Housekeeping Reminders

Please submit questions via the Zoom chat during the presentation.

For attendance, please type in your name and organization in the chat.

Attendees are muted upon entry. Click “Unmute” when you would like to speak. Please mute yourself after speaking.

The presentations are posted on Tomorrow’s HealthCare www.tomorrowshealthcare.org

2026 HealthChoices PCMH Learning Network

September 24, 2026

PCMH Statewide Learning Session - Oral Cancer Prevention and Early Detection

Pittsburgh Regional Health Initiative

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hours are approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.0 continuing education credits**.

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity **have relevant financial relationships** with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients **to disclose**.

Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program **represents the views and opinions of the individual presenters**, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.

Learning Objectives

- ✓Describe key epidemiologic and clinical features of oral cancer relevant to primary care practice.
- ✓Identify characteristics of oral lesions and examination findings that may indicate increased risk for oral cancer and warrant further evaluation.
- ✓Discuss approaches to the evaluation and workup of suspected oral cancer, including indications for biopsy and referral.
- ✓Describe current approaches to oral cancer treatment and the implications of emerging therapies for patient care

Welcome

Robert Ferguson, MPH
Chief Policy Officer
Pittsburgh Regional Health Initiative

Oral Cancer Prevention and Early Detection

James Gates, DMD, MD, FACS, Assistant Professor of Oral and Maxillofacial Surgery and Pharmacology, Penn Dental Medicine

Oral and Maxillofacial Surgery

Oral Cancer Lecture for the Primary Care Physician

James C Gates DMD, MD

Outline

- Epidemiology
- Anatomy
- Early Detection / Oral Premalignant Lesions
- Oral Cancer
  - Exam / Workup
  - Staging and Recent Developments in Immune Therapy
  - Treatment
  - Reconstruction

Characterization helps inform risk! (more important than diagnosis

1. Color
2. subsite
3. size

High Yield

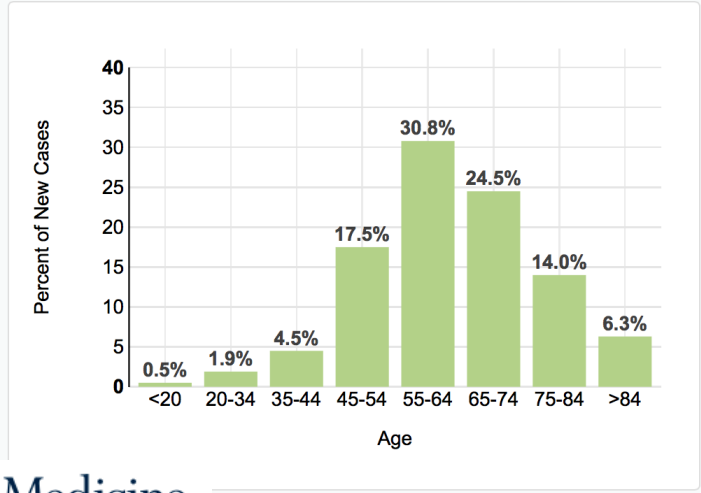
- White less ominous than Red
- Thick worse than thin
- High risk subsites:
  - Tongue
  - Floor of Mouth

- *AI apps will help eventually to assess risk using these c

Epidemiology

- Most common in 5th through the 6th decades of life.

