

Screening for Oral Cancer

An important step in overall health

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A deadly disease previously difficult to diagnose

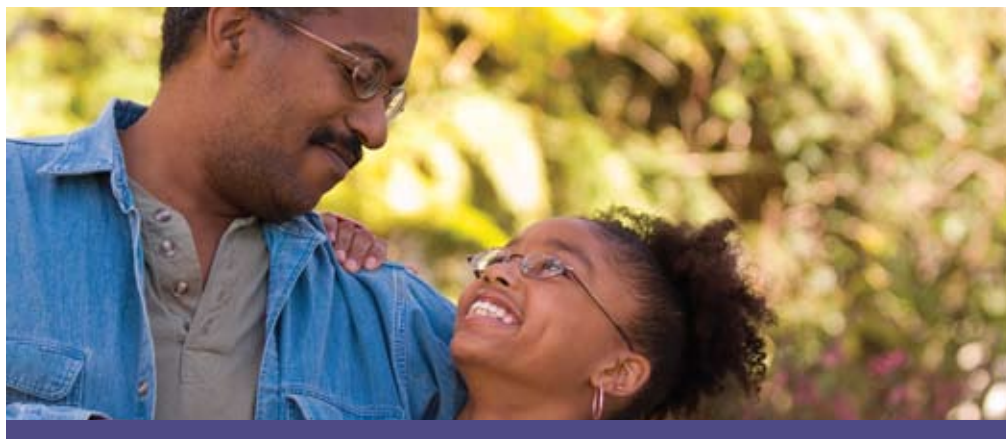
Oral Cancer is the sixth most commonly diagnosed form of cancer in the United States. Presently 30,000 patients are diagnosed annually with oral cancer. The 5-year survival rate is only 50%, accounting for 8,000 deaths each year. Oral Cancer is one of the few cancers whose survival rate had not improved significantly in the past 50 years, primarily due to the fact that during this time we had not changed the way we screen for this disease (typically a visual and manual examination of the oral cavity, head, and neck). This has recently begun to change. In any case, oral cancers can be dangerous and aggressive:

- ▶ Each year, oral cancer claims as many lives as skin cancer (melanoma) and more than cervical cancer.
- ▶ Risk factors for oral cancer include smoking, tobacco chewing and drinking alcohol. However, a full 25 percent of cases have no risk factors at all.
- ▶ Oral cancer is rising in women, those under age 40 and nonsmokers.
- ▶ Recently, Human Papillomavirus has been implicated as an additional risk factor in Oral Cancer, leading to an increase in cases in younger patients and women. HPV has also been implicated in Cervical Cancer

How to detect and treat Oral Cancer

Given the importance of early detection and treatment, diagnosis and prevention play at least as important a role as they do in the detection and treatment caries and periodontal disease. In addition to limiting risk factors, patients should In approximately 10% of patients, dentists may notice a white or red spot or sore. Examples include:

- ▶ Red, white or mixed lesion



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- ▶ Chronic ulceration
- ▶ Unusual surface changes (e.g., Granular appearance)
- ▶ Follow up on a lesion unresponsive to treatment
- ▶ Follow up on a persistent lesion that had previously tested negative to biopsy
- ▶ Patients who have a previous history of oral or head & neck cancer, who are exhibiting mucosal (the tissue lining the inside of the mouth) changes

Biopsies and other techniques paved the way for better screenings

In the past, if additional examination was warranted, the dentist or surgeon was limited to a scalpel biopsy. Two recent technology improvements allow for earlier and less invasive screening. The first of these that was available was the Brush Biopsy. The technique encourages dentists to test lesions that did not warrant a full-scalpel biopsy, but that may have been put on watch in the past. Using a handheld brush, the dentist will take a small tissue sample from the suspicious area, place it on a slide and send it to the laboratory for examination.

Data from the maker of the brush biopsy, indicate that approximately 85% of lesions examined will prove to be negative, the rest will show atypical or positive results. These should be followed up with a full scalpel biopsy. By performing the screen rather than simply monitoring lesions, there would be more of a chance that a lesion will be caught earlier.

Brush Biopsy has been available for several years now and is covered by UnitedHealthcare Dental. In fact, UnitedHealthcare Dental has covered the procedure since it was first introduced, one of the first dental insurers to do so, as part of its commitment to prevention, wellness and the benefits of oral health on overall health.

Recent developments make Oral Cancer screening even easier

A newer technology has made Oral Cancer screening even easier and more accessible. These take advantage of fluorescence visualization, which assist health care professionals in identifying oral abnormalities at the earliest stages. They are non-invasive (do not involve cutting or manipulating tissue), instead using light contrast to differentiate healthy tissue from those displaying early signs of oral cancer.

One of the products, works by passing a light source over oral tissue that has been treated with the rinse solution; normal healthy tissue will absorb the light and appear dark, abnormal tissues will appear white. Another, emits a safe blue light into the oral cavity, causing tissue fluorescence from the surface of the tissue through to the deeper layers – where pre-malignant changes typically start. Both technologies help the clinician evaluate oral mucosa for abnormal areas of concern, such as potentially cancerous lesions, which are often undetectable under a normal light source.

Both approaches are adjunctive (done in addition), to traditional manual screening. Detection of tissue abnormalities should result in a follow up referral for a brush or full biopsy.

New oral screening procedures are covered

UnitedHealthcare Dental has agreed to cover these procedures and will begin doing so April 1, 2008. Like brush biopsy, UnitedHealthcare Dental's coverage of newer oral cancer screening technologies demonstrates its commitment to wellness, prevention and good overall health in addition to oral health.

UnitedHealthcare Dental urges its members to discuss Oral Cancer screening with their dentist and to have regular examinations in order to catch or even prevent this very dangerous disease.

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