Parent / Sibling Cancer History</b> <input type="checkbox"/> Breast <input type="checkbox"/> Colon or Rectum <input type="checkbox"/> Lung and Bronchus <input type="checkbox"/> Oral Cavity <input type="checkbox"/> Prostate

<b>Cigarette Use</b> a) Never used b) Former smoker - 1-10 per day - 11-20 per day	Age Began Smoking Cigarettes: _____ Year Quit: _____
<b>Cigar/Pipe Use</b> a) Never used b) Former smoker - 1-2 per day - 3-12 per day	Age Began Smoking Cigars/Pipe: _____ Year Quit: _____
<b>Smokeless Tobacco Use</b> a) Never used b) Former user c) Occasional user d) Daily user	Age Began Using Smokeless Tobacco: _____ Year Quit: _____

**Alcohol Use**  
 a) Never had >= 12 drinks in any year of life  
 b) Consumed >= 12 drinks in any 1 year, but not past year  
 c) Consumed >= 12 drinks in past year and <3 per week on average  
 d) Consumed 3 to 14 drinks per week on average in past year  
 e) Consumed >= 2 to < 3 drinks per day on average in past year  
 f) Consumed >= 3 drinks per day on average in past year

**Oral Cancer Examination**  
 a) Clinical examination will be done later in the appointment  
 b) No lesions were visualized during the examination  
 c) Lesions were visualized during the examination

**Visualized Lesions**  
 White lesion       Swelling  
 Red lesion           Tissue Enlargement  
 Red-white lesion     Induration (tissue hardness)  
 Ulcer                   Non-odontogenic x-ray lesion

The technique is simple. \* First, just print off an Oral Cancer Risk Assessment Input Form from the PreViser application.

# Office Strategies

- Next, create a fictitious oral cancer risk analysis report, and take an existing report and make it anonymous by blanking out the name of the patient

- James Testpatient

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## Oral Cancer Risk Assessment

Correction of Assessment: 02020637216-616-566-8486734868

Assessed by:	Reviewed For:
Dr. John Smith 2004 Cascade Ridge Drive, Mount Vernon, Washington, 98274 Phone: 360.546.4473 Email: car@previser.com Exam Date: 10/10/2007	James Testpatient Age: 42 Risk Assessment ID: 881129-4365-4383-8547-07-4190384642 Patient ID: 881129-4365-4383-8547-07-4190384642

### Risk of Oral Cancer: 5

Less Risk



Oral cancer includes mouth cancer, tongue cancer, and throat cancer. Oral cancer can lead to disfigurement and other negative effects on quality of life. 54% of all patients treated for oral cancer survive 5 years. However, the percentage of patients that survive 5 years is 82% when cancer is localized, 46% when regional, and only 21% when it has spread to a distant site. The more advanced the disease is, the more difficult it is to treat. Early diagnosis and treatment of the disease and indicates the need to lower risk by reducing interventions targeted to the risk factors. Your risk score is reflected against the chart to the left and interventions appropriate for your risk level and factors are listed below.

Smoking cigarettes for many years, especially cigarettes that contain tar and nicotine, is a major risk factor for oral cancer. Quitting smoking now greatly reduces serious risks to your health. Your physician should advise you on how to quit now. If you have tried to quit before with little success, you may want to try one of the new therapies to help you stop smoking now. These therapies include nicotine replacement, prescription medications, or a combination of the two. More information is available from your physician or the National Cancer Institute about these cessation therapies.

Oral cancer, like some other diseases, can progress without pain or visible symptoms. It is important to get regular oral cancer checkups by a dentist. The most common symptoms of oral cancer include a lump or sore in the mouth that does not go away, difficulty swallowing, pain when swallowing, a change in voice, a sore throat, or a change in the way you speak. If you notice any of these symptoms, see your dentist or doctor as soon as you can.

### Treatment Options You Should Consider

**Visit The Dentist**  
Regular visits, which include a conventional oral cancer examination, to detect disease in the early stages can prevent more complex and expensive treatment. You can help your dentist to diagnose disease by reporting any discoloration, sores, sores, or swelling in your mouth.