Percent of New Cases by Age Group: Oral Cavity and Pharynx Cancer

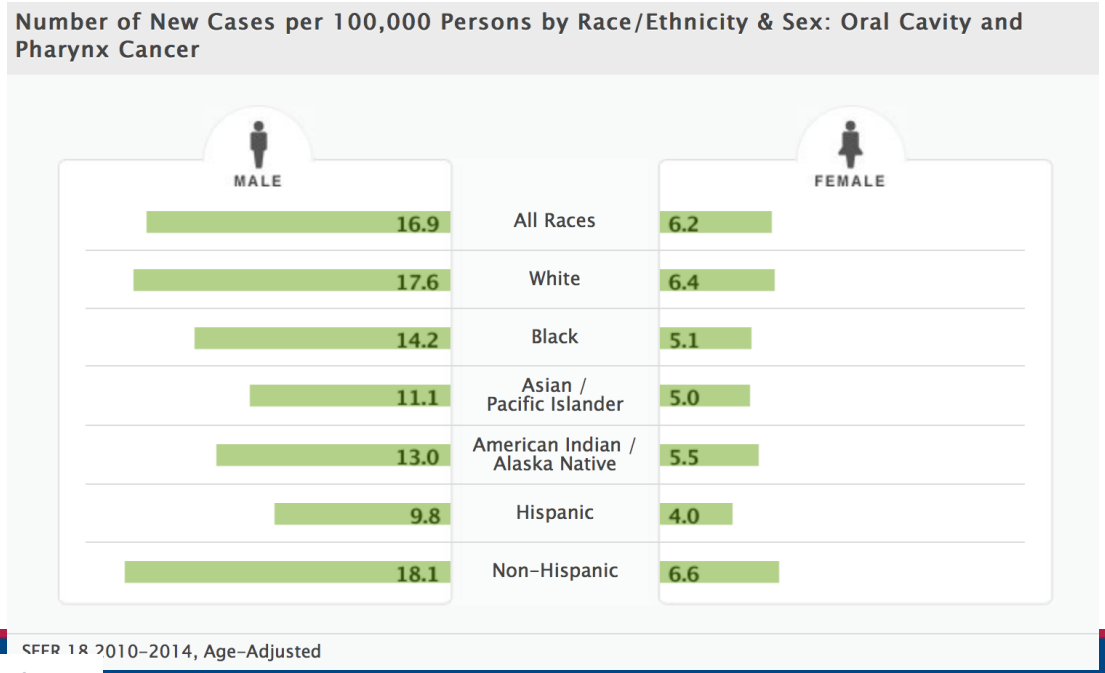


Oral cavity and pharynx cancer is most frequently diagnosed among people aged 55-64.

Median Age At Diagnosis
63

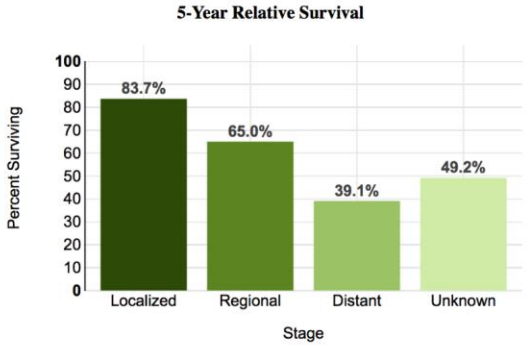
Epidemiology

- More common in men.



Epidemiology

- Despite better understanding of the disease process and improved surgical technique, 5-year survival rate remains 60-65 %.

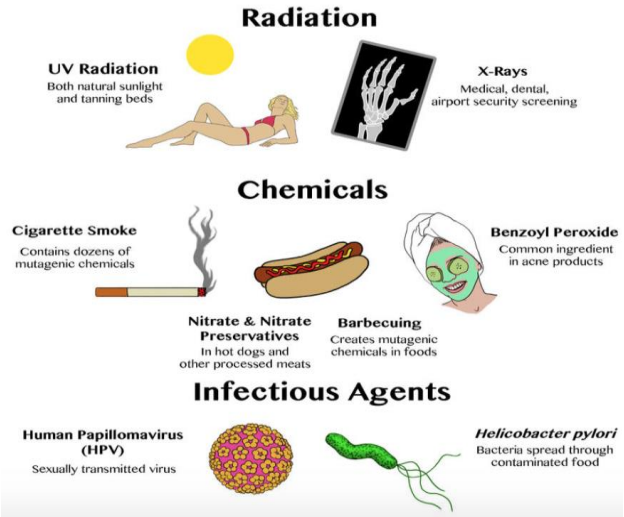


Percent Surviving 5 Years
64.8%
2008-2014

Epidemiology

- >90 % of oral cancer – squamous cell carcinoma
- <10 % of oral cancer - salivary gland carcinoma, sarcomas, mucosal melanomas, lymphoma, etc.
- Why is squamous cell carcinoma much more common?

- The mutagens in tobacco, alcohol have prolonged exposure to the superficial layers of the oral mucosa, creating an opportunity for genetic alterations



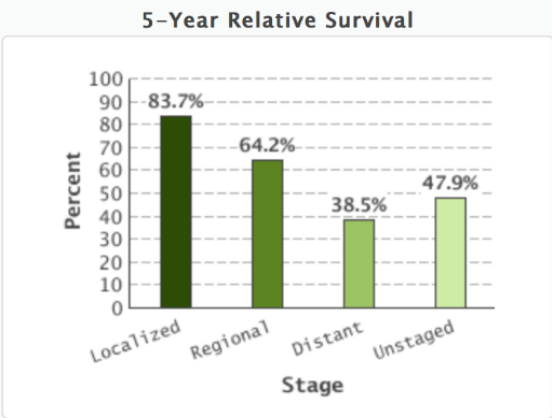
Early Detection!

- **Early detection improves prognosis significantly**

- Significant differences in 5-year survival rates are documented between early and late stage disease.

- Literature reports advanced disease (Stage III,IV) in the majority (65%) of patients at the time of presentation.

- - The oral cavity is a readily examinable area.

