**Proposed Model for Oral Cancer/ Precancer Screening**

- **Directorate of health service**
- **Municipality/ taluk hospital**
- **Wards/ clusters**
- **Hospital based campaigns**
- **Oral Cancer screening**
- **Preliminary screening by health workers**
- **Training of health workers**
- **Association with breast and cervical cancer**
- **Proforma data entry**
- **Taking biopsy of suspected lesions**
- **Histopathological evaluation of lesions**
- **Further treatment and habit cessation clinics/psychological counselling**
- **Cancer/ precancer registry updation**
- **Statistics compiling and epidemiologic survey reporting**
Based on the oral cancer/precancer screening conducted in Punalur municipality of Kollam district, Kerala State we propose the following model

Approval for conduction of Oral cancer/precancer screening may be obtained from directorate of health services (State Government) either through the institution or via District/Municipal/Taluk hospitals. Hospital centered campaigns and association with other cancer (breast/cervical) screening may be useful to achieve better reach. Recruiting multiple wards or clusters with in the locality of interest and advocating through ward members/councilors will help in organizing patients to the camp sites. Prescreening awareness campaign is for the public as well as the health workers and volunteers. Preliminary training for the health workers of different category is recommended for conducting house to house survey for collecting database on information regarding the deleterious habits/substance abuse. Trained dental professionals with thorough knowledge on the clinical manifestations of oral potentially malignant disorder and oral cancers is designated for the screening. A crew comprising of Oral pathologist, Dental surgeons and health workers is sent to each venue from a common point with necessary armamentarium for screening checkup. Along with the visual examination a detailed proforma is to be filled. Clinically suspicious oral potentially malignant disorders and oral cancer cases are posted for biopsy on a later date. Confirmatory diagnosis is done by histopathologic examination. Patients identified with oral cancer/oral potentially malignant disorders are given specific treatment with necessary follow up. Alongside habit cessation clinics and psychological counselling can be implemented. Statistical data of epidemiologic finding has to be interpreted. Oral cancer/precancer registry has to be updated with the available data.

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