

<b>A1</b>	) Study	/ ID	
$\sim$ $\pm$	Juan	טו ע	

# **Oral Cancer Examinations in U.S. Dental Offices**

#### **Eligibility criteria**

A2) Are you a practicing clinical general dentist or Registered Dental Hygienist?
1)  General dentist
2)  Registered Dental Hygienist
3)  Neither (if neither, stop and "Thank you for your interest in this project. However, you are currently not
eligible to participate.")
B) Are you: a. licensed in the U.S. to treat patients, and b. treating patients in the U.S. on a recurring basis
1) 🗆 Yes
2)  No (if no, stop and "Thank you for your interest in this project. However, you are currently not eligible to
participate.")

Accurate responses are critical to obtaining meaningful study findings.

**This is not a test**; rather it is a survey of the dental profession regarding **actual practices.** Study results may have utility in terms of dental, medical, and public health policy and education.

The following questions should be answered in terms of **your dental practice** and **your patients**. Responses are confidential and will be analyzed only in aggregate with all other participant responses in order to paint a picture of oral cancer examinations nationally.

Thank you for your involvement with the project.

**Survey definitions:** Please review the following definitions prior to responding to the questionnaire.

- **Oral Cancer Examination (OCE):** OCE is the visual-tactile, external and intraoral examination of the soft tissues that can discover evidence of oral premalignancy and cancer. It is sometimes termed an oral cancer *screening* examination, and the **OCE** can be a major component of the **comprehensive head and neck examination**.
- New Patient Examination (NPE): CDT D0150- Comprehensive oral evaluation new patient OR, patient of record
- Recall Examination: CDT D0120- Periodic oral evaluation
- Malignant: Cancer, for example (e.g.), Squamous Cell Carcinoma (SCCA), Salivary gland adenocarcinoma
- Premalignant: A lesion with-increased potential for transformation to a cancer, e.g. epithelial dysplasia
- Lesion suspicious for <u>premalignancy/malignancy</u>: an oral lesion with characteristics suggesting it has the
  potential to transform, or has already transformed into an invasive cancer

Please note, "billing codes" are presented only to orient you to the type of examination being conducted.

**ALL QUESTIONS APPLY TO ADULTS ≥ 21 YEARS OF AGE** 

OCE-Questionnaire-2017-02-24-V15.0.docx



1.	On average, how many hours per week do you practice clinically? (hours)	
1a.	Did you complete an accredited residency program following dental school? (Please apply)	check all that
1ai.	☐ I am a hygienist: this question DOES NOT APPLY (programing note: if checked, all qu	uestions for
dentist	s only should be auto- deleted for hygienists)	
1aii	☐ No ☐ Yes Programmer note, if no go to Q#2	
1aiii.	$\square$ Completed Advanced Education in General Dentistry (AEGD) program, 1 year	
1aiv.	☐ Completed Advanced Education in General Dentistry (AEGD) program, 2 years	
1av.	☐ Completed General Practice Residency (GPR) program, 1 year	
1avi.	☐ Completed General Practice Residency (GPR) program, 2 years	
1avii.	☐ Completed specialty residency (oral and maxillofacial surgery, oral pathology, orthogonal complete	odontics,
period	ontics, endodontics, pedodontics, prosthodontics, oral medicine) but practice as genera	I dentist
1aviii	Other (specify):	



The next set of questions is about how you conduct your <u>routine new patient examinations</u> (NPE CDT DO150)

not presenting as an emergency

(Please mark on the slider below to indicate your response percentage or level of confidence)

(Programmer note: For the on-line version, the % shows up as slider moves, not to enter score. Should be positioned above slider. The mailed questionnaire, if used, will also have them mark the slider and enter the score)

- 2. When conducting your routine new patient examinations (NPE CDT D0150):
  - a. On what percentage of your NPE patients do you palpate for anterior cervical lymph nodes?

0%•-			100%	% (Enter Score)
00/	a1. How confident are you palpating these	lymph nodes?	<b>●</b> 100%	
0%	0% Completely <u>un</u> confident	100% Completely confident	10070	% (Enter Score)
	b. On what percentage of your NPE patien	ts do you <b>palpate submandi</b>	bular lym <sub>l</sub>	oh nodes?
0% <b>●</b>			100%	% (Enter Score)
0% <sup>©</sup>	b1. How confident are you <u>palpating</u> the su	bmandibular lymph nodes?	100%	% (Enter Score)
	0% Completely <u>un</u> confident	100% Completely confident		



c. On what percentage of your NPE patients do you palpate the thyroid?

