Study ID________

Welcome to the Oral Cancer Examination: Clinical Case Presentation Questionnaire

You will be shown a series of 16 clinical photographs that are randomly assigned. After each of these photographs you will be asked the same 6 questions and provided the same response choices. Some of these photographs will be repeated. Therefore, please read each case description carefully.

Please click the ‘Continue’ button below once you are clear about this description of these 16 case presentations.”
Please review the following definitions prior to responding to the questionnaire.

**Definitions:**

- **Oral Cancer Examination (OCE):** OCE is the visual-tactile, extraoral and intraoral examination of the soft tissues performed to detect oral premalignant lesions 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, patient of record
- **Recall Examination:** CDT D0120- Periodic oral evaluation
- **Malignant:** For example, Squamous Cell Carcinoma (SCCA), Salivary gland adenocarcinoma
- **Premalignant:** A lesion with increased potential for transformation to carcinoma, e.g. epithelial dysplasia
- **Induration:** firmness of the tissue.
- **Visualization/optical adjunct:** an adjunctive evaluation using a specific light source (e.g. auto fluorescence device)
- **Cytopathologic adjunct:** an adjunctive evaluation using a brush to procure a cellular sample which is then stained and analyzed by an outside laboratory (e.g. the CDX brush test)

**Lymphatic Node Locations:**

The submandibular (SMa) and submental (SMe) triangles contain superficial lymph nodes.

The anterior triangle of the neck contains the deep lateral cervical lymph nodes anterior and deep to the sternocleidomastoid muscle (SCM).
Overview

You will be shown a series of pictures that include a photograph of a lesion, and a standardized history and physical report and you will be asked to give your opinion. **Please pay careful attention to the description for each picture as there may be variations to the symptoms/presentation.**

There are six (6) questions that are asked of you that are identical for each of the cases. Completing the case series takes approximately 25-30 minutes.

**Please respond to all questions. Where applicable, mark the visual analogue scale to score your response.**

**Your thoughtfulness is critical to meaningful (and important) study findings**
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case 1.**

![Image of the mouth showing a lesion](image)

**DESCRIPTION/History:** The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

**Clinical signs were as follows:**

Palpation of the lesion elicited no pain or discomfort and revealed some firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

   0% - 100%  
   0% probability - 100% probability

2. premalignant?

   0% - 100%  
   0% probability - 100% probability

3. malignant?

   0% - 100%  
   0% probability - 100% probability

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

   0% - 100%  
   0% not at all likely - 100% completely likely

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

   0% - 100%  
   0% not at all likely - 100% completely likely
6. Given the patient history and examination features of the lesion, how would you *most* likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: _____________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case 2.**

![Image of the mouth with a lesion]

**DESCRIPTION/History:** The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intraoral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

*Clinical signs were as follows:*

Palpation of the lesion elicited mild discomfort and revealed some firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?
   
   [Slider with options 0% probability to 100% probability]

2. premalignant?
   
   [Slider with options 0% probability to 100% probability]

3. malignant?
   
   [Slider with options 0% probability to 100% probability]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?
   
   [Slider with options 0% not at all likely to 100% completely likely]

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?
   
   [Slider with options 0% not at all likely to 100% completely likely]
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: __________________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 3.

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed no firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

0% probability to 100% probability

2. premalignant?

0% probability to 100% probability

3. malignant?

0% probability to 100% probability

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

0% not at all likely to 100% completely likely

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

0% not at all likely to 100% completely likely
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: _________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 4.

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

- Palpation of the lesion elicited mild discomfort and revealed no firmness/ induration.
- No obvious source of irritation that might otherwise explain the presence of the lesion.
- The lesion does not wipe off.
- The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

![Probability slider for benign]

2. premalignant?

![Probability slider for premalignant]

3. malignant?

![Probability slider for malignant]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

![Likelihood slider for palpation] 0% not at all likely 100% completely likely

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

![Likelihood slider for anterior cervical lymphadenopathy] 0% not at all likely 100% completely likely
6. Given the patient history and examination features of the lesion, how would you most likely proceed:
   □ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
   □ (1) schedule patient for lesion follow-up in approximately 3 weeks
   □ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
   □ (3) refer for expert diagnostic consultation at the time of lesion discovery
   □ (4) perform, schedule for, or refer for a biopsy
   □ (7) Other: ________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case 5.**

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intraoral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

*Clinical signs were as follows:*

Palpation of the lesion elicited **no pain or discomfort** and revealed **some firmness/induration**. **No obvious source of irritation** that might otherwise explain the presence of the lesion. The lesion does not wipe off. The **contralateral tissue is of normal appearance**.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

[Sliders for 0% to 100% probability]

2. premalignant?

