

Evidence-Based Clinical Practice Guideline for the Evaluation of Potentially Malignant Disorders in the Oral Cavity: A Report of the American Dental Association

The expert panel suggests that clinicians* should obtain an updated medical, social and dental history and perform an intraoral and extraoral conventional visual and tactile examination† in all adult patients (no quality of evidence rating and no strength of recommendation assigned).

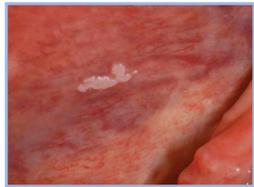
The GRADE Interpretation of the Strength of Recommendations listed below is intended for clinicians. A **Strong Recommendation** means most individuals should receive the intervention. A **Conditional Recommendation** means clinicians should recognize that different choices will be appropriate for individual patients and that clinicians must help each patient arrive at a management decision consistent with his or her values and preferences.

GRADE Quality of Evidence

High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect.
Low	Our confidence in the effect estimate is limited.
Very Low	We have very little confidence in the effect estimate.



A seemingly innocuous lesion



A potentially malignant disorder



A seemingly malignant lesion



No clinically evident lesions or other symptoms

Expert Panel Recommendation

The panel suggests that for adult patients with a clinically evident oral mucosal lesion with an unknown clinical diagnosis considered to be **seemingly innocuous** or nonsuspicious of malignancy, or other symptoms‡, clinicians* should follow up periodically with the patient to determine the need for further evaluation. If the lesion has not resolved and the clinical diagnosis of a potentially malignant disorder cannot be ruled out, then clinicians* should perform a biopsy of the lesion or refer the patient to a specialist§.

The panel suggests that for adult patients with a clinically evident oral mucosal lesion considered to be suspicious of a **potentially malignant or malignant disorder**, or other symptoms‡, clinicians* should perform a biopsy of the lesion or provide immediate referral to a specialist§.

The panel does not recommend cytologic adjuncts for the evaluation of potentially malignant disorders among adult patients with clinically evident, seemingly innocuous or suspicious lesions. Should a patient decline the clinician's* recommendation for performing a biopsy of the lesion or referral to a specialist§, the clinician can use a cytologic adjunct to provide additional lesion assessment.

- A positive or atypical cytologic test result reinforces the need for a biopsy or referral.
- A negative cytologic test result indicates the need for periodic follow-up of the patient. If the clinician* detects persistence or progression of the lesion, immediately performing a biopsy of the lesion or referral to a specialist§ is indicated.

The panel does not recommend autofluorescence, tissue reflectance, or vital staining adjuncts for the evaluation of potentially malignant disorders among adult patients with clinically evident, seemingly innocuous or suspicious lesions.

The panel suggests that for adult patients with **no clinically evident lesions** or symptoms‡, no further action is necessary at that time.

The panel does not recommend commercially available salivary adjuncts for the evaluation of potentially malignant disorders among adult patients with or without clinically evident, seemingly innocuous or suspicious lesions and their use should be considered only in the context of research.

* "Clinician" refers to the target audience for this guideline, but only those trained to perform biopsies (that is, dentists) should do so.

† "Examination" refers to initial, routine, or emergency visits.

‡ "Symptoms" could include globus sensation, unexplained ear pain or oropharyngeal pain, and hoarseness.

§ "Specialist" refers to clinicians with advanced training in oral and maxillofacial surgery, oral and maxillofacial pathology, oral medicine, periodontology, and otolaryngology – head and neck surgery.