0% <b>●</b>		•	100%	% (Enter Score)
	c1. How confident are you <u>palpating</u> the thyroid?			
0%•-	0% Completely <u>un</u> confident	00% Completely confident	100%	% (Enter Score)
	d. On what percentage of your NPE patients do	you <u>visually examine</u> th	e buccal r	nucosa?
0% <b>●</b>		•	100%	% (Enter Score)
	d1. How confident are you in performing a <u>visual</u>	exam of the buccal muc	osa?	
0%●	0% Completely <u>un</u> confident	100% Completely confident	100%	% (Enter Score
	e. On what percentage of your NPE patients do	you <u>palpate</u> the buccal ı	mucosa?	
0% <b>∽</b>		•	100%	% (Enter Score)
	e1. How confident are you in <u>palpating</u> the bucca	l mucosa?	100%	
ე% <b>•</b> −	0% Completely <u>un</u> confident	100% Completely confident	10076	% (Enter Score

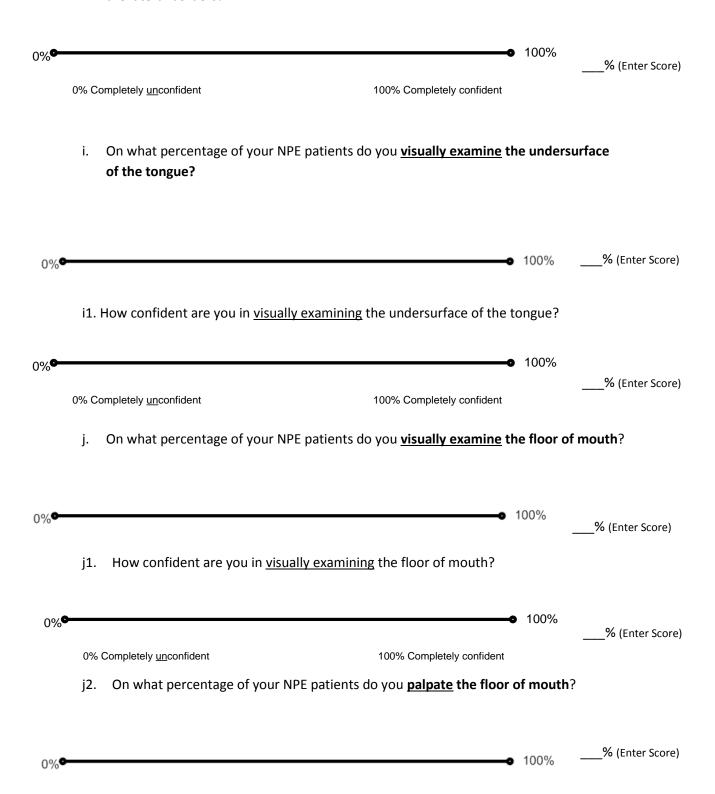


f. On what percentage of your NPE patients do you visually examine the oropharynx?

0% <b>●</b>					<b>1</b> 00%	% (Enter Score)
	f1.	How confident are you <u>visually </u> e	examining th	e oropharynx?		
0%					<b>1</b> 00%	% (Enter Score)
	0%	Completely <u>un</u> confident		100% Completely co	nfident	
	g.	How do you generally examine t	the <b>orophar</b> y	nx? (Check <u>all tha</u>	at apply)	
		g1a.   Have patient stick out h g1b.   As above, but also press g1c.   Look in the back of the r g1d.   Other (please specify) g1e.   I do not visually examin examinations	s the tongue mouth witho	down with a tong out doing either of	the above	
	h.	Do you generally examine the la h1a.  Retracting the tongue wh1b. Having the patient "stick h1c. Holding the tongue with h1d. Other? (specify)	vith a mouth ck out" his/h h a gauze	mirror er tongue from on	e side to the o	
	h1.	How confident are you <u>visually</u> e	examining th	e lateral borders o	of the tongue?	
0%					100%	% (Enter Score)
	0%	Completely <u>un</u> confident		100% Completely co	nfident	
	h2.	On what percentage of your NPI the lateral borders?	E patients do	you <b>hold the ton</b>	gue with gauz	e to visualize
0% <b>●</b>					<b>100%</b>	% (Enter Score)



h3. How confident are you in performing a visual exam while holding the tongue with gauze to visualize the lateral borders?



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J3. How confident are you palpating the floor of mouth?