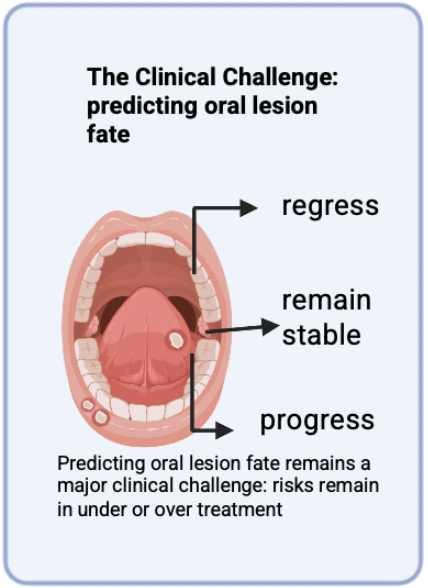


Oral Premalignant Lesions

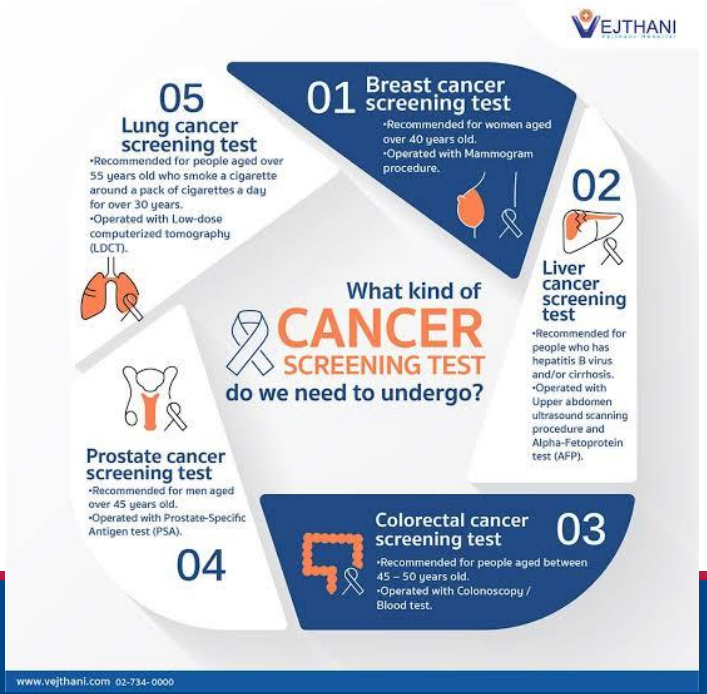
Screening

Clinical Gap

- Oral Cancer often occurs from transformation of precursor lesions as in colon cancer
- **Predicting oral lesion fate remains a clinical challenge**



No standardized oral cancer screening test exists as in other cancers
->despite direct visibility and ease of biopsy



Penn Medicine

Penn Dental Medicine
University of Pennsylvania

Anatomy

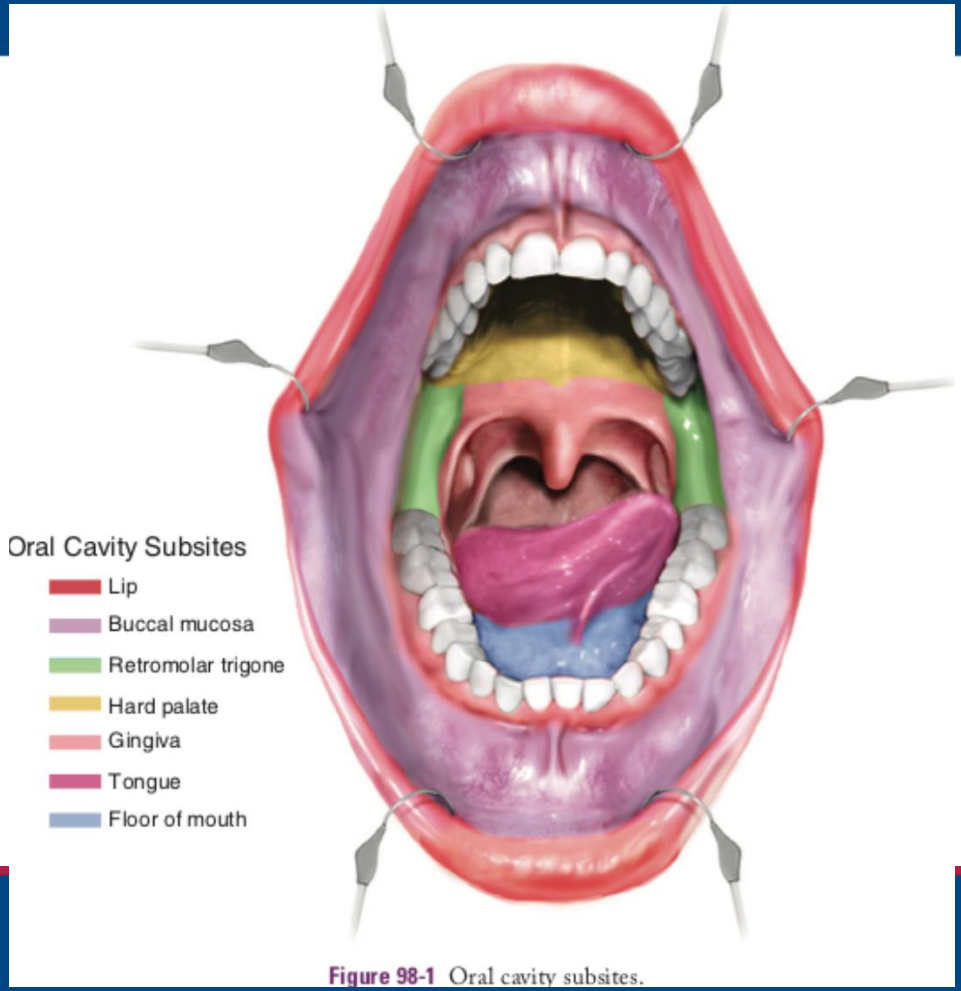
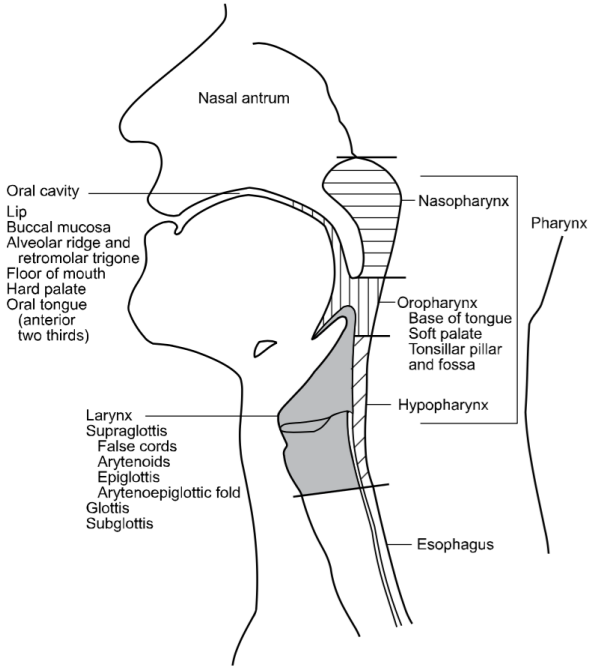


