Introduction

An expert panel convened by the American Dental Association’s Council on Scientific Affairs is working with the ADA Center for Evidence-Based Dentistry (EBD) to develop a clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity. To develop the guideline, the expert panel and the Center for EBD reviewed the best available scientific evidence and used this information to generate the good practice statements and recommendations presented below.

Good practice statements represent recommendations that the expert panel believes are important but that are not appropriate for formal ratings of quality of evidence. Recommendation statements include an assessment of the quality of the evidence on which they are based (very low, low, moderate, or high) and the strength of the recommendation (conditional or strong).

Good practice statements and recommendations

1. Good practice statement: The panel suggests that general dentists, specialists, or dental hygienists should obtain a history and perform a conventional visual and tactile oral examination for all patients at initial, recall and emergency examinations.

2. Good practice statement: The panel suggests that for patients with no clinically evident lesions, dentists should take no further action.

3. Good practice statement: The panel suggests that for patients with lesions exhibiting frank malignancy, dentists should provide immediate referral to a specialist.
4. Good practice statement: The panel suggests that for patients with a clinically-evident altered oral mucosal lesion considered to be **suspicious** for a potentially malignant disorder, dentists should biopsy the lesion or refer the patient to a specialist.

5. Good practice statement: The panel suggests that for patients with a clinically-evident altered oral mucosal lesion with an unknown clinical diagnosis considered to be **innocuous** or non-suspicious for malignancy, dentists should follow up with the patient within 1 month at which time the need for further evaluation is determined. If during that interval the lesion is not resolved and the clinical diagnosis of a potentially malignant disorder cannot be ruled out, then dentists should biopsy the lesion or refer the patient to a specialist.

6. Recommendation: The panel does not recommend **cytology** adjuncts for the evaluation of potentially malignant disorders among people with clinically evident innocuous or suspicious lesions. However, for patients who initially decline a biopsy, dentists **may** use cytology for clinically evident suspicious lesions or persistent, innocuous lesions to determine whether a biopsy is necessary (conditional recommendation, low-quality evidence).

7. Recommendation: The panel does not recommend **auto-fluorescence** adjuncts for the evaluation of potentially malignant disorders among people with clinically evident innocuous or suspicious lesions (conditional recommendation, low-quality evidence).

8. Recommendation: The panel does not recommend **tissue-reflectance** adjuncts for the evaluation of potentially malignant disorders among people with clinically evident innocuous or suspicious lesions (conditional recommendation, low-quality evidence).

9. Recommendation: The panel does not recommend **tissue-reflectance plus vital staining** adjuncts for the evaluation of potentially malignant disorders among people with clinically evident innocuous or suspicious lesions (conditional recommendation, low-quality evidence).

10. Recommendation: The panel does not recommend **cytology plus vital staining** adjuncts for the evaluation of potentially malignant disorders among people with clinically evident innocuous or suspicious lesions (conditional recommendation, very low-quality evidence).
11. Recommendation: The panel does not recommend **vital staining** adjuncts for the evaluation of potentially malignant disorders among people with clinically evident innocuous or suspicious lesions (conditional recommendation, low-quality evidence).

12. Recommendation: The panel does not currently recommend commercially available salivary tests for the evaluation of potentially malignant disorders among patients with or without clinically evident innocuous or suspicious lesions (conditional recommendation, low-quality evidence).