0% <del>•</del>				100%	% (Enter Score)
	0% Completely <u>un</u> confident		100% Completely con	ifident	
	k. On what percentage or	f your NPE patients do	o you <b>visually exar</b>	nine the retromo	lar pad area?
0%━				100%	% (Enter Score)
	k1. How confident are yo	u <u>visually examining</u> t	he retromolar pad	I area?	
0%				100%	% (Enter Score)
	0% Completely unconfident		100% Completely con	fident	
This next s	et of questions is about var	ious aspects concern	ing your OCE.		
3.	(Programmer note: if hyginexaminations for your pating (Programmer note: if dentexaminations for your pating)	ents? (if in a group pr tists: "Who conducts	actice, please aver	rage across your d	lentists):"
•	e check <u>one</u> box ONLY in eac	•			
	ew patient examinations: ecall patient examinations:		;ienist(1)(no ;ienist(1)(no	ot generally condu ot generally condu	cted)(0) cted(0)
4.	When conducting a comproral mucosa as "not within		examination, how	confident are you	in your ability to classify
0%				→ 100	O% % (Enter Score)
0%	6 Completely <u>un</u> confident		100% Complete	ely confident	

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#### 5. Auto-delete for hygienists

Overall, my confidence level in assigning a presumptive diagnosis to oral mucosal lesions is:

0%•-		•	100%	% (Enter Score)
	0% Completely <u>un</u> confident	100% Completely confident		

### 6. (Programmer note: if hygienists the question is:

"In your *primary* practice site what percentage of <u>your</u> adult patients currently receives a comprehensive OCE? (in a group practice, please average across your dentists):"

(Programmer note: if dentists:

"In your primary practice site what percentage of your adult patients currently receives a comprehensive OCE?"

	Adult Patients <40 years old	Adult Patients <u>40-50</u> years old	Adult Patients > 50 years old
6a. New patients	6ai.	6aii.	6aiii.
6b. Recall patients (at least twice a year*)	6bi.	6bii.	6biii.
6c. Recall patients (at least annually*)	6ci.	6cii.	6ciii.
6d. New Emergency patients at Emergency visit (auto- deleted for hygienists)	6di.	6dii.	6diii.

<sup>\*</sup>Subject to their coming in

7a.	Do you solicit a history of HPV infection on your medical history form?  ☐ Yes ☐ No
7b.	Do you <i>verbally</i> solicit a history of HPV infection?  ☐ Never or almost never  ☐ Yes, but only when the patient indicates 'yes' on medical history form and/or an oral lesion is present  ☐ Yes, for most adults  ☐ Other:
7c	Do you solicit a history of behaviors associated with HPV-related infection on your medical history form?  ☐ Yes ☐ No

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☐ Never or almost never

☐ Yes, for most adults

OCEs? (Please mark a response	factors influence the <u>Frequency</u> or e for each box) <u>Programmer note:</u> e is labeled as 8x1 and 8x2 respective	· · · · · · · · · · · · · · · · · · ·
	8a-j1 Exam Frequency	8a-j2 Exam Comprehensiveness
8a. Any current smoking	☐ Increase	☐ Increase
	□ Decrease	☐ Decrease
	☐ No Change	☐ No Change
8b. Ever Smoke > 1 pack/day of	☐ Increase	☐ Increase
cigarettes	☐ Decrease	☐ Decrease
	☐ No Change	☐ No Change
8c. Use smokeless (chewing) tobacco	☐ Increase	☐ Increase
	□ Decrease	□ Decrease
	☐ No Change	☐ No Change
8d. Drink "socially"	☐ Increase	☐ Increase
	□ Decrease	□ Decrease
	☐ No Change	☐ No Change
8e. Heavy drinking	☐ Increase	☐ Increase
	☐ Decrease	□ Decrease
	☐ No Change	☐ No Change
8f. Wear dentures	☐ Increase	☐ Increase
	□ Decrease	□ Decrease
	☐ No Change	☐ No Change
8g. History of sexually transmitted	☐ Increase	☐ Increase
disease	□ Decrease	☐ Decrease
	☐ No Change	☐ No Change
8h. Any history of HPV or associated	☐ Increase	☐ Increase
behaviors	□ Decrease	□ Decrease
	☐ No Change	☐ No Change
8i. Being a male	☐ Increase	☐ Increase
	□ Decrease	□ Decrease
	☐ No Change	☐ No Change
8j. Family history of oral or oral-	☐ Increase	☐ Increase
pharyngeal cancer	□ Decrease	☐ Decrease
	☐ No Change	☐ No Change

 $\square$  Yes, but only when the patient indicates 'yes' on medical history form and/or an oral lesion is present

7d. Do you verbally solicit a history of behaviors associated with HPV infection?