Figure 98-1 Oral cavity subsites.

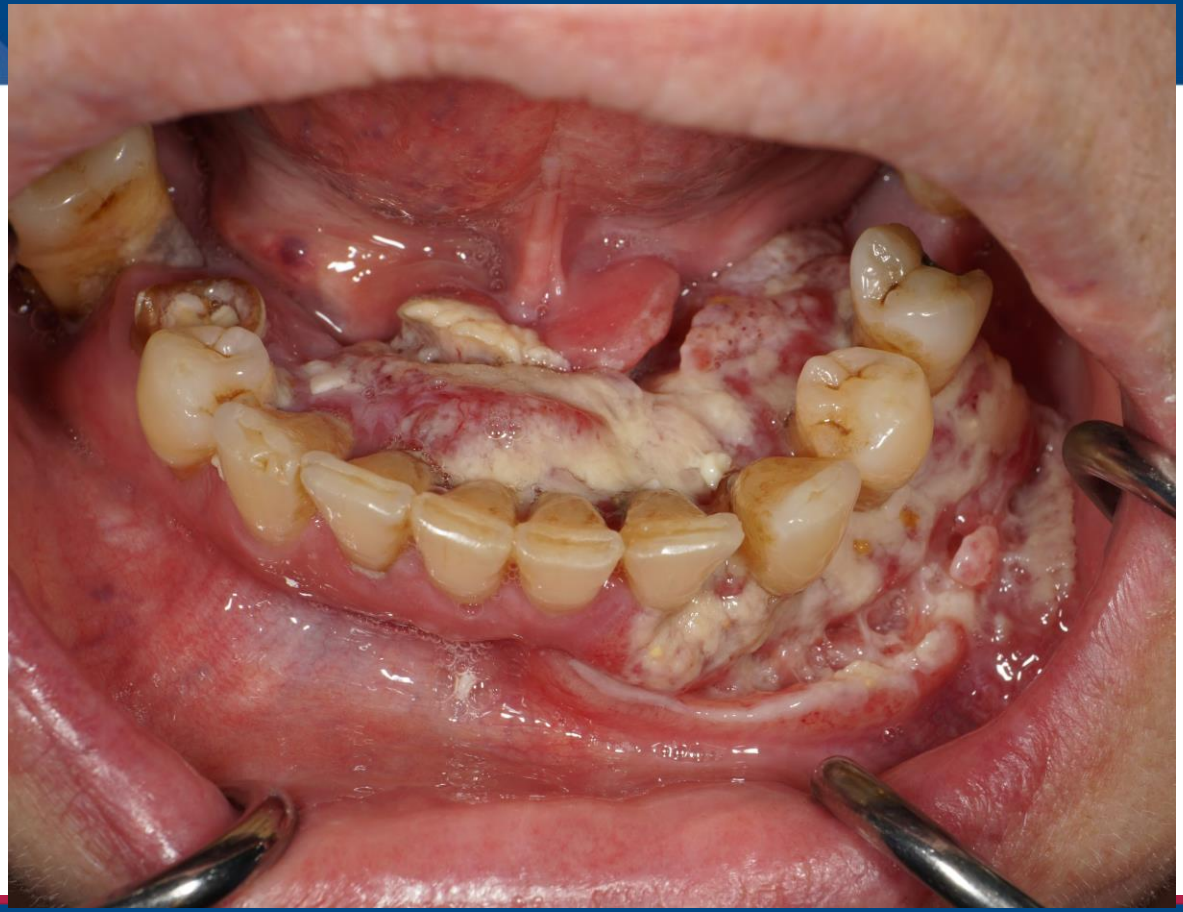
Oropharynx

- Soft palate, tonsillar fossa and pillars, posterior pharyngeal wall, and base of tongue

Figure 1: Anatomic Sites and Subsites of the Head and Neck



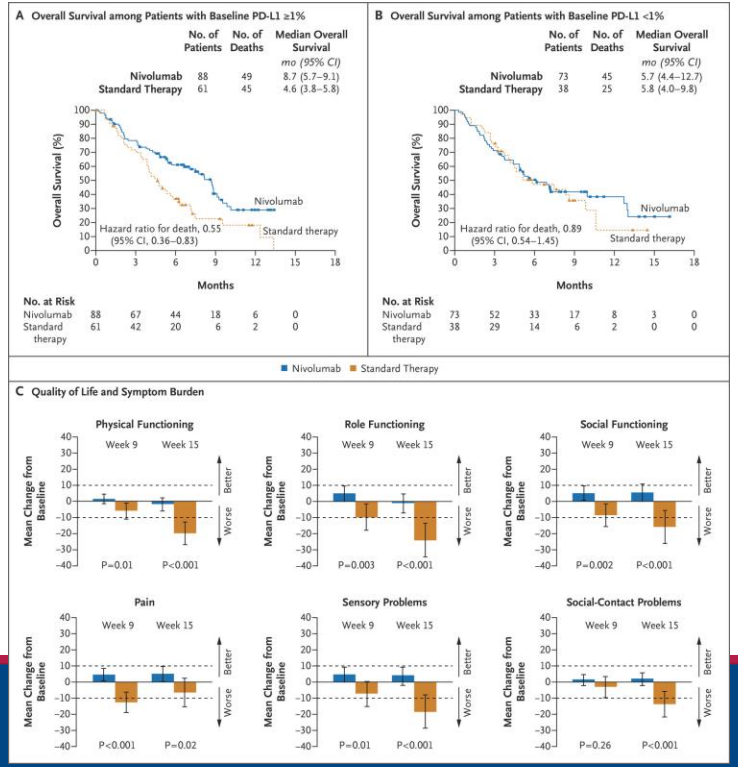
Oral Cancer



ORIGINAL ARTICLE

Nivolumab for Recurrent Squamous-Cell Carcinoma of the Head and Neck

Robert L. Ferris, M.D., Ph.D., George Blumenschein, Jr., M.D., Jerome Fayette, M.D., Ph.D., Joel Guigay, M.D., A. Dimitrios Colevas, M.D., Lisa Licitra, M.D., Kevin Harrington, Ph.D., F.R.C.P., F.R.C.R., Stefan Kasper, M.D., Everett E. Vokes, M.D., Caroline Even, M.D., Francis Worden, M.D., Nabil F. Saba, M.D., et al.



Penn Dental Medicine
University of Pennsylvania

Big News

ORIGINAL ARTICLE

Neoadjuvant and Adjuvant Pembrolizumab in Locally Advanced Head and Neck Cancer

Authors: Ravindra Uppaluri, M.D., Ph.D., Robert I. Haddad, M.D., Yungan Tao, M.D., Ph.D., Christophe Le Tourneau, M.D., Ph.D. , Nancy Y. Lee, M.D., William Westra, M.D., Rebecca Chernock, M.D., +26 , for the KEYNOTE-689 Investigators* Author Info & Affiliations

Published June 18, 2025 | N Engl J Med 2025;393:37-50 | DOI: 10.1056/NEJMoa2415434 | VOL. 393 NO. 1

Penn Medicine

Penn Dental Medicine
University of Pennsylvania

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In this phase 3, open-label trial, we randomly assigned participants with locally advanced HNSCC in a 1:1 ratio to receive 2 cycles of neoadjuvant pembrolizumab and 15 cycles of adjuvant pembrolizumab (both at a dose of 200 mg every 3 weeks) in addition to standard care (pembrolizumab group) or standard care alone (control group). Standard care was surgery

