

ID	Authors, publication year	Practice (% positive response)			
		OC screening	Managing suspicious lesions	Experience in managing cancer patients	Communication other health professionals
1	Ahmed & Naidoo (2019)	Performed OCE (46%): Of these, took medical history (14%), performed intraoral exam (51%), performed extraoral exam (41%), palpated LNs (57%), performed biopsy (27%), took x-ray (20%). Counselled patients of OC risk factors (36%).	GDPs referred 1-5 patients for suspicious lesions in the last 12 months (52%).	NR	GDPs believed development of referral guidelines can improve the quality of referrals (88.5%).
2	Akbari et al (2015)	NR	NR	NR	NR
3	Alhazzazi (2021)	Performed OCE as their daily exam protocol (13%).	Dentists detected patients with HNC/ suspicious lesions requiring further attention in their practice (55%).  Dentists referred patients to an OMFS (64.07%), a colleague who known to deal with such cases (17.45%) & an oncologist (11.15%).	Dentists followed-up with HNC patients: one year (8%), two year (12%), five year (14%), life-long (57%).	NR
4	Alonge & Narendran (2004)	Screened patients >40 years at initial exam (67%). Performed OC exam at recall (59%). OCE included examination of cervical LN (36%). Dentists graduated in 1980 or later performed OCE more frequently than pre-1980 graduates (p=0.228).	NR	NR	NR
5	Alqahtani et al (2021)	NR	NR	NR	NR
6	Alqutaibi et al (2021)	Assessed new patients for mucosal lesions (79%). Performed OCE on patients at recall (58%). Screened high risk patients (62%).	NR	NR	NR
7	Borhan-Mojabi (2012)	Routinely performed OCE patients for OC (79.15%).	NR	NR	NR

		Routinely performed OCE on high risk patients (96.5%). Regularly advised patients regarding OC risk factors (30.2%).			
8	Calvert et al (2014)	NR	NR	Restorative consultants spent approximately 1/4 of their clinical time treating oncology patients (61%) Restorative dentists spent >75% of their clinical time treating oncology patients (13%). Restorative dentists treated >50 cases/ year (29%) Restorative treated <10 cases/ year (32%).	Restorative dentists attended multidisciplinary team meeting (52%).
9	Canto et al (2001)	NR	NR	NR	NR
10	Clovis et al (2002)	NR	NR	NR	NR
11	Colella et al (2008)	Oral surgeon/ oral pathologist routinely performed OCE (51.3%). GDPs and other specialists routinely performed OCE (63.5%). Solo practitioners (50.3%) & non-solo practice (60.6%) routinely performed OCE.	NR	NR	NR
12	Cruz et al (2005)	Performed OCE on patients >40 years at initial appointment & recall (86%). Enquired patients about tobacco use & advised to quit (61%). Took alcohol consumption history (33%); advised patients to stop drinking (26%). Dentists' readiness to provide OCE Pre-contemplation stage: 3% Contemplation stage: 7% Planning stage: 3% Action stage: 3% Maintenance stage: 82%	NR	NR	NR

13	Daley et al (2011)	NR	NR	NR	NR
14	Dang et al (2022)	NR	NR	<p>GDPs provided care to patients undergoing cancer therapy (93%). Of the 93% GDPs, 82% saw 1-20 oncology patients/ year, 13% saw 21-40 oncology patients/ year, 3% saw 41-60 patients/ year, 2% saw &gt;61 patients/ year.</p> <p>Time required for dentists to complete essential dental care in oncology patients: 1-week (33%), 2-week (40%).</p> <p>GDPs counselled patients on oral complications associated with cancer therapy/ long term care (81%).</p> <p>GDPs followed the recommendations by NIDCR (54%).</p>	GDPs reported that they either rarely or never received correspondence from the oncology team (31%).
15	Dewan et al (2014)	NR	NR	<p>Restorative dentists carried out clinical work in H &amp; N oncology patients (77%). Of these 77%, 90% participated in 1 or 2 sessions of oncology clinics.</p> <p>Restorative having a protocol for oncology patients at review appointment (68%). Among the ones who had a protocol, 20% saw patient within one month, 40% within 1-3 months.</p> <p>Restorative using dental implants in rehabilitation of post cancer surgery (91%).</p>	The patients seen at oncology pre-assessment clinics were referred mainly from a member of the MDT (95%).
16	Dixon et al (2021)	NR	NR	New Zealand graduates were also less likely to refer a HNC patient to a specialist for dental management.	NR
17	Ekici (2020)	Performed OCE on high risk patients (34%).	GDPs took biopsy of suspected lesions (34.7%).	NR	NR