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9a. (auto- deleted for hygienists) In the past <u>six (6)</u> months, approximately how many biopsies did you personally perform on patients with oral lesions suspicious for <u>premalignancy/malignancy</u> ?			
(nı	umber) (If "0" go to 9b)		
9a1. <i>six</i>	Of the oral lesions suspicious for <u>premalignancy/malignancy</u> you <b>biopsied yourself</b> in the past <i>(6) months,</i> how many had a histopathologic diagnosis that was:		
-	9a1i) potentially premalignant-		
-	9a1ii) carcinoma in situ or a cancer:		
9b. (auto- deleted for hygienists) In the past <u>three (3)</u> months, how many patients with oral lesions suspicious for premalignancy/malignancy did you refer for consultation / biopsy:			
(nı	umber)		
9b1. consulta	Of the patients with lesions suspicious for <u>premalignancy/malignancy</u> that you <b>referred for tion/biopsy</b> in the past $three$ (3) months, how many had a histopathologic diagnosis that was:		
-	9b1i) potentially premalignant		
-	9b1ii) a carcinoma in situ or a cancer:		
-	9b1iii) generally do not learn histopathologic diagnoses		
9c. (auto- deleted for hygienists) In the past <u>six (6)</u> months, how many patients with oral lesions suspicious for premalignancy/malignancy did you refer for consultation / biopsy:			
(nı	umber)		
9c1.	Of the patients with lesions suspicious for <u>premalignancy/malignancy</u> that you <b>referred for consultation/biopsy</b> in the past 6 months, how many had a histopathologic diagnosis that was:		
-	9b1i) potentially premalignant		

9b1ii) a carcinoma in situ or a cancer:

9b1iii) generally do not learn histopathologic diagnoses



## 10. (auto- deleted for hygienists)

Do you use the following as part of your new or recall examination armamentarium?

	Never	Sometimes	Always
	(0)	(1)	(2)
10a. Tissue autofluorescence/ Chemireflectance, e.g., VELscope,			
Identifi, OralID, Vizilite, Microlux			
10b. Vital stains, e.g., Vizilite Plus (toluidine blue), OraBlu			
(toluidine blue), Lugol's Iodine			
10c. Salivary test (oral cancer), e.g., SaliMark:			
10d. Salivary test (HPV), e.g., Oral DNA, OraRisk HPV with Reflex			

## 11. (auto- deleted for hygienists)

Do you use the following **after** an oral lesion is discovered?

	Never (0)	Sometimes (1)	Always (2)
11a. Tissue autofluorescence/ Chemireflectance, e.g., VELscope,			
Identifi, OralID, Vizilite, Microlux			
11b. Vital stains, e.g., Vizilite Plus (toluidine blue), OraBlu (toluidine			
blue), Lugol's Iodine			
11c. Cytopathological platforms, e.g., Oral CDX Brush Test, CtyID,			
Oral Advance			
11d. Salivary test (oral cancer), e.g., SaliMark:			
11e. Salivary test (HPV), e.g., Oral DNA, OraRisk HPV with Reflex			

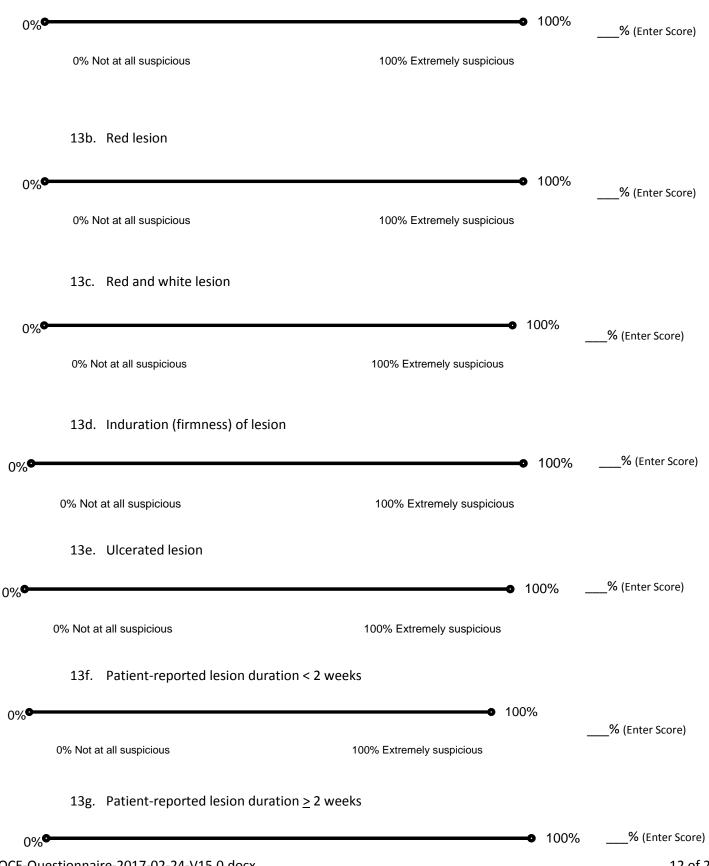
12a.	Do you have optical "loupes" available?	Yes No(If no go
12b.	Do you generally wear optical "loupes" for your restorative dentistry?	Yes No
	What-percentage of the time do you wear optical "loupes" to visually examir ucting an OCE?	ne the oral soft tissue when
0%•	→ 100	)%% (Enter Score)