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follow-up was 38.3 months. Event-free survival at 36 months was 59.8% in the pembrolizumab group and 45.9% in the control group (hazard ratio for progression, recurrence, or death, 0.66; 95% confidence interval [CI], 0.49 to 0.88; two-sided P=0.004) in the CPS-10

How does this change treatment paradigm

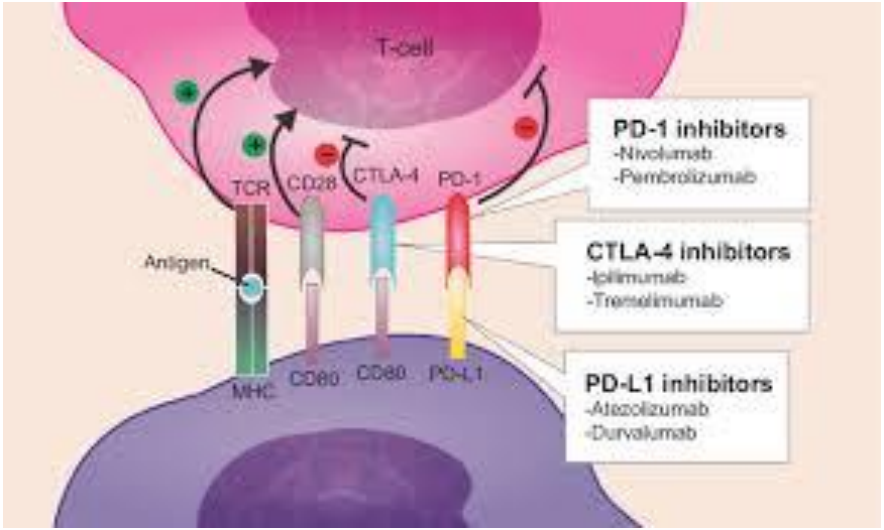
Early Disease Stage I/II

- No change, local management with surgery

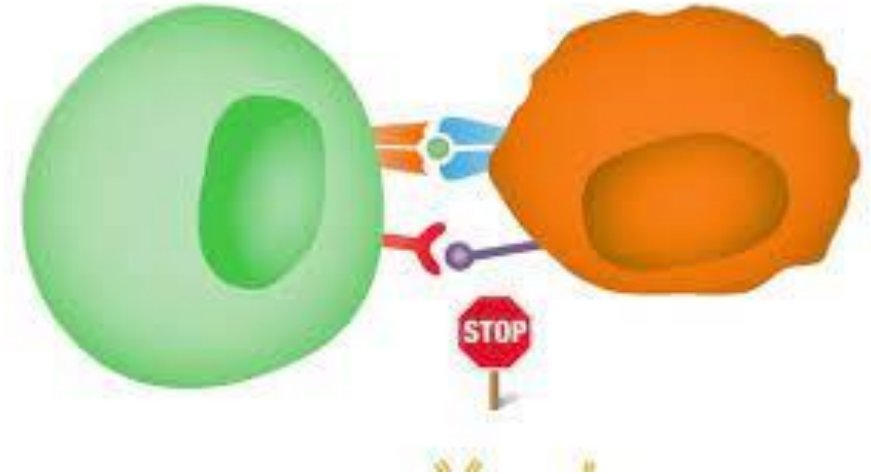
Locally Advanced, Resectable Disease (Stage III, IV)

- Upfront / Neoadjuvant immune therapy before surgery
- (if not resectable would be palliative treatment, separate talk)

How does immunotherapy work



Checkpoint inhibition



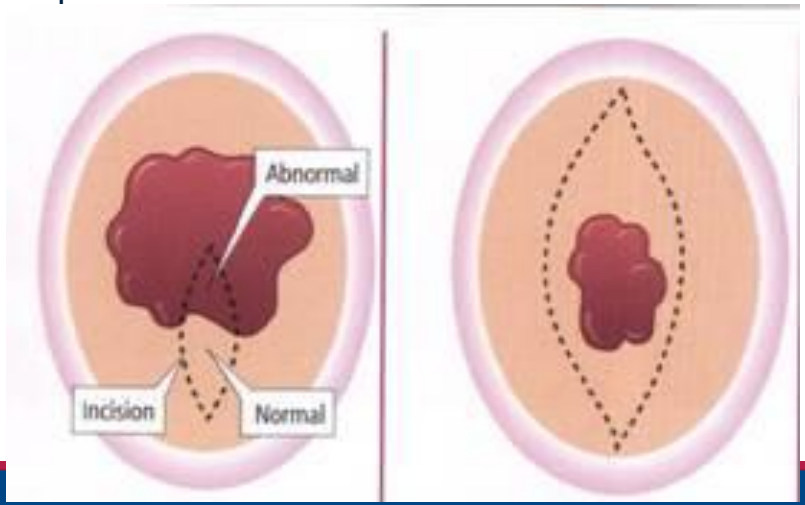
“Taking the break off of the immune system” youtube.com