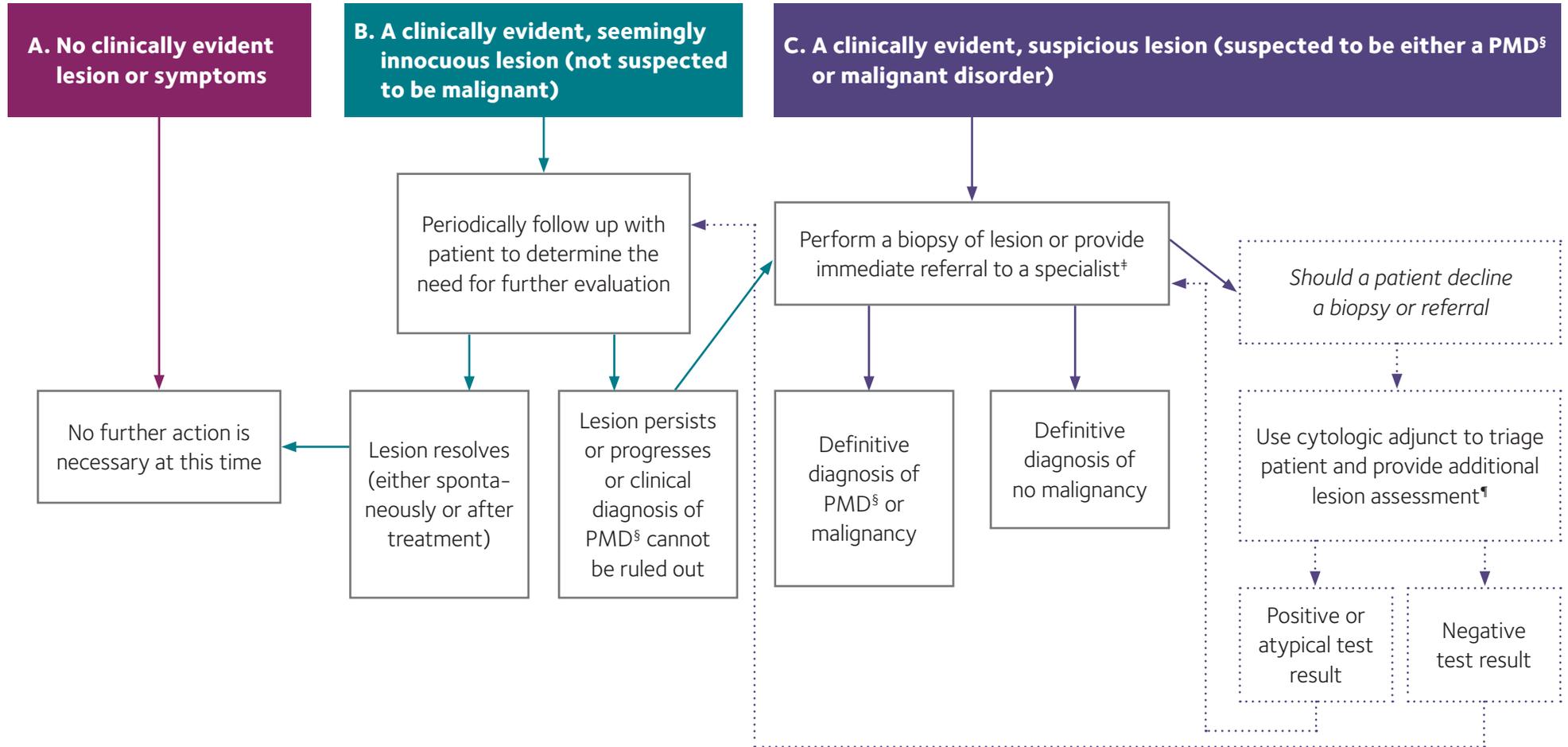
	Quality of the Evidence	Strength of Recommendation
The panel suggests that for adult patients with a clinically evident oral mucosal lesion with an unknown clinical diagnosis considered to be seemingly innocuous or nonsuspicious of malignancy, or other symptoms‡, clinicians* should follow up periodically with the patient to determine the need for further evaluation. If the lesion has not resolved and the clinical diagnosis of a potentially malignant disorder cannot be ruled out, then clinicians* should perform a biopsy of the lesion or refer the patient to a specialist§.	Low	Conditional
The panel suggests that for adult patients with a clinically evident oral mucosal lesion considered to be suspicious of a potentially malignant or malignant disorder , or other symptoms‡, clinicians* should perform a biopsy of the lesion or provide immediate referral to a specialist§.	Low	Conditional
The panel does not recommend cytologic adjuncts for the evaluation of potentially malignant disorders among adult patients with clinically evident, seemingly innocuous or suspicious lesions. Should a patient decline the clinician's* recommendation for performing a biopsy of the lesion or referral to a specialist§, the clinician can use a cytologic adjunct to provide additional lesion assessment.	Low	Conditional
<ul style="list-style-type: none"> • A positive or atypical cytologic test result reinforces the need for a biopsy or referral. • A negative cytologic test result indicates the need for periodic follow-up of the patient. If the clinician* detects persistence or progression of the lesion, immediately performing a biopsy of the lesion or referral to a specialist§ is indicated. 	Low	Conditional
The panel does not recommend autofluorescence, tissue reflectance, or vital staining adjuncts for the evaluation of potentially malignant disorders among adult patients with clinically evident, seemingly innocuous or suspicious lesions.	Low to Very Low	Conditional
The panel suggests that for adult patients with no clinically evident lesions or symptoms‡, no further action is necessary at that time.	Low	Conditional
The panel does not recommend commercially available salivary adjuncts for the evaluation of potentially malignant disorders among adult patients with or without clinically evident, seemingly innocuous or suspicious lesions and their use should be considered only in the context of research.	Low	Conditional

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Clinical Pathway for the Evaluation of Potentially Malignant Disorders in the Oral Cavity

Clinicians* should obtain or update patient history† and perform an intraoral and extraoral conventional visual and tactile examination in all adult patients. If during initial, routine or emergency examinations, a patient has:



* "Clinician" refers to general dentists, specialists, and hygienists.

† Along with evaluation of lesions, clinicians should take a comprehensive history that considers signs and symptoms of disease. Symptoms could include globus sensation, unexplained ear or oropharyngeal pain, and hoarseness.

‡ Specialists have advanced training in oral and maxillofacial surgery, oral and maxillofacial pathology, oral medicine, periodontology, and otolaryngology – head and neck surgery (ENT).

§ "PMD" refers to potentially malignant disorder.

¶ If cytologic adjunct is used, downstream consequences of true-positive, false-positive, true-negative, and false-negative test results should be considered. In particular, clinicians need to periodically monitor patients who test negative for the target condition via cytologic testing to minimize the downstream consequences of a potential false-negative result (that is, to avoid a delayed definitive diagnosis or treatment).