### 13. (auto-deleted for hygienists)

To what extent do the following signs and symptoms increase your suspicion that a lesion could be premalignant or malignant in the absence of an obvious cause, e.g., aphthous ulcer, "pizza burn"?



#### 13a. White lesion



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# 13h. Positive contralateral (opposite side) nodes 100% 0% % (Enter Score) 0% Not at all suspicious 100% Extremely suspicious 13i. Positive ipsilateral (same side) nodes 100% 0% % (Enter Score) 0% Not at all suspicious 100% Extremely suspicious 13j. Pain in lesion area % (Enter Score) **1**00% 0% 0% Not at all suspicious 100% Extremely suspicious 13k. Other1 (specify): \_\_\_\_\_\_ (or N/A if left blank) 100% 0% % (Enter Score) 0% Not at all suspicious 100% Extremely suspicious 13l. Other2 (specify) \_\_\_\_\_\_ (or N/A if left blank) 100% 0% % (Enter Score) 0% Not at all suspicious 100% Extremely suspicious

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	14. (aut	o- del	eted for hygienists)
	What ar	e the	three (3) most important factors in deciding that an oral lesion requires consult or biopsy rather
	thar	n first	conducting a short-term observation: <i>(Check up to three)</i>
	14a	. 🗆	Patient age
	14b	. 🗆	Lesion duration
	14c.	. 🗆	Lesion color
	14d	. 🗆	Lesion induration
	14e	. 🗆	Lesion ulceration
	14f.		Lesion location
	14g	. 🗆	Family history of OC
	14h	. 🗆	Smoker
	14i.		Evidence of heavy alcohol consumption
	14j.		Gender
	14k	. 🗆	Pain in lesion area
	141.		Patient expressing concern about oral lesion/requesting further consultation/biopsy
The nex	kt set of	quest	ions will ask about referral/management of suspicious oral lesions.
	15. <b>(</b> a	uto- c	leleted for hygienists)
			e of practitioner do you <i>generally</i> refer patients with oral lesions suspicious for premalignancy or Check <u>one</u> only)
	1.		Oral and Maxillofacial surgeon
	2.		Oral medicine specialist
	3.		Oral Pathologist
	4.		☐ ENT specialist
	5.		Head & neck surgeon
	6.		] Dermatologist
	7.		Primary care physician
	8.		Other, Specify:
	9.		I do not refer patients with oral lesions suspicious for premalignancy or malignancy
	10	)i. ∟	I do not refer, I am someone to whom patients with lesions are referred
			leleted for hygienists)
	•	-	r patients' medical/dental insurance plans require you to:
	16		se specific plan-defined referral specialists?
			Yes
			] No
			Don't know/Not sure



16b. refer to a primary care physician first (gatekeeper)?
☐ Yes
□ No
☐ Don't know/Not sure
17. (auto- deleted for hygienists)
When you refer for a consult and/or biopsy, do you <u>routinely</u> provide any of the following information to the practitioner to whom you are referring? (Check <u>all</u> that apply)
17a. $\square$ Medical history
17b.   Dental history
17c.   Signs and symptoms associated with lesion of concern
17d.   History of lesion (e.g., duration)
17e.   Physical description of lesion
17f. 🗆 Lesion location
17g. 🗆 Radiographs
17h.   Results from diagnostic adjuncts, e.g., VELscope
17i. 🗆 Photographs
17j.  Results from diagnostic salivary
17k. Other; Specify:
17I.   N/A - I generally do not refer
18. (auto- deleted for hygienists)
When you refer a patient with an oral lesion suspicious for premalignancy or malignancy, how do you <i>most often</i> communicate the purpose of the referral appointment to the practitioner? <i>(Check all that apply):</i> 18a.   I call the practitioner's office myself
18b. $\square$ A member of my staff calls the practitioner's office
18c. ☐ Written communication is sent to the practitioner
18d. ☐ Written communication is taken to the practitioner by the patient
18e.   My office and I do not communicate with the office to which the patient is being referred
18f. □ Other (specify)
18g. \( \text{N/A - I generally do not refer}
10g. — Nytt i generally do not refer
<ul> <li>19a. When conducting an OCE, do you provide your patient with a general overview of the OCE procedures you will be using?</li> <li>☐ Yes</li> <li>☐ No</li> </ul>
19b. In general, how comfortable are you talking about the OCE with <i>most</i> of your patients?
0% 100% % (Enter Score)
0 //o- //o- (Enter Score)