Oral Exam

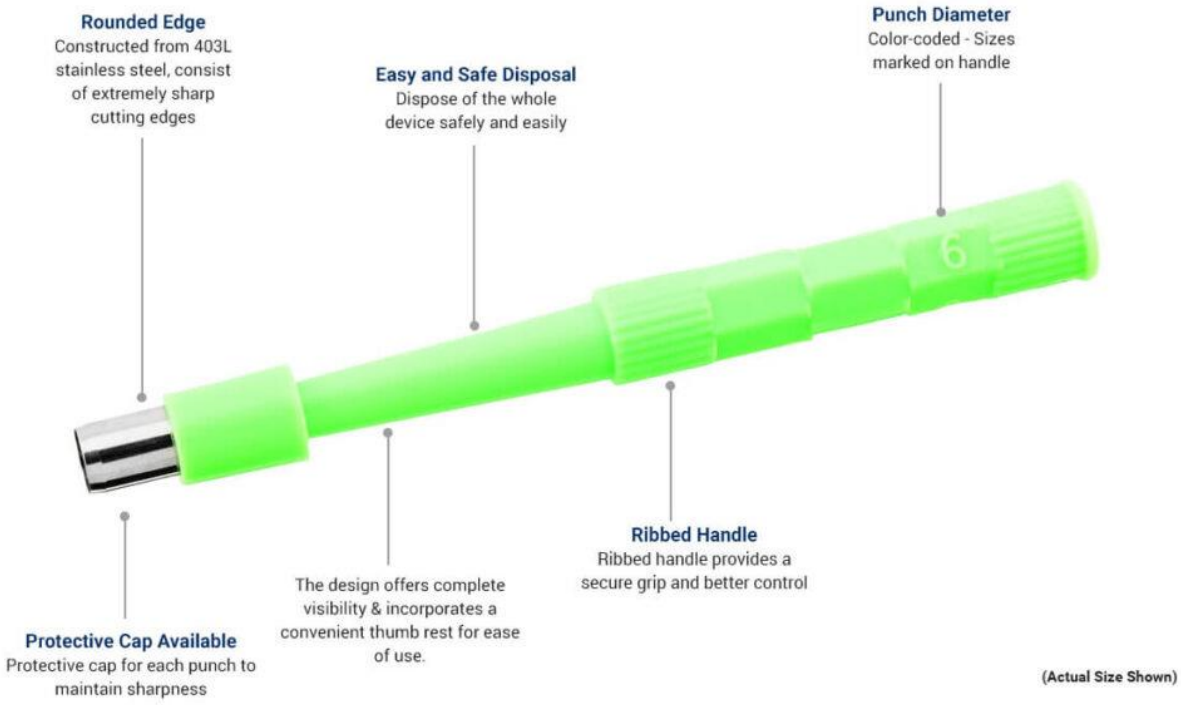
- Inspection, palpation: firmness
- Visual: Color, erosion, ulceration
- Mass - Size, location, texture, color, fixation to the bone/adjacent structures, appearance, exophytic vs. endophytic (Which is worse?)
- Cranial nerves – 5, 7, 9, 10, 11, 12
- Dentition

Incisional Biopsy

- Removal of a representative part of the lesion with or without a margin of the normal tissue.
- Avoid doing excisional biopsies



