

PROBING THE PRACTICE



A newsletter brought to you by **Drs. Palermo-Edwards & Cacchillo** to share news and provide education to ensure our offices continue to “measure up”.

FEB | 2016
PECDDS.COM

A NOTE FROM THE DOCTORS

There is almost no one who hasn't had a friend, family member or colleague touched in some way by cancer. Our office, probably like yours, has had its exposure to this disease. We talk about it with our friends, we fundraise and donate, we see it in our practices. We are thankful that Dr. Palermo-Edwards' Mother is a 13 year breast cancer survivor and Dr. Cacchillo's Father-in-law is a 4 year survivor of lymphoma! This is why we've decided to dedicate this edition of 'Probing the Practice' to Cancer—learning about it, diagnosing it and fighting it. We hope 2016 finds you and the patients in your practice healthy and cancer-free for many years to come. Happy New Year!



Lisa A. Palermo-Edwards • David A. Cacchillo • James M. Palermo

PARTNERS IN CARE

Drs. Palermo, Edwards & Cacchillo feel strongly that an oral pathologist performs the histological analysis of our biopsy specimens. For more than 40 years we have partnered with The Department of Oral & Maxillofacial Pathology & Radiology in The Ohio State University, College of Dentistry. We feel confident in the integrity of their pathologists, the care they provide patients, and commend the communication of their diagnostic reports. We asked Dr. Susan Mallery, Chair of the Division, to tell us why she thinks they are special.



Dr. Susan Mallery



“The value of having an oral pathologist versus a general pathologist evaluate oral biopsy specimens is immeasurable”. She continues, “oral pathologists complete training after dental school, in all aspects of pathology diagnosis, including; clinical patient evaluation, didactic study, as well as microscopic analysis and can use their combined experiences to streamline the diagnostic process and ultimately, patient care”. In addition, the Oral Pathology Consultants work closely with their general pathology colleagues in the Wexner Medical Center on select cases that entail lymphoproliferative cancers and dermatologic diseases. We are confident in the unique training that oral pathologists get from both seeing the patients chairside, as well as under a microscope, and know this provides the best outcomes for our patients and yours.

CONNICAL CONNECTION UPDATE!

Since July, all Nobel Biocare™ implants placed in our office are the Nobel Replace™ Conical Connection. We communicate the type & size of implant placed in our surgical dictation letter (mailed) as well as our uncover letter (e-mailed & copied to the Implant Rep). Please note the restorative pieces from the older Nobel Replace™ implant DO NOT fit the Nobel Replace Conical Connection implants. Please contact your implant representative if you need any assistance with the restorative pieces or parts **See inside for a quick torque value reference guide!**

WHAT'S INSIDE...

FREE CE CREDIT:
ORAL CANCER SCREENINGS SAVE LIVES!

COMMUNITY SUPPORT

HEALING ABUTMENT RETURN PROGRAM

PELOTONIA IS A FAMILY AFFAIR

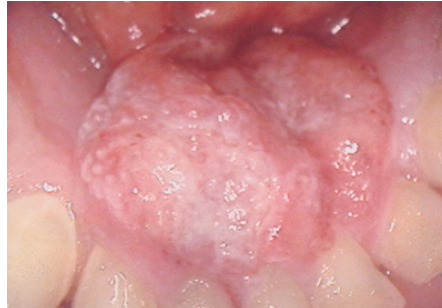
FOR YOUR PRACTICE

UPCOMING EVENTS



LIKE US ON FACEBOOK
@ Palermo-Edwards & Cacchillo, DDS, Inc.

FREE CE CREDIT:
ORAL CANCER SCREENINGS SAVE LIVES!
BE A DAILY DETECTIVE



The images above, including a non-healing lesion on the buccal of #19, the sudden appearance of a lesion on the floor of the mouth and a non-healing traumatic lesion on the lower lip demonstrate some oral changes your patients may present with. Would you see them? Note them? See the copy in the green box below to determine if these images were significant findings.

Three percent of all cancers in the United States are head and neck cancers. The American Cancer Society estimates that approximately 39,500 people will be diagnosed with oral cavity or oropharyngeal cancer in 2015 (1). Oral cancer alone is responsible for 6,000-7,000 deaths each year (2,3). Men are 2x more likely than women to develop oral cancer, ranking oral squamous cell carcinoma (SCC) as the 6th most common cancer among men and the 12th most common among women (1,3). The average age of diagnosis is 62, however about 25% occur in patients <55 and it rarely occurs in children (1). SCC is a type of oral malignancy that originates from stratified squamous epithelium. It is the most common oral malignancy accounting for over 90% of all oral cancers (3,4).