0% Completely uncomfortable OCE-Questionnaire-2017-02-24-V15.0.docx Owner: Walter Psoter



Not at all likely   Somewhat likely   Very likely    20b. (auto- deleted for hygienists)  When a patient with an oral lesion suspicious for premalignancy/malignancy is referred by you for a consand/or biopsy, do you or your staff routinely follow up with a telephone call to the patient or special confirm the appointment was kept?   Yes   No   I do not refer patients with oral lesions  21a.   Please check box if you have not seen a suspicious lesion in the past 3 years.  Programmer note: if #21a is checked, go to question #22For any paper questionnaire, add "and go to q #22."  21b. Estimate the average time between your initial detection of a potentially premalignant or malignan and your biopsying that lesion or referring for a consultation-biopsy.  Please move slide marker to average time in days / weeks  Programmer note: place minor markers for days leaving major markers for weeks.  Yof very   A	20a. o	ral cancer?						
Somewhat likely Very likely  20b. (auto- deleted for hygienists)  When a patient with an oral lesion suspicious for premalignancy/malignancy is referred by you for a consand/or biopsy, do you or your staff routinely follow up with a telephone call to the patient or special confirm the appointment was kept?  Yes No I do not refer patients with oral lesions  21a. Please check box if you have not seen a suspicious lesion in the past 3 years.  Programmer note: if #21a is checked, go to question #22For any paper questionnaire, add "and go to q #22."  21b. Estimate the average time between your initial detection of a potentially premalignant or malignant and your biopsying that lesion or referring for a consultation-biopsy.  Please move slide marker to average time in days / weeks Programmer note: place minor markers for days leaving major markers for weeks.  Yof Yery  1 2 3 4 5 6  WEEKS			elv					
□ Very likely  20b. (auto- deleted for hygienists)  When a patient with an oral lesion suspicious for premalignancy/malignancy is referred by you for a consand/or biopsy, do you or your staff routinely follow up with a telephone call to the patient or special confirm the appointment was kept? □ Yes □ No □ I do not refer patients with oral lesions  21a. □ Please check box if you have not seen a suspicious lesion in the past 3 years.  Programmer note: if #21a is checked, go to question #22For any paper questionnaire, add "and go to q #22."  21b. Estimate the average time between your initial detection of a potentially premalignant or malignan and your biopsying that lesion or referring for a consultation-biopsy.  Please move slide marker to average time in days / weeks  Programmer note: place minor markers for days leaving major markers for weeks.  **Yof very □ □ □ A			•					
When a patient with an oral lesion suspicious for premalignancy/malignancy is referred by you for a consand/or biopsy, do you or your staff routinely follow up with a telephone call to the patient or special confirm the appointment was kept?  Yes No I do not refer patients with oral lesions  21a. Please check box if you have not seen a suspicious lesion in the past 3 years.  Programmer note: if #21a is checked, go to question #22For any paper questionnaire, add "and go to q #22."  21b. Estimate the average time between your initial detection of a potentially premalignant or malignan and your biopsying that lesion or referring for a consultation-biopsy.  Please move slide marker to average time in days / weeks  Programmer note: place minor markers for days leaving major markers for weeks.			c.y					
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21a. ☐ Please check box if you have not seen a suspicious lesion in the past 3 years.  Programmer note: if #21a is checked, go to question #22For any paper questionnaire, add "and go to q #22."  21b. Estimate the average time between your initial detection of a potentially premalignant or malignan and your biopsying that lesion or referring for a consultation-biopsy.  Please move slide marker to average time in days / weeks  Programmer note: place minor markers for days leaving major markers for weeks.  of ery ☐ ☐ ☐ ☐ ☐ ○ 6 weeks  1 2 3 4 5 6  WEEKS	L							