[Sliders for 0% to 100% probability]

3. malignant?

[Sliders for 0% to 100% probability]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

[Sliders for 0% not at all likely to 100% completely likely]

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

[Sliders for 0% not at all likely to 100% completely likely]
6. Given the patient history and examination features of the lesion, how would you most likely proceed:
- (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
- (1) schedule patient for lesion follow-up in approximately 3 weeks
- (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
- (3) refer for expert diagnostic consultation at the time of lesion discovery
- (4) perform, schedule for, or refer for a biopsy
- (7) Other: ________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case 6.**

![Image of the mouth with a lesion]

**DESCRIPTION/History:** The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

*Clinical signs were as follows:*

Palpation of the lesion elicited mild discomfort and revealed some firmness/induration. **No obvious source of irritation** that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

[0% probability to 100% probability]

2. premalignant?

[0% probability to 100% probability]

3. malignant?

[0% probability to 100% probability]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

[0% not at all likely to 100% completely likely]

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

[0% not at all likely to 100% completely likely]
6. Given the patient history and examination features of the lesion, how would you most likely proceed:
   □ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
   □ (1) schedule patient for lesion follow-up in approximately 3 weeks
   □ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
   □ (3) refer for expert diagnostic consultation at the time of lesion discovery
   □ (4) perform, schedule for, or refer for a biopsy
   □ (7) Other: ____________________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case 7.**

![Image of the mouth with a lesion]

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicits **no pain or discomfort** and revealed **no firmness/induration**.  
**No obvious source of irritation** that might otherwise explain the presence of the lesion.  
The lesion **does not wipe off**.  
The **contralateral tissue is of normal appearance**.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

   [0% probability] [100% probability]

2. premalignant?

   [0% probability] [100% probability]

3. malignant?

   [0% probability] [100% probability]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

   [0% not at all likely] [100% completely likely]

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

   [0% not at all likely] [100% completely likely]
6. Given the patient history and examination features of the lesion, how would you *most* likely proceed:
   ☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
   ☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
   ☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
   ☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
   ☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: ____________________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case 8.**

![Image of the mouth](image)

**DESCRIPTION/History:** The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

**Clinical signs were as follows:**

Palpation of the lesion elicited mild discomfort and revealed no firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

![Probability Slider]

2. premalignant?

![Probability Slider]

3. malignant?

![Probability Slider]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

![Likelihood Slider]

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

![Likelihood Slider]
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: __________________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 9.

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed some firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

2. premalignant?

3. malignant?

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)

☐ (1) schedule patient for lesion follow-up in approximately 3 weeks

☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure

☐ (3) refer for expert diagnostic consultation at the time of lesion discovery

☐ (4) perform, schedule for, or refer for a biopsy

☐ (7) Other: ________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case 10.**

![Image of the mouth with a lesion marked]

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intraoral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

**Clinical signs were as follows:**

Palpation of the lesion elicited mild discomfort and revealed some firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion.

The lesion does not wipe off.

The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

2. premalignant?

3. malignant?

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?
6. Given the patient history and examination features of the lesion, how would you most likely proceed:
☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: __________________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case1.**

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

*Clinical signs were as follows:*

Palpation of the lesion elicited no pain or discomfort and revealed no firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

[0% - 100% probability]

2. premalignant?

[0% - 100% probability]

3. malignant?

[0% - 100% probability]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

[0% - 100% probability]

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

[0% - 100% probability]
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

- [ ] (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
- [ ] (1) schedule patient for lesion follow-up in approximately 3 weeks
- [ ] (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
- [ ] (3) refer for expert diagnostic consultation at the time of lesion discovery
- [ ] (4) perform, schedule for, or refer for a biopsy
- [ ] (7) Other: ______________________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

**Case 12.**

![Image of a mouth with a lesion]

**DESCRIPTION/History:** The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of introral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

**Clinical signs were as follows:**

Palpation of the lesion elicited mild discomfort and revealed no firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

![0% - 100% probability slider](image)

2. premalignant?

![0% - 100% probability slider](image)

3. malignant?