		OCE included examination of oral mucosa regularly (70.7%), LNs (47.3%).			
18	Fidele et al (2022)	Performed OCE on every patient (19.8%). Performed OCE on high-risk patients (95.1%). OCE included examination of LNs (39.5%). Advised about OC risks (98.8%)	NR	NR	NR
19	Frydrych et al (2012)	NR	NR	Number of OC patients seen by GDPs in the last 12 months: none (36.8%), 1 (19.7%), 2 (22.4%), 3 (6.6%), 4 (3.3%), 5 (2.6%), >6 (5.3%). No difference between rural or urban GDPs in OC care practices.	GDPs always communicated with radiation oncologist (52.2%). GDPs routine communicated with other clinicians (GMPs, Oral meds, oral path, oral surgeon, perio/ pros, peers, pain specialists, oncologists, ENT, dietician, speech, physio, others) (70.3%).
20	Gajendra et al (2006)	Performed OCE to >80% of their patients > 40 years (85%).	NR	NR	NR
21	Guneri et al (2008)	NR	NR	Gender (p=0.967), age (p=0.977) and duration of practice (p=0.99) were not significantly correlated to practice.	NR
22	Haresaku et al (2018)	Performed OCE in every patient (A: 52.8%, J: 9.8%, p<0.001). Discussed OC risk factors OC with every patient (A: 4.7%), J: 2.4%, p<0.001). Factors influencing OCE included patient complaints (J: 79.3%, A: 32.7%), medical history (J: 34.1%, A: 27.6%), age of patient (J: 29.3%, A: 33.6%). OCE included visual inspection of oral cavity (J: 89.3%, A: 98.4%), extra-oral examination (J: 35.7%, A: 80.5%), visual inspection of oropharynx (J: 10.7%, A: 23.8%), palpation of neck (J: 10.7%, A: 50.8%).	NR	NR	NR

*NB: J = Japanese dentists, A = Australian dentists.*

23	Hashim et al (2018)	NR	NR	NR	NR
24	Horowitz et al (2000)	OCE included asking about cancer history (91%), tobacco use (90%), family history (65%), alcohol use (60%), past alcohol use (50%), palpation of LNs (35%). Performed OCE on edentulous patients (14%). Performed OCE on patients > 40 years (81%). Graduates from 1980-1995 (recent graduates) were 1.5-2.0 more likely to get a high score for their efforts in screening patients for risk factors and to comply with the recommended OC examination practices; 2.5 more likely to get high score for screening and examining patients.	NR	NR	NR
25	Husein et al (2011)	NR	NR	GDPs managed >1 patient who had received radiotherapy to H&N in the last 5 years (75%). GDPs had managed >5 patients in the last 5 years (12%). GDPs would recommend the use of fluoride mouthwash or toothpaste (50%). GDPs recall their patients at 1-3 months (41%). GDPs recall their patients at 4-6 months (54%).	NR
26	Joseph et al (2012)	Provided OC risk factors advice to patients (43%). OCE included asking asked tobacco history (65%), alcohol intake (22%), oral mucosa examination (86%).	Dentists referred suspicious lesions to OMFS (77%). Dentists took a biopsy suspicious lesion (63%).	NR	NR

