



# Early detection of oral cancer: Dentists' opinions and practices before and after educational interventions in Northern-Germany



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## ARTICLE INFO

### Article history:

Paper received 1 September 2012

Accepted 9 January 2013

### Keywords:

Oral cancer  
Continuing dental education  
Dentists  
Survey  
Opinion  
Practice

## ABSTRACT

**Introduction:** The question whether educational programmes improve dentists' knowledge of oral cancer is still an unexplored subject. The aim of this study was to assess dentists' opinions and practices concerning oral cancer using a standardised survey after educational intervention over one year.

**Material and methods:** Following a baseline survey which was mailed to every dentist in Schleswig-Holstein, Germany ( $n = 2280$ ), the results were analysed to produce a multifaceted educational programme.

After educational intervention, the same survey was redistributed and the results before and after intervention were compared.

**Results:** The results are based on 394 surveys.

Following intervention, 62% of responders, compared to 49% at baseline, described their overall knowledge as current.

The percentage of dentists routinely investigating older patients at the recall appointment increased from 28% at baseline to 37% if the responders had attended a continuing education course during the period of intervention.

Similar improvements were observed at initial appointment for older patients, with results improving from 33% to 38% for responders who attended a further educational course.

**Conclusions:** Our results showed that a 1-year educational intervention with a multifaceted approach was successful. They underline that continuing education programmes improve the competence of dentists performing examination of the oral cavity. Therefore, regular participation in continuing educational courses is recommended.

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## 1. Introduction

More than 13,000 cases of oral cancer are diagnosed newly in Germany each year. Although diagnostic and therapeutic procedures are continuously improved, incidence rates have not changed over decades, and still more than 5000 people die from this type of tumour every year. In Germany, this type of tumour now ranks 5th (3.9%) for men and 15th (1.6%) for women, and the 5-year survival rate is still only 46% for men and 60% for women.

These survival rates are as low as those for colon or stomach cancer (Robert Koch Institut 2012).

More than two-thirds of new cases are diagnosed at an advanced stage (Pritzke et al. 2011), with a resulting poorer prognosis for patients (Mourouzis et al. 2009). Early detection and consequently, an earlier start of therapy would improve survival rates and quality of life (Becker et al. 2012; Sankaranarayanan et al. 2005).

Detailed patient information on the risk factors and structured routine examination of the oral tissues should be an integral part of the annual dental check-up. This routine examination is simple, inexpensive and safe because of the easy access to the oral cavity (Clovis et al., 2002, Kujan et al., 2006, Lopez-Jornet et al., 2010). Dentists as health care providers should incorporate this

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examination in all initial and recall appointments in their daily practice, however diagnostic accuracy requires current knowledge and continuing educational training to allow differentiation between benign and possible premalignant and malignant lesions (Greenwood and Lowry 2001).

The aim of this study was to evaluate dentists' opinions and practices with oral cancer assessment and the conduct of routine examinations of the oral cavity at initial and recall appointments after a comprehensive educational intervention in Schleswig-Holstein, Germany.

## 2. Material and methods

### 2.1. The study population

Dentists' opinions and practices at baseline, i.e. before the educational intervention, were evaluated by means of a survey in November 2007 (Klosa et al. 2011). In April 2009, i.e. after the educational intervention, the mailing of the second questionnaire for the re-evaluation was published in the Dental Association's monthly journal.

**Table 1**

Contextual focus of the different approaches within the oral cancer educational intervention programme.

