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AWARENESS AND KNOWLEDGE OF DENTISTS ON ORAL CANCER

Preetha Parthasarathy¹, Lakshmi.T^{2*}

Department of Pharmacology, SaveethaDentalCollege, Chennai, Tamilnadu.

Email: lakshmi085@gmail.com

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Abstract:

Aim: The aim of this study is to evaluate the dentist's knowledge and awareness and treatment protocols on oral cancer

Background: Oral cancer is the sixth most common cancer among Indian males and the third most common cancer among Indian females. Early detection of oral cancers makes them more amenable to treatment and allows the greatest chance of cure. Lack of awareness among the health care providers is the most significant factor in delaying diagnosis and treatment of oral cancer. So the aim of the study was to assess the knowledge, attitude and practices of oral cancer among undergraduate dental students in Saveetha dental college, chennai.

Methodology: A cross sectional study was conducted among the dental practitioners. A survey containing 15 questions were distributed to 105 respondents and were asked to fill in the same.

Conclusion: Oral cancer is the most common in head and neck type of cancer. Hence, the dentist should be aware of the same. It can be concluded that the dentists play a major role in figuring out oral cancer and also 83.5% of the participants are aware of what type of diagnosis and treatment to be given to a oral cancer patient.

Keywords: Oral cancer, awareness, treatment, squamous cell.

Introduction:

Cancer is any uncontrollable growth of cells that invade and cause damage to the surrounding tissues. Oral Cancer appears as a growth inside the oral cavity that includes the lips,tongue, cheeks,floor of mouth hard and soft palate, pharynx.¹

Oral cancer is the sixth most common cancer among Indian males and third most common among the females.²Though, the examination of oral cavity is easy compared to other regions of the body, around 60%-70% of oral cancer are

detected at stage III or stage IV.³This attributes to the fact that, they are asymptomatic.⁷ In order to reduce the risk and

for the betterment of the patient, it is important to diagnosis early and also provide prompt and accurate treatment.

Say, about 90%-95% of oral cancer is of squamous cell carcinomas. Oral cancer is usually marks a high risk factors and these are tobacco chewing, tobacco smoking, consumption of alcohol-which find the major space in the list of risk factors.⁵

Oral cancer is usually asymptomatic, but might show these symptoms, such as swellings or thickenings, rough spots, crusts or eroded areas of lips or gums.⁴ It might also appear as a velvety white red patches in the mouth.⁶

Oral cancer is prevalent worldwide with high incidence of mortality and morbidity. It is associated with poor prognosis and low survival rate. Moreover, patients affected are more likely to develop psychological issues and thus, addressing psychological needs of such patients is crucial.¹¹

The influence of dietary factors also has a major role in oral cancer. since diet may account for 10–15% of oral cancer cases.¹²

Most studies suggest that 4-6% of oral cancers now occur at ages younger than 40 years. Several studies examining risk factors for oral cancer in the young provide evidence that many younger patients have never smoked or consumed alcohol, which are recognised risk factors in older groups.¹³

Hence, the dentists being the first person to notice any abnormal changes in the oral cavity, must have knowledge about the etiology and clinical aspects of oral cancer that is required for diagnostic purposes and if found to be a suspicious lesion, should refer to an oral surgeon.

Materials and Methods

To assess the knowledge and attitude of dental professionals on oral cancer, this study focused on individual opinions of the dental professionals. This cross-sectional study was conducted based on a questionnaire on oral cancer and its knowledge about methods of reporting and treatment plans among undergraduate students.

The study aimed at a sample size of 105 individuals. The data was collected from Saveetha Dental College, Chennai. The 100 participants were from third to fifth year of undergraduate dental students. The study was conducted during the month of december'16.

The participants received the questionnaire with an informed consent.

Tabulation:**Table:1:Questionnaire.**

Questions
1. Is the family history important in oral cancer?
2. Do you ask for relevant family history for oral cancer in history talking?
3. Do you ask for personal history of patients?
4. Do you inform the patients on risk factors of oral cancer?
5. Are you aware about the treatments available for oral cancer?
6. are you aware of the treatment cost for oral cancer?
7. are you aware of the risk factors for oral cancer?
8. Do you know where to refer the patients with oral cancer?
9. Do you think that dentists are the first person to identify oral cancer?
10. Would you like more training for treatment and diagnosis of oral cancer?
11. Do you examine the oral mucosa routinely?
12. Do you take history from patients about alcohol and tobacco use?
13. Do you educate the patients on adverse effect of alcohol and tobacco?
14. Have you ever attended any education program on the same?
15. Do you refer patients with suspicious lesion to a oral surgeon for further evaluation?

