The Role of the Dentist in Educating and Preventing Oropharyngeal Cancer in their Patients

Dave Preble DDS, JD, CAE
Vice President
Practice Institute
Dentists Can Play a Key Role in Oropharyngeal Cancer Prevention

• HPV vaccination recommendations and dosing schedule

• Communication with patients and caregivers

• Considerations for dentists delivery of vaccine
HPV Vaccination Recommendations
HPV Vaccination Recommendations

• HPV vaccine is recommended for routine vaccination at age 11 or 12 years. (Vaccination can be started at age 9.)

• Vaccination is also recommended for females aged 13 through 26 years and males aged 13 through 21 years not adequately vaccinated previously.
HPV Vaccination Dosing Schedule

• 2 dose schedule if starting the vaccination series before the 15th birthday.
  – The second dose should be given 6–12 months after the first dose (0, 6–12 month schedule).

• A 3-dose schedule if starting the vaccination series on or after the 15th birthday, and for persons with certain immunocompromising conditions.
  – The second dose should be given 1–2 months after the first dose, and the third dose should be given 6 months after the first dose (0, 1–2, 6 month schedule).
Provider Responsibility
Provider Communication, Referral, & Follow-up

- The oral cancer exam opens the door for patient education on tobacco use, HPV and HPV vaccine.

- Educate yourself to be comfortable having these conversations.

- Talk about HPV vaccination in terms of cancer prevention.

- Be prepared to answer questions from parents about HPV vaccine and its safety and effectiveness.
Tips for Talking about HPV

- The Maureen E. Russo Nonprofit Organization
- Teammaureen.org
Provider Referral & Patient Follow-up

If patients/parents are interested in vaccination:

- Provide patients referral forms that recommend HPV vaccination and follow up to ask about completion.

- Provide information on local vaccination clinics, pharmacies and primary care physician of record.
# Feasibility of the Dental Practice to Administer Vaccine

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<th>Reach</th>
<th>Pharmacies</th>
<th>School Health Center</th>
<th>OB/GYN</th>
<th>STI Clinic</th>
<th>ER</th>
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**Vulnerable population**

- Feasibility
Another Risk Factor to Consider: Tobacco Use

• Tobacco use has oral health consequences.

• Variety of adverse oral effects, including gingival recession, impaired healing following periodontal therapy, oral cancer, mucosal lesions, periodontal disease, and tooth staining.

• Use of smokeless is associated with increased risks of oral cancer and oral mucosal lesions.
Cessation Counseling

• Can help smokers quit by identifying patients who use tobacco, advising them to quit, and offering them information about cessation treatment.

• When engaging patients remember “the 5As”.
The 5As

• **Ask:** Identify and document tobacco use status for every patient at every visit.
• **Advise:** In a clear, strong, and personalized manner, urge quitting.
• **Assess:** Is the tobacco user willing to make a quit attempt at this time?
• **Assist:** For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help.
• **Arrange:** Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date.