27	Kogi et al (2019)	<p>Performed overall visual inspection of oral cavity for OCE (77.3%).</p> <p>Performed specific detailed exam for OCE (&lt;50%).</p> <p>The most common risk factors assessed were: history of cancer (52.7%), tobacco use (41.8%), advancing age (21.8%), history of HPV (18.2%), alcohol consumption (13.6%) and poor diet (10.1%).</p>	NR	NR	NR
28	Kujan et al (2006)	<p>Counselled on risks of tobacco &amp; alcohol habits for patients with excessive use (59.2%).</p> <p>Significantly large number of dental specialists (72.3%) than GDPs (41.2%) provided such counselling (p&lt;0.05).</p>	<p>Referred suspicious pre-cancer and cancer lesions to OMFS (65%), oral surgeons (14%), oral med (19.5%), ENT (0.7%), dermatologist (0.7%).</p>	NR	NR
29	Leão et al (2005)	<p>Dentists who devoted more than half of the patient's initial consultation to clinical examination of the oral cavity were more likely to have possibly detected suspicious lesions than those who did not undertake such careful examination (P= 0.039).</p>	<p>GDPs referred suspicious lesions to a secondary health care providers (83.7%).</p> <p>GDPs performed biopsy on suspicious lesions (25%).</p>	<p>GDPs had at least one patient with possible OC in their professional lifetime (62%).</p> <p>GDPs provided clinical review (40%).</p>	NR
30	LeHew et al (2010)	<p>Performed OCE on asymptomatic patients (89.2%).</p> <p>OCE always included palpation of cervical LNs (42%), FOM (27%), lateral borders of tongue (29%) &amp; dorsal of tongue (23%), visualisation of dorsal borders of tongue (69%).</p>	NR	NR	NR
31	Lopez-Jornet et al (2010)	<p>Perceived favourable undergraduate OC training were 1.8 times more likely to perform OC examination on all patients aged 40 and over.</p>	NR	NR	NR
32	Marino et al (2017)	<p>Provided comprehensive OCE (51.7%).</p> <p>Discussed OC risk factors with patients (5.8%).</p>	NR	NR	NR

		Factors influencing decision to perform OC screening: patient complains (32.2%), age of patient (31.4%), medical history (26.9%). OCE included extra-oral visual inspection of cavity (80.4%), visual inspection of oral cavity (98.1%), visual inspection of oropharynx (50.5%), neck palpation (25.5%)			
33	Martins et al (2021)	NR	NR	NR	NR
34	Maybury et al (2012)	OCE included examination of tongue (85%).	NR	NR	NR
35	McCann et al (2000)	Performed OCE on patients > 16 years (58%). Factors influencing OCE included age (83.7%), smoking history (86%), alcohol use (62.8%), presence of pre-existing oral conditions (84.9%). Recalling patients with high risk of OC for OCE (78%).	NR	NR	NR
36	Nazar et al (2022)	Reviewed patients' risk factors for OC (12.9%). OCE included asking about tobacco use (53.2%), alcohol consumption (8.7%).	GDPs referred patient with suspicious lesion to a specialist (57.1%).	NR	NR
37	Nazar et al (2019)	Performed OCE and managing OC according to the best practice (48%). Reviewed their patients' OC risk factors (32%).	GDPs referred a suspicious lesion to a specialist (56% always, 25% usually).	NR	NR
38	Nicholls & Ilankovan (1998)	NR	Diagnosis of oropharyngeal cancer (94% OMFS).	OMFS were responsible for treatment of oropharyngeal cancer (78%). Number of patients seen: 23/ year.	OMFS had GDPs in the team (39%). OMFS had oral surgeon in the team (85%). OMFS had hygienists (64%). OMFS communicated with GDPs (80%).

39	Patel et al (2012)	NR	NR	<p>Dentists saw patients for pre-radiation dental evaluation (74%).</p> <p>Dentists managed patients during HNRT (68%).</p> <p>Dentists recommended topical fluoride therapy for patients starting HNRT (23%).</p> <p>Dentists provided mucosal guard (11%).</p> <p>Dentists provided all dental treatment needed post HNRT (31%).</p> <p>Dentists performed cleaning and restorations (39%).</p> <p>Dentists referred extraction to an oral surgeon (19%).</p>	NR
40	Patton et al (2006)	<p>OCE included past tobacco use (78%), alcohol use (51.7%), patient's history of cancer (91.1%), family history of cancer (64%).</p> <p>Dentists who felt they had adequate training in tobacco cessation were significantly more likely to assess past, and type and amount of tobacco on patient medical histories. (p&lt;0.05).</p> <p>Dentists who felt adequately trained in the cessation had more than twice the likelihood of assessing alcohol for current use, for past use and for type and amount on medical histories.</p>	NR	NR	NR
41	Pavão Spaulonci et al (2018)	Performed OCE on first appointment (82.5%).	<p>Dentists referred the diagnosis of suspected lesions (17.9% junior dentists, 2.4% senior dentists).</p> <p>Referral to stomatology (66.7%), dental school (9.5%), specialised hospital (4.2%), physician (2%).</p>	NR	NR
42	Reed et al (2000)	OCE included examine tongue and mucosa (81%), smoking/ tobacco history (70%).	NR	NR	NR

