Oral cancer and treatment information involved in therapeutic decision-making

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Abstract

Early detection of oral cancer improves survival after treatment and the quality of life. The adoption of standardized methodological protocols of screening has increased the possibilities for early identification and appropriate treatment. The informed consent must be obtained by patients before any treatment and/or surgical procedure. The clinical and surgical details must be discussed with the patient, as well as potential risks and benefits. Consent must be documented in the medical record and consent forms may serve to document the physician’s discussion with the patient.

Objectives: all dentists are trained to detect the early signs of oral cancer. The health professional have a key role in identify the early signs of oral cancer in order to plan the treatment and management of the disease. The work aims to provide simple practical information to collect the patient’s consent and encouraging him to improve healthy behaviors.

Materials and Methods. are analyzed the critical issues of clinical practice in order to improve the management of oral cancer


Key words: oral cancer, diagnosis, informed consent, consent form, information approaches

Introduction

Oral cancer is a global health problem with growing incidence and mortality rates. As highlighted by International Agency for Research on Cancer and World Health Organization on 2014 (1-5) the early diagnosis of oral cancer reduce morbidity and mortality rates (6-11).

Oral squamous cell carcinoma (OSCC) is the most common cancer of oral cavity that represents more than 90% of the malignancies (12-16). However, standardized methodological protocols of screening has increased the possibilities for early identification, in most cases of patients with OSCC the diagnosis is made at advanced stages.

A complete oral cavity exploration is effective way for early diagnosis (17-22-23). Diagnostic delay may be ascribable to patient and/or professional delay (24-27)

Medico legal litigations may occur due to alleged delay or misdiagnosis. The adoption of current guidelines for the early diagnosis of cancer and for the management of the treatment may reduce the risk of claims. (28-29) It is necessary to develop systematically a more effective approach in communicating with patients. The information must include a complete discussion of objectives, risks, and benefits of each option, the potential late and long-term complications of treatment including the consequences of not choosing the treatment/procedure.

Consent must be documented in the medical record and consent forms may serve to document the physician’s discussion with the patient.

The most common risk factors of oral cancer including smoking (30-33), alcohol abuse (34-35) a diet poor in fruit and fresh vegetables (36), trauma of oral mucosa (37-40), Candida infections, Epstein Barr virus, HCV, Papillomavirus (41-45), poor oral hygiene, precancerous (46-47).

The patient must be informed that avoiding risk factors does not necessarily reduce the risk of cancer.

A later diagnosis implies an invasive and multidisciplinary treatments consisting of surgery, radiotherapy and chemotherapy (48-50).

In Italy are treated 9 thousand cases already advanced, you could save many lives as well as improve the quality of life and save with a timely intervention, at least 35 million euro a year (51).

In Italy on average there are 10 new cases per year per 100,000 inhabitants and the incidence in men is more than 50% compared to women. Increasing incidence of oral cancer, particularly amongst younger persons is observed in the recent years (51).

Oral cancer prevention and early diagnosis are the most effective way to contrast the disease and require full patient collaboration who must necessarily be well informed. Health
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Has the right to respect for his or her physical and mental integrity. The Article 5 of Oviedo Convention declare that “It is a human fundamental right to safeguard individual's dignity. The Article 32 “. No one may be obliged to undergo any health treatment except under the provisions of the law”. Recently the Italian Act of Advanced treatment directives n 2801/2017 (approved on 16 December 2017) states that patient's consent to a treatment procedure must be informed.

According to the previous statements is the current version of May, 2014 of Italian Code of Medical Deontology that in the last edition for the first time it is expressly planned the informed dissent to clinical practice by article 35.

If the patient is unable to provide consent, the patient's legal representative or, in the case of a minor, the patient's parent(s), represents the patient in the consent process. The patient or legal representative must have every opportunity to understand the risks, benefits, and alternatives of the proposed treatment or procedure (52).