![0% - 100% probability slider](image)

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

![0% - 100% completely likely slider](image)

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

![0% - 100% completely likely slider](image)
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)

☐ (1) schedule patient for lesion follow-up in approximately 3 weeks

☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure

☐ (3) refer for expert diagnostic consultation at the time of lesion discovery

☐ (4) perform, schedule for, or refer for a biopsy

☐ (7) Other: ___________________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 13.

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intraoral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed some firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

2. premalignant?

3. malignant?

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: ______________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case 14.

![Image of lesion](image)

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but **does report** mild discomfort in the area of the lesion while eating or when touching the area.

*Clinical signs were as follows:*

- Palpation of the lesion **elicited mild discomfort** and revealed **some firmness/ induration**.
- No obvious source of irritation that might otherwise explain the presence of the lesion.
- The lesion **does not wipe off**.
- The **contralateral tissue is of normal appearance**.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

[0% probability to 100% probability]

2. premalignant?

[0% probability to 100% probability]

3. malignant?

[0% probability to 100% probability]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

[0% not at all likely to 100% completely likely]

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

[0% not at all likely to 100% completely likely]
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐  (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐  (1) schedule patient for lesion follow-up in approximately 3 weeks
☐  (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐  (3) refer for expert diagnostic consultation at the time of lesion discovery
☐  (4) perform, schedule for, or refer for a biopsy
☐  (7) Other: ________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Please read this description of the patient/lesion, and look at this picture of the mouth, and answer the following questions.

Case15.

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intra-oral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area and reports no discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited no pain or discomfort and revealed no firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

2. premalignant?

3. malignant?

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: ____________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.
Case 16.

DESCRIPTION/History: The patient presented with the following lesion (see photo) reported by the patient to be of approximately 1 month duration. The medical, social and dental histories, as well as the physical examination of intraoral soft and hard tissues, were unremarkable, with any exceptions noted below. The patient does not recall traumatizing the area but does report mild discomfort in the area of the lesion while eating or when touching the area.

Clinical signs were as follows:

Palpation of the lesion elicited mild discomfort and revealed no firmness/induration. No obvious source of irritation that might otherwise explain the presence of the lesion. The lesion does not wipe off. The contralateral tissue is of normal appearance.
Questions 1-3. How would you rate the probability that the lesion is:

1. benign?

[Sliders for probability of 0% to 100%]

2. premalignant?

[Sliders for probability of 0% to 100%]

3. malignant?

[Sliders for probability of 0% to 100%]

4. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion you would then include in your exam palpation of the submandibular/submental lymph nodes?

[Sliders for likelihood of not at all likely to completely likely]

5. For lesions like the one pictured and described above, what is the likelihood that on discovering the lesion, you would then include in your exam palpation of the anterior triangles of the neck to evaluate for anterior cervical lymphadenopathy?

[Sliders for likelihood of not at all likely to completely likely]
6. Given the patient history and examination features of the lesion, how would you most likely proceed:

☐ (0) reassure the patient that the lesion is nothing to worry about and schedule the next recall appointment for 6 months (or the next appropriate recall visit)
☐ (1) schedule patient for lesion follow-up in approximately 3 weeks
☐ (2) perform a cytopathologic adjunctive procedure at visit or schedule for procedure
☐ (3) refer for expert diagnostic consultation at the time of lesion discovery
☐ (4) perform, schedule for, or refer for a biopsy
☐ (7) Other: __________________________________________________________

PLEASE CONTINUE TO THE NEXT CASE PRESENTATION.

Programmer note: LAST PAGE FOLLOWING RANDOMIZATIONS OF VIGNETTES

Thank you for your participation in this study. You have made a valuable contribution to our understanding of issues related to oral cancer examinations.

AA. Are you employed in any of the following dental firms? If so, please check your organization.
(please check one)
[ ] No
[ ] HealthPartners
[ ] Permanente Dental Associates
[ ] Park Dental

BB. Would you like us to send you/your practice organization $50 as a thank you for completing this survey?
☐ Yes, please send compensation
☐ No (Skip to End of Survey)

Please let us know where you would like the compensation sent:

☐ Address on File
☐ Other Address

Name: ________________________________________________________________

(First) (Last) (Suffix)

Practice Name: ________________________________________________________

Street Address 1: ______________________________________________________

Street Address 2: ______________________________________________________

City: ____________________ State: ________________ Zip: ____________

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