

ORAL CANCER SCREENING: KNOWLEDGE AND OPINIONS OF DENTAL SURGEONS AND SPECIALISTS EMPLOYED IN THE PUBLIC SECTOR DENTAL SERVICES OF SRI LANKA

A. Ariyawardana¹ and S.L. Ekanayake²

¹*Department of Oral Medicine and Periodontology,*

²*Department of Community Dental Health, Faculty of Dental Sciences, University of Peradeniya, Peradeniya*

Introduction

Oral cancer is ranked first in males and 4th in females with age-standardized incidence rates of 15.4/100,000 and 4.5/100,000 respectively (Cancer Registry, 2002). Many oral cancer patients seek treatment at the advanced stages of disease with subsequent poor treatment outcome. Early detection through screening has been considered vital in achieving better prognosis (Sankaranarayanan et al., 2006). Since the effectiveness of population based oral cancer screening is still not clear, early detection through opportunistic basis has been recommended (Warnakulasuriya and Johnson, 1996). Oral mucosal screening is considered as an integral part of routine dental care. Therefore, oral health care providers should have appropriate knowledge and skills in oral screening. Hence many researchers particularly from the developed countries have assessed the knowledge, views and practices related to oral cancer prevention and early detection among oral health care providers.

Though oral cancer is the most common cancer and dentists have a vital role in its prevention and control, no such studies have been conducted in Sri Lanka. Therefore the aim of the present study was to assess knowledge and opinions related to oral cancer

screening among dentists employed in the public sector dental services of Sri Lanka.

Materials and Methods

The study population consisted of all 1020 dentists employed by the Ministry of Health as at December 2007. Data were collected by means of a pretested postal questionnaire. The questionnaire consisted of 23 items focusing on demographic characteristics, knowledge and opinions about screening for oral cancer/precancer. Four items assessed knowledge about screening for oral cancer/precancer while 13 assessed opinions on knowledge and prevention of oral cancer, training and practices related to oral screening. Respondents were asked to indicate their responses in a 5-point scale: strongly agree, agree, disagree, strongly disagree and don't know. A knowledge score was calculated for each respondent based on the answers to 4 knowledge items.

Results

A total of 387 completed questionnaires were returned giving an overall response rate of 38%. Responses were received from dentists working in all 25 districts of Sri Lanka. The overall knowledge score was 2.79 ± 0.76 . There was no significant difference between

knowledge scores and time since graduation. Around 68-70% of respondents agreed or strongly agreed that their knowledge about oral cancer and pre cancer was current. A majority (59%) had disagreed or strongly disagreed that their patients were knowledgeable about oral cancer/precancer and 67% either disagreed or strongly disagreed that their patients were knowledgeable about signs and symptoms of oral cancer/precancer. Nearly 72% strongly agreed that they do not hesitate to refer patients with suspicious lesions to a specialist. Though 77% agreed/strongly agreed that dentists are adequately trained in oral cancer screening, nearly 63% disagreed/strongly disagreed that medical officers are adequately trained to perform oral screening. Of the respondents, 86% and 82% felt that dentist should be trained to provide tobacco and alcohol cessation education respectively. Nearly 81% agreed or strongly agreed that they were adequately trained in oral screening whilst 70% also felt that they needed further training in oral cancer.

Discussion

The respondents had a good knowledge of oral cancer screening with 65% obtaining a score of 3 or more of a maximum score of 4. Extensive coverage of the topic of oral cancer in the undergraduate dental curriculum may have contributed to this. Majority (72%) strongly agreed that they do not hesitate to refer a patient to a specialist if a suspicious lesion is found. This may allow the treatment to be initiated at an early stage of the disease ensuring better

prognosis. A very high percentage of the respondents agreed/strongly agreed that they are adequately trained in oral cancer screening but a majority of them perceived that medical officers are not adequately trained in this procedure. As oral health receives little emphasis in medical curricula, such perceptions by dentists can be expected. As general medical practitioners are also more likely to see patients at high risk for oral cancer it is important that they are educated and trained in oral screening for early detection of oral cancer. A majority agreed or strongly agreed that they were competent to educate patients on tobacco and alcohol cessation. However, Johnson et al. (2006) have reported that most dentists in the UK felt that they were not well prepared to assist patients in tobacco quitting. The finding that 82-86% of respondents felt that dentists required training on tobacco and alcohol cessation activities indicates a need for education on behavioural counselling both in dental schools and through continuing education programmes. Respondents' opinion regarding their training in oral cancer screening appeared to be inconsistent. A majority felt that they were adequately trained in oral cancer screening but most of them also felt that they needed further training. If they are adequately trained it could be questioned why they need further training in oral cancer screening? There are two possibilities. It may be that when responding to the question they may have not paid sufficient attention to the word "adequate". On the other hand they may have felt that they were adequately trained up to the present time but in today's dynamic context

and scientific progress they would benefit by further training.

Conclusions

The study revealed that a large proportion of respondents were knowledgeable about oral cancer screening. However, as there was a reasonable percentage of respondents with poor knowledge on oral cancer screening there is a need for continuing education programmes to update the knowledge of dentists. Further, the information obtained from this study will be useful when developing protocols for oral cancer screening in the dental clinic setting.

Acknowledgements

This study was supported by the grant RG/2006/23/D from the University of Peradeniya, Sri Lanka

Note: This study is published in the Asian Pacific Journal of Cancer Prevention. The reference is given below: Ariyawardana, A and Ekanayake, S.L. (2008). Screening for oral cancer/precancer: Knowledge and opinions of dentists employed in the public sector dental services of Sri Lanka. *Asian Pacific Journal of Cancer Prevention*, 9: 615-618.

References

- Cancer Registry. National Cancer Control Programme. Government Cancer Institute, Maharagama, Sri Lanka, 2002.
- Johnson, N.W., Lows, J.C. and Warnakulasooriya, K.A. (2006). Tobacco cessation activities of UK dentists in primary care: sign of improvement. *Br. Dent. J.*, **200**: 85-89.
- Sankaranarayanan, R., Dinshaw, K. and Nene, B.M., (2006). Cervical and oral cancer screening in India. *J. Med Screen*, 13 (Suppl 1): S35-38.
- Warnakulasuriya, K.A.A.S., Johnson, N.W. (1996). Strengths and weaknesses of screening programmes for oral malignancies and potentially malignant lesions. *European J. Cancer Prevention*, 5:93-98.