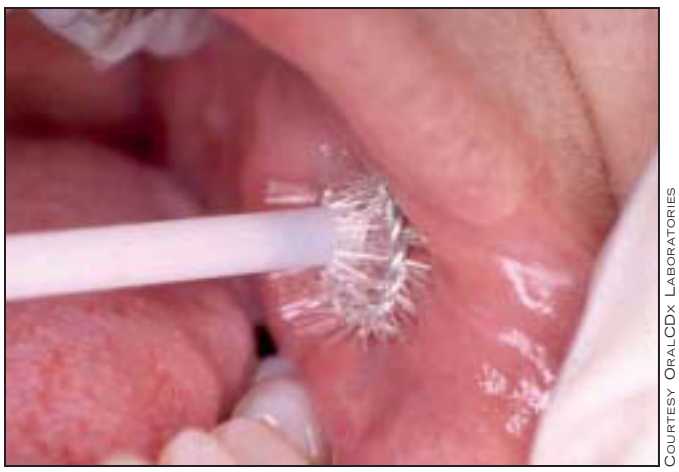
Using a brush biopsy kit for oral cancer screening has high sensitivity and specificity and doesn't require local anesthesia.



COURTESY ORALCDX LABORATORIES

Oral Cancer Screening Is Effective in Primary Care

BY BRUCE JANCIN

ESTES PARK, COLO. — A brush biopsy kit is highly useful for doing oral cancer screening when patients balk at being cut in the mouth or a physician is uncomfortable doing cold-steel biopsies.

"This is a very effective tool you might want to have in your office. The sensitivity and specificity are both about 98%. It doesn't require local anesthesia. It's very simple to do, and an instruction sheet is included with each kit. The company faxes you the results in 3 days," John McDowell, D.D.S., said at a conference on internal medicine sponsored by the University of Colorado.

The OralCDx kits are marketed by OralCDx Laboratories Inc. They are available through the company (www.sopreventable.com or 877-712-7874) at about $17 per kit. The test is widely covered by insurance as well as Medicare, said Eric Hirsch, a spokesperson for OralCDx.

"Nobody in my family owns stock in the company, and I don't advocate the brush biopsy because when I see a suspicious lesion I cut. But I do have patients who don't want to be cut on," noted Dr. McDowell, professor and director of oral medicine and forensic sciences in the university's school of dentistry.

The brush biopsy report does not specify tissue type or location, stating only whether atypical cells or malignant cells were present. But those aren't huge disadvantages because the brush biopsy is typically performed to check out a visually suspicious lesion, and more than 90% of all oropharyngeal cancers are squamous cell carcinomas, he said.

A thorough screening exam takes only 2-5 minutes, and can be lifesaving as part of routine primary care. Oral cancer is the sixth most common type of cancer in the United States. Five-year survival after diagnosis is less than 60%, because oropharyngeal cancers are often diagnosed at an advanced stage. They generally start small and are slow growing, but are typically asymptomatic.

The classic oropharyngeal squamous cell carcinoma is a mixture of red and white in color and is hard, with depth to the lesion. "The vast majority of these squamous cell carcinomas are visible clinically at an early stage, but they're only visible if you're looking for them. A few years ago the American Dental Association did a survey showing only about half of dentists do a regular oral cancer screening exam," Dr. McDowell continued.

The average age at diagnosis of oropharyngeal cancer is 65 years. Men outnumber women 2:1. "The vast majority of squamous cell carcinomas that I see, diagnose, and treat are in men who have been smoking and drinking throughout their lives," the dental researcher noted.

The tongue accounts for 30% of cases of oropharyngeal cancer. "If you're not looking at the base of the tongue, you're doing your patients a disservice," he said. "It only takes a couple seconds. Grab the tongue with a gauze pad, stick a tongue blade in, pull the cheek out to the side, and then look at the base of the tongue. That's where the great majority of cancers on the tongue occur."

Any irritation or nonhealing sore in the mouth or throat that persists beyond 2 weeks "definitely needs evaluation," Dr. McDowell stressed. ■