

Screening for Oral Cancer

The U.S. Preventive Services Task Force (Task Force) has issued a **final** recommendation statement on *Screening for Oral Cancer*.

This final recommendation statement applies to adults ages 18 and older who do not have signs or symptoms of oral cancer. It applies to screening in the primary care setting, not to screening conducted by dental care professionals or specialists like ear, nose, and throat doctors.

The Task Force reviewed recent research studies on screening for oral cancer in adults. The final recommendation statement summarizes what the Task Force learned about the potential benefits and harms of this screening: There is not enough evidence to determine the potential benefits and harms of screening for oral cancer in primary care settings.

This fact sheet explains the recommendation and what it might mean for you.

What is oral cancer?

Oral cancer is a type of head and neck cancer. It includes cancers of the lip and inside of the mouth.

Another type of oral cancer is found in the oropharynx. The oropharynx is the part of the throat at the back of the mouth. This type of cancer is not included in this recommendation statement.

Facts About Oral Cancer

Oral cancers are an uncommon but serious disease. In 2013, more than 41,000 people will develop cancers of the lip, mouth, and upper throat, and more than 7,800 people will die from these diseases. Nearly three-quarters of oral cancers occur in men.

About 80% of people with cancer just in the oral area survive for at least 5 years after diagnosis. This drops to 55% for those whose cancer has spread to the lymph nodes near the mouth and neck and 33% for those whose cancer has spread further.

The main risk factors for oral cancer are heavy tobacco and alcohol use. Up to 75% of oral cancers may be due to tobacco and alcohol use. Cancer of the oropharynx (part of the throat) can be caused by oral human papillomavirus (HPV) infection.

The number of cases related to tobacco and alcohol use has been going down, as fewer adults now smoke or drink heavily. However, HPV-related cancer of the oropharynx has been increasing.

Screening for Oral Cancer

Most people who develop oral cancer first experience abnormal tissue changes. These are called “potentially malignant disorders,” and sometimes they become cancer. More than half the people with oral cancer have cancer that has spread (metastasized) at the time of diagnosis. The main goal of screening, therefore, is to identify potentially malignant cancer early so that it can be treated.

The main way to screen for oral cancer is to look inside the mouth and feel for lumps or abnormal changes in the tissues. This exam is often done by dentists. It also can be done by a primary care professional, such as a doctor, physician's assistant, or nurse practitioner.

Several other tests can be done in addition to the physical exam, but they have been tested mostly in dental care settings, not in primary care settings. These tests include staining the mouth with a special dye, shining a special kind of light inside the mouth, and moving a small brush over areas with changes to collect cells for testing.

If oral cancer is suspected, the health care professional will collect a tissue sample, which is tested to determine whether it is cancerous. This is called a biopsy. If oral cancer is diagnosed, treatment options include surgery to remove tumors, radiation to kill cancer cells, and chemotherapy to reduce the chances that the cancer will spread.

Potential Benefits and Harms

The Task Force reviewed studies that looked at the accuracy of screening tests for oral cancer. They also examined whether oral cancer screening or early treatment will improve a person's health over the long term.

The Task Force found poor evidence on whether screening exams can accurately detect oral cancer. They also found very little clear evidence on whether screening or early treatment improves long-term health among adults in general or adults at high-risk of developing oral cancer in the United States.

The Task Force found very little evidence on the potential harms from screening or the tests used in diagnosis. Potential harms from treating oral cancer include complications from surgery, radiation, or chemotherapy.

The Final Recommendation Statement Screening for Oral Cancer: What Does It Mean?

Here is the Task Force's final recommendation statement on screening for oral cancer. Recommendations have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They also are based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against screening — it issues an **I Statement**. The Notes explain key ideas.

Visit the Task Force Web site to read the full **final recommendation statement**. The statement explains the evidence the Task Force reviewed and how it decided on the grade. An **evidence report** provides more detail about the studies the Task Force reviewed.

1 The Task Force concludes that the current *evidence is insufficient* to assess the balance of benefits and harms of screening for oral cancer in *asymptomatic adults*.

I Statement

Notes

1 *evidence is insufficient*
The Task Force did not find enough information on the use of oral cancer screening to determine potential benefits and harms.

asymptomatic

With no signs or symptoms.

adults

People ages 18 and older.

Should You Be Screened for Oral Cancer?

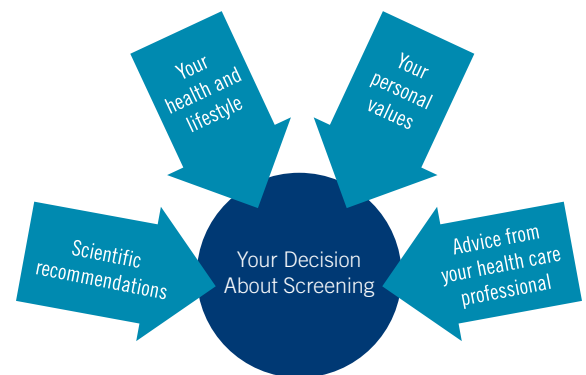
Getting the best health care means making smart decisions about what screening tests, counseling services, and preventive medicines to get and when to get them. Many people don't get the tests or counseling they need. Others get tests or counseling they don't need or that may be harmful to them.

Task Force recommendations can help you learn about screening tests, counseling services, and preventive medicines. These services can keep you healthy and prevent disease. The Task Force recommendations do not cover diagnosis (tests to find out why you are sick) or treatment of disease. Task Force recommendations also apply to some groups of people, but not others. For example, this recommendation does not apply to people who have symptoms of oral cancer. People with unusual lumps or bumps in their mouths or on their lips should see a health care professional.

Deciding Whether to Get Screened for Oral Cancer

When considering whether to get screened, think about your own lifestyle, personal beliefs, and preferences for health care. Talk with your health care professional about your risk factors for oral cancer. Consider scientific recommendations, like this one from the Task Force. Use this information to become fully informed and to decide whether screening for oral cancer is right for you.

At the same time, take action to reduce your risk for oral cancer. Don't smoke. If you drink alcohol, drink in moderation.








What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the **final recommendation statement**. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Oral Cancers

-  **Oral Cancer** (Centers for Disease Control and Prevention)
-  **Oral Cancer** (National Institute of Dental and Cranofacial Research)
-  **Oral Cancer** (Medline Plus, National Institutes of Health)
-  **Oral Cancer Screening: PDQ® Patient Version** (National Cancer Institute)
-  **HPV** (Medline Plus)

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[Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#) (May 2013)