Information and Consent

Italian dentists need to be trained to become aware of information and consent are two distinct processes closely connected that should be dealt with separately and specifically (53-55).

The information must include an exhaustive discussion of objectives, risks, and benefits of each option including the option of not choosing the treatment/procedure of dental care. The awareness refuse to undertake dental treatment/procedure exempt the professional from liability even though the patient is informed about the possible risks of not proceeding with the proposed treatment.

Consent must be documented in the medical record, and consent forms may serve to document the physician’s discussion with the patient. A useful method of documentation is a physician note in the medical record indicating that the discussion took place and that the consent of the patient was obtained. The note should also include the date and time of the discussion, the content of the discussion, an evaluation of the patient’s understanding and a signature of patient.

When obtaining informed consent, the consent process requires face-to-face discussion of the procedure between the dentist and the patient. In the case of a minor, consent should be obtained from the patient’s parent(s) or legal representative. The consent process must include a comprehensive discussion of the benefits and potential risks of the procedure as well as reasonable alternatives to the procedure. The patient or legal representative should have the opportunity to ask questions and clarify all doubts.

The set of information that dentists must given to patient with oral cancer and suspected lesion includes various issues (Box 1-3).

The survival rate depend on the tumor stage: the patients at stage I and II can be successfully treated with therapeutic approach consisting in surgery or radiation therapy with less morbidity than patients with advanced cancers.

The dentist must inform all patients of the need to prevent
Dear Sir / Madam

Oral carcinoma is a malignant neoplasm originating from the epithelial tissues lining the oral cavity. The incidence of oral oncological diseases is high. The early identification of the risk conditions is fundamental for the correct prevention and management of the disease.

Survival is much better in case of limitation of the neoplasm to the site of onset. Initially the critical lesions are asymptomatic, until the onset of “wounds” that are struggling to heal.

Today’s visit has highlighted some conditions of exposure to richer oncology. Following the informative report, in addition to the same it summarizes the necessity:

- to remove the risk factors in his case identified in:
  - Cigarette smoke and tobacco chewing
  - Consumption of alcohol
  - Repeated traumatism
  - Poor oral hygiene
  - Sun exposure and use of the pipe
  - Other….

- to carry out frequency checks, every……..

- to maintain correct oral hygiene

- to undergo professional hygiene every

We recommend that you quickly contact your dentist in case of suspected lesions.

Attention before signing this form. We invite you to read it carefully and mentally review what we have said and the information provided to you. Do not hesitate to ask us for additional information if something is not clear to you or to express your dissent.

Thank you

INFORMED CONSENT

◊ I consider myself adequately informed and I am obliged to follow the proposed therapeutic/preventative procedure

There, ......................... Signature  ...........

INFORMED DISSENT

◊ I refuse to undertake proposed therapeutic / preventive procedure even though informed about the possible risks of not proceeding with the proposed treatment

There, ......................... Signature  ...........

UNINFORMED CONSENT

I ask not to be informed about my oral health and the necessary therapies of which:

◊ I authorize the execution

◊ I do not authorize the execution

◊ I authorize you to inform  ____________________________________________
Dear Sir / Madam

Today’s visit highlighted some critical issues that need monitoring and therapy. Following the information provided, in addition to the same we summarize the following:

1. Oral carcinoma is a malignant neoplasm originating from the epithelial tissues lining the oral cavity
2. The incidence of oral oncological diseases is high
3. The early identification of the risk conditions is fundamental for the correct prevention and management of the disease
4. Survival is much better in case of limitation of the neoplasm to the site of once
5. Delaying diagnosis leads to serious consequences

In his case, the following were highlighted:

a) Risk conditions:
   ◊ Cigarette smoke and tobacco chewing
   ◊ Consumption of alcohol
   ◊ Repeated traumatism
   ◊ Poor oral hygiene
   ◊ Sun exposure and use of the pipe (preferential seat the lip)
       ◊ Other
b) Injury
   ◊ ............

