ID	Authors, publication year	Perceptions (% positive response)			
		Perceived adequacy of cancer knowledge	**Perceived role in cancer patient management**	**Perceived role in OC prevention & OCE**	**Perceived adequacy of training/ further training**
1	Ahmed & Naidoo (2019)	OC knowledge is current (26.7%). Oral cancer prevention knowledge is sufficient (65%).	NR	NR	Sufficient training in OC diagnosis (33.6%). Interested in further CE regarding prevention and early detection of OC (95.6%).
2	Akbari et al (2015)	NR	NR	NR	NR
3	Alhazzazi (2021)	NR	NR	Performed OCE for HNC patients (78%). Performed OCE HNC high risk patients (17%).	NR
4	Alonge & Narendran (2004)	NR	NR	NR	Adequate undergraduate OCE training (75%). Interested in oral cancer CE (81%).
5	Alqahtani et al (2021)	NR	NR	NR	NR
6	Alqutaibi et al (2021)	NR	NR	Prosthodontists believed OCE should occur at: initial exam (96.5%), recall (84.6%); targeted at high risk group (85.3%). Prosthodontists role to perform OCE (72%). Prosthodontists with <10 years experience showed significantly better attitude in regards to OC screening (p=0.011).	Prosthodontists believed they were adequately trained to detect oral cancer (58%).
7	Borhan-Mojabi (2012)	OC knowledge is sufficient (59.3%).	NR	NR	NR
8	Calvert et al (2014)	NR	NR	NR	NR
9	Canto et al (2001)	OC knowledge is current (78%).	NR	NR	Interested in OC CE (81%).

10	Clovis et al (2002)	OC knowledge is current (56.7%).	NR	NR	Interested in further OC CE (77%).
11	Colella et al (2008)	NR	NR	NR	Adequately prepared to advise patients with suspicious oral lesions (63.1%). Adequately trained to inform OC risk factors (41.6%). Adequately trained to provide tobacco cessation (80.9%). Adequately trained for alcohol cessation (76.5%). Adequately trained to perform OC exam (53.6%). Adequately trained to perform LN exam (66.8%). Interested in receiving further OC training (96.1%).
12	Cruz et al (2005)	NR	NR	NR	NR
13	Daley et al (2011)	NR	NR	OHP responses varied regarding whether or not their role should be to discuss the HPV-OC link and/or HPV vaccines with patients. Concerns about the appropriateness of HPV-OC discussions with patients due to confidentiality and gender roles results in some OHP discomfort.	A desire for additional guidance from their professional organisations on ways to manage screening for HPV-related OC.
14	Dang et al (2022)	NR	NR	NR	Adequately trained to treat oncology patients (50%).
15	Dewan et al (2014)	NR	NR	NR	NR
16	Dixon et al (2021)	New Zealand graduates and trained dentists who saw greater numbers of HNC patients in the prior year were more likely to trust their own advice.	Dental treatment for HNC patients falls within the scope of practice for a general dentist (75%).	NR	Adequately trained to treat HNC patients (25%). Public sector experience was associated with having undertaken HNC professional development in the previous 5 years.

17	Ekici (2020)	Sufficient OC detection & prevention knowledge (29.3%).	NR	NR	Adequate undergraduate training on oral malignant and premalignant lesions (38.1%). Interested in further OC training (77.9%).
18	Fidele et al (2022)	OC knowledge is current (35.8%).	NR	NR	Adequately trained to perform OCE (35.8%). A need for additional training in the early detection of OC (85%).
19	Frydrych et al (2012)	Knowledge in managing OC patients is current (37.1%).	Refer OC patients for a pre-radiation therapy dental assessment (32.9%). Refer patients to a specialist for management of post completion OC treatment (25.7%). GDPs should be able to provide dental treatment for OC patients (77.7%). Dental adverse effects can be prevented in OC patients with radiation therapy (73.7%).	NR	Adequately trained to manage cancer patients (42.3%). Interested in further CE on the management of OC patients (92.9%).
20	Gajendra et al (2006)	OC knowledge is current (72%).	NR	NR	75% dentists reported taking OC CE course in the last 5 years. As a result of taking course, 34% dentists reported making changes in their practice of OC prevention.
21	Guneri et al (2008)	NR	NR	NR	NR
22	Haresaku et al (2018)	NR	NR	A significantly more J than A felt dentists should routinely perform OCE (J: 76.8%, A: NR) ($p<0.001$). *NB: J = Japanese dentists, A = Australian dentists.*	Japanese-dentists felt they needed additional training in OCE compared to Australian-dentists ($p<0.001$).
23	Hashim et al (2018)	NR	NR	NR	Need further training on OC detection (84.9%)

24	Horowitz et al (2000)	NR	NR	Tobacco cessation education on patients (71%). Alcohol cessation counselling (50%).	OC dental education was good/very good (78%). Adequately trained to examine OC patients (88%). Adequately trained to palpate LNs (72%). Adequately trained to provide tobacco cessation education (28%). Adequately trained to provide alcohol cessation education (11%).
25	Husein et al (2011)	NR	GDPs were comfortable managing H & N cancer patients (47%). >50% GDPs perception in managing: caries (88%), xerostomia (56%), detecting recurrence (77%), smoking-cessation advice (80%), trismus (28%) & mucositis (38%). Perceived role in OC management (thematic analysis): prevention of caries, dietary advice, guidance & moral support. OC patients should be treated at: joint care (85%), dental hospital (71%), maxillofacial unit (69%), salaried dental service (55%), general practice (67%).	NR	Interested in postgraduate training in managing H & N cancer patients (92%)
26	Joseph et al (2012)	OC knowledge is current (52%).	NR	NR	Adequately trained for OCE (58%)
27	Kogi et al (2019)	OC knowledge & skills are sufficient (11%).	NR	NR	NR