The most common sites where SCC is found are tongue, floor of the mouth, tonsils, oropharynx, and gums (1,5). Less common sites are the lips, minor salivary glands or other sites (1). Both pre-cancerous and cancerous lesions found in the mouth most commonly present themselves as white, red, or red and white lesions. SCC of the gingiva may fluctuate in its appearance;

displaying itself as an ulceration or another type of growth (6). Any lesion in the mouth that has not healed within two weeks should be biopsied (7). There are adjunctive tools available that purport a diagnosis of oral lesions (e.g. ViziLight® Plus, VELscope®). These can lead to both false-negative and false-positive results, there is no evidence to suggest that these can replace the need for a scalpel biopsy which is the only way the histology of the lesion can be determined (8).

The main risk factors for SCC include tobacco and alcohol (4). While these factors predispose a patient for a higher risk of developing SCC, it is worth noting that 25% of patients with oral cancer are neither smokers nor drinkers (9). Therefore, it is critical for oral health care providers to perform oral cancer screenings biannually to enhance the survival rate through early detection (10).

Treatment and prognosis for oral SCC depends on how invasive the cancer is. Treatment can include surgical excision, radiation, and/or chemotherapy. For SCC patients staged at I or II, the five-year survival rate is near 70%; stage III it decreases to 50%, and stage IV to 35% (2). Early detection is the best practice to prevent death and disease from SCC.

As dental professionals we should maintain evidence-based practices and strive to enhance detection and screening skills for oral malignancies. Visual inspection as well as detailed documentation is vital (e.g. size, location, color, description of the

All three of the images were biopsied and determined to be oral SCC. All three images were male patients and the ages were 59, 58 and 35 years old, respectively.

border—well defined or blended, and whether the lesion is flat or elevated). A patient interview regarding the lesion (e.g. how long it has been present, if it has caused them any discomfort or pain, or if they have noticed any changes) can provide vital information for the proper diagnosis and treatment of oral cancer. Performing an oral cancer screening and documenting the findings is an effective way for oral health providers to identify any potential changes in oral health at the earliest stage.

Questions

1. **True or False: Squamous Cell Carcinoma is the most common type of oral cancer.**
2. **What percent of all cancers in the U.S. are oral cancers?**
 A) 3% C) 10%
 B) 5% D) 25%
3. **When a lesion in the mouth does not heal, how long before a biopsy should be performed?**
 A) One week C) One month
 B) Two weeks D) 3 months
4. **What percent of oral cancer patients are nonsmokers and nondrinkers?**
 A) 10% C) 25%
 B) 35% D) 15%
5. **Treatment for oral cancer can include:**
 A) Surgical excision C) Chemotherapy
 B) Radiation D) All of the above

KEY: 1. True 2. A 3. B 4. C 5. D

Sources

- 1). "What is Oral Cavity and Oropharyngeal Cancer?" American Cancer Society. Oct 26, 2015. <http://www.cancer.org/cancer/oralcavityandoropharyngealcancer/detailedguide/oral-cavity-and-oropharyngeal-cancer-risk-factors>
- 2). Neville B, Damm D, Allen C, Bouquot J. Oral and Maxillofacial Pathology. 2nd ed. Philadelphia: W.B. Saunders; 2002.
- 3). "Oral Cavity Cancer". American Head & Neck Society. 23 October, 2015. http://www.ahns.info/resources/education/patient_education/oralcavity/
- 4). Neville B, Day TA "Oral cancer and precancerous lesions". CA Cancer J Clin. 2002 Jul-Aug.
- 5). Darby, Michele. Mosby's Comprehensive Review of Dental Hygiene. 7th ed. Elsevier. 2012. 263-264
- 6). Ling Auyeung, Shun-Chen Huang, Pei-Yu Li. "Squamous Cell Carcinoma of the Mandibular Gingiva". Case Report Department of Pathology, Chang Gung Memorial Hospital (2003).
- 7). Geza T. Terezhalmi. "Premalignant and Malignant Squamous Cell Lesions-Part II (2015).
- 8). "Oral Cavity and Oral Pharyngeal Cancer Screening". National Cancer Institute. 23 October, 2015. http://www.cancer.gov/types/head-and-neck/patient/oral-screening-pdq#section/_72
- 9). Llewellyn, Linklater K, Bell J, Johnson NW, Warnakulasuriya KA. "Squamous cell carcinoma of the oral cavity in patients aged 45 years and under: a descriptive analysis of 116 cases diagnosed in the South East of England from 1990 to 1997". Oral Oncology. July 2001; 37, Issue 5, 401-418.

