



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

CONSULTATION:	Consultation on Screening for Oral Cancer
ORIGINATING SOURCE:	UK National Screening Committee
CONTRIBUTORS:	Dental Council Members (as of July 2015)
SUBMITTED:	12th August 2015



**UK National
Screening Committee**

**UK National Screening Committee
Screening for Oral Cancer - an evidence review**

Consultation comments pro-forma

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Do you consent to your name being published on the UK NSC website alongside your response?			
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Section and / or page number	Text or issue to which comments relate	Comment	
		<i>Please use a new row for each comment and add extra rows as required.</i>	
P8	Natural history	Differing aetiologies hence differing paths of growth make predictions on the development of disease progression very difficult. A white patch caused by smoking will probably have a different mutation(s) to that caused by alcohol or HPV. The fact that up to 25% have no obvious aetiological agent might mean that a significant number are caused by something we	

		have yet to identify.
P9	Screening test	I was involved with the Cochrane reviews quoted. Its easy to be critical of the papers available but our recent attempt to predict the number of oral cancer cases that a dentist is likely to see in their lifetime (Ogden et al BDJ 2015) gave a cautious estimate of 1 in 10 years, however the number of potentially malignant lesions that they might see was estimated at 2 per month !
Over all comment	Importance of the disease	This is a v well referenced report .Whilst the 'evidence' to support national screening might at first glance appear quite negative (set against the trebling in numbers over the last 30 years), in a so called low prevalence country like the UK, COE still offers the best chance to detect early change but ONLY if GDP's screen the mouth every time the patient attends and then refer when they see something suspicious. Those who ask about risk factors, screen the mouth, record their findings, are aware of referral guidelines, do regular relevant CPD and have confidence are more likely to detect and refer.
P13	The treatment	Although we have known for many years that biopsy excision of a small cancer can be curative, the treatment of a potentially malignant lesion is much more problematic. An RCT is required given the lack of accepted practice.

Please return to Adrian Byrtus (Evidence Review & Policy Development Manager) adrian.byrtus@nhs.net by 4th September 2015