Default Question Block

Plain Language Statement

Melbourne Dental School, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne

Project title: Oral cancer-related knowledge and screening practices of Australian dental practitioners

Dr Roisin McGrath (rmcgrath@unimelb.edu.au)
Dr Nidhi Saraswat (Nidhi.Saraswat@dhsv.org.au)
Prof Rodrigo Marino (r.marino@unimelb.edu.au)
Prof Michael McCullough (m.mccullough@unimelb.edu.au)
Dr Katy Theodore (Katy.Theodore@adavb.org.au)

Introduction
Thank you for your interest in participating in this study exploring dental practitioners' oral cancer-related knowledge and screening practices. This page provides you with information about the project, so that you can decide if you would like to take part in it. Please take the time to read this information carefully. You may ask questions about anything you don't understand or want to know more about. Your participation is this research is completely voluntary. If you don't wish to take part, you don't have to. If you begin participating, you can also stop at any time.

What is this research about?
The aim of this study is to explore the oral cancer-related knowledge and screening practices of currently registered and practising Australian dental practitioners. Oral cancer includes cancers of the lips and oral cavity.

What will I be asked to do?
Should you agree to participate, you will be asked to complete an online questionnaire. This anonymous survey is being conducted using Qualtrics and will take approximately 15 minutes to complete. The survey will ask you some basic demographic questions and includes sections on oral cancer screening practices and oral cancer risk factors. Please note that if we receive your completed survey, we will assume that we have your consent for

participation in the study.

What are the possible benefits?

There are unlikely to be any direct benefits for you. The findings from this study will be used to develop oral cancer-related training and professional development activities for dental practitioners.

What are the possible risks?

There are no potential risks/side effects associated with your participation in this study.

Do I have to take part?

No. Participation is completely voluntary. As the survey is anonymous, you are unable to withdraw your data from the study once you have submitted the survey.

Will I hear about the results of this project?

We will publish the study results in academic journals and present them at national and international conferences.

What will happen to information about me?

This anonymous survey is administered using Qualtrics and no potentially identifiable information will be collected from you. Your data will be securely stored using password protected cloud-based storage. Only the researchers associated with this study will have access to this data. The data from this survey may be used in future projects that are closely related to this one. The data will be stored for five years and then destroyed.

Is there any potential conflict of interest?

There are no potential conflicts of interest.

Where can I get further information?

If you would like more information about the project, please contact the Responsible Researcher Dr Roisin McGrath (Tel No: 0408990646, Email: rmcgrath@unimelb.edu.au)

Who can I contact if I have any concerns about the project?

This project has human research ethics approval from The University of Melbourne [ethics ID 29012]. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Research Integrity Administrator, Office of Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 1376 or Email: research-integrity@unimelb.edu.au. All

complaints will be treated confidentially. In any correspondence please provide the name of the research team and/or the name or ethics ID number of the research project.

If you wish to participate in this survey, please click 'continue'. By choosing to continue, you are indicating you understand the information outlined above and that you consent to participate.

- ○ Continue
- ○ Withdraw

Status as practitioner

Are you currently practising clinically as a dental practitioner?

- ○ No
- ○ Yes

Demographic information

What is your gender?

- ○ Male
- ○ Female
- ○ Non-binary / gender diverse
- ○ _____ My gender is not listed. I identify as
- ○ Prefer not to say

What is/are your dental practitioner division(s) of registration?

- ☐ Dental Hygienist
- ☐ Dental Therapist
- ☐ Dental Prosthetist
- ☐ Dentist

- [ ] Oral Health Therapist
- [ ] _____ Specialist Dentist (please provide specialist field)

Did you complete your primary dental qualification in Australia?

- ○ Yes
- ○ _____ No (please state country where you graduated)

How many years have you been practising? Please include any practice overseas.

- ○ 5 or less years
- ○ 6-10 years
- ○ 11-15 years
- ○ 16-20 years
- ○ 21-25 years
- ○ 26-30 years
- ○ > 30 years

Which state(s) do you work in (tick all that apply)?

- [ ] ACT
- [ ] NSW
- [ ] NT
- [ ] QLD
- [ ] SA
- [ ] TAS
- [ ] VIC
- [ ] WA

Which areas do you work in (tick all that apply)?

This is based on the Modified Monash Model

- [ ] Metropolitan area (MM1)
- [ ] Regional centre (MM2)
- [ ] Rural towns (MM3-MM5)
- [ ] Remote communities (MM6 & MM7)

How many hours per week do you usually work as a clinician?

What type of clinical setting do you work in (tick all that apply)?

- [ ] Private practice
- [ ] Public clinic
- [ ] Hospital
- [ ] Other (please provide more information)

Do you regularly provide clinical care for adult patients?

- ○ Yes
- ○ No

In the last five years, have you completed any of the following training/professional development activities related to oral cancer?

	Yes	Maybe	No
Oral cancer risk assessment	○	○	○
Oral cancer screening practices	○	○	○
Oral cancer prevention	○	○	○

Have you completed either of these training programs?