Punch

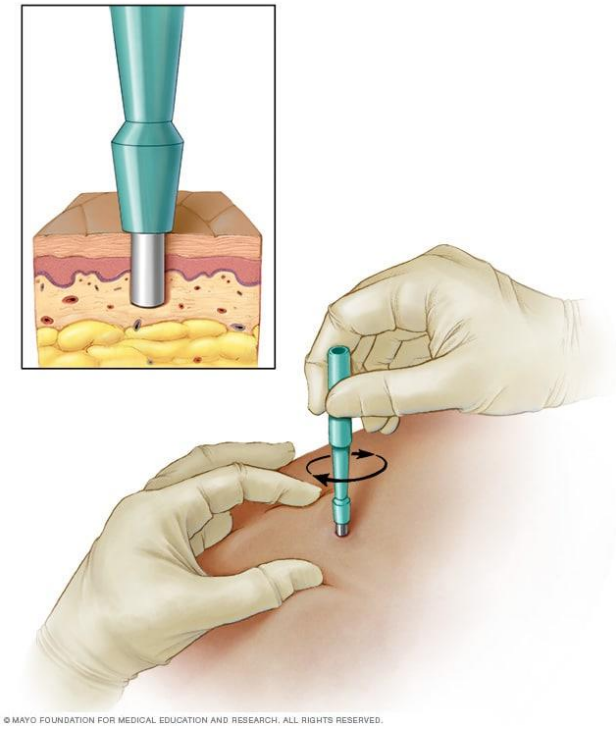


Robbinsinstruments.com

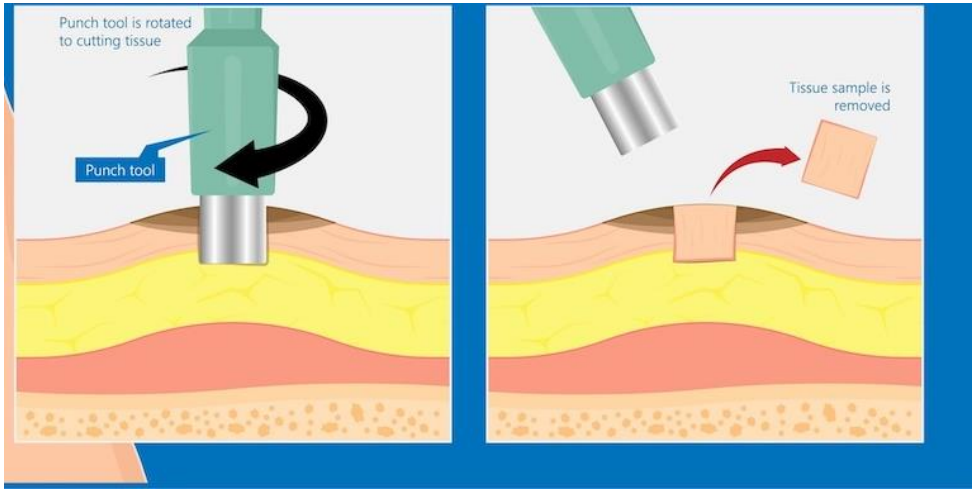
Punch

- Push through epithelium
- Twist

Mayoclinic.org



Remove Core/Punch with pickup and scissors



Roswellpark.org

Incisional Biopsy

Indications

1. Any lesion that cannot be clinically diagnosed.
2. Persistent non-healing ulcer 2 weeks after elimination of possible sources.

PET-CT

Characterization helps inform risk! (more important than diagnosis

1. Color
2. subsite
3. size

High Yield

- White less ominous than Red
- Thick worse than thin
- High risk subsites:
  - Tongue
  - Floor of Mouth

- *AI apps will help eventually to assess risk using these c

The End

Discussion

Next Steps, Wrap Up & Session Evaluation

Robert Ferguson, MPH

Chief Policy Officer

Pittsburgh Regional Health Initiative

Upcoming Sessions

Contraceptive Care: IUD Pain Management
October 29, 2026
9:00 am – 10:00 am

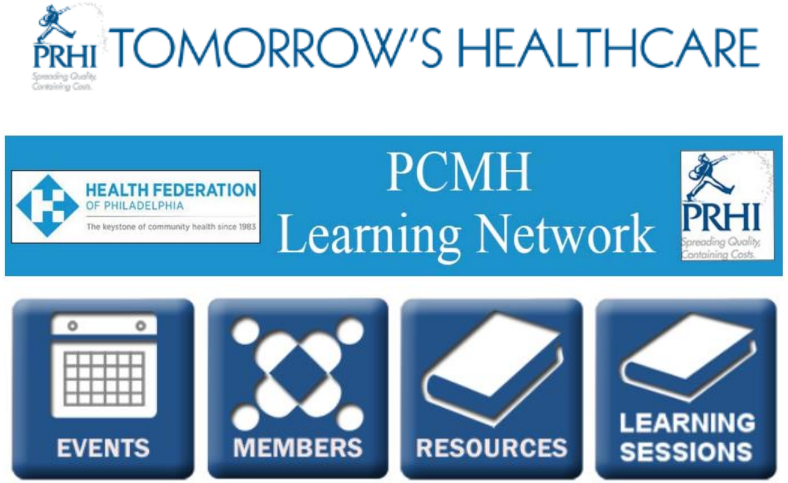
Statewide In-Person Wrap-Up Session
November 10, 2026
8:30 am – 3:00 pm

- ✓ See emails for PCMH recognition & poster session details.

PCMH Online Community

https://www.tomorrowshealthcare.org/

Members of your PCMH's multi-disciplinary learning team will receive log-ins



- Access the session materials in "Learning Sessions"
- Look for guides and tools in "Resources"
- Find session dates and registration links under "Events"

CEU Process

You will receive a follow up email with links to

Complete the survey at: https://www.surveymonkey.com/r/2C32SNG by Thursday, October 1st

1. Please be sure to designate which CEU credits you are requesting **CME, CNE, Social Worker or Certificate of Attendance**. If you already have an account with the UPMC Center for Continuing Education, please be sure the email you enter on the survey matches the UPMC CCE account email that you create.
2. The UPMC Center for Continuing Education will follow up with you via email after October 1st with instructions on how to claim your credits.
   - ❑ To prepare, we recommend you create an account with UPMC CCE via this website https://cce.upmc.com.

Thank You!