At the Intersection of Medicine and Dentistry— UBC ORAL MEDICINE AND ORAL PATHOLOGY (OMOP) SPECIALTY

OMOP SPECIALISTS WORK IN HOSPITAL LABORATORIES AND RESEARCH INSTITUTIONS:

VGH Department of Pathology and Laboratory Medicine

- Interpreting 5,500+ specimens per year submitted by dentists and physicians from across the province to the BC Oral Biopsy Service
- Consulting with BC's anatomic pathologists on jaw specimens

BC Cancer Research Centre (BCCRC) and Simon Fraser University (SFU)

- Leading clinical research in early detection and treatment
- Conducting basic science research in genetics and population health

UBC's OMOP specialists publish world-renowned research results.

OMOP HOSPITAL-BASED CLINICS IN BC SAW, IN 2016:

- 434 new cases of oropharyngeal cancer
- 250 new cases of oral squamous cell carcinoma
- 300 new cases of oral dysplasia (precancerous changes)

OMOP specialists also develop new technologies for early detection of oral cancer (e.g., the VELscope®) and assist in surgical treatment.

OMOP SPECIALISTS WORK IN THE COMMUNITY:

- Screening for oral cancer at outreach clinics

OMOP specialists are champions of the mantra: Early detection saves lives. (An 80 percent survival rate at five years compared to 20 percent for late-stage diagnosis.)

OMOP TRAINING:

- Four-year UBC Dentistry program delivered through hospital-based services at Vancouver General Hospital, BC Cancer Agency (BCCA) Vancouver Cancer Centre Department of Oral Oncology, and St. Paul's Hospital.

The OMOP program at UBC is one of three in Canada.

OMOP AREAS OF EDUCATION AND APPLICATION:

- Anatomic Pathology
  - bone and soft tissue pathology
  - dermatopathology
  - head and neck pathology
  - lymphoma pathology
- Dermatology
- Hospital Dentistry
- Internal Medicine
- Leukemia/Bone Marrow Transplantation
- Rheumatology

OMOP specialists possess a unique body of knowledge.

OMOP SPECIALISTS TREAT:

- Oral mucosal diseases (e.g., mucosal lesions)
- Salivary gland disorders (e.g., dry mouth)
- Temporomandibular disorders (e.g., jaw joint pain)
- Orofacial pain (e.g., trigeminal neuralgia; burning mouth syndrome)
- Neurosensory disorders (e.g., altered taste sensations)

Patients may also be medically complex and need dental management due to complications related to conditions like diabetes mellitus, HIV or rheumatoid arthritis.

Patients are referred by dentists/dental specialists and physicians/physician specialists.

What Other Medical Specialists Say About OMOP Specialists and the UBC Program

"We have found the oral medicine residents to be an extremely welcome addition to our St. Paul's Hospital Dermatology rotation. They promote the interdisciplinary aspects of our field and provide valuable insights with respect to oral mucosa manifestations so that we can better diagnose and manage our patients."

– Dr. Aaron Wong, Dermatology Residency Program Director in the Division of Dermatology, St. Paul's Hospital

"There has been a wonderful symbiosis between the Oral Medicine and Oral Pathology residents and the Anatomical Pathology (AP) residents. They work in the same room, teach each other and learn from each other. Having someone trained in dental medicine is a huge asset for our AP residents, who often deal with oral or perioral specimens—we have a very busy group of head and neck surgeons in Vancouver."

– Dr. Steve Rasmussen, Anatomic Pathologist at Vancouver General Hospital

"At the BC Cancer Agency (BCCA) we provide oral cancer screening, cancer therapy, surveillance and management of pre- and post-radiotherapy complications. With improvements in cancer care and outcomes, survivors are living longer, thus requiring longer-term surveillance and management. Furthermore, there is an increasing incidence of oral and oropharyngeal cancers, which means more clinicians are required. The OMOP training program [at UBC] has not only provided clinical services for our patients, but trainees have also been involved in multidisciplinary research projects. Many have participated in an ongoing salivary hyposalivation project that has had local and international impact on improved quality of life for patients receiving head and neck radiotherapy."

– Dr. Jonn S. Wu, Radiation Oncologist, Chief Medical Informatics Officer, and Provincial Head and Neck Tumour Group Chair at the BC Cancer Agency

An Oral Medicine Specialist in Private Practice Shares Some Case Results

A patient, who had been on acyclovir for years, finally learned that she actually had angina bullosa hemorrhagica, which did not require medication.

A 24-year-old man with a four-year history of recurrent major and herpetiform aphthous ulcers, who suffered for three to four weeks with each recurrence, finally found a quick and effective treatment.

A 60-year-old female from the BC Interior, with an 18-month history of oral pain, had seen rheumatology, ENT (ear, nose and throat) and family medicine specialists on numerous occasions with no improvement. She travelled four hours to see an oral medicine specialist and within a week her pain was gone.

A young woman in her 20s, who had been in a motor vehicle accident and suffered for two years unable to open her mouth to eat, felt hopeless. She is finally able to open her mouth fully, eat and smile.

Conditions as simple as oral candidiasis and as complex as trigeminal neuralgia are being missed by medical doctors. Oral medicine identifies and treats them.

– Dr. Maryam Taleghani, Certified Specialist in Oral Medicine, in private practice, Vancouver, BC

Content courtesy of Dr. Eli Whitney, program director, Oral Medicine-Oral Pathology Residency.