	Yes	No	Unsure
The Victorian Oral Cancer Screening and Prevention Program (Oral Cancer Learning Hub)	☐	☐	☐
The Head and Neck Cancer Australia GP and Dentist Education Module	☐	☐	☐

Please provide more information about any oral cancer training you have completed in the last five years (e.g. who it was provided by, how it was delivered, how long it was etc.)

Please provide any additional information you think relevant to this section.

Oral cancer screening practices

This section asks about oral cancer screening practices

Do you think dental practitioners should screen routinely for oral cancer?

- ○ Yes
- ○ No
- ○ Unsure

Which members of the dental team do you feel are qualified to perform oral cancer screening? (Please tick all that apply)

- ☐ Dental Hygienist
- ☐ Dental Therapist
- ☐ Dental Prosthetist
- ☐ Dentist

- [ ] Oral Health Therapist
- [ ] _____ Specialist Dentist (please provide specialist field)

How frequently do you complete an oral cancer screening examination?

- ○ Always
- ○ Most of the time
- ○ About half of the time
- ○ Sometimes
- ○ Never

What factors influence your decision to perform an oral cancer screening examination? (Please tick all that apply)

- [ ] Age of the patient
- [ ] Patient complains of a problem
- [ ] Medical history
- [ ] Behavioural risk factors
- [ ] _____ Appointment type (please provide relevant information)
- [ ] _____ Other (please provide relevant information)

Do you inform the patient that you are screening for potentially malignant or malignant lesions?

- ○ Always
- ○ Sometimes
- ○ Never

How frequently does your oral examination involve the following?

	Always	Sometimes	Never
An extraoral visual inspection	○	○	○

	Always	Sometimes	Never
Neck palpation	○	○	○
A visual inspection of the oral cavity	○	○	○
A visual inspection of the oropharynx	○	○	○

Do you ever use additional diagnostic aids/tools to help detect potentially malignant lesions?

- ○ No
- ○ [ ] Yes (please provide relevant information)

If you detected an abnormal lesion for which you could not determine the cause, what would you do? (Please tick all that apply)

- ☐ Ask the patient to monitor it and come back if it does not heal
- ☐ Ask the patient to come back to have it checked
- ☐ Ask another clinician in the practice to check it
- ☐ Send the patient to their General Medical Practitioner
- ☐ Refer the patient to an Oral Medicine Specialist
- ☐ Do nothing

Have you ever referred a patient to an oral medicine specialist to have a lesion investigated, which turned out to be malignant?

- ○ [ ] Yes (please provide relevant information)
- ○ No
- ○ [ ] Unsure (please provide relevant information)

Please provide any additional information you think relevant to this section.

[ ]

Oral cancer risk factors

This section asks about risk factors for oral cancer

On a scale of 0 to 10 (0 being 'very poor' and 10 being 'excellent') how do you rate your level of knowledge about factors which may increase individuals' risk of oral cancer?

	0	1	2	3	4	5	6	7	8	9	10
Please slide the arrow to indicate your level of knowledge											

How often do you discuss risk factors for oral cancer with your patients?

- ○ Always
- ○ Most of the time
- ○ About half the time
- ○ Sometimes
- ○ Never

What prompts you to discuss oral cancer with your patients? (Please tick all that apply)

- ☐ Routine part of dental appointment
- ☐ If the patient asks about it
- ☐ If the patient is identified as at-risk
- ☐ _____ Other (please provide more details)

Which age groups do you routinely screen for oral cancer? (Please select all that apply)

- ☐ 0-19 years
- ☐ 20-39 years
- ☐ 40-59 years
- ☐ 60-79 years
- ☐ 80+ years

Which of the following do you think are risk factors for oral cancer?

	Yes	No	Unsure
Smoking	○	○	○
Periodontal disease	○	○	○
Caffeine consumption	○	○	○
Family history of oral cancer	○	○	○
Chewing betel nut	○	○	○
Oral human papillomavirus	○	○	○
Hepatitis C infection	○	○	○
Chewing tobacco	○	○	○
Alcohol consumption	○	○	○
Oral herpes simplex virus	○	○	○
e-Cigarettes (vapes)	○	○	○
Previous experience of oral cancer	○	○	○
Poor oral hygiene	○	○	○
Sex	○	○	○
Age	○	○	○
Poor nutrition	○	○	○
Exposure to ultraviolet light (sunlight)	○	○	○
COVID virus	○	○	○

Please provide any additional information you think relevant to this section.

Oral cancer training needs

This section asks about oral cancer training needs

On a scale from 0 to 10 (0 being 'not at all confident' and 10 being 'completely confident') please indicate using the sliding scale how confident you feel about discussing each behavioural factor which may affect the oral health of your patients?

	0	1	2	3	4	5	6	7	8	9	10
Tobacco use											
Alcohol consumption											
Sexual behaviours (specifically oral sex practices)											
Oral hygiene practices											
Diet and nutrition											
e-Cigarette use (vaping)											
Immunisations											

Do you feel you need additional training on risk factors associated with oral cancer?

- Yes
- No
- Unsure

Do you feel you need additional training on assessment procedures and the possible signs and symptoms of oral cancer?

- Yes
- No
- Unsure

What types of oral cancer training and professional development activities would be most beneficial?

Please provide any additional information you think relevant to this survey.