Are needed:

◊ Diagnostic investigations
◊ Biopsy
◊ Oncological visit
◊ Surgical removal
◊ Other

Attention before signing this form We invite you to read it carefully and mentally review what we have said and the information provided to you. Do not hesitate to ask us for additional information if something is not clear to you or to express your dissent.

Thank you

INFORMED CONSENT

◊ I consider myself adequately informed and I am obliged to follow the proposed therapeutic / preventative procedure

There, ........................... Signature ........................

INFORMED DISSENT

◊ I refuse to undergo diagnostic investigation and/or proposed procedure even though informed about the possible risks of not proceeding with the proposed treatment

There, ........................... Signature ........................

UNINFORMED CONSENT

I ask not to be informed about my oral health and the necessary therapies of which:

◊ I authorize the execution
◊ I do not authorize the execution
◊ I authorize you to inform ____________________________________

There, ........................... Signature
oral cancer by means of periodic clinical examination and control of spoiled habits (56-59).

The dentist will discuss with the patient the best options to treat a disease. The treatment depends on several factors, including the type and stage of the cancer. The surgery is the most frequent treatment for oral cancer. The type of surgery depends on the extension and stage of the tumor.

Surgical techniques may consist on removal of the tumor and/or a larger area surrounding healthy tissue, (glossectomy, maxillectomy, removal of lymph nodes), plastic surgery to re-establish tissues removed, dental surgery to remove teeth (60). Chemotherapy may be used to reduce the neoplasm mass before surgery or radiation, or it may be combined with radiation to increase the effectiveness of both treatments. In the later stage when it is impossible a surgery approach the treatment include management of therapeutic treatment.

In cases of evident suspicion lesion of malignancy the biopsy in essential in order to make the diagnosis and the need for diagnostic investigations, possible therapies and/or a larger area surrounding healthy tissue, (glossectomy, maxillectomy, removal of lymph nodes), plastic surgery to re-establish tissues removed, dental surgery to remove teeth (60). Chemotherapy may be used to reduce the neoplasm mass before surgery or radiation, or it may be combined with radiation to increase the effectiveness of both treatments. In the later stage when it is impossible a surgery approach the treatment include management of therapeutic treatment.

The patient must be informed about the potential acute and long-term complications of the surgery, radio and chemotherapy. The most common complications include mucositis, dysgeusia, xerostomia, infectious diseases, pain, cranial nerves lesions, abscess, mastication and swallowing damage (63-65).

The dentist must inform the patient to observe an optimal oral hygiene during treatment, adequate nutrition, and avoiding tobacco and alcohol in order to prevent or minimize oral complications. To ensure that the patient fully understands what is required, provide detailed instructions on specific oral care practices, such as how and when to brush and floss, how to recognize signs of complications, and respect the appointments established by the dentist.

In cases of evident suspicion lesion of malignancy the biopsy in essential in order to make the diagnosis and the management of therapeutic treatment.

**Paperwork**

The paperwork integrates and summarizes the content of the verbal information process. For this reason it should be simple and schematic considering the patient’s condition and the possible/probable pathological evolutions. The information must be personalized and presented in a manner which is compatible with the individual patient’s educational level, comprehension skills, and psychological and emotional status in order to accept or refuse the proposed treatment. In absence of injuries or suspected diagnoses of oral cancer, but in presence of situations at risk it is sufficient that the paperwork certifies the information and attests the need for frequent checks and reduction of risk factors. In case of suspected diagnosis, the paperwork must clearly indicate the need for diagnostic investigations, possible therapies and complication.

The informative content of paperwork in the case of advanced cancer requires care and prudence, but must summarize all the information concerning the type of treatment, acute and long term complications related to cancer treatment, outcomes.

It is necessary to respect and document the patient’s right to refuse and not to be informed about the treatment. Each paperwork must contain spaces for customizing the form and for any note.

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