28	Kujan et al (2006)	NR	NR	National-based OCE program would decrease morbidity and mortality (47.6%) [GDPs: 52.4%, dental specialists: 35.4%]	Adequately trained for OCE (51%)
29	Leão et al (2005)	There was no correlation between actual and perceived knowledge of oral cancer. A higher percentage of wrong answers (actual knowledge) were found among those who considered themselves with higher knowledge (perceived knowledge) on the 5-point ordinal Likert scale.	NR	NR	NR
30	LeHew et al (2010)	NR	NR	Dentists should be trained for OCE (99%).	NR
31	Lopez-Jornet et al (2010)	OC knowledge is current (49.7%). Dentists who rated their undergraduate OC training favourably were more likely to agree that their OC knowledge was current.	NR	OCE for patients >40 years (89.7%). Dentists are qualified to perform OCE (94.7%).	Adequately trained to provide tobacco cessation education (41.5%). Adequately trained to provide alcohol cessation education (27.6%). Adequately trained to palpate cervical LNs in cancer patients (52.6%).
32	Marino et al (2017)	NR	NR	NR	NR
33	Martins et al (2021)	NR	HNC RT patients to be evaluated by a dentists trained in the field (77.14%)	NR	NR
34	Maybury et al (2012)	OC knowledge is current (74%).	NR	NR	Majority agreed they were adequately trained to provide tobacco and alcohol cessation counselling. Adequate OC education (83%).
35	McCann et al (2000)	NR	NR	Role to prevent OC (90%).	NR

36	Nazar et al (2022)	OC knowledge is current (53.9%). Dentists with a master degree had higher mean opinion score (felt they were better trained for OCE, their knowledge was current) compared to those with only a bachelor degree (p = 0.006).	NR	NR	Adequate training to perform OCE (37.4%). Interested in OC CE (95.8%).
37	Nazar et al (2019)	OC knowledge is current (55%).	NR	NR	Adequate training to perform OCE (38%). Interested in attending OC CE (92.4%).
38	Nicholls & Ilankovan (1998)	NR	NR	NR	NR
39	Patel et al (2012)	NR	NR	NR	Adequate undergraduate training in taking care of HNRT patients (45%). No correlation between years of graduation and adequacy of training.
40	Patton et al (2006)	OC knowledge is current (70.5%).	NR	NR	Adequately trained for OCE (89.4%). Adequately trained to palpate LNs (77.4%). Adequately trained to provide tobacco cessation education (30.5%). Adequately trained to provide alcohol cessation education (13.5%).
41	Pavão Spaulonci et al (2018)	OCE knowledge is sufficient (52.9) Dentists with self-reported satisfactory OC knowledge were more likely to have satisfactory OC knowledge.	NR	NR	70.2% junior dentists vs 43.8% senior dentists reported adequate OCE during undergraduate degree (average 55.6%).
42	Reed et al (2000)	NR	NR	NR	Interested in receiving OCE training (40%).

					Preferred training format: annual state association meeting (25%), local professional meeting (21%), local office visit (8%), computer module (17%), continuing medical education credit (15%), conference (6%).
43	Saleh et al (2014)	OC detection knowledge is sufficient (35.6%). OC risks knowledge is sufficient (45.7%). Perception of OC knowledge is consistent with actual OC knowledge.	NR	OCE can prevent & early detection of OC (90.6%).	Interested in further CE regardless of their practice of OCE or confidence levels (70%).
44	Seals (1990)	NR	NR	NR	Adequately prepared to detect and diagnose oral lesions (86.5%). Adequately trained to manage and provide dental care for cancer patients (72.9%). Interest in OC CE (95.5%).
45	Seoane et al (2006)	NR	NR	NR	NR
46	Shadid & Habash (2023)	NR	NR	Dentists with >15 years' experience had more positive opinions towards OCE than those of less experience ($p<0.05$). Role of dentists to screen for oral pathology (94.9%). OCE should be performed all new patients (82.7%) OCE should be performed for recall patients (74.4%).	Adequately trained in OCE (44.9%).
47	Strey et al (2022)	NR	NR	Dentists refer biopsies to other specialists (90%).	Sufficient OC training (55.21%) Dentists with more years of experience after graduation than recent graduates found undergraduate OC theoretical & practical training to be insufficient ($p<0.05$).

48	Taheri et al (2018)	NR	NR	NR	NR
49	Tami-Maury et al (2016)	NR	GDPs provide dental treatment to patients undergoing cancer therapy or with a history of cancer (91%).	NR	NR
50	Vijay Kumar & Suresan (2012)	OC knowledge is current (43%).	NR	Annual OCE for patients >40 years (68%). Referral to specialists if OC was suspected (98%).	Adequately trained to perform OCE (68%).
51	Wong & Toljanic (2009)	NR	NR	NR	NR
52	Wright et al (2011)	NR	NR	NR	NR
53	Yellowitz et al (1998)	OC knowledge is current (73%). Most dentists perceived their knowledge to be current and accurate however this was not reflected in their actual OC knowledge score.	NR	Annual OCE for patients >40 years (98%).	Adequately trained to perform OCE (88%).

Note: CE = Continuing education; ENT = Ear nose and throat specialists; GDPs = General dental practitioners; HCPs = Health care professionals; HNC = Head and neck cancer; H & N = Head and neck; HPV = Human Papilloma Virus; HSV = Herpes Simplex Virus; LNs = Lymph nodes; NR = Not reported; OC = Oral cancer; OCE = Oral cancer examination; OH = Oral hygiene; OHPs = Oral health professionals; RT = Radiation therapy; SCC = Squamous Cell Carcinoma.