COMMUNITY SUPPORT



Members of our staff participated in the **NC4K Reindeer Run 5k** in December. There are multiple ways to support this organization. **Find out how you can help at www.nc4k.org.**

HEALING ABUTMENT RETURN PROGRAM

Please return healing abutments!

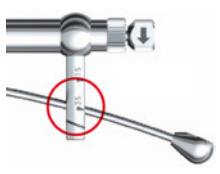
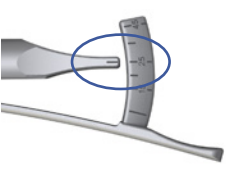
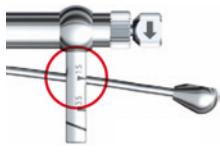
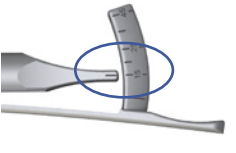
- Call or e-mail when you have some to return.
- For each batch of returned abutments your office can win a **FREE LUNCH**.
- **NEW!** Special gift for the person who initiates the return.



Congratulations to the 3rd quarter winner:
Dr. Roger Stock.
THANK YOU!

FOR YOUR PRACTICE

Use this torque value reference guide before placing abutment screws.

	Implant System	
	NobelReplace® Conical or "CC"	ASTRATECH™ EV
Healing Abutment	By hand only	By hand only
Temporary Abutment	15 Ncm Titanium Temporary	15 Ncm PEEK Plastic or Titanium Temporary
Permanent Abutment	35 Ncm 	25 Ncm 
Angled multi-unit bridge or hybrid bridge screws	15 Ncm 	15 Ncm 

*Please note some exceptions may apply on multi-unit cases. Please contact sales representative as needed for individual case needs.



Palermo-Edwards & Cacchillo
Periodontics & Dental Implants

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UPCOMING EVENTS

Dental Implant Mini Residency Course: 3/1, 4/15, 5/6, 9/23 & 10/28

A FEW SPOTS REMAIN!

Sharpening Course for the RDH: 3/3 & 3/4

Periodontal Seminar: 4/21 & 9/22

IMPACT: Spring & Fall Dates TBD

FREE CE CREDIT INSIDE!

CE CREDIT RETURN INSTRUCTIONS:

1. Read the CE article, record your answers to the 5 questions and write your name on the blank answer key provided above (please self-grade your answers).
2. Make a photo copy of this entire page and return to our office.
3. PEC will e-mail your **FREE, 1 HOUR CE CERTIFICATE** to the office address.

COMPLETE FOR 1 CREDIT HOUR

Name: _____

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

COMMUNITY SUPPORT

“FASHIONABLE” FUNDRAISING!

Drs. Palermo-Edwards & Cacchillo are proud supporters of **NC4K** a local non-profit organization benefiting children & teens with cancer and their families. Our office sponsored, attended & participated in Nellie's Catwalk for Kids “Heart of Gold” fashion show in July 2015. Two of our staff members' children raised money and modeled in the show. It was a fun and special night of celebration for NC4K and its fundraising!



Nellie's Catwalk For Kids
NC4K
Many Hearts, One Cause

PELOTONIA IS A FAMILY AFFAIR



Cacchillo family rides in Pelotonia!

This year over 7500 riders took part in Pelotonia! Every dollar from this grassroots bike ride/fund raising campaign goes directly to fund cancer research at The Ohio State University Comprehensive Cancer, Clinic—Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. Dr Cacchillo and his wife, Renee again rode in Pelotonia. This year was especially meaningful for them as they were joined for the first time by their 14 year old twin daughters. Our office is proud to have supported their 50 mile ride as they did their part in this fight against cancer!



Visit <http://pelotonia.org/> if you would like to donate to this cause.