	Brochure	Oral presentation	Poster	DVD
<b>Information about:</b>				
Clinical signs, symptoms	x	x		
Diagnostic procedures	x	x	x	x
Risk factors		x		
Standardised routine examination of the oral cavity	x	x	x	x
Clinical decision pathway	x	x		x
Health history evaluation	x	x		
Additional diagnostic adjuvants	x	x		
Examples for different oral cancer lesions	x	x		x
Differential diagnosis				x
Epidemiological background	x	x		x
Histopathology	x			
Literature references	x			

The survey with a business reply envelope was mailed to all dentists within Schleswig-Holstein, Germany ( $n = 2280$ ), by the state's Dental Association in May 2009. The Dental Association agreed responsibility for the mailing because in Germany, dentists are obligatory members of the dental association responsible for their respective place of residence and the association knows the precise number of licensed dentists at any time. The mailing procedure included two reminders after three and six weeks and was identical to that used at baseline. For anonymity, the reminders were sent to all dentists, no matter whether the individual dentist had already returned the questionnaire or not.

### 2.2. The interventional educational programme

Based on the results of the baseline evaluation from autumn 2007 (Klosa et al. 2011), the project team together with the Dental Association of Schleswig-Holstein developed a comprehensive educational programme composed of different elements.

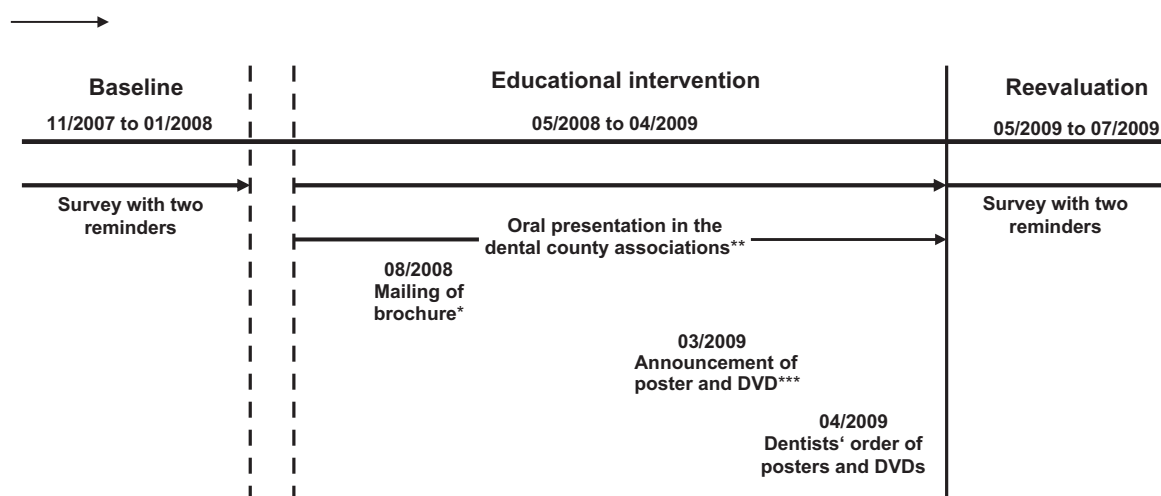
The educational programme focused on aspects of primary prevention, i.e. patient information about risk factors, and secondary prevention, i.e. dentist information about signs and symptoms and a standardised routine examination of the oral cavity.

The programme followed established requirements for implementing medical guidelines utilising a multifaceted approach (Margolis and Cretin 1999; Gross et al. 2001; Klinkhammer-Schalke et al. 2008a,b).

Table 1 describes the different approaches and their contextual focus.

### 2.3. The study design

Fig. 1 shows a temporal overview on the entire study from baseline to re-evaluation and the different aspects of the educational programme within the 1-year intervention period. The educational programme started with the mailing of a brochure – supported by the Deutsche Krebshilfe (German Cancer Aid) – sent to each dentist by the state's Dental Association. After analysis of the baseline results, the project team developed an oral presentation and offered this presentation to all dental counties within the state. In Germany, each



\*by the Dental Association of Schleswig-Holstein

\*\*presenters were two members of the project team

\*\*\*personal letter to each dentist from the project team together with the Dental Association

**Fig. 1.** Overview on the different approaches within the 1-year intervention period of the educational programme.

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