		Counselled patients on tobacco use (41%).			
43	Saleh et al (2014)	Performed opportunistic OCE (84.8%). Counselled patients on excessive drinking of alcohol, smoking, betel quid/ paan chewing (>80%). OCE were associated with recency of graduation (<10 years) and attending CE on OC.	NR	NR	NR
44	Seals (1990)	NR	NR	Recent graduates providing dental care for cancer patients: frequently (2.3%), occasionally (30.1%), rarely (67.7%).	NR
45	Seoane et al (2006)	Performed OCE which included examination of soft tissues (87.5%). Counselled on alcohol and tobacco use (84.4%).	NR	NR	NR
46	Shadid & Habash (2023)	Performed OCE on patients routinely (29.9%). Only performed OCE on high-risk patients (43.3%). Offered smoking cessation advice (80.3%) No difference with gender or workplace in performing OCE.	Dentists referred suspicious lesions to a specialist (74.4%).	NR	NR
47	Strey et al (2022)	Performed OCE including full mouth examination (96.9%). Counselled on tobacco cessation (87.5%), alcohol use (51%), sun exposure (59.9%), diet (69.3%).	Dentists working in primary healthcare referred suspicious lesions for biopsy to specialists from public system (81.3%), specialists from universities (7.8%). Dentists working in primary healthcare performed biopsy on suspicious lesions (8.3%).	NR	NR
48	Taheri et al (2018)	NR	NR	NR	NR
49	Tami-Maury et al (2016)	Taught patients self-oral examination (20%). Counselled on tobacco cessation advice (68%).	NR	NR	NR

50	Vijay Kumar & Suresan (2012)	<p>Performed complete OCE on all patients (37%).</p> <p>Counselled patients on the adverse effects of tobacco and alcohol use (31%).</p> <p>OCE included taking patient's medical history related to alcohol and tobacco use (68%).</p>	<p>GDPs performed biopsy on suspicious lesions (24%).</p> <p>GDPs referred suspicious lesions to a specialist (12%).</p>	NR	NR
51	Wong & Toljanic (2009)	NR	NR	<p>OMFS indicated their protocol included pre-chemotherapy oral exam in leukaemia patients (95%)</p> <p>Of these, 95% differentiated between acute and chronic dental diseases; 53% recommended treatment of all dental pathologies prior to chemotherapy; 49% recommended treating all carious lesions prior to chemotherapy while 46% only treated large carious lesions; all advocated periodontal prophylaxis (gingivitis).</p> <p>Approach to caries pre-chemotherapy: treat all caries lesions (49%), treat only large caries lesions (46%), no treatment (5%).</p> <p>Approach to severe periodontitis pre-chemotherapy: extract severe periodontally involved teeth (72%), performed root planning (28%).</p> <p>Approach to asymptomatic apical radiolucency pre-chemotherapy: endodontic therapy (76%), extract (12%), no treatment (12%)</p>	NR
52	Wright et al (2011)	NR	NR	<p>Dental centres providing oral care for cancer patients (84%).</p> <p>Dental centres providing long-term dental care for cancer patients (77%).</p>	<p>Dental service can be improved by earlier patient referral for dental care (13%).</p> <p>Managers of dentists believed a need for greater emphasis upon</p>

				Mean number of cancer patients seen in each centre = 29 (2-100).	oral health in the overall care plan of cancer patients (16%). Managers of dentists believed a need for clear care pathways for cancer patients (8%). Referrals received: post-operative stage of cancer therapy only (19%), pre-operative & other stages of therapy (70%), pre-operative stage of cancer therapy (6%).
53	Yellowitz et al (1998)	Performed OCE to all patients 18-39 years (74%). Performed OCE >40 years (70%). OCE included palpation of patient's cervical LNs (one third). Dentists tended to address their patient's use of alcohol less frequently than tobacco use.	NR	NR	NR

Note: 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; NIDCR = National Institute of Dental and Craniofacial Research, NR = Not reported; OC = Oral cancer; OCE = Oral cancer examination; OH = Oral hygiene; SCC = Squamous Cell Carcinoma.