Programmer note: if #21a is checked, go to question #22For any paper questionnaire, add "and go to q #22."  21b. Estimate the average time between your initial detection of a potentially premalignant or malignan and your biopsying that lesion or referring for a consultation-biopsy.  Please move slide marker to average time in days / weeks Programmer note: place minor markers for days leaving major markers for weeks.  of very 1 2 3 4 5 6  WEEKS	L	」 I do not refer	r patients wit	th oral lesions				
Programmer note: place minor markers for days leaving major markers for weeks.  7 of very	# 21b. I	22." Estimate the ave	erage time b	etween your i	nitial detection	on of a potent		
Programmer note: place minor markers for days leaving major markers for weeks.  of very			_	J				
of very	Dloos	a maya dida ma	orkor to avor	· ·				
1 2 3 4 5 6  WEEKS				age time in da	ıys / weeks		r weeks.	
1 2 3 4 5 6 WEEKS				age time in da	ıys / weeks		r weeks.	
WEEKS	Progr			age time in da	ıys / weeks			
	Progr			age time in da	ıys / weeks			
21c. Comment(s) regarding this question (optional):	Progr	rammer note: pl	ace minor m	rage time in da parkers for day	nys / weeks vs leaving maj	or markers fo	> 6 weeks	
21c. Comment(s) regarding this question (optional):	Progr	rammer note: pl	ace minor m	rage time in da parkers for day	nys / weeks vs leaving maj	or markers fo	> 6 weeks	
	Progr	rammer note: pl	ace minor m	rage time in da parkers for day	nys / weeks vs leaving maj	or markers fo	> 6 weeks	
	Progr of ery	rammer note: pl	ace minor m	age time in da parkers for day   	nys / weeks vs leaving maj	or markers fo	> 6 weeks	
	Progr of ery	rammer note: pl	ace minor m	age time in da parkers for day   	nys / weeks vs leaving maj	or markers fo	> 6 weeks	
	Progr	rammer note: pl	ace minor m  2  arding this q	age time in day larkers for day  3 WEEKS	nys / weeks vs leaving maj	or markers fo	> 6 weeks	
22. (auto- deleted for hygienists) When you refer a patient with an oral lesion suspicious of premalignancy or malignancy for a consult and biopsy, how likely is it that you schedule the patient for a follow-up appointment with you after the scheduled referral?	Progr of 21c. ( 22. (a Wher	cammer note: pl	ace minor m  2  arding this q  r hygienists) tient with an y is it that yo	age time in day parkers for day  WEEKS puestion (option	ys / weeks ys leaving maj 4  onal):	or markers fo		
When you refer a patient with an oral lesion suspicious of premalignancy or malignancy for a consult and biopsy, how likely is it that you schedule the patient for a follow-up appointment with you after the	Progr of erry 21c. (a Wher b	cammer note: pl	ace minor m  2 arding this q  r hygienists) tient with an y is it that you	age time in day parkers for day  WEEKS puestion (option	ys / weeks ys leaving maj 4  onal):	or markers fo		-
When you refer a patient with an oral lesion suspicious of premalignancy or malignancy for a consult and biopsy, how likely is it that you schedule the patient for a follow-up appointment with you after the scheduled referral?	Progr of erry 21c. (a Wher b	cammer note: pl	ace minor m  2  arding this q  r hygienists) tient with an y is it that you al? likely (0)	age time in day parkers for day  WEEKS puestion (option	ys / weeks ys leaving maj 4  onal):	or markers fo		-
When you refer a patient with an oral lesion suspicious of premalignancy or malignancy for a consult and biopsy, how likely is it that you schedule the patient for a follow-up appointment with you after the scheduled referral?  a.   Not at all likely (0)	Progr  of 21c. (  22. (a Wher b so	cammer note: pl	ace minor m  2  arding this q  r hygienists) tient with an y is it that you al? likely (0) at likely (1)	age time in day parkers for day  WEEKS puestion (option	ys / weeks ys leaving maj 4  onal):	or markers fo		



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When a patient with an oral lesion suspicious for-premalignancy or malignancy is referred by you for a consult and/or biopsy AND a biopsy was performed, what do you generally receive back from the practitioner to whom you referred the patient:

23x.  $\square$  I do not refer patients with oral lesions Programmer note, skip to Q#24 if checked

