

## Dental Insurance

### “Use it or Lost it.”

As a year end reminder to our patient’s with dental insurance - This is a benefit you pay for as part of your salary package.

It is not insurance in the true sense but is a benefit that allows 50-80% of your necessary dental treatment to be paid by an insurance company up to the annual max. It does not carry over into next year so if you don’t utilize it, you are throwing away money.

The end of the year is an excellent time to begin major treatment and split the expense over 2 benefit years carrying over into January.

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# Word of Mouth

A QUARTERLY NEWSLETTER TO THE PATIENTS & FRIENDS OF  
DR. STEVEN HUTT, D.D.S., P.A.

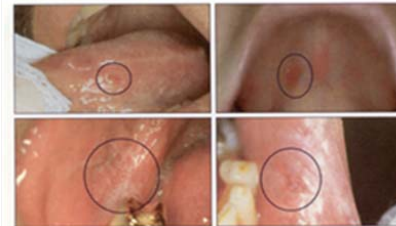
## ~ Special Oral Cancer Alert ~

Oral cancer is reaching epidemic proportions. It is the only cancer that has continued to increase in frequency over the last 4 decades. It is most prevalent with tobacco and alcohol users **but** 25% of oral cancers occur in non-users.

The main reason for the 6% annual increase in oral cancer has been no means of early detection - **until now**. Early detection of cancer is the key to survival.

With PSA tests for prostate cancer, pap smears for cervical cancer, mammograms for breast cancer, and colonoscopy for colon cancer, we now have brush biopsies for any sore in the mouth and “Vizilite” exams which allow us to see prevalent oral problems that can’t be visualized with the naked eye. **The American Cancer Society and the American Dental Association now recommends everyone over the age of 18 be screened for oral cancer once per year.**

Red and Mixed Spots



White Spots



Ulcerated



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## New ADA Campaign

The ADA has initiated a three-year magazine and billboard campaign: "Ask your dentist about the BrushTest." Patients are motivated to see their dentist because as the ad states, "The great news is that oral cancer has joined the short list of cancers that can now be stopped - years before it can even start."

Remember - The only way to protect every patient against oral cancer is to BrushTest every unknown spot, regardless of how small and harmless-appearing it may be.



## Oral Cancer Risk Factors

Oral cancer can be present anywhere in the mouth, including the lips, gingiva, tongue, and the hard or soft palate. Consequently, every patient should receive oral cancer screening as a standard of care. Factors that increase the risk of oral cancer include:

- Age 40 years or older;
- Tobacco use, including cigarettes, cigars, and chewing tobacco;
- Chronic alcohol consumption;
- Human papilloma virus, particular HPV 16 and 18; and
- A compromised immune system.

Traditionally, more men than women tend to fall victim to oral cancer, but recent trends are showing more women are being diagnosed with the disease. Also, patients whose diets are low in fruits and vegetables are more susceptible to oral cancer.

According to the Center for Disease Control and Prevention, mouth and throat cancers are the sixth most common cancers identified in US males and the fourth most common in African American men. Thirty-thousand people in the US will be diagnosed with mouth and throat cancer this year and 130,000 will die from these cancers. That's almost one per hour, every day of the year.

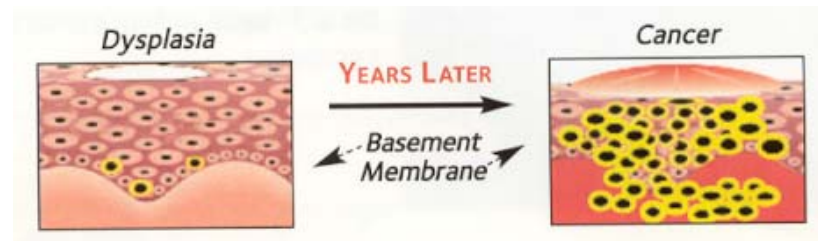
Even more tragic about these death rates is that oral cancer has an 80-90% chance of being cured if it is diagnosed and treated immediately. **The key is to recognize the symptoms early.**

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## Plan of Action

### Let Hutt Dentistry help protect you from oral cancer, years before it can start.

In 2000, the Oral CDx oral brush biopsy test for early detection was released by CDx Laboratories Inc. (Suffern, N.Y.). The test is a minimally invasive biopsy technique for further evaluation of unexplained red or white areas in the mouth. A stiff bristle brush is rotated over the suspected area, wiped on a slide, and sealed with a solution, all supplied in single-use packages. The prepaid mailer is then sent to the laboratory where a cytopathological evaluation is done. Any dysplastic cells shown dictate the need for referral to do a biopsy.



If a spot is found by Oral CDx to contain unhealthy cells (known as dysplasia), it typically takes years before those cells can penetrate the basement membrane and cause any harm. During this time, the spot can typically be removed, long before oral cancer can start.

Another adjunctive system for the visualization of occult lesions uses a diffuse, nonthermogenic, chemiluminescent light source. If a suspicious lesion is identified, it is stained with TBlue630 (Zila Tolonium Chloride, ZTC). This is a patented, pharmaceutical-grade dye similar to the generic metachromatic dye known as toluidine blue. It has been shown to be an effective, accurate, and easy-to-perform technique using the Vizilite Plus kit. Chemiluminescence has been shown to increase the visibility of subtle lesions by increasing the brightness and margins of the mucosal lesions beyond unaided visual examinations. In other words, it allows us to see what we can't see with the naked eye.

**We recommend all adults be screened annually with Vizilite.**

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