**Oral Cancer Screening Examination**  
Screening for oral cancer is recommended for each patient at age 40, preferably utilizing diagnostic technology specifically developed for the purpose. This examination should be repeated at 1-year intervals when risk is 1, 2, or 3, and 2-year frequency is recommended when risk is 4. Patients at the highest risk level, which is 5, should have a thorough annual examination. Should these examinations indicate suspicious lesions, further tests including biopsy may be indicated.

**Alcohol Use**  
For more alcoholic drinks per week increases the risk for oral cancer. Consuming 7 or more alcoholic drinks daily greatly increases the risk for oral cancer. An alcoholic drink is defined as 12 ounces of 80 proof distilled spirits, 6 ounces of wine, or 12 ounces of beer or wine cooler. The combined use of tobacco with alcohol greatly increases your risk for oral cancer. You can reduce your risk by limiting your consumption of alcoholic beverages.

**Cancer History**  
Cancers that can metastasize to the mouth include breast, lung, renal, other bone, colon, and melanoma. However, melanoma is the most common. Oral cancer increases the risk for developing subsequent additional malignancies. You should be sure that all of your health care providers are aware of previous malignancies and regular examinations to detect new cancer are very important.

### For more information

- Talk with your clinician
- NCI website
- <http://www.cancer.gov/oral>
- <http://www.nccn.org>
- <http://www.oralcancer.org>

02020637216-616-566-8486734868

\*Next, create an anonymous sample of the oral cancer.

## Office Strategies

- Explain that you will be assessing their risk for oral cancer, and the accuracy of the analysis will be a function of the Honesty of their answers

\*When a patient presents for an examination, ask your front office manager to give the input form and the sample report to the patient to fill out while waiting for their appointment. The patient's attention should be pointed to the sample report with the message "we will be doing a clinical risk assessment for you today, and you will get a report that looks like this. The accuracy of the report is dependant on the accuracy of the information you fill out on the health history, so please be accurate." You will find that most patients will want an accurate personalized copy of the sample report they are looking at, and you will get better, more accurate information than ever before. Further, because the patient has filled out the information, time will be saved for office staff, who can now quickly generate the oral cancer assessment chair side, or at the front desk.

## Protocol

- All patients – when you adopt the technology
- Risk 1 & 2 – repeat every three years
- Risk 3 – repeat every year
- Risk 4 & 5 – repeat every visit
- Special testing may be appropriate for Risk 3 patients if you see anything
- Special testing is appropriate for Risk 4 & 5 even without visual identification

PreViser's recommendations for when a patient should be assessed are as follows: \*Once you begin using PreViser, all patients should be assessed to determine baseline status. \* Then, for low risk patients, PreViser assess every three years or so, even though you will likely be performing an oral cancer examination each time you see the patient. \*For moderate risk patients, PreViser assess them annually, \*and for high risk patients, assess them each time you see them. While we don't expect high risk patients risk will change quickly, receiving the reports will provide a constant reminder of the need for them to mitigate their oral cancer risk factors.

\*If you employ special testing in your office (like Vizilite or Velscope), you may wish to utilize these special tests for moderate risk patients if you see anything that looks suspicious, \*and for high risk patients, it may be appropriate to employ special testing each time you see them. After all, they are high risk for a reason, and keeping a particularly diligent eye out for problems could save a life.

That's it. Just print the data input form, and have the patient fill out the form themselves to get a personalized version of the sample report you give them. We think you'll find that this simple approach will improve the quality of the health information provided by the patient, and speed things up as well.

## Additional Resources

- Zila Pharmaceutical – [www.zila.com](http://www.zila.com)
- Velscope – [www.velscope.com](http://www.velscope.com)
- Oral Cancer Foundation – [www.oralcancerfoundation.org](http://www.oralcancerfoundation.org)

Your importance in helping your patients deal with the risks of oral cancer cannot be overstated. The PreViser oral cancer assessment tool will create a systematized approach to evaluating these risks, with the result that your patients will understand the significant value you bring to helping them maintain optimum oral health.