Table: 2

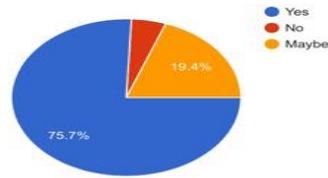
Questions	Response (yes)
• Is the family history important in oral cancer?	• 83.7%
• Do you ask for relevant family history for oral cancer in history talking?	• 80.8%
• Do you ask for personal history of patients?	• 82.7%
• Do you inform the patients on risk factors of oral cancer?	• 94.2%
• Are you aware about the treatments available for oral cancer?	• 83.5%
• are you aware of the treatment cost for oral cancer?	• 65%
• are you aware of the risk factors for oral cancer?	• 90.3%
• Do you know where to refer the patients with oral cancer?	• 78.4%
• Do you think that dentists are the first person to identify oral cancer?	• 75.7%
• Would you like more training for treatment and diagnosis of oral cancer?	• 83.5%
• Do you examine the oral mucosa routinely?	• 81.4%

• Do you take history from patients about alcohol and tobacco use?	• 90.4%
• Do you educate the patients on adverse effect of alcohol and tobacco?	• 95.1%
• Have you ever attended any education program on the same?	• 54.8%
• Do you refer patients with suspicious lesion to a oral surgeon for further evaluation?	• 78.8%

Result:

One hundred and five questionnaires were answered by the participants. The students were between 19-22 years old.

Do you think that dentists are the first person to identify oral cancer?
(103 responses)

**Fig: 1**

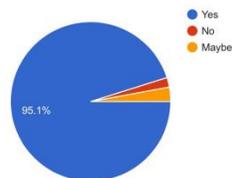
This study shows that about 75.7% of the participants feel that the dentists are the first person to identify an oral cancer and are responsible in reporting the same to the surgeon for further medication.

Only about 35% of the participants are not aware of the cost of the treatment and procedures done in oral cancer.

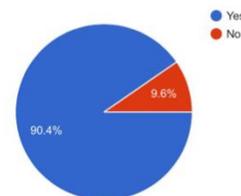
About 80.8% of the participants find that family history is also an important factor that is to be noted while examining an oral cancer patient, so that it might be easier to figure out the cause of the disease.

It is dentists utmost duty to ensure that his/her patient is aware of the

do you educate the patients on adverse effect of alcohol and tobacco?
(103 responses)

**Fig: 2**

do you take history from patients about alcohol and tobacco use?
(104 responses)

**Fig: 3**

adverse effects of consuming alcohol and tobacco usage. Hence, it is dentist's soulful responsibility to advise on the same. This study shows that 95.1% of the participants educate their patient on adverse effects of alcohol and tobacco usage.

Examining the complete oral cavity is of prime importance. Even slight variations should be noted. 81.4% of the participants claims of examining the oral mucosa of the patient routinely.

Since, oral cancer is the most commonest in head and neck region, and the dentist being the first person to notice any abnormalities in the oral cavity⁸, it is of utmost importance that the dentists are aware of the treatments available for oral cancer, it's cost, it's features and diagnosis.

This can be done through education programs that might throw light on the same.

The study shows that 44.2% of the participants have not attended any educational programs on oral cancer and 83.5% of the participants would want more training on diagnosis and treatment for oral cancer.

Have you ever attended any education program on the same?
(104 responses)

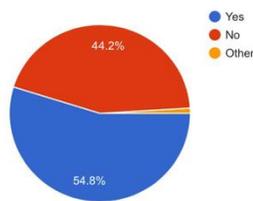


Fig: 4.

Would you like more training for treatment and diagnosis of oral cancer?
(103 responses)

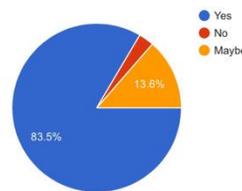


Fig: 5

Once the patient is suspected for the disease, the next step should be examining, diagnosis, and treatment. For this, the dentist must refer the suspected patients to oral surgeon for further evaluation.

Do you refer patients with suspicious lesion to a oral surgeon for further eValuation?
(104 responses)

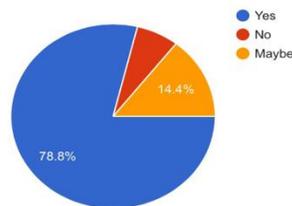


Fig: 6

This study shows, 78.8% of the participants refer the suspected patients to the oral surgeon for further diagnosis.

Discussion:

Oral cancer is one of the most commonest cancer in head and neck region.⁸ Hence, it is important for the dentists to be aware of the same, as they might be the first individual in figuring out any abnormalities in oral cavity of the patient.

From the study conducted, it can be seen that, about 83.7% of them find family history is important in oral cancer and 80.8% of the participants claim to ask for relevant history for oral cancer so as to find the cause and how the disease would progress based on the family history findings.

Say, 75.7% feels the dentists are the first individual in identifying oral cancer. About 83.5% of the participants are aware of the treatments available for oral cancer and only 65% of the participants are actually aware of the cost for treating oral cancer.

The root cause for oral cancer remains to be consumption of alcohol and tobacco usage and other forms of drugs.⁹ Hence, bringing down the consumption of drugs can lead to an decrease in oral cancer rate.