Otherwise, check one box in each cell

I generally receive:	A Written Report	A Phone Call	A Histopathological Report
23a. If negative for premalignancy / malignancy	☐ Yes- 23a1 ☐ No	☐ Yes -23a2 ☐ No	☐ Yes -23a3 ☐ No
23b. If positive for premalignancy / malignancy	☐ Yes -23b1 ☐ No	<ul><li>☐ Yes -23b2</li><li>☐ No</li></ul>	☐ Yes -23b3 ☐ No

	24 /a. ta dalatad fault de la composita		
	and/or biopsy AND a biop 24a. ☐ I assume the oth 24b. ☐ On receipt of the 24c. ☐ On receipt of the 24d. ☐ I forward a copy	esion suspicious for premalignancy / malignancy is response sy was performed, how does the patient learn the response report of the histologic report, I generally follow-up with the pation of the histologic report to the patient from the specialist's office that they have spoken with the specialist's office that they have specialist's office that they have specialist's office the specialist's office that they have specialist's office the speciali	esults? ( <b>Check <u>all</u> that apply</b> ient p with the patient
	dedicated to oral cancer, differential diagnosis? (En	w many TOTAL hours of continuing education have you the oral soft tissue examination technique, and/or or other a whole number) over the past 3 years	
	26. Have you ever had <b>"hand</b> s examination?  ☐ Yes (Go to Q26a.)  ☐ No (Go to Q26b.)	<b>s-on" continuing education</b> in performing a visual-ta	ctile head and neck
	26a. If yes, please rate th	ne training in increasing your visual-tactile examination	
0% <b>°</b>		<b>3</b> 100	% (Enter Score)
	0% Worthless	100% Positively practice changing	`

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26b. If no, please rate the extent to which you believe "hands-on" continuing education would benefit you in conducting OCE.

0%•		•	100%	
	0% of no benefit	100% A must CE		% (Enter Score)
27	. In your practice, how would you rate the importa	nce of performing an OCI	E during your:	
	27a. New patient examination			
0%•			<b>-•</b> 100%	% (Enter Score)
	0% Not important at all	100% Extremely important		
	27b. Recall patient examination			
0%			• 100% _	% (Enter Score)
	0% Not important at all	100% Extremely important		
	27c. Emergency patient examination			
0%			100%	% (Enter Score)
	0% Not important at all	100% Extremely importa	ant	

### 28. (auto- deleted for hygienists)

In my practice [primary practice (if more than one)] there is sufficient *time / reimbursement* for the **dentist(s)** to conduct complete/comprehensive/ thorough OCEs for:

	Time	Reimbursement
28a. New patient visits	☐ Yes (28ai)	☐ Yes (28aii)
	□ No	□ No
28b. Recall patient visits	☐ Yes (28bi)	☐ Yes (28bii)
	□ No	□ No

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28c. Emergency patient visits	☐ Yes (28ci) ☐ No	☐ Yes (28cii) ☐ No	
29. (auto- deleted for hygienists)  Does the practice have a hygienist?     Yes   No (Go to Q31)			
30. (auto- deleted if #29 is no) In my practice there is sufficient time / re thorough OCEs for	imbursement for the <b>hy</b> :	gienist(s) to conduct con	nplete/comprehensive
	Time	Reimbursement	
30a. New patient visits	☐ Yes (30ai) ☐ No	☐ Yes (30aii) ☐ No	
		□ Do not know     □	
30b. Recall patient visits	☐ Yes (30b1) ☐ No	☐ Yes (30bii) ☐ No ☐ Do not know	
31. Is there an important question or que following space, we may add it to a fo	ollow-up questionnaire.		
31b			
31c			
32. (auto- deleted for dentists)			
(RDH only) My <u>Dental Hygiene</u> credential  ☐ Certification ☐ Associate degree ☐ Bachelor degree	ing includes: ( <i>Please che</i>	ck highest obtained cred	entials)

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$\square$ Bachelor degree and other degre	e (MS, MPH, PhD etc)
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33. Are you employed in any of the (please check one) [] No [] HealthPartners [] Permanente Dental Associates [] Park Dental	-	? If so, please chec	k your organization.
34. Would you like us to send you survey? [ ] Yes, please send compensation [ ] No [SKIP TO Question 35]	, ,	zation a \$50.00 as a	thank you for completing this
34a. Please let us know where yo	u would like the compen	sation sent:	
☐ Address on File			
☐ Other Address:			
Name:			
(First)	(Last)	(Suffix)	
Practice Name:			
Street Address 1:			
Street Address 2:			
City: Sta	ite:	Zip:	
35. Would you be willing to retake this questionnaire within 2 weeks of completing it (a test-retest validation)?  ☐ Yes ☐ No			