Dentists and dental hygienists are in a unique position to motivate and assist their patients to quit smoking and using smokeless tobacco, and there is ample evidence that they can be effective.¹⁴

Tobacco plays a major role in the development and treatment of many oral diseases, and the repeated nature of dental treatment provides multiple opportunities for information, advice and brief counselling. However, dentists and dental hygienists in practice report lack of training in effective tobacco cessation skills as a significant barrier to incorporating these behaviours into routine care.¹⁵

Thus, from the study, it is seen that 95.1% of the participants educate their patients on adverse effects of consumption of alcohol and tobacco.

81.4% of them claim to check the oral mucosa of the patient, routinely.

From the study, it can be seen that 78.8% of them refer their patients to the oral surgeon for further evaluation, if suspected for the disease and 78.4% are aware of where to refer the patients for further diagnosis and evaluation.

As the dentists are the first individual to notice any change in oral cavity, they must be enlighten on the treatment and diagnosis of oral cancer.

Only 54.8% of them say to have attended any educational program on oral cancer and 83.5% of them are interested in taking up training for treatment and diagnosis of the same.

About 94.2% of the participants say to have informed their patients on the risk factors associated with oral cancer.

Conclusion:

From this study, it can be concluded that the dentists play a major role in figuring out oral cancer and also 83.5% of the participants are aware of what type of diagnosis and treatment to be given to a oral cancer patient and, 78.8% of them report suspicious lesion to the oral surgeon for further evaluation.

Acknowledgement:

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References:

1. Fotedar S, Bhardwaj V, Manchanda K, Fotedar V, De Sarkar A, Sood N. Knowledge, attitude and practices about oral cancers among dental students in HP Government Dental College, Shimla-Himachal Pradesh. South Asian journal of cancer. 2015 Apr 1;4(2):65.
2. Kumar S, Ak H. KNOWLEDGE AND AWARENESS ABOUT ORAL CANCER AMONG UNDERGRADUATE DENTAL STUDENTS. Asian Journal of Pharmaceutical and Clinical Research. 2016 Jun 28:165-7.
3. Kumar KV, Suresan V. Knowledge, attitude and screening practices of general dentists concerning oral cancer in Bangalore city. Indian journal of cancer. 2012 Jan 1;49(1):33.
4. Rocha-Buelvas A, Hidalgo-Patiño C, Collela G, Angelillo I. Oral cancer and dentists: knowledge, attitudes and practices in a South Colombian context. Actaodontol. latinoam. 2012;25(2):155-62.
5. Jaber MA. Dental practitioner's knowledge, opinions and methods of management of oral premalignancy and malignancy. The Saudi Dental Journal. 2011 Jan 31;23(1):29-36.
6. Carter LM, Ogden GR. Oral cancer awareness of undergraduate medical and dental students. BMC medical education. 2007 Nov 15;7(1):1.
7. Nicotera G, Gnisci F, Bianco A, Angelillo IF. Dental hygienists and oral cancer prevention: knowledge, attitudes and behaviors in Italy. Oral Oncology. 2004 Jul 31;40(6):638-44.
8. Soares TR, Carvalho ME, Pinto LS, Falcão CA, Matos FT, Santos TC. Oral cancer knowledge and awareness among dental students. Brazilian Journal of Oral Sciences. 2014 Mar;13(1):28-33.

9. Honarmand M, Hajihosseini A, Akbari F. Oral cancer knowledge of senior dental students in Zahedan, South-East of Iran. *Asian Pacific journal of cancer prevention: APJCP*. 2013 Dec;15(7):3017-20.
10. Bottan ER, Comunello IF, Marín C, Subtil EM. Assessment of knowledge about oral cancer: study with students of public education. *South Brazilian Dentistry Journal*. 2015 May 20;1(12):41-9.
11. Kamatchinathan P, Kaja N, Muthuraman V, Antharaju Y, Kumar M, Varadharajan U. Psychological Analysis of Oral Cancer Patients during Pre-operative Period in South Indian Population: A Prospective, Quantitative, Multicentre Study. *Journal of Clinical and Diagnostic Research: JCDR*. 2016 Oct;10(10):ZC72.
12. La Vecchia C, Tavani A, Franceschi S, Levi F, Corrao G, Negri E. Epidemiology and prevention of oral cancer. *Oral oncology*. 1997 Sep 30;33(5):302-12.
13. Llewellyn CD, Johnson NW, Warnakulasuriya KA. Risk factors for squamous cell carcinoma of the oral cavity in young people—a comprehensive literature review. *Oral oncology*. 2001 Jul 31;37(5):401-18.
14. Gordon JS, Albert DA, Crews KM, Fried J. Tobacco education in dentistry and dental hygiene. *Drug and alcohol review*. 2009 Sep 1;28(5):517-32.
15. Al-Shammari KF, Moussa MA, Al-Ansari JM, Al-Duwairy YS, Honkala EJ. Dental patient awareness of smoking effects on oral health: comparison of smokers and non-smokers. *Journal of dentistry*. 2006 